

resonance

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Autumn 1998

in this issue

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Brookhurst Grange

Journeys -
Sjahari Hollands

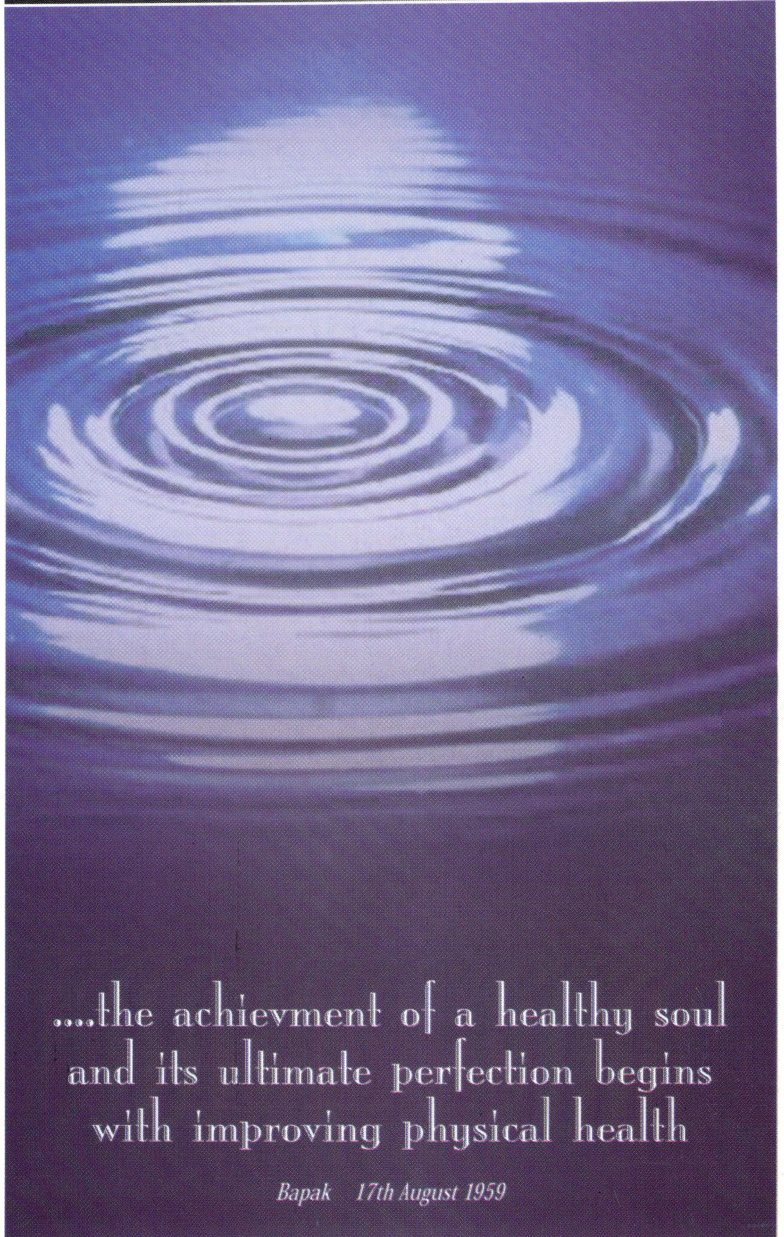
On the Subject of
Mixing

In Practice -
Holistic Nursing

Healing Stories -
Kadariah Gardiner

What is...? -
The Bach
Flower Remedies

Health Projects -
Purnama Japan



resonance
The
Quarterly
Journal of
SIHA

Subud
International
Health
Association

...the achievement of a healthy soul
and its ultimate perfection begins
with improving physical health

Bapak 17th August 1959



Subud International Health Association

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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

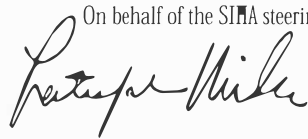
Dear brothers and sisters,

Over the past 40 years or so, there have been many fledgling activities in health care among Subud members. Significantly, with Bapak's encouragement and guidance, a healing center was established in England in the late 1950s called Brookhurst Grange. In our first issue of *Resonance*, we would like to touch base with past efforts to bring about organized activity in health care among Subud professionals. I hope you will all enjoy reading a little of the history of Brookhurst Grange. For me, it has rekindled a sense of the importance of developing Subud health care centers and hospitals and I am grateful to Sharif Horthy for suggesting that we write about the example which Bapak gave us when he initiated the first such project in England. Also, we thank Sjahari Hollands for allowing us to reprint articles he wrote in the early '80s about his efforts to develop SIHA for the first time.

The aim and purpose of *Resonance*, the journal of the Subud International Health Association, is to give health care professionals in Subud an avenue to express their knowledge and experience in the realm of health, based on talents which have developed through the practice of the latihan. This is the first time we have had the opportunity to write exclusively about our activities and for some of us it may be the challenge and opportunity that we have been waiting for. I would like to encourage all of you to help us fill the future issues of *Resonance* with stories and articles that express the wonderful variety of talent in health that Subud members have been given as a result of doing the latihan.

It is my hope that together we can build SIHA into a resource that will serve Subud members and the worldwide community by offering help, guided by the latihan, to those with health care needs. It is a far-reaching goal, but all journeys begin with the first step. *Resonance* is our first step in bringing this about. Please join us in making this dream a reality.

We would like to express our gratitude to Ibu Rahayu for her message of clarification and encouragement to the members of our Association.

On behalf of the SIHA steering committee,


Latidjah Miller, Virginia, USA SIHA Coordinator

BROOKHURST GRANGE

by *Hermione Elliott, UK*

with extra material by *Matthew Sullivan*

Bapak, from the very beginning of Subud, urged us to develop Subud clinics and hospitals. Now, 40 or so years on, we are seeing small projects develop around the world, which are I hope the forerunner to his vision. There have been some notable pioneers in the development of health and welfare projects in our short Subud history. Matthew Sullivan brought some of them together, in an historical survey, including guidance and advice from Bapak, called Subud and Human Welfare, for the Seventh World Congress in 1983. It is a wonderful resource, still relevant to Subud health professionals today, and gives us some insight into Bapak's perception of health and how Subud health care facilities might be run. Brookhurst Grange was perhaps the closest we have come to a Subud clinic and it was an important learning ground upon which we can still draw. In the following article, extracts in quotation marks are taken from Matthew's document.

It is worth dwelling a little on the first two social enterprises in Subud Britain: Brookhurst Grange Nursing Home, which lasted two years, and Watcombe House, a home for disturbed teenagers, which lasted eight years. Both were conducted with an élan and energy and a closeness to the latihan which was not to happen again for many years.

"Brookhurst Grange came into being extremely early, chiefly owing to the huge number of letters, usually heart rending, that poured into

Coombe Springs following the sensational reporting of Eva (Iaina) Bartok's cure and the birth of her baby.

The moving spirits were John Bennett, Dodie Hall, Margery van Haartan and Melissa Marsden. Among others who worked there were Sheila Ross, Polyandra Tee, Pamela (Patricia) and Richard Lacey, Rosemary Griffith and Donald Neal. Dr Kevin Brown was medical consultant and Sjafrudin, then resident at Coombe Springs, played an active part as a mature helper."

Brookhurst Grange was located near Cranleigh in rural Surrey. It was an isolated spot and, as a matter of convenience, the staff all lived in. They showed extraordinary dedication, working from 7am until 10pm with only one day off a week; the nurses were on call on alternate nights – all without pay! The secluded location was an essential aspect of the care offered at Brookhurst. Bapak advised that the patients should have utter quietness. No visitors, no books, no radios or TVs, and no letter writing. Without these worldly things it meant that they could receive what was necessary. "From talking to Patricia and Rosemary it is clear that there was an extraordinarily potent latihan feeling continually at Brookhurst. All patients chose to be opened, and many went through a powerful purification experience says Patricia, "The important thing was not so much that the patients were cured as that they got a new inner life. I saw no rapid cures, but many character changes.

Everything was quickened up and there was many a purification crisis."

The crises took many forms.

People did not lose touch with reality; most often they were faced with themselves: crying about the past, facing up to the difficulties they had encountered in their lives, some had nightmares or became very quiet. While people were experiencing this state the nurses and helpers were advised not to touch or embrace them too much, perhaps because as helpers they were still too vulnerable.

Patricia recalls how as Matron, Dodi Hall was extremely strict and was very concerned to follow Bapak's guidance to the letter. This was 1959 and since all were very new in Subud, many of the practices that have become familiar and routine to us now – clearing latihan for example – had not been established then. Dodi was insistent they follow Bapak's advice to do only three latihan a week, but Patricia, out of necessity, discovered the value of clearing latihan. Every day she worked with a patient who was in his mid forties who had muscular atrophy; his whole

One of the women who came to Brookhurst was diagnosed as having cancer.

She had been given two years to live if she had an operation; six months if she didn't. She was a person who loved natural things and she didn't want to have the operation.

She had five kids, ranging from one year old to seven or eight. She asked her husband to take her to Spain because she wanted to see a great friend who she thought could advise her. The friend had heard of Subud and that we'd started a hospital.

She came back to England and to Brookhurst Grange. She was opened the second day after she arrived and we did three latihan a week with her. Her physical condition deteriorated very quickly and she died within six weeks, but in that time she was completely transformed inwardly and it was very beautiful to witness. She understood so much.

She asked me if I thought she was selfish: "Shouldn't I be in Wales where my children can come and see me?"

(continued on next page)

body was completely rigid, even up to his clenched face. She describes him as a very bitter man who, because of his condition, needed to be carried everywhere. For the duration of his stay they worked on his limbs, breaking down the resistance, stretching and extending them with great force. Patricia used to leave his room feeling ill and exhausted and found the only way she could cope was to sneak off to her room and do latihan, contrary to instructions!

In spite of the strain on the staff, the change in his condition after two months of latihan and

treatment was remarkable – the resistance in his limbs began to break down and he became more flexible, he was able to use crutches and walk for the first time in years and his whole nature changed. His wife, who had been on the point of leaving him because she couldn't manage, was opened and took him home after three months feeling much more able to look after him.

It seems the staff, all newly opened Subud members, did not escape purification and change either. Patricia explained how, whenever any new member of staff came, even relief nurses, without exception they all went down with diarrhoea and vomiting for 24 hours. There were also mysterious goings-on at night. Patricia tells us, "We regularly found ourselves waking up and going downstairs at 4.30 in the morning, meeting up in the kitchen. We just couldn't sleep, we drank coffee and played bridge until 7am. It wasn't until two or three years later that Bapak told us 4.30 is the most important time for morning prayers!"

Another patient was a young man who had had a motorbike accident; he had also become very bitter about his condition. He was unable to walk and was so angry he had isolated himself and could no longer get on with his colleagues. After a three month stay at Brookhurst and twice-weekly latihans his whole attitude and character changed; not only that, he made huge improvements in his walking. Everyone was astonished at the changes in him.

"Even though Brookhurst began so early in the life of Subud in Britain the latihan was central to everyday life. 'As nurses, we were to enter the rooms

with the latihan inside us. When we prepared the vegetables or served the meals it was the same. We were advised not to talk much to the patients, so as

to quieten them and hasten their receiving. We did a latihan with the patients three times a week. And with some children, while they were asleep, for Bapak said it was good for children who had an incurable disease to be opened,' said Patricia."

Two young Thai princesses, aged four and nine, also suffering from muscular atrophy, were there for a while. Even though their parents were not in Subud, the children were opened in their sleep. The helpers did latihan with them at night twice a week. Soon though, they knew what was going on, and would ask for the latihan gleefully – they loved it – not only that, the latihan brought them more mobility. Sadly, they were not cured and Patricia recalls how Bapak suggested children sometimes carry the family load, and the only way it could be cleared was if the parents came to Subud.

"Rosemary Griffiths, much in demand as she was a fully-trained nurse, says it was her three months at Brookhurst Grange that kept her in Subud, so strong was the experience. It was as important for the staff as it was for the patients. Says Patricia, 'Bapak hoped that we would be able to stand in front of a patient and feel their illness, but that was beyond us.'"

"When difficulties threatened closure, Bapak urged that 'We must go ahead because we need to practise in this field.' Bapak himself laid down the structure of operation, a board of governors, nursing staff, house staff and a quite separate group of-

(continued from previous page)

I said: "I can't judge that. You have to decide for yourself."

She said: "I feel as if I've come home here."

Her husband was with her all the time. I heard her say to him once, "Darling, don't wait too long before you remarry."

She had cancer of the womb. Her body swelled up and she was in great pain and then through the latihans she lost all feeling as if the pain wasn't there. This was a mercy because we didn't have to give her any drugs.

It was an extraordinary death. The doctor who signed the death certificate said so. I asked him what he meant and he said it was because she was so clear and conscious and in no pain without drugs. Usually people dying that way are clouded by morphine or some other drug but she had nothing.

An excerpt from an interview with Patricia Lacey in *Sixteen Steps* by Harris Smart, published by Starlight Press, Australia.

helpers to arrange latihan and care for the spiritual welfare of both patients and staff." (In a talk he gave at Brookhurst, on September 15th 1959 (59BRG 1) Bapak was clear that as the project got bigger, the nurses and doctors should concern themselves only with the care of the patients and that it was too burdensome for them to latihan with patients as well.)

The outer conditions were far from ideal. The rooms in the house were much too large for individual treatments, including the latihan, which each patient required. Its remoteness was hard on staff, though Bapak emphasised that its quiet isolation was a positive factor. But it was very expensive to run and in 1959 a report said: "It has only 10 instead of the desirable 20 patients, and its viability is doubtful." By the end of the year it was up for sale, in spite of Bapak advising that no money would be lost if it was kept. Indeed its value in other hands appreciated rapidly. Certainly, seen historically, Brookhurst Grange was one of the great learning grounds of Subud. Soon Patricia Lacey and her husband Richard were carrying to South Africa something of the inner strength and awareness of the healing power of the latihan they had gained in an isolated Surrey mansion. Patricia concluded, "We did not understand till much later what really was happening at Brookhurst. We hadn't a clue! But Bapak did tell us at the time it was a training place for Subud."

When asked what would she have done differently, she says she would have been more diligent, more careful to encourage the patients who left to continue the latihan. People were only told that they would be given a spiritual exercise which would help them; they were given no idea of the direction, process and purpose of the latihan. Very often the staff had no idea what happened to people after they left Brookhurst Grange.

This early experience of Subud health care is naturally a reflection of the time. It is also a testament to the courage and conviction of the Subud members involved, who with very little experience or understanding of the latihan, put their trust in it and took the steps to break new ground in health care.

JOURNEYS

Sjahari Hollands Canada

More than 30 Subud doctors attended World Congress. Included in their numbers were specialists in cardiology, pulmonary medicine, rheumatology, neurology, psychiatry, surgery, family practice. We met together often during Congress and our Association was born - the SIHA.

No, this is not a report of the formation of SIHA at the Spokane World Congress; it was written in October 1983 following the Anugraha Congress, and describes this early initiative to bring health professionals together. Sjahari Hollands, then a medical student, explains the aims of SIHA, which are amazingly close to those of the current Association, and were arrived at quite independently of (and unknown to) each other. He also goes on to describe how in Subud, our professional, our personal, and our collective journeys are extraordinarily interlinked.

He continues: The major objective of this Association is to begin now the work which will be required to organise and create a Subud hospital. The Association includes a number of professionals in other health care fields: osteopaths homoeopaths, chiropractors, acupuncturists, as well as nurses and physiotherapists. In fact any trained health professional is welcome to join.

We propose to find a harmonious balance between all these disciplines – an appropriate way of working together. Several times during Congress the group met for latihan and testing together. These occasions were significant for each one of us. It was a latihan of unity – not a collection of separate latihan. There was openness and harmony between us, without barriers.

It was out of this experience together that the idea of a Subud hospital began to grow into an outer reality. Of course this is the work of many, many years. But it can and must begin now in a quiet, patient, but persistent way. It became evident to us all that it is necessary for Subud doctors and health professionals to meet together as often as possible for latihan, testing and sharing of ideas. To this end

the SIHA proposes to organise meetings both on a regional as well as international scale.

Sjahari went on in subsequent articles to talk about his own journey as a doctor.

In 1989 he wrote: As of the 1st of June I can be formally addressed as Dr S Hollands MD. I have just graduated from medical school at the University of Calgary in Alberta, Canada. In July I will begin my resident training. I am now 39, and have been in Subud for almost 17 years. My first occupation was as a high school mathematics teacher. I taught one year at the Joint Embassy School in Cilandak, and following that, I taught for six years at a high school in Fraser Valley in British Columbia. Although I eventually developed the skills that are required for teaching this age group, I never enjoyed the job. In fact I quite disliked it and my helper colleagues can attest to the yearly testing sessions in which I searched in vain for a solution.

My attitude towards occupational change has always been to pay attention to Bapak's advice, which as I see it, is: do what you can do, and what you have been trained to do, and your true work will eventually open up in you. The problem has always been with the second part of the concept. When will I find out what my true work is? When will a way open up? But I have always tried to keep in mind Bapak's indication that we have all been shown our true work in our movements in latihan. We just have to follow that guidance.

Teaching provided our family with financial security. I got an additional degree, part time, and with the salary increase we were able to buy a house. I began to work on more interesting educational projects and our life was well established. Yet every year when September and a new school year came, I was drowned with an intense feeling of sadness inside that indicated to me very clearly that this work was not right for me.

In 1977 Bapak visited the west coast of Canada. He spent time in both Seattle and Vancouver. In Seattle during a session of latihans and testing there occurred what was to become a very significant event for me. In one session Bapak had all the men participate in testing. There were perhaps 200 of us.

This particular session was not spectacularly different from past ones except that I found that I was able to receive a little better than in the past. Bapak asked us to show the movements in the latihan of a farmer, a fisherman, a business man, a doctor, a boxer. I could receive for all of these and found it very interesting. Yet at the time these movements carried no personal significance.

It was later the significance of that visit emerged for me because for the next several months, whenever I went to latihan, movements would begin spontaneously which were identical to those I received when Bapak asked us to make the movements of a doctor. This was something completely unexpected.

Medicine was an occupation I had never considered in the past. These movements continued for about two months. Eventually I asked my brother helper, Mahmud Nestman to test with me whether these movements represented a true indication, and my response was incredibly positive.

Thus it seemed, on an inner level, that I had an answer. But the outer situation seemed totally blocked. How could I possibly get accepted to medical school? Normally there are several thousand applications for 100 positions. One needs very high academic standing. Also, I had absolutely no background in the physical sciences - no biology or biochemistry. Finally my age was a major barrier.

But I went ahead and applied to the University of British Columbia, which had the closest medical school, even though I was given the impression that it would be a waste of time for me to apply there.

The following September I was ready to return to the classroom following the summer break. But again that feeling of sadness came over me, and one day I truly experienced the inner sadness of having to work in a field not suited to me. It happened that we were having my wife's parents over for dinner that night. They are both helpers in Subud and Lindsay Demon has been a member for 20 years. I suppose my inner state must have been fairly obvious to them as well because after dinner Lindsay asked me what was wrong. I told him how I felt about going back to teaching. We had a long

conversation about it and the topic of medicine emerged again. I told him about my receiving of two years previously. Lindsay encouraged me to make more enquiries and the next day made a phone call to a Subud sister who had been accepted to medical school in Calgary, Alberta.

Her name is Laura Doyle and the story of how she changed occupations to become a doctor could be the topic of an article in itself. It happens that this medical school is very innovative in its approach and applicants there are evaluated on their personal qualities as much as on their grades. Older applicants are not discriminated against. Laura was the student representative on the admissions committee at that time and was able to give me the whole story. She encouraged me very much to apply, saying that the school had just accepted a 40-year-old applicant for the coming year.

Now the moment of truth had come. Was I to leave a secure financial situation for the life of a student? Would I leave a comfortable home that we owned, in the most beautiful province of Canada, for an unsure future on the bald prairie? What of my teaching job? I had already begun the first few days of the new semester. Where would we live in Calgary?

And finally, what about my wife and family? Could I uproot them from their lives for this wild venture?

In a further article Sjahari answers these questions:

Although there were many obstacles to overcome, my attitude now was simply to submit it all. If the way was opened I was determined to follow it to the end, and if it was blocked, I would accept. Well, it turned out that the way was indeed open. All the obstacles just seemed to vanish. Miftah my wife was very supportive, and even the principal at the school where I taught gave me one day's leave to travel to Calgary to check out the situation.

I flew to Calgary and enrolled in biology, biochemistry, cell biology, statistics and medical ethics pre-med courses. All these were to begin the following Monday. One of the biggest problems, accommodation, worked out very nicely too. I

worked very hard that year, putting in all the effort required to get top marks. I passed the first hurdle by being chosen as one of the 250 applicants who would be granted an interview for one of the 70 positions. We now awaited results. It didn't look too hopeful. The committee this year did not, it seemed, tend to favour applications from older students. We waited and then the letter came. They were impressed with my marks, but I wasn't accepted.

There was still a ray of hope: I was now on their waiting list for positions that would be refused by students who had been accepted elsewhere. I was very disappointed, but all I could do was wait.

That summer of 1980, Bapak came again to visit Vancouver. Miftah, the kids and I went to see Bapak and to spend the summer there. One morning during Bapak's visit the phone rang. It was long distance from Calgary; it was the medical school – I had been accepted! You can imagine the excitement and happiness!

Well that was three years ago. I have just graduated with a medical MD degree and now begin residency. I don't know what the significance of this story is, but I hope it will serve as encouragement to those of my brothers and sisters who find themselves stuck in an unsuitable occupation. I can only give credit to following the action of the latihan.

Now 14 years later in a concluding article Sjahari writes:

My last article in the Subud World News on the topic of SIHA was published in August of 1984. That was the summer I went into residency training in the speciality of internal medicine.

Four years of gruelling training ensued, but I loved it. I chose to go into a speciality that is difficult and challenging, but also very rewarding. In Canada an internal medicine specialist is consulted on the most difficult cases. Internal medicine is the basis of subspecialties such as cardiology, respiratory, gastroenterology, neurology, and so on. In the larger cities the population can support the presence of subspecialists, but in the smaller cities and towns the hospitals rely on a general internist to perform all the subspecialty functions.

SIHA steering committee: Latidjah, Robyn, Hedley, Hermione, Maxwell and Richard.

Sjahari Hollands, MD, FRCP(C)
 Consultant, Internal Medicine,
 Director, Department of Internal Medicine
 Director, Intensive Care Unit,
 Langley Memorial Hospital.

July 1998



ON THE SUBJECT OF MIXING

Rochana Koach writes from the USA

"If all that you say is for your profession or work, we cannot say that is mixing. But if this is applied in the latihan or your duties as a helper, then that is mixing, because when facing God, it is only by submission of oneself. You should be clean from every theory and power, so that the power of God can directly touch the essence of life which is within you.

May you be successful in your work and your life."

Ibu Rahayu's answer to Rochana

I wrote to Rahayu because I had for many years pursued the question, "What is mixing?" When I began my graduate studies in clinical psychology in 1988 at West Virginia Wesleyan College in education and went on to work through a Ph.D. in clinical psychology at the Union Institute in Cincinnati, Ohio. In the beginning I was overwhelmed with the number of "spiritual" practices – meditation, hypnotism, shamanism and the like. I actually felt threatened as though they might trap me. Therefore, I turned to the latihan and testing for advice and guidance. While in school, as I studied and worked in several doctoral internships, I continually sought the answer to that question.

Now I am a clinical psychologist with sub-fields of humanistic education and human science research. I work with a body of knowledge that shows how to bring harmony between the mind and

emotions and how to open up inner avenues of phenomenological awareness and transcendence of self. In the philosophies of E. Husserl and M. Heidegger the subjective, intuitive knowledge that flares up in our consciousness is truth; objectivity and science are the abstraction. How drawn I felt to Bapak's cosmology.

In addition, art is a part of my practice of psychotherapy, therefore, now, I feel very much alive with the latihan in my work, and I wrote a dissertation – a psychological study on the lived – experience of love as a "miracle". I see myself as a child enjoying the marvels of the mind, the energies of the body and the wisdom of the archetypes, and respond to the creative call of Rollo May, an American humanistic psychologist (*Man's Search for Himself*, 1953, New York: W.W. Norton).

While feeling this joy, I still pray to God and Bapak to be with me, to show me the way of Subud, for always I choose to be His helper for ever and ever. Throughout, the guidance always encourages me to participate and to give classes, workshops and seminars. For example, I attended recently a five-day seminar on transpersonal psychology and spirituality. The group consisted of 15 people who were to travel in a trance-like state to experience past-life regressions. Before we began, I retired to a quiet place and did latihan. My guidance was to continue with the group activity. Thereby, returning to the group, I had the following inner experience: First, I crossed over an arched bridge, and there I was greeted by someone I called Bapak. He took my hand, but I could not see his face. The place was like a paradise, with streams, flowers, and mountains. As I returned over the bridge, he let go of my hand and bid me good-bye.

The students went around the room to express various horrendous experiences. When I shared my experience, the instructor explained to the class with as much courtesy as possible that I had used my imagination. Automatically, I asked where did my experience come from? Bapak laughed and said, "Bapak takes care of his helpers!" The understanding followed: In Subud, I will experience purification as it is guided by God.

I need only to have faith and trust in Almighty God.

Thus, when I do latihan and when I am present as a helper in Subud, I follow Rahayu's words that I may be clean by the Grace of God from all theories and methods and surrender to the power of the latihan that comes from Almighty God.

HOLISTIC NURSING AND THE THERAPEUTIC USE OF SELF

Hermione Elliott RGN RM
Hampshire UK

As a registered nurse and midwife and a passionate advocate of holistic health (which for me means caring for the whole person, body, mind and spirit), it has been my privilege to be involved in setting up the Holistic Nurses



Photo by Sue Feast

Association in Britain. Within the HNA I have found many resonances with my Subud social life – such love and warmth, and a feeling of tremendous relief that we kindred spirits have found each other!

The following article, slightly adapted, from Complementary Therapies in Nursing and Midwifery (1997) 3 81-82 is reproduced with kind permission of Churchill Livingstone.

As nursing becomes more technical and the demands of understaffing, high patient turnover and market-driven health care create demoralisation among nurses, the search for a more meaningful patient/nurse relationship has begun. We are, on the one hand, being encouraged to become more holistic but on the other hand, the conditions in which we work are at variance with putting holistic principles, in their true sense, into practice. The buildings in which we work, the non-medical/nursing management structure, the technological advances and the training of nurses all seem to be growing in scale but becoming less 'manageable' in human terms. Dissatisfaction and alienation

abound. In this climate, unhappy, stressed nurses may be able to perform their duties, but it is unlikely they will contribute anything to the healing process. To counter this, nurses have begun to broaden their horizons and many, in an effort to return to the "human", have turned to complementary therapies to enrich and deepen their contact with patients. Does the fact that nurses are acquiring new healing skills bring us any closer to becoming holistic nurses? The Holistic Nurses Association (HNA) seeks to explore such questions.

HOLISM

Complementary therapies have, for some, become synonymous with holism. For others there are very clear distinctions. "You could be a holistic nurse without either offering or practising a complementary therapy. Equally you could be a complementary practitioner without being a holistic practitioner" (Newbeck 1986). Likewise, "Complementary therapies have much to teach... holism, but in themselves can be as isolating as conventional treatment" (Benor 1994). What is the essence of holistic nursing, then, when as a practice it does not confine itself solely to conventional or complementary medicine? The HNA (UK) defines holistic nursing as follows: Holistic nursing recognises that health proceeds from a balance of our physical, spiritual, psychological and social needs. Our wholeness is dependant upon our relationship to each other, with the environment and that which gives our lives meaning. Holistic nursing begins with an open mind and a willingness to explore the potential for personal growth and well-being for ourselves and others (HNA 1993).

The American HNA outline their philosophy and purpose as "enhancing the art of nurturing and caring for the whole person". They assert that "nurses have the unique ability to provide services that facilitate wholeness", that we need to find "a sensitive balance among art and science, analytical and intuitive skills and the opportunity to choose from a wide variety of modalities to promote the harmonious balance of human energy systems" (AHNA 1993).

Holistic nursing is part of the curriculum and is

"taught" in nurse training schools, but does it go far enough? The words are all very familiar now, but how deep is our understanding of what it means to be whole? In our work "How can we take into account the whole person without in some measure being a whole person?" (Griffin 1982). Can we really practise holistically if we are not at home, in and with ourselves? Professor Steve Wright suggests we need to look inside, to heal ourselves and our relationships, before we can begin to heal others. "We (need to) get better at opening up and listening instead of closing down and telling. The healing energy that is released when the right relationship emerges is awesome in its impact. When we get the relationship right, everything else falls into place; the therapy, the process, the model, becomes an 'add-on' to help us and not an end in itself" (Wright 1995).

THE HEALING RELATIONSHIP

What is the nature of this healing relationship? Professor Margaret Newman believes we need to recognise "that nurse and patient are both energy fields that are interacting with each other" and that in order to work most productively, "It's a matter of thinking: 'We are going to commit ourselves to the most authentic relationship we can possibly have, with the idea of facilitating the growth and development of both of us. It's a partnership'" (Newman 1985). Others see the role of the nurse as being that of a catalyst, assisting people to grow and change. " (The nurse) has a human responsibility to move beyond the patient's immediate specific needs and help the patient reach his or her highest level of growth, maturity and health. Nursing's most important goal is the promotion of self-actualisation" (Watson 1985). These ideals are rarely, if ever, addressed in the day-to-day scheme of things. The temptation is to dismiss them as lofty ideals, impossible to implement, with no relevance in the real world. After all, how does one become a catalyst?

One of the problems we have as nurses is the level of "doing" that is required of us. We have not been trained in "being" and have little faith in its usefulness in the healing equation. However, more and more nurses are finding how valuable it is –

they are learning to be, in its fullest sense, and in doing/being so, are able to help others to experience it too.

"Imagine a person who has the skills of self-empowerment, emotional balance and assertiveness; one who has a sense of mission and who expresses joy through work; one who has compassion for and feels the essential unity between self and all other beings. This person will be less devastated by difficult life or health events. This person could be expected to go beyond a focus on health or even well-being, to infinite joy" (Davidson-Rada. Davidson-Rada 1993).

It is an energising and uplifting experience even to read these words on the page, how much more uplifting would it be, healing even, to be in the presence of this person? To imagine that we can help someone to heal, simply by being with them, in simplicity, love and compassion, is awesome.

HNAs in both the UK and the USA have come into existence because nurses are wanting to explore these issues more deeply. They find the support and inspiration of their peers invaluable, especially when many have found the health care system at such odds with their ideals. The US association has been established for over 12 years, whereas the HNA in Britain is in its second year. There is no doubt that this movement has helped to breathe life into the debate about nursing, what it is and what it takes to be a nurse. More importantly, nurses are asking themselves, "Who am I?" "What do I need?" and "How can I help healing to happen?" "Many of our nurses have rekindled their love for nursing by being encouraged to care for themselves first. As we love ourselves, we can be freed to love others more fully" (Scandrett-Hibdon 1993).

THE ROAD TO HOLISM

It is only through continuing to ask the questions, by drawing on our own truth, and the truth and wisdom of others, that we can remain on the road to holism. The road is probably endless; it is doubtful whether we will ever arrive. What is important is that we are on the journey and that we stay as present and attentive to the process as we can be. The HNA sees its purpose as supporting nurses on this journey

of personal and professional development by encouraging enquiry, providing the opportunity for meeting with others and exchanging insights through education and research. This sharing means nurses can receive support and encouragement from their peers, enabling them to provide for patients in a way which fulfils both the patient and the carer.

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A JOURNEY THROUGH CANCER Kadariyah Gardiner, London UK

Was it only seven years ago that I saw a poster for the Macmillan Cancer Relief Fund saying that "Cancer doesn't have to be a killer" and shuddered thinking, Who are they trying to kid? With so many friends and family dead or dying of the Big C how could I believe otherwise? Ah these angels of ours,

how they listen and (seemingly) love to play with us. For I myself within a few years was put to that particular test. Prompted only by my own inner voice incessantly urging me I had my first mammogram in 1994 at the age of 63.

Sure in my belief that all was well with me and that my feeling of deathly tiredness (a phrase I constantly used) was a result of my non-stop international travel, international helper work and unexpected return to the theatre, I calmly went alone to have a check up. The smell of fear of those waiting was palpable, but feeling the latihan quietly as I sat there kept me free of that (even from the covert time-worn fear of the nurses). It was a shocked irritation 10 days later to be recalled for further tests. Something made me get my husband to come with me. He was so surprised by my request, and so preoccupied that he couldn't take it in when a shaken Kadariyah returned after several hours and a needle biopsy, to tell him "they" had found something and could he please come with me to talk to the surgeon.

"There's nothing to worry about, Mrs G. I do this all the time," (though he told me later, that he hadn't wanted to specialise in breasts!) "We'll just take it out and while we are there the lymph nodes in the arm too."

"Side effects?"

"Oh none to speak of, nothing for you to worry about."

I had wanted to shout, "That's fine for you; it's not your body!" And an image came to mind of how Ingrid Bergman, according to a mutual friend, while working for her last film playing Golda Meier, had to have her swollen arm high up in the air for many hours to drain it enough to appear on set. Instead we said we were going to Greece (for a zonal meeting) the following week and would that be OK?

"Yes we'll see you for the operation in three weeks' time."

I was given threats of what would happen if I didn't put myself in their hands. At one point the head radiologist even told me that I would never get better without treatment. I had three weeks to mull it over, to get used to the idea that there was an alien

mass growing inside.

What to do? First give myself time, delay the op. The stricken faces of the few I told at the zonal meeting; the astringent benefits of hearing, "there are worse things"; the advice to take off my jewellery, joined the kaleidoscope of feelings, while I tried to keep myself quiet enough to know what I should do. Would it be OK to trouble Ibu Rahayu for help? I did, and back came a *raja* (an ancient Javanese medicinal prayer given by holy people) and some dietary advice. I put myself on an intensive (four days a week) electro-crystal therapy programme with H. O. But there must be more I could do. Sharifin my husband remembered a Columbian (non-Subud) friend and sometimes our acuputurist who had cured herself of lymphatic cancer. She came, told me of the Max Gerson method. This is a nutritional and detoxification regime through organic diet, juices, supplements and so on. I fell into accepting that, in spite of its rigour and the seeming impossibility of giving myself enemas (of coffee several times, not a week, but a day!) and injections. Could I do it?

Slowly with much to-do I did! So that it became less and less strange. I also had biodynamic massage from J. M., a wonderful woman, once a week; sacro-cranial/Touch for Health type massage, as well as straight cranial from A. F., who when asked with a veiled anxiousness had he ever heard of anyone successfully dealing with cancer in this way, said a rueful, "Not many, well none actually."

By now I began to realise I needed monitoring and guiding with the main discipline I was using – the Gerson Diet. Who to go to? I couldn't go to the clinic in Mexico, too expensive; my husband, mostly working abroad, but supportive, was in England for a while at this time and couldn't stand the strain. Mercifully, help came along in two ways. First another *raja* from Ibu Rahayu and this message: "Kadariah can get through this if she has faith. But her faith must be very great."

Oh dear, faith! Faith in WHAT? This doctor? That doctor? Of course my core knew it is God in whom we need faith, but it was being eroded by the press of other people's anxiety. Even my GP rang to

say what on earth was I doing; she was dreaming about me and why didn't I have the necessary op. My surgeon and doctor in-laws were "pacing up and down with worry". Why was I being so 'silly', 'stubborn', 'fearful', even 'selfish'? Was this out of concern for me or so that they didn't have to go on worrying about me, and their years of medical training and time-honoured belief systems need not be challenged?

The second help came (of course) through the latihan and testing: we found a doctor steeped in cancer therapy, Dr E. C. His regime precipitated another crisis. It was intensive! Sixty-seven pills a day, 18 different drops, three injections a day, mostly al supplements (and very expensive alas!), up to eight pints of carrot juice a day and coffee enemas every four hours (which in effect meant every three by the time one has set it up, done it and cleared up). My poor husband freaked out and it was just as well perhaps that he was away most of the time. At this time I started to have regular mammograms and extensive blood tests. News was good but not great.

The cancer in the blood count was down, the tumour had not grown but was still there. And some days even walking up stairs was exhausting. The diet was difficult to make interesting and I had not much energy to do so. Certainly no time or strength to talk on the phone. To all this was added clay poultices on the breast and stomach for 12 hours out of the 24, changing them every three hours. H. O. had invented a new energy transplant treatment so I did that too.

The most helpful and the most profound chapter now began, for Dr C. was beginning to say that once the blood count was normal (i.e. the cancer would not spread) it would be safe to have it surgically removed and I knew that there was more work I could do, that my process was not finished. Enter Subud sister, H. E. and the real beginning of my understanding of this journey. Of course I had been reading all the right books and listening to Louise Hay tapes, sent by my daughter in Indonesia and others. It touched me to tears to learn that friends and even strangers could be so caring.

Working with H. through latihan and with counselling and imagery, I am coming to understand myself more and more, discovering a deep, deep self-loathing which has had to be looked at. Not in a "poor me" way - thank God that doesn't seem to be one of my many hang-ups. Such an intense opportunity (!) to change naturally (I suppose) brought with it dark times of frightening crises - mercifully short and supported by H. who, with all her skill and with Sharifin and two others who came to latihan, as it were, held me in Light and Love which allowed my progress to flow. Once more I recalled words of Bapak, testing with me in Cilandak about my nature and me asking that I may change for the better, then Bapak's soft chuckle as he said, "Yes, you will." Silly of me not to realise it would be this painful!

More mammograms, it's still there, but at least not bigger. Dr C. bowed out as an operation was all he could suggest. Now I was blessed with coming under the creative care of J. M., homeopath-healer extraordinaire.

At this point it became very clear that the journey was indeed not only on the physical level but was also revealing all the flaws in my marriage. There is no doubt that my close encounter with mortality precipitated us both into our own (sometimes all too!) separate journeys. Thank God that my husband chose the courageous path of his own painful development - so that we are returning by the Grace of God to a more real footing, and overcoming old patterns.

Cancer is not an isolated experience and there are many, if not causes, certainly contributory factors. In the course of the four years of dealing with cancer and the joyful advent of two wonderful grandchildren, discipline (as well as God's Grace) helped me by not allowing myself to go to pieces so as not to rock the family boat more than had already happened. But long-suppressed fears and anger have to have their expression before being transmuted.

Working with H. E. and absorbing the writings of Caroline Myss helped enormously. Bapak has said, "It is only when you can, through the latihan, give

orders to your *nafsu* (i.e. order your heart and mind) that you can make use of what God has given you."

In changing patterns of behaviour the discovery that the old ones no longer fit is, to say the least, often discombobulating. Coupled with a varying amounts of strength: thank goodness that is improving but not without its own progress of (mostly) minor crises, I find I often still do not have enough inner protection for much social interaction. It's a shock coming back to life; it's a surprise too.

I've not had another mammogram, having already had more that is safe; after four or five they will give you cancer. But according to all my healers and most particularly H.O.'s scan I am clear, looking and feeling better all the time. Thanks be to God.

I've climbed to the top of a mountain; now what? How do I recover my life? How do I thank all those friends and strangers all over the world in and out of Subud whose help and prayers got me through this life-giving and changing experience? That is the next task. But thank them, and the Angels, I do.



WHAT IS...?

This information column introduces some of the health practices and practitioners from among our members, and in addition, recognised training courses for those who may want to find out more.

THE BACH FLOWER REMEDIES

Hermione Elliott
Hampshire UK

I had my first spectacular introduction to the Bach Flower remedies 15 years ago, through the Rescue Remedy, which is a pre-prepared combination of five remedies, specially formulated for use in emergency situations. I was working in my kitchen at home and accidentally cut my hand. It was a deep and painful cut which bled profusely. I had to abandon my cooking and give myself over to my



friend who tenderly bandaged it and gave me Rescue Remedy (she never went anywhere without it). The cut was such that I imagined I would be in pain for some time, but in 15 minutes I felt calm and pain free and was able to eat the dinner that she had finished preparing! Later as I was going to bed the pain returned and I expected to be lying awake all night with a throbbing hand, no, I took a second dose of RR and slept well, with no recurrence of pain the next day. I was very surprised and impressed.

The Bach Flower Remedies are a healing system discovered after the extensive research of a British doctor, Dr Edward Bach, who in the 1930s developed a very deep insight into the nature of disease and the possibilities of healing through the use of the healing qualities of plants. Unlike herbal medicine, they do not depend upon the chemical properties of the plant, rather their vibrational essence, and, they are not used to treat physical symptoms, but to balance emotional states.

Dr Bach was an eminent Harley Street physician, bacteriologist and homoeopath. During his days as a medical student in London and Cambridge he became more interested in the patients themselves than their diseases. In listening to them talk he felt he could understand the real cause behind their various illnesses. He could see that treating the physical symptoms alone was not enough and that unless their underlying psychological state was also treated, complete healing would not be possible. It was his belief that many illnesses arise out of unhappiness or from a state of disharmony between body, mind and soul. He came to the conclusion that a person without conflict is immune to illness, and to counter the disease process he stressed the importance of being happy, of living life to the full, of being guided by instinct and intuition, and of retaining a childlike spontaneity. He felt that by remaining uninfluenced by others we would be able to fulfil ourselves as human beings and be of the greatest service to mankind.

Dr Bach had remarkable sensitivity. He had the capacity to receive, simply by holding a plant or flower in his hand, its vibration, its healing

properties and the emotional state it could cure. The 38 remedies he found are able to balance emotional states ranging from fear, loneliness and anger, to despondency and guilt. The flowers, stems or twigs are taken from trees and plants, some very familiar to us, like crab apple and clematis, others less well known like olive and vine. They are prepared in two ways, some by boiling and others by floating the flowers in pure spring water in sunlight; this transfers the vitality and healing properties of the plant to the water. Finally this Mother Tincture is preserved in brandy, to prevent deterioration, and lasts indefinitely.



The Dr. Edward Bach Centre in Oxfordshire

(Illustrations in this article were drawn by Magda Hunter)

The Edward Bach Centre in Oxfordshire, UK still prepare the Mother Tincture for every remedy in this traditional way. A few drops of each is used to make up the bottles of remedies which are now sold commercially all over the world, available in health food shops and pharmacies. The remedy is further diluted in spring water, and added to a treatment bottle, which can contain up to six remedies, tailor-made to suit the patients condition. Treatment consists of taking four drops from the prescribed treatment bottle, a minimum of four times a day, for two to six weeks, when the remedy can be reviewed.

The Bach Remedies are often used by therapists in conjunction with counselling or other treatments but once this simple system has been understood, individuals can self-prescribe. There is no doubt their popularity is a reflection of the great benefit

they have brought to many people all over the world.

Training courses authorised by The Edward Bach Centre are run throughout the world. People can learn to use them for themselves, their families or friends, as well train to become Bach practitioners.



Authorised training courses in The Bach Flower Remedies:

Argentina:

Elena Pavia Tel/fax: (0054) 1788 0592 *

Brazil:

Carmen Monari
Tel: (0055) 192 534 801 Fax: 0055 192 526 197

Canada:

Karen Christopher
Tel: (001) 705 749 1894 Fax: 001 705 749 0275

Denmark:

Suzanne Lofgreen
Tel: (0045) 4640 9699 Fax: 0045 4640 9649

France:

Martine Vinegar
Tel: (0033) 148 51 6040

Germany:

Mechthild Scheffer
Tel: (0049) 40 4325 7710 Fax: 0049 40 4352 53

Japan:

Hermia Brockway **
Tel: (0081) 354 58 3912 Fax: 0081 354 57 5107

Netherlands & Belgium:

Ilonka Woltering
Tel: (0031) 341 426 966 Fax: 0031 341 427 717

New Zealand:

Rixt Zenhorst
Tel/fax: (0064) 9235 7057

Spain:

Paula Crabtree
Tel: (00343) 455 2403 Fax: 00343 436 5554

Sweden:

Eva Moberg
Tel: (0046) 46 137 595 Fax: 0046 41 872 510

USA:

Lucille Arcouet
Tel: (001) 516 536 4165 Fax: 001 516 536 7602

UK:

The Edward Bach Centre
Tel: (0044) 1491 834678

* Country dialling codes will vary from country to country.

** The only Subud member as far as we know!

Books:

Bach Flower Therapy, theory and practice
by Mechthild Scheffer. Thorsons.

The Bach Flower Remedies, illustrations and preparations by Nora Weeks and Victor Bullen, CW Daniel Co Ltd

Dictionary of Bach Flower Remedies, positive and negative aspects by TW Hyne Jones a booklet available from CW Daniel Co Ltd, I Church Path, Saffron Walden, Essex UK.

(0044) 1799 521909

Heal Thyself by Edward Bach - a booklet available from CW Daniel Co Ltd as above.



In the next two issues of *Resonance* we will be looking at **Homoeopathy and Osteopathy**. If you are a homoeopathic or osteopathic practitioner and SIHA member, and would like to have your name included in the resource list, or have information about training courses in your country, please contact the editors (see front page). Or if you would like to see a health practice featured in this section, please send your suggestions or articles.

disasters loomed, it always turned out there was a silver lining; on several occasions the timing of events was uncannily appropriate and the unforeseen results worked ultimately to our advantage. True, there has always been a lot of hard work and there still is, but there was also the sense that this next step would bring us a little closer to what we were aiming for.

And as for proof of the pudding, the results among consumers speak for themselves. We have slowly gathered an increasing store of stories from the 500 or so Japanese members of our network, some of which tell of quite radical changes in behaviour and lifestyle or heart-warmingly sincere stories of thanks to Dr Bach. **Some are quoted here from the newsletter:**

One member describes her use of BFR with her twins: "Before giving them BFR, they both easily became irritated in play and often fought about playthings. But after giving them Impatiens 2-3 times a day they are becoming better." Other remedies were also used. "One daughter who was too quiet and timid is now very calm and speaks in a moderate rhythm," although she is still sucking her thumb. The other one was very demanding and possessive and now she "rarely calls me in that high pitched voice," that was so distracting and made life difficult for the mother.

Another member explains that she was quite surprised when she came to note how her feelings really had changed – by happening to do the same questionnaire a second time around – and that her strong anxiety feelings had disappeared altogether. Also she felt quite differently about the past and her previous feelings of anger and hurt at what she felt was her father's disloyalty in her childhood: "I became able to feel there is no point in being so concerned. I'm feeling the power of my mind come back to me again a little." Later she writes, "The flower remedies are mysterious, and while I am taking them the veils of my mind seem to lift, seem to be peeled away, and I feel I can see the subconscious parts bit by bit."

This project appears to have successfully combined the elements of education, health, welfare

and enterprise all in one and is a remarkable achievement, although the members of the team, a mix of Subud and non-Subud people - Rozak Tatebe, Saodah Hayashi, Michio Yabuki, Dr Makio Ishikawa, Yurina Shirashi and Hermia Brockway – would probably not want to take too much credit for it.

Hermia concludes, "Coming back to the subject of Subud, I would like to say how grateful I am now when I step back and look at it all from a distance. We really didn't know where we were going when we began; to me it's all proof that if we jump in, God teaches us to swim. We have been given the chance to see all the things that Bapak emphasised actually in action. The enterprise side, the social welfare side and even the cultural angle too have all somehow become melded together in this one project and this is possible when somehow, somewhere the guiding light of the latihan is at work within it. For now it is really apparent that we ourselves did not do it at all – it was only through the latihan working within us and through our efforts that we have been able to come as far as we have."

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A BHK member gave her husband the remedies when he was exhausted mentally and physically because of his work, where he was very, very busy. After taking Oak, Centaury and Walnut for one and a half months his mental fatigue went and generally he was able to express his feelings better, due to Centaury perhaps. She said he noticed the effect of the remedies himself – for instance he said that even when things were not his real responsibility somehow or other, he had always ended up doing all the work, but now he had changed. She was surprised and delighted at the difference, and others had also noticed the change in him.

LETTERS

The views expressed in this column are those of the individual writers and not necessarily those of the editor or editorial board.

HEALTHCARE AS ART

In traditional oriental medicine the practice of healing was considered an art that was part of a complex of arts which formed a whole, including calligraphy, martial arts, cultural dance and song, etc. It is the Western civilization that separated the arts from their sacred wholeness into secular separate fragments. Imbued with the *latihan* we return the sacred content to all that we practise and with it the intuitive action that distinguishes art from science. In acupuncture and traditional oriental medicine, art and science are wed. Wholistic medical practice - integrated health practice as the current jargon goes - is a movement to restore this inner content to the practice of western medicine. So of course it seems to be that healthcare and healing practices are very much a manifestation of culture and should have representation in SICA.

Many doctors are swallowed up in the scientific model and are also professionally married to a system of care delivery that is based on a mechanistic, almost factory model of production. This places inhuman levels of demand on the doctors in the process of training and in the process of delivery of services in the western medical model. This inhuman level of demand and lack of balance in their lives leads many doctors to early death, disease, dysfunction with alcoholism, drug addiction, personal isolation and emotional absenteeism from their families. Many lose touch with any sense of the art of medicine. They are some of the brightest, best and most service oriented people of our civilization.

I think it is a pity to lose them in this way. I think they need to reclaim themselves and redefine their process and their profession. I would like to see SICA be a venue for this type of development of consciousness. There is a young doctor in the Perth, Australia group, Salim Ismail, who might be very interested in addressing some of these issues. He is

developing a wellness-centred treatment center, a practice not based on disease treatment.

Sincerely,

Hadijah Vanada, licensed acupuncturist, USA

TOWARDS A NEW HEALTH PARADIGM

Health care within the developed countries has reached an extraordinary juncture. While orthodox medicine has made great strides in investigative and surgical techniques, the great bulk of chronic, degenerative and malignant disease remains little understood and ineffectually treated by its practitioners. Alternative approaches, on the other hand, are usually able to give substantial and occasionally dramatically effective help to patients with such problems. The medical establishment is in the main uninformed and apparently apathetic or impotent in the face of world-wide toxic environmental threats, and hence incapable of addressing the problems of health maintenance either. This is scarcely surprising since it is wedded to the pharmaceutical approach to illness which is itself never free from toxic hazards great and small and never promotes a natural healing process, but rather interferes with it.

The lay public for most part doesn't understand this nor the magnitude of the change they are making if they opt to change to alternative therapy from orthodox, hence the mischievous term "complementary" medicine, which seems to promise the best of both worlds. The reality is that true healing, rather than the masking of symptoms to which they are accustomed, may well be a far more uncomfortable process than they bargained for. The situation demands a vast re-education aimed at the public, at the government and at the medical and nursing professions. This would inevitably include a declaration of war against huge vested interests and there is no knowing where it would end. The only way forward is for Subud to carry out all health care work completely in accordance with Bapak's advice so as to create a model of excellence that speaks for itself, and I believe we already have this capacity. Let's go for it!

Herbert Jack MD MRCS LRCP, Sheffield, UK

**BEING WELL
IN SPITE OF...
AND
BECAUSE OF...**

*Robyn Burke,
Virginia, USA*



Photo by Karen Babel

“Whatever you’re doing, keep it up. See you in a year.” These words were the summing up of my physical condition by my cardiologist at my last visit to him. Having had cardiac surgery 18 years previously for a large hole in my heart (congenital), one bypass, and the implantation of a pacemaker on which I am 100 per cent dependent, this was good news, but not unexpected.

A week later at my endocrinologist’s office, my blood pressure was 108/82, and my fasting blood sugar reading 118. The doctor laughed when I said I had no idea why both readings were so good. He laughed because he knows I take care of myself. He says I am proactive about my health.

Having dealt with “a bad heart” all my life, and then to have the blessing of open-heart surgery to correct the problem, I have come to appreciate doctors to the fullest extent. To cooperate with them is to my advantage, and I have learned to take care of myself. Living is much easier when the body is functioning properly, and I work at keeping it that way.

In spite of other health problems I have dealt with – a partial hysterectomy at 19, because of fibroids, adult-onset diabetes, pneumonia, and severe bronchial infections, I am well because of Subud. Doing the latihan regularly for the past 34 years has kept me young and gradually improved my health. Approaching my seventy-fifth birthday, I work 40 hours a week, cut down recently from 60. At present I am working with computer engineers, which I enjoy immensely. I have always delighted in being on the cutting edge.

Other things I do to keep healthy – I try to eat only organically-grown fruits and vegetables. They cost more, but I figure the money is well spent. I exercise every day – after reading the Bible and Bapak’s talks first thing in the morning. I work out on my trampoline, then do upper body and floor exercises.

I go for a brisk walk on my lunch hour. I take many supplements, have done for about 20 years. I keep happy. I always hold a carrot dangling in front of me, some project or activity to look forward to. I try not to be rigid in my attitudes. I am always doing something new. Recently I joined the bell ringers’ choir at the church I joined last December. I am not expert at ringing bells yet, but I am learning.

I have never let age stand in my way. At 33, I decided to be an actress, and began my training with Agnes Moorehead. For nine and a half years I trained, rehearsed and played in little theatre productions, and learned. Acting was not for me in this life, though. When I was opened in Subud, the doors were closed, and I could not stand before a group and speak for many years.

From acting to accounting – at 50, I decided to be a CPA, and went to University of California in Los Angeles at night for six years to get my accounting credits, and after being certified, became a partner in a CPA firm in Beverly Hills. I was there until I “retired”.

After my husband died, I enrolled in an art school in Los Angeles, and studied ceramics. I soon learned to let my fingers produce pieces as they wished, and I reveled in the excitement of creating.

Going forward: at 72, after 50 years in Los Angeles, California, I moved across country to the Washington D.C. area, and worked for the International Subud Committee until it moved to Bali.

My formula for good health and keeping young is to do the latihan regularly, eat sensibly, exercise daily, listen to and act on the advice of my doctors, keep excitement in my life by continually creating challenges for myself, and thank God every morning when I can get out of bed and enjoy the beauties of the day.



MENTORSHIP

Along with Subud Enterprise Services and Subud Youth Association we are supporting the mentorship programme. If you have skills and experience that you could offer to others in training and would be willing to become a mentor, please complete the mentorship section on your registration form.

AN ON-GOING DISCUSSION ABOUT THE RELATIONSHIP BETWEEN LATIHAN AND HEALTH

Latidjah Miller wrote:

At the recent Subud East Coast Congress a meeting of helpers was held. During the meeting, discussion came up about people being opened who are taking mood altering drugs for depression. It is a fact that Prozac and drugs like it are being taken by a huge percentage of the population. One of the helpers present expressed her feeling that people taking these drugs should not be opened as there could be an inability for the new member to feel very much, which is caused by the drugs. Another helper said exactly the opposite - that she had participated in opening a number of people taking these drugs and most were able to overcome the need to continue on the medication.

I asked for your responses by email in order to facilitate a discussion of this issue. I also seek comments from health care professionals in Subud who might give additional insights to this issue and to other questions that come up in the health forum discussions. The aim will be to help all of us become better informed. I was pleased to receive the following letters:

Dear Latidjah,

I have a great deal of interest in the above subject matter. I've been in Subud for 35 years and a helper for 16 years. I live in Northern California near Santa Rosa. There is a lot I would love to share regarding SIHA and the issue that came up regarding opening people who are taking antidepressant medication. There are a broad spectrum of treatments for depression and many levels of the illness. It is epidemic in our world, and I regard depression as a form of purification. It is not something just of the material world. How could it not be ancestral? We are such a mix in Subud of ways, disciplines, politics, values, and morals.

When I was opened 35 years ago in New York City, people were opened who were heroin junkies. Those were the 60s and people were trying everything (talk

about mood-altering substances.) Some of these same people have evolved very well through the latihan and have become wonderful helpers and facilitators for the latihan kejiwaan. Anti-depressants, eg Prozac, Zoloft, St. John's Wort and Kava Kava, are not taken as recreational drugs. If that was the case, they would surely interfere with one's ability to "receive" the latihan. The problem really goes way back to whether someone who has psychiatric/emotional disturbances should be opened. That was always a question the helpers needed to address as put forth in *Bapak's Advice and Guidance To Helpers*.

There are many of us who need to be brought into balance when our lives are fraught with stresses associated with relationships, material survival and family problems (often related to serious illnesses). The key to curing comes through healing and upgrading the immune system, and increasing the serotonin levels which control obsessive craving, addiction and depression (this is only a small example). By bringing some equilibrium to our beings, we are actually in a better place to receive our latihan and the guidance that can come through to us from the One Almighty God as a result. It is here that we grow, and the circumstances of the needs are totally individual.

In my view the issue of opening people remains as it has for many years. Follow the guidelines. Of course, update them to fit into present day situations. Is the person in question an abuser? Is their condition psychiatric and severe in nature? Should this particular person be "opened"? Not a general rule; that could never be flexible enough to properly address each individual case. Then a surrendered testing by the helpers, without personal feelings is important. Recently I found some writings by Rohanawati (given to me a while back by Latifah Taoromino). I need to copy them and submit them to you for editing as they would address this issue very well. She speaks specifically of the helper's role during testing, etc. That the helper should be completely neutral and not even affected by his/her own thoughts, understanding, or experiences. If we have even the slightest bias, then we are not in that place of emptiness from which we can truly receive.

This is new for me, to share through the Internet, issues concerning the Subud Brotherhood. I welcome comments to be sure. I have just lit candles for the Jewish Sabbath. It is for me an extended latihan. A special time of rest and meditation, when the additional experience of receiving the latihan is very mind expanding and mood altering.

Love and Shalom.

Joyana Brookmeyer, California, USA.

Hi Latidjah,

I was fascinated by your account of the helper's meeting in DC, and the discussion about anti-depressants and the latihan.

At a regional gathering a few years ago I offered a workshop on depression, and was shocked that a couple of dozen people showed up. Several others came up to me on the side and said they wanted to come, but had other commitments.

Clearly this is a ripe subject in Subud, and my own personal feeling is that, whatever our individual opinion is about the use of medication, we need to accept the reality that the Subud population mirrors the general population in this regard, as in probably all others, and that depression is and will always be a fact of life among us. (My *own* opinion being, for what it's worth, that it is an illness, like any physical illness, and therefore medication can either help *or* have detrimental effects, as in any other physical illness. I've seen it go both ways among Subud members.)

We need to erase the taboo about dealing with depression, as we are attempting to erase taboos about homosexuality, pants in latihan, and other facts of life that seem to defy the "rules" we keep insisting we don't have. I wish we could all just agree among ourselves to leave the dogma at the door.

OK, enough for now! I wish you all the blessings in the world in this endeavour!

Love,

Helen Dodson, Connecticut, USA.

The following excerpt was taken from a long letter written by a woman who described several dreams which were like guidance for her. Here she relates a dream of a cure for her state of depression.

She asked to remain anonymous.

The dream concerns a period of my life around which I was fraught with a lot of anxiety, when it could be said that I suffered depressions lasting three or more days regularly, a condition which had built up since my teens. If I wasn't praying I was depressed, that seemed to be the cycle. One night I dreamt I was in a large room filled with Subud people. Suddenly I saw Bapak and he looked into my eyes and asked, "How do you feel?" My mouth fell open in speechlessness as the only form of reply. Knowing my condition he explained, "When you feel like that, lie down and be quiet for fifteen minutes; start from the top of your head and feel 'I am happy', feel this in your eyes, nose, ears, tongue, neck, chest and so on down to the tips of your toes." I actually followed these instructions more or less daily for about two months, after which time the condition of "chronic depression" disappeared completely from my life. Looking back, it seems like very simple advice, but it made a profound difference to me. However, I don't advise others to follow such instructions unless they "feel it", and because the instructions were specifically for my own state.

We welcome your letters and comments on this subject - or on any other subject that relates the latihan to health issues. Let's have a lively discussion and learn from each other in the process.

Please forward your responses to:

latidjah@erols.com, or to 1010 Jeff Ryan Drive, Herndon, VA 20170, USA.



BOOK REVIEW

Secret Journeys Compiled By Adrienne Campbell,
Published by Pathway

Reviewed by Melanie Milan

By and large I enjoyed reading this book. It is a collection of accounts of Subud experiences centred around the life-changing events of childbirth. Editor Adrienne Campbell explains in her introduction that she hopes with this book "to celebrate the insights that we have in Subud into such worlds, and bring together some kind of collective understanding."

In one way, this makes it an unsettling read. Subud experience is intensely personal and unique for each person, and in a very real sense cannot be shared. Words summon up only a shadow of the meaning of the event to anyone reading about it – and words may often give rise to misunderstanding, to feelings of ridicule or superiority, of envy, of failure and worthlessness – and indeed also to feelings of empathy, closeness and love. My unease about this book is that it might raise expectations in those awaiting childbirth: and what if there is no blissful latihan experience then, no support with testing and extra latihan? It would be a sad outcome if this book only added to the burden of self-set standards and ideals already imposed by many women on themselves as they approach childbirth.

That said, I found myself moved by several of the stories. Some are heroic. Some are reassuringly ordinary. In a Subud culture laying great importance on "being in a holy state" when conceiving a child, it is heroic to share the uncertainties and the humiliation of in vitro fertilisation. In a book largely celebrating the spirituality and wonder of children it is courageous to talk openly about miscarriage, abortion and neonatal death.

One of the most valuable insights here is the clear message that parenting involves inner work as well as outer preparation, and that the readiness to progress our own personal journey during pregnancy and childbirth can facilitate the physical

process enormously. There are midwives in the UK and other parts of the world who are very aware of this dimension, and are skilled in assisting women with the process of self-realisation – even if they are not themselves in Subud.

I work as a midwife and, like Rhea Dempsey, can bear witness to many instances of "contemplation, grace and blessing" attending non-Subud births. It seems to me that childbirth opens the gateway between everyday life and the spiritual in all of us. If we also have the capacity to be aware of this, it may add another dimension to what is already an overwhelming and unforgettable experience. The exchange traffic passes through the gateway anyway, whether we are aware of it or not. By all means let us celebrate the the shared power of the latihan for change and progress, but please let us not make the mistake of thinking that only Subud people experience the spirituality of giving birth.

Secret Journeys asserts the power of shared prayer and latihan. I wish I had felt connected and supported in this way when I was pregnant. I was told to stop doing the latihan three months before the birth – it never occurred to me to ask for testing or support, or to do latihan on my own. As one of the accounts relates: "I felt pretty earthbound during my labours... Pregnancy was not a condition I enjoyed, and childbirth is pretty low on my list of favourite things to do."

I hope this book gains wide circulation. Specifically, I hope that it will inspire the timid and unadventurous to ask for or to offer their Subud sisters support through special latihan and prayers around that very special time of transition and change when a new life enters the world.

Melanie Milan



This book is available from SPI, Loudwater Farm,
Loudwater Lane, Rickmansworth, Herts
WD3 4HG UK. Tel/fax: (0)1727 858080 email:
subud.books@easy.net.co.uk

MEMBERS' NOTICE BOARD

DIRECTORY

A Directory of Subud Health Professionals..... including practitioners, administrators, projects and businesses.... is in production. It will be available to Subud members around the world. For the first time in Subud this gives health professionals the opportunity to network effectively, as well as to inform others of our work. If you would like to be included please fill in the registration form in the centrefold.

NEWS AND EVENTS

SIHA U.K. WEEKEND

November 28th and 29th 1998

Loudwater Farm Rickmansworth Herts UK

Book before, or by, November 20th

Phone: Catriona 0171 609 1993

or Henrietta 0171 813 7858

NATIONAL GROUPS

To date we are aware of three national SIHA groups in existence, in Britain, America and Portugal. This section of Resonance is a noticeboard for your activities, local, national and international. Please let us know about your experience of meeting together and of any upcoming events.

Nerissa Garnett writes below about one of the activities that SIHA UK members enjoyed together on their recent weekend in Wales.

Harvey Peters led us in a visioning session which was structured around learning to separate our past from our present in order to be able to step imaginatively into the future and construct a vision free from attachment to past experience. The whole group was asked to step into the future for SIHA and in my opinion we came up with a vision that feels really great and pretty adventurous. I found the whole exercise inspiring and it was fun to find myself entering into a very free and pure space and receiving an image of SIHA's possible future, which to my surprise was filled with showers of stars and children having a party. Everyone seemed to enjoy using their intuition to come up with a picture of SIHA's future, which included a

fear of the enormousness of what we were seeing, though Harvey encouraged us to find this exciting rather than frightening. It helped that we could agree it is fine to be where we are.

We saw SIHA being integrated in the mainstream without any barrier between it and non-Subud organisations. We saw it as being energetic and sensible, springing harmoniously from our vision and we saw ourselves achieving something extraordinary through Divine Grace. My final vision was of many boats clustered together each holding different groups but joined by the same sea so that when individuals put their hands into the water they were able to know what the group mind was thinking. Schools of dolphins were leaping into the air in celebration and joy. I got "chicken flesh" (what most people call goose bumps) for this image which always means something I've said has hit the bull's eye, which was good for my confidence in my ability to receive.

ACKNOWLEDGMENTS

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

GLOSSARY

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

Latihanthe 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

CLASSIFIED ADS

Medical Supplies Wanted Urgently

I need e-mail or snail mail addresses of doctors (M.D.'s) or other health professionals who may be able to donate medications (specific) for our Cuban brothers and sisters.

Please help and send info to:

Rochanah Weissinger

2190 F Morseman Chico, CA 95973, USA

Phone/Fax 530-893-3301

Rochanah@aol.com