

resonance

No.4 Vol.2

Spring 2001

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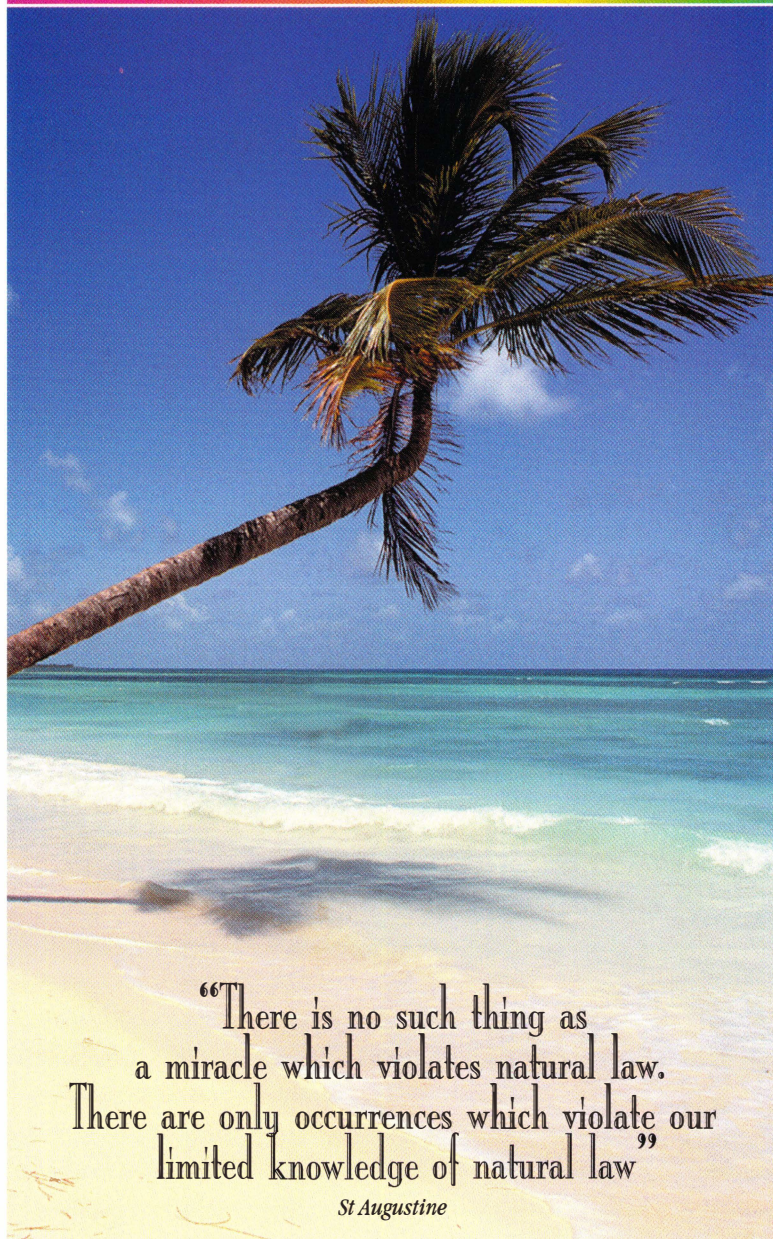
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an extract

Book Review
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resonance
The
Quarterly
Journal of
SIHA

Subud
International
Health
Association



You can join the SIHA List server by
emailing Latidjah Miller at latidjah@erols.com
If you would like to see the SIHA website it is at
www.Subud-Health.org
It is a work-in-progress and we would value
your comments

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Back issues of Resonance are available from
Hermione Elliott: hermione@cwcom.net
by fax to (44) (0)2392 632750;
mail to East Hoe Manor Cottage, Hambledon,
Hants, PO7 4SZ, UK. or from
Latidjah Miller: latidjah@erols.com
by fax to (001) 703 742 3945
mail to 1010 Jeff Ryan Drive, Herndon, VA
20170, USA

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Subud International Health Association

Steering Committee and Editorial Board:

Latidjah Miller (co-ordinator)

Hermione Elliott

Maxwell Fraval

Richard Salisbury

Rohanna Salom

Spring 2001 Vol 2 Number 4

Resonance Production:

Design: Ian Sternfeldt/Marcus Bolt

Sub Editor: Manuela Mackenzie

Commissioning Editor: Patricia Greenlaw

Layout: Ian Sternfeldt

Copy deadline

Summer issue: June 20th 2001.

Autumn issue: September 20th 2001.

We welcome articles, letters, comments,
poems, drawings & graphics.

Please send contributions to:

Hermione Elliott

hermione@cwcom.net

by fax to (44) (0) 2392 632750

or by mail to East Hoe 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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Resonance is a quarterly publication.

A QUOTE FROM BAPAK



So you need to
look after your
physical body
as well as doing
the latihan.

That is why in a
Subud hospital
both are needed,
the medical and the
kejiwaan.

Bapak

*Quoted in Subud and
Human Welfare 1981*

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EDITORIAL COMMENT

A Bend In The Road

I wonder how the rest of you have experienced the transition of moving the World Congress from Kalimantan to Bali? For me, it's been an intense and dramatic turn of events, and inevitably the whole process of change has become a very personal one.

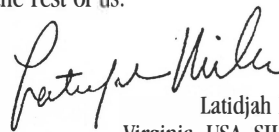
For the past two years there has been a steady building of excitement and pressure, as we worked toward preparing for Congress in Kalimantan. SIHA took on two projects in an effort to help ensure that members would be safe along the way. We formed a team of health professionals to prepare health care advice for those members making the journey into the tropical jungle terrain of Kalimantan. It was an arduous task to meld so many points of view into one document. About the same week that the information was finally published on the SIHA website – the announcement came that the Congress was moving to Bali.

Then, there is the Hospital Pavilion Project. For several months it had been difficult to get any focus of attention on the Hospital Project due to the competing factor of numerous other projects being developed in Kalimantan at the same time. Ironically, just around the time when Subud World News found space to print an article on the Hospital Project – the flurry of the change began. And what a dramatic scene it was that produced the change. The images portrayed of Dyaks beheading the Madurese were vivid, and produced many alarming emails that shot off around the world. One night, I was receiving a report of what was taking place in Palangka Raya by

telephone. It had been a calm, still night until that moment. As I was listening on the phone to the details of the activities being carried out by the Dyaks in Kalimantan, a furious wind arose outside my house, and suddenly it sounded like a hurricane taking place. The lights in the house began flickering on and off repeatedly. I finished the phone call not even mentioning the occurrence to the person I was speaking with, and just sat there stunned in amazement. Once the phone call was over, the wind died down and the lights became stable. It was an unforgettable moment.

So, the Congress has now moved to Bali. However, the focus of the SIHA Hospital Pavilion Team remains in Palangka Raya. We plan to continue the project to build the hospital pavilion, and construction has now resumed after being suspended during the riots. I've heard that the roof is nearly completed. We still need to raise funds for the furnishings. Many people have expressed the feeling that the gift of the Hospital Pavilion to the city is a wonderful way to show our support to the community in Palangka Raya. Although the Congress will not take place in Kalimantan, we still have an opportunity to leave a legacy there.

For me, personally, I find that I need some time and space to digest the whole experience that led to the moving of the Congress, in order to gain a meaningful perspective. It's clear that an enormous process has taken place. If any of you have experiences to share, or perspectives to offer, I invite you to write and share with the rest of us.



Latidjah Miller,
Virginia, USA. SIHA Coordinator

TALENT STORIES*Roland Evans, Colorado, USA*

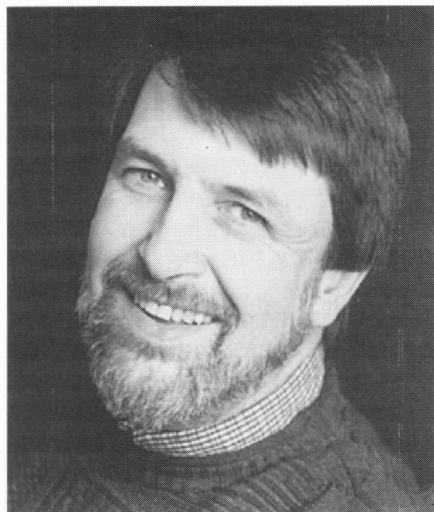
We all have talents: we are all talented. Talents are those formless inner urges and potentials that demand outer expression. When our work is a manifestation of our talent, we become a channel through which God influences the world.

To find an outer expression for our inner talents is one of the gifts of the latihan. I would even say it is the path to true contentment. Working at an occupation that is a container for our yearnings and abilities we feel a deep satisfaction, knowing we are fulfilling our life task.

Most days I feel that blessing in my work. I know I have been guided toward activities that most express my inner nature. As a psychotherapist, teacher and writer, my life overflows with activities that give me profound pleasure. That was not always the case; I took a long roundabout path to where I am now. I would like to share some stories of my journey that I hope others might find interesting.

At the age of sixteen I left the small town in Ireland where I lived with my mother to find work in the 'big city' of Cork. With little money in my pocket I arrived, lost and apprehensive, with no place to stay. The second night, as I started to bed down in a hostel for homeless men, a gaunt and unkempt man approached me. He said I was not in the right place and should go with him.

Not sure what was happening I followed him, walking miles across the city. Eventually we reached an ordinary terraced house in the suburbs and knocked on the door. It was opened by a



blond-haired boy, a year or so older than myself. The man asked if I could stay the night and the boy led me in. The man left and I never saw him again.

Thus started a strange and formative period of my life. I had taken refuge in a home for 'wayward boys' run by a Catholic charity. For just under a year I lived in a house with ten teenagers and a rather odd male housekeeper. They told me about their extraordinary lives and helped me understand what makes each person unique and different from all others.

I shared a room with Charley, and we became close friends. Charley was in the home because his parents couldn't handle him. He had taken to stealing and lying and had finally been caught breaking into a store. He told me his father drove him crazy. Whenever his Dad got angry he would call Charley a 'little bastard'. Then Charley would get enraged and do something stupid.

Around this time I had picked up a book on hypnosis and taught myself how

to induce a hypnotic trance. Each night when we went to bed Charley would be my willing hypnotic subject. I suggested he see and experience whatever he most desired, allowing his dreams and fantasies full rein. He loved it.

After a few weeks, however, the hypnosis began to take on a life of its own. A spontaneous picture appeared in Charley's minds eye: a three-year-old boy in a big room filled with beds. Over the next few nights night more details emerged – images of a little boy in an orphanage run by nuns. The boy was sad and lonely, looking out of high windows with bars on them. One day, a couple appeared at the bottom of the long flight of stairs. They took the boy by the hand and led him away. The images kept repeating and repeating, looking for some explanation.

I started to piece things together. I believed Charley was illegitimate and given up to an orphanage as a baby. His Catholic mother had later married and persuaded her husband to adopt the boy, but he had never fully accepted Charley as his son. When enraged, his resentment would come out by calling Charley a bastard. This triggered Charley at some deep level and he would act out his anger and hurt.

With no more insight than most adolescents, I tried to get Charley to listen to this explanation but naturally he was extremely resistant. He did not want to find out the reality; it was too disturbing. We drifted apart and not long after I moved away.

Charley was my first unsuccessful psychotherapy case. Now, I come across many similar hidden memories in my work as a therapist, but at that time I was

unnerved by the intensity of my contact with Charley's inner world. I gave up any thought of exploring the depths of experience, so it was many years before I could allow that interest to re-emerge. In the early 1970s, not long after I had been opened, Bapak began emphasising 'talent testing'. A young helper in the wilds of Ireland attempted to test my 'true talent' with me but we were unable to make much sense of the receiving. We agreed that for a time it was good for me to work as a carpenter – a good beginning even though it did not provide 'the answer'. Looking back, I see how unready I was to face the long haul of training to become a psychologist. It would have been emotionally overwhelming. I needed to get grounded in practical skills first.

By 1974 I, like many rootless young men, had caught Subud enterprise fever. A bunch of us lived and worked together in Cheltenham, UK, in an enterprise called 'Golden Designs'. It was difficult. We made little money but there was a kind of innocence that held it all together for a time. At any given moment someone or other was in a crisis, and the dynamics of the house kept changing as people came and went.

I began to notice a pattern to my own response to new arrivals. With each person I would feel a sense of connection and friendship. Yet, within three weeks, that person would become the most irritating and impossible person to live with. The pattern was so predictable that I realised it must be something in me, and not their idiosyncrasies, that was driving me crazy. This was my introduction to the power of projection – the way we attach our own unintegrated negative aspects

onto others. That insight made a deep impression on me.

As the enterprise began to fall apart from mismanagement and dawning realism, I was given a glimpse of where my life path would eventually lead. One evening during one of the group latihans, I received a series of pictures that came clearly into my mind, like looking through the wrong end of a telescope. In the images I was working in something like a doctor's office: people came to me, I talked to them and they went away better. The receiving made no sense to me and I put it away in the back of my mind.

Months later a friend, Helena Leask, was visiting the house. She had been reading Carl Jung's *Memories, Dreams and Reflections* and was very excited. She told me I just had to read the book and lent it to me. Jung's life gripped me totally. I knew that I too wanted to be immersed in the mysteries of the human psyche, that my receiving was about working as a psychotherapist.

That started a nine-year journey of education and training before I could be called a psychologist. It was not always easy to stay motivated, particularly when I found that academic psychology was mostly nonsense. However, the inner sense that I was going in the right direction kept me plodding onward. Eventually the formal learning was over and I could get down to the real education of working with people.

Now my life is truly fulfilling. I can say I experience what Bapak calls the 'fruits of the latihan'. I find my psychotherapy clients constantly stimulating, reminding me of lessons I need to learn. Almost all of the people I work with, even those with severe problems, recognise the need for a

strong spiritual grounding in their lives. Every workday I have the opportunity to use my inner experience in helping others.

I also teach at Naropa University, a centre for contemplative education. The students, who usually include a few Subud members, are there because they feel the need for a different, more profound dimension to learning. Finding a spiritual discipline and practice is part of the education, part of the culture for students and faculty alike.

When we follow our life path, we receive inner assistance to tolerate the struggles along the way. Talents do not come in neat packages; we have to keep striving to realise new and greater dimensions of what can be accomplished. There are no end points, no places where we can rest and say we have achieved the final goal.

I experienced this intensely over the last five or six years. For a long time I knew I should write a book integrating my experiences as a psychotherapist with my Subud understandings. The problem was I thought too much. My writing came out technical and dry. So I swallowed my pride and enrolled in a beginner's writing class at Naropa. Even then, I had to write the wrong book for a number of years.

As I got a clearer sense of direction I relied more on my inner feelings. Informal testing about the meaning of the book, how I should approach it, what it should be titled and even the content of various chapters gave me invaluable guidance. In one important test I could feel the presence of three demon-like beings, like those depicted by Indonesian Wayang puppets. Their dance was a dance of life, lending me energy to complete my

task. The book, *Seeking Wholeness*, is recently published and available through bookstores and on the web.

Now I wait for the next task. Talents are never used up or completed. While we are alive we have within us a spiritual urgency to create more, live more, and keep offering something new to the world. We are here to make a difference, a difference that no one else can achieve. When we rise to the challenge, use the abilities God lends us, it is like a pebble thrown into a pond. The ripples circle out, further and further, creating the future of humanity.

[An extract from Roland's book is on page 20. *Seeking Wholeness* will be reviewed in the next issue of *Resonance*]



FAMILY HEALING

Abdus Salam Molla, Dhaka, Bangladesh

I am a college teacher; I joined Subud in 1976 at the age of 27. I studied homeopathy for ten years privately and then obtained a Diploma Degree in Homeopathy. I practised it for some years and many patients were miraculously cured but later I stopped practising professionally and now use my homeopathic talent for my family members and poor patients whom I do not charge. This is because I changed my profession and am now a teacher – I was born under the zodiac sign of Gemini which loves variety.

Besides discussing my experience of the benefits of homeopathic medicine, I would like also to describe some of my experiences of how the latihan helped in healing.

Day after day the latihan, by its nature,

purifies our inner being and thus improves and enriches our Vital Forces, which consequently increase our immune power and thus protect us from health disturbances. So the latihan is, by itself, a healing power.

I married my wife Maya three years after joining Subud. Maya had suffered from a heart problem for some years, and allopathic medicine sometimes gave her some relief but could not cure her. She was opened in Subud in 1985, and I wrote to Bapak about her heart problem. Along with her medical treatment, Bapak advised me to have latihan with her sometimes, although of course latihan is usually discouraged between men and women even if they are husband and wife. But, in our case, it was an exception to the rule as Maya was sick. So, not frequently, but occasionally we had latihan together, and also continued with the medical allopathic treatment. Later however, we stopped her allopathic treatment and I consulted with other experienced homeopathic doctors and began to treat her with homeopathy.

The most commonly indicated homeopathic medicine we used was *Crataegus oxyacanthus* in the mother tincture dose of 5 to 10 drops to 20 teaspoonful of water twice or three times daily. This worked well for her, and she continued with this dosage for several months. Other medicines that were used, indicated by her changing symptoms in accordance with the Law of Similars were: *Bryonia*, *Graphites*, *Rhus toxicodendron*, *Actea Racemosa* (*Cimicifuga*), and *Phytolacca*. Now she is well again and is the only lady helper in Bangladesh.

So I believe that it was not only the homeopathic medicine that cured her but

also the latihan that managed to eliminate that dangerous disease, angina pectoris.

I myself suffered a lot from various types of skin diseases from the time I was a boy. It was a regular occurrence to suffer for months at a time each winter. Later, as I grew older, it improved a bit and I only had this problem every other year. However, after I joined Subud and experienced the latihan, I also began to suffer from eczema: first in my left foot and later in the fingers of my left hand. Before joining Subud I had sought allopathic treatment and also used herbal medicines, which had cured these skin diseases for a time but not totally. But after joining Subud and studying homeopathy, I came to understand that skin disease is not only a disease of the skin, it has its roots deep inside people. So my skin disease was not so simple; it developed from a chronic underlying predisposition to this disease, in homeopathy called the psoric miasm. The root of this psoric miasm is inside the inner self. So inner purification of the inner self was needed as well as a homeopathic medicine that could act deeply enough to cure the psoric miasm within me.

Along with taking the appropriate homeopathic medicine for my skin problems, I also became very alert to the importance of eating healing foods. I found that some foods I ate aggravated the illness and other foods helped the body and assisted the action of the homeopathic remedies.

In my homeopathic practice I found that skin diseases tended to be aggravated by eating coconut, animal meats – especially beef – duck eggs, prawns, shrimps, crayfish, hilsha fish etc., sour

tasting foods or fruits, and food from the Arum group – for example, esculent root; all according to the patient's individual susceptibility. So as well as taking the appropriate homeopathic medicine, I was also very alert to what food I chose to eat. To tell the truth, what we call disease is the outwardly reflected picture of the internal disease.

I have one daughter and two sons. When my children become sick, we sleep together in the same bed. When my daughter is sick, she sleeps in her mother's bed, and when our son is sick, I sleep in his bed. When they were small they slept with us – between their father and mother. This is because we, the parents, have something within us which can absorb their pain and despair. I believe this is more true when the parents are helpers.

I had another experience with my father. My father was not in Subud; in fact, he asked me to leave Subud. Since 1918 my father had experienced chronic pain in his ribs and had undergone several tests to try to find out the reason for it. The doctors could not diagnose the cause, and several years passed without any cure for the pain being found. Then, one day, I asked my father to lie down and go to sleep in an empty room; and when he was asleep I entered the room and did latihan for half an hour. Afterwards I came out sweating. Later, he got up and I asked him about his pain, and he said he was feeling much better. After some months he was cured, and felt no pain at all. But for months I felt the pain under my ribs, which faded away during the course of time.

From these experiences I concluded that:

- a) The latihan is surely a way of cleaning the dirt from inside the body.
- b) The latihan is necessary to maintain a healthy body.
- c) At the time of sickness, the latihan can guide us towards the right path for our treatment.
- d) It is not that we will never suffer or have diseases; but sometimes suffering comes into our life as a blessing, as a purification, and teaches us how to be patient during our suffering.



LEARNING DIFFICULTIES IN CHILDREN 3

The Origins of Sensory Learning
Maxwell Fraval, Canberra, Australia

The Sensory Learning Process devised by Mary Bolles in Boulder, Colorado has evolved as an intervention to be used when a child is struggling with a learning and behaviour problem. Although learning problems are often thought of as being reading, writing, and behaviour disturbances, they have deeper roots in communication breakdowns between the sensory systems. Sensory perception problems create ongoing fear and frustration in a child who has learning problems.

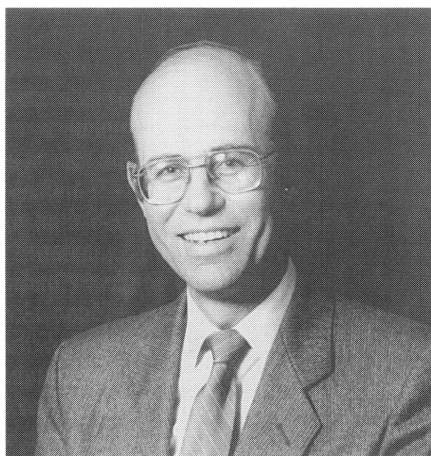
Sensory perception problems take a variety of forms:

Visual – Within the visual system the sensory perceptual problem can appear as constricted colour visual fields. Even though the child may have 20/20 vision, such constriction results in insufficient visual information being carried back to the brain. This limited visual information results in difficulty with recognition,

association and memory.

Auditory – The child may have uneven hearing or extreme sensitivity to specific sound frequencies. Behavioural and cognitive problems can arise when sounds are perceived in these distorted manners. This altered perception can lead to difficulties with comprehension, speech and emotional response.

An instrument is used to measure oto-acoustic emissions (tiny sounds from the cochlea or hearing centre in the middle ear that are an echo of the sound heard) which gives a very precise record of what



a child can hear. Effective therapy can then be devised, based upon this test.

Vestibular – The vestibular system establishes the basic relationship of a person to gravity and the physical world. It is the unifying sensory system. Organisation, integration and transmission of visual and auditory messages depend on the proper functioning of this system. When the vestibular system does not function in a consistent and accurate way, the interpretation of other sensory messages

will be inconsistent and inaccurate.

Motion – (which stimulates the vestibular system) excites the lower brainstem area where auditory and visual messages integrate with proprioceptive messages from the parts of body controlled by the muscles. Sensory perception problems in this area can cause a lack of co-ordination between the visual and vestibular systems.

The multi-sensory learning system

The multi-sensory learning system combines elements of vision therapy, auditory integration training and occupational therapy, to address sensory perception problems. This multi-sensory approach encourages the three main sensory systems to work together and for the child to integrate the experience as a whole.

The participant lies on a gently moving table, which stimulates the vestibular area of the inner ear as if the person were rolling over and over like a log. The technology for this was inspired by the pioneering work of an occupational therapist, the late Dr Jean Ayres.

Simultaneously, a slow pulsating coloured light above the table stimulates optic nerve fibers to become more receptive, increasing the amount of light or photocurrent being carried back to the brain. The frequencies used in the filters are based on the research of the College of Syntonic Optometry, a 75-year-old health science.

Through headphones, the participant receives the third modality: modulated musical sound, which shifts attention from point to point continually bringing them to the present. The sound program also enhances auditory processing,

listening ability and speech development. This auditory training is based on the work of two French medical doctors, Dr Alfred Tomatis and Dr Guy Berard.

The multi-sensory learning system is a non-invasive, non-cognitive approach engaging children in a sensory environment to optimise development of visual and auditory processing and sensory integration.

Motion and Sensory Integration

Sensory Integration Theory, first introduced by occupational therapist, Dr Jean Ayres, identifies sensory integration as the normal neurological process of the brain, organising sensory information so that the brain produces a useful body response and useful perception, emotions and thoughts. Sensory integration sorts, orders and eventually puts all of the individual sensory inputs together into a whole brain function. When the functions of the brain are whole and balanced, body movements are highly adaptive, learning is easy, and appropriate behavioural responses are natural outcomes.

A child's language, academic and cognitive development (skills involving centres in the cerebral cortex) depend on the sensory information processing centres in the brainstem being well organised and well developed. Often the primitive sensory-motor foundation in the brainstem is receiving too much or too little excitation. Sometimes dyslexia is defined in this way. The root cause is found in the balance sensing system of the inner ear, the vestibular system. According to Dr Ayres, 'a program involving vestibular stimulation is often more effective than drugs, mental analysis, or

rewards and punishment in helping the dysfunctional brain to correct itself'.

By receiving gentle precise patterns of movement, which circulate fluid in the semicircular ducts of the inner ear, we experience vestibular stimulation. This stimulation 'primes' and unifies the nervous system, exciting the brainstem area and, when combined with coloured light frequencies and modulated sound frequencies, provides sessions that are at once kinaesthetic, integrative and desensitising. The Sensory Learning Process uses a motion table to provide vestibular stimulation that simulates the work of Dr Ayers.

Visual Coloured light

How the brain responds to light entering the eyes has been more widely researched and understood in just the last 20 years. Apart from the problems of convergence, accommodation and tracking referred to when discussing the osteopathic treatment of children, the processing of visual information is also very important.

In 1991 a team of prominent brain researchers reported that studies of living dyslexic people, as well as autopsies of dyslexic brains, suggested that the basis of the condition might be a failure of the visual system's circuits to keep proper timing. The new finding gave theoretical support to one method of treating dyslexia through the use of colour filters in reading. Dr Albert Galaburda (Director of the Dyslexia Neuroanatomical Laboratory at Beth Israel Hospital, Boston), who co-authored the report with Dr Margaret Livingstone, pointed out that prior to that time, most experts viewed dyslexia as purely a language problem. In

reading, dyslexics cannot break words down to their basic sounds, and they have lasting problems with the sound system of language, even if their reading problems improve over time. According to Dr Galaburda, the role of vision in dyslexia was ignored in large part because ophthalmologists could find no differences between the eyes of good readers and bad readers.

This changed in 1991 with the discovery that the visual system in humans and other primates is composed of two major pathways. One of these pathways, the magnocellular system, is composed of large cells that carry out fast processes. This pathway is used for seeing motion, stereoscopic vision, depth perception, low contrast and locating objects in space. It probably evolved to help animals see predators move through the night.

The second pathway, the parvocellular system, is composed of smaller cells that carry out slower processes. It specializes in colour, detailed forms, high contrast and stationary images. It probably evolved to help primates see brightly coloured fruit while swinging through the trees in broad daylight.

Dr Livingstone reported how experimental psychologists in the United States and Australia had developed tests suggesting that there was some sluggishness in the visual systems of dyslexics. When two visual stimuli were presented in rapid succession, dyslexics reported seeing only one image. People with normal vision saw both. When the same stimuli were presented more slowly, dyslexics saw both.

Dr Galaburda performed autopsies on five dyslexic brains and five normal brains. Looking at a major visual relay

station, he found that the parvocellular systems were similar in all brains, but that the magnocellular layers were more disorganised and the cell bodies appeared smaller in the dyslexic brains. Overall the magnocellular system was 27% smaller in this crucial area of the visual system. Dr Galaburda concluded that smaller cell bodies are likely to conduct impulses more slowly.

Throughout the 90's, Professor Wilkins of the Medical Research Council Applied Psychology Unit, Cambridge, UK, has undertaken a series of studies to assess the effect of different frequencies of light within the visible light spectrum upon the function of children's performance. For example, in one study, 68 children reported benefit from individually chosen sheets of coloured plastic placed upon the page when reading, and they used these regularly without prompting. These children viewed text illuminated by coloured light in an apparatus that allowed the separate manipulation of hue (colour) and saturation (depth of colour) at constant luminance. Many of the children reported improvements in perception when the light had a chromaticity within a limited range, which was different for each individual.

An early pioneer in using light for its therapeutic qualities was Dinshah P. Ghadiali, born in India in 1873. Dinshah reviewed Dr Babbitt's work, *The Principles of Light & Color*, published in 1878, and in his 3 volumes published in 1933 entitled *Spectro-Chrome Metry Encyclopedia*, he expanded the work of Dr Babbitt. Dr Harry Riley Spitler began using light therapy in the sanatorium that he directed. After seventeen years of ongoing research that began in 1909, Dr

Spitler concluded that visual light might play the most significant role in altering function, behaviour and physiological response. He conceived the principles for a new science that he called *Syntonics*, a name taken from the word syntony, which means to bring into balance or integrate the nervous system. The Sensory Learning light instruments use the special Syntonic optometric glass light filters to facilitate and train the central nervous system. It is possible that the use of these filters may change the function in the magnocellular system referred to by Dr Galaburda.

Modulated Musical Sound

In the Sensory Learning Process, when combining the third modality of modulated musical sound, another aerobic exercise is provided for the listening and attention centres of the brain.

Dr Alfred Tomatis, an E.N.T. surgeon and the father of modern sound therapy, researched the ranges of sound needed for the infant to pick up his own language. He is a controversial figure but this is what he found. To lay down the sounds of the English language, the infant and young child needs to hear up to 8000 Hz at minus 10 decibels. The French child needs a slightly different range, so the curves for the two languages differ.

Dr Tomatis found that we are born with ears able to hear all sounds at minus 10 decibels. Our hearing will never be as acute as it is once the birth waters have drained out of our outer ear, at about 10 days post delivery. Over the next few years, as we listen to the sounds of our own language our ears gradually close to just those frequencies and loudness that are needed for our language. By the age

of seven, this process is complete. This explains why younger children speak a new language better than their older siblings – their ears are not yet closed, so they hear more accurately, and can therefore match their attempts to their teachers more nearly. After the age of seven it is hard for the French to hear the 'th' sound of the English language. They need to be hearing at -5 to -10 decibels at 6-8000Hz and most are not.

Dr Tomatis showed that there is a difference in the way that sounds are transmitted to the language processing centre in the brain, depending on which ear is used as the dominant listening ear. Dr Pinkerton compared 18 'good readers' with 14 'poor readers' in an ordinary class of eight and nine-year-old children. Brain-stem auditory evoked potentials in the right ear were significantly different from those in the left in the good readers, but such asymmetry was not found in children with learning difficulties.

As with vision, the child with learning difficulties may have inadequate processing abilities. They process too slowly. They can only manage to understand short blocks of words, often half a sentence. They quickly get overloaded and drop out of attention. Their memory and output is often scrambled. They are classed as having late or poor language skills, in receptive and expressive areas. They are poor at phonics, decoding new words, reading, spelling and comprehension. They are often labelled attention deficit, and treated accordingly. They are emotionally behind their peers.

Sound vibration reaches the inner ear by both air and bone conduction. Sound is caught, amplified and transmitted to the

organ of hearing, the cochlea. Frequencies from a low of 20 Hz to a high of 16,000 Hz, have their own special place on the cochlear membrane; their own special neurones to receive, convert into electrical energy, and to transmit this energy to the auditory nerve.

Electrical impulses pass from the cochlear membrane to both superior olivary nuclei and other nuclei in the brain stem; i.e. there is a cross over at this early stage. This is important for sound localisation in space. All you need is 30 milliseconds of difference between right and left ears to pinpoint a sound. From there impulses are relayed to the inferior colliculus and medial geniculate nuclei in the thalamus, where integration with other sensory modalities takes place. Impulses then travel to the auditory cortex in the temporal lobes – in particular to the left hemisphere.

In the auditory cortex there are specific areas connected with processing of simple sounds, tones, words, phrases, melodies, auditory attention, and auditory/motor-speech and singing. Research has shown that individual neurones are responsive to specific frequencies of sound, and are represented spatially in the cortex, just as they are on the cochlear membrane.

An exiting discovery by researchers is that some cells at all levels of the auditory pathways respond to onset and offset of tone, or an increase or decrease in frequency (this is of particular interest as regards sound therapy). Just as with the eye, Dr Gallaburda and co-workers have shown that within the auditory pathway, as in all other sensory modalities, there are two types of pathway: the magnocellular (large cell) and parvocellular (small cell)

pathways, each having differing functions. The magnocellular or transient pathway relays onset/offset: i.e. fast changing stimuli; so it is concerned with fast changes in the sounds of speech and music, changes in localisation, and changes in figure ground. It is also involved in sensory motor (i.e. feedback) loops. The parvocellular or sustained pathway relays slow/non changing stimuli: i.e. long tones and stable background noise, and emotional content.

Dr Gallaburda and co-workers have shown that children with a learning difficulty have minor but significant anatomical deficits in the magnocellular pathway. By sending sudden bursts of high harmonic sound, the musical sound therapy is stimulating the onset offset – this attentional switch of the magnocellular pathway that recognises fast changing stimuli.

There is also a motor pathway to the muscles of the eardrum. This is called the Temporal Lobe Enhancing Mechanism. It allows the brain to control the tension in the eardrum, thus deadening over-loud sound when needed. The autistic child utilises this mechanism to turn off to sound, when certain frequencies are too distorted and disturbing. A second feedback loop, known as the olivo-cochlear bundle, appears to be important in the detection of sound background noise, and in attention mechanisms.

The left and right hemispheres have different processing functions. Dr Tallal has shown that in the early years of life fast changing sounds, those carried by the magnocellular pathway, are processed by the right ear and are sent to the left hemisphere. Long/nonchanging sounds,

those carried by the parvocellular pathway, are processed by the left ear and are sent to the right hemisphere. Thus decoding fast sequences for speech is a left hemisphere task and decoding background/broad tonal, emotional content is a right hemisphere task. This explains why the larger speech centre is in the left hemisphere.

Developmental brain spurts

The work of Dr Robert Keith and others has shown the importance of the right ear in childhood. In early infancy, uterine to 18 months, the right hemisphere is dominant. The infant's processing time is very slow. From 18 months to 4 years, there is a left hemisphere growth spurt, and language develops rapidly, with two syllable phrases; and as processing speed improves, we hear long complex sentences.

From 18 months to 11 years, the right ear has been shown to be the prime listener and decoder for speech. Children with right-eared dysfunction, for example, recurrent ear infections, are at a distinct disadvantage. By the age of 11 the left ear should be equal to right in listening and decoding. Growth of the corpus callosum and other communication pathways between right and left hemispheres are now maturing to bolster integration. This explains why right hearing is necessary for good language acquisition.

Many of these children with a learning difficulty do not have a right ear dominance. Sound therapy addresses this problem by modulating (emphasising / weighting) the music to the right ear by 6–8 decibels.

Speed of processing.

Drs Warnke and Tallal have researched the speed of processing, and established that in the left hemisphere processing needs to be less than 100 milliseconds for adequate sequential decoding of speech. Interestingly, children with learning difficulties/attention deficit are slow processors. Children with ADHD are usually normal or very fast. Take the words 'ticket' or 'ticked': If your sequential processing is slower than 100 milliseconds, you will not be able to distinguish 't' from 'i', so you cannot sort out which sound came first, and spelling will be very hard. If your processing is slower than 200 milliseconds, you will add confusion of the 'ck' sound, and if it is slower than 400 milliseconds, you will be completely at sea, for there will be no order of sounds at all. Children have been found with processing times as slow as 700 milliseconds. These children have severe language delay and speech problems.

Sound therapy can bring about the following improvements:

- Perception of sound, of proprioception and the vestibular system is sharpened. Because the sound enters the midbrain so low down, it is postulated that the entire sensory input is sharpened.
- Perception of the localisation of sound in space is enhanced.
- The temporal lobe enhancing mechanism for the control of sound input is stimulated.
- The left hemisphere on/off mechanism for sequential decoding is stimulated.
- Right ear dominance is established; integration of right and left

hemispheres is promoted.

- Integration of magnocellular pathway and parvocellular pathway.
- Alpha alert quietness is stimulated.



WHAT IS... ? THERAPEUTIC TOUCH

Hermia Brockway, Tokyo, Japan

The Therapeutic Touch (TT) technique was started in 1977 by nurses in the United States. The prime mover in spreading its use world-wide was Dolores Krieger, who also had the great advantage of being professor of nursing in the prestigious New York University. I emphasise this because TT usually does not involve any direct physical contact or manipulation of the body itself, and such a 'treatment' would have been unlikely to be accepted in the medical world as much as it has been, without her.

The tendency to be sceptical about anything that might involve invisible or possibly non-quantifiable matters such as 'vibrations' is probably stronger in the USA than many other countries. 'Laying on of hands' has long been regarded with suspicion in the USA, especially amongst doctors; so legitimising a practice that looked virtually the same was difficult, especially since it was assumed such things could not be taught.

Those who accepted such healing was possible at all, assumed it was an inborn and rare skill. But TT implies it is not, that it is teachable, within anyone's grasp provided they follow the procedures (although admittedly some people may be quicker to learn than others). Krieger and others started this practice amongst nurses while helping develop the TT

philosophy, but their main motive was the research into its effectiveness. This work was carried out by Dolores and colleagues, especially Dora Kunz. The research not only added to its respectability, but also helped spread it, as it became clear that it was effective. Although started for nurses and health professionals, this work has now spread further; for, after 27 years, enough has been done to convince people they can help one another and their families without the need for any very special training, certificates or expertise.

Nurses were naturally in an ideal position to make the best use of TT's fairly simple techniques so as to intervene quickly if the opportunity arose. For example, a nurse working in the baby care unit at the New York hospital describes her experience on an occasion when a child had stopped breathing. 'After more than twenty minutes of intervention, using all the possible standard medical techniques, all hope of survival was given up and all the equipment withdrawn. I picked up the baby, centred myself and did TT on him. Within a short time, to my surprise as well as everyone's in the room, the baby started to breathe. The respiration continued as I worked on him. When he appeared to stabilise, he was put back into the monitor, which recorded that his heart rate was back in the 100's. All support was reinstated.' This could of course have been considered chance, not the result of TT, if it were not for the fact that there are hundreds and hundreds of reports of such cases.

A patient describes what it feels like to receive TT. '...Krieger placed the palms of her hands several inches above the area

of my adrenal glands, and I felt distinct force flowing from her hands to me. I actually felt energy from the area of her hands penetrating my body. What I felt was neither heat nor pressure; I would describe it as the gentle bursting of little effervescent bubbles... It was a distinct and readily identifiable form of energy, and I really wasn't expecting it to be so.'

As to how it is conducted, there are a few basic techniques used after the initial all-important 'centring'. The healer has first to be calm and cool, in a naturally relaxed state, otherwise their own energies could interfere and block the flow of healing passing through their hands. This basically means just entering a state of balanced compassion, and is not in any way prayer or asking for Grace from God, as might be the case with a traditional 'healer'. Then they start by 'assessing' the energy field of the person to discover the energy flow patterns of this individual, and note any areas of blockage or congestion. The sensations felt by the healer vary enormously from client to client in nature and qualities; and sensing imbalances may mean various indications. There may be clear ones like tingling sensations or tiny electric shocks or temperature differences, or other effects that are much less clearly recognisable – feeling too much energy or too little, or great variations in energy, etc.

Then comes the treatment phase, when techniques like 'unruffling' may be necessary to smooth the energy flow, or 'modulating' the energy flow to re-balance it. The essential thing here is to avoid 'trying' to do anything or projecting any energy – it is more like becoming a channel of healing. As part of this process

it is useful to visualise colours that are appropriate to the condition of the patient – deep blue being very calming, etc. It is possible to direct the flow of energy in different parts of the body, and all such movements are normally from top down, head to toe movements. It can be done either alone, or with the help of a partner. This is especially useful, as each partner then supports the other's work and this can enhance the benefit for the patients. It is also a useful way of getting feedback.

You know when the re-balancing is finished when the energies feel calmed and smoothed. Or you may see the effects on the patient, or know through your intuition that this is enough. However, especially for those starting out, you are warned that there should be a maximum treatment time of 20–25 minutes. It is possible for people to feel pain or other discomfort with TT after that, even though 'nothing is there'. In this regard, it is interesting to note that burn areas should only get 2–3 minutes treatment at one time, as the hand healing can start to feel painful; and that paraplegics can also feel the effects on sites where they have no 'feeling'. It is, of course, a completely safe technique. In all the time it has been used there has not been even one claim made of side effects or other adverse results. And naturally, all other techniques can be used alongside TT to promote healing.

The effects are not only physical but also, unsurprisingly, emotional too, and quite often this form of recovery may be the major benefit. However, there have been fewer effects reported on certain psychiatric conditions, and schizophrenia especially has shown no evidence of improvement. Nevertheless, there have been remarkable results with

manic-depressives, especially during the manic stage. Even more unexpected are the effects on some catatonic patients, who are categorised as such because they do not change their posture or have other fixed habits. Reports say some started to respond after TT treatment. As further corroboration that these are no chance occurrences, patients in coma or unconscious after strokes have, after recovery, been able to identify the nurses who gave them the TT treatment.

As to the availability of TT world-wide, it is taught as an accredited university course in the USA, mainly for health professionals. Lectures or workshops explaining the techniques have been given in 79 countries. In the seminar that I attended, participants were given not only an explanation of TT but also a quite startling demonstration of 'mind over matter' using divining rods. This served to reinforce how there is more to the universe than appears to our ordinary five senses.

However, the solid test of the technique was doing it ourselves: doing some trial exercises, trying out TT with others, and learning what it feels like to give and receive such treatments. As this was the first time for me it was hard to detect anything very clearly, but there was a distinctly different feeling from one person to another amongst the three I assessed. I found differences in temperature in different parts of the body in one case, and in another person there was a feeling of congestion or blockage in one area near the kidney.

While I was receiving TT, there was no very clear feeling or sensation although, if anything, it was rather calming. Certainly there was no ill effect. I felt it would be

something one could only learn through practise over time, learning bit by bit to tune in to the person more finely. In fact I felt it is more of an art than a 'technique' in the strictest sense.

The main result for the healer, according to Dolores, is that gradually the immune system is strengthened by reducing anxiety levels and promoting relaxation. For the clients, obviously it helps their healing process. Thirty-three medical reports and many more somewhat less rigorous clinical studies carried out in the USA demonstrate a noticeable improvement in 70% of cases, usually within 6 weeks. Its best results are shown in psychosomatic problems or autonomic nervous system disorders, as well as with dysfunction of the lymph, genito-urinary tract, and blood circulation. However there are some diseases that have proved intractable, like AIDS, except in improving the condition of some side effects. And of course there is very naturally a time when 'the best' that is achievable mean dying in the best possible way, when TT can help ease the passage, and the person can leave this world with a calmer acceptance.

Source: Dolores Kreiger, CAMUNet Seminar
Summer 1999, Tokyo, Japan



THE BENEFITS OF PHYSICAL AFFLICTION

Dominic Rieu, Windsor, UK

It was Oscar Wilde who said, or should I have said, and probably did say, 'Life is too serious to be taken seriously'. I tend to laugh at everything these days. If I talk with someone in trouble, or visit a friend

in hospital, very soon we are both laughing. To explain, I am very sorry but I will have to write about my own afflictions for you.

In the last six months I have been bombarded with a succession of troubles comparable with, though on perhaps a smaller scale, the afflictions that God permitted Satan to inflict on Job, like 'sore boils'. But first I must admit that when some illnesses pounce on me my first reaction is decidedly neurotic, there is something of the *melade imaginaire* in me, my fears run wild. I will be monitoring these fears in brackets after each trouble.

I was wounded in the war – don't ask which – by a piece of shrapnel that made a hole in my foot, exiting underneath. My first trouble was in last autumn – I concussed my head in a swimming pool, and had an enormous headache for several days. ('I've damaged my brain, I'll quickly go potty.') Next the wound in the side of my foot split open and turned septic. My doctor recommended antibiotics. ('I don't want that: the word means "against living things" and they will kill off my good germs as well as the bad ones.') The doctor told me that if I didn't take them the bones might turn septic too, and I'd have to go to hospital. ('Heavens, they'll cut my foot off.') I obeyed him. Next my familiar trigeminal neuralgia, a stabbing pain down the cheek, the worst pain in the world, started up. ('I'll need that operation when they remove a nerve near the temple and the whole cheek is forever immobile and I'll look a freak.') Finally I developed a mild form of recurring 'flu. ('It'll go on for months, 'till the summer.') All of this time I was engaged in trying

to persuade myself, not entirely successfully, that I could come to accept that being a widower was a good way to live. In the midst of my troubles an extraordinary thing happened. As I lay there on the sofa a flood of bliss flowed through me, and after that days of happiness and peace of mind. What a gift of God, sent to me in my most need. And then followed another gift, laughter, to stabilise the frame of mind brought about by the first gift. I could laugh about my pain. I was laughing about everything, including past distresses and failures, and misfortunes; taking the sting out of them, softening the memory of them. All this sounds too easy, it is not happy ever after. I am still capable of feeling dissatisfied and unhappy at times, but there is this difference. If others have had experiences like mine – and I know such – after such a blessing some patients and sufferers may well stir our envy rather than our pity.



HEALTH PROJECTS

This column usually covers existing health projects, however here we have reports of two health care projects in-the-making; perhaps during World Congress we could have a workshop related to developing health projects?

A New Healthcare Centre

Halim Korzybski, Warsaw, Poland

This project is bigger than one person's mind can grasp, therefore I hope more people will get involved. This idea has occupied my feelings and my mind for nearly two years; The concept is to create a vehicle, an environment, that will facilitate openness

and self-healing. A Special Place: a space to retreat, recover, renew and find one's self.

Located in a natural setting – forest, close to water, quiet but very alive – it could be a place to rest, with the choice of active participation. For example: music, dancing, sports, farming or touring, which could stimulate awareness of the life forces as well as the forces of nature in the surroundings (materials, plants, animals, people). Feelings of love and harmony would be obvious from the very moment of entry. This place would have the potential to help people find their health, their inner and outer balance, and create the possibility for prevention of illness, for recovery and for personal development – with the help and the benefit of the latihan. It could be a clinic, shelter, resort, farm, or a therapy, nutrition and herbs centre; or all of the above.

This could be the pilot project that helps assess the most effective relationship between the 'place' (surroundings) and the people involved; where healthcare begins at a very fundamental level. For the last year I have been actively looking for the ideal location in Poland, but it could be in any country where this need to recover from the effects of civilisation is obvious. And perhaps Kalimantan could provide the best site for this prototype. I hope we will be able to discuss these issues and make more progress.

With love,

Halim Korzybski,
architect/developer.



UK Holistic Healthcare Project

Ian Travers-Smith, Ascot, UK

Imagine that you are really unwell and need help; are you the sort of person who, like a sick animal wants to hide away, fast and sleep until you feel better, or do you prefer to be cosseted and loved back to health? We are all different – there is no universal answer for our health problems.

Choice

Our Holistic Healthcare Centre will be about choice, involvement and love:

Treatment – Generally there is a variety of possible treatments. Our aim will be to involve the patient in this choice, reviewing the alternatives and combinations and together formulating a healing programme.

Nutrition – Diet is often important in improving well being. Great results have been obtained from different diets; e.g. food combining, raw organic foods and juices or just avoiding certain things. A wide choice will enable each patient to find out what suits them best.

Pain Relief – does not have to consist of drugs with their sometimes awful side effects; there are many alternatives.

Spiritual Awareness – can be part of improving well being. Again, what suits one person may not be right for another, but to find ones right path is important.

Cancer – There are many treatments to consider that are not so invasive and high risk.

Love and Respect – for the individual, when it comes from the right place, is a real benefit.

Scope of the Project

The aim is to start small and then to grow. The optimum size of nursing homes has steadily grown over the last twenty years and now the big groups do not consider building for under 60 beds.

We shall start with 30 beds, the minimum economic size. This is within our experience, Harwood, the 32-bed nursing home with a 66% Subud ownership that we ran for six and a half years, grew from break-even to a return of 27% on capital employed. We plan to enlarge to 60 beds after two years. There will be two wings: one for the elderly, with hospice facilities, and the other for cancer patients of all ages. They will be separate so that younger cancer patients do not feel that it is just a place to die. We plan to start with 15 beds of each category. The back up facilities will include a clinic, a choice of small sitting areas, separate dining rooms, a quiet room, activities and craft rooms and a fitness room. In phase two a hydrotherapy pool and swimming pool for exercise are proposed.

Retirement Accommodation

In the grounds we plan to build two types of retirement accommodation:

Apartments with a covered link to the main building, like an independent flat but with heat, light, maintenance, some cleaning and meals provided.

A Retirement Village of cottages with a hot line to the nursing home for whatever help is needed, but retaining real independence.

Depending upon the site and planning permission we plan to start with a few and grow according to demand.

The Site

Currently we are searching for the right

site. The criteria include:

- A beautiful setting in the country
- Reasonably easy to find and get to
- Not too far from inexpensive housing for staff
- Minimum 7 acres, preferably about 30
- C2 planning category; i.e. institutional, such as a boarding school, monastery, hospital, training centre etc.
- Under £2 M

It is our intention that any new buildings will be designed to be 'green', sustainable development. A recent visit to the Building Research Station, the leading UK centre for construction research, indicated that they would be particularly supportive and interested in our project. So far, we have looked at several sites, and came close with two. Unfortunately, on the first we were unable to get change of use, and the second, although perfect in many ways, had the disadvantage of being in the middle of an Army training area on Salisbury plain. We continue to look and your suggestions would be welcome.

Financial Situation

The financial situation is that we would like to buy a site without borrowing, as we did with Harwood nursing home, so that we do not have to pay interest during the development stage when there will be no income from the project. We do not anticipate so much difficulty in funding the development stage once we have the right site.

Aurora Garden Hotel Windsor, more than 90% owned by Subud members, which we operated profitably for 20 years, was sold principally to help fund this project's site purchase. However the failure of Premier now means that

£350,000 that was earmarked for this project will no longer be available.

Many have said 'let us know when you have found the site and we will hope to invest then.' This is encouraging, but time is likely to be short when the right site is found, as we will probably be in competition. Our Accountants now advise us that it is possible to invest in Holistic Healthcare Properties Ltd and have the interest paid to the investor until such time as a site is found. This would greatly help, as we should be able to secure a better buying price as a cash purchaser. Your support would be most welcome, for most of us can achieve little on our own but together we could do much that is worthwhile.

Anyone who would like to be involved in any way with the project should contact Ian Travers-Smith, Holistic Healthcare Properties Ltd, Hawthorne Cottage, Ascot Road, Maidenhead. SL6 3SY. UK. Tel. and Fax. 01628 620253



SEEKING WHOLENESS

An extract from the book by Roland Evans

*For in fact what is man in nature?
A Nothing in comparison with the
Infinite, an All in comparison with
the Nothing, a mean between nothing
and everything. — Blaise Pascal*

To be human is difficult. We are not unified beings, not yet whole. Stretched between the finite and the infinite, human beings are complex creatures of many dimensions, filled with paradox and an inclination for

self-deception. We often fall short of our highest hopes and aspirations, forget ourselves in the rush to accomplish everyday tasks. Yet even when captured by the urgent demands of the material world, we still hunger to find meaning for our life experience. Parts of our being seem narrow and inflexible, yet other parts are glorious, limitless.

How are we to live fully – become what we aspire to? Is it possible? Some few humans show us what can be attained. Mahatma Gandhi, a great soul, tells us, “I have not the shadow of a doubt that any man or woman can achieve what I have, if he or she would make the same effort and cultivate the same hope and faith.”¹

This is a powerful challenge. We may discount Gandhi’s words by assuming that he, unlike you and I, was born exceptional. That is not so. He was, in fact, somewhat limited: “There was nothing unusual about the boy Mohandas Karamchand Gandhi, except perhaps that he was very, very shy. He had no unusual talents, and went through school as a somewhat less than average student.”² As a young lawyer he made a fool of himself with his inability to speak up in court. Yet this tiny and timid young man became one of mankind’s great spiritual and political leaders.

Gandhi provides a model for our aspirations – to reach beyond limitations towards wholeness. Occasionally, in our ordinary lives, we sense that there is more than we can see or touch, that we are part of some greater pattern.³ We feel it in nature, in the abundance of living organisms that share our planet. We see it in the exquisite beauty of galaxies and stars expanding across the universe. As we recognize our particular corner of this

greater pattern, a portion of the extraordinary orderliness of the universe, we know we are involved in a mysterious, unfolding evolution.

We have our part to play in that evolution. As human beings we can choose to embrace or neglect our own growth. Difficulties and deprivations create stuck patterns in our being, constriction in what we allow ourselves to experience. Without noticing, we become trapped in a backwater of our personality, unable to grow into new and unfolding forms. Yet one different experience can unexpectedly set us free.

In my twenties, a friend made a passing comment, “You know, you take yourself too seriously.” His words resonated through my being, jostling my view of myself. Abruptly, I realized I was growing old before my time, ensnared by some warped idea of maturity. His casual comment helped shift the rigidity that was slowly squeezing joy out of my life.

Can you recognize the patterns that keep you entangled? Do you know yourself well enough to find the shape and meaning of your whole being? These are essential questions that are impossible to answer without assistance. When we stop and get quiet inside we find the help we need – a flowing vibration of inner vitality. This is the Life Force that imbues all existence with life and movement.

It is hardest to experience this vibration when we are busy and tense, or if our mind is too active. Because we get so involved in the outer aspects of our lives, we seldom notice what we are missing, or see the restrictions we imposed on ourselves. Looking for excitement, for an adrenaline high, for the satisfaction of power and control, we

become engrossed with the shadow of experience, not its substance. We sense something is missing, but we are not sure where to look. What we have mislaid is an essential connection with ourselves and our experience.

All life seeks connection – the more connectivity the more alive and complete. The movement towards connection and wholeness is universal. Carl Rogers, the founding father of counseling, calls this, “the actualizing and formative tendency”; it generates an inner urgency towards self-awareness and growth.⁴ We can rely on this flowing principal to support our journey through life. As Sam Keen eloquently tells us in his *Hymns to an Unknown God*, “We are in transit toward an unknown destiny.”⁵

From this perspective we begin to ask different questions about our experience. Instead of, “Why am I discontented and unhappy?” we ask, “How am I stuck; what parts of my being are disconnected; how can I become more whole; am I fulfilling the purpose of my life?”

These questions require we search within, not outside of ourselves for the answers. As we delve deeper, a different way of understanding arises. Unhappiness is the end result of many pathways. Childhood losses and betrayals, disappointments, life crises, and physical illness – all these can be hindrances to our well being. But these personal difficulties do not explain our deepest dissatisfaction.

If we neglect to become the most that we can, ignore the voice within that keeps asking, “Is this all there is to life?” we will never find happiness. We have in us an urge to know and to grow. Part of this is curiosity. Part is a search for contentment.

Ultimately we are searching for wholeness. No matter our outer circumstances, throughout our lives we never feel complete. This incompleteness is uneasy at best, intolerable at worst.

We are incomplete because we are not connected to the transcendent or transpersonal dimensions of our experience. In Indonesian Islamic mystical tradition there is the notion of *Nafsu*. These are the forces, passions and energies that tempt us, seduce us and divert us from recognizing our true humanity. However there is a sublime *Nafsu*, given to humans for their ultimate blessing – the *Nafsu* of desire for spiritual realization. This is still a craving, part of our lower nature, but it pushes us in the right direction – towards God. Even in our limited state we always feel an urge towards something more meaningful, more complete and whole.

Approaching this Book

We are in this world to experience life as fully and deeply as possible, in all its many dimensions. Through experience we expand and grow into ourselves, become more completely who we are. Nothing is irrelevant; no part of our being can be neglected or denied. This is the theme of the book.

The first section, Part I, explores the nature of experience, its processes and dimensions. It offers a new way of seeing ourselves using the mirrors of *process*, *flow*, *connection* and *wholeness*. Part II, applies these notions to the question, “How do we become who we are?” We look at those aspects of life that help or hinder, create or restrict our ability to experience more fully. The last section, Part III, sets out what I believe are

the bare essentials for living a whole life.

This is the skeleton of the book – not its soul. Because the writing is about experience, it contains many examples from my own and my client's lives. I do not try to make it nice and simple; that is not how real lives are. In our search for what is most valuable in being human, we must embrace all the perplexity and complexity of life. Then we find something beyond our conscious expectations.

Think of this work as a dreaming of what it is to understand human nature. Sometimes a dream has startling clarity and we immediately grasp its meaning. At other times it slips through the fingers of our mind. The word “dream” evokes a far simpler idea than the reality of our intense night-time experiences with their essential intangibility and mystery. My *dreaming* is not your dream; at best it is a map suggesting where to look for reality – a finger pointing at the moon, not the moon itself.

I invite you to inhabit my mind for a little while and see through my eyes. It may seem strange and unfamiliar. As a therapist I wander through the ‘in-between’ world of experience, struggle with shades of long forgotten memories and navigate tidal waves of crises. I work with intangibles – nothing to get my hands on, no certain results.

If you accept this invitation, you too must let go of certainty and allow your ordinary view of reality to be disturbed. Our efforts to truly understand stir up something deep within us. We know this stirring when we become unsettled; there is something rumbling down there beneath normal awareness. It is as if the neighbors in the apartment below are moving all their furniture. Everything is being rearranged.

I ask you to embrace a different way of

seeing, a way to notice the unusual in the obvious, a counterbalance to our tendency to get lost in the taken-for-granted. I ask you to open doors to the unexpected – enter the many rooms in the house of your experience.

A classic hypnotic exercise explores these rooms. The client is asked to relax and drift into a different mode of awareness, to allow the image of a staircase to come to mind. The induction continues: “As you walk slowly down this staircase, notice what the stairs look like and feel each step as it leads you downward. You find yourself in a corridor with many doors. Choose a door, notice its color, size – and the shape of its door handle. You are going to open this door. Behind this door is something of great benefit and interest to you, something that you need for your life. Feel your hand on the knob, carefully turn it and slowly enter.”

Everyone finds something different behind the door – and behind each of the other doors. You can never predict what will be there. It may be a beautiful treasure, a haunting memory or a transformative image. It is not always clear why it is so important – but it is.

1 Quoted in Easwaran, 1997, p. 1.

2 Easwaran, 1997, p. 11.

3 This is what Gregory Bateson, a brilliant thinker, called “the pattern which connects” which connects. See Bateson, 1972 and Capra, 1988.

4 In his essay, *Foundations of a Person-Centered Approach* (Rogers, 1980), Carl Rogers says, “I wish to point to two related tendencies which have acquired more and more importance in my thinking as the years have gone by. One of these is the actualizing tendency, a characteristic of organic life. One is a formative tendency in the universe as a whole.” (P.114). The actualizing tendency is a directional process in life, “an underlying flow of movement toward constructive fulfillment of its inherent possibilities.” The formative tendency is, “the ever operating trend toward increased order and interrelated complexity evident at both the organic and inorganic level.” (P.126).

5 Keen, 1994, P.291.

THE RISE & FALL OF MODERN MEDICINE**James Le Fanu.**

Pub: Little Brown, 1999. Price £20

ISBN 0 31664836 1

Reviewed by Patricia Greenlaw

This well-known and intrepid medical journalist continues to 'comfort the disturbed and disturb the comfortable' in his own scientific but easy-reading style. First, he points out that as the power, complexity and cost of conventional Western medical treatments increase, so also apparently do patient dissatisfaction, doctor dissatisfaction and the number of 'worried well'. This is in spite of the fact that we in the developed world are 'healthier' than ever before.

Le Fanu goes on to examine this paradox in the light of the history of Western conventional medicine – its rise and fall – in the twentieth century. He suggests that the dramatic mid-century advances in treatment, such as the discoveries of antibiotics and of steroids, were not so much the result of dedicated research as, in Subud terms, 'unexpected gifts'. Of course, the medical establishment took the credit regardless; science would continue to deliver therapeutic miracles, and research mushroomed along these lines.

However, in reality little has since been produced that is both new and effective. In particular, so far the innovations produced by genetic engineering have been small scale, genetic screening rarely useful, and gene therapy disappointing. Clinical scientists have – horror – begun to come up against the limitations of scientific method.

The book fearlessly proposes that conventional Western medicine, in

common with other professions, is seriously losing direction, reputation and morale. If this is what we know as a purification, it could be long and painful; but it could also be the way to better things. Who knows? For Subud members it is particularly interesting reading.

**RESEARCH SNIPPETS****New Protection from the Sun**

A recent study this year shows prevention of sunburn is possible even without high factor sun lotions for protection from the outside – by taking anti-oxidants. Natural carotenoid supplements were given to 22 men and women and their skin tested for the effects of artificially applied UV light. As the dosage increased from 30 mg to 90mg, so the redness caused by the light declined, along with damage to the skin measuring incidence of free radicals.

Watson R, University of Arizona Health Sciences Centre USA (*Health Store Magazine July 2000*)

Can Yoghurt beat the 'Superbugs'?

For 2000 years people have known that yoghurt is good for you. But its real powers are more spectacular than previously imagined. So say scientists at the University of Western Ontario, who have discovered that lactobacilli often found in yoghurt (i.e. good bugs) can suppress germs. The chief discovery is related to antibiotic-resistant *staphylococcus aureus*. The study consisted of injecting lactobacilli into wounds in rats. 'We couldn't believe it', said George Reid, who wrote the report. 'There was no infection whatsoever. We said, "Holy Jesus what happened?"' When they examined the wounds under the microscope they found that the germs were

not dead but had just simply stopped multiplying. This first trial needs repetition before further lodging any claims, but already they are imagining a revolution in treatment techniques.

Reid said to the *Canadian National Post*, 'You could have a completely new paradigm in managing infection. You may not even need antibiotics. You may not need to kill the germs, you may just be able to stop the spread.'

Cited in *The Week*

cover photograph: copyright © Ross McKelvie

Acknowledgements

We would especially like to thank all the contributors to this eighth issue 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.

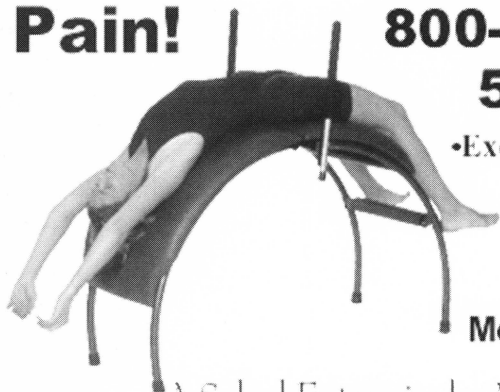
Helper ... a Subud member responsible for informing enquirers about Subud, witnessing a new member's wish to receive the latihan, and being available to help members.

Latihan the practice of the worship of God in Subud

Opening the initial receiving of the latihan

Testing ... the practice of asking and receiving guidance in the latihan

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