

resonance

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Dying and
Re-birth

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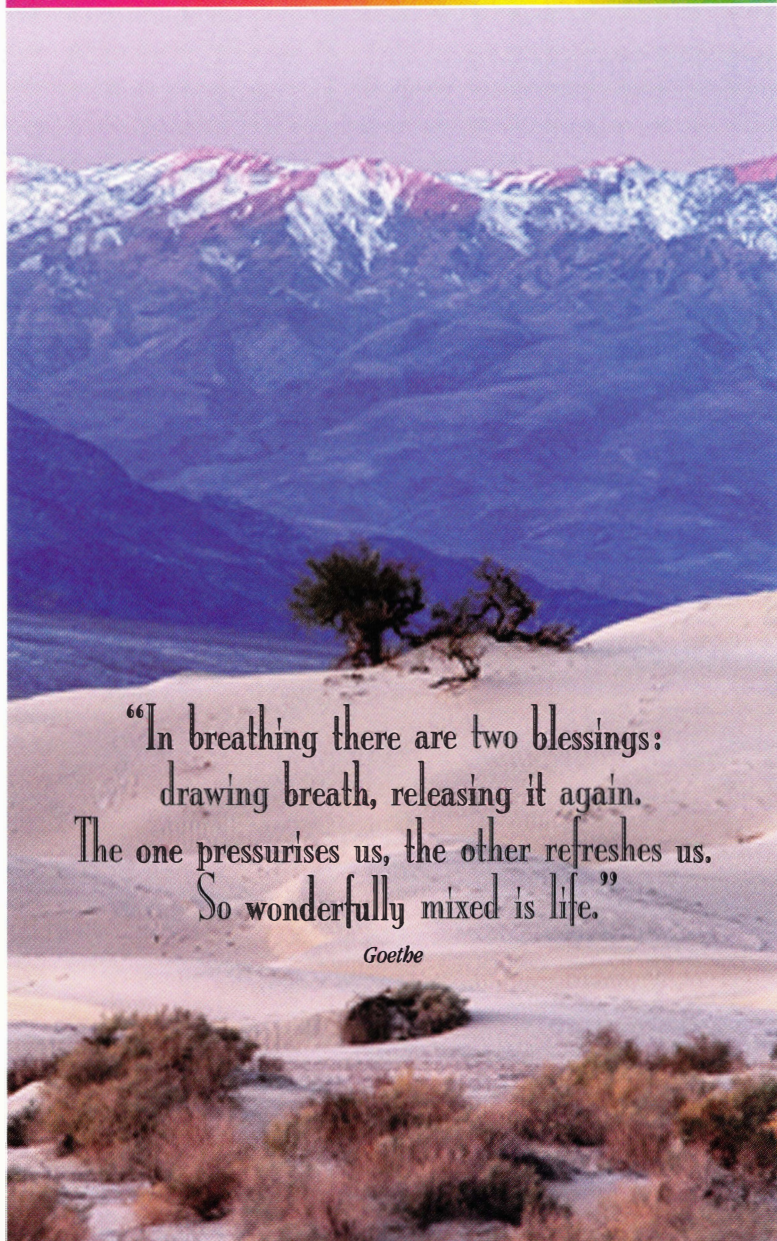
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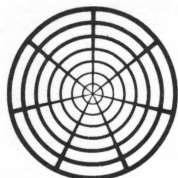
resonance
The
Quarterly
Journal of
SIHA

Subud
International
Health
Association



“In breathing there are two blessings:
drawing breath, releasing it again.
The one pressurises us, the other refreshes us.
So wonderfully mixed is life.”

Goethe



Subud International Health Association

Steering Committee and Editorial Board:

Latidjah Miller (co-ordinator)

Hedley Bennett

Hermione Elliott

Maxwell Fraval

Richard Salisbury

Robyn Burke (treasurer)

Leyda Bennett (membership secretary)

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Please send contributions to:

Hermione Elliott

hermione@cwcom.net

by fax to (44)(0) 2392 632750,

or by mail to East Illoe Manor Cottage,
Hambledon, Hants. PO7 4SZ, UK

or to Latidjah Miller

latidjah@erols.com

by fax to (001) 703 742 3945,

or by mail to 1010 Jeff Ryan Drive,
Herndon VA 20170, USA

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A MESSAGE FROM IBU RAHAYU



Dear sisters and brothers,

Your work is similar to an enterprise. Yet this group is in the field of health, in harmony with the talent and capability of each one, and is dedicated to alleviate the suffering of mankind.

I hope that your talents, through sincerity, may bear fruit. May God shower His Blessings through the work, and may it eventually be able to ease the suffering of mankind.

With best wishes,

Siti Rahayu Wiryohudoyo

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EDITORIAL COMMENT

Connecting In Cyberspace

Last autumn, SIHA members began sharing with each other through a relatively new medium called a listserver. In essence, we now hold ongoing meetings in a place called cyberspace. This is now possible because of the development of the internet. A listserver is an amazing new forum for communicating with each other, and the resulting exchange is helping to build a sense of community among SIHA members around the globe.

Recently on the list, a member asked for advice on how to deal with her arthritis. A doctor responded with detailed descriptions of the physiology involved and what takes place in the joints during an attack of arthritis. A nutritionist replied about the food issues. Others shared their moral support. An exchange of knowledge took place that was meaningful and informative. Could this be a forerunner of what might take place in the way of mutual support for members in the future?

The listserver has also been used to share organisational information such as the 1998 Annual Report, and the announcement of the SIHA Conference in Virginia, in May of this year. We also shared news from those coping with the earthquake in Colombia, and the economic collapse in Ecuador. The international flavor is growing as SIHA grows and spreads to different countries like Portugal, Indonesia and France. One of the biggest surprises came from the Ukraine. Sandra Likhatchka wrote to tell us that she has been translating all the information and conversations on the listserver and sharing it with members there. 'The first thing I discovered is that members (in Kiev, for example) became more serious towards the latihan, thanks to the SIHA listserver.'

The creation of the SIHA listserver signifies that the constraints of the past are loosening and we are moving into the future. I was deeply

touched to receive a message from Dr Abdurrahman Mitchell, saying, 'Over the years we have tried many times to start a Health Group in Subud and once the energy of an International Congress has subsided the communication has as well. So it is really good that it has been attained this time.' Sustaining communications between the health care professionals in Subud is an important goal for SIHA. The listserver is helping us to achieve that goal. The next step for us will be a website. Watch for that to happen in the near future. To sign up to the listserver contact < lramsey@ucsd.edu >



Latidjah Miller,
Virginia, USA. SIHA Coordinator



**M.E. - LIVING, DYING
AND RE-BIRTH**
THE UPHILL PATH OF AN ILLNESS
by Osanna Jones, UK

Long term illness is like dying.

The person you used to be dies.

The life you had dies away.

Hope dies.

Energy deserts you.

The lights go out and you end up living in a shadowland of pain, fear, frustration and limitation. Thinking disappears as your brain goes into a fog. It seems as if there is nothing. You want to die because, if this is living, what on earth is the point?

Your body dominates as there seems no escape from disability, darkness and disease. Worst of all, others just do not

understand what is happening. By others, I'm talking doctors, medical practitioners, friends, family and your Subud brothers and sisters as well.

No one knows what it's like to be turned inside out, be weak, dependent and helpless and in constant pain; the whole cocktail mixed with fear, inconsolable weeping and a sense of isolation.

Unfortunately, (or maybe, fortunately) this goes on and on and on week after week, month after month, year on year. You do not recover quickly as if from a common cold. And that's what others do not understand. And because you don't have the energy to explain, the will to articulate what you need or the ability to express it with the fogged-out brain, you shrink further away from others, sliding more and more into apparent oblivion.

These are just some of the points made during a day's workshop to discuss M.E. (or Chronic Fatigue Syndrome) at Loudwater, in February, when the SIHA group met bringing together people with M.E. and health practitioners.

This was the first time this kind of mutual exchange had been tried. Health practitioners were not there to offer solutions. They were there simply to be a resource if appropriate and to learn from those who have suffered this disabling disease. The day was a deeply moving experience for everyone there. We learned a lot about the complexity and delicacy of this illness and *how really important the latihan is when all else seems to be failing.*

Three of those present, who have been ill with M.E., told their stories, which had a profound effect on the group with the result that we want somehow to raise awareness of long term illness and how those are 'well' can more effectively help those who are 'unwell'. We identified, during the workshop, that illness seems to occur on three levels – as

does the healing – and this is what needs greater understanding.

Level 1 – Physical

It became clear from the similarities of experience that there are several potential sources of illness – immunisation, organophosphates, hepatitis, colds/flu and of course that old friend, stress. Each of our participants had experienced one of more of these factors prior to getting M.E. These could represent the physical route by which illness is manifested in the body. There is, we believe, also a spiritual purpose behind all illness, that links body, mind, emotions and spirit and offers an interconnectedness to all that happens that should not be ignored.

When disease strikes, and the body is literally 'out of action', it seems, with M.E., that the mind also goes 'on hold'. Initially, you try to struggle against the limitations, pain and aches that you feel. You seek help. You want someone to heal you. You go after as many treatments as you can find or afford. There is most definitely a whole process taking place – which can only be viewed objectively when you start to come out of it.

While in this state, you need support, you need kindness, consideration and above all sensitivity.

I know when I was at my worst I realised that I could only be with certain people. Why? Well, because some are more sensitive than others. Some know how to be with pain and were able to just be present: have a drink, a conversation and go. Others, however, were quite unable to be with me as an 'ill person' and would ask if I was better, make comments which seemed inappropriate to me about meeting up with other friends to go for a meal etc. next week. They did not understand I could not be who I was before and I couldn't do what I did. The energy just leaves you so the most simple tasks require huge effort. For example, to get up and actually walk across a

room to make tea is an enormous task when you are very ill with M.E. Getting dressed can take hours.

Level 2 – Psychological

Due to the limitations of your physical state, your mind also becomes 'ill at ease'. Fear is ever-present because of your helplessness and the 'not knowing' about your disease and/or its cure. There's a sense of anger and frustration because your body has let you down. Your dependency on others sets up many issues about being a burden, useless, boring, uninteresting, etc. And, when really ill, having to accept that you do need help is often very hard.

At first, it seems, we all struggle against our condition, trying to fight it off, in the hope that it will go away. It doesn't. At least it (the illness, the process, the experience) will not change until we change our attitude, beliefs and start to let go of everything. In other words, enter what Bapak keeps telling us about – that state called acceptance. This is where I am, this is how it is. I learned, to my cost, however, that there's an interim place called 'resignation', which is not acceptance!

Going through this psychological process is slow and painful in itself and is quite depressing. Many many tears, much hopelessness, and truly a sense of dying to enable you to be ready for change.

A most important psychological point we all agreed was that we have to learn to listen to our bodies, to really love them, look after ourselves, honour our process and be truly patient. At the same time, it's important to believe in the body's power to heal and not just depend on outsiders to heal us. It's all about an inner journey to discover who you are.

Level 3 – Spiritual

Well, who knows what our spiritual path is all about?! Nonetheless, it appears that illness

has the power to bring us closer to God – maybe even to force us to come closer. In a way, when you are very ill, the only person you can really communicate with is God – on every level, through anger, frustration, calm, stillness, prayer, gratitude, worship, and so on.

Quiet and stillness seem to provide the ambience to enable us to receive. For myself, when testing, I received time and again that my illness was a real gift, a blessing from God (and at the time, I sincerely did not want that kind of blessing!)

Having an attitude of gratitude along with the acceptance, patience and surrender trio, also seems to help to bless your pain, your suffering and offer it all up.

Finally, there's a real sense of re-birth – at every level – becoming different, finding a new way of being, becoming a new person through the experience of this illness.

So what's our message to YOU?

Bapak speaks of feeling a vibration when we receive the latihan. This seems to me to reflect the basic truth that all of life is a vibration, an echoing of energy throughout the universe. Our task is to 'tune in' to the 'oneness' of everything.

Hermione Elliott, opening the day's workshop, commented that her experience as a health practitioner is that different illnesses have different energies. It seems therefore that, as Subud members, and especially those of us who are helpers, we have a responsibility or even a need to try and 'tune in' to the energy of those of us in Subud who are ill. And for those who have long term illnesses, it means providing ongoing 'support' on a long-term basis. What that 'support' entails would be a matter to be resolved between helpers and those who are ill. It could be a weekly telephone call, a regular special latihan, or just a visit.

I can tell you that when I was seriously bad,

I honestly could not do group latihan. It was too much for me. I know the same is true for the others who spoke at the SIHA group. I was lucky. I had dear Subud sisters and friends who did do latihan with me regularly, who did test with me, support me and care for me. They were the RIGHT people for me and I did have to summon the courage to tell some who wanted to help that they weren't right. So helpers, please, respect and honour what the 'patients' need and allow them to choose you. It's up to us to learn how to develop our sensitivity in this field of energy and to learn from it. Maybe test who is right for someone.

I'm glad to say I feel as if I'm in recovery now as do others who've experienced ME. But there are many who remain deep in this dreadful disease and who need our help, support, special latihans and prayers. Do not forget them.

Maybe this short piece will at least begin to illustrate the devastating effect of long-term illness and how it is like dying. We all need the latihan to be reborn.

Helpers: Is there anyone out there who would like to co-ordinate helpers' seminars to address the issues of helping those in Subud who are ill?

This is a typed up version of the information we recorded during the workshop

Pre-diagnosis factors identified

Candida	Anaemia
Hepatitis	Rheumatoid Arthritis
Anorexia	Stress
Pregnancy	Mastitis
High Temperature	Compromised immunity
Organo phosphates	Urticaria

Common difficulties experienced:

Medical misunderstanding and learning to live with illness.

Various means of support and/or treatments tried:

Feldenkrais	elimination diets
nutrition	steroids
baths	supplements
osteopathy	aspirin
acupuncture	homeopathy
temperature taking	hydrotherapy
Healer/counsellor	latihan

Caroline Myss

support from others (special friends)

Finally: recognised as a spiritual, psychological & physical process.

Struggles experienced:

shock
pull yourself together
negative attitude
effort/race
inner conflict
everything left me
no concentration
immobilised
shadow-world
no energy
dependent/weak
turned inside out
alone/isolation
difficult to be in company
anger/pain/fear
crying/weeping
wanting others to heal me
ancestral links
repair/rebuild
getting strength back
helplessness/limitation
conserve energy

Joys and/or learning experienced:

positive attitude
let go
journey
waiting
acceptable as I am
contentment for small things

deep gratitude
 inner journey
 enjoyment in life
 purification
 process – go and flow
 healing
 identity as a well person
 self belief
 be ready for change
 aware get better/get worse cycles
 exorcism
 honouring our bodies
 learning to BE
 blessing or gift of illness
 I can heal
 listen to my body
 commanding spirit illness to leave
 feisty/defiance
 way of becoming
 way of unfolding
 opportunity to start again
 And most important of all:
 Latihans – Groups & Helpers
 + healing energy



MIDWIFERY

Melanie Milan UK

This story tells how I grew from a confused office worker into a middle-aged midwife, all with the help of the latihan.

The journey started with a visit from Bapak to the UK in 1979. At that time talent testing was in vogue, and it was a case of line up your shoes, watch and jewellery while Bapak was talking, and be in the blocks ready to sprint for the front when he asked for a few women volunteers. On this one occasion I made it, chiefly by refusing to sit down again when it became apparent that 'a few' had turned into about 15!

Bapak had also led a general testing

session after latihan the previous evening, where he asked us to receive with our hands how it was to work at various jobs, among them doctor, secretarial worker and nurse. I had been fascinated and delighted by the precision of the receiving – doctor and nurse were clearly related, but quite different. When we were asked to receive how we worked when we were carrying out our true talent, I still had a clear memory of the previous evening's receivings. I received clearly, like a doctor but different, like a nurse but different, and to do with women and babies. I came back and sat down again. I remember saying to the woman sitting next to me, in tones of complete astonishment: 'I think I'm meant to be a midwife!'



It had never even crossed my mind that I might do something like that. I had considered nursing as a career a long time ago, and decided I could never do it; I don't have enough sympathy for people who are ill and need to be cared for... But this was a different slant. Childbearing is a normal and healthy episode in a woman's life. I had recently had my own first child, and following on from that experience I knew the importance of good care for the woman. I knew how I had been cared for, and I knew I could do at least as well as that, and probably better.

Being a pessimist and a cynic, my first action was to repeat the testing with helpers from my local Subud group – maybe I had not understood correctly. But of course I had: the testing was absolutely clear and unmistakable. I am a woman deeply anchored in the material world. I needed to approach the whole idea in a practical way. How could I train as a midwife, now that I had a toddler to look after, and more babies planned? In the UK at that time the only way to become a midwife was to train as a nurse first and I knew this was not an option for me. However, a different approach would be to become a voluntary worker in childbirth education. Testing showed that this was an appropriate start, and this led into three years of training. I became a qualified childbirth educator just after my third child was born. The training turned out to be a delight and a passion: I loved the process of training, and the process of working with pregnant women.

I continued as a childbirth educator for seven years, learning all the time. By that time the midwifery training programme had radically changed in the UK. For the first time for many years it was possible to train directly as a midwife, without having to be a nurse first. It took me a confused and difficult year and a half to make up my mind that this was still the right way to go. How could I afford to do it? Could I fit the work in around the needs of the rest of the family?

I managed to find a course which worked academic terms. This meant in practice that I would work in term time while the children were at school, and be on holiday when they were on holiday. The downside of this was that the course lasted four years instead of the more usual three. No grants, scholarships or bursaries were available. Nevertheless in the end I decided I would do it, with a great deal of loving support from my husband Simon. I knew that if I did not, I would regret it for the rest of my life. We took out a second

mortgage to pay for the course.

To begin with I was very apprehensive and cautious. It was a modular course, with exams at the end of each term. I thought I would take one term at a time, and stop if it all became impossible. I did not believe I would complete the course – it really seemed very unlikely! Slowly term followed term. I was learning more and more, doing well academically, though finding the rigid hospital culture and hierarchies very difficult to adjust to and work within. There was so much to know, so much responsibility to take, so much hostility and blame when things went wrong. I had thought at the beginning that I might be suited for midwifery management, because of my teaching and secretarial background. By the end of the course it was clear to me that I could not work long-term in hospital.

After qualifying I worked for one year in hospital to gain experience. Working in the NHS means that practice is very much prescribed and dictated by the local employer, the Health Authority. Policies are laid down by obstetricians and midwifery managers, protocols are drawn up, and all midwives employed by the NHS in that area risk losing their job if they do not comply. Pay for midwives in the UK is not great, the workload is heavy, and the burden of stress and responsibility seems enormous. The result of this is that units are short-staffed, and midwives overworked. I found that in a day's shift I might be caring for up to ten women on the antenatal/postnatal ward, and even on the labour ward I might be given three women to look after at the same time. There was enormous pressure to get through the basic physical tasks and keep the women moving along. There was no time to get to know the women, talk to them in depth, give them considered and calm support. After a year of this kind of working I had no confidence in my own competence, and was on the edge of becoming ill.

As with childbirth education, the passion and the rewards for me lay in working with individual women, helping them to make the journey into parenting as positive as possible. This led me to join a friend of mine to work in an independent midwifery practice. By doing this I stepped outside the restrictions of working in the huge hierarchy of the National Health Service and took on the task of caring for women one-to-one throughout the childbearing period.

It is difficult to convey the scale of the difference in the two ways of working. A woman booking in the NHS will be encouraged to conform to fit into the system. She will find that she is labelled as a low or high-risk case, and that an event which is uniquely special and intimately personal to her is treated throughout as an impersonal list of symptoms and past events, dictating and restricting her options throughout her 'episode of maternity care'. Looked at from the hospital point of view, it is only prudent. If 4,000 babies are born at the hospital every year, it will not be many years before every conceivable complication of pregnancy and labour will be encountered there. If such complications are to be expected on a regular basis, it is essential to set out guidelines to control the attached risks as much as possible. The trouble is, that these guidelines then apply to every pregnant woman – most of whom will suffer from no such complication.

In such a huge organisation, the most efficient way to work is to pass the pregnant woman down the line, like an item on a conveyor belt. This means she will meet at least 15 different health professionals during her pregnancy, and possibly twice that many. None of these will know her well, or have the time to visit her at home and meet her family. How can she be expected to trust those caring for her in labour, if she has never met them before? How can they be expected to know what she wants and how she needs to be

supported when they meet her for the first time in labour?

Thames Valley Independent Midwives guarantee that a woman will have the majority of her maternity care from one midwife, with backup from one, or at most two others. We are the lead health professionals for our women. We encourage them to take responsibility for their own care and to ask for what they want. Our side of the bargain is that we will give them information on all relevant issues to assist them in decision-making, and we will support them once those decisions are made. Almost all the births in our practice are planned home births. We carry resuscitation equipment and are trained in its use for adults and babies. It is rare for a woman to insist on a risky course of action when all the information has been assimilated. Usually, once it is accepted that a complication has arisen, the couple choose to transfer to hospital. We accompany them there, and stay with them as long as necessary. We try to work well with other health professionals. Usually the woman will continue on good terms with her family doctor, although sometimes this becomes difficult, and we have ongoing dialogue with her local hospital. Because the responsibility is heavy, and the on-call requirements extensive, we take many fewer women than midwives working in the NHS. The advantage is that we can give these women the time and the individual attention they need.

Many women book with us after a traumatic or unsatisfactory experience with a previous birth, or after they have found to their cost that they cannot find the care they are looking for in the NHS. With the best will in the world, NHS midwives cannot treat each woman holistically: they are bound by protocols and care for too many women on a daily basis. Once a woman books with us we will explore with her in depth the kind of care she needs.

Sometimes a great deal of time needs to be spent working through the past experiences, taking into account what happened last time and helping her to believe that change is possible this time. We pay careful attention to such things as diet, rest, emotional preparedness. We plan carefully for support around the birth. Who will look after her other children? What will be her partner's role? How can the family best be supported following the birth? It is enormously satisfying to work in such a way, and to witness the healing effect of a birth which is calm, low-key, integrated in the home and in the family.

I booked a woman early last year who had planned a home birth with her first child, but whose labour had ended with Caesarean section. Since then she had moved house, suffered major surgery in one leg, had a difficult two years with her demanding little girl. She still wanted to give birth to her next child at home, but had lost belief in her own body and her own ability to achieve what she wanted. She booked quite late in the pregnancy. I spent a lot of time talking through her previous birth, suggesting ways she could ensure that this baby entered her pelvis in a good position for labour, listening to her fears, offering ideas for support and assistance for the family during and after labour. At the end of the pregnancy I spent an intensive weekend with her helping her to recognise and face issues which were blocking her from going into labour. She laboured efficiently and well, and gave birth relatively easily in a birthing pool in her kitchen.

The delivery of the placenta proved to be very difficult and long-drawn-out. Although the woman's blood loss was within normal limits, she was emotionally totally shocked and in quite a collapsed state. Deep in her heart she had not believed she would give birth successfully at home, and the shock when she did so prevented her from moving

on into parenting her new baby: she simply collapsed. It took more patient work over the next couple of weeks to help her to believe that she really had achieved her goal – several times she herself nearly sabotaged her own accomplishment. One year on, we are still in touch. She gave me a copy of a poem she had found which for her expressed the essence of the relationship between us:

'Come to the edge.
No, we will fall.

Come to the edge.
No, we will fall.

They came to the edge.
He pushed them, and they flew.'

When I see how confident she is now in dealing with both her children, and hear her talk in proud and positive terms of last year's birth experience, I know that the work I am doing is worth the struggle.

I have never worked in such a challenging way in my life before. The rewards are enormous, but they are hard-earned. Part of the reason I have to do this work is to make me face myself. Each case I take on forces me to work with the aspects of myself I find most difficult. I have to face my own fear and doubt; I have to deal with confrontation, which I hate; I have to stand up for what I believe and how I practise in the face of much disbelief and hostility from other health professionals. I have to live my truth – there is nowhere to hide. The work I now do is taking me on a journey of personal development which I find painful, frightening, fascinating and hugely satisfying. At the outset I had no idea what I was letting myself in for. But I'm glad that I did it!



THANK GOD FOR ILLNESS*Marcus Bolt UK*

"Have you got a diagnosis for me, then?"

I asked as I sat down in the Registrar's office.

"Yes, we have. You have a toxic multinodular goitre," the Registrar said triumphantly.

Six months earlier, I had been driving back from a business meeting in Devon and, while rubbing my neck, stiff from driving, I had discovered a swelling in my thyroid.

After having visited my GP and having had blood tests with her clinic's phlebotomist, she had arranged for me to see a consultant endocrinologist at our local hospital because the thyroxine levels were normal. This meant it was more than hyper- or hypothyroidism.

"Better check it's not cancerous," she had said as I was leaving the surgery.

Despite having been in Subud for 30 years and knowing that Bapak had said worrying makes you more ill, I still felt a whiff of adrenalin kick into my system. It made me realise that, at 56, I was not yet ready to begin that run-up to my death. I needed more time to learn to surrender.

"And anyway," I dialogued with God, "I'd look terrible with no hair if I were to need chemotherapy ..."

I had to undergo a whole range of tests and scans. The first was ultrasound. They discovered I had a nodule but couldn't see if it was one big one or several smaller ones. Then followed another, more in-depth scan with intravenous, low-level radioactive iodine, an x-ray and finally FNA (Fine Needle Aspiration), which hurt like hell. This whole process took six months and led me to where

we started – in the Registrar's office feeling extremely relieved that it wasn't cancer.

The Registrar produced a colour

thermograph from the last scan showing three nodules of varying sizes. "They're hot nodules. Cold ones could possibly be cancerous. But, anyway, the cytology tests rule out any form of cancer. All the cells are normal."

Apparently, the hot spots, which showed up like supernovae on the jet-black photographic paper, white at the centre, then yellow then red, were doing all the

thyroxine production. The rest of the gland was dormant, thus fooling my pituitary gland – the so-called conductor of the endocrine orchestra – that all was well and in balance.

"What we plan," the Registrar continued, "is for you to take a two-week course of a drug called Carbimazole which will hopefully stop the hot-spot nodules from producing all the thyroxine, thereby kick-starting the pituitary gland into producing more thyroid-stimulating hormone so that the whole gland will start functioning normally. If that doesn't work, we'll get you to drink radioactive iodine which will gather in the thyroid and kill off the nodules. That's the theory," she concluded and made an appointment for me to return in three months.

It occurred to me that the biochemical dangers that accompany this theoretical prognosis are twofold. First, one in a thousand patients react badly to Carbimazole and it creates havoc with their immune system. "If you develop a sore throat while taking this drug, stop taking it immediately and go to your local hospital emergency department ..." it says on the sheet handed



out with my prescription. I really didn't fancy risking giving myself something akin to Aids, especially during a flu epidemic. One in a thousand is not long enough odds for me!

Secondly, if given too much radioactive iodine – and the consultant can only guess the right amount – thereby killing too much thyroid tissue – it's thyroxine tablets for life. Drinking the radioactive stuff would also mean not sleeping in the same bed as my wife for a week, not kissing anyone and not being closer than 15 feet to small children. I'd be a walking Doon Reay! The whole exercise seemed too risky for me. Time to plan a DIY healing campaign.

According to Varindra Vittachi, Bapak once said that there are five types of illness. These are, broadly, ordinary or minor ailments, hereditary defects or weaknesses, sickness – that comes as a warning that one's life is not being lived in the right way, illness given as punishment for wrong doing and that given to summon one to death.

Now, I knew this was no minor ailment, knew of no direct hereditary defects and I was, by now, fairly certain I wasn't being summoned to death. It didn't feel like a punishment, either. I was feeling fit and on top of the world, health-wise, and full of creative energy. So I must be living wrongly, I reasoned. But in what way and why, I asked myself? I decided it is me to make some serious efforts to discover what it was that I was being warned about. Once again, as has happened so many times during my 30 years in Subud, I was being guided but could not read the signals. I was aware, too, that Bapak had said that illness made us draw closer to God and that we should thank God for it. Instinctively understanding the veracity of this failed to stop my mind running in ever-decreasing circles.

A friend lent me her copy of *The Healing Power of Illness* by Thorwald Dethlefsen and Rudiger Dahlke. Their main thesis (and I

paraphrase) is that illness is a manifestation of an unaddressed, inner problem. The minute we enter this physical world, as spirit in a body, we are bipolar, dual natured. Our aim is to become whole, or healed – to become integrated. Disease is the expression of our *dis-integration* and is unavoidable, therefore. That which we repress – our shadow in psychotherapeutic terms – must have its expression and, if it is not lived out, will *em-body* itself in symptoms. Therefore, to quote Dethlefsen and Dahlke, "Symptoms make us honest. In our symptoms we have what our consciousness lacks."

The keys to understanding the nature of the unexpressed problem are simple. Initially, it is necessary to work out what aspect of our living is represented by the physiological nature of the diseased organ. This can usually be determined by its function. For example, the skin represents our contact with the world; our kidneys represent partnership; our joints our ability to move forward; our back and shoulders our ability to bear our burdens and so on. The second key is to determine the intrinsic nature of the illness. Is it a swelling or hardening, suggesting blockage? Or is it an inflammation (usually an *itis*) representing anger? The third key is to observe the everyday language we use to describe our symptoms. For example, have you got 'a pain in the neck'? And if you've got acid indigestion, ask yourself, 'What's eating me?' If you've a sore throat, what is it, in your life at this time, that's making you so angry you cannot, or are not willing, to swallow?

As another example, Dethlefsen writes that high blood pressure occurs when a person desires to achieve a certain goal, releasing the energy necessary to achieve it, but clamps down on the desire with a psychological block, thus preventing the action. This is reflected by and enacted physically through the heart (the desire) pumping blood (the energy) through narrowed arteries (the psychological clamping

down) giving rise to high pressure. The sufferer literally puts him or herself 'under pressure', driving forward while always finding – or creating – blocks. The same symptoms can manifest because of internal or external conflicts without solution or through controlled aggression. It's up to the individual to find what fits when using the book.

Reading the relevant parts of *The Healing Power of Illness* and several other books in the same genre, a picture began to emerge for me. The thyroid is responsible for the body's metabolic rate, particularly the breathing and the release of energy (it is the thyroid's ability to become inactive that enables certain animals to hibernate). More importantly, it is the gateway between the physical body and the spiritual body, incorporating the mind and feelings – 'The way the body inhales the soul,' to quote Karl Konig. In short, the activity of the thyroid mirrors our desire to be here, committed to life.

The throat is a two-way bridge. We take in our breath, swallow our food (and, by analogy, life, love, ideas and concepts) through the throat. We also exhale and voice our opinions, feelings and emotions through it. If, however, we believe that expressing certain emotions is wrong and they remain unvoiced because we fear the consequences, for example, or such expression was forbidden while we were growing up, we will harbour them. They become resentments which we continue to grow and nurse by further non-expression over the years. This causes energy to amass in the throat. A goitre, the name for this typical thyroid swelling, is simply a reflection of the hatred of being inflicted upon and the inability, or unwillingness, to do anything about it.

Around this time, I had further clarification of my situation at a men's kejiwaan day at Loudwater. I had joined the small group that wanted to discuss and test around personal, more psychological/spiritual issues. Of the five

of us, three wanted to ask specific questions and, after lunch, having discussed the issues and phrased the questions, we went back to test. 'What are the behaviours or attitudes that manifest as Marcus's current health problems?' we asked. As we received the answers, I felt like a four-year-old child reaching out to go in one direction, towards something I wanted, but was being dragged away in the opposite direction by more powerful, adult, parental forces. The conflict would tear me in two if I didn't acquiesce. I was left with a feeling of bitterness. *It was so unfair.*

Here was the spiritual corroboration of my reading. I had repeatedly re-created, in adulthood, the emotional atmosphere of when I was growing up – namely, that sense of allowing myself to be thwarted and frustrated. By failing to express and make known my needs, frustrations and hurts, I had nursed and nurtured my nodules.

In an earlier latihan, it had been made clear to me that I was forever 'putting my neck on the line' for others, as a way of avoiding 'sticking my neck out' on my own behalf.

This was such a neat summation of my situation and I knew it was spot-on. The false activity of my thyroid manifests as 'always putting myself out for others' – not out of altruism, but as away of avoiding the responsibility of doing what I really want to do. And I guess I've done this all my life. After the first test, we asked, 'What should Marcus do to overcome these attitudes and behaviours?'

Doing any kind of justice in writing to the multifarious feelings that this question engendered would require the literary skills of all the Nobel Prize for Literature winners this century.

'The freest possible expression of the love of self, of God and the whole of creation. Fun, enjoyment, living life to the full ...' were a few of the blandishments I groped for at feedback time.

On paper, it's all so easy. I must simply stop creating the illusion that everything depends on me and that everyone is imposing on me to do this or that; wanting help here and support there, usually here and now. Through surrender I must learn to say no, gently – to myself, to others – and just get on with what I really need to do, that which I'm here for. Time to unblock the bottleneck, stick my neck out and go for it, neck and crop, in other words.

However, I still needed to cure my disease. After testing, by myself, a whole range of possible alternative approaches, I felt very strongly that Chinese medicine was the correct one in general and that our local Chinese Medical Centre in particular was the place to go. I then tested, as a safeguard, was it best for my health to use the hospital's conventional approach or Chinese medicine? Intriguingly, what I felt was that either would be acceptable, but not both together, *as long as the behaviour that caused the manifestation was addressed!* (A couple of years ago, after consultation with an alternative medical practitioner about a problem I had with reflux oesophagitis and excess stomach acid, I totally changed my diet and the condition cleared up. What occurs to me now, in letters so obvious I probably didn't see them at first, is because I cured the symptoms without addressing the underlying behaviours and attitudes, they have manifested elsewhere. Same problem, different expression.)

I decided to go for the Chinese medicine and booked an appointment. The young Chinese lady doctor that I consulted took down my medical history, then felt my pulse.

'Your pulse is very lethargic. Your Qi is weak, your water is low and the heat is rising,' she said. Somehow, I knew instinctively she had hit the nail on the head. Especially as the hospital had diagnosed hot-spots in the neck! I read a little about the principles of Chinese medicine. It appears that

Yin and Yang should be in balance. Yin is 'the shady side of the hill' Yang is 'the sunny side'. These two forces interact dynamically. They are in opposition, interdependent, consume each other and transform each other. Think of the sun rising in the sky over a hill. The shady side gets smaller and smaller until the afternoon when the shadow begins to get longer and deeper as the sun sets. Yin is essentially feminine, watery and is cold, passive, descending and so on. Yang is essentially masculine, fiery and is hot, active and ascending, etc. The Qi (pronounced 'chee') energy is the force which binds everything in the universe together. Condensed it is matter, refined it is spirit. The fact that my dis-ease was centred in my throat – the gate where spirit transforms into matter – suddenly took on a new significance.

Chinese medicine gets more complicated the more you read about it with the introduction of the Vital Substances, the Five Elements, the Organs, External Causes and so on. I decided to go with the flow, not needing to understand in depth. Let's just see what she could do for me, I decided.

She gave me an acupuncture treatment and, lying there in the dark, I felt my latihan wash through me, working with the energies in my physical body, leaving me feeling relaxed and calm.

I have been to see her for about eight sessions, now. My pulse is stronger at seven out of ten, as she notes it, and the swelling in my neck is noticeably smaller by 50 per cent. To sum up, what I have been led to understand is that wrong behaviour that is unaddressed, or allowed to have free rein, eventually manifests as illness.

If you become ill, the medical profession is very good at diagnosing the problem. After diagnosis, either go with the conventional medical wisdom or choose an alternative practitioner that you're comfortable with but, at the same time, it is essential to get to

understand the behaviour that is manifesting and, working hand in hand with the latihan, to find ways to change it. Even having something surgically removed doesn't make the inner problem disappear!

These four things, diagnosis, medication, behaviour analysis and change must go hand in hand or the dis-ease will reappear in another guise, becoming more and more life threatening each time until you're prematurely summoned to death.

This warning shot over my bows ('This really could turn life-threatening!' said one of the others during our testing session) is a grace of enormous proportions and I would be a fool to ignore it. If I do and next time it's not a warning shot, but a real cancer, I will have achieved that which some part of me wants, deep down. I will become the eternal victim child. I will be attended to and looked after by others, spending most of my time in bed, hairless from chemotherapy. I will have become a baby again.

Extracted from Marcus Bolt's new book *Saving Grace – Thirty Years in Subud* Published by VIA BOOKS, May 1999. Available from: SPI Ltd, Loudwater Farm, Loudwater Lane, Rickmansworth Herts WD3 4HG UK Tel (44) 1727 858080 Price (inc p+p) UK £7.50, Europe £8.50, US and Rest of World £10 (All major credit cards accepted)



THE SINE CERA STORY

by Harris Smart Melbourne, Australia

Sine Cera is a Subud social welfare project situated on the edge of the Border Ranges National Park, a world heritage rain forest near the border of Queensland and New South Wales in Australia.

The focus of Sine Cera's endeavour is the family. The family is the cornerstone of society and if the family crumbles then society crumbles, so Sine Cera was set up to provide a place where the family can be strengthened and restored.

As is the case with many Subud projects, the Sine Cera story is a combination of

determination and hard work, and that certain almost indefinable 'something else', the guidance and unexpected grace which is the essence of the Subud experience.

Working with Aboriginal People

The founders of Sine Cera are Munawaroh and Labasir English, and the project is rooted in Munawaroh's many years of experience working in health and welfare.

Munawaroh was born Amsterdam in 1932 but emigrated to Perth, in 1954. She decided to become a nurse, and when she completed her training in 1958, she went to work with a remote Aboriginal community at Hooker Creek in the Northern Territory.

'It's a hard life, being the nurse in such circumstances, the only source of medical knowledge. You work twenty-one hours a day, seven days a week. It's very demanding. You have to know about everything. The only assistance you have for emergencies is a radio, and often that's out, or a medical plane, and often that couldn't land because of the dust storms.'

After she had been there several years she felt a need to increase her qualifications, particularly in the areas of midwifery and child care.

She also had a feeling that something new was going to come into her life. 'I've always been very receptive to what is going to happen, and in the desert, even though I was a Catholic, I felt I was going to receive something for my spiritual life.'

In 1967 she went to Brisbane to study for qualifications in Midwifery and Child Health and Welfare. She also found Subud through her contact with a woman named Louisa Toogood.

When she completed her studies, Munawaroh went again to Aboriginal communities, first to Arnhemland on the north coast of Australia, and then to the Umbakamba Aboriginal community on Groote

Island, but her life changed in 1971, when she married Labasir, an American she had met on a visit to Cilandak

Morningside

They spent several years in the States, but returned to Australia in 1974, finally settling in Brisbane where Munawaroh worked for the Aboriginal Medical Centre.

She and Labasir were also involved in OPAL (One People of Australia League), which had been set up with the idea of bridging the gap between black and white Australians, with activities such as running camps for Aboriginal children.

As Munawaroh approached her fiftieth birthday in 1982 – she was now the matron of a nursing home – she had a feeling she was going to receive something BIG in her life.

Then, through a quite extraordinary chain of circumstances, she and Labasir were enabled to buy a magnificent, historic mansion in the Brisbane suburb of Morningside. Here, with some other Brisbane Subud members, they set up an alternative health care facility for elderly people.

Munawaroh had already had success in treating residents in her nursing home with herbs and fresh vegetables, often releasing them from zombie-like states.

They moved into the house and began taking in their first residents. When the house was full, they had 22 residents in all. They immediately began to have success treating people with herbs and fresh vegetables.

'Many people who came from the hospitals had almost been given up for dead, or the doctors didn't know what to do with them. I remember one day the hospital rang up and said, "We have this man, he's been a drover all his life, and he only has two weeks to live. Can he come to you?" Well, he was with us for five years. The secret was taking them off their sedatives and giving them the fresh vegetables and herbs.

'There was one little old lady who came to us in her nineties and all she would say all day long was, "the point is... the point is... the point is..." She did that for three months but after that with all the fresh food she recovered herself completely and took charge of the dining room. Every morning she would come into the kitchen and ask what we needed and then go and do all the shopping. She was an absolute darling, Marjorie.

'It was extra difficult for us because the hospitals would send us nursing home cases, and we weren't set up to be a nursing home. Technically we were just a hostel where people are supposed to be mobile and able to look after themselves. But it was a good challenge.'

Sine Cera

They registered as a charity, Morningside C.A.R.E., but after they had been running the home for seven years, Munawaroh was sitting at home alone one night... 'I was just sitting in a chair, and it was suddenly given to me almost verbatim what we should do next. I hadn't been thinking about it at all – it just came to me that we should take care of families, we should set up a project that would help to rehabilitate the family. The family is the cornerstone of society and if the family crumbles then society crumbles.'

Then began the search for a property. They had the idea that they should find a place in the country, a place of peace and isolation, where families could recover from the stress and turmoil of the city, and they were eventually led to their present land adjoining the National Park. They purchased the site in 1988. They have 80 hectares, surrounded by forest, with a beautiful spring-fed stream running through it.

They were occupied for the first few years in actually building the facility which included a house, hostel accommodation for 60 people, and a dining hall and kitchen. (A

second house has subsequently been built.) It was officially opened in 1992 and since then, they have been able to make the facility available to a wide range of groups.

'Every year we have Camp Quality which is for terminally ill children,' Munawaroh told me. 'All the child's family and siblings come. They have wonderful activities and support for the family. There are more and more of them. We've had disabled children, autistic children, children in wheelchairs.

'We've had camps for Aboriginal children from different parts of Queensland. Youth camps, church groups, bush walking groups. People are always over the moon here. They say it's the best camp they've had. We put love into the food. So many people say, "What's so special about your food?" We cook it with love, we pray for you people.

'I think people are opened when they come here. They report experiences which we think of as typically Subud. I know that this is a reality. This is the most important thing for Subud – that we should have these projects that touch people. We have a church group come every year and they say it's phenomenal. They tell us, "Some of us go to the creek, and there is something we have to think about, some of us go to the mountain, some of us go somewhere else, and when we come together we all have the same answer and we've never experienced that before."

At the same time, Munawaroh feels they are still working towards being able to realise their original vision of providing a place to heal the family.

'We still have not been able to implement the full vision. The first thing is a program with mothers. We are going to talk to the mothers – some of them will be young girls – about the way they should be when they conceive the baby, when they are pregnant. We will explain how every aspect of their lives affects the child, from the *in utero* stage onwards.

'We will teach budgeting, nutrition, cooking. We will talk about non-judgemental approaches to bringing up children. We'll get the children together with the mothers and create an atmosphere in which people will feel free to talk. Then there will be follow-up programs in Brisbane and it will grow organically. If the program works in Queensland, we will also start it in New South Wales.'

Even if the full vision of Sine Cera is yet to be realised, it is already a remarkable achievement which has impacted on the lives of many people in a positive way. And Munawaroh and Labasir have made it all happen at an age when most people are long past retirement. (Munawaroh is 67 and Labasir is 82).

Of course, they also acknowledge the help of many other Subud members, as well as people not in Subud, who have helped financially, with their work, and with their prayers.

People often ask where the name Sine Cera come from. Munawaroh explains: 'Some of us were talking one night about a name for the project, and I remembered how when I was at school a Franciscan monk talked to us about the meaning of the word "sincere". He told us that in the olden days, if you had something you wanted to keep secret, you put a wax seal on the envelope, and sine cera means "without wax" so it means openness, transparency, being prepared to reveal yourself.'

On my most recent visit to Sine Cera, at New Year 1999, I felt the project was poised to enter into a new stage of development in which the original dream will start to become more manifest.



Using Interactive Imagework with Children – Walking on the Magic Mountain

by Deborah Plummer

Jessica Kingsley Publishers (1998)

ISBN 1 85302 671 9 Price £5.95

Reviewed by Hermione Elliott

It is a delight to find a book which addresses such important issues as the creative, emotional and psychological well-being of children, while showing that the process can be both non-threatening and fun. In her book *Using Interactive Imagework with Children – Walking on the Magic Mountain*, Deborah Plummer demonstrates how we can draw upon the naturally abundant, unique and personal world of the imagination to enable children to cope with problems, gain confidence in themselves, or help them find ways to face the challenges in life.

Deborah Plummer has written with parents, educationalists and therapists in mind; the book is equally accessible to all three groups. For non-therapists she provides interesting background information, highlighting the significance of the imagination and how it provides us with a connection between the conscious and unconscious mind. She describes how, as we grow into adulthood, very often the symbolic language of images is lost to us, furthermore our adult logicity prompts us to discourage children from fantasising or daydreaming, robbing them, albeit unintentionally, of a precious tool that can help them obtain wisdom about themselves and their lives.

The whole book is a call for us to recognise and value this language of the unconscious. And in later sections of the book we are shown how the imagination can be consciously and constructively used, through the interactive imagery process, to help children better cope with life. She provides a

series of guided imagework exercises, that have the feeling and quality of fairy stories, creating an atmosphere of playful enquiry rather than therapeutic questioning. This gives the child a framework within which they can freely explore difficult issues, drawing on their own unconscious to arrive at resolutions which are congruent with their needs and wholly suited to them.

Nothing is forced or imposed and, appropriately, throughout the process she suggests the child is encouraged to maintain control. This appears to keep the work uncomplicated and well within the bounds of safety.

The instructions for the seven sessions, each an enchanting journey travelling in stages to the top of the Magic Mountain, are very clear, lovingly written and easy to follow. The children are able to meet and interact with among others, the HugMe tree, Marigold who makes special healing magic, their own special animal, a House of Friendship, a Book of Wisdom, all the while accompanied by Safekeep, their own chosen imaginary object, to protect them on their journey. What makes this process unique and so interesting is the interactivity that takes place, the children finding they are able to enter into dialogue with the animals, plants, objects and people they meet on their journey, and receive help and insight from these different 'image-beings'.

While the work has been greatly influenced by Diana Glouberman's *Imagework** it is clear that these exercises have arisen out of Deborah Plummer's own experience with children as a speech therapist and self-development trainer. She has arrived at a language which is perfect, managing to avoid patronising overtones. She intersperses the exercises with useful tips on how to proceed in individual and group sessions, and provides suggestions for expanding the process. The illustrations give us a delightful glimpse at

how children respond to interactive imagework. Case studies might have given the reader further insight into how children can maximise their potential through this work, however the authors decision to omit them, does not detract from what is an extremely important book.

Using Interactive Imagework with Children gives the means, in a very accessible form, to those parents, teachers, therapists or health professionals, who wish to support children in their development into well-rounded human beings. Deborah Plummer successfully demonstrates that this work has the possibility of bringing balance to children, socially, creatively, emotionally and psychologically, in a very gentle and natural way. It is highly recommended.

* *Life Choices and Life Changes Through Imagework*
Dr Diana Glouberman Publisher: Harper Collins

HEALTH TIPS

Crushed garlic best

Garlic, highly valued as a folk-remedy, has fascinated John Milner, head of the Department of Nutrition at Pennsylvania State University College of Health and Human Development, for many years. His team are now working to establish under what circumstances garlic works best. To date they have shown that heating garlic in either a microwave or conventional oven destroys its anti-cancer properties. If, however, the garlic is minced or crushed and allowed to stand for 10 minutes, heating has little adverse effect. This, they believe, is because the 10 minute standing allows one of the enzymes present – allinase – to begin producing the allyl sulphur compounds which have the cancer-fighting properties. If heat is applied immediately after chopping the enzyme is deactivated.

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Thank you...

SIHA has its first enterprise sponsors. The Greenoak Carpentry Company, Petersfield UK and Relax You're Worth It, Peacehaven UK, are two companies run by Subud members who have shown support for SIHA and its aims, and have decided to back it up with, in one case a donation and in the other, a percentage of profits on one of their products. This kind of cooperation between enterprise and SIHA is what we have been hoping for and is a real reflection of the model Bapak urged us to adopt. We would like to take this opportunity to thank both companies for their support and for their part in this positive step in the development of SIHA.

Hermione Elliott



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



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