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in this issue

Health Projects
Natural Therapeutics
Outreach

What is...?
Natural Therapeutics

Topical Issues
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What has Water
to do with Health?

Healing Stories
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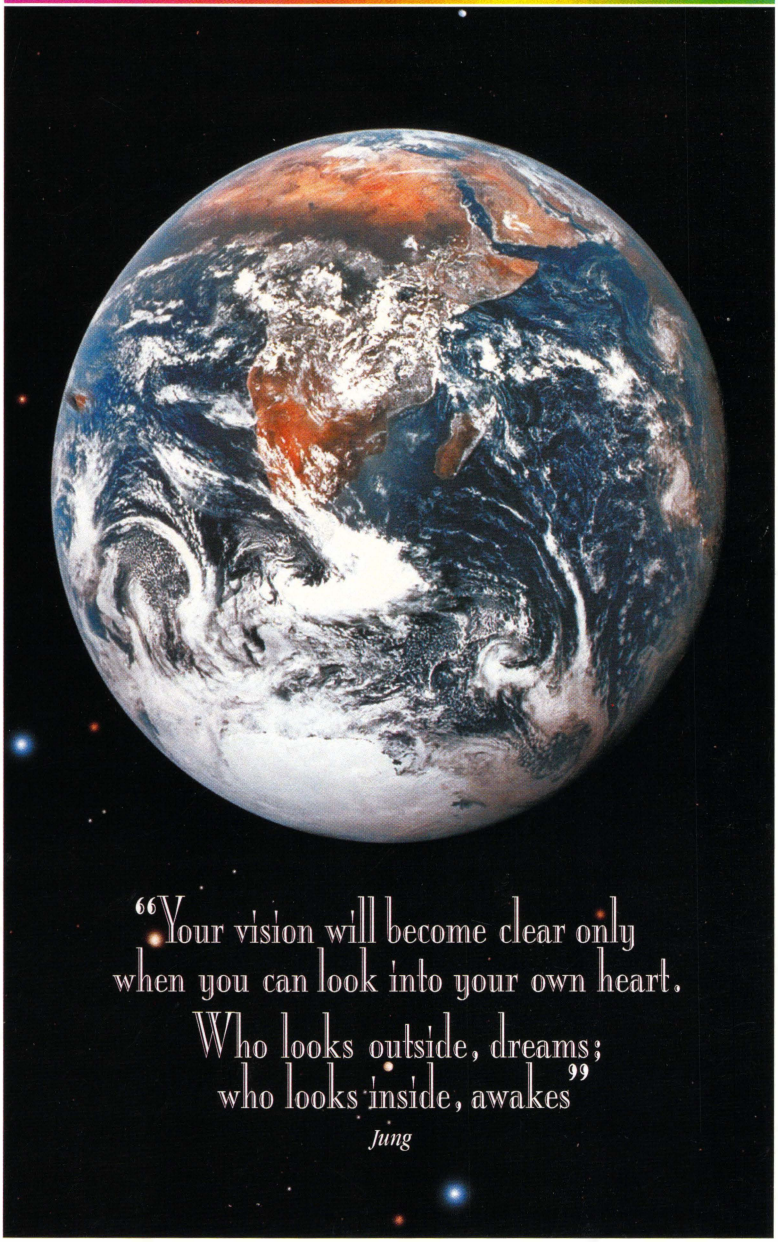

Subud International Health Association

Steering Committee and Editorial Board:
Latidjah Miller (co-ordinator)
Hermione Elliott
Maxwell Fraval
Rohanna Salom

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Please send contributions to:
Hermione Elliott
hermione@mcmail.com
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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A QUOTE FROM BAPAK



Hospitals are also needed where the doctors are helpers or have experience in the kejiwaan. So that, as they heal people, make them better, the people do not forget to worship Almighty God.

Bapak *Hoboken 25th June 1981*

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EDITORIAL COMMENT

War Comes Home

In my last editorial for *Resonance*, I discussed the disturbances in Kalimantan that eventually led to the moving of our Subud World Congress to Bali. Although Kalimantan is on the other side of the world from where I live, the fact that mankind is one unified soul contributed to a feeling of connectedness that I felt to the events taking place in Palangka Raya between the Dyaks and the Madurese. Still, I never imagined at that time, that soon war would come home to the United States. The last month has been filled with great distress for those of us living in the USA, England, and elsewhere around the world.

The events of September 11th, 2001 had a very personal effect on me as my husband works at the Pentagon and was there in his office when the airplane slammed into the building. Many of his close friends were victims of the tragedy. We are very grateful to Almighty God that he was kept safe and out of harms way. However, the shock of the events of that day caused us to suffer some damage to our emotions, and to our nervous systems. It's been a slow process to recover from the intense stress. Now we face living in an uncertain world where new threats occur on a daily basis.

Times like these produce a need to be even more attentive to our own personal health care issues. Like myself, many people are suffering from intense stress, and will need to find ways to support and maintain good mental and physical health. Finding and expressing our joyfulness for life and our gratitude to Almighty God for all the blessings we receive could be the first and most important step we take on our road to recovery.

Actively maintaining our positive human bonds, like those we have formed in SIHA, is another step in the right direction. Appreciating the importance of inner guidance in our daily lives is also worthy of remembrance for those of us fortunate to be following the latihan. In this edition of *Resonance*, Jocelyn Castora gives her very special insight into ways of responding to trauma.

I thank you all for your continued support of SIHA, and pray that we may go on developing SIHA as a means to contribute to the alleviation of the suffering of mankind. I think we all agree that it's needed now more than ever.



Latidjah Miller,
Virginia, USA. SIHA Coordinator

NATURAL THERAPEUTICS OUTREACH
by Halima Christy, New Mexico, USA

I recently completed a full time program in natural and integrative health systems from around the world, at the New Mexico School of Natural Therapeutics. Some of this information – about herbals, colonics, natural foods and diet – was familiar to me from the wholistic health studies I did in California in the 60's and 70's when, because I had been diagnosed with cancer of the cervix, I was catapulted into the study of natural and integrative health modalities, trying to learn everything I could about staying alive and well.

In the summer of 2000, I went back to complete three graduate courses in Core Synchronism, a uniquely gentle outgrowth of cranio-sacral work that works on the mental,

emotional and physical levels. I realized, after graduating, that in applying only a few of these natural therapeutics principles I was enjoying the best health I'd ever experienced in my life. I looked 15 years younger, and was in better health than when I was 20. It was obvious to me that these simple and affordable health approaches could really have helped me stay healthy and more relaxed years ago, when I was working as a therapist, educator and supervisor during my years in the very stressful mental health field.

As a consequence of this, I had a strong feeling to create an outreach educational program that would bring some of these wonderful natural health methods for personal stress management and self-health care to teachers, therapists and other professionals still working 'out in the trenches', who often can't afford to attend these posh schools, or who don't have the extra time. Human services providers are the most altruistic, under-paid and under-served people at work in this country. Tremendous levels of burn-out and health problems develop when they are dealing with constant crises and coping with very high levels of stress in their work situations and lives, especially when this is accompanied by poor life-style and eating habits. Someone has estimated that over 50% of younger teachers in New Mexico eat out at fast food restaurants more than four times a week – often at both lunch and dinner.

'in applying only a few of these natural therapeutics principles I was enjoying the best health I've ever experienced in my life'

Sage River Institute for Mind/Body Wellness has developed as a health outreach organization in response to this need. Its mission is to bring experiential information, in the form of lectures, workshops, classes and seminars, to diverse sectors of professional and general populations that might otherwise not have access to natural therapeutics, or wholistic and integrative health modalities. We currently have four projects underway:

KidsReach – *a natural therapeutics program for children with special needs*
SageWellness for Seniors – *a program for self-efficacy and successful aging*
Natural Healing On Call – *a call-in talk show on KUNM-fm, NPR Albuquerque, NM*
Sage Therapeutics for Mind/Body Wellness – *classes and seminars*

Our scope includes programs with different curricula for schools, hospitals, businesses, senior centers and treatment centers. In order to start this enterprise, I enrolled in the University of New Mexico business classes to study: *How to start your own consultant business; Grantwriting Skills; Adult Learning Training skills* (3 classes); *Project Management* (2 long classes). These classes were very tough for me, after a relaxing year in massage and natural therapeutics school. However, they were also highly motivating; the classes were so competitive and fiercely demanding, and the teachers and students so on edge, that I could see the need for our program on Sage Therapeutics for Mind/Body Wellness. The certificates on my wall now remind me of why I am developing a business to help people learn to relax.

After much cold calling, and stopping in everywhere I could think of to tell schools and agencies about these programs, we scored a home run. Having been a special education teacher, I was able to convince the director of Special Education in the Bernalillo School

District that our program for neurosomatic relaxation would be helpful to their staff. We had our first contract. Bernalillo is 10 miles north of Albuquerque, NM. They have six elementary, three middle schools and one very large high school. Their children are mostly Hispanic or Native American, with a small percentage of African Americans, Asians, and Caucasians.

In May we finished our first year-long in-service program for their thirty-five special education teachers, physical therapists, counselors, speech therapists and occupational therapists, and several administrative staff members.

This is an outline of our Program, delivered for the Special Ed Faculty & Admin Staff in the 2000/20001 school year:

Natural Therapeutics for Neurosomatic Relaxation and Re-education

OCTOBER INTRODUCTION
1) Overview of Natural Therapeutics
2) Breathwork, Tai Chi
3) Neurosomatic relaxation exercises
4) Mind/Body Wellness, intentions for Class

NOVEMBER SESSION 2
1) Herbals for relaxation: teas, tinctures, flower remedies
2) Somatic sound centering
3) Review breath, Tai Chi, Qi Qong

DECEMBER SESSION 3
1) Neurosomatic re-education, with massage
2) Foot reflexology
3) Breathwork, Tai Chi, Qi Qong

JANUARY SESSION 4
1) Essential oils: aromatherapy for central nervous system
2) Shiatsu applications for back, neck, arms, head, hands
3) Guided imagery and visualization
3) Breathwork, Tai Chi and Qi Qong exercises

FEBRUARY SESSION 5
1) Mental Therapeutics: attitudinal healing; conscious languaging
2) Yoga
3) Breathwork, Tai Chi and Qi Qong exercises

MARCH SESSION 6
1) Cerebrospinal massage for head and neck
2) Herbals for tonification/energy; raw foods, energy shakes
3) Breathwork, Tai Chi and Qi Qong exercises

APRIL SESSION 7
1) Jin Shin Jyutsu: acupressure points
2) Essential oils, aromatherapy for peripheral nervous system
3) Breathwork, somatic sound centering, Tai Chi and Qi Qong

MAY SESSION 8
1) Herbs for garden and kitchen
2) Therapeutic environments
3) Breathwork, Tai Chi and Qi Qong exercises
4) Review, gourmet living foods celebration, Closure.

The program was extremely well received. We went on a nine-month journey together, and for many of these staff members, into very new territories. Jeff, a young physical therapist, and father of five children, was one of several very apprehensive people in the first few sessions. When we discussed herbals in the first overview, he raised his hand and said,

'Did you know that the US Surgeon General said that herbals can be dangerous for you?' People here were very unfamiliar with wholistic health, somewhat disdainful and resistant to anything that would challenge their present life-styles.

'Our secret teaching method was to make each class experiential, and as much fun as possible'

We really had our work cut out for us. Fortunately, each person became less guarded and resistant and more and more receptive until, by the last three sessions, they were very open and enthusiastic. Our secret teaching method was to make each class experiential, and as much fun as possible.

It has been a deeply rewarding experience to introduce these integrative and natural therapeutics to such a wonderful group of people. They are the true hearts – working with students who are each so uniquely educationally challenged, to try and help them cope with and make the best of often very serious disabilities.

We have one other Subud member on our Staff: Almut Zieher, who, like myself, is a natural therapeutics specialist. Almut presented an hour session on Bach flower remedies and eating healthy foods. The other members of the faculty are carefully screened for correct education, licensure and experience in their disciplines. So far, we have attracted the best people in our area, because they love the outreach idea.

Sage River Institute for Mind/Body Wellness opened in October 2000; it is a new and struggling business. We have the vision, mission, programs, staff and faculty, and are now trying to raise the money to become incorporated as a non-profit organisation, because this means we would qualify for many grants with the 501C3 status. It is our intention to develop a highly profitable enterprise, with both private and corporate funding. We welcome funds and funding ideas from Subud people.

We are so very grateful to the One Almighty God to have the opportunity to interact with so many healers and teachers, and to reach people through this program. I would love to hear from Subud people who are doing similar programs, or are interested in getting started in doing them. God Bless you in your work as teachers and healers.

Contact:
Halima Christy, MA, LMT, NTS
Director: Sage River Institute
for Mind/Body Wellness
4257 Corrales Road
Corrales, New Mexico, 87048 USA
(505) 898-8968

WHAT IS ... NATURAL THERAPEUTICS?

Halima Christy, New Mexico, USA

Natural Therapeutics originated in the European 'Nature Cure' philosophy: a 'system of natural living and healing, which includes all that has been found good in up to date drugless and bloodless therapy'. The Nature Cure approach aims to engage the constructive principles of nature in the healing process and maintenance of health:

- Establish normal surroundings and natural habits of life in accord with nature's laws
- Economize vital force
- Build up the blood on a natural basis; i.e. supply the blood with its natural constituents in right proportion
- Promote the elimination of waste

material and poisons without in any way injuring the human body

- Correct mechanical lesions
- Arouse the individual in the highest possible degree to the consciousness of personal responsibility and to the necessity of intelligent personal effort and self-help

Medicines are considered to conform to the constructive principle in nature in so far as they act as tissue foods, promoting the neutralization and elimination of morbid matters and poisons. The founder of Natural Therapeutics, Dr Henry Lindlahr, MD, outlines some of its principle methods:

1) Return to nature by a regulation of eating, drinking, breathing, bathing, dressing, working, resting, thinking, the moral life, sexual and social activities, etc., establishing them on a normal and natural basis.

2) Elementary remedies, such as water, air, light, earth cures, magnetism, electricity, etc.

3) Chemical remedies, such as scientific selection of natural foods and combinations, homeopathic medicines, herb extracts, vitochemical remedies.

4) Mechanical remedies, such as corrective gymnastics, massage and magnetic.

5) Mental and spiritual remedies, such as scientific relaxation, normal suggestion, constructive thought, the prayer of faith, affirmational and conscious languaging, etc.

The philosophical difference that Natural Therapeutics has with nature cure philosophies is that it is wholistic, i.e. inclusive and integrative in its endeavor to combine and apply all that is relevant in natural healing methods to restore an individual's health.

'In Natural Therapeutics, each of the various methods of treatment is supplemental and assisted by the others'

'Suppose a wagon full of freight requires the combined strength of six horses to move it. Suppose that number of horses is available. Would it not be foolish to try and move the load with only one, two, three, four or five horses? Would not common sense suggest the saving of time and effort by working all six horses at once?'

Henry Lindlahr, MD

Most systems of treating human ailments deal with only one or several phases of the problem. In both acute and chronic cases, any single one of these methods, whether it be pure food diet, hydrotherapy, massage, mental therapeutics, homeopathy, spinal manipulation such as osteopathy, chiropractic or neuropathy, is often not, by itself, sufficient to achieve satisfactory results, or to produce them fast enough. In Natural Therapeutics, each of the various methods of treatment is supplemental and assisted by the others.

Natural Therapeutics is a wholistic approach to healthcare with some very clear guidelines. Its fundamental principles are that every acute disease is a result of a purifying, healing effort of nature; that disease is brought on by a violation of nature's laws, is corrective in its purpose, and can be overcome only by compliance with the laws of nature and the laws of cure. Practitioners believe that obedience to natural laws is the only means of disease prevention, and the only cure; that humans are made up of a certain number of elements, which must be present in the right proportions to ensure the normal functioning of all the component parts of the body. They believe that the freer the inflow of life force into the organism, the greater the vitality, giving more strength, positive resisting and recuperative power.

RESPONDING TO TRAUMA

Jocelyn Castora, North Carolina, USA

How will anyone ever forget where they were, what they were doing, their first thoughts as they realized what was happening? There are times throughout the history of the world that are befitting of that statement.

Everyone has a story about how they experienced September 11th. The human response to trauma is as varied as the degree to which a catastrophic event touches the lives of people throughout a community, a country and the world. The next few paragraphs will address the needs of people, as varied as they may be by age and experience, in order to establish an understanding of how people process trauma and the best ways to respond and assist.

We know that terror translates into trauma as part of the normal human stress response process. In considering trauma there are different kinds of victims: primary and secondary, adult and child. It is important to understand that trauma, like beauty, lies in the eyes of the beholder. If a person feels traumatized, they are, and when they have been exposed to the sights sounds and smells of trauma they should be considered to be.

Having said that, in general it is the opinion of this author that all traumatized people have the potential to develop a life-threatening condition called post-traumatic stress disorder (PTSD). To this end, it should be said that every person who has this potential must have the opportunity to heal before the terrible effects of the disorder permanently disrupt their quality of life.

Prevention is the only true cure for PTSD. Responding to people who have been exposed to traumatic stress in a timely, supportive and systematic manner can mitigate its impact and alleviate the burden placed on them by the traumatic experience. There are different 'best' ways to do this, based on the extent of the exposure and their age. There are several general 'rules' that apply to all. They are:

- Explain that they are having a normal reaction to an abnormal situation. They are not crazy. The event they experienced should not have happened. These are normalizing statements that help them to redevelop their sense of balance.
- Talking is the most healing medicine. Allow for lots of catharsis and try to be a quiet, attentive listener.
- Reach out and let people know you care. Do not wait for them to create the opportunity to sit quietly with you and talk, create this opportunity for them.
- Help them to regain a sense of control by encouraging them to make day-to-day decisions.
- Encourage: well-balanced meals; sleep/rest; return to routine; spending time with others; structure; exercise alternated with relaxation.
- Discourage: self-medication (alcohol, drugs, caffeine tobacco).
- Share your own feelings.
- Don't take their anger or feelings personally.
- Tell them you are sorry this happened and offer your help with everyday tasks.
- Do not tell them it could have been worse. This statement does not console traumatized people.

Children will have many questions and may have their own unique needs.
Overall, they will need:

- An atmosphere that is calm.
- Information that is age-appropriate, enough to negate rumors and to create a reassurance of safety.

- Return to a normal routine as soon as possible, in order to convey security.
- Opportunities to openly share their fears and feelings and to have them validated and balanced with a sense of overall safety and well-being.
- Validation of the normalcy of their reactions.
- Performance demands to be relaxed temporarily, because their self-esteem is tied to their feelings about performance.
- Control over how much coverage of the event they watch on television – prolonged and extensive media coverage is not something children should be exposed to.
- A balanced reaction from the adults – gauge what you let them see, but be genuine – the stronger the reactions of the adults the greater the chance of strong reactions in children.
- Reaffirmation that life is going to return to normal.

Expect possible: nightmares; withdrawal; re-enactment type play; anxious attachment; regression; performance decline; denial; fantasy reversion of facts; inappropriate mood changes; behavioral changes, including attention-seeking behavior; psychosomatic complaints like stomach aches, bedwetting etc.; displaced anger; preoccupation.

As families and communities, it is important to support each other through re-affirmations of faith and a renewed sense of unity. This is the time to put family and friendship estrangement aside, and reach out to each other in support.

Acts of support and intervention will facilitate if not accelerate the normal recovery process. For those individuals who have been directly exposed to the sights, sounds and smells of a traumatic event, their experience of the crisis and feelings of terror will put them at a much greater risk of internalizing the traumatic stress and as such developing PTSD.

These individuals can be expected to experience a variety of physical, cognitive, emotional or behavioral signs and symptoms. Look for: fatigue, weakness; sleepiness or sleeplessness; dizziness, fainting; chest pain, headaches; difficulty breathing; confusion, nightmares; hyper-vigilance; poor concentration/memory; heightened or lowered awareness; fear, guilt, grief,panic anxiety, agitation; emotional outbursts, inappropriate emotional responses or blunted emotions; increased alcohol/tobacco/caffeine use; antisocial acts; inability to relax.

They may appear immediately, or weeks or months after the event. They may last days, weeks or months, depending on the severity of the trauma. No two people will respond the same and understanding and support is the best possible intervention by people who want to help.

People with direct exposure to a traumatic scene will likely experience a flash back type symptom in which they hear, see or smell things they remember from that scene. These can be intrusive and persistent. The victim should be encouraged not to fight the interference and be reminded that these will likely decrease in severity and frequency as time goes on. In these cases organized, professionally managed group intervention is the best preventive tool.

The International Critical Incident Stress Foundation is a world leader in this field. They have developed a group of interventions known as Critical Incident Stress Management (CISM). These include, but are not limited to, group defusing and debriefing. The groups

are designed to process the event in a way that attempts to mitigate the impact of the stress, thus alleviating some of what is internalized by the participants.

The debriefing process is specifically designed to take the participants from predominantly cognitive discussions of the event, through a period of more affective or emotional discussion and eventually to a gradual return to the cognitive. This is achieved through a seven-stage model. Only individuals who have received specific training by ICISF should perform these interventions. They will be found worldwide and can be located through the ICISF by means of their web site at www.ICISF.org or their hotline at (410) 313-CISD.

Never hesitate to seek medical intervention, and always consider the need for professional mental health support. The traumatic stress will be most vulnerable to intervention in the early stages of onset. Help by assessing and intervening appropriately. Determine the need for help based on the person's symptoms and reactions; but do not negate the fact that traumatized people may not display symptoms in the early stages. It is especially critical to assess the needs of any person directly exposed to the scene of an event. They are likely to need intervention even if they are not symptomatic.

Much thanks and full credit must be given to Dr Jeffrey Mitchell and Dr George Everly, the founders and leaders of ICISF. Originally fueled by their desires to help rescue-personnel, whose likelihood of traumatic stress exposure is high, these pioneers have worked tirelessly for many years to change common misconceptions about the subject, create programs, and institutionalize their use. The author gives all credit to these individuals for the ideas presented in this article.

Crisis Counseling Consultants hopes the information has been helpful and welcomes your comments at (USA) (919) 389-2626 or e-mail us at crisisconsultant@aol.com.

What has Water to do with Health?

Ian Travers-Smith, Maidenhead, UK

The Need For Water

The body consists more of water than anything else: about 25% solid matter and 75% water, with brain tissue about 85% water. Most of us do not drink enough of it; for much of what we do drink – tea, coffee, manufactured beverages and alcohol – actually makes us more dehydrated. So does this matter?

In the development of our proposed Holistic Healthcare Centre in the UK, the following information on the various aspects of the importance of water has come to light.

One of the first to discover the importance of water was Dr Batmanghelidj MD, an Iranian doctor who was educated in Edinburgh and trained as a doctor at St Mary's Hospital, London. He practised in Tehran until 1979 when, along with many professionals and innocent middle class Iranians, he was imprisoned when the revolution overthrew the Shah. Dr Batmanghelidj found himself amongst over 8000 prisoners in a prison built for 600. The prisoners suffered many health problems as a result of the living conditions and stress, and all he could prescribe was plain water; but to his surprise it relieved much pain and appeared to cure ulcers. He started to realise the importance of water, and spent his nearly three years in prison and, after his escape to America, the many years since, in research on the effect of dehydration on health.

He found that water plays a vital role: it

transports nutrients, hormones and chemical messengers to where they are required. The body has an intelligent water and blood management system. Since it does not have a reserve of water to draw upon, it operates a priority distribution system for that which is available. When it is short of water some cells will go without a portion of their normal needs and others will get a rationed amount to maintain function. When the body's total fluid volume is reduced the main vessels decrease their aperture, otherwise there would not be enough fluid to fill the space. This shunting of blood circulation is normal. For example, when we eat, most of the circulation is directed to the intestinal tract by closing some capillary circulation elsewhere, such as the major muscle systems. Hence the good sense of not taking violent exercise immediately after a meal.

'all he could prescribe was plain water; but to his surprise it relieved much pain and appeared to cure ulcers'

Dr Batmanghelidj concluded that water is a natural medication. He found that water alleviated and often reversed conditions such as asthma, angina, hypertension, migraine, arthritis, back pain, colitis, constipation, heartburn, hiatus hernia, depression, chronic fatigue syndrome, high cholesterol, morning sickness, obesity and even heart problems thought to need bypass surgery.

His view is that conventional medicine generally controls the symptoms of dehydration with chemicals that can to lead to illness. The medical establishment in America for many years resisted his new findings and it is only comparatively recently, after his book was read by many of the public, that it has begun to be accepted.

His recommendations are to drink a minimum of six to eight 8 fl oz glasses of water a day, one half an hour before each meal and again two and a half hours after, with two more before going to bed. If thirsty drink more, although he points out that thirst is not the only indicator of dehydration, and that as one gets older the likelihood of being dehydrated increases. Salt regulates the amount of water held outside the cells, therefore it is important to keep enough sodium in the body; so after a few days of eight to ten glasses of water a day start adding half a teaspoon of salt to your diet. Should there be swelling in the legs reduce the salt and increase the water.

The Quality of Water

How about the quality of the water? Dr B did not say much about that, but it is said that the quality of the water in Tehran is high, much of it coming from the nearby mountains. Tap water in the UK, however, is usually far from ideal, with impurities such as metals, chemicals, oestrogen, herbicides, pesticides, nitrates, fluoride and chlorine. Chlorine keeps levels of bacteria down but also causes gastric problems by destroying the good bacteria we need in our intestines. The average Total Dissolved Solids (TDS) in UK tap water is 500 parts per million. Jug filters improve the taste but are not much better, with an average TDS of 460. Bottled water varies considerably and is far from pure, with an average TDS of 309. The consumer magazine *WHICH*, after testing bottled waters, concluded that several brands did much worse than tap water in bacteriological terms.

The definition of pure water for medical and scientific purposes is a TDS of less than 10 and freedom from disease-causing micro-organisms. Distilled water is pure but tastes flat due to the low level of dissolved oxygen. It does not remove volatile organic contaminants, which travel in steam.

Perhaps the best solution to this problem of pure water is a system of three stages: first, a carbon filter, second, reverse osmosis and third, deionisation. This produces drinking water with an average TDS of only 2. It was developed in the USA by Aquathin, apparently to meet the needs of the Space Programme. It is marketed in the UK by The Pure H^2O Company.

Calcium and Cholesterol

An early exponent of pure water, Dr Paul Bragg, an American, states that it is calcium not cholesterol that is the main factor in disease of the arteries. The Arterial Disease Clinic and the UK Health Education Council tell us that calcium deposits laid on artery walls account for 40% of deaths in the UK between the ages of 35–74, mostly from sudden strokes and heart attacks. Water softeners take the hardness (calcium) out of water, but it is known to be bad for you to drink softened water, so it is important to remove the calcium a different way, such as through the Aquathin method.

'The consumer magazine WHICH, after testing bottled waters, concluded that several brands did much worse than tap water in bacteriological terms'

Anomalous Water

The Hunza people living in the mountains of Northern Pakistan are known for their longevity. They seem to age more slowly and tend to remain healthy and disease-free well after the age of 100. Dr Henri Coanda, a Rumanian scientist who became President of the Rumanian Academy of Sciences, spent 60 years researching the ageing process. He came to the conclusion that the good health of the Hunzas was due to the special physical properties of their glacier stream water, which was significantly different from water elsewhere. He travelled the world in his quest and found this 'anomalous' water in only five places, all coming from ancient non-polluted blue ice glaciers. Eventually he was able to predict the average age of death in a locality just by testing the water. His research was then taken on by Dr Patrick Flanagan in the USA, who spent the next ten years trying to reproduce the unique qualities of Hunza water in the laboratory.

A perhaps over simplified summary of his findings is that this water does not contain the normal mineral salts but instead has trace minerals in an insoluble colloidal form, so small that they can only be seen with a most powerful microscope, and these colloidal minerals are suspended in the water. Normally, the hydrogen atoms in water have a positive charge, but in Hunza water he found a large quantity of negatively ionised hydrogen atoms, which are very powerful free-radical scavengers.

Eventually Dr Flanagan and his wife were able to reproduce the anomalous properties of Hunza water with a new type of colloidal mineral cluster, minute in size and known as Microclusters, which when added to pure water increased the free energy, lowered the surface tension and created a reservoir of negatively ionised hydrogen atoms. Free-radicals contribute to the ageing process, and our hydrogen pool protects our cells from free-radical damage. Lowering the surface tension enables the vital, water-soluble nutrients to be more easily absorbed and used by the body. The Microclusters also aid the body's absorption of oil soluble nutrients by encapsulating them, enabling them to bypass the liver, get absorbed by the lymphatic system from the intestines, and so nourish the cells.

These tiny nutrient and mineral combinations have unusual energy and catalytic abilities, making them more effective when they reach the cells. The use of Hunza type water was found also to aid the removal of toxins that cause deterioration.

Products are now available to enable us to benefit from this research. 'Microhydrin' is a powerful antioxidant, a compound of silica and hydrogen atoms modified to contain a loosely bound extra electron, easily released to neutralise free-radicals. Because they are so small, thousands are contained in one capsule. The negatively charged hydrogen ions it contains enhances the body's absorption of nutrients, hydrates tissue and cells, and reduces lactic acid during exercise. It comes as a powder or a capsule and the recommended dose is one capsule a day.

'Crystal Energy' is another product also containing Microclusters, which comes as a liquid that is added to drinking water at the rate of one drip per fl oz. This is not as tedious as it sounds, as one can hold the bottle upside-down above a 6 fl oz glass of water and just count six drips. It is recommended that one use both products.

Periodontal disease is responsible for the majority of tooth loss in people over 35 years. It has been found that Microhydrin, when used in dental care as a dentifice, can also be beneficial in reducing periodontal pocketing in gingivitis and removing plaque. Microhydrin dentifice, known as 'Micro Brite', also whitens teeth.

Water Remembers

Research confirmed by five different universities has shown that water is able to receive, store and transmit electromagnetic vibrations, so water has a memory. This explains the mystery of how homeopathic medicine can be of benefit when the substance is diluted so much that no molecule of the original substance is left, and yet it still has an effect. It is therefore possible for water to take on the imprints of environmental pollutants and chemicals with which it has been in contact, and this could remain after treatment has removed the actual pollutants.

The natural movement of water is to take the path of least resistance. Natural watercourses meander with whirls, eddies and vortices, resulting in lively sparkling water, as in a mountain stream. It is unnatural for water to be forced in straight lines under pressure, as is our normal water supply. Is it possible to put the life back into it?

The Centre for Implosion Research claims to be able to reprogramme water and revive it to its natural vibrant energetic state. This is done by using an implosion machine, developed to subject water to a very powerful vortex, which lowers its temperature, increases its density and develops a rhythmically pulsating field of energy that is lasting. It was found that this could be transmitted to other water just by placing imploded water next to it, so they created a product called a 'Vortex Energiser' to do this.

It is claimed that not only does the Vortex Energiser improve the quality of water to drink but that plants benefit from being watered with energised water. A trial at a garden centre indicated that plants treated needed less plant food, had an increased root structure and greater growth.

They have also produced a product called a 'Personal Harmoniser' to protect against unnatural radiation. There is a natural atmospheric resonance on Earth. NASA recognised the importance of these waves for human health and so equipped space capsules with artificial Schumann Wave generators to simulate the natural electromagnetic environment of the Earth. With the

development of the use of electricity, and the communications and broadcasting networks, we have added unnatural radiation to our atmosphere. This can cause living organisms electromagnetic stress, which is thought to be one of the causes of headaches, sleeplessness, bad moods etc.

The Personal Harmoniser is claimed to protect the wearer from electromagnetic pollution by strengthening the beneficial Schumann resonance. White blood corpuscles, important in fighting infection and cancer, are easily damaged by microwave radiation such as is used in mobile phones. Research at Coghill Research Laboratories in 1998 showed that the Personal Harmoniser also helped to counter this detrimental effect of unnatural radiation.

Conclusion

A summing up from Dr Adam Carey, Centre for Nutritional Medicine: 'Proper hydration is vital to good health, and water is the major medium through which our bodies eliminate toxins. The purity of drinking water in therefore of paramount importance.' One might add: providing you have enough of it.

Information on the suppliers of the products mentioned can be obtained from Ian, who will arrange for an introductory commission on orders to be paid to our Holistic Healthcare project. Ian Travers Smith – UK Tel/fax (0) 1628 620253

Sources

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SMALL MIRACLE

Andrea Axt, Montreal, Canada

In March, while I was abroad teaching about autism, Tom came home to find his 14-year-old autistic daughter, Jane, dead from a mixture of more than ten drugs. Jane's mother, Ann, had snapped. She had also tried to kill herself with the same mixture, but had not succeeded. Now she is in a psychiatric prison hospital awaiting trial and we (father, therapist, and lawyer) are trying to collect evidence to prove that this was not a premeditated murder. I worked with Jane from 1994, first intensely for three years, then only sporadically. The family lived quite far away. When the 'miracle' didn't happen within three years, Ann brought her less frequently.

What is a miracle in work with an autistic child?

What is a miracle for an autistic child?

For more than thirty years I have tried to unravel the mystery of autism: from chemistry to psychology to finally putting into practice twenty-five years of alternative medicine and my entire life experience. Now I use it all: biochemistry, Jungian sand play therapy, and most of all, polarity and energy craniosacral therapy.

So what is the miracle for autistic children? In a way they are themselves a miracle, spiritually connected to something that we have to strive towards all our lives. I know that many of them can see the 'wireless anatomy', Dr Stone's term for the life energy flowing within us. Jane loved to stand in front of Dr Stone's pictures featuring the pattern of flow of this life force. Jane would look at them for the longest time and do her ritual 'isms' then, squinting her eyes, look at me. I know that she saw the breath of life flowing in every

cell of my body. She felt it strongly, too. A room where healing had previously been done, healers that I took her to, even the rays of the sun on her crown – all this was too strong for her.

One day in my room about four years ago, when Jane was so full of 'unfocused' life, when she did not want me to touch her and had already hugged to death most of my plants (she really loved nature and green leaves), I just let go. I stopped trying to 'do.' I just stood quietly in the corner and closed my eyes. Suddenly I felt my body moving with the latihan. After a time that felt eternal I felt peace in the room. I opened my eyes to see Jane crouched in a corner looking at me. When she saw my eyes were open she came up to me with outstretched arms. I lifted her and she looked into my eyes with such intensity that I have never before or after felt such deep contact with another human being. We danced together with the dance of the latihan, our eyes touching and for a moment touching God.

And now Jane is dead, filled with a mixture of chemicals that were supposed to make her 'normal, fit in, acceptable', and her mother is in jail because she could not cope with all the expectations of society and not enough of its help. Tom, the dad, will never again see the smile on his beloved daughter's face; the smile she greeted him with every day, and which, as he said in the eulogy, 'made his day.'

So where do we go from here? How do we help these parents with the pain of not being understood or accepted by society? How often do I wonder what I am doing, trying to help these more evolved autistic beings 'fit in.' So I go on being creative with my work, starting new support groups for parents and doing my research on the pineal gland in relation to autism. And I go on with the memory of the latihan with Jane, hoping that the miracle is with her wherever she is now.

LEARNING DIFFICULTIES IN CHILDREN 4

Maxwell Fraval, Canberra, Australia

In the earlier articles on children with learning difficulties, general principles, osteopathic treatment and Sensory Learning were discussed.

Having removed biomechanical dysfunction, improved blood supply to the central nervous system and worked to integrate sensory function, efforts must also be made to secure an external or motor expression to these gains.

The 'Extra Lesson' is a programme based on Rudolf Steiner's concept of education and child development. Rudolf Steiner was an Austrian philosopher, journalist, educator, architect and founder of the Waldorf school movement.

The 'Extra Lesson' is based on the paradigm that learning difficulties are related to developmental difficulties in the realm of the body, soul and spirit. The 'Extra Lesson' programme was developed from the perspective of Rudolf Steiner: that the first seven years of the child's life were primarily concerned with physical and sensory development and the foundations for the development of feeling and thinking. This perspective means that any developmental difficulties experienced in the first seven years of the child's life will impact on the child's learning.

The 'Extra Lesson' assessment tests for and identifies developmental difficulties within the first seven years of the child's life, and skills testing clarifies if the child has any significant learning difficulty. The intervention programme is child centred, and an individual intervention programme is developed for each child that involves movement, co-ordination, speech and painting exercises to work on their difficulties.

Main areas of concern in the intervention are:

(i) Uncompleted developmental stages in the first seven years, including the discarding of primitive reflexes, establishment of postural reflexes and integrating the midline.

(ii) Imprinting of body image and attainment of spatial orientation by the final stage of the first seven years through the development of the senses including the sense of touch, balance and movement. The other eight senses – smell, taste, vision, temperature, hearing, language, conceptual or thought sense and self awareness – continue to develop; and all the senses are interrelated.

(iii) Development of rhythm and co-ordination of speech and movement.

(iv) Environmental factors including emotional problems and family situation.

(iv) Recognition of the child as an individual and as a spiritual and a physical being.

(v) Medical and physical problems.

Primitive reflexes are fixed movement patterns, which appear in the developing foetus during pregnancy and after the birth of the child. Primitive reflexes are transformed into postural reflexes during the first year of the child's life. However, if there is a disruption in the neonate's or child's development, then some of the reflexes may be retained and interfere in the child's subsequent development. The significance of retained primitive reflexes in child development and learning has been given support by research at the Institute of Neurophysiological Psychology in the UK. Ryder and Bender made similar observations in the 70's, noting the presence of persistent activity of the Symmetric Tonic Neck Reflex (STNR).

In the 'Extra Lesson' the first senses are focused on, as they are seen as most allied to physical development in the first seven years of life. The sense of touch brings about our awareness of our own boundary and physical reality. The sense of life means that we experience our constitution or we have an experience of how we feel; it is basically the information from the sympathetic and parasympathetic nervous system. The sense of self-movement is the ability to feel the body move, and is based on the information from the muscles, joints and vestibular system. The sense of balance or equilibrium is the sense that provides gravitational orientation via the information from the semi-circular canals necessary to know up/down, right/left and back/front plus input from the visceral and proprioceptive systems.

Another developmental stage is the integration of the midline. It is connected to the development of spatial awareness and orientation. The horizontal midline is evident in the young child until approximately four years of age, and is seen when toddlers squat to pick up objects on the ground instead of bending from the waist to reach over and down. The vertical midline is active in young children and ensures the equal development of both sides of their body so that the child uses the right hand to pick up an object on the right hand side of the body and the left to pick up an object on the left side of the body. Usually by seven years of age this midline is integrated and the child can reach across the body from left to right and vice versa. A lack of integration of the midline hinders the child's reading and handwriting, and can be observed by reversals in writing and reading; for example: was is read as saw, on as no; m written as w, d as b, b as d.

In the words of Audrey McAllen, 'The spontaneous co-ordination between the skeletal structure, the muscles and nerves, enables the child in due course to handle objects and assimilate their sense impressions and reproduce them as is required, for example, in writing and reading and eventually in attaining abstract thought'.

The 'Extra Lesson' tests for a lack of integration of the midline; a range of movement, drawing and painting exercises are then used to integrate the midline after earlier developmental stages are completed. The 'Extra Lesson' has been used with handicapped children; however, their progress was limited by the severity of their physical and neurological impairment.

All lessons are planned to include rhythm in the form of movement, speech, singing, drawing and painting. Rhythm activities include reciting poems and verses, singing songs and rhymes, counting, and the co-ordination of movement with rhymes, songs or counting. Movement includes the whole body and/or the limbs, hand/s or feet. Movement is often in a straight line, a circle, a spiral or lemniscate form, as these forms resonate with inner soul processes and feelings in the physical body and life body. Exercises are taught through imitation and by engaging the child's imagination.

Art therapy in the form of painting is used in the 'Extra Lesson' programme. Painting is viewed as a therapy in that colour corresponds to feeling and is a medium of soul expression. It is used as a stimulus to the child's creativity and emotional well-being. The 'Extra Lesson' homework programme is used to extend the intervention into the child's daily life at home and to provide practice and reinforcement of the weekly programme.

A typical 'Extra Lesson' includes the following activities:

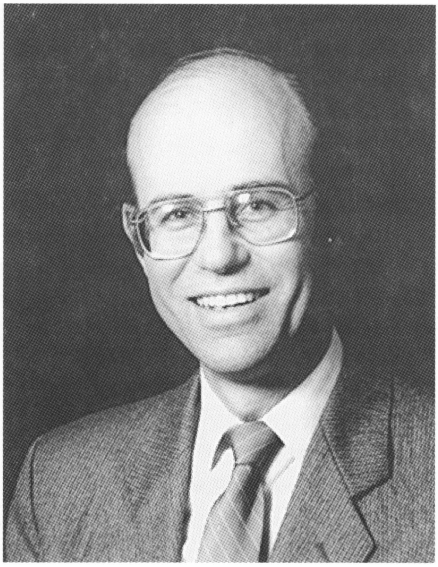
(1) A verse accompanied by a series of body and limb movements. This is an introductory exercise to focus attention; it is used as an auditory and visual memory exercise and body and spatial awareness exercise.

(2) A series of beanbag exercises are shown to the child, then done with them to verses, rhymes, songs or counting. For example, counting in 2's, 5's, 10's and later 3's, 4's etc; counting forwards and later in reverse after counting sequences have been mastered). Archetypal forms – straight line, circle, lemniscate and spiral – are used as the basic patterns of movement, involving the whole body or the hands, legs or feet.

The beanbag exercises work on spatial awareness, body geography, co-ordination of movement and speech, equilibrium or balance, rhythm, speech, fine motor and gross motor co-ordination, auditory memory, listening and visual perception. These exercises are repeated at each lesson, the basic movement forms remaining the same while the co-ordination of movement and speech exercises increase in difficulty as the child becomes more competent.

(3) Hand and feet exercises for fine motor development and hand eye co-ordination. Initially exercises are for the hands or feet separately, then as the child's skills improve the exercises include both hands and feet to be used at the same time. For example, initially the child winds wool around the thumb and little finger in a lemniscate pattern, using one hand at a time. Then the child removes the wool from their hand and rewinds the wool back onto the ball following a circular movement. After the child has become competent at this exercise a later exercise is 'ball twirling'. Using three copper balls the child rotates a ball in each hand by moving the thumbs inwards and using all the fingers to move the ball in an outward

direction from the centre of the body. While doing this movement the child rotates the other ball under one foot in an upward and inward circular movement. Later, speech is added to the exercise. This latter exercise also includes balance.



(4) Midline exercises using the whole body: the feet and the hands cross the midline in a variety of activities such as drawing and movement exercises, including fine motor and gross motor movements. For example, a drawing exercise is for the child to sit and draw large spirals on a sheet of paper. Another exercise is the 'handedness pattern', in which the child sits on the floor in front of a large piece of cardboard with a pattern drawn on it. The child traces over the pattern with the feet/foot, hands/hand, foot/hand/eye in a specified sequence, which the child memorises as the weeks progress. This exercise promotes the crossing of the midline by feet, hands and eyes. Often this exercise is included as a homework exercise to give the child practice on a daily basis.

(5) Balance exercises are included when the child needs them. Once the child is confident doing the basic beanbag exercises, for example, the use of a balance beam is added to the exercise.

(6) Painting exercise: the painting series are repeated throughout the duration of the child's attendance at the lessons. Specific colours and paints are used with the wet paper technique, where the child paints on damp paper. The paintings are all exercises in spatial awareness and orientation; each colour is used for therapeutic purposes appropriate to the individual child; and overall, painting is an exercise for hand eye co-ordination. The paintings are only done once a week in the lesson as the directions are very specific, but repetition on a weekly basis is paramount in the intervention process.

The 'Extra Lesson' programme for each child is individual, and starts at the stage at which the child can cope. The child is given encouragement to work toward development of the skills being targeted in the programme, and the programme is repeated until the child is competent in doing each exercise. Once a child has shown sufficient improvement in a skill, the programme moves onto more complex skills. The child is given positive verbal and non-verbal reinforcement for attempting or completing tasks, and each child progresses at their own rate. All lessons follow a similar format so that the child can learn to predict the next activity; and passive and active exercises are interspersed to provide variety and rhythm in the lesson.

A multi-disciplinary approach, which includes osteopathic manual medicine, Sensory Learning, Extra Lesson, and dietary management and supplementation, can provide the support a child needs to make a substantial improvement in function.

PRAYER CHAIN

Dominic Rieu, Windsor, UK

In the days of my youth I was inordinately religious, and sometimes even painfully pious. It all began one night when I was eleven. I had been taken to a firework display at the old Crystal Palace, where I had an experience of great power that set me on a course for life.

Later on, during the war, I met a highly graced bishop, whose face had that transparent look of one who has spent a lifetime of prayer. He took me in hand. I had been wounded in the foot at the battle of Cheren in Eritrea, so was posted to a non-combatant unit in Hampstead. In my leisure time I trained as a lay reader in the Diocese of London and was given a silver medal on a long crimson ribbon. This authorised me to take services in churches temporarily lacking a vicar and, God forgive me, to preach sermons – a case of the young telling their elders how to live their lives. One of my duties – here at last I've come to the point – was to read out a list of sick members of the congregation and ask those present to pray for them.

Since then I have listened to many such lists, including those in St Paul's Church, Canterbury, where I worshipped. On such occasions my own prayers were, I must admit, shallow and perfunctory. However, the vicar eventually instituted a 'chain of prayer'. It worked like this. Twenty-five members of the congregation who had learnt to pray – you know, enfold the sick person with your love, the love of a neighbour – volunteered and were divided into five groups, each with a leader. A convenor was appointed who, whenever she heard of a church member fallen sick and due for an operation, phoned each of the leaders with details of the time and place, and they in turn passed these on to their group members. In this way everyone was speedily informed.

The system seemed to me likely to have more bite than a general announcement read from the pulpit along with other notices, so I joined, though I had some doubt about believing it would work. Not long afterward I myself had to have an operation. All I can say is that all that day, even as I was being wheeled along to the operating theatre, I had the experience of being lifted up by a multitude of invisible hands, and I felt no anxiety. I believed. Some Subud Group might consider adopting and adapting the scheme.

PRAYER FOR HEALING

From a hospital chapel
Contributed by Rohana Darlington

Dear Great Physician,

We thank you for the gift of healing that lies within the body – for the person who has health has hope, and the one who has hope has everything.

Lord, teach us that true and total healing includes healing of the soul, of attitudes, and of relationships.

Lord, may we be whole in body and in soul and spirit.

Help us to ask for your touch of healing to establish a right relationship with you – for from that source other healings flow.

We ask this in your name. Amen

RESEARCH SNIPPETS

The Power of Prayer

'Clinical studies continue to show that prayer heals'. Dr Larry Dossey reveals the results of a second phase study at Duke University on the power of prayer.

The MANTRA project at Duke is headed up by cardiologist Dr Mitchell Krucoff and nurse

practitioner, Susan Craven. The results show that heart patients who receive prayer have 50 to 100 percent fewer side effects than those patients not prayed for.

If patients agreed to be part of the study they were randomized and the 'prayer' patients' names went to prayer groups around the world. First names only were sent, via e-mail, to Buddhist groups in Nepal, Hindus in India and Jewish groups in Jerusalem. Catholic nuns in the Unity Village, Missouri, and Protestants in North Carolina also participated.

The full report on the study will be published in an upcoming issue of the American Journal of Cardiology, according to Dossey. It will be the first time a heart journal has published a study on the effects of 'distance' prayer.

Dossey also noted hundreds of other studies on the power of prayer that, until now, have been mostly ignored by the allopathic or traditional medical community. However, based on the Duke study, Dossey concluded, 'There's no going back. This is a huge transition in medicine. Medicine will not be able to retreat from the impact.'

Annual conference of IASSEEM (The International Association for the Study of Subtle Energies and Energy Medicine) Boulder, CO June 16, 2001

HOW CAN WE, IN SUBUD, ADDRESS THE QUESTION 'WHAT ABOUT MENTAL ILLNESS?'

Fiona Dobie, Oxford, UK

This was a question that was voiced at the end of an extraordinary evening meeting at the UK Subud Congress in Brecon. The meeting had already started to break up, someone spoke that sentence, no one seemed to hear it or respond, and it hung in the air and landed gently on me.

I had felt inspired by the way that Daniel Cheifetz facilitated both that meeting and the previous evening. He invited us all to contribute ideas of how to move Subud on and how to make the latihan available to more people. At one point he asked for contributions from members who had been in Subud for less than ten years. I found myself speaking of my own feelings about the admission procedure. I would welcome it being simple, de-mystified and faster. Others felt similarly. Caution about allowing people in to Subud too fast, was expressed, with special reference to mental health.

I had heard fear expressed in our group before about this subject. I'm not a mental health professional, however I do have first hand experience of living with mental illness, as both my mother and sister suffered from it. That gives me some insight. My own need and curiosity for a healthier inner life has taken me on a journey that has deepened my response to mental health issues.

The question stayed with me. It seemed to me a rather big question.

I happened to know of a two-day conference, hosted by Southampton University, that was happening the following week in Winchester, entitled 'Spirituality and Psychosis'. I had met and talked with the organiser of the conference, Isabel Clarke, who is a clinical psychologist, practising Anglican and editor of a recently published book on the subject, and I knew from my discussions with her that the conference would be interesting and informative, so off I went.

Isabel chaired the conference. As part of her opening remarks she asked us to hold open minds with respect. I understood the purpose of the conference was to explore the interface between psychotic states and

spirituality, drawing on the experience and research of a wide spread of people.

I was struck by the openness of the first speaker, Dr Peter Chadwick. He had strings of Doctorate degrees; and with simplicity and truthfulness, told his story of how psychosis and mystical experiences had affected his life. He made a comparative list of mystical intuitions and psychotic intuitions and told of some of his experiences of travelling between these states; e.g. as mystic – 'I am in touch with everyone'; as psychotic – 'everyone can hear my thoughts.' He had tried to kill himself, and in his section in Isabel's book he says, 'One might say then, that I have returned eventually from psychosis to a quieter, calmer form of mysticism more engaged with everyday life. The largely secular consciousness I felt obliged to maintain before my episode, is however, dead.'



I felt comfortable with Nigel Mills' open, friendly approach. He is a Consultant Clinical Psychologist and lecturer at Whitechurch Hospital and Cardiff University, and gave a workshop on body mind integration strategies. His approach comes in part from the vast potential of the approaches of the East, particularly yoga and Qi Qong with their emphasis on healing and energy. He quoted Brazier:

> Generally, when we go somewhere, the mind arrives before the body. In mindfulness practice the mind stays where the body is. The body remains full of mind... What is the most important thing to do in your life? The most important thing is what you are doing right now.... if this moment is passed by in a haze then it is just one more moment of fog. Mindfulness is an attempt to regain contact with the flow of experience

I concentrated very hard at a short workshop given by Mark Sutherland, a psychotherapist and Chaplain of the Maudsley Hospital. He was sharing his experience of working therapeutically with a person who has suffered psychotic episodes over ten years. I understood that his work and experience of people at the Maudsley has led him towards the view that spiritual development has very little to do with altered state experience. He spoke of patients suffering much fear and distress and indeed in some cases seemingly lost forever. He also stated that all the major religions tell us not to pay too much attention to it. He too was interested in Eastern spiritual practice that established good mind body connections.

I enjoyed Dr Andrew Powell's short workshop on 'Soul Centred Psychotherapy.' He has been a psychiatrist and therapist for many years, and has held consultant and senior academic appointments in London and Oxford. He began his part of a panel discussion by admitting there are times when people need to be sectioned (confined to hospital – usually with strong drugs) for their own and other people's safety.

He has co-written a book *Listen to your Body, The Wisdom of the Dao.* with Dr Bisong Guo, who trained in both western and traditional Chinese medicine and specialises in both acupuncture and Qi Qong. He talked of seeing people as souls, and of spirit

possession and conversations with the spirits possessing people. In the workshop I particularly enjoyed a guided image/visualisation journey. It was calming and centering.

Anne Baring's talk was entitled 'Unexplored dimensions of consciousness and the visionary experience. Paremides, Dante, and Jung's Seven Sermons to the Dead.'

She started with some of the great questions of life: Are we related to something infinite or not? Is our brain the origin of our consciousness or does our consciousness originate in or from a greater reality? She then shared a story of a her own experience as a child, of leaving her body and travelling down a long tunnel hearing rushing and roaring noises, emerging into a place of absolute silence, and then hearing a voice saying: 'I am'. She felt at that moment that her fear stopped anything further happening and she was propelled back through the tunnel into a familiar world. Her experience, although terrifying, had left her knowing without any possibility of doubt that another dimension of consciousness existed.

She did not rule out the possibility of neurological dysfunction, but cautioned against quickly categorising visionary experience in this way. Our culture may see this experience as a symptom of mental illness. Other cultures may see it as a herald of spiritual transformation – a breakthrough rather than breakdown. The line separating the visionary, the genius and the psychotic is very fine. She talked very cogently about Jung and his spiritual exploration and risk-taking in his quest to understand other realms of consciousness. And she drew parallels between Jung, Paramides and Dante's visionary experiences.

Later she quoted research that showed people who have a spiritual orientation lead healthier as well as happier lives than people who don't. She talked of psychiatrist John Perry, who founded a residential place for young adults who were in the throes of psychotic breakdown, and who were helped through the experience without any treatment by medication, electroshock or confinement. He found that after eight weeks in a receptive, supportive environment, where they were encouraged to tell their story, they emerged on the far side of madness 'weller than well' as he put it. Most importantly, he discovered that empathy was the keystone of the treatment and could mitigate the severity and duration of the episode. Along with Jung, Perry thought that the deeper intention of such psychic disturbance was to heal and make whole; and, that by our current attitude and treatment of psychosis, we could suppress the self-healing work of the psyche.

Jennifer Elam, a psychologist and Quaker, told her story of mental breakdown and of what had helped her:

- It was important to tell her story and be responded to with respect
- She needed to feel safe
- It was important not to find the gift in the problem too soon
- She needed help to manage the fear
- She needed help to find normalising framework

She suggested, 'When it is framed as a gift, a gift is found. When it is framed as pathology then pathology is found.

Craig Chigwedere, a psychologist who was born in Zimbabwe, talked of his mother, who was from the Shona tribe and who regularly experienced receiving messages from dead ancestors, without any possible rational means of knowing. Once, when he was small, he remembered her standing up and announcing that a close relative who lived a long way away had died. She immediately set

off to visit the family, and it was true. The family and whole village thought of these things as perfectly normal. He talked about trying to understand it in the context of the patients he regularly sees who are diagnosed as 'mad' when they display similar 'gifts' to his mother's. He wondered about validation rather than labelling and pathologising.

Serena Roney-Dougal has a PhD in parapsychology. Towards the end of the conference she gave a ten minute presentation, and I was fascinated to discover that during sleep the pineal gland (positioned in the brain in such a way that it is cross co-ordinated backwards from the third eye, midway between the ears) produces the chemicals that are needed for dreaming – our most psychic state. These chemicals are similar to those mixed from plants to produce the hallucinogenic effects used for shamanic ceremonies by indigenous tribes in South America.

Ben, who had earlier described how he meditated extensively for two years to 'open up his third eye' and then became psychotic for a long time, was really interested in this information. After her presentation he thanked her for making sense of information he received when he was psychotic. He had been told that he was only meant to open up his third eye in his sleep.

There was so much richness in what people had to share, and much diversity in perception. However, out of these different experiences some common themes emerged as being helpful: the importance of relationship; holding, not rubbishing, non-shared reality. Practices that grounded people in their bodies in the 'here and now' were deemed useful; visualising positive outcomes; celebrating ordinariness – again staying present, moment by moment; being listened to respectfully and with empathy and validation; being accepted by supportive community of family, friends, spiritual group. All of these things can affect our body chemistry in a positive way.

Perhaps it would be useful for us to share experiences, and possibly we will have less fear if we have a fuller picture of such mental health issues. I hope this will contribute to an ongoing dialogue within Subud.

MENTAL HEALTH
A personal experience
Anon.

With the support of a friend I have decided to try to give an account of my experience of mental health problems and how this may relate to Subud. I apologise in advance if this story comes across as tragic. I want to stress that these events belong to my past, rather than the present.

I was born into a Subud family in 1975. The story really began when I reached the age of nineteen. Various family troubles, plus my 'A' level course, catapulted me into a strange condition. The initial feeling was one of pervading emptiness, accompanied by an uncomfortable lightness and numbness. It was terrifying and isolating. The only description I can find for this condition is that it is death. In this state my emotions died, and as time went on I also began to feel that my body was dying. However, because one is also conscious, (and to all appearances) alive, life goes on. I have since discovered that 'schizophrenic' patients have also described this state.

This time was one of intense soul searching. I saw, as if in a crystal mirror, all my faults and personal baggage. It was painful. At one point, as I stood in a friends kitchen, it seemed that the very floor was

seething with flies and maggots. I also experienced a sensation of being permanently upside down.

After a period of about a year these feelings subsided a little, but soon, rather extraordinary things began to happen. For some months I had been in a state of great religious devotion. One morning I woke to find a calm emotion flooding my room. Then one day I found myself entering a room in which there stood a vase full of irises. I looked at the flowers and perceived them to be emanating a brilliant and beautiful white light. To my astonishment this light spread itself and filled the room. For several days I entirely lost my fear of people and wanted to spread a message of hope and fun.

Time went on and I started a degree course. Perhaps it was the stress of the course, accompanied by personal and romantic problems, that sent me once again into a strange condition, though of a different kind.

To begin with I was filled with optimism at the prospect of making new friends. However, as time went on I began to feel negative about myself. I fell into a deep depression. My imagination took on a rather dark and vindictive quality, which increased my despair. It seemed to me that the television was telling me that I was a bad person – demonic even – and that I must rid the world of myself.

Eventually this culminated in my taking a large overdose of Paracetamol. I was in hospital for a while in a mildly critical condition. After my recovery I asked a hospital counsellor for help. She put me in touch with a psychiatric nurse. After several months of intensive counselling I began to resolve my problems. For some time however, I was still depressed and moved, day by day, from feelings of hope and sadness to days and nights of exhausting tears.

Gradually I began to feel better and the depression lifted. Things improved greatly and shortly afterwards I made the decision to join Subud (as so many of my family members had before me). I was optimistic that Subud would help heal the hurts and bring me back to a light-filled, spiritual existence.
Though I am still a newly-opened Subud member I feel it has had positive effect upon my life. I am optimistic about the future and pleased to be able to share my experience with you all.



Seeking Wholeness.
Insights into the mystery of experience
by Roland Evans
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Reviewed by Hermione Elliott

There are some books that are about Subud and there are some books that are Subud – in *Seeking Wholeness,* Roland Evans has created both at once. He probably didn't set out to write a book about Subud – it certainly doesn't fall into the category that offers an explanation about the mechanics of the latihan, this isn't its central focus. It is, however, perhaps the first of a new generation of books where we can discern, imbued in its pages, the latihan at work. It isn't just the quality in his writing, which is warm, engaging and clear; or the depth of understanding of the human condition he has gained in his years as a psychotherapist; it is his enquiry into his own life and his descriptions of his engagement with it that are just as impressive.

The book in itself is something of a journey. Taking us through the different aspects of 'human becoming', putting into a wider context experiences like: process, inner and outer reality, patterns of behaviour,

suffering, vulnerability, resilience, connection and wholeness. He never once separates the 'psychological' from the 'spiritual'; and he describes so movingly the courage of his patients' who, in spite of their difficulties, respond to the urge inherent in us all to become whole.

Unlike some new-age or self-help books, there is a feeling of great depth and wisdom here. Roland's own search for wholeness is ever present as he interweaves his explanation of therapeutic and psychological processes with his understanding of the spiritual journey. He describes too, the delicacy and complexity of the therapeutic relationship, and we learn much from his own hard-won experience.

When I read this book I felt I entered a world of great integrity, and I was uplifted by it. The process Roland writes about is truly alive in him and is, I am sure, on-going as he lives the mystery he describes so beautifully, day-to-day. I am sure too that many therapists would benefit greatly from the breadth of Roland's vision. More than that, this is a book for anyone who is curious about what it is to be human, and is interested in deepening their connection to themselves and to the whole.

Glossary

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

Latihan – the practice of worship of God in Subud

Helper – a person who has the responsibility of supporting members

Dewan – a group of helpers

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

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SIHA on the Internet

Anyone 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.