

# resonance

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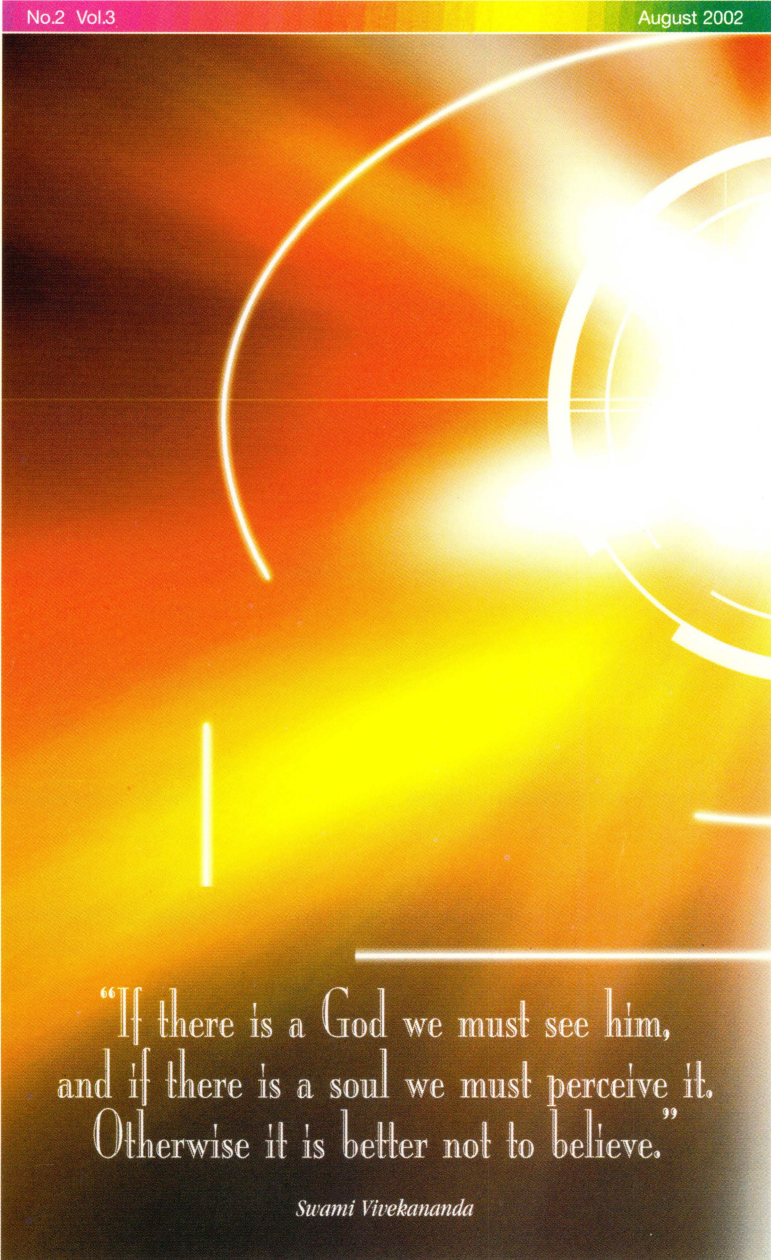
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resonance

The  
Quarterly  
Journal of  
SIHA

Subud  
International  
Health  
Association



“If there is a God we must see him,  
and if there is a soul we must perceive it.  
Otherwise it is better not to believe.”

*Swami Vivekananda*



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## resonance

### 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

**Imagine**

*'You may say that I'm a dreamer, but I'm not the only one ...'* This morning, as I drove my children to summer camp, I heard the song 'Imagine' by John Lennon playing on the car radio. Tears came to my eyes. Instantly, I was transported back to the moment when I had heard this song playing in the background while we held a meeting at a restaurant in far-away Kalimantan with doctors from a local hospital. As John Lennon sang about the 'brotherhood of man', the ISC Chairman, Pak Muninjaya, was explaining about Subud to the group of doctors and hospital administrators from the Palanka Raya hospital. I was there to represent SIHA. It was the beginning of his dream, which soon became ours, to build a new hospital pavilion for the Palanka Raya hospital to honor the 100th birthday of Bapak.

Many of you made contributions to help fund the equipment for this project – thousands of dollars came from SIHA members. Some of you worked hard to move the project forward. GHF fulfilled their commitment to complete the building. Sadly, while working together we stumbled and fell more than once along the way, acquiring bruises here and there ... but in spite of it all, sometimes dreams do come true. The new hospital pavilion was handed over to the city of Palanka Raya in June this year at the close of Bapak's 100th year celebration.

I have another memory of a moment in the past, when my four-year-old godson, Lucas Benik, was asked to sing a little song for Bapak. The imaginative Lucas made up a song on the spot, and the only words were 'sometimes your dreams come true'. He sang the same words over and over to a simple little tune. When he was finished, Bapak

smiled and said, 'That's right'.

The dream to make a contribution to the community in Palanka Raya by improving the local hospital has now become a reality. I hope that we will have the courage to keep dreaming of ways to work together, to face and overcome the difficulties, so that we can to make a difference in the world. Imagine what could happen if we did.



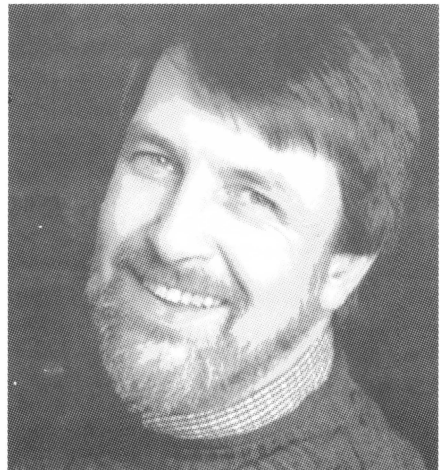
Latidjah Miller,  
Virginia, USA. SIHA Coordinator



### A PSYCHOLOGIST'S VIEW OF SUBUD

Roland Evans, Colorado, USA

I would like to applaud *Resonance* for beginning a discussion about Subud and



mental health. The recent articles by Fiona Dobie, as well as the workshop at Loudwater run by SIHA UK last year, suggest that Subud members are becoming more open and curious about the 'heart and mind'.

I would like to continue and extend this discussion by offering some general observations (and prejudices) about Subud and Subud members from a psychological point of view. My intention is not to judge, but to understand why we, and the organization, do not progress as we should – given the power of the latihan. I would also like to invite others to enter into a dialogue about these issues.

### Subud and Psychology

Historically, Subud members have had an uneasy relationship with things psychological. In our Subud culture, the heart and mind takes a distant second place to the soul. Bapak tells us that the heart and mind are easily swayed by the low forces and are not to be trusted. This has fostered a somewhat suspicious attitude to psychology and a fear that many psychotherapy techniques (for example hypnosis or guided imagery) are a kind of ‘mixing’.

This distrust has had some dire consequences. Over the years many members have suffered periods of psychological disturbance and inability to function in the world; these disturbances tend to be labeled as ‘spiritual crises’. In Subud, far less stigma is associated with crisis than with mental health problems.

Because crises are seen as purely spiritual, it has been assumed that psychological or psychiatric assistance is inappropriate. Members have become psychotic and hospitalized, after early signs of their disorder were apparent but ignored. One international helper committed suicide; another died while extremely depressed. Could these situations have been avoided with appropriate psychological help?

We do possess the psychological

knowledge and expertise. Subud members include many experienced psychologists, psychotherapists, counselors and a few psychiatrists. However, many professionals have been hesitant to get involved, given a Subud culture that does not fully accept that psychological knowledge is valuable or relevant to its members.

We in the helping professions have silently supported this belief. Apart from the ‘Personal Development’ workshops run by Ruslan Jelman in the 1980’s, we (and I include myself) have largely hidden our insights under a bushel. We use our skills to understand and help non-Subud people. Yet we have not offered much of substance to our Subud brothers and sisters.

Those with knowledge must make an effort to influence Subud attitudes. To do so, we need to develop a shared language and understanding of how Subud and psychological processes are related. At the organizational level, we need to clarify how our cultural dynamics keep Subud from growing and developing. On a more personal level, we need to know how the latihan influences and is affected by processes in our individual body, heart and mind.

### The Heart and Mind

What is meant when Subud members talk about the heart and mind? This terminology reflects a particular view of human nature.

When Bapak and Ibu Rahayu say, ‘heart and mind’ they are referring to a certain way of understanding, and not necessarily to the Western psychological concepts implied by these words. ‘Heart and mind’ is used as a kind of shorthand for functions of the human being that are essential for use in this world. When these functions are influenced by forces below the human, they become tainted and

*‘In Subud, far less stigma is associated with crisis than with mental health problems.’*

lead us astray. Through the latihan we are purified, first at a physical level and then progressively in our feelings and our understanding (see Ibu Rahayu's recent talks). In this way there is an increasing integration of the soul and our worldly functions. We become more whole.

If we translate these ideas into Western terminology we find some points of agreement. Our outer experience basically consists of physical sensations, emotional responses and intellectual thoughts. In simple terms, these can be labelled body, heart and mind. However, while Subud is primarily concerned with spiritual purification of these functions, psychology focuses more on understanding how these aspects of ourselves work and change.

## The Psychological Realm

In the 1980's, after a conversation between Ibu Rahayu and the 'Health and Care Team',<sup>1</sup> I understood that the domain and scope of psychology is of the outer. It is concerned with those aspects of our person that exist only while we are in this world. The latihan, on the other hand, encompasses the whole human being, inner and outer. It works at a level far more subtle and profound than can be understood with the mind. While only God can heal the soul, the heart and mind of a person can be helped by education, psychotherapy, counseling and other methods.

As a psychotherapist, my task is to assist people with mental and emotional (and often physical) healing. As a person resolves the 'stuck' aspects of their being and thus achieves some inner integration, they begin to experience themselves as more whole. This wholeness allows the possibility of a greater

and more encompassing connection with God.

There is no essential conflict between psychological work and the latihan. Each moment of our lives is imbued with experience and change. Our being is always in motion, moving just like the latihan. This movement is the Life Force working in us.

When we are filled with the Life Force we progress naturally. However, the traumas, deprivations and limitations we carry around with us may block this expression of the Life Force. We get stuck.

Although the latihan is there to move us through our stuckness, it is our responsibility to help that process in every way we can. Subud and the latihan does not relieve us of responsibility for ourselves, for our behavior and for

the quality of our lives. Yet this fact is not as simple or obvious for Subud members as it should be.

## Subud Woundedness

I believe that most, if not all of us, come to Subud because we realize we are not whole and 'need something'. Subud tends to attract the sensitive, the unsettled and the unstable. It is little wonder that our organization, and many members, struggle with the worldly aspects of life. We have not yet progressed to the point where we can honestly be proud of our development. We are still not healed and whole.

I joined Subud as a young man filled with anxiety and resentment, prone to isolating myself and harboring secret delusions of grandeur. My hope was that the latihan would resolve my distress and dysfunctions. That hope has, to a great extent, been realized. The latihan is truly miraculous, but I also had to do my part. I had to work on myself.

***'While only God can heal the soul, the heart and mind of a person can be helped by education, psychotherapy, counseling and other methods.'***

When I look around, I see many of my brothers and sisters suffering from unresolved psychological and life problems year after year. I have to wonder why they do not experience the benefits of the latihan as I do. It cannot be that they started in that much worse a state than I did.

The problem is not with the latihan. The problem is in our ability to allow the latihan to fully penetrate our hearts, our minds and our lives. We have no power to make the latihan work; we certainly do have the power to block its action. It is our fears, our beliefs and our expectations that limit the scope of the latihan. These limitations exist both at the individual and at the organizational level in Subud.

### Limitations and Distortions

We resist change, we limit ourselves because we are scared. Complete surrender means death to our ego, to our normal sense of our selves. As someone I knew well reportedly explained about his reasons for leaving Subud: the latihan undermined his pride, and he could not live without his pride.

This diminishing of the ego is frightening. In response to the fear we cling tighter to a familiar, fixed idea of who we are and how we should be. In that way, we restrict the movement of the latihan in our outer. The more we cling, the more we limit movement and change.

To defend and rationalize these limitations we can call on a range of ideas that are freely available in our Subud community. These are distortions of things Bapak has said or unthinking attitudes that have become part of our culture. They center around the sense that Subud and Subud members are 'special', that through the latihan we are protected and

automatically following God's Will, and that 'surrender' means passive letting go.

Below are some effects of these distorted beliefs:

- If I believe that the latihan makes me special and protected, I do not have to share the same mundane rules as ordinary mortals.
- If I believe that it is all God's Will, then if things go wrong it is not my fault.
- If I believe that my psychological problems are a Subud crisis, I do not need to get help or face my situation.
- If I believe I am surrendered, then I do not have to make any effort.

***'The belief that God will do all the work, that all I have to do is relax and be patient, invites psychological and spiritual stagnation.'***

### Reality Blind Spots

These distorted beliefs do not only affect our ability to benefit from the latihan. The history of Subud as an organization is one of pervasive unwillingness to face worldly requirements and realities. The numerous financially disastrous enterprises, culminating in the Premier Hotels crash, are evidence that we can all fall prey to distorted thinking.

I believe the main actors in these enterprises were victims of one or more of the beliefs detailed above. They thought that they were not subject to the same ethical and practical requirements as most people. They were captivated by a fantasy that the enterprise was protected, had been given a stamp of approval by God because they were doing their best to follow the guidance of Bapak and their latihan.

The investors should also acknowledge their own part. They did not want to face economic reality in their pursuit of financial reward or the ideals of Subud enterprise. When the enterprise inevitably collapsed, they

looked for someone to blame in order to avoid seeing their own responsibility.

## Responsibility

Avoidance of responsibility is at the root of many of the problems Subud faces, both in ourselves and in the organization as a whole. A sure path to disaster is to use the idea of surrender to decrease responsibility. The belief that God will do all the work, that all I have to do is relax and be patient, invites psychological and spiritual stagnation. This attitude is close to the total dependence of childhood, the time of no demands and no responsibility. Dependence quickly becomes addictive; it takes away anxiety and stress, like other addictions.

The way for me to avoid the pitfalls of delusion and limitation is to take full responsibility for every aspect of my being over which I have influence. I can leave my spiritual development in the hand of God and the latihan. All the rest is my business. By increasing self-awareness, developing more consciousness of the workings of the heart and mind, I do my part in expanding the influence of the latihan in my life and my being. Those of us who have psychological knowledge have a further responsibility. We have to speak out about our perceptions of what is limiting Subud, both as a whole and in each member's experience. To do this effectively, we must develop a real understanding of the realm and influence of the heart and mind.

In future articles I hope to address more specific topics. These include the difference between crisis and mental illness, the relationship between psychotherapy and the latihan, and the place of the heart and mind in testing. I welcome any comments, criticisms and discussion about these topics and ideas. Email me at [escape@earthnet.net](mailto:escape@earthnet.net)

*Roland Evans is a Transpersonal Psychotherapist, author of 'Seeking Wholeness' and faculty member of Naropa University, Boulder, Colorado.*

<sup>1</sup> The 'Health and Care Team' was set up in the UK in the 1980's as a response to the psychological and psychiatric needs of members and helpers. It consisted of a doctor, social worker, psychologist, psychiatric nurse, and a writer, Matthew Sullivan. He produced the compilation, *Subud and Human Welfare* for the 7th World Congress in 1983. I still have the 'Rough transcription of Siti Rahayu's answers to questions of the Health and Care Team' in my possession.



## FROM HEALER TO HEALED

*Arjunada Vitos, London, UK*

I became a healer through experiencing extraordinary healing myself. A number of years ago my feet suddenly became very



painful and walking became excruciating. My little toes seemed to be turning under, sideways, with my weight bearing down on them. My doctor, chiropodist and the London Foot Hospital could offer no remedy. My doctors said that perhaps an operation could



be done, but that the success rate was not very good and that some people ended up worse.

However, I was booked to see a consultant in about a years' time. Many months passed and I tried to keep my condition more or less to myself, as there seemed little I could do about it. I invested in several pairs of lace-up Doc Marten shoes, which I was told I would need to wear for the rest of my life, and disposed of my beautiful Kurt Geiger shoes after a good weep.

At that time I was a helper in the Hampstead group, and one evening the walk from the tube station to St Mary's Church where we did latihan was so painful it caused me to cry on the street. I went on to put out the chairs in preparation for latihan, wincing to myself as I moved about.

A few women drifted in early and two of them picked up my pain and were really concerned, asking what was the matter. I explained to them as best I could and they both offered me healing. One was a Jewish midwife and the other a Brazilian academic. If they had suggested chopping off my feet at that moment I would have agreed, the pain was so intense. I had never received healing before and didn't quite know what to expect, but my friends simply asked me to sit down and then they knelt in front of me, each holding one of my feet. They had never worked together before, but they were obviously following their receiving and worked together harmoniously. Within a few minutes I felt the pain actually exit. It was the most amazing experience! Later, in latihan, I danced freely without pain. I wondered whether this was just a temporary respite, and if the pain would return. Days came and went without a twinge of pain, and it never came back.

***'The hand is a map of our present consciousness, including the 'baggage' we have not yet dealt with.'***

Over the following months I began to receive indications that I should consider becoming a healer myself. I wanted to be

quite sure that this was coming from a place of integrity and not from my ego; in the end I waited three years until I was absolutely certain. I then trained with the National Federation of Spiritual Healers, and joined the NFSH Healing Centre at Highgate, in London, first as a probationary healer and then as a fully qualified healer. This Centre was renowned for its sensitive and spiritually

aware and gifted healers, who worked very harmoniously and lovingly. They taught me so much and I shall always be grateful to them. We had many people coming through our doors on Wednesday evenings for healing. Some came just a few times until they felt better; others came regularly for years. Occasionally people brought their dogs for healing. The atmosphere was always peaceful and beautiful, no matter what state some of the people arrived in.

Around this time I received to give up my teaching young non-English-speaking refugee children at a local school, and to work from home as a hand analyst: I had studied hand analysis for many years from a Buddhist monk and another brilliant teacher; it was now calling me to do it professionally, including teaching it, as I was already a qualified tutor.

Wonderful people came my way, seeking guidance. The hand is a map of our present consciousness, including the 'baggage' we have not yet dealt with. During a three-hour consultation the client usually receives many insights as we study their handprints. They come to realise what needs working on and changing, what areas have been neglected or maybe over-emphasised. They begin to really



take charge of their lives; and when they return in a year's time the efforts they have made show up in their new handprints. It's very exciting and immensely rewarding.

I also decided to do my spiritual healing work from home, where I could give people more time and privacy, choose my own music when that seemed appropriate, and work in the atmosphere of my home where I feel so happy. In both cases it was a good move.

At the same time I felt drawn to work in healing with people with a similar spiritual outlook as myself. I sought guidance from an internationally respected healer, telling him the most important quality I was looking for in a healing group was integrity. He said I should try the Sufi Healing Order, at that time headed by a wonderful elderly lady called Latifa Phillips. I duly wrote to Latifa and knew at once that the advice given to me was just what I needed. As I opened her reply, the room was filled with the most beautiful spiritual fragrance of roses mixed with freesias, a perfume I have come to recognise on occasions during my forty-odd years in Subud.

Latifa had been absent from Sufi Healing meetings with some broken ribs, so I had not met her, but one Saturday at St James's Church in Piccadilly, where we meet, I was sitting quietly when the room was filled with that unmistakeable spiritual fragrance. I turned around and saw a physically frail lady with a strong inner – yes, it was Latifa. What an introduction! She is now in the hereafter but we often feel her guiding presence, and very occasionally I get a waft of that exquisite fragrance.

Most of the healing we do as a group in the Sufi Healing Order is distance healing. There is an exceptionally high attunement during the healing service. A number of the members either used to do the latihan or still do, and

from time to time some of us are aware of Bapak's loving presence. For some of us the latihan state is held within the stillness of our being. It always feels very sacred. We try to be pure channels for healing energy.

I am now also one of the teachers for the Healing Courses, which run annually over three weekends. We have people coming from all over the UK and beyond, and it is a special time for everyone involved.

Years ago, Subud members were very reluctant to use healers or indeed any form of alternative or complementary therapy. There has been a big shift in peoples' attitude in recent years, and many younger members are now qualifying or are being trained in various fields where the emphasis is on holistic healing and in the use of subtle energy, which no longer 'frightens the Subud horses'.

I have a tape, from many years back, of Bapak playing the gambang and singing; a tape which he made for his wife Ibu when she was ill. So Bapak too, used different ways of healing, not always just the latihan.



#### WHAT IS ...? AYURVEDA

*Hermia Brockway, Tokyo, Japan*

(Adapted from the Holistic Life newsletter)

Ayurveda is an age-old form of traditional healing from India. It dates back to the Vedic era of thousands of years BC, and so is naturally linked with, and based on, the basic tenets of Vedic philosophy. The name itself suggests that Ayurveda is meant to be medicine in the broadest sense. It comes from two Sanskrit roots: 'ayus' meaning life and 'veda', which means either knowledge or science. Ideas like the world as we see it is an illusion, and that eternal bliss pervades the universe, may seem very far away from something as prosaic as suffering from

rheumatism, but the Ayurvedic approach is nothing if not holistic.

Ayurveda asserts that in humans there are three constitutional physical types, which correspond to the three elements: air/space; fire with some water; and earth with water aspects. This has resonance with ancient Greek teachings about the humours of the body, and how health depends on these elements and their dominance. In Ayurveda the health of the person depends on getting the proper balance of these humours, or 'doshas', in relation to physical type. There are at least seven possible combinations of the three types described above. First there are the three pure-element related ones: the pitta, the vata and kapha. The sub-types are: vata-pitta, vata-kapha, pitta-kapha and vata-pitta-kapha. To achieve and maintain a good and balanced physical state it is necessary to know which of these categories the body-mind constitution falls into, and to decide which diet and lifestyle is best suited to keep one free of disease.

For example, a person with pitta constitution may eat a lot of hot foods like chillies and spices, smoke cigarettes and drink a lot of tea, coffee or alcohol. As these increase pitta, they will cause an imbalance of these doshas. Such a person might suffer from pitta disorders like urinary tract infections, fevers, skin problems or liver diseases. But an anti-pitta diet and lifestyle can be tailored to suit him or her so as to prevent disease and add longevity. A vata type is more likely to have disorders like arthritis, constipation, insomnia, anxiety, dry skin, paralysis, migraine, palpitations and a weak memory. A kapha person can easily tolerate medicine that is 'hot', in contrast to a pitta type who already

has a lot of heat in the body. The appearance and characteristic body frame is also taken into consideration in choosing the type; for example, vata types are typically lean-bodied.

According to Ayurveda, if the doshas become imbalanced they can start to obstruct minute channels called 'srotas', thus leading

***'Ayurveda asserts that in humans there are three constitutional physical types, which correspond to the three elements'***

to the accumulation of toxic wastes in the body and finally to ill-health. This is the reason why, in classical Ayurveda, there are various purification techniques used – like the medicated enema, selective blood letting, induced vomiting and purgation – that are not entirely accepted in the west but in Ayurveda are well-known as normal ways to get rid of poisons in the body. Another method purifies the head through medications taken through the nose.

The general idea is that through use of such methods the person can become rid of those excess elements that are causing ill health. The purification naturally works best if done before giving any of the Ayurvedic medicines, so that they can perform their healing work in a body free of toxic blocks. These medicines may include animal and mineral ingredients and even powdered gemstones. The homeopathic principle of 'like cures like' is accepted and enlarged upon too, as every part of the body is thought to be matched by herbs, minerals and even colours and sounds – all of which can be used to treat the problem organ.

One of Ayurveda's most famous proponents, Dr Deepak Chopra in his book *Ageless Body, Timeless Mind*, says of the techniques that they combine physical with mental and emotional healing, which are seen as inseparable: 'To explain how such healing works, let me take an example from hypnosis.

One of the most surprising findings of hypnosis research is that subjects can make their hands warm or cold, raise rashes on their skin and even form blisters in a matter of a few minutes after the hypnotic suggestion is introduced. This is not strictly speaking a peculiarity of the hypnotic trance, for subjects hooked up to biofeedback machines can do similar things in their normal state of awareness. What is being demonstrated here is the power of attention to alter the body. Ayurveda has made use of this principle for thousands of years. Indeed since the basic principle of Vedic knowledge is that consciousness creates the body, it is only natural that techniques for focussing attention should have been discovered.'

He goes on to say that the traditional teachers' 'subjective approach found an enormously useful outlet in Ayurveda. It is commonly classified as a system of medicine, but with equal justice I could call it a system for curing delusions, for stripping away the convincing quality of disease and letting a healthier reality take its place. Patients are curious to know what kinds of treatments are specifically Ayurvedic – are there new pills to try, exercises, diets or more arcane eastern therapies? I say yes to all of these but then with some embarrassment I have to add that I spend much of my time just talking, trying to get people not to be so convinced by their disease. In Ayurveda this is the first and most important step in healing. As long as the patient is convinced by his symptoms, he is caught up in a reality where 'being sick' is the dominant input. The reason why meditation is so important in Ayurveda is that it leads the mind to a 'free zone' that is not touched by disease. Until you know that such a place

exists, your disease will seem to be taking over completely. This is the principal delusion that needs to be shattered.'

Dr Chopra continues: 'Although Ayurvedic herbs are little known outside India and few

have been studied by modern methods many have great therapeutic value. For example, guggul (*Commiphora mukul*) a plant indicated traditionally for control of obesity, has been shown to lower cholesterol in a manner similar to pharmaceutical drugs used for that purpose, but with much less risk. An extract of it called gugulipid is now available in health food stores. Another Ayurvedic preparation called

triphala is the best bowel regulator I have come across, much better than western herbal remedies for constipation. It is a mixture of 3 fruits in capsule form and can be found in health food stores.'

Diet is a critical issue also, because it is believed that food can be nourishing or poisonous depending on the state of the body and the dosha balance within it. So, in diagnosing, the doctor must not only ask questions about the patient's lifestyle but also get a detailed account of any preferred foods and current diet. The main signs to examine are the faeces, urine, tongue, the face and pulse; and the doctor must observe closely by sight and touch in order to assign him or her to a type. Ayurveda maintains that many different conditions interact to create disease: i.e. the disease organism plays one part, aided by the patients' immune resistance, age, diet, habits, the time of year, and many other factors – all of which contribute to the eventual clinical result.

Dr Chopra gives an example of the kind of healing one can expect. 'This young man

***'As long as the patient is convinced by his symptoms, he is caught up in a reality where 'being sick' is the dominant input.'***

suffered from asthma for which he had to use various drugs, a standard dilator of the lungs, a steroid inhaler and an oral theophylline, which also acted as a dilator. Besides that, he had in the past taken a series of desensitisation shots for some of the worst allergens that had given him asthma attacks. In spite of all this, the attacks were becoming steadily more frequent, so that he had to restrict his activities.

'When I saw him he had just moved, because he felt the carpeting in his old apartment was a problem and he now found it difficult to exercise because of breathing difficulties. Michael ate a healthy diet, took vitamins, and had experimented with a number of treatments including homeopathy, dietary change and herbs. Nothing had given him substantial improvement. He worried that he was becoming more dependent on medication and might soon have to start taking oral prednisone, which he wanted to avoid at all costs.'

'I recommended further modifications to his diet, suggested he buy a filter for his bedroom and told him to take a natural product called quercetin which reduces allergic responsiveness. I also sent him to an osteopath for manipulative treatment to free up restrictions in his chest. These measures helped some. Later Michael called to tell me that he had consulted a practitioner in New Mexico with wonderful results ... The Ayurvedic practitioner had given Michael a list of foods to eat and a list of foods to avoid along with herbal remedies and instructions for a detoxifying regime. After 2 months on this program, his asthma subsided to such an extent that he was able to dispose of most of his medications. He now uses a bronchodilator only occasionally, mainly before starting exercise, and finds that he can tolerate exposure to many allergens that he

could not tolerate previously. This is the first time in his adult life that he has had long periods free of any breathing difficulties.'



#### A MULTI-DISCIPLINARY APPROACH

##### *Giving up smoking*

(From the SIHA list server)

It is easy to forget that, in addition to the latihan, we have amazing resources available to us in Subud. Our Subud network gives us the opportunity to access so much diverse experience and talent. The small example below comes from the SIHA list server, where a reader asked for insights on how a friend could use self-help to give up smoking.

'Hello All,  
I have a friend who is trying to give up smoking. They have smoked for a long time, 20 to 30 years. At the moment, helped by a chest infection, they have managed not to smoke for a month. They would like to give up permanently. Any suggestions or simple techniques to outwit or quell the cravings and desire to smoke?  
Thanks, R'

#### Responses

##### *Chinese Medicine and Acupuncture*

'The South American Indians say that the soul of the tobacco plant resembles that of the human being on Earth and that is why the addiction is so hard to break. It seems to be worse than a divorce, since the plant spirit becomes very possessive of the human. It is an example of how the power of the vegetable force can control the will of a person so easily and naturally.

There are several techniques that when combined could help to facilitate giving up cigarettes. However, giving up smoking is like losing a friend and it is often not done willingly. The person needs to realize that they

have two choices: one, to live with the problem of smoking for the rest of their lives; or two, to give it up sooner or later. Once they really see what it is like and accept how poorly they feel – seeing people with emphysema or lung cancer really is a shocker too – facing this reality and the horrible future makes it possible to go through the withdrawals.

Once the person stops, one thing that works is taking breathing breaks, as if the person is smoking, with all the movements. This calms down the breathing and the oral reflex and mobilizes the Qi. Taking Rescue Remedy in combination with calming herbs is also effective.

Acupuncture in the ears is useful, as are Chinese herbal combinations to calm the nerves and cravings. The patch may be occasionally helpful but it does not work in the long term because nicotine is very addictive and sooner or later the person needs to stop.

So, it is better to use an entire combination of therapies that would hold the person for a while. The treatment is long, since the chance of relapse is quite high. It just has to be done over and over and over until it takes. It is the same as with anything else that is difficult: one has to keep the goal in mind and try again and again.

There lies the trick.

Rohanna Salom' (USA)

### ***Bach Flower Remedies***

'I agree with Rohanna that motivation is an A-one issue, and using many different methods is best. Another one is Bach Flower Remedies – I am thinking especially of Cherry Plum, for when the person feels the urge is too strong and can't seem to stop themselves from picking up a fag. This is also true for food: for when someone on a diet cannot

resist going to the kitchen at night and raiding the fridge; for when they are not in control of their actions and are doing something they know is wrong for them.

Other remedies are also useful for the various feelings that will and do come up, and Rescue Remedy is often a great help when stress levels get fit to bursting.

Good Luck to your friend.

Hermia Brockway' (Japan)

### ***Homeopathy***

'In addition to the helpful advice given by Rohanna Salom, may I add the following suggestion. The homeopathic remedy *Caladium Seguinum* is an excellent remedy for helping people to stop smoking. Take it in the 6x potency, twice daily for 3 weeks, then have one week off, and repeat. It is important to miss taking it every fourth week or you could start to produce the symptoms it can cure.

It often gives the person a feeling of nausea and revulsion for tobacco, putting them off the craving for the dreaded weed, and cures the symptoms of craving and headaches from smoking over a long period. You can get this from any good homeopathic pharmacy. Good luck!

Rohana Darlington' (UK)

### ***Imagery***

'I agree with all the advice coming through, but would urge your friend not to underestimate the enormity of the behavioural change that needs to happen. Assuming they are not mentally unstable, I would add one little imagery exercise that will help. Ask him/her to conjure up a picture of themselves as a non-smoker and to really amplify this picture, to notice what they are wearing, how they walk, how they relate, what mannerisms they adopt as a non-smoker, what the atmosphere is around them etc. (No need to

try hard at this; just allow the image or sense of it to come ... playing like a child)

Then suggest that (in actuality) they stand up and step into the image and become it: breathing into it, embodying it, allowing themselves to really experience this 'non-smoker self' as fully as possible, and to notice how it is different from the 'smoker self'. They can choose whether to come back to 'smoker self' or to stay with 'non-smoker' for a while. And if they are struggling with wanting a cigarette, to repeat the exercise as many times as they need. A bit like testing, this will give them 'something' recognisable to move into.

I found giving up for Lent did it for me ... there was something about the element of fasting that took me out of the angst.  
Hermione Elliott' (UK)

### Exercise

'Also, exercise mediates the cravings and provides pleasure because of the circular breathing and invigoration of the lungs. The endorphins secreted have a mediating effect on the addiction, and temporarily replace the anxiety with a feeling of well-being. If the person can find that feeling of well-being more frequently in many things other than the mechanics and chemicals of tobacco smoking, there is a better chance of quitting. And, avoid people who smoke and places where there is smoke, even if it means going to the mountains for a while. It is, after all, years of life we are seeking.

You are correct that, statistically speaking, people who succeed in quitting do it over time and may have to try four, five, six times or more before it is complete. However, my dad walked into the house on the first day the surgeon general put the cancer warning on cigarettes, threw his Lucky Strikes on the table and said, 'I quit'. Never smoked another one.

It feels so good to have clean lungs and a clear, clean body when you stop. Exercise and play, eat right, share love, work hard and worship God constantly. That is really the goal! Good luck.

Lucia Cargill' (USA)



### BLOOD, RHYME AND FAITH

*A testing time*

Lauraine Palmeri, Lancashire, UK

Janet C, who used to be in my poetry group at the time of its first incarnation back in 1994, and whom I privately considered to be something of a 'Ms Bossy-boots Brisk', has been promoted to 'First Lady of Wisdom and Compassion'. I left the doctor's surgery this morning chanting not only nursery rhymes but also her praises.

As a needle-shy wimp en route to a blood test I'd entered the surgery quaking; and as soon as I saw her my heart sank, for I had known her as opinionated and brusque, at a time when she had been on benefits and recovering from a mental breakdown. Now here she was, uniformed and booted, (well, no – nurse-flattied) and about to set to on my reclusive veins.

But to my relief she was natural, focused and kindly, with no remnant of the old artificial efficiency she used to emanate. She put a tourniquet, first on one arm, then on the other and stood, shaking her head. 'Let's hope doctor Nick's on today,' she said. My heart sank, because I thought I knew what was coming next: 'Hands?'

'Oh no!' she declared emphatically. 'Never hands; not for that amount of blood.' Apparently Dr H (Dr Nick in her parlance) had ordered for his patient the full Monty – an MOT of blood tests, which involved four phials of blood.

Anxiously I sat and thought of England while she went to reception to see which of the doctors was taking surgery that morning. A moment later she came in with Dr McK, whose bump preceded her through the door, as she is heavily pregnant and almost due. Much as I like Dr McK, she is hardly more than a fresh-faced youngster, not long out of med-school and with perhaps less experience than Janet of extracting blood from the type of veins I possess; i.e. the sort that hide out of sight when wanted.

On went the tourniquet again, along came the needle and in she went, while I launched into my rapid-fire nursery rhyme recitation – a ploy I've learnt to use whenever assaults are made upon my person which involve the piercing of flesh.

The full surgery outside would have heard two renderings of 'eeny-meeny-miney-mo' and one of 'The Grand Old Duke of York', the last of which was ably accompanied by Janet. Dr McK hit target first go and I hardly knew a thing. It was the smoothest blood extraction I have ever experienced in my life. I should have known (oh, thou of little faith) that my prayer first thing this morning – 'please protect me and guide the hands of the nurse' – had been heard and acted upon.

'How she found that tiny vein I don't know,' said Janet afterwards. I had told her how it usually took fifteen minutes of arm stabbing before the needle was finally inserted into one of my hands. Janet shook her head. 'Not necessary. If I can't find a vein I leave it to someone who can. I don't cover myself at the expense of a patient. I've always been petrified of needles, so I know what it's like.'

She told me which of the surgery's doctors were good at taking blood and I took particular note of the mornings when they were on duty should I have to come in for further tests. As I left the room she said, 'I

hope this has been positively reinforcing; then you won't feel so anxious the next time.' She beamed; I thanked her and off I bounced out of the surgery in rhyme mode, feeling good.



## RESEARCH ON PRAYER

*Can the power of prayer be proven?*

Debra Williams, D.D

*(Reprinted and adapted with permission from the 1999 PLIM REPORT, Vol. 8 #4)*

Throughout time, the power of prayer has been questioned by science. The analytical mind of the scientist calls for proof of the existence of a higher being. These scientists, both the faithful and non-believers alike, have produced studies into the affects of prayer on our physical as well as spiritual well-being. Although most of us who possess the belief that prayer can and does work do not require physical, quantitative proof of the power of prayer, it is interesting to read the results of these studies.

One of the most quoted scientific studies of prayer was done between August of 1982 and May of 1983. 393 patients in the San Francisco General Hospital's Coronary Care Unit participated in a double blind study to assess the therapeutic effects of intercessory prayer. Patients were randomly selected by computer to either receive or not receive intercessory prayer. All participants in the study, including patients, doctors, and the conductor of the study himself, remained 'blind' throughout the study. To guard against biasing the study, the patients were not contacted again after it was decided which group would be prayed for and which group would not.

It was assumed that although the patients in the control group would not be prayed for by the participants in the study, others – their



family members, friends etc. – would likely pray for the health of at least some of the members of the control group. There was no control over this factor. Meanwhile, all of the members of the group that received prayer would be prayed for not only by those associated with the study, but by others as well.

The results of the study are not surprising to those of us who believe in the power of prayer. The patients who had received prayer as a part of the study were healthier than those who had not. The prayed-for group had less need of having CPR (cardiopulmonary resuscitation) performed, and less need for the use of mechanical ventilators. They had a diminished necessity for diuretics and antibiotics, less occurrences of pulmonary oedema, and fewer deaths. Taking all factors into consideration, these results can only be attributed to the power of prayer.

### ***Does prayer lower blood pressure?***

The August 31, 1998 issue of *Jet Magazine* questioned whether prayer could lower blood pressure in high blood pressure sufferers. Again the obvious conclusion was reached. The magazine reported on a study conducted by Duke University Medical Center in Durham, NC. This study had over 4,000 participants over the age of 65. The study found that those who prayed and attended religious services on a weekly basis, especially those between the ages of 65 and 74, had lower blood pressure than their counterparts who did not pray or attend religious services. It was found that the more religious the person – particularly those who prayed or studied the Bible every week – the lower the blood pressure. According to the study these people were 40% less likely to have high diastolic pressure or diastolic hypertension than those who did not attend religious services, pray, or study the Bible.

Dr David B. Larson, president of the National Institute for Health Care Research in Rockville, MD, who co-authored the study, also says that prayer can lower high blood pressure. 'The at-risk population of people with illnesses, such as the elderly, seem to be helped if they have faith and religious commitment.' Dr Larson states, 'Faith brings a calming state which helps decrease nervousness and anxiety with coping with day to day stress.'

### ***A prayer study on the life of twins***

A research team at the Virginia Commonwealth University Medical College of Virginia in Richmond studied 1,902 twins. They found that those who were committed to their spiritual lives tended to have less severe depression and a lower risk of addiction to cigarettes or alcohol. The healthful lifestyles of the spiritually rich and faithful clearly contributed to their well-being; they tended not to smoke or drink, or not do either excessively. Their marriages were more stable and their spiritual communities formed a network that could catch and support people when they were ill.

### ***What effect does prayer and religion have on quality of life?***

To delve into religious attitudes and their impact on health, Professor Koenig of Duke University, North Carolina and his co-researcher, Kenneth Pargament, Ph.D., a professor of psychology at Bowling Green State University in Ohio, studied 577 hospital patients aged 55 and older. One 98-year-old woman, who had pneumonia and congestive heart failure, looked upon her illness as God's plan for her; she also prayed often for the health and well-being of her family and friends. This sort of attitude was associated with a serene response to stress and low levels of depression.

While positive feelings toward a Higher Power seemed to foster well-being and nurture joy in living that might even extend one's life, negative thoughts about a deity had the opposite effect. For example, a woman in her late 50's with lung cancer had left her church in her 20's, become involved with drugs, and now felt her illness must be a sign of divine disapproval. She got poorer scores on tests that measured quality of life and psychological health than the 98-year-old woman.

### ***What do atheists think about prayer?***

Noted atheist Dan Barker, a spokesperson for the Freedom from Religion Foundation, says the findings of the above research are no big surprise. Prayer and religious beliefs can have a placebo effect, just like a sugar pill. Barker, who was once a Christian Fundamentalist preacher before developing serious doubts about his religion, states that one of the strongest factors in recovery from an illness is a sense of connectedness with a community and people who care about you. Even if we mumble prayers only when we are ill, or if there is no God to hear them, the new research indicated that religious thoughts could help to heal.

### ***Does prayer affect plant seeds?***

In a study on germinating seeds done by Dr Franklin Loehr, a Presbyterian minister and scientist, the objective was to see, through a controlled experiment, what effect prayer had over living and seemingly non-living matter. In one experiment they took three pans of various types of seeds. One was the control pan; one pan received positive prayer; and the other received negative prayer. Time after time the results indicated that positive prayer helped speed germination and produced more vigorous plants. Prayers of negation actually halted germination in some plants

and suppressed growth in others.

For another experiment two bottles of spring water were purchased. One container was used as a control, receiving no prayer; a group prayed for the second. The water was then used on pans of corn seeds layered in cotton, with one pan receiving the prayer water and the other receiving the control water. The pan receiving the prayer water sprouted a day earlier than seeds in the other pan. The prayer seeds had a much higher germination and growth rate. The experiment was repeated, each time with the same result.

### ***What effect does prayer have on micro-organisms?***

Dr Dossey, in his book *Be Careful What You Pray For*, looks closely at experiments with micro-organisms. He writes about the placebo effect mentioned earlier by Dan Barker: 'Skeptics who do not believe in the effects of distant intentions say that any observed result must be due to the expectation of the subject – or the power of belief and thought.' Dossey argues that if bacteria respond by growing more slowly, when prayed over, than control groups not receiving prayer, one cannot dismiss this result by attributing it to negative suggestion: 'considering that bacteria, fungi, and germinating seeds are not generally considered to be susceptible to suggestion'. Bacteria presumably do not think positively or negatively.

Another major advantage of micro-organisms in studies of distant mental intentions has to do with the control group. If the effects of intercessory prayer, for example, are being assessed in a group of humans who have a particular illness, it is difficult to establish a pure control group that does not receive prayer. The reason is that sick human beings generally pray for themselves, or outsiders pray for them, thus contaminating

the control group, which by definition should not receive the treatment being evaluated.

In studies involving microbes this problem of extraneous prayer is overcome, because one can be reasonably certain that the bacteria, fungi, or yeast in a control group will not pray for themselves; and also that their fellow microbes will not pray for them.

If the study involves negative intentions instead of positive ones, the advantages remain the same. The thoughts of micro-organisms do not influence its outcome.

Jean Barry, a physician-researcher in Bordeaux, France, chose to work with a destructive fungus, *Rhizoctonia solani*. He asked ten people to try to inhibit its growth merely through their intentions at a distance of 1.5 meters.

The experiment involved control Petri dishes with fungi that were not influenced, in addition to those that were. The laboratory conditions were carefully controlled regarding the genetic purity of the fungi, the composition of the culture medium, the relative humidity and the conditions of temperature and lighting.

The control Petri dishes and the influenced dishes were treated identically, except for the negative intentions directed toward the latter. A person who was blind to the details of the experiment handled various manipulations. The influencers simply took their stations at the 1.5 meters and were free to act as they saw fit for their own concentration. For 15 minutes each person was assigned five experimental and five control dishes. Of the ten participants three to six worked during a session, and there were nine sessions.

Measurement of the fungi colony on the Petri dish was obtained by outlining the boundary of the colony on a sheet of thin paper. Again, someone who did not know the aim of the experiment or the identity of the

Petri dishes did this. The outlines were then cut out and weighed under conditions of constant temperature and humidity. When the growth in 195 experimental dishes was compared to their corresponding controls, it was significantly retarded in 151 dishes. The possibility that these results could be explained by chance was less than 1 in 1,000.

Dr Daniel I. Benor, who has evaluated all the known experiments in the field of distant healing in his landmark work *Healing Research*, calls this study 'highly significant'.

### ***Does physical distance affect prayer?***

The researchers William H. Tedder and Melissa L. Monty, from the University of Tennessee, replicated the experiment. The goal of this study was to inhibit the growth of the fungus from the distance of one to fifteen miles. Two groups participated. Group one was made up of Tedder and six others who knew him and frequently interacted with him over a year and a half. Group two consisted of eight volunteers who either did not know Tedder or did not interact with him frequently.

When the growth differential between the experimental and control dishes were compared, group one was highly successful. The likelihood of explaining their results by chance was less than 3 in 100,000. Group two was less successful. Their likelihood of a chance explanation was 6 in 100. Why was group one more successful? The researchers theorized that because of their established rapport with Tedder they might have had greater expectation and more motivation for a positive outcome than group two.

In a post-experiment questionnaire, the group one participants indeed responded more positively to questions about how they perceived their ability to inhibit the fungal cultures at a distance.

The fact that prayer is non-local, that it

functions at a distance, and that spatial separation does not diminish the effect means that it does not have to be intrusive. There is cross-cultural evidence that prayer does work. The factors that seem to affect the outcome of these studies are qualities of consciousness – like caring, compassion, empathy, and love. When you take these qualities away the outcome of the study is changed. In fact, according to Dr. Dossey, if you flip these ‘empathetic, warm feelings’ to the negative, frequently the subject is affected. In experiments a bacterium died and plants withered when subjected to negative influence.

### Conclusion

These studies have shown conclusive evidence of the power of prayer. Time after time the outcomes of these tests have shown the reality of the force of a Higher Power and our ability to communicate with It.

What has also been learned from viewing the results of these studies is that the expectations held whilst praying, factor into the outcome of those prayers. Although the faithful will always believe that there need not be any physical evidence of the power and effects of prayer, science has come a long way toward showing that prayer is real, and that it works.



### MENTAL? NOT ME MATE!

Edward Drinkall, Nottingham, UK

First published in *Pennine View*, April 2002

Loudwater Farm. A chill Friday night. All the stars are out. The buildings in a huddle in their hushed silence beneath the starry mantle above. The welcoming light of the kitchen window casts eerie shadows across the molehill ridden lawn.

I arrive late. So what's new? Someone is still about and entreats me to make myself a warming cup of tea. Our brief conversation is enough to make me feel welcome. Soon, bed beckons.

Over breakfast I get to meet some of the other weekends ‘adventurer’s’: Lewis Roberts – osteopath from Dorset; Hermione Elliott – holistic health consultant from Hampshire; Rohana Darlington – homeopath from Poynton.

We begin with latihan, grab a quick coffee, then retire to the women’s latihan room for the meeting. Hermione begins by introducing herself. She asks that nothing we hear here should pass beyond the room. I hope I break no confidences in my writing. We speak in turn around the circle, each with their own experience of mental health – the theme for the weekend – without fear of interruption or criticism. Some people’s experiences related to their professional involvement – but most are anecdotal, a personal journey through an often unreported area of our health and hygiene.

Very soon we are warming to our subject. As each story unfolds we grow tangibly tighter into our little circle. Twenty-plus souls of all ages, all backgrounds: single, divorced, in work, between work, retired, on drugs, off drugs, in counselling, out of therapy, through homeopathy, and plain out of luck. Like stealth in a mist, all the world’s cares creep into our midst and link us together. We are one, bound together by the plight of each story: Loss of a loved-one, child abuse, failure to please – both parents and teachers – failure in business; failure in life. The first tears begin to flow. We are humbled by the frankness of each new revelation. We all connect with something of that being expressed.

The person next to me begins to weep; we are several places from it being our turn to speak. The level of sharing and, in the

listening, caring, rises within each of us until we feel our own fragile condition.

I am now well prepared. My friend next to me – yes, now my friend – has brought tears to my eyes. I feel a radiance on my face, a shine in my eyes. Am I mad? No, I'm me. Pure me. The words pour out gently, quietly at first, like water spilling out of a brimming pool – only the pool of my heart and the stream of my soul. I have spoken. Half a lifetime of mental distress expressed in moments, clearly and concisely. It has been no more, or less, than anyone else might bear.

I do not cry; I smile. A laugh plays around my eyes and I feel glad to be alive. My story is well told because I believed I would be heard without criticism or resentment. The power of listening is often understated. I feel free to embark on the rest of my life. Oh day of days, how well thou hast treated me. Me? Mad? Gerroff!

Many other lovely things happened that day but I fear to spoil this story in their telling. Another time perhaps.

## RESEARCH SNIPPETS

### *Hepatitis-B vaccine 'causes MS'*

Two French nurses claiming that a hepatitis-B vaccination gave them multiple sclerosis have won compensation from manufacturer SmithKline, although the sums of \$6,000 and \$10,000 were paltry. A French appeals court ruled that, even in the absence of absolute proof of a link, there was evidence that could not be ignored.

The nurses were vaccinated as part of a massive government immunisation of health workers programme, which began in 1992. The programme was halted in 1994, when apparently MS-like illnesses began to appear. 174 other health workers have filed suits.

Source: *The Lancet* 2001; 357 (1598)

### *Rats opt out of GM*

A Dutch farmer left two piles of maize in a barn, one pile genetically modified (GM), the other natural. Whilst the non-GM pile was completely eaten up by mice, the GM pile was left untouched. When he heard about the phenomenon, 17-year-old undergraduate student Hinze Hogendoorn devised his own laboratory tests and confirmed the finding.

When Hinze gave the mice a choice between genetically modified (GM) and natural maize, on top of a staple diet of RodentMix and GM-free oatmeal, he found that they had a definite preference. Over a week, of the maize consumed 61% was non-GM, 39% GM. In a second experiment where the mice were fed just GM or non-GM maize, the mice fed GM maize ate more but ended up losing weight, while those fed non-GM ate less but gained weight.

He also noticed marked behavioural differences. The mice fed GM maize became increasingly less active over the week and appeared to be more distressed. Hinze accepts that his 'prospective study' and findings will need to be repeated using strict scientific procedures before they can be accepted.

Dr Mae-Wan Ho. Institute of Science in Society 1.1.01.



### WILD HEALTH:

How animals keep themselves well and what we can learn from them

*Cindy Engel.*

(Publisher: Weidenfeld & Nicholson. Price: £20)

*Taken from a review by Sanjida O'Connell, submitted by Rasjid Lyle.*

According to Austrian folklore, a wounded stag will drag itself for vast distances to a moor to bathe in muddy, black waters until it

is healed. Don't be misled by this fairytale-like quality – scientists have found that the mud in question contains 300 bioactive herbs, trace elements, vitamins and anti-microbials.

We've all heard of, if not seen, cats and dogs eating grass to make themselves sick; but until recently, an animal's ability to self-medicate was written off as either anecdotal or accidental. In this book Cindy Engel amasses a wealth of evidence supporting this notion, from elephants eating clay for minerals and staunching wounds with mud, songbirds lining their nests with strong-smelling anti-parasitic plants, to monkeys using pest-repellents.

One very clear illustration of the phenomenon comes from the chimps of Mahale. In 1987, primatologist Michael Huffman found a sick chimp that sought out a shrub called 'goat-killer' by the Temme people of Sierra Leone. She chewed the bitter inner pith of the shoots for two days, forgoing other food. Huffmans tracking companion, a traditional herbalist, explained that the plant was used by local people in order to treat malaria, stomach ache, amoebic dysentery and intestinal parasites. The chimp recovered, and later analysis of *Vernonia amygdalina* showed that the plant contained chemicals capable of killing parasites and which had anti-amoebic, anti-tumour and anti microbial powers.

By learning from animals about the healing properties of plants, we may discover new remedies from the natural world.

Rasjid adds:

This review doesn't altogether do justice to

this wonderful book. The author is a scientist, but also a practitioner of holistic medicine. The book is scientific, comprehensive and beautifully written – in my opinion destined to become a classic.

As you know, on several occasions Bapak said that animals know things that we now do not know, but ought to know. Well, here's the proof.

### Glossary

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

*Latihan* – the practice of worship of God in Subud

*Helper* – a person who has the responsibility of supporting members

*Testing* – the practice of asking and receiving guidance in the latihan

### Acknowledgements

We would especially like to thank all the contributors to this tenth issue of Resonance and give thanks to all those who have donated their time, expenses and expertise in helping us to produce this journal.

### SIHA on the Internet

Anyone can join the SIHA List server by emailing Latidjah Miller at [latidjah@erols.com](mailto:latidjah@erols.com)

If you would like to see the SIHA website it is at [www.Subud-Health.org](http://www.Subud-Health.org)

It is a work-in-progress and we would value your comments.