

**FORMS OF HEALING**

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This thesis contains no material which has been accepted for the award of any other higher degree or graduate diploma in any tertiary institution, and to the best of the candidate's knowledge and belief, it contains no material previously published or written by another person, except when due reference is made in the text of the thesis.

Signed:

A handwritten signature in black ink that reads "Heather Beattie". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

H.A. BEATTIE

## **ABSTRACT**

There is an observable growing interest in the process of healing. While most are familiar with what occurs when healing takes place, the questions of how it takes place, and by what means, remain difficult ones. Through increased understanding of the process it may be possible to increase its occurrence and effectiveness, and broaden its scope. Antecedents of contemporary healing activity are documented in the early history of the Christian church. However, the orthodoxy which arose in the church led to the suppression of much of the information relating to this, and also to the spread of orthodoxy and hierarchy as models for government and the professions. Within the contemporary health system, the medical model is the dominant one, although there is an increasingly important social model emerging alongside. There are signs also of increasing overlap between conventional medicine and complementary medicine, despite their differences in emphasis. Emerging also is a growing field of practice which bases itself on an energy model with diagnosis and treatment reflecting information and concepts which stem from theoretical and practical advances made this century, largely in the field of physics and biophysics. Adapting medical practice to the changed conceptualisation which this has produced, is a challenging prospect. The energy model has been employed widely by "New Age" practitioners and there remains scope for further research to systematise the basis for much of this practice. Non-Western cultures have always provided the Shamanistic model of healing. It offers the possibility of wider incorporation of dance, art and symbolism into practices which could enhance both individuals and communities in Western cultures. Some discussion is devoted to the issue of how contemporary healers see themselves and their work. Questionnaire responses and literature sources are used to examine aspects such as training and techniques, and the extent to which healing work aims at achieving a situation of self-responsibility in patients or clients. The scientific backdrop against which developments in the practice of healing are occurring is also examined. Philosophical and conceptual shifts in the 1980's suggest there is what might be called a post-rationalist approach to problems emerging alongside continuing rationalist theory and technological change. A post-rationalist approach could involve working more within the existing social and natural systems to understand them better and to improve quality of life, and to bring healing to people and situations. A shift from hierarchical to holographic perspectives may assist this process.

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## **INTRODUCTION**

The design of this study revolves around the two questions: What is the healing process? and What are the environmental implications of the answer(s) to this question? The first of these questions is complex and occupies most of the study. A questionnaire containing seven questions on the theory and practice of healing was also administered as part of this study and a copy of this is given in Appendix One. From the outset, it was not intended to use the questionnaire format to structure the main text, and material from the questionnaire responses is selected and quoted only in the chapters where it is most relevant. For the sake of brevity, questionnaire response material, where permission has been given for direct quotation, will be indicated by the letters QR in the text. Appendix One also gives response rate statistics for the questionnaire. Although the response rate overall is only 12.2 percent, by some serendipitous self-selection process, the useful and manageable body of material which the questionnaire yielded spans a wide range of modalities within both conventional and complementary medicine. The pattern of response has also been interesting. Those authors with notable publications to their credit proved more reluctant to provide a response, or grant an interview, than I imagined would be the case before I started my overseas research period in Britain and the US. For example, on arriving in San Francisco, with a letter already sent in advance, I had hopes of meeting Matthew Fox, the theologian, during my time there. However, after contacting the assistant to the secretary of his secretary (who was out of town), I gave up. Later on, while travelling through England I saw lots of wall posters advertising his lectures either past or forthcoming, but never while I was in town. Similarly, with other busy, well known authors in the field I have worked from their publications rather than personal communications. Another aspect of the US which inhibited personal contact was the answering machine. I remember in Dallas, Texas having placed six calls early in the morning to answering services, being unable to go anywhere for several hours before all or some of them called back.

The response to my questionnaire was not always a friendly one. Faced by the question of what healing is, one healer I contacted in the US by 'phone said to me: "How dare you ask that question! Nobody knows the answer to it!", and hung up.

I found this comment thought provoking. I decided that this healer had found my seven questions on healing too intrusive and rationalist-empiricist for her view of healing. Yet my intention was that they should serve as an introductory guideline, or a formality. My general observation is that interviewees from a science background admired my approach, and felt it validated the study, whereas practitioners more aware

of the less tangible aspects of healing did not. On the other hand the Bristol Cancer Clinic was reluctant to see me because they thought my study was not "scientific" enough. The unenthusiastic response I received on my visit there became clear when I returned to Australia and heard that the reputation of the clinic had been damaged by a piece of superficial research done prior to my visit. Admittedly, striking a balance between the phenomenological and empirical approach has been a problem in structuring this thesis, since much of its content is necessarily anecdotal and phenomenological.

Outside the formal research which I managed to do during the three months overseas, travelling west-east across the US via New Orleans by Greyhound bus, and the month's travel I was able to do in Britain afterwards, contributed many impressions and experiences which are not entirely irrelevant to a study such as this. Amongst these experiences I would list: living in Belfast for two weeks with the tense atmosphere of conflict; hearing and seeing homeless people in the streets of San Francisco, Washington and New York, as well as in Britain; seeing the effects of urbanisation and affluence in both New Mexico and the South of England; noting the contradiction of lines of refrigerated food trucks travelling through bare hillsides covered with wind generators in California; visiting prehistoric and legendary sites such as Glastonbury, and New Grange; exploring Hardy Country; and deriving some idea of the priorities of French culture during two weeks in Paris and environs.

Essentially the background which I bring to this study, in geography, politics, education and the visual arts has its limitations. Although a study of this kind needs to be broad, generalist and interdisciplinary, I have felt throughout, the challenge to my understanding which comes from not having a background in physics or biophysics beyond the exclusively Newtonian physics which I studied in my matriculation years. At the same time, I am conscious that these challenges in conceptualisation are being experienced widely by others and are an essential aspect of the potential value of a project such as this. At the outset of this research I saw my task as similar to assembling the pieces of a jig-saw puzzle in the hope that it would provide a picture of the healing process. I came to the realisation towards the end of my work that the paradigm shift from flat photograph to hologram, which is part of the change occurring in science, and other areas of thought related to the practice of healing, could apply equally to research. However, opportunities to explore and apply a concept of holographic research have been limited in a study of this duration. The analogy of the jig-saw has changed also as work has progressed. There are so many different threads and layers to the discussion of healing that I now am inclined to see the work as more akin to that of weaving a multi-coloured rug. Hopefully, the threads will have been brought together and tied off satisfactorily towards the end.

## **CHAPTER ONE: SELECTING AND DEFINING THE TOPIC**

Be a little kinder to each other - and to yourself  
(Matthew Manning, British healer, 1989).

I have been attracted to the study of healing for some time. Over the years, my first impression that healing has many faces, most of them fascinating, has been sustained. Although I regard healing as a process, it is also the epiphenomenology of healing which provides interest for me; the extended meaning, and incidental qualities which are associated with it. Healing can be travel, that is a journey, search or quest. It can be hero in cinema and fiction. It can be both sacred ritual, and mechanical technology. Healing can be an expense, a profession, a lifestyle, a relief, a mystery, a miracle, a topic of conversation, an adjective, a buzz and a buzz word. Healing has many credentials; it can be common, since a smile or a kind word can heal; or it can be complex and caught up with cosmic questions. Healing is also ambiguous, since its effects are clearly recognisable but tantalisingly difficult to explain. However, it is one of my main concerns in this study to separate all those things which refer to the healing process, but which are not essentially it, in order to see the process more clearly. By definition, to heal is to: 'restore to health; cure (of disease); (of wound) become sound (whole)' (Australian Pocket Oxford Dictionary, p. 377), but this definition will be examined in more detail later in this chapter.

As well as being a process, healing is also a social phenomenon. In the last decade particularly: the rise of a healing industry alongside the healing professions; the increase in literature available about healing; and the growing preference for self-help and holistic health care, have all contributed to increased levels of awareness of, and interest in healing. This has been particularly true in Western cultures where the healing phenomenon has involved both increased scrutiny of the practices of conventional medicine by consumers, and attempts to incorporate healing practices from non-Western cultures. At the same time the environmental debate had stimulated a great deal of social dis-ease. The metaphor that "the Earth is sick and dying" became prevalent, as did awareness of the connections at several levels, between environment and health. It is my observation that this phenomenon has two exploratory themes: one concerned with de-mystifying the healing process, and the other concerned with the broadening of the concept of healing to increase opportunities for applying it. My interest in healing as a topic of study has grown as a result of these developments, and to some extent this research is part of the phenomenon of growing interest in healing.



My attraction to this topic also has personal, biographical aspects. My basic concept of healing is that it is a process of change, or transformation, towards a better state of being or existence. Being optimistic by temperament and philosophy, I have always felt an affinity with this concept. The necessity to focus on my health increased at the end of 1980 with the start of a very debilitating illness. Prior to this I had had plenty of vitality and had enjoyed a state of good health which I had taken for granted. During the process of my recovery, which was a slow process taking five years, I explored and tested a range of techniques to find the array of them which would benefit my situation most. In my case they included acupuncture by laser light, Bach flower remedies, intonation and thymus tapping, meditation, redirection of thought patterns away from the negative, dietary changes such as increased vitamin and amino-acid intake, and a great deal of reading and introspection to help with the mid-life readjustments I needed to make. This illness had the effect of "stopping me in my tracks" literally. It deepened my appreciation of good health as a worthwhile goal, and I think, caused me to view the illness of others with more compassion. This period also opened up new theoretical questions for me, particularly those relating to an energy-based concept of reality, and it was during this period that I joined the Dowsters' Association of Southern Tasmania, and took two training courses in Reiki therapy, which is an ancient Tibetan form of energy channelling, being publicised from the US. In 1986 I worked for a year in a bookshop, and came into contact with both people and books which stimulated my interest in the theory of healing. This was the period when there was an influx of books derived from channelled sources, or automatic writing, and this added a new dimension to my thoughts about healing and how our attempts to understand it better could be accelerated. My bookshop period also made me aware of what I saw as the flim-flam generated by the growth of the healing industry.

Some of my self-help health work is less easy to describe because it involves the content of my dreams and memories, or learning to see such things as metaphor and irony. On-going adjustment to the socio-political climate was also a factor in the process. The subtle effects and details of these interactions can really only be recorded in diary form. Having not done this, I am left with only a sense of their cumulative after-effects. I am not sure if my recovery could, or should have been faster. The healing I did manage to achieve for myself was episodic, and never total or complete. However, I still feel that to desire perfect health is a worthwhile aspiration. My do-it-yourself approach was very slow and time-consuming and to a degree self-indulgent, but the work-force changes of the 1980's provided me the gift of time for introspection during intermittent periods of unemployment. I would say that facing the problem of how to live well, rather than a state of diminished health, was the main source of the issues with which I grappled. As a result of these experiences I continue

to speculate about the balance between life experiences and formal training in the effectiveness of the work of those who find themselves in the vocation of healing. Put simply: How much of the healer is there "in" any healing done and To what extent is healing work knowledge and skills based? Finally, I have related these personal anecdotes to convey some sense of the extent to which the researcher is "in" this research.

I have speculated also about the possibility that in Western culture particularly, the healing phenomenon may have produced healing addicts, and healing addiction. Healing-associated group activities have acquired the status of leisure and recreation in a way which has validity. If there is an addiction it may be more to the paraphernalia of healing, such as massage, dance, ritual or music, and to the satisfaction of the need for group contact, conviviality, self-expression, human interaction, and personal empowerment which these activities provide, rather than to the operation of the actual healing process. This highlights the tautological pitfall in defining the healing process, namely: that healing is what healers do. The modality employed may be the means to achieve healing, but it is not necessarily the healing itself. However, to indicate some of the contradiction in defining healing, included here is the Australian Pocket Oxford Dictionary entry for cure: 'n. remedy; course of treatment; spiritual change;...v.t. & i. restore to health, heal, remedy;' (p. 201), because it goes beyond modalities and includes the idea of spiritual change.

The subjective, experiential, and elusive nature of healing makes it difficult to set criteria for deciding if and how it has happened, and to establish its universal qualities. (The butterfly pinned down loses its charm.) In my own recent experience of healing activities I have tried to distinguish between relaxation and stress reduction effects, and the experience I have known since childhood which I have always associated with the passing of an illness; a sense of relief, of energy beginning to flow freely again in my body, and a renewal of the desire for food and activity, combined with the sense that something special and precious has just happened to me. I have also had this experience in a milder form, after the healing of a rift in a relationship, or with the ending of some difficult life situation.

The quality of special-ness referred to above can be seen in two ways. A person with a sense of the religious will understand the experience of healing as a sacred one in that some of the power, or energy, always operating in the cosmos to bring healing to others, has been made available to them as well, and regard the event with awe, and thankfulness for the return to a fully active life. Someone with a secular scientific viewpoint may experience their own healing as an interesting bio-chemical, bio-energetic event; the achievement of homeostatis; or the restoration of functional

integrity of the bodily system as the result of a biological organising principle. There are possibilities for combining both viewpoints. To know exactly how something has happened may not necessarily diminish the sense of awe relating to the fact that it has happened. The additional sense, in which healing can be seen as sacred, is that in the life of a group or community, the restoration of an individual from a state of illness and incapacity to full participation in life is usually a cause for commemoration, if not celebration. This places a healing event almost on a par with birth, initiation, marriage and death as events of transition in life. In a desacralised system of healing, the death of the patient is most likely to be seen as a failure of the methods applied, and/or the person applying them. In a reconsecrated approach to medicine, the preparation of a terminally ill person for a comfortable acceptance of death is an acknowledgement that the death process can be a healing one. Not only the transition is observed and commemorated, but also the release from illness.

The question of the authenticity of healing is also one raised in this study. This is an issue separate from that of the effectiveness of a method of healing. It concerns the extent to which healing should be an integral part of the life process and incidental to it. After all, the causes of illness, disease and psychological trauma have some of this quality as they are the products of the events in the life story of an individual. Because of specialisation in the workforce the Western medical model has promoted the doctor as having a monopoly on healing knowledge and skills. In reaction to this situation, the proposition that: We are all Healers, has become a theme of the new healing movement; the Healer Within stands alongside the Divine Within. The reality is that only some people choose to become doctors and only some people choose deliberately to do healing work. It is one of the concerns of this study to try to suggest means of increasing levels of awareness of the forms which the healing process can take so that individuals are encouraged to take opportunities to act in a way which is healing when those opportunities arise spontaneously in life. Both a healing paradigm and an extended concept of holism may be useful in this regard.

A helpful trend in this direction is an increase in the number of books and films recently released in which healing is the hero. An outstanding instance is Keri Hulme's novel The Bone People (1985). Kerewin, the narrator, is in a desperate situation. She is alienated from her family, work, and her Maori culture, and has stomach cancer. She retreats from a failed domestic situation, refuses surgery, and travels to an isolated hut expecting to die. Her diary records the process of her recovery and her tentative return to her community. The film Bagdad Cafe depicts a subtle healing process taking place. A Bavarian housewife is dumped by her husband at a desert roadhouse in the US. After overcoming her prejudices about the staff of the cafe, she directs her energy into cleaning and reorganising the whole place. The order

which this brings provides the basis for creativity and self-expression for them all and they establish a flourishing business. More recently, Terry Gilliam's film The Fisher King depicted the consequences of homelessness, mass killings and business irresponsibility in New York. The central characters interact to their mutual benefit, each providing what the other needs to regain the chance to lead fulfilling lives. What these two films share is the image of the constructive anti-hero, thus operating against the tradition of the destructive hero as the role model. The film Turtle Diary tells how two lonely people meet and decide to return two turtles, which are in London Zoo, back to the sea. In the events surrounding this decision they each find a new partner. Wim Wenders' film Wings of Desire also has themes related to healing. It shows a world populated by teams of angels observing and helping humans. Some of the angels are bored by this work and see paradise on earth, where there is colour, sex, and coffee, and make the transition to human form to enjoy the sensual pleasures of human life. The struggle by two parents to find the means of healing their son is central to the drama of the film Lorenzo's Oil. (This film's director, George Miller, is a trained doctor.) Such films are an acquired taste, and their appreciation depends on the sensibility of the viewer which is in turn related to education and consumer choice. Finally, it was with some surprise that I realised on re-reading the latest edition of The Naked Lunch (1992) that in the novel and the appendix to it, William S. Burroughs provides an excellent analysis of drug addiction and its management.

A further question relating to the healing process is that of its applicability, in a wider form, to include other living systems such as animal and plant communities, and to collective systems such as cities. The traditional Western anthropocentric view of healing confines the process to human interaction.

The definition given previously of the verb to heal, contains three elements: to restore to health; to cure of a disease or a wound; to become sound or whole. Several areas of conjecture are subsumed by this definition. There is the issue of what constitutes "health" and "wholeness". Catherine Ponder says that these terms are synonymous because 'the word "health" comes from an Anglo-Saxon word meaning "hale", "whole", "well", and "hearty" ' (Ponder 1966, p.8).

This may be true in terms of the derivation but there are differences in usage between these terms which make them not entirely interchangeable. Of the two, the concept of health is one which lends itself more easily to assessment criteria so that, for example, physical, mental, emotional and spiritual health can be rated against desirable optima, and quantified to some extent. Wholeness can also be assessed but the emphasis in this concept is more towards function, integrity, interaction, and fulfilment of potential. With regard to usage, the system of conventional medicine tends to use the concept of

health, whereas the system of complementary medicine prefers wholeness, as a generalised rule. Another point of conjecture is that of the cause of disease. There is an argument that even superficial injuries have an underlying deeper cause. The concept of disease causation will usually reflect or influence the modality chosen by a practitioner. Conjecture also exists as to the difference between curing and healing. This can be clarified to some extent if curing and healing are taken as synonymous. The cure itself, as applied or in the treatment given, does not constitute the healing. A small technicality exists also in that if there has been no existing, previous state of health, then that state cannot be restored.

From the recent literature I have selected the definition of healing provided by Serge Kahali King (who is trained in the Kahuna Shamanic tradition of Hawaii and director of Aloha International), because it is systematic and comprehensive. Dr. King starts by grouping modalities with the level or type of healing promoted as follows:

Physical. Herbs, drugs, and other medicines; diet and nutritional supplements; surgery and bone setting; chiropractic and massage; deep breathing; enemas and colonics; fasting; electricity and magnetism.

Emotional. Affection and attention, laughter and play, anger release, fear confrontation, colour, aroma, and music.

Mental. Placebos, hypnosis and self-hypnosis, psychotherapy, guided imagery, visualisation and affirmation.

Spiritual/Metaphysical. Pyramids, crystals, orgone devices, aura cleansing, psychic surgery, therapeutic touch, homeopathy, flower remedies, acupuncture, acupressure, applied kinesiology, telepathy, radionics, prayer, faith, positive thinking, and "spontaneous remission" (King 1990, pp. 26-27).

He points out that each of these methods is just a means by which the healing process takes place and that the common thread in the process itself needs to be found. To assist this he puts forward the following definitions:

In English, health is defined as a condition of wholeness, or freedom from defect or separation. It is therefore akin to the word harmony. "To heal" means to make whole or to bring back together that which has been separated (as in healing a wound or a relationship). "To harmonise" would be a good synonym.

Cure is another word used in English meaning to eliminate a problem (such as pain, grief, trouble). Interestingly it comes from an older word

meaning "care", or "concern". Taking the basic meaning of both words into account, it would be quite proper to equate healing with loving.

Sickness (a common English word for unhealth, which is rarely used in England in that sense) basically means a state of being troubled, distressed, or grieved; illness means evil (which is why so many believe it is "bad" to be sick); and disease simply means uncomfortableness.

In Hawaiian, ... the definitions are more clear cut. Health is equated with energy. Good health is abundant energy (ehuehu), and poor health is weakness (pake), or lack of energy. Illness is equated with tension (ma'i), and healing is the restoration of energy flow (lapa'au). The word for harmony also can be translated as "a state of great energy" (maika'i), and the word for love also can mean "to share energy" (aloha).

... for the sake of discussion, let's call health "a state of harmonious energy" and healing "to harmonise and energise". For sickness/illness/disease we'll use the word "disharmony", and for that which causes such a condition we'll use the word "distress", meaning excessive stress or tension (King 1990, pp.27-28).

The basic description King gives for the healing process is the removing of distress to reveal health. He explains:

... a body is healthy to the degree that its cells are healthy. A healthy cell is one that is in harmony with its environment, has abundant energy, and is effectively performing the function appropriate to its location in time and space. To perform that function and maintain its energy and harmony, it needs a sufficient supply of nutrients and an efficient system of cleansing. If either the nutrient supply or the cleansing system is disturbed, then the cell diminishes in effectiveness, energy, and harmony and either reduces its function, performs an inappropriate function, or ceases to function at all. When the number of cells affected is enough to bring the disturbance to conscious attention by a symptom of some kind, then the body, or a portion of it at least, is declared unhealthy. ... A successful healing method is one that corrects, directly or indirectly, a disturbance of cellular nourishment or cleansing. Because so many widely differing methods can do this, it will be helpful to look at the common factor producing the disturbance: distress .... Distress, or excessive stress, constrains the flow of nutrients to the cell and inhibits the cleansing process, primarily through muscle tension. ... some forms of muscle are used for body movement and other forms support and

protect organs and nerves. So distress may not always be at a conscious level of awareness (King 1990, p. 28).

Although physical, emotional, mental, spiritual, circumstantial, and environmental factors may contribute to distress, the common thread which King identifies is

stress, whether distress or eustress (pleasurable stress), [which] occurs as a natural effect of resistance to change. Resistance, like stress, is not bad in itself. It enables us to sense our environment, to walk across a floor, to build muscles by exercise, and to grow in many ways by working through challenges and accomplishing goals that stretch our talents and capacities for learning. But this refers to a flexible type of resistance, or a dynamic balance between resistance and non-resistance - like the kind a tree uses when it grows around a rock that it cannot break through or push aside. ... Distress comes from rigid resistance, the kind that continues beyond the point of effectiveness and into the range where function breaks down. Rigid resistance takes place because of conscious or subconscious fear of whatever is being resisted ... a person may hold an idea that the thing being resisted is dangerous, or that the effect of not resisting it would be dangerous. Normally the body then tries to move away from the danger, to neutralize it, or block awareness of it, because the body automatically tries to reestablish harmony whenever disharmony occurs. When the existing physical or behavioural resources of the body are such that these are ineffective, the continuing effort of the body to get away from or get rid of the danger results in distress ... this [then] becomes painful enough or disharmonious enough to reach conscious awareness ... Basically there are only two things to do about distress: either remove what is being resisted, or cease resisting it (change the reaction). All healing methods, even the spontaneous ones of the body, use one of these two methods. Surgery, for instance, may use the first method by removing an object, such as a bullet, which is being resisted by the body ... Therapeutic touch may use ... the second method by increasing the strength or relaxation of the body ... I am convinced that health is a natural state of harmonious energy that gets covered up or inhibited (disharmonized) by distress. Remove the excessive stress by action or reaction and health appears, because it was there all the time just waiting to manifest. Regardless of method, healing will not take place unless the energy flow of the body or cell has been restored. Removing or changing resistance will improve the flow of energy and produce or assist healing (King 1990, pp. 28-29).

King also comments that

many modern healing systems are often ineffective because they are overly exclusive ... they tend to treat illness as being caused only by physical, emotional, mental or spiritual conditions ... Yet stress can come from any of these realms and is usually mixed in particular symptoms. Even something as simple as a smashed finger can be related to feelings of guilt, or to confusion about a life direction, or to spiritual alienation, or to all of these. If the finger is only treated at the physical level, then the healing will be slowed by the distress being maintained by one of the other conditions. ... A healer ignores any one of the conditions at the peril of the person who is healed. It frequently occurs that dramatic improvement in mental health occurs through nutrition, that tumors are removed by hypnosis, and that emotional release cures spiritual apathy (King 1990, pp. 29-30).

King concludes his definition by commenting on the role of love in the healing process:

Seldom can one healer be all things to one person, but love draws the right healer to the right client at the right time. ... Healing can only occur because there is some harmonious state known to the body (or to the spirit of the body) that it loves so much that it will spontaneously move towards it whenever possible. Distress - caused by resistance, which is caused by fear, which is the absence of love - in its turn causes disharmony, or disrupted energy and relationships. Healing, an act of caring and loving, removes the distress and allows the body to return to the harmonious energy state it loves. ... The common thread in all healing cannot be other than love, pure and simple: the love of the healer (recognised or not) for the one being healed, and the love of the healed (recognised or not) for the state of harmony and full energy (King 1990, p.30).

Definitions of the healing process function to clarify that process. How the process is defined has implications also for the approach to healing adopted. The definition given above is characteristic of the approach adopted within complementary medicine. Both health and disease are seen as existing at several levels within the individual, for example, spiritual, physical and emotional. These levels can also be seen as the personal dimensions on which active and reactive experience occurs. There is



recognition that disease states can exist at, or involve more than one of these levels since there is interaction between them. Consequent on this is the recognition by either the healer or healee when deciding on treatment, that health problems can benefit from the simultaneous application of an array of therapies and self-help techniques to bring a concerted approach to the problem at a variety of levels. There is emphasis on the quality of the healer-healee relationship, and discussion of the role and nature of love as it operates in that relationship, and in the healing process. King's definition shares with conventional medicine the understanding of the importance of cellular activity and muscle tension in both health and disease states.

By comparison, however, the organisational and scientific traditions operating within conventional medicine, rather than a particular understanding of the healing process, have produced an approach to healing which differs in several respects. Diagnostic techniques are usually aimed at locating a single cause for disease. Treatment is often sequential rather than concerted in approach in that a line of treatment will prove to be either successful or unsuccessful; a new treatment being applied only if the initial one fails, thus providing feedback to the practitioner about the effectiveness of a particular treatment. Situations in which a medical team operates are the exception in a system which, through professional specialisation, has compartmentalised both problems and the sections of the profession which deal with those problems. In both general practice and the hospital system a hierarchy exists. Problems, and the people possessing them, are referred up through this hierarchy until it is considered the level of expertise adequate to deal with the problem is reached.

An entirely different form of hierarchy of healers and healing is outlined in the macrobiotic approach. Michio Kushi explains that:

Oriental medicine practiced in China, India, Japan and other Asian countries from a time unknown ages ago, possibly about 5,000 years ago, until the beginning of widespread westernization about 100 years ago, has as its primary approach, either medicine for the cause or medicine by the way of life. It classifies the kinds of medicine into three:

Highest medicine - Treatment of the whole personality and way of life, mainly through general guidance towards self-reflection and self-improvement of daily life.

Middle medicine - Treatment of cause, mainly through dietary change, physical exercise, and adjustment of energy flow.

Lower medicine - Symptomatic treatment, mainly through medicinal and surgical practice.

It classifies into three the doctors who deal with sickness:

Highest doctors - Those who treat and heal various sicknesses of society, the country, and the world through philosophy and education about the proper way of life.

Middle doctors - Those who treat and heal a person who is suffering with sickness through changing his personal habits.

Lower doctors - Those who treat and heal sickness symptomatically but who do not treat the whole personality of the patient (Kushi 1977, p.109).

This classification is interesting in that it highlights the extent to which teaching and healing have been synonymous terms in the traditional sense because of the overlap in the work undertaken. It reflects the current initiatives for preventative medicine and public health within conventional medicine and shows the relevance of the work of religious sages, and social philosophers to the work of healing.

The concluding pages of this chapter provide a summary of definitions given of the healing process and how it functions. They have been chosen from the questionnaire responses, and their diversity reflects some of the conjectural points given above. This collection of opinions has been randomly juxtaposed and the style, or voice of each author preserved. One of the philosophical gains of post-modernism has been the recognition of diversity. This change is reflected in the social sciences by the recognition of cultural diversity; in the new eclecticism of architecture; and in the increased value given to biological diversity in the life sciences. This shift in thinking supersedes the rationalist modernist view that there can be a single, correct answer to a question, or one universally applicable solution to a problem. In keeping with this shift, this chapter has been left open-ended to allow individual reader response and evaluation.

Dr. Pamela Maguire, medical consultant in a Scottish hospital defined healing briefly as: 'The repair of injury ' (1990, QR), and explained:

Most of the illnesses (that will not get better completely, for example, stroke, ischaemic heart disease, Parkinson's disease) - one tries to enable the best possible return of function or to assist the patient to make best possible use of what is left. On the other hand recovery from infection can be promoted by the use of antibiotics. In between these extremes are conditions such as rheumatoid arthritis. Disease activity can be reduced by 'disease modifying drugs' whose action is not completely understood.

Dr. Michael Wetzler of the Bristol Cancer Help Centre believes that: 'the process of healing involves touching the pain [of the patient] and releasing it either physically or psychically', and that this 'can be done in many ways; by gentle exploration and sometimes by hypnotic regression' (interview 1990, QR).

Dr. Bara H. Fischer, Sedona, Arizona, describes her field of health work as 'Life-Energy as Health Cause'. She describes the healing process as: 'Self-healing of body, mind and soul; monitored by Life-Energy Documents (Tesla-Kirlian) and BEEM Interpretation; supported by a toxic free environment, diet and Dinshah Coloured Light Therapy'. She explains: 'They enhance life-energy (without merely suppressing symptoms)' (1990, QR).

John Winthrop Smith, Taos, New Mexico, works in the field of acupuncture and holistic therapies using body work and general counselling. He says:

The process of healing occurs on many levels of the individual and is therefore very complex. The use of antibiotics to cure an infection is healing on a gross level, but many such infections are life threatening. Treatment of ulcers with drugs represents a different case, however. Many diseases are the result of emotional or spiritual impoverishment or imbalance. The cumulative effects of stress, worry, lack of sleep, hurried meals, etc., present complex etiologies which are generally not considered in the standard western model of pathology. Even Pasteur said 'the germ is nothing, the terrain is everything'. Healing on the deepest levels involves the synergistic effects of physical, emotional and spiritual factors. When working together, the body's chemistry, hormones, physiology, and thought processes can all be favourably altered (1990, QR).

He uses, and trains people in the technique of Postural Restructuring and says:

By using acupuncture and body work, as well as nutritional and lifestyle counselling, I endeavor to integrate the body/mind aspect of individuals. Acupuncture allows a more balanced and integrated flow of Chi or energy, and bodywork helps people get in touch with physical and emotional blocks, allowing the individual to feel more integrated.

Dr. Susan J. Blackmore, a Bristol-based psychologist who did her doctoral work in parapsychology defined the healing process as: 'Similar to placebo effects, [the] integration of imagery, expectations, etc., with bodily functions' (1990, QR).

Although she does not work in the field of health care she considered that: 'the relationship of imagery to the immune system and hormone control' was a new finding that was most likely to change our understanding of the healing process.

Michael Endacott, who is employed by The Institute For Complementary Medicine, London, described the healing process as: 'a natural phenomenon which takes place when the physical, mental, emotional and vital energy or spirit of the individual is in balance. It should occur in a spontaneous way'. Of the therapies he employs to achieve this he says: 'All are involved in stimulating the immune system, removing mental or emotional blocks to the healing process and allowing the patient to regain full health and well-being ' (1990, QR).

Jane Ann Dow and Katrina Raphael both live in Santa Fe, New Mexico. They have worked together using channelled information on crystal therapy which has become the subject matter for three books by Raphael. Jane Ann Dow describes herself as an energy "sensitive" and works now as a facilitator of souls in transition. She does not wish to be known as a healer, a channel, or a New Age practitioner. Her view of the process of healing is that it

is a change or alteration of energy that allows for correction or modification of a physical, emotional or spiritual disharmony. Contrary to the opinions of many, healing comes from the healee rather than the healer. The role of the healer is one of facilitation, creating the atmosphere or opening the channel of light that allows the client to see or sense their own disharmonies, their place of origin and most important what it will look or feel like to be whole or healed (1990, QR).

Some significant research into the interaction between electromagnetic fields and biological activity has been done by Dr. Cyril Smith, biophysicist, Salford University, England, in conjunction with Dr. Jean Munro at Breakspear Hospital in Hartfordshire. Dr. Smith describes the healing process simply as the 'Reinstatement of homeostatis and regeneration of faulty regulating systems ' (1990, QR).

He comments:

If the healer is able to sense the necessary electromagnetic frequencies and generate these through a biofeedback process, perhaps involving synchronous muscle or metabolic activity, then there is no reason why the patient should not respond with a cure in seconds, as fast as the

neutralization of an allergic response by any other technique (additional material, 1990, QR).

Edinburgh natural therapist William D. Austin lists amongst the various forms of healing: self-induced; induced through the help of another party; resulting from the taking of healing substances; from manipulation of the structures and organs of the body; divine healing; and spirit healing. He says: 'The process of real healing is a permanent change from sickness to wholesomeness, which brings peace and freedom to the individual ' (1990, QR).

Author, cancer survivor, and organiser of the New Approaches to Cancer network in the UK, Colin Ryder Richardson, took me to task over my questionnaire:

one feels confronted with an examination paper where the questions asked are made from a different viewpoint, possibly medical? You cannot define the healing power of love in all its shades. To ask such questions is like trying to value a work of art by counting the cost of the materials involved ... say ten dollars. That is logical thought. Creativity or right brain working doesn't do that - that is left to the left side ... Our view is that you have to use an holistic approach which is 1. Body, 2. Mind (Left and Right), and 3. Spirit. The problem is that the more questions you ask the more difficult the problem becomes ... Therefore only a loving simplistic way works in holism.

To Colin the healing process is:

Love (We all have the ability within ourselves).

The drawing together and working in unison with the spirit so that the coming together grows from within and expands from the well who acts as a bridge to the ill (Providing the action is surrounded by belief then it will work) (1990, QR).

Two responses, that were similar, came from Willard H. Dean, who works in natural therapies in Santa Fe, who sees healing as: 'Restoration of harmony and balance (homeostatis) to the body, mind, spirit ... through mobilizing the intrinsic energies that make up the human entity as we know it' (1990, QR); and Anne C. Arnold Silk in England who says healing is: 'Restoration of biostasis and immuno-competance levels ... [through] ... nutritional means, and elimination, where possible, of adverse electro-magnetic fields, both electro- and geo-[magnetic]' (1990 QR).

Paul Barber, who practices Gestalt, T.A., and Analytic Group work in England, says healing is: 'A self-regulating process organismically determined but facilitated by the developmental relationship the individual needs ... [achieved by] reintegration ' (1990, QR).

Hobart general practitioner and allergy specialist Dr. Vicky von Witt sees healing as:

The change from disease to a state approaching health. Health is a state of being where optimum genetic potential is fulfilled in harmony with the world around; a dynamic state of psychic and physical well-being, with happiness, personal and social and reproductive fulfilment and a sense of oneness with all things, acceptance and expression of necessary pain and emotion, freedom from diseases [achieved through] nutrition, micronutrient supplements, counselling with a sense of personal connection with the patient, use of enzymes, bowel flora and herbs to promote gut healing, use of exercise, sauna, antioxidants and chelation to get rid of toxins. Encouragement of yoga, meditation, relaxation, fulfilling social interactions, care for others as a means of attaining peace, fulfilment and personal health (1991, QR).

Ziji Beth Goren who works in the field of Body-Mind Centering in Taos, New Mexico writes:

I don't know that I can answer the questions as you simply put them. I do know that the process of healing is more than body or mind, though these two each have influence over the other. Spirit as Light or Letting Go or some other appropriate intent is involved. And on subtler, deeper levels, the Soul is involved - sometimes coming through as vision from a dream state, past life, or ancestral image.

I have been blessed to facilitate two serious healings while in dream state, doing a kind of psychic surgery. I cannot do this at will. It's a gift that comes with deep receptivity of the person who needs healing and my awareness of the problem. There's a kind of 'LAZER OF INTENT' in the dream and I know in the dream when the healing is completed. But mostly I work with a person's own (and my) voice, movement, anatomical imagery, and hands on cellular change. ... I adapt and use what works in each individual case or particular group mind which is different at any session.

The important thing is to make contact on some level, with the person, be it physical, emotional, systemic, spirit, etc; wherever there's a WAY IN.

That's what's often (but not always) lacking in conventional medicine. They used to call it 'Bedside Manner' - a kind of deep, personal caring, coupled with the knowledge of experience and intuition (1990, QR).

My two respondents from the Findhorn community gave concise and similar views of the healing process. Janice Eddy (MA. in Counselling Psychology) says that healing work is:

The increased awareness of, and bringing together or integration of, the many parts of the self - self-awareness and self-acceptance, becoming whole [which she does by] helping people overcome denial, acknowledge reality and accept it, and by motivating change which more deeply empowers people to make constructive and joyful choices (1990, QR);

and Dr. Cornelia Fellner says:

the process of healing equals being whole, being the full expression of one self, the full potential, centredness and alignment on all levels (physical, emotional, social, mental and spiritual), the ability to grow through experience in an automatic way, that is, not blocking any potential lying in this step of growth. Listening is my main 'technique' and using my intuition to reflect insights to the person which mainly support the client, encourage and selfempower (1990, QR).

Daniel J. Benor, a London-based psychiatrist who has done 'psi' healing research says:

Healing involves complex, interdigitating hierarchies of processes, including levels from subatomic, atomic, molecular, organelle, cell, tissue, organ, hormonal, neurological, immunological, organismic, person (emotions, mind, spirit), interactional (family, social, societal, global) levels. Healing is harmonizing of dysharmonies or dis-ease.

I work primarily through eclectic approaches of psychotherapy and healing (laying on of hands, absent/distant healing) combined (1990, QR).

Marian Dalling who is associated with the Teilhard Centre in Teddington, England wrote that healing is:

from the Anglo-Saxon HELE; to make whole. Through physical and spiritual nurture to enable the natural healing processes of the patient's

body to take over. I also believe that since the Holy Spirit is the Lord, Giver of Life, through Grace we are enabled to open ourselves to this, indwelling power and that Jesus is 'The Way', based on the dynamic of the Trinity.

As a nurse I would use all the techniques of Nursing Treatment, based on good hygiene and regular monitoring and care. Where medical and surgical skills are involved the patient needs to know how their bodies work and how the treatment works. They need to have their anxieties dealt with including any doubts they have Spiritually - only then would I impart my views to them and if they wish pray with them. This can be dynamic.

Sometimes the process of disease has gone too far for recovery and the patient may feel the need of a faith to help them face this next venture of their own death. The greatest reassurance at this stage is one's own belief (1990, QR).

Jan Jedryka, President of the Natural Health Therapies Association of Tasmania, sees healing as: 'the integration of all aspects of the human being into a harmonious whole' (interview 1990, QR).

Nicola Hall, Director of the Bayly School of Reflexology, at Worcester in England, defines healing as the 'process by which [the] body corrects imbalances which are present' (1990, QR).

Some channelled material was provided by Hobart natural therapist Dr. Jocelyn Townrow:

the process of healing equals the reversal of the disease process; reestablishment of harmonic balance in [the body] at physical, emotional, mental, psychic and spiritual levels; that is [the] holistic approach. Stress relief and relaxation allow [the] body's own processes to operate [to] enhance oxygenation of tissues using breathing backed up with directed thought (illness to wellness, negative to positive).

Healing takes place at the cellular level through the action of the life force/love/God; these higher frequency vibrations entering through the etheric body into the lower vibrations of the physical body, appearing first at the physiological level (pure energy), then the action of oxygen (in the first instance influenced by the stored emotions, both positive and negative), releasing toxins ... [which are] carried away via the lymph ... reentering the blood for cleansing by liver and kidneys, and sweat glands.



The healing process is "allowed", or not, by the thoughts of the one healed at the conscious and unconscious levels. The intent of the thought is of paramount importance, allowing or blocking the flow of healing energy (love/God force, call it what you will) which enters through the chakras both major and minor, directly or 'channelled' via the 'healer'. Healing is essentially a vibrational phenomenon, assisted, or hindered, by the vibrations of all involved from the patient/client, medical/naturopath, to the cook, victim and cleaner - all entering the immediate environment of the unwell one. [It is] also assisted or hindered by the vibrations of the things taken in such as water, drugs, food, flower essences etc., colours, sounds, aromas, electrical frequencies and phenomena according to their frequency compatibility and resonance with the healthy frequencies desired (Channel: Aldebran 1991, QR).

Co-author of Food Combining for Health (Grant and Joice 1984) Doris Grant, who lives in Poole, Dorset, provided the following definition:

Healing is a process directed by an intrinsic wisdom and intelligence within each cell in the body. Healing takes place when we stop doing the things that interfere with this cell intelligence, and allow the body's inbuilt regenerative healing power to do its work. The causes of interference with this healing power are poor diet, wrong attitudes, and harmful activities, but the primary, and crucial, cause is poor diet. [The healing process is brought about] by observing the ancient (but long forgotten) physiological laws of compatible food combinations on which the system known as the Hay System is founded. (Dr. Hay never claimed, however, that his system 'cured' any disease; it merely allows the body to heal itself.) These laws stimulate the body's healing powers, and boost the immune mechanism (1990, QR).

## **CHAPTER TWO: THE ANTECEDENTS OF CONTEMPORARY HEALING ACTIVITY**

Whom shall I ask to plead for me when even the righteous is scarcely secure?  
(Biblical lyrics, Arvo Pärt, Miserere, 1991).

In May 1990 while in Northern Ireland I visited the Struell Wells in County Down. This grouping of stone buildings, including a bath house, and meeting spaces is a sacred site from an earlier period. I had no difficulty in observing the utility and amenity of the site; the spring which arose at that point had obviously been a valuable resource. The site had been spoilt by graffiti and litter, and I remember taking part in a discussion about heritage conservation values and delinquency, but I left the site not fully appreciating its significance. Only later did I realise that the image of the well provides a powerful metaphor for healing. Although he does not express the metaphor particularly well, Colin Ryder Richardson's account of the imagery he uses for healing (Chapter One, p.8-9) when he says: ... 'the coming together grows from within and expands from the well' ... contains the image of the well as the source of healing energy, or the infinite source of life energy. The well can also provide an image of disease, or unwellness; the flow of water into the well can cease or be blocked off, or the water become polluted or bitter. The traditional symbolism of the well is even wider:

Well: The feminine principle; the womb of the Great Mother; the psyche. Having contact with the underworld, the well often contains magic water with powers of healing and wish fulfilling. A closed well depicts virginity. A well fed by a stream is the union of male and female. In Celtic mythology sacred wells give access to the other world and have magical properties and contain the healing waters. In Hebrew symbolism a well of fresh water denotes the Torah. In Christianity it represents salvation and purification. The well, spring or fountain at the foot of the Tree of Life in Paradise gives rise to the Living Waters and the four rivers of Paradise (Cooper 1978, p.190).

It is also interesting to note how these symbolic meanings have come into language. The people of my parents' generation would ask each other: 'How Are You?' and get the simple response 'I'm well (or unwell, or not so well)'. The same question today is more likely to bring responses such as 'I'm over the moon (about such and such)' or 'I'm really spaced out at present', or 'I need some time out'.

The comments above are given in an attempt to show the links between religion and healing in terms of symbolism, and a sense of what constitutes the sacred. Mircea Eliade (1959) makes the comment in relation to language:

The sacred always manifests itself as a wholly different order from 'natural' realities. It is true that language naively expresses the tremendum, or the majestas, or the mysterium fascinans by terms borrowed from the world of nature or from man's secular life. But we know that this analogical terminology is due precisely to human inability to express the ganze andere; all that goes beyond man's natural experience, language is reduced to suggesting by terms taken from that experience.

He continues:

The first possible definition of the sacred is that it is the opposite of the profane. Man becomes aware of the sacred because it manifests itself, shows itself, as something wholly different from the profane. To designate the act of manifestation of the sacred, we have proposed the term hierophany ... [which] expresses no more than is implicit in its etymological content, that is that something sacred shows itself to us (Eliade 1959, pp.10-11).

Eliade regards the incarnation of God as Jesus Christ to be the supreme hierophany of Christianity. He points out that even the most elementary hierophany represents a paradox because:

By manifesting the sacred, any object becomes something else, yet it continues to participate in its surrounding cosmic milieu. A sacred stone remains a stone ... But for those to whom a stone reveals itself as sacred, its immediate reality is transmuted into a supernatural reality. In other words, for those who have a religious experience all nature is capable of revealing itself as cosmic sacrality. The cosmos in its entirety can become a hierophany. The man of archaic societies tends to live as much as possible in the sacred or in close proximity to consecrated objects. ... for primitives as for man of all pre-modern societies the sacred is equivalent to a power, and in the last analysis, to reality. The sacred is saturated with being. Sacred power means reality and at the same time enduringness and efficacy. The polarity sacred - profane is often expressed as an opposition between real and unreal or pseudoreal. ...

Thus it is easy to understand that religious man deeply desires to be, to participate in reality, to be saturated with power (Eliade 1959, pp. 12-13).

Eliade also comments on a crypto-religious experience of space:

There are, for example, privileged places, qualitatively different from all others - a man's birthplace, or the scenes of his first love, or certain places in the first foreign city he visited in youth. Even for the most frankly non-religious man, all these places still retain an exceptional, a unique quality; they are the "holy places" of his private universe, as if it were in such spots that he had received the revelation of a reality other than that in which he participates through his ordinary daily life (Eliade 1959, p.24).

Despite the historical context, the religious viewpoint is that

there is an absolute reality, the sacred, which transcends this world but manifests itself in this world, thereby sanctifying it and making it real ... life has a sacred origin and ... human existence realises all of its potentialities in proportion as it is religious - that is, participates in reality. The gods created man and the world, the culture heroes completed the Creation, and the history of all these divine and semidivine works is preserved in the myths. By reactualizing sacred history, by imitating the divine behavior, man puts and keeps himself close to the gods - that is, in the real and significant (Eliade 1959, p.202).

It is also relevant in "setting the scene" for this and subsequent chapters to mention Eliade's opinion that

it is only in the modern societies of the West that nonreligious man has developed fully. Modern nonreligious man assumes a new existential situation; he regards himself solely as the subject and agent of history, and he refuses all appeal to transcendence. In other words, he accepts no model for humanity outside the human condition as it can be seen in the various historical situations. Man makes himself, and he only makes himself completely in proportion as he desacralizes himself and the world. The sacred is the prime obstacle to his freedom. He will become himself only when he is totally demysticized. He will not be truly free until he has killed the last god (1959, p.203).

The heirophany of Christ's healing work, which provides such a notable antecedent for contemporary healing and healers, is best known through accounts from the New Testament writings. The voice which recounts the following anecdotes from Christian mythology is one which was approved by the strategists of the orthodox section of the early Christian church, and thus it has survived and become widely known.

According to Matthew 3:16-17 (Joint committee on the New Translation of the Bible 1961, p.6), Christ's healing ministry was preceded by his baptism by John the Baptist; the receiving of the Holy Spirit, which descended in the form of a dove; and a period of solitude in the desert, after which he reappeared to give the Sermon on the Mount. There are frequent references to the types of illness he cured. For example, Matthew 4:23-24 says:

He went round the whole of Galilee ... curing whatever illness or infirmity there was among the people ... sufferers from every kind of illness, racked with pain, possessed by devils, epileptic, or paralysed, were all brought to him, and he cured them (as above, p.7).

As well as providing information on the types of illness healed, Matthew 8:2-4 provides accounts of the dialogue between Christ and those healed. For example, a leper approached and said:

'Sir, if only you will, you can cleanse me.' Jesus stretched out his hand, touched him, and said, 'Indeed I will; be clean again'. And his leprosy was cured immediately. Then Jesus said to him, 'Be sure you tell nobody; but go and show yourself to the priest, and make the offering laid down by Moses for your cleansing; that will certify the cure' (as above, p.13).

A centurion, whose son is ill, approaches Christ in the belief that he might heal the boy: 'Then Jesus said to the centurion, "Go home now. Because of your faith, so let it be." At that moment the boy recovered' (as above, p.14).

And in the country of the Gadarenes:

he was met by two men who came out from the tombs; they were possessed by devils, and so violent that no one dared pass that way. 'You Son of God,' they shouted, 'what do you want with us? Have you come here to torment us before our time?' In the distance a large herd of pigs was feeding; and the devils begged him: 'If you drive us out, send

us into that herd of pigs.' 'Begone', he said. Then they came out and went into the pigs; the whole herd rushed over the edge into the lake, and perished in the water ... some men brought him a paralytic man lying on a bed. Seeing their faith Jesus said to the man, 'Take heart, my son; your sins are forgiven. ... stand up, take your bed, and go home.' Thereupon the man got up, and went off home (as above, pp.14-15).

In Matthew 9:20-22 an account is given:

a woman who had suffered from haemorrhages for twelve years came up from behind, and touched the edge of his cloak; for she said to herself, 'If I can only touch his cloak, I shall be cured.' But Jesus turned and saw her, and said, 'My daughter, your faith has cured you.' And from that moment she recovered.

This event happened while he was being approached by the president of the synagogue who had told him earlier: "'My daughter has just died; but come and lay your hand on her, and she will live.'" Jesus and the disciples went to the man's house and when Jesus saw a noisy crowd there: 'he said, "Be off! The girl is not dead: she is asleep," but they only laughed at him. But, when everyone had been turned out, he went into the room and took the girl by the hand, and she got up.'

In what appears to be a very busy healing session:

Jesus was followed by two blind men, who cried out, 'Son of David, have pity on us!' ... Jesus asked, 'Do you believe that I have the power to do what you want?' 'Yes Sir', they said. Then he touched their eyes, and said, 'As you have believed, so let it be'; and their sight was restored. Jesus said to them sternly, 'See that no one hears about this.' But as soon as they had gone out [of the house] they talked about him all over the countryside (as above, p.16).

Shortly afterwards: 'a man was brought to him, who was dumb and possessed by a devil; the devil was cast out and the patient recovered his speech' (as above, p.16). When large groups required healing the procedure seems to have been simplified, as, for example, at Gennesaret where 'all who were ill were brought to him, and he was begged to allow them simply to touch the edge of his cloak. And everyone who touched it was completely cured' (as above, p.27). A further brief account is given that in Judaea 'Great crowds followed him, and he healed them there' (as above, p.33).

Having healed people in several districts, Christ passed on the 'authority to cast out unclean spirits and to cure every kind of ailment and disease' to the twelve disciples who were travelling with him (Matthew 10:1). They are given instructions: 'Heal the sick, raise the dead, cleanse lepers, cast out devils', and told: 'you received without cost; give without charge' (as above, p.17).

An account is given in Matthew 17:14-20 of how the disciples attempt to heal a boy suffering from epilepsy, but the attempt fails. When told by the father of the boy about this:

Jesus answered, 'What an unbelieving and perverse generation! How long shall I be with you? How much longer must I endure you? Bring him here to me!' ... he was cured ... [and] ... the disciples came to Jesus and asked him privately, 'Why could we not cast it out?' He answered, 'Your faith is too weak' (as above, p.31).

In a further gesture to illustrate the power of faith, Christ appears to inflict the opposite of healing on a fig tree:

Next morning on his way to the city he felt hungry; and seeing a fig-tree at the roadside he went up to it, but found nothing on it but leaves. He said to the tree, 'You shall never bear fruit any more!' and the tree withered away at once. The disciples were amazed at the sight. 'How is it', they asked, 'that the tree has withered so suddenly?' Jesus answered them, 'I tell you this: if only you have faith and have no doubts, you will do what has been done to the fig-tree; and more than that ... whatever you pray for in faith you will receive' (as above, p.37).

This anecdote seems to belong with Christ's teaching ministry rather than his healing one. However, seen with other phenomena such as Christ's ability to walk on water (as above, p. 27); the transformation of the loaves and fishes (as above, p. 26); and his transfiguration where 'his face shone like the sun, and his clothes became white as the light' (as above, p.30), the incident of the fig-tree suggests that Christ's relationship to energy and matter was one of extraordinary control and interaction.

These accounts are interesting from the point of view of the narration, the style of healing done, and for the curiosity they arouse. The form of narration used has the marks of a publicist at work; a virtuoso performance is being described, and the main theme established is that of the authority of Christ as a healer, and indirectly, the

authority of Christian doctrine itself. The two main requirements for healing to succeed seem to be a statement of faith in Christ's ability (authority) to heal, and some form of contact, either with Christ's hand, or clothing. The healing incidents take place at a rapid frequency, are sometimes done *en masse*, and allow little recovery time for the healer in between. The healing transformations appear to be instantaneous, and the main form of transaction is that the healees are brought forward, so that the healing act can be performed on them. Secrecy or confidentiality is requested of the healed but not often given. Christ gives the authority, rather than skills or knowledge, to heal to his disciples but they are depicted as making a "botched job" of their first attempts at least, so that the focus stays on Christ's healing powers. Some elements of this depiction seem to have seeped into the culture of Twentieth Century medical practice, such as, for example, the busy surgery with a rapid turnover rate, the quick but efficient cure, the authority of the professional, the mystification of the practice, the trust demanded of the client, the reliance on the doctor's knowledge, and the importance of a high success rate to the public image of the profession.

Christ's healing achievements, or miracles, have become part of the Mysteries of orthodox Christianity. His luminous quality is formalised in the painted halo of church iconography. Christ the Healer, as an archetype, continues to be very powerful. However, my questions remain: What sort of person was this? What was it like to be in his presence? What was the quality of his voice, glance, eye contact and general charisma? If we could measure his brain patterns what would they be? If we could film and televise these events what would we see, and what would be their effects on mass audiences? These questions are not necessarily sacrilegious; they are typical contemporary methods of enquiry.

However, as Juan Mascaró, translator of the Upanishads says in his introduction to that work:

The noble longing for truth of the scientist is exactly the same as the longing of the spiritual man for God, because God is Truth. The difference is that the scientist is busy finding facts in the outer world, whether in the stars that are millions of light years from our little earth, or in the world discovered by the microscope; whilst the spiritual man is trying by the experience of Being and of Love to find the Truth of his inner world, the same Truth in the inner world of us all.

He argues also that:



those who rely on physical miracles to prove the truth of spiritual things forget the ever-present miracle of the universe and of our own lives. The lover of the physical miracle is in fact a materialist: instead of making material things spiritual, as the poet or the spiritual man does, he simply makes spiritual things material, and this is the source of all idolatry and superstition. Leaving aside the question that matter and spirit may simply be "different modes, or degrees in perfection, or a common abstractum", as Coleridge says, and the Upanishads suggests, there is the far greater question that in everything spiritual there is an element of beauty which is truth, and which we find in faith, but which is lacking in fanaticism and superstition.

He also raises the question:

Supposing ... we could attain all the psychic powers promised in yoga, does this mean that we have advanced a single step on the spiritual path? Of course not. We have learnt something of amazing psychological interest; but we have not advanced on the path of love. We may even have gone backwards if the slightest pride or self-satisfaction has infected our mind (Mascaró 1965, pp. 40-41).

In response to Mascaró's position which tends to dichotomise both religion and science, and the spiritual and material, I would comment that the discourse which has grown from the interest in the healing process is one which has tried: to resolve such dualities, to find a basis for seeing a continuum between the material and spiritual, or energy, realms; and to bridge the gap between science and religion through understanding where these two fields complement each other to create a more subtle science and a deeper religion (Capra 1983, Birch 1990, Polkinghorne 1986). Of direct relevance to the healing process is the understanding, which is supported by both scientific research and spiritual insight, of the link between consciousness and healing. This link will be discussed in more detail in later chapters.

Transpersonal psychology (Wilber 1986) deals with the evolution of human consciousness. We know now that the evolution of individual consciousness within a life time is possible and not necessarily linked to, or pre-determined by, genetic inheritance and social circumstances, and that evolved forms of consciousness assist in maintaining health and act as causal agents in healing. Any enquiry which adds to our understanding of the nature of a state of consciousness and its achievement assists both the possibilities for healing and human cultural evolution.

Information about the consciousness, hierophany, and healing work of Christ has been extended beyond the New Testament this century by the discovery of the Dead Sea Scrolls and the Gnostic Gospels. The relocation and eventual publication of the 52 gospels referred to now as the Gnostic Gospels, tells us much about philosophical debate in and between the diverse groups which made up the early church. These texts were found in 1945 at Nag Hamadi in Egypt. Originally they had been buried because they were considered heretical. On reading Elaine Pagels' book The Gnostic Gospels (1979) the lasting impression is one of *déjà vu*.. Many of the issues being debated by the first Christians, for example, women in the priesthood, were once more on the agenda for debate at the World Council of Churches Conference held in Sydney in 1991.

From Elaine Pagels' work on the gnostic Christians we can see not only the ideas which were lost to Christian culture as a result of the suppression of gnosticism, but also some of the reasons why that suppression had to occur for the orthodox church to grow and survive politically. As she says, those who wrote the Gnostic Gospels did not regard themselves as heretics. Their name derives from the Greek *gnosis*, or knowledge, so that a gnostic is one who claims to know something about ultimate reality.

... gnosis is not primarily rational knowledge. The Greek language distinguishes between scientific or reflective knowledge ... and knowing through observation or experience, which is gnosis. As the gnostics use the term, we could translate it as 'insight', for gnosis involves an intuitive process of knowing oneself. And to know oneself they claimed, is to know human nature and human destiny. [And] ... to know oneself, at the deepest level, is simultaneously to know God; this is the secret of gnosis (1979, p.18).

This gives added meaning to the words of Jesus which she cites from the Gospel According to Thomas: "If you bring forth what is within you, what you bring forth will save you. If you do not bring forth what is within you, what you do not bring forth will destroy you." (1979, p.15).

She also points out that:

Orthodox Jews and Christians insist that a chasm separates humanity from its creator: God is wholly other. But some of the gnostics who wrote these gospels contradict this: self-knowledge is knowledge of God; the self and the divine are identical (1979, p.19).

There were many other aspects of gnosticism considered dangerous by the orthodox strategists of the early church. The Jesus of the gnostic texts speaks of illusion and enlightenment, rather than sin and repentance; he describes himself as a spiritual guide who opens access to understanding. When the disciple attains enlightenment, Jesus ceases to be a spiritual master and the two become equal or identical. The Eastern influence, from Buddhism or Hinduism, is not impossible given trade and contacts at the time, according to Pagels (1979, p.19). There are similarities to existentialism in gnosticism as well as to writings derived from mystical experience. In addition to this

Some of the texts question whether all suffering, labour, and death derive from human sin, which, in the orthodox version, marred an originally perfect creation. Others speak of the feminine element in the divine, celebrating God as Father and Mother. Still others suggest that Christ's resurrection is to be understood symbolically, not literally (Pagels 1979, p.31).

Valentinus and his fellow gnostics 'celebrated every form of creative invention as evidence that a person has become spiritually alive', and claimed that 'All who had received gnosis ... had gone beyond the church's teaching and had transcended the authority of its hierarchy ' (Pagels 1979, p.53).

The gnostic texts retell the Adam and Eve story so that the serpent is a creature of wisdom, the fruit is the apple of enlightenment, which Eve eats and shares with Adam (Pagels 1979, p.56) without punishment. Eve is described as: 'the spiritual principle in humanity who raises Adam from his merely material condition' (Pagels 1979, p.57).

Although Mary Magdalene is not seen as an apostle by the orthodox, the gnostic texts attribute to her greater insight and spiritual ability than that of the other apostles. Women had equality of status in gnostic circles. Pagels describes their work and involvement in discussions, teaching, exorcism, healing and baptism (1979, p.67), and how they did the work of bishops, celebrated the eucharist and prophesied (1979, p.80). The meeting structure used in gnostic groups was very similar to that in use today in cooperative organisations. The positions held by the initiates in a group were rotated by the drawing of lots (which removed the element of human choice). There were no permanent ranks and both sexes participated equally (1979, p.66). Pagels also describes how historically women were attracted in large numbers to gnostic groups (1979, p.80), presumably because their values, perspective and work were recognised. She gives instances of Christ doing circle dances with his followers, and

singing mystical chants and intonations (1979, p.92); and quotes from one text where the intoning of sound was used as part of meditative techniques to produce an out of body experience in which holy powers that offered instruction could be seen (1979, p.144).

The gnostic viewpoint did not see Jesus as the only source of healing, forgiveness of sins, and deliverance, through receiving his message in faith. Instead

ignorance, not sin, is what involves a person in suffering. The gnostic movement shared certain affinities with contemporary methods of exploring the self through psychotherapeutic techniques. Both gnosticism and psychotherapy value, above all knowledge, the self-knowledge which is insight. ... lacking this a person experiences the sense of being driven by impulses he does not understand (Pagels 1979, p.113).

Furthermore, 'the ignorant are "creatures of oblivion", who cannot experience fulfilment' [and] 'self-ignorance is a form of self-destruction' [because] 'whoever does not understand the elements of the universe, and of himself, is bound for annihilation' (Pagels 1979, p.134).

Another feature of gnosticism inimical to orthodoxy was the Valentinian concept of a plurality of gods. As Pagels points out: 'when the orthodoxy insisted upon "one God", they simultaneously validated the system of governance in which the church is ruled by "one bishop"' ... [and] 'they were at the same time debating the issue of spiritual authority' (1979, p.59).

The model for the orthodox church was the Roman political and military organisational structure. It was based on 'the security of believing that their faith rested upon absolute authority: the canonically approved scriptures, the creed, church ritual, and the clerical hierarchy' (Pagels 1979, p.153). It provided a clear framework of doctrine, ritual and political structure and rejected all forms of elitism (in that its membership was open to all) and thereby rapidly expanded its membership. Members were admitted if they confessed the creed, accepted baptism, participated in worship and obeyed the clergy.

These features served to unify a diverse and scattered church. It also helped to overcome jealousy among members of those who may have special gifts such as healing and prophecy (Pagels 1979, p.117). By 200 AD Christianity was an institution headed by a three rank hierarchy of bishops, priests and deacons, from which the laity were quite separate. The church saw itself as the guardian of 'the one

true faith'. The church in Rome was established and it was seen as imperative that it must become 'catholic', that is, universal (Pagels 1979, p.21).

By this time also 'virtually all the feminine imagery for God had disappeared from orthodox Christian tradition' (Pagels 1979, p.78) and women had been eliminated from prophetic, priestly or episcopal roles in the orthodox church (Pagels 1979, p.81). Furthermore 'when Emperor Constantine became Christian in the fourth century, the penalty for heresy escalated' (Pagels 1979, p.22).

One of the effects of the suppression of gnosticism, is that although the Christian church has been powerful for centuries, religious debate in Western culture has been stunted and deprived of much of its content. Also in a situation where the established church and religion are presented as synonymous, there is an increased chance that those who reject church doctrine as irrational will then not think seriously about religion. Both of these effects, it could be argued, have had a detrimental influence on the development of the theory and practice of healing. As well as creating a certain religious tradition the orthodox church perfected a powerful and pervading administrative tradition. The rationalised organisational model provided by the orthodox church has become the dominant one in that it has been adopted widely as a system for government, and as a model for the professions, including the medical profession.

The antecedents of contemporary healing are not confined to Christianity. For example, Buddhist nun and peace activist Chico Komatsu in her account of the life and teaching of the Buddha recounts the conversation between Sudhana, who is seeking enlightenment, and the monk Sagaramegha who says:

Aspiration can only be aroused from a great loving heart, which seeks comfort and ease for all; from a great compassionate heart, which seeks to protect all sentient beings; from an unflagging heart, which seeks the eradication of the suffering of all; from a heart which desires to benefit others, and to eradicate all that is not good; from a fearless heart, which seeks to take away all torment; from an unimpeded heart, which seeks to remove all impediments from others; from a large heart, which fills the whole universe; from a boundless heart, which is like space; from a spotless heart, which sees all the Buddhas; from a pure heart which has the wisdom not to differentiate between the past, the present and the future; and from a heart of wisdom, by which the ocean of all knowledge can be penetrated (Komatsu 1989, pp. 91-92).

As Ken Wilber points out (Wilber 1986), this is not the physical heart, or even the subtle heart chakra, but the causal and ultimate Heart. It is the Heart of Christ; it is part of the revelation of the Dharmakaya, intuited by identity by all Dharmakaya sages such as Gautama Buddha, and Bodhidharma, the founder of Zen Buddhism, and underlying the evolutionary religious insights expressed in the Upanishads, and understood by the Gnostic Christians (Wilber 1986, pp. 243-248). It can also be interpreted as the heart of the healer; the person aroused to action by compassion for others. Seen as such it extends the concept of healing to include social justice issues.

### **CHAPTER THREE: THE HEALTH SYSTEM: THE MEDICAL MODEL**

Almost all novel developments in science pass through the 'lunatic fringe' before being incorporated in the orthodox nucleus (Robert O'Neill, New York Times)

The focus for this chapter is institutionalised systems of health care. The questions raised concern the quality and appropriateness of the care provided. Those employed in health work are in the best position to assess their own work, that of their colleagues, and the organisational policy which provides the framework for their efforts. Populist critiques of medical practice from within the profession are readily available (Mendelsohn 1979, Berger 1988). Through writing and lecture tours, Texas doctor Larry Dossey has stimulated discussion of the "New Physics", and similar ideas, among his colleagues (Dossey 1985). The viewpoint from which I write is that of a consumer of health services. I have some things to thank the medical system for, including a life-saving appendectomy done on my sixth birthday. However, a long-standing dilemma remains. While there is a long tradition of public trust in the medical profession, doctors are dealing with people who are vulnerable, because they are, for example, experiencing pain, incapacitated, in shock, or under anaesthetic for surgery. In such circumstances, maintaining the dignity of the patient is important, as is also the obligation to avoid irreversible iatrogenic disorders resulting from errors, both in surgery and in the prescription of medications. This perceived dilemma, where trust and apprehension can coexist in the mind of the health consumer, if it exists in relation to complementary medicine, may have more to do with the fact that the approach being taken is new, or at least, unfamiliar.

The feminine principle in healing work refers to nurturing and caring for those who are unwell. It can also relate to self-nurture as a means of preventing illness, or recovering from it. Nurturing work has been traditionally within the area of women's work, even though it is not exclusively so. The desire to care for others is implicit in all healing and health care work. For those who are unwell, a supportive environment, in which normal responsibilities are suspended, special meals prepared, hygiene taken care of, and treatment provided, becomes a crucial part of the background against which healing takes place. In such an environment there is time to rest and recuperate, to reflect, to resolve inner conflict, and to confide in others. To be cared for in such a way at a time of dependence can restore a sense of self-worth and, indirectly, of social cohesion. Someone cares. To care for a sick friend, or relative, or someone isolated from their usual support system, can be (provided the experience is not too prolonged), a source of personal satisfaction and fulfilment. When this form of caring is done informally it has a degree of authenticity because it is done

voluntarily. In the formal health care system, nurturing has become the designated work of nurses and social workers. Because it is paid work, the authenticity of the care given depends largely on the dedication, personality, and training of the carer. In difficult times, such as the current recession, both the informal network of caring and human resourcefulness are tested. Unemployment in Australia "exceeded the one million mark" for the first time in January 1993, with 1,017,600 people unable to find work (Australian Bureau of Statistics 1993).

Nurturance at the domestic level cannot be ignored. For example, how food is selected and prepared, and the atmosphere in which it is eaten is linked to health. If children are involved, events in the family have a bearing on whether the child will bear psychological trauma or not. There is no such thing as a perfect family. Some useful insights into the pitfalls and minefields of family life are presented, most entertainingly, by Robin Skynner and John Cleese in Families and How to Survive Them (1983). The accumulated effects of adverse early life experiences and the stresses of being in a dysfunctional family figure frequently in healing work.

Some of the comments I have made on nurture may have the tone of a homily, or give the impression that the obvious is being stated. However, if dissatisfaction with institutionalised care leads to change, then it is reasonable to expect that individual life skills training will form a significant part of that change. It is worth commenting also that in non-Western religion principles of "right living" are intrinsic to religious practice. A good example of this is macrobiotic theory and practice (Kushi 1977), which has its origins in Taoism but is now widely practised by the Japanese, by Buddhists, and by many in the Western cultures. Buddhism has strains of "right living" theory, as in the Ten Precepts, the Four Noble Truths, and the Eightfold Path (Komatsu 1989, pp. 11-13).

In the compartmentalisation which has occurred in the formal health care system this century in Australia and similar societies, the basic groupings which can be identified are clinical medicine, which extends into the separate fields of mental and dental health; public health; and complementary medicine. The confrontational term of "alternative medicine" has been replaced by that of "complementary medicine" and this signifies the degree of overlap between the two areas. An example of this overlap is in cancer treatment when surgery followed by stress reduction and relaxation therapy is the approach. However, the situation still remains that acupuncture is the only complementary treatment claimable under the Medicare system. The difference between these two systems is one of emphasis. In the system of conventional medicine there is still a strong reliance on chemicals, surgery, complex equipment, and large institutions to achieve conditions under which healing can take place. It also



tends to concentrate on treating diseases and symptoms, whereas complementary medicine tends to treat the whole person in context, and the underlying causes of the disease state. Complementary medicine is more likely to offer treatments which employ natural systems, and which encourage individual responsibility for well-being, although a major emphasis in public health at present is on the prevention of disease. Entering into this situation is a growing number of consumer health groups and a variety of medical associations and unions, all of which play a part in the changes occurring, for example, by lobbying politically.

The expansion of the public health sector in Australia and the future directions which this expansion may take are expressed in the report Health For All Australians (Australian Department of Community Services and Health 1988). A detailed summary of the aspects of the report discussed in this chapter is provided in Appendix Two. Tony McMichael, writing in the newsletter of the Public Health Association of Australia (1990), provides an historical perspective on public health systems, which first developed in industrial England. Centralist policy measures such as The Public Health Act of 1875 were designed to remedy urban and social problems. McMichael says:

Over a century later, as we emerge from a long era of public health being eclipsed by the seductive successes of individual-orientated clinical medicine, these same values are being rediscovered. Some call it the New Public Health; others recognise it as the Old Public Health Rediscovered. What is undoubtedly "new" is the greater capacity of modern, literate, and politically enfranchised communities to take greater control of their own social environment and health.

This has inevitably required some political struggle: lay against professional and centralists against decentralists.

Looking to a further horizon, what is true within a community or within a single country is now being perceived as true for the international community. The yet-to-be fully recognised public health consequences of environmental degradation will also need to be tackled within a framework of social justice. Some of these problems exist unprecedentedly, at a global level (that's another thing, that is "new" about Public Health as we approach the year 2000) (1990, p.3).

He continues:

The often unrecognised underpinnings of public health are clean air, adequate and clean water, and an intact ecology that assures such things as

food production ... It is these underpinnings that are now considered under threat. Ironically this is the end result of the cumulative impact of those same modes of material production and mass consumption which initially contributed so much to the First Public Health Revolution (1990, p.3).

McMichael includes in his discussion recognition of the need for sustainable development, and shows an awareness of the role played by economic rationalism in contributing to social and global polarisation between rich and poor, in his view of an ideal public health policy based on social justice (1990, p.12).

Rufus Clarke (1990) provides further background:

The word "health" is now frequently used in a disturbingly Orwellian way as a euphemism for illness; thus health care is actually care of the sick, and the Minister for Health is preoccupied with the problems of the provision of illness services. This perversion of the meaning of the word health has been due largely to the spectacular success of the application of modern science to Western medicine, to the consequent power and social prestige of the medical profession (most of whose efforts are directed toward curing disease and illness), and to the overt and covert encouragement of unrealistic public expectations about the potential of curative medicine ... [and] ... It is clear that the law of diminishing returns is now in full swing: Further attempts to improve the health of populations by more investment in curative medicine are marginal in their returns - that is, large investments are producing only minimal gains (1990, p.2).

The development of public health policy, as he explains, is part of a World Health Organisation initiative based on the 1978 declaration of Alma-Ata which 'proposed that the "fundamental human right" of health should be pursued through primary health care.' As a result:

In the technologically advanced world, there is a growing movement ... which emphasises the importance of the psychosocial environment ... [so that] ... the debate now hinges on whether to spend more at the margins of medical care or whether to spend instead on the margins of environmental improvement (1990, p.2).

Both Clarke and McMichael have clarified the scope of and rationale for increased public health funding. No doubt there will be some gains for the public stemming

from the programs and structures already implemented under the Health For All report. In addition, with the federal Housing portfolio now included in the Department of Community Services and Health, attention will be given to the contribution played by housing and urban design to the psychosocial environment under programs such as the Better Cities Program, in Australia, which is complemented by the Healthy Cities Program worldwide. (A detailed discussion of architecture, urban planning and housing issues related to this study is provided in Appendix Three.) The same department also administers the annual National Health and Medical Research Council (NHMRC) Research Grants scheme, and in the 1991 guidelines there was ample scope for research proposals going beyond clinical medical concerns. Nevertheless, the decentralist arguments which McMichael mentioned are well worth considering.

British painter Frank Auerbach is supposed to have said recently: 'Real style is not having a program - it's how one behaves in a crisis' (Hughes 1991, p.417). My first general observation on the Health For All report is that in crisis-ridden post-modernist times, Australians have been delivered a modernist plan for action. As a planning document the report needs to be considered in terms of the language and concepts used, and the difference between the theoretical contents and the actual goals set. Also, as Noam Chomsky has made us aware with media criticism: what is left out may be as significant as what is included, although Appendix Two of this thesis provides information on this aspect.

The style of the report is that of bureaucratic rationalism. Epidemiological studies which reveal a health profile of Australians, on the basis of symptoms and disorders treated by the medical system, are used to "target" socio-economic groups needing special attention, and also areas for potential cost cutting within the system of health care delivery. The Canberra-based bureaucratic structure which has been funded as a result of the report has preventative health education, for both medical practitioners and the public, as its main role. The approach adopted for the public education programme is a behaviourist one aimed at the modification of risk behaviours via a marketing model.

Discussion of risk environments is based on structural analysis with little discussion of disease processes. The abstract statistical and categorising language used, lends itself to the danger (as in the current vogue for discussion of economics, where issues are reduced to indicators, or "the numbers") that statistical indicators in public health will have their meaning transposed too readily into terms of electoral outcomes for governments. This is true also for many of the targetted goals which are expressed as statistical reductions or gains to be achieved, mostly by the year 2000. This form of

expressing aims gives cause for uneasiness on several grounds: the inflexibility of committing funds so far ahead to goals which might well be found to be spurious, or at least shallow; the convenience with which they provide all Australian Health Ministers a reason to follow uniform policies which concentrate exclusively on these goals without due attention being given to other health issues; the way in which they pre-empt community input; and "theatrical" reasons, considering the embarrassment caused by Prime Minister Bob Hawke's magniloquent statement on child poverty, made in the mid-1980's, to the effect that no child in Australia would be living in poverty by the year 2000.

Some goals are targetted without much indication being given as to how they are to be achieved. One such example is the provision of an adequate supply of clean drinking water by the year 2000. The widespread blue-green algal blooms in the Darling River system in 1991 demonstrated that the provision of water supplies must extend beyond collection and chemicalisation, to include, at times, considerations of agricultural practices, sewage treatment, climatic change, and emergency services, that is, whole catchment management, involving a range of government and scientific agencies in an ecological approach. The inclusion of this goal may well reflect the priorities of the World Health Organisation for primary health care world-wide, but represents a complex and expensive planning problem, even in Australia. The Australian Government's policy on the environment, which was released in 1992, does concentrate generally on the two issues of water supply, through improved catchment management, and land degradation. With funding concentrated on these two valid problems, other environmental health concerns remain unfunded. What is also demonstrated is the cost, in budgetary terms, of translating into reality, one line of rhetoric in the Health For All report.

There seems to have been a similar degree of underestimation in the goal of establishing a plan for the holistic training of health care professionals by 1990 based on a multi-disciplinary approach which keeps structural analysis in mind. This is already wide-spread practice in areas of medicine where it is possible and desirable, such as rehabilitation, drug addiction support, and community health centres. Bringing a whole team together to gain a multi-factorial view of the problems of a patient does not necessarily constitute holism. Holistic training can take many years if it includes personal development as well as holistic modalities. Holistic medicine usually requires a context different from that provided by conventional medicine. The "grafting" together of these two forms of approach is at present a difficult prospect. There is no funding for holistic medicine, in its own right, in the report.

Since the report was written the situation of conflict and competition between orthodox medicine and natural healing therapists in Australia has been complicated by legislation proposed by the federal government. As health writer Paul Edwards explains:

The House of Representatives Standing Committee on Community Affairs has recommended that the classification of natural health practitioners as "health professionals" be removed from the Therapeutic Goods Regulations on January 1, 1994. This would mean naturopaths losing access to remedies registered under the regulations and being able to dispense and advertise only preparations for minor ailments such as coughs and colds (Edwards 1992).

This would have the effect of limiting the prescription of remedies such as the Bach Flower remedies (Bach 1931, Hyne Jones 1987), and Australian Bush Flower remedies (White 1988) to legally registered practitioners. The Standing Committee has left it to the states and territories to organise a system of registration. But as Edwards (1992) explains: 'natural therapists say they cannot detect much action. They fear orthodox medicine will force them out of business.' The amount of business at stake he estimates is 'the annual fees of about \$100 million' charged by an estimated 5000 practitioners, and the '\$430 million retail value of remedies, health foods, and natural cosmetics.' In addition:

If registration proceeds, qualified therapists will have access to herbal remedies prescribed for serious ailments - heart conditions, respiratory diseases, ailments of the liver and kidneys. They will also be allowed to advertise these treatments. If it does not happen - and the Australian Medical Association (AMA) is not exactly championing the natural therapists' cause - the natural healing profession and industry will collapse (Edwards 1992).

This collapse could occur because currently only chiropractors and osteopaths are registered, on the completion of a degree course. The Northern Territory is the only place where naturopaths are registered. If the Natural Therapists' Association succeeds in gaining similar recognition for its members, the list of practitioners registered would include acupuncturists, herbalists, Chinese medical practitioners, homoeopaths, and naturopaths (Edwards 1992). This list by no means represents the whole array of acceptable modalities involved in complementary medicine. There remains the problem that natural remedies are neither patented nor patentable. Freedom of choice for health consumers is also in question. It seems likely that, despite the proposed changes, doctors will retain their existing mistrust of the ability of natural therapists to make an

accurate "scientific" diagnosis, limiting cross-referral between the two factions. A problem exists also for medical practitioners who have added an unregistrable modality to their orthodox training in order to specialise, as for example, a form of allergy testing which uses sensitivity drops, since that work would be illegal once the regulation comes into force in 1994.

The Health For All report says very little about the recruitment, training, and deployment of doctors in Australia. Dr. Rufus Clarke of the Faculty of Medicine at the University of Newcastle, provides some comments on the need to educate doctors towards a social view of health:

... medical education must ensure that students and physicians experience at first hand the environment in which the health of their future patients is made and destroyed, in a way that powerfully affects their emotions as well as their cognition. These experiences must be cushioned by an educational environment that both sanctions and encourages the exploration and discussion of the intense and often uncomfortable personal feelings that these experiences will generate. The medical school must provide the context and the time for these explorations. In short, students and physicians have to be able to experience, and to work their way through their feelings about, some of the social determinants of poor health (Clarke 1990, p. 3).

He does not say what these feelings are (are they pity? guilt? anger?) but gives the impression that most of his students have grown up sheltered from poverty. They have probably not, however, escaped, or failed to notice, the stresses and pressure generated by the economic recession for all sectors of society in recent years. Clarke emphasises the need for training doctors so that they can 'hear' and appreciate the patient:

This appreciation will only develop if students are encouraged and given time to listen to patients talking about their subjective view of the world and about its impact on their health. The reality of the patient as a person deserves at least as much educational attention as the miracles of high technology (Clarke 1990, p.4).

He concludes:

Students and physicians committed to health would do well to undertake a thorough examination of the power relationships that influence decision

making. On the basis of this examination they may then be able to make an informed choice: whether to choose careers that support the status quo, or whether to become agents for change. If the latter, they will need to develop substantial political and communication skills to play their part in bringing about the changes that will be needed if the implications of the social view of health are to be translated into better health for all (Clarke 1990, p.6).

Clarke does not specify the scope for political activity by doctors, but presumably it extends beyond local equity questions to issues such as famine, war, refugees, the nuclear threat, epidemics, military spending, climatic change, and environmental health concerns, as it does already for a considerable number of doctors.

A different way for doctors and patients to view the psychosocial environment is presented by Dr. Peter Nixon, Consultant Cardiologist at Charing Cross Hospital in London (Nixon 1989). He has worked for three decades investigating optimum recovery conditions for heart attack patients. He establishes an approach to the problem of stress (which complements that put forward by King in Chapter One) which cuts across socio-economic, or risk factor considerations, to be applicable to everyone. He describes his 'biopsychosocial approach to clinical problems' as one which:

sees human beings as organisms living in an open system with their environment, acting, reacting, and interacting with it day and night in a continuous exchange of energy and information. Energy and information are not uniformly distributed among human beings: supply and demand are variable, both on the part of the environment and the individual, and people vary in their ability to cope with the complexities of the rapidly evolving environmental systems in which they live. Some can perform or cope at much higher levels than others, and anyone can fall out of a competent performance trait into an exhausted or incompetent state. No one has unlimited performance or staying power (Nixon 1989, p.38).

He uses a 'Human Function Curve'

to look at the patients and their problems and allocate each one to a station of health. They can be regarded as healthily tired, as exhausted, ill or verging ... upon a catastrophic change or breakdown. The spectrum is shown as a curve related to performance and arousal (struggle, effort). On the up-slope performance increases with effort, but on the down-slope the

arousal to effort causes deterioration. The curve is shown with a peaked top because most coronary patients can pinpoint the time or event that marked their 'going over the top' from healthy function into exhaustion and preinfarction ill-health. ... coronary patients typically produce their own deterioration and breakdown by struggling ever more fiercely but always self-destructively to close the gap between what they can do (actual performance) and what they think they ought to be doing (intended performance). ... The handicaps that produce low coping curves in cardiac patients are commonly educational and psychosocial: migration; failure at school; poor mothering; poverty and struggle in childhood; loneliness; overwhelming coping burdens with lack of support, satisfaction, and appreciation; and loss of prediction and control of life events (Nixon 1989, p.35). ... [And] ...The fruitless struggling is associated with high arousal of the sympathetic-adrenal medullary system (S-AM) and the giving up (defeat, despair, helplessness and isolation) with high pituitary-adrenocortical (P-AC) arousal. Once the weight of the arousal outstrips the self-regulating, homoeostatic ability of the internal systems, the metabolism ceases to be anabolic (with opportunities for repair and renewal and maintenance of immune competence) and becomes catabolic, because all the mechanisms that produce energy for coping are mobilised, and those concerned with repair, maintenance and defence are suppressed (Nixon 1989, p.36).

The pattern of production of twenty one different hormones changes with changes in the 'internal milieu'. In the anabolic state of 'healthy tension': protein, fat, and carbohydrates are used for growth and energy storage; the cells for the immune system (the white blood cells of the thymus and bone marrow) increase in number; there is increased bone repair and growth; and there is an increase in sexual processes (cellular, hormonal, and psychological). In the catabolic state: a halt occurs in the synthesis of protein, fat, and carbohydrate and their breakdown is increased for energy mobilization; there are elevated blood levels of glucose, free fatty acids, low density lipoprotein, and cholesterol to produce energy; the production of red blood cells and liver enzymes increases for the same purpose; there is less repair and replacement of bone, and of the cells with normally high turnover (gut and skin); the thymus shrinks and the circulating white cells decrease; sexual processes decrease; and there are increases in blood pressure, cardiac output, and salt and water retention (Nixon 1989, p.37).

Obviously, to restore the 'internal milieu' to the anabolic state constitutes a significant form of healing, since the person is restored to a state of integrity, or wholeness,



where a 'hale and hearty' approach to the demands of life is possible, and the efforts made bring meaningful results. Conversely, the implications of the catabolic state extend to many life situations and disease conditions. The immune deficiency which it causes must surely have relevance as a susceptibility factor for viruses and infections. The state of exhaustion which precedes it resembles the effects of "executive stress", and the catabolic state that of "burn out". In fact, Dr. Nixon admonishes doctors who allow themselves to reach such a state of exhaustion that their ability to cope adequately with work is impaired (1989, p.57-58). He also deals with the role played by the emotions in inducing a catabolic state (1989, p.48-50), and warns against hyperventilation during anxiety attacks because of the permanent damage it can do to the cardiovascular system (1989, p.50-51). The basis of the recovery and rehabilitation program for his patients is quiet rest, and the restoration of proper sleep patterns. He sees the degree to which this can be achieved in a supportive home environment (which is difficult if the family or social unit is dysfunctional) as crucial to the long-term survival rate in his patients. While in hospital, patients are encouraged to re-evaluate their lifestyles, and the way in which they react to difficult situations; taught relaxation, meditation, or prayer; and introduced to a graduated exercise program. Nursing staff are chosen for their counselling skills, and the hospital recovery wards have been redesigned to make them as quiet as possible. Dr. Nixon's paper is a long one, but combines scientific with literary and social material so well that he satisfies, for me at least, the call made by Rufus Clarke for doctors with well-developed communication skills. His work also calls into question the wisdom of mounting large scale public campaigns to reduce blood cholesterol levels as a means of reducing heart disease. It would seem more useful to have a public education program, based on Dr. Nixon's findings, which promotes mediation and conflict resolution skills.

A selection of twenty one responses given to question seven on the questionnaire follows. Question seven asks: What changes do you consider to be likely and/or desirable in conventional medicine in this next decade or so? These responses were written ones, unless otherwise specified, and made in 1990. They have been grouped by region, starting with British respondees, in an attempt to emphasise any national cultural differences which they reflect.

Dr. Pamela Maguire: 'I would like to see more recognition of the specialities which support people with chronic disease and disability. More genuine preventive medicine. I would like government to take more responsibility for the environment.'

Dr. Michael Wetzler: 'A greater awareness of individual uniqueness and [that] all respond differently to the same disease. A readiness to research methods other than the scientific, [that is,] from other philosophies' (telephone interview, 1990, QR).

Dr. Susan J. Blackmore:

Desirable: Greater public education so as to be able to make informed choices. The continuation of a more holistic approach. Training doctors in psychological and social skills. Dealing with the problem of escalating costs of providing longer (if not better quality) life. Making euthanasia more easily available. Most important: helping people to face death with courage and equanimity - not running away from death.

Anne C. Arnold Silk: 'Fewer drugs, more early diagnosis, more awareness of primary health care.'

Paul Barber: 'Acceptance of the whole field of variables and influences which influence health and adaptation.'

Janice Eddy:

Broadening to include areas now thought of as "complementary", e.g. acupuncture, massage, herbal remedies; and a more transpersonal, holistic approach, wherein the patient is a partner in the healing process and can call upon a Higher Power in this process as well (and by this, I don't mean the doctor!).

Dr. Cornelia Juliane Fellner:

Oh God - many - says the part which thinks I know better. The biggest changes will come through economic pressures. Orthodox medicine has brought itself to a point where it is not much longer financially sustainable even in rich countries such as Germany where I come from. Doing less will already be an important step to diminish the damage done by mainstream medicine. One of my biggest insights during my work "in the system" was: each society has the medical system it deserves (as it created it) - which was quite a relief on my conscience. As the values of the people will change the medical system will change. I don't think that many productive changes will come from within the medical side - as the patients/clients have to be ready for them. It is mainly in the power of the

people to change their medical system - and I mean that very individually as the offers are already there.

Dr. Daniel J. Benor: 'Include psi healing, educate medical students to energy medicine and holistic medicine, empower patients to be respants (Bernie Siegel's term for responsible participants).'

Doris Grant:

A switch in emphasis from curative medicine to preventive medicine has become imperative. Conventional medicine has relied too heavily upon treating the symptoms of disease instead of rooting out the causes. This has been the main reason for our perilously crumbling National Health Service. According to a number of celebrated medical authorities such as Prof. René Dubos and Prof. Thomas McKeown, "the system of modern medicine is in crisis".<sup>5</sup>

In the late Prof. McKeown's remarkable book, The Role of Medicine: Dream, Mirage or Nemesis - widely reviewed in the medical press - he based his views on the priorities of medical research on the alleged failure of acute medicine. He maintained that environmental changes before antibiotics were introduced had done much more to improve health than hospital medicine and antibiotics. He also maintained that more attention should be paid to nutrition, and that modifications of the conditions which lead to disease will achieve more than any intervention after the illness has begun.

As Dr. Tony Smith has pointed out: "what is needed ... is a switch in emphasis starting in medical schools but extending to all forms of education - so that the determinants of health are seen as behaviour, environment and nutrition rather than availability of medical care ... the key to health lies in changes in lifestyle, not in new and more complex remedies."

Preventive medicine must be given top priority by medical and governmental hierarchies, and nutrition, presented through the perspective of food choices rather than through biochemistry or medicine, must now become a mandatory subject in medical teaching.

5. THE HEALTH CRISIS, Chris Thomson Ph.D., and Denis MacEoin M.A., Ph.D. (The Natural Medicines Society).

6. THE ROLE OF MEDICINE: Dream, Mirage or Nemesis, Thomas McKeown, (Nuffield Prov. Hosp. Trust, 1976). [Footnotes are those supplied by Mrs. Grant.]

Nicola Hall: 'Expect to see more use of complementary therapies with more referrals to complementary practitioners by practitioners of conventional medicine - cheaper and often more effective way of getting a patient better.'

Michael Endacott: 'Greater appreciation of the strengths of the complementary approach and a willingness to cross refer patients where appropriate.'

William D. Austin:

Conventional medicine (if you refer it to the Western world and what may be termed loosely as allopathic) will continue to make scientific advances in the knowledge and structure of the human form, and should be encouraged to do so.

Colin Ryder Richardson:

1. A continued change of attitudes that Western conventional medicine as proven in scientific facts are only part of the answer.
2. That holistic approaches have also their part to play to preserve, conserve and enhance life. What we do for ourselves must be reflected by what we do for others and in similar manner what we do for our universe.

Marian Hoole Dalling: 'Less allopathic, more homoeopathic medicine. More understanding of mental health and cooperation with the Ministry of Healing. New forms of immunisation will be found.'

Responses from the United States were as follows:

John Winthrop Smith:

Our health care system is in extreme duress, as is the health insurance business. More emphasis should be placed on prevention instead of treatment, but insurance companies will surely resist this as a direction in which unnecessary reimbursements will further drive up the costs of health care. But amazingly, acupuncture has become an established form of reimbursable health care in the last decade by many states.

But if we would see a broader solution to the health care crisis, we must develop a consciousness which preserves the health of the environment itself. If we are what we eat, which is certainly a simple enough maxim,

then we must cease from poisoning our environment. Because of the magnification of toxic substances up the food chain, we must develop other means of growing crops, as well as simpler forms of protein, and simpler tastes for people who believe that meat and other high protein food is necessary for our well-being.

Dr. Bara H. Fischer:

Desirable: that all physicians and healers use the B.E.E.M. (Kirlian Life Energy Documents] Method of interpretation to see what they are doing: Life energy does not lie. It shows, if a symptom is suppressed or if true healing takes place. It shows toxins, microorganisms, talents, feelings etc up to 35 years ahead of physical symptom.

Lyn Carol Henderson:

Well clearly the advent of more women doctors has made a big change in medicine and we can see that in the last ten years. We've seen community medical centres where there are support groups for families when one member of the family is ill; and hospices (places where people can live with dignity in the final years of their illnesses); or see childbirth dealt with as a natural process in life instead of a "sickness" to be dealt with in a hospital - so we have the whole home birthing movement, and the concepts of dealing with the spirits of people as they're fighting disease. This business of visualization is a very important addition to the business of medicine (or the medical model that we've been handed). And finally, this concept that good health is our natural state: we're not evil; we're not conceived in evil; we don't have to atone for evil; we're not being punished by diseases, but rather we're out of balance. Hopefully, the environmental movement can clean up some of the insults that our bodies are taking in the air and the water so that we won't have to feel so besieged continuously and are able to do some of the things for ourselves that need to be done in terms of exercise and eating correctly, and giving ourselves a chance to be loved and loving ... the other medical possibility is that we have all these wonderful diagnostic tools now that ... can look at somebody's entire blood composition and every chemical in their body and can see things now in terms of the whole person so that you don't just treat the liver or the kidneys but you see how all the systems in that person are working and hopefully can add a sense of hope and well-being to all of them. ... I'd certainly like to see more cooperation between the medical

trained people and the psychology-social work people. That so many problems are rooted in the systemic problems of the society, and the sickness of our bodies is related to the stresses that are put on us by our culture, and our expectations of ourselves, and the way we're taught to love, and the needs we place on our partners and our friends and our families ... means stress that makes everyone into a failure ... The other idea I'd like to see explored, in a feeling and sensitive way, is parapsychology ... the concept of being able to reach into our subconscious for guidance; taking your vision seriously - that's the strength that human beings have always been able to call on, and now have lost because we no longer believe it's there .... I think it would be desirable if conventional medicine understood people a little more, and certainly if it would go back to healing people, and extend that healing, as Helen Caldicott has, to healing the Earth. The Physicians for Social Responsibility is a step in the right direction ... working on stopping this nuclear madness, and stopping this nonsense that says that every aspect of the production cycle is unimportant except for the one that produces profit ... I think medicine ought to be a way of giving people a chance to heal themselves (Taped interview, 1990, QR).

Jane Ann Dow Ph.D.:

Desirable changes would include a blending of psychological and spiritual or psychic modalities. More people are turning to alternative medical practices because they [conventional practitioners] are not reaching the whole person. Society is demanding more attention to their wholeness and part of this includes the use of informative tools such as psychic analysis, spiritual readings which can give invaluable information regarding present and past histories or patterning which directly effect the present. Particularly in the field of death and dying, psychic ability to deal directly with the soul level can yield invaluable information. Conventional medicine needs to loosen their hold on society as being the only way to health and wellness; on the other hand, the healing community needs to consider all modalities when dealing with a client and accept conventional medicine when necessary. There is no reason why both healing communities cannot come to agreement based on what is best for the client.

Willard H. Dean M.D.: 'Increasing acceptance of holistic concepts and practice, including natural therapies; the importance of the mind, thoughts and feelings.'

Two Australian responses are given:

Dr. Jocelyn Townrow:

Changes likely in conventional medicine: majority stronger, and stronger resistance to "alternative" therapies; and more opening [of the] minds of minority numbers of medical practitioners and bridging practitioners. Desirable: retention of non destructive medical practices - emergency treatment of injuries etc. More and more investigation of older medical practices e.g. herbs.

Dr. Vicky von Witt:

Disillusionment with drugs as agents of healing. Much better understanding of nutrition, counselling, spiritual wholeness, the value of human relationships in healing. The importance of physical and mental factors in the promotion of illness and wellness, especially with regard to extreme vulnerability or to factors and the cumulative effects of multiple toxins, enhanced by nutritional lack and vice versa. Recognition of the economic madness of treating disease when it can be prevented. Nutrition counselling for couples pre-conception. Recognition of nutrients and allergy management and prevention.

It is interesting to note that most of these comments concentrate on the desirable, rather than likely situation, and that the consensus is towards the desirability of a greater recognition of the value of complementary medicine by conventional practitioners. In Britain, the Research Council for Complementary Medicine, 'which has access to all major medical and scientific data bases throughout the world' (Smith and Best 1989, p.124), has been established to conduct research and provide evidence for the validity of complementary medicine in the face of resistance and claims of "quackery", particularly from the British Medical Association.

Cyril Smith describes the results of a survey conducted by the Consumers' Association in Britain in 1986 (Smith and Best 1989, p.104). Of the 28,000 people surveyed, one in seven had used some form of complementary medicine in the previous twelve months. The types of treatment used were: osteopathy 42 percent, homoeopathy 26 percent, acupuncture 23 percent, chiropractic 22 percent, and herbalism 11 percent. Conventional medicine had already been tried by 81 percent of these people for their complaint, but they were dissatisfied either because they had not

been cured, only got temporary relief, or could not be treated. After complementary treatment; 82 percent claimed to have been cured or improved, 14 percent thought the treatment was ineffective, and 1 percent considered their problem had become worse. The five types of treatment used by the people in this survey represent by no means the full array of complementary treatment available. Cyril Smith, an electrical engineer working in the medical field, identifies and explains those areas of complementary medicine which have their basis solely, or to some extent, in electromagnetic phenomena as: acupuncture, Bach remedies, biofeedback, colour therapy, "laying on of hands", herbal medicine, homoeopathy, hydrotherapy, Kinesiology, Kirlian photography, naturopathy, negative ion therapy, orgone therapy, osteopathy, pattern therapy, pyramid healing, radiesthesia, radionics, and sound therapy (Smith and Best 1989, pp. 105-124). He describes the Dove Project, led by Dr. Julian Kenyon at the Centre for the Study of Alternative Therapies in Southampton, as 'probably the only project involving an investigation of the body's electromagnetic fields and the possibility of monitoring them for advance warning of impending disease or dysfunction' (Smith and Best 1989, p.124).

The Centre for Complementary Health Studies was established at the University of Exeter in July 1987 and provides interdisciplinary post-graduate study. Research centres for complementary medicine are also located at Essen in Germany, and at the Sherman Oaks World Research Foundation in California. Smith explains the urgency which was attached to the need for this type of research work in the 1980's:

because there was for a while a pending EEC Directive which would have demanded that, by 1989, alternative therapies should be able to show convincing scientific evidence for their efficacy or face prohibition, a scenario likely to lead to outrage and large scale noncompliance in many EEC countries. Presumably such things as psychotherapy would have fallen under its strictures. The current state of play seems to be that the Directive may have disappeared, like the "Cheshire Cat" (Smith and Best 1989, p. 125).

It seems likely that antagonism will continue between conventional and complementary practitioners. To some extent this seems to be the result of generalised perceptions of each other; complementary practitioners are seen as not empirical enough in their approach, whereas conventional practitioners are seen as too mechanistic in theirs. The implications of the holistic approach must pose a threat to some conventional practitioners (a threat to income levels, reputational status, professional routine, and the sense of being adequately trained), but to others, the same implications have



already provided the challenge to become what Jocelyn Townrow described as "bridging practitioners", trained in both fields.

Finally, a significant publishing event worth mentioning is that of the release of the first edition of The Reader's Digest Family Guide to Alternative Medicine (Reader's Digest 1992). What is different about this publication is that complementary medicine is treated as the mainstream, and conventional medicine as peripheral or merely another choice, which should have the effect of further eroding the traditional attitude by some consumers that "doctor knows best", thus fostering self-responsibility for the maintenance of health. This 400 page hard cover text, which costs \$50.00, has an illustrated, encyclopaedia format covering 140 therapies, remedies, and self-help treatments. It is so comprehensive in content that it encapsulates any small "library" of alternative medicine texts which might have been gathered over the last decade. It also contains the material usually found in a family medical reference text. In the discussion of each of the major therapies, the history of the development of the therapy and its founders is given so that traditional, enduring therapies and their updated forms can be distinguished from the more recently developed ones. The more "fringe" therapies are mentioned but given a smaller entry.

The 57 consultants for this text are mostly British and include four general practitioners. At the end of most entries in the text is included a section entitled "An Orthodox View", which gives an assessment of the effectiveness and safety of each therapy from the point of view of conventional medicine. For each complaint or disorder the treatment which would be given by conventional doctors is given. It is this acknowledgement by the publishers that health consumers are evaluative that I find most significant. The differences in emphasis and approach between conventional and complementary medicine emerge as an incidental result of reading the text. Unrealistic expectations by consumers for either form are discouraged. The demand for self-help therapies is catered for by the illustrated "How To" sections, offset by cautionary "Do and Don't" lists included for each therapy and complaint. The issue of proof of efficacy is handled well; if one exists, it is given. Pending proof has not prevented therapies from inclusion; the reader is left to decide. Contact information for the professional associations in each therapy in Australia and New Zealand are given, reinforcing the sense of professionalism operating in the network of alternative practitioners.

Environmental health issues are given very good coverage in a ten page section which begins with ozone depletion and the buildup of "greenhouse" gases, and then goes on to cover domestic and workplace hazards in detail, suggesting alternatives. There is no "hedging of bets", or compromise, over issues such as the hazard of proximity to

high voltage power transmission lines. The available research findings which suggest caution in relation to a number of environmental health hazards are given. The same can be said of the treatment given in this text to geopathic zones, ionisation and electromagnetic pollution.

It also recognises the broad array of factors which impinge on health by including subjects such as: dietetics; the management of stress disorders; the range of psychotherapeutic options; and discussions of religion, for example, Zen Buddhism. Because Reader's Digest is part of popular publishing, this text can be seen as an indication of current, and anticipated demand by health consumers for both services, and information evaluating those services, in the areas of healing and health care.

## **CHAPTER FOUR: ALTERNATIVES TO THE MEDICAL MODEL**

My bliss is now. Here and now is the place to experience bliss; in heaven I will be too busy looking at God to have my own personal bliss.

(Joseph Campbell, ABC Television, 10 January 1993)

In this chapter the discussion is concerned with activity and theory which relates to healing, but which is distinct from the approach based on surgery, pharmaceutical drugs, and public health, central to the medical model discussed in the previous chapter. The areas discussed are: shamanism, in both its traditional and contemporary forms; psychology, with emphasis on the interaction between the mind and the other systems operating in the body; and, finally, what I have called the 'energy-based' view of reality and healing. These three themes contain, inevitably, some overlap. While the previous chapter discussed the politics, culture, and concepts prevailing in conventional medicine and in complementary medicine, this chapter is concerned more with the developments in ideas and technology which have caused changes to the paradigm we apply to existence. States of consciousness, spirituality, and spiritualism, and their importance to health and healing are discussed. This chapter is also about the potentialities which exist for a "softer" healing technology. A detailed discussion of the body's chakra system is provided in Appendix Four. This is a basic adjunct to the theories of healing discussed in this chapter.

Fundamental to this chapter is an assessment of the concept of "holism" and the extent to which it is likely to become the paradigm for healing. For the purposes of this discussion, the definition of holism used is:

The contention that wholes, or some wholes, are more than the sum of their parts. One special version is organicism, urging that some systems that are not literally organisms are nevertheless crucially like organisms, whose parts can only be understood in relation to their functions in the complete and ongoing whole (Flew 1984, p.152).

Elaborating on this definition, US healer Barbara Brennan says:

Our old world of solid objects and the deterministic laws of nature is now dissolved into a world of wave-like patterns of interconnections. Concepts like "elementary particle", "material substance", or "isolated object" have lost their meaning. The whole universe appears as a dynamic web of inseparable energy patterns. The universe is thus defined as a dynamic inseparable whole which always includes the observer in an essential way.

If the universe is indeed composed of such a web, there is (logically) no such thing as a part. Thus we are not separated parts of a whole. We are a Whole. ... All experience is connected ... Holistic awareness will be outside linear time and three-dimensional space and therefore will not be easily recognized. ... We may also see more clearly how our thoughts, feelings (energy fields) and actions affect the world much more than we previously thought (Brennan 1988, pp.25-27).

In indigenous, non-western cultures the traditions of healing have been carried on by the shaman in the community. As knowledge of the rituals, ceremonies, and beliefs involved in shamanism have spread to western cultures, a contemporary form of shamanism has been developed by people whose culture and background is essentially western. On this phenomenon Starhawk comments:

Shamanism has become a trendy word over the past ten years. The interest in spiritual traditions that offer direct encounters with dimensions beyond the everyday has grown enormously, spawning a minor industry in workshops and exotic tours. But real spiritual growth takes place in the context of a culture. People of European heritage, out of hunger for what that culture lacks, may unwittingly become spiritual strip miners, damaging other cultures in superficial attempts to uncover their mystical treasures.

Understanding the suppression and grounding ourselves in the surviving knowledge of the European traditions can help people with European ancestors avoid flocking to the sad tribe of "Wannabees" - want to be Indians, want to be Africans, want to be anything but what we are. And, of course, any real spiritual power we gain from any tradition carries with it responsibility. If we learn from African drum rhythms or the Lakota sweat lodge, we have incurred an obligation to not romanticize the people we have learned from but to participate in the very real struggles being waged for liberation, land, and cultural survival (Starhawk 1989, p.214).

When Starhawk refers to European traditions she most likely means the knowledge and tradition of some of those who, in the pre-industrial period, sustained the work of health care; the herbalist, midwife, artist, witch, medium, geomancer, priest, exorcist, apothecary, alchemist, minstrel, cook, surgeon, astronomer, and court jester.

The social role and healing techniques of the shaman are described and explained by Michael Harner :

The shaman operates in nonordinary reality only a small portion of his time, and then only as needed to perform shamanic tasks, for shamanism is a part-time activity. Among the Jívaro, the Conibo, the Eskimo, and most other primitive groups, the master shaman is usually an active participant in the economic, social, and even political affairs of the community. He is commonly an accomplished hunter or gardener, craftsperson and artist, thinker, and responsible family and community member. Indeed, the ability of the master shaman to operate successfully in two different realities is seen as evidence of power.

He follows the precepts of shamanism when engaged in that kind of activity, and follows the precepts of ordinary reality when not engaged in shamanic work (Harner 1982, p.59).

He explains that the shaman may take on the role because

At an earlier, critical point in his life ... the shaman may have entered this altered state of consciousness very deeply, although there are many individual and cultural exceptions. Sometimes such an experience occurs in an intentional vision quest to get guardian spirit power. Other times it occurs at the climax of a serious illness, as among some North and South Americans, as well as in native Siberia. Such a radically profound and revelatory experience often encourages the individual to take up the way of the shaman (Harner 1982, p.63).

Joan Halifax describes 'the sacred way of the wounded healer' as beginning when:

the opening of vision for the shaman unfolds in a transpersonal realization resulting from a crisis of death and rebirth, a transformation of the individual into one who is sacred. For many neophytes, this realization awakens in the dream-web when animal-tutors and spirits of the Other World appear. They come as emissaries of mythical beings, of gods and ancestors. And the candidate is doomed if he or she does not accept the instructions received from these presences of the Other World (Halifax 1988, p.16). ... [also] ...

The steps of the journey of shamanic initiation seem to have a patterned course. The call to power necessitates a separation from the mundane world: the neophyte turns away from the secular life, either voluntarily, ritually, or spontaneously through sickness, and turns inward towards the unknown, the *mysterium*.. This change of direction can be accomplished only through what Carl Jung has referred to as 'an obedience to

awareness'. Only through the development of discipline will the shaman's habitual ways of seeing and behaving dissolve, and the visionary realms open. Thus the initial call to power takes the shaman to the realm of chaos, the *limen*, where power exists in a free and untransformed state.

From every point of view, the shaman awakens psychologically in the process of mystical realizations attained in trance. The mythologies of shamanic peoples, symbolic features of the shamanic complex, and curing techniques are all based on the ecstatic experience. ... The shaman, however, has a social rather than a personal reason for opening the psyche as he or she is concerned with the community and its well-being; sacred action, then, is directed towards the creation of order out of chaos (Halifax 1988, pp.6-7).

The healing techniques of the shaman are described by Harner. In order to move from 'OSC' (Ordinary State of Consciousness) to the 'SSC' (Shamanic State of Consciousness), the drum and the rattle are used. The use of these is restricted to shamanic work. The beginning of the sound of the drumbeat, for example, 'which has been repeatedly associated with the SSC on previous occasions', acts as a signal to the 'unconscious mind' of the shaman 'to return to the SSC'. Once in the SSC he or she is able to "'see" shamanically'. This is also a state of visualizing, imaging, or what the Australian aborigines call "'using the strong eye'" (Harner 1982, p.64). Then 'his first task is diagnosis'. The shaman drinks 'consciousness-changing substances' which permit 'him to see into the body of the patient as though it were glass'. During night time the shaman 'sucks magical darts from a patient's body'. He will have put previously, two darts (which match the darts he has seen in the body and which are causing the illness), into his mouth. When these contain the 'essence' of the illness, they are "'vomitted'" out, and shown to family members as (symbolic) proof of the cure (Harner 1982, p.22).

The process of renewal or reorganisation of the self, undergone by the shaman, has similarities to the process of 'individuation' described by C. G. Jung. In her summary of Jung's work, Jolande Jacobi writes on the process of 'realization of the self':

This way to the broadening of the personality consists ... in a gradual exploration of the contents and functions of the total psyche and their effects on the ego. It leads the individual to know himself for what he naturally is, as distinguished from what he would like to be - and probably nothing is more difficult for a human being. ... In his treatment Jung ... [takes] ... the present psychic situation as a starting point ... aiming to create a psychic totality. This justifies him calling his method a *prospective*

one in contrast to a retrospective one which seeks to cure by disclosing past causes. Accordingly, it is a way to self-knowledge and self-regulation, a means of activating the ethical function, and by no means limited to the cure of mental sickness or neurosis. Often ... the impulsion to undertake the course of treatment is provided by an illness, but just as often it comes from a desire to find a meaning in life, to restore one's lost faith in God and oneself (Jacobi 1968, pp.132-133).

Jung saw his approach as suitable for those aware of 'the senselessness and aimlessness of their lives' at a time when 'spiritual and psychic disorientation' was prevalent. He saw the integration of the creative forces in the unconscious as liberation 'from the snares of instinctual nature' as an '*opus contra naturam* ... meant primarily for the second half of life'. He termed this also as enlightenment and a spiritual act. Concerning cultural 'heroes' he regarded the 'moment of the birth of their greater personality ... as illumination'. For Jung this illumination is 'symbolized in the Christian sacrament of baptism'. In primitive cultures, 'everything has psychic qualities' and is 'endowed with the elements ... of the human psyche' ... because 'there is as yet no individual psychic life'. Because 'the idea of baptism lifts a man out of his archaic identification with the world' it 'changes him into a being who stands above it' as 'it means the birth of the spiritual man who transcends nature'. Those then undergoing self realization 'can become the higher type of man who ... becomes a symbol of the true Christ'. Jung thought that the main problems of life were 'fundamentally insoluble' because 'they express the necessary polarity inherent in every self-regulating system'. Problems could be 'outgrown' as the level of consciousness was raised and the person acquired 'higher or wider' interests so that situations which once might have been full of conflict and panic 'viewed from the higher level of the personality now seemed like a storm in a valley seen from a high mountain top'. The thunderstorm still has reality, but 'one is now above it'. The archetypal image of 'this transformation of the opposites into a third term', which transcends them both, with the psyche '*united* on a *superordinate* higher plane' is the mandala (Jacobi 1968, pp.134-135).

Transpersonal psychologist Ken Wilber takes the work of Jung "one step further" with his 'outline of the hierarchic *evolution of religious experience*':

Nirmanakaya - level 5; shamanic trance, shakti, psychic capacities, siddhi, kriyas, elemental forces (nature gods and goddesses), emotional-sexual transmutation, body ecstasy, kundalini, and hatha yoga

Sambhogakaya - level 6; subtle realm; angelic and archetypal visions; One God/ess, the Creator of all lower realms (level 5 through 1), the

demiurgos or Archetypal Lord; saintly religion of halos of subtle light and sound (nada, mantra); nada and shabd yoga, savikalpa samadhi, saguna Brahman

Dharmakaya - level 7; causal realm; unmanifest Void, Empty Ground, the Godhead; unity of soul and God, transcendence of subject- object duality, coalescence of human and divine; the Depth, the Abyss, the Ground of God and soul; I and the Father are One; jnana yoga, nirvikalpa samadhi, nirguna Brahman

Svabhavikakaya - level 8; culmination of Dharmakaya religion; identity of manifest and unmanifest, or identity of the entire World Process and the Void; perfect and radical transcendence into and as ultimate Consciousness as Such, or absolute Brahman-Atman; sahaja yoga, bhava samadhi (Wilber 1986, p.253).

Wilber's scheme is an essential "overlay" for the consideration of religious and healing activity. In simple descriptive terms, Wilber's eight levels of consciousness are: 1 Physical nature; 2 Body nature; 3 Lower mental; 4 Higher mental; 5 Psychic; 6 Subtle; 7 Causal; 8 Spirit (Wilber 1986, p.303). He comments that the differences between levels 7 and 8 are small ones. Wilber argues that the scheme incorporates two "threads"; that of the evolution of individual consciousness (through meditation), and that of the broader, collective societal consciousness. These two combine in what he calls 'The Great Chain of Being' (Wilber 1986, p.255). The shamanistic trance state is at level 5, together with psychic states such as some of those involved in 'psi' healing. It is interesting also to note the contribution made by Indian culture because of its long tradition of meditation. Also of interest is the inclusion of Sahaja Yoga at level 8. The founder of Sahaja Yoga, Mataji Shri Nirmala Devi, 'The Mother', was born in India in 1923. She is described in the introduction to her account of her work as having been born in a state of 'Self Realization' (Shri Nirmala Devi 1982). Self Realisation, through the raising of Kundalini energy, is the basis for her healing work. She qualified in conventional medicine in India and combined this with chakra theory. Like Si Baba, she promotes the unity of all religions. She makes no charge for her healing work and has an "anti-guru" attitude. Her group healing sessions are intended to speed up the process of gaining self realization, and to teaching her technique so that it can be spread more widely. She began travelling widely in 1970 and visits Australia regularly, from London. One account is given of how she appeared in a vision to a young man in Bedford in England, and eliminated the pain he was experiencing as a result of a motor cycle accident, even though she was actually elsewhere at a meeting (news clipping, pers. comm., Wendy Burnham, 1985). Other newspaper accounts attribute spontaneous healing "miracles" to her, the results of which have been ongoing (The Sun, 13 March, 1985 in Australia; and in



Middlesbrough (UK), The Evening Gazette, 30 July, 1984, p.6). Thus there appears to be a link between the 'causal' state and transcendent, intentioned thought, which makes healing miracles possible. This would appear to be different from psychic healing of the kind which involves a state similar to rapport, or an "entering into" process. Shri Nirmala Devi describes what happens to the healee

When Kundalini reaches sahasrara the lotus petals open and enlightenment (samadhi) takes place. You may feel a powerful pulsation in the crown of the head, followed by a melting sensation and a flow of cool vibrations from the fontanele area. This is the baptism by which you know you are truly born again.

Vibratory awareness begins now. As Kundalini unites our individual consciousness to the universal, the *atma* to the *paramatma*, we are suddenly tuned in to the universal wavelength of vibrations. These vibrations pervade the cosmos, but before realisation, while we are still in the egg, we know nothing of them. When kundalini breaks the shell, we emerge into God's kingdom, the collective unconscious, and we are singing the song of the unconscious, the vibrations are playing through the instrument we have become (Shri Nirmala Devi 1982, pp.55-56).

Further details of how this happens are given in Appendix Four. Historically, Ken Wilber sees strong similarities between the consciousness of Christ and Buddha. Commenting on those 'sages' who have attained the causal state he says:

Although Lao Tzu, the founder of Taoism, was the first important Chinese to penetrate the causal realm (which he called the "Tao"), his school never flowered as a method of actual practice and real sadhana, but tended - perhaps because he was too far ahead of his time in China - to degenerate, in the hands of his less evolved followers, into forms of magical-mythical rituals or, at best, into mere yogic (level 5) techniques. ... But Lao Tzu stands forever as part of a historic elite: Christ, Buddha, Lao Tzu, and the Upanishadic author(s) - the first great explorers of the Dharmakaya. The very best of Lao Tzu was, however, taken up almost entirely by Ch'an (Zen) Buddhism, so that, in Zen, the best of Buddha and the best of Lao Tzu not only lived on but flowered magnificently (Wilber 1986, p.251).

The Gnostic Christians were also practising their religion from a point of level 7 consciousness, and this sets them (and possibly, their healing activities) apart from the orthodox remainder of the early church, which retained a more paternalistic view of God (Wilber 1986, p.244-245). There are two other aspects of Wilber's critique

which are relevant as a preface to the discussion which follows. On the question of analysing consciousness (and the 'shadow' which hinders its development), Wilber advocates the hermeneutical approach because:

once we reach levels higher than those of the senses (1/2), once we reach membership and mind (3/4), we are dealing with structures of meaning that no empirical-sensory evidence can decide, and therefore we are forced into (or rather privileged to use) symbolic, mental, and communicative discussion and *interpretation* to decide the crucial issues ... The liberating insight is that an individual's life as a mental being is a life of trans-empirical, hermeneutical exchange (Wilber 1986, pp.276-277).

He relates this method of approach to his concept of an individual 'life text', which needs to be seen clearly and followed to achieve optimum psychic functioning. It is similar to Jung's aim of using therapy to overcome any sense that life is meaningless. Joseph Campbell (1988) refers to the need to live a 'decent' life as a very basic one. Barbara Brennan (1988) uses the term 'soul task' in her colour therapy work (see Appendix Four). This approach recognises the diversity of both human life-situations and disease generating factors, which justifies the "patient-centred" approach, and it supports an approach to the diagnosis of illness based on the idea that physical disease symptoms can be seen as a metaphor, or symbolic expression of some other underlying condition not readily apparent in a physical or clinical sense. Each healing will have its own unique set of prior conditions, and pattern of emotions and attitudes relevant to the patient. The hermeneutical approach also implies that any healing event has its main significance in the personal meaning it has for the healee.

Some consideration of the chakra energy centres is essential to the vocabulary of any discussion of an energy-based model for health or healing. In Appendix Four I have given some examples of the variations and contradictions which can confuse thinking on the links between colour, music, and the chakras. Wilber relates chakra development to states of consciousness to give a dynamic model. In the depiction of the chakras in religious art, the serpent is used to represent Kundalini energy. On the basis of where this is shown, Wilber says that: yogis at level 5 have kundalini at the 'third eye' or sixth chakra; saints at the subtle level 6, with halos of light, have it at the crown; and sages at causal level 7/8 have all seven chakras shown as 'beyond the brain centre altogether'. If this is shown in an exaggerated way, it is to denote 'ultimate transcendence', and that the serpent has been released to return to its 'prior Abode'. Often sages are shown with the chakras absent to make the same point (Wilber 1986, pp.246-247). It is generally theorised that the higher chakras vibrate at higher frequencies than those at the lower levels of the body so that healing performed

by sages involves the "lifting" of the chakra energy levels in the body, or at least their restoration to their intended frequencies.

Ken Wilber's view is a utopian one in that he urges us all towards hierarchical progress to a collectively transcendent state of existence, for the sake of human evolution. The progressions he describes, historically and for the individual, are rather like the rungs of a ladder, to be climbed systematically. Offsetting this is Wilber's concept of 'mutual self-recognition'; a process of seeing yourself in others, regardless of differences in your levels of consciousness. Mostly it is the occasional peak experience, dream, or experience of ecstasy, which fuels the desire to know and experience more. These glimpses may in fact be sufficient to advance consciousness progressively as part of an organic growth during life as a maturing process, although the theory of Sahaja Yoga suggests it can be done spontaneously. The fluctuations of life mean that periods where we function in accord with our 'life text' and feel fulfilled, are interspersed and contrasted with those in which we do not. It is in the "down" times that we are more likely to seek guidance, healing, or inspiration from what 'cultural heroes' we can find. There is always heterogeneity of aspirations, and at any time there will coexist people seeking to meet the needs of each of the levels of consciousness, and this forms the interplay of life. For example, the television interview series which Joseph Campbell did on ABC television in 1993 has led to an Australia-wide sell-out of his book The Power of Myth (1988), suggesting that his ideas have wide appeal for those interested in personal development. In the episode on 10 January 1993, he spoke of the need for a personal myth with which to make one's life. It was his opinion that we are living without myth because life is changing too fast. The regaining of myth adds to the sense of wholeness, of connectedness to a wider culture and tradition, and as such can be healing for people experiencing social isolation or alienation.

It is worth discussing contemporary shamanism with regard to its appeal as a form of healing. The processes which have publicised shamanistic healing rituals have had the parallel result of highlighting the differences in philosophy between indigenous and western cultures. Some of these have been influential in the conservation movement. Concepts such as time, space, and dance as sacred aspects of life, may be the antidote to secular materialism for many. Awareness of Oneness with Nature in the thinking of indigenous people may have eroded the typically European mind/body and person/nature mental "splits". A re-thinking of dance so that it functions as a healing activity has been part of this cultural exchange (Wosien 1974). A revival of European folk and circle dancing was important at the Findhorn community when I visited and they had published a video and tape The Spirit of Dance (1988). If healing requires a change in body patterns, to release rigidity or tension, expressive creative dance can

start that change. Janna Fineberg calls this allowing 'the body a natural path of opening' (Drury 1985, p.81). Drama activities which release emotions can have the same benefit.

I was interested to know, when I asked Question 6 on the questionnaire, if concepts of Earth healing existed among healers. Not a lot was written by the respondees to this question. About half had no concept at all of Earth healing, and said so. Three main themes ran through the responses. Firstly, if we wish to heal the Earth, we have to heal ourselves first as it will flow on from that. Secondly, our survival depends on the fragile 'web of life' with which we interact. Thirdly, a large amount of damage has been done to the Earth's environment because of the large quantities of toxic chemicals we have released into it. For example, Dr. Bara H. Fischer, who works in the US with Kirlian Life-Energy diagnosis, enclosed an unpublished paper giving her concern at the widespread occurrence of the symptoms of arsenic poisoning in her patients (1990 QR). There was little indication that ideas derived from indigenous cultures, such as a sense of Oneness with Nature, influenced the responses. However, Dr. Daniel Benor responded: 'Applying psi healing, environmentally sane measures to the sickness of gaia (mostly caused by humanity's excesses and insensitivities)' (1990 QR), and stated in the paper sent with his response:

On psychological and social levels, healing can contribute much towards an awareness of people's oneness with the environment. This begins with a heightening of individual healer and healee consciousnesses, which appears to be a part of much that occurs in healing ... Once aware of one's pervasively intimate interconnectedness with each other, one often also becomes aware of one's interrelationship with every aspect of the universe. Ecological issues have an immediate impact, as the despoiling of the environment becomes a despoiling of that which is felt to be part of one's self. Promotion of planetary cooperation rather than nuclear annihilation thus becomes a natural goal (Benor 1984, p.185).

The documentation work which US healer Barbara Ann Brennan has done on chakras and levels of consciousness is a practical complement to Wilber's theory. Her initial training was as a physicist and she has worked for NASA in the US. There are some interesting and revealing aspects to her practical manual, Hands of Light (1988). It contains sixteen illustrated pages of various chakra states in colour, including: ideal and disease states, therapeutic situations, and the differences between the seven enfolded layers or levels comprising the aura; that is, the etheric, emotional, mental, celestial and astral bodies, together with the etheric and ketheric templates. Of these, the fifth layer, the Etheric Template, is particularly interesting. It provides an energy

grid for the physical form of the body, and is more sensitive to sound than the other six (Brennan 1988, p.52). This suggests that it may be involved in a process such as that which Sheldrake describes as morphic resonance (Sheldrake 1989). The pictures of the ideal self provide an effective adjunct to visualisation techniques. These and the many other diagrams show the chakra to be cone shaped, not a circular zone. Each of these contains six smaller cones in a bundle. These cone or funnel shaped energy zones are located slightly out from the surface of the physical body, drawing energy in. She has subdivided the system to give chakras 2A, 3A, 4A, and 5A up the front of the body to form the Feeling centre; and 2B to 5B up the back of the body to form the Will centre. The Mental centre comprises 6A, 6B, and 7, which collects energy from above the body. Chakra 1 faces downward between the legs, and draws energy upwards. There are many diagrams showing how the system can become damaged. In addition to the seven main centres, Brennan shows a further twenty one minor chakras and their locations in the body. The system vitalizes the body by drawing in what she calls Primary Energy to the nadis (collecting points), and then to the nervous system, endocrine system, and finally, to the blood. The chakras are open in a state of good health, and closed or malformed in a bad one. These illustrations challenge and expand our view of the human body/being, particularly because of the coloured light forms being emitted since most of us are not consciously aware of these. They also give an idea of increased fragility and vulnerability; the chakras are not contained in the protective envelope of the body, but extend beyond into the area many people think of as their "personal space". Because of the variations in colour and shape the system can be used for diagnosis. Most of this is done by people trained in HSP (High Sense Perception). Brennan shows and describes the damage done to the chakras by drugs, for example, cocaine, as well as the damage from emotional trauma, accidents, and surgery. Because the chakra system provides a visible record of the health events of the past, it can be used to heal them.

The directional flow of energy in the centres is also an indicator of psychological health. She lists twenty one deviations in the flow, which can be detected using a pendulum, and their corresponding psychological disorders. Some work with crystals is used in therapy for cleansing purposes. Brennan also works with various spiritual guides present to give help. Set schedules are used in the healing sessions and Brennan has trained others to carry out the same kind of work she does. She documents her clinical success rate in her book, and in her practice. The manual provides a more sophisticated scheme for colour therapy. This is discussed in Appendix Four. Physical, visualisation, breathing, and posture exercises to open the centres are given as a self-help aid. Some of the energy channelling is done through the feet and the zones used in Foot Reflexology are employed. Most of the aura and bodywork recommended is geared to the five 'character structures' (schizoid, oral,

psychopathic, masochistic, and rigid), resembling the Feldenkrais system (Feldenkrais 1975), and Bioenergetics (Lowen 1985), with the added benefit of chakra diagnosis. Brennan's approach to mental health is innovative. The orthodox view of mental illness is hierarchical: psychopathic disorders are the worst because they lead to crime; schizophrenia is nearly as bad because of the terrible social disorientation it produces; and "beneath" these two categories is a collection of neuroses which are all, more or less, liveable. Brennan treats all five character types equally, and relates them to their genesis in childhood, the 'soul task', and a particular chakra development pattern. In a sense Brennan's methods, like all "psychic surgery", can be seen as very intrusive and interventionary, but this is done at the request of the patient, and the technologies used are decidedly "soft". To the extent that it clarifies and systematises information, and provides a new paradigm for healing, Brennan's text is a definitive one in its field. Brennan also documents her own processes of development as a healer. This has involved contact with a channelled source called Heyoan. She relays Heyoan's comments on healing:

when you speak of healing, know that healing is opening the doors of perception so that one can enter into the Holy of Holies and be one with the Creator. It is nothing more, nothing less than that. It is a process, step-by-step, in that direction. Enlightenment is the goal; healing is a by-product. So, whenever a soul comes to you for healing, know deep inside that this is what the soul is asking for. ... their words come through their doorway of perception. It may be a narrow one, or a broad one. A sore toe, a life-threatening illness, or a seeking of the Truth, that which is asked comes through the doorway of perception, but that which needs to be given is simply this: It is the answer to the longing of the soul. The soul is saying, 'Help me find my way back home. Help me find my way into the Holy of Holies, into the peace of the ages, into the Wind Whispering Truth Through the Centuries (Brennan 1988, p.182).

The 'doorways of perception' and the state of 'HSP' is elaborated on by Brennan in her section entitled 'Heyoan's Metaphor of Reality' (1988, pp177-182). The metaphor is one of two worlds; the manifest and the unmanifest. She explains 'the concept of a multi-dimensional universe composed of levels of vibrational rates existing within the same space':

... each of us has a cone of perception through which we perceive reality. One can use the metaphor of frequency to explain this concept, meaning that each one of us is able to perceive within a certain frequency range.

As humans, we tend to define reality by what we can see. This perception not only includes all the normal human perceptions, but also the extensions of those perceptions through the instruments we have built like the microscope and the telescope. Everything inside our perceptual cone we accept as real, and everything outside our perceptual cone isn't real. If we can't perceive it, then it doesn't exist. ... The same thing is happening here with High Sense Perception, but the instrument in this case is our own body and energy system. ... Let us look at this from the point of view of what is called the Brahman and the Maya of the Buddhist tradition. Maya is the manifest world, which according to Buddhism is illusion. Brahman is the basic reality that lies beneath Maya and supports what is manifest. Meditation is practiced in Buddhism in order to get beyond the illusion of Maya which encompasses all pain and to become Brahman or enlightened. ... The manifest world of Maya lies within our cone of perception, while the unmanifest world of Brahman lies outside the cone of perception. Physicist David Bohm's Explicate Unfolded Order lies within our cone of perception, and his Implicate Enfolded Order lies outside our cone of perception. ... I have now labeled what we used to call unreal and nonexistent as the spiritual reality. As we increase our perceptual range to higher levels of vibration more of the spiritual (nonphysical) world becomes real to us. ... Heyoan says healing is ultimately dissolving the veil between the spiritual and material worlds. ... as our reality broadens, so do we. ... Outside [of the manifest] we have a self-definition without limits, which is ultimately God. ... It is also the veil between what we call life and death. ... At a person's death I have witnessed (with HSP) his spirit leaving his body to join other spirits in the room. At death the veil dissolves, and we go home to who we really are.

Brennan uses 'High Auditory Perception' to communicate with Heyoan (1988, pp.169-172). She relays his words onto a taperecorder. He sums up with the comment that:

Through the expansion of perceived reality, the human being could and does then choose what frequency to perceive in and even exist in [in] the manifest universe. It is a tool for understanding the implicate order. This process is the game of life, one might say. When the implicate and explicate order become one, due to the expansion of perception in the human being, then the state of enlightenment is reached (1988, p.181).

There is a distinction between healers who work with the chakra system, and those who describe themselves as spiritual healers. Alan Gauld, writing on behalf of the British Society for Psychical Research, equates the role of the shaman with that of the medium in European culture:

Just as Victorian anthropologists were apt to think shamans merely crazy, so some psychiatrists and clergymen have dramatically or unreflectingly asserted that many mediums are mentally disturbed and probably certifiable. Such assertions are as mistaken in the latter case as in the former. Most mediums exhibit in their ordinary lives no symptoms of hysteria, epilepsy or mental disturbance. ...[beyond the average] ... None the less some mediums claim to have gone through a period of suffering and emotional disturbance due to early psychic experiences which they did not understand and which led them to fear they were going mad. As with shamans, these initial problems disappeared after contact with and training by other and more developed mediums (Gauld 1983, p.21).

This description resembles the story told by British healer Matthew Manning of the story of his teenage years when he produced or experienced most kinds of psychic phenomena known to researchers, including spectacular poltergeist activity and automatic writing (Manning 1987). His manual for self-healing is very practical and well-researched. In it he says he tackles a patient's fear, isolation and depression first, and that love and meditation are important in this. Also:

My approach relies on reversing negative psychological and emotional trends, encouraging the patient not to feel trapped and victimized by life and to deal with problems in a more positive, creative way. For example, I use goal-setting to help re-establish a connection with life. This represents a recommitment to life, and the body's defences respond to new feelings of hope by taking up the fight against illness. Some people, though, would rather die than recommit themselves to life (Manning 1989, p.11).

He links the flow of healing energy to the emotions:

We all, as humans emit waves of energy that interact with other energy forms such as X-rays, light waves, radio waves, forces of gravity, etc. This energy can expand and contract according to our own emotional feelings. For instance, every time you act from your heart level, sending out love, compassion, forgiveness and other spiritual qualities, your energy waves increase. If you are filled with fear, anger, and other



negative emotions, your energy flow is limited. Likewise, worrying over problems blocks the energy flow's smooth passage ... disease setting into the area of the body where this energy has become blocked and unable to flow ... this life force ... This energy is also healing energy and is most detectable in the hands and fingertips (Manning 1989, p.95).

Manning provides an exercise for intensifying healing energy in the hands (Manning 1989, p.95). On his healing ability, and that of others he comments:

I believe that we all have the ability to heal. But it is like playing a piano: anyone can learn, but some have greater gifts. That is not, however, to say that with practise we cannot develop our healing abilities further. People are doing it more than they think, though. Sometimes it can come in the form of a kind word or deed, occurring in another's life just at the right moment when they are most receptive. Healing is really about care, concern, love, and a willingness to be of service to others ... I work entirely from intuition; channelling unconditional, universal love - God - the great spirit, whatever. I believe I start a ball rolling, providing the impetus or push, but healing is only a small part of the process. The most important thing is to reach out to someone and touch them spiritually.

Healing is largely the reaction and interaction between two people when they come together: how these two relate, intellectually and emotionally; how their individual energies interrelate with each other and the spark that is ignited, forming the starting point for healing to take place (Manning 1989, p.96).

I have quoted Matthew Manning at length in an attempt to provide an insight to the ideas of a psychic healer. British psychiatrist Dr. Daniel Benor, who researches 'psi' healing and 'psi' energy has classified forms of healing into two types: the psychic, and the psychotherapeutic (Benor 1984). He includes in psychotherapeutic healing, only the modalities of psychotherapy, hypnosis, desensitization, biofeedback, bioenergetics, rolfing, and visualization. Benor says:

Numerous and pervasive connections between mind and body have been demonstrated. Emotions, thoughts, and psychological conditioning of conscious and unconscious nature have been shown to produce neuro-hormonal changes in many organ systems and may even lead to physical illness. Ulcers and asthma are among the better known ailments of this type. ... many avenues are demonstrated as potentials for physical self-healing via mental and emotional mechanisms with the assistance of

therapists. That is, a person has the potential via acts of will, conscious or unconscious learning and/or conditioning, and psychotherapeutic treatments to alter his or her physical condition. The psychotherapeutic changes are presumed to provide corrective emotional experiences and/or relearning of improved habits, self concepts and the like. The mechanisms in such changes are initiated with intellectual, social, and emotional interventions on the part of the psychotherapist, based on verbal and/or body-language communication. Their physical effects are presumably brought about by alterations in central and autonomic nervous systems as well as in the endocrine glands ... but possibly due to neurohumoral changes within the nervous system as well (Benor 1984, p.170).

When Daniel Benor formed his classification of healing in 1984, he excluded the activities of conventional medicine from it. This no longer seems justifiable. In fact it is the findings and methods used in the area he defines as psychotherapeutic healing which have helped break down the mind/body split, and compartmentalisation in conventional medical practice. The fields of neurology, endocrinology, and psychotherapy have made significant contributions to this area of practice. The concept of total holism, that is central to the energy model for healing, may not yet be universally palatable. While it is difficult to imagine conventionally trained doctors reacting, at best, with anything other than interested scepticism to channelled material, or to the type of work Barbara Brennan is doing, the idea that the human body is a complex, interactive system with flows of electrons and information is more acceptable and able to be verified. What's more, this systems view is a "tidier", more contained one with sharper "edges" delineating the areas of concern. This tidiness is eroded by approaches such as that which Peter Nixon (1989) uses in his psychobiosocial model, but only to the point of making the inclusion of social-political issues imperative. The crucial distinction is that holism is founded on an interconnected universe, whereas the systems view of the body is based on principles of interaction and interrelation.

However, 'psychotherapeutic' healing may have the potential to "bridge" the conceptual divide between the medical model and psychic healing because of some of the findings which reinforce the interactive systems view. The view that the functioning of the body involves electrical activity is well established. Frankie Lee Slater and David Balfour, reviewing developments in Bio-Energetic Medicine, refer to the ability of DNA to pick up or receive electro-magnetic impressions from the environment, and relay them through the whole bio-physical system. Electro-magnetic fields are also created within the body and play a part in its processes, including that of healing, at the cellular level (Slater and Balfour 1989). Julian Cribb

describes how the principle of electron flows in the body is being used in Australia to develop biosensors for monitoring functions in industry, the environment, and medicine. The design principle used is the same as the stream of microelectric commands, released by the brain, which 'pour down the nerves and enter the muscle cells through microscopic pores, called ion channels, ordering each to contract' (Cribb 1992, p.11). It is accepted that substances such as the Essential Fatty Acids act as switching devices for relaying information in the body. The idea of neurotransmitters doing similar work is established. The immune system can also be viewed as part of a self-regulating informational system, displaying holism, because of the ability of T-cells to recognise "self" and "not-self", and to attack the latter. This knowledge has the potential to be combined more effectively with affirmations (Hay 1984), or mantras. Endocrinology has established the interactive links between hormones, brain and body (Bergland 1985).

Richard Bergland relates holism to brain function and in doing so traces some of the history of ideas about the brain:

In Descartes's [sic] scheme, the pineal gland protruded up into the spiritual world like a lightning rod that carried the soul into the body. Although modern intellectuals do not share his view of the pineal, his dualism [spiritual laws above, physical laws below] lingers in the corners of many minds. The belief that the brain was driven by electricity has been an important factor in the longevity of Descartes's [sic] dualism. Electricity obviously came from above - Franklin's kite experiments proved that. Moreover, it had the invisible, mystical qualities of a spirit. ... The left brain thinks serially; it considers one thing at a time - a letter, word or number. ... Reduction is the very essence of left-brain thought processing; ... a thing must be reduced to something smaller than itself. These reductions must be kept separate ... By contrast, the right brain is committed to patterns. All that it does involves wholeness. The right brain always considers the whole of something and, at any given moment, the right brain must focus on many different things. The very nature of electricity dovetails with left-brain function: electrical currents do flow serially. ... another kind of spirit, one formed from electricity and measurable on the surface of the brain and individual nerves, was enthroned in the brain. The essence of human life, the conscious 'me', was assigned an electrical quality and placed in that part of the brain that communicates serially: the left brain. An Aristotlean hierarchy of organs was allowed, which assigned the left brain the highest place, gave electricity the highest function and gave reductionist thoughts the highest

priority. With all of this, the right brain was thought of as sub-human; those mystics, often from the East, who espoused non-verbal, holistic, mystical thoughts were regarded as lesser intellectuals. The new hormone-based paradigm for the mind acknowledges that electricity does flow from nerve to nerve and can be measured on the surface of the brain or on the membranes of individual nerves. But these superficial signals are little more than dry echoes of deeper molecular events going on within the cell. ... hormones join in holistic patterns that may be understood by organs other than the brain. ... The mechanisms that drive thought are found all over the body and, wherever they live, they function at their highest level by recognizing the molecular patterns of the combination of hormones that modulate thought. ... the ubiquitous secret of evolutionary survival: [is] pattern recognition (Bergland 1985, pp.107-109).

Unfortunately, the pattern of Bergland's discussion is that almost everything can be explained in endocrinological terms. His concluding argument is that it should be legal to intervene surgically and inject into the brain those hormones which normally do not pass the blood-brain barrier. The electrical frequency patterns of brain activity (beta, alpha, theta, and delta waves) and the states of consciousness they represent has been researched (Stearn 1977; Jurka 1986). Jurka provides diagrams of the brain activity in TM and Zen meditation and dowsing (1986, pp.53-54). Beta waves have the highest frequency of the four types, 13-30 Hz; Alpha, 8-13 Hz; Theta, 4-7 Hz; and Delta, 0-4 Hz. The Earth's lithosphere vibrates at 7.83-8 Hz on the border between Alpha and Beta waves. In the research which Jurka describes, separate electrodes were attached to the two brain hemispheres so that they could be measured independently and displayed to form what she calls the 'mind mirror'. The patterns in all seven states recorded was of symmetry, thus modifying the idea that it is the right, "creative", and "feminine" hemisphere which produces Alpha waves, since the output from each side was identical. In deep sleep there was only Delta; in dreaming, only Theta; in the 'falling asleep' state, only Alpha; in normal waking, only Beta; in TM meditation, Alpha and Theta but no Beta or Delta; in Zen meditation and 'lucid awareness', everything except Delta; and in the dowsing state, all four types were produced. Jurka characterises the Delta waves in the dowsing state as a type of spiritual 'reaching out to the unknown' since dowsing to find lost objects necessitates this approach. Beta waves are produced during analytical thought. Alpha waves were present in all three of Jurka's meditational states. It is in meditation that the mind has to transcend the perception of linear time. The totally Alpha state of 'falling asleep' is considered to be a creative one. Some practitioners call it the 'intelligent trance'.

Body work therapies which operate through circulatory systems different from the acupuncture meridians are those of Reflexology (Hall 1986); massage, which has the benefit, basically, of aiding circulation in the lymph system; and Educational Kinesiology (Parker and Cutler-Stuart 1986). Kinesiology has links with left-right brain hemisphere functions. Cross lateral marching integrates the two hemispheres. Parker and Cutler-Stuart also show how muscles are in either a 'switched on', or 'switched off' state. Certain foods can 'switch' the muscles off, which helps to explain food allergies and their diagnosis, for example, using the circuitry of a Vega machine. Kinesiology can also be used to remedy dyslexia. In the new "Holistic" or "Biological Dentistry" being followed in the US and Germany, links are being recognised between the teeth and the rest of the body. Problems are most likely to occur when an 'interference field' is set up around a filled, damaged, or infected tooth. Each tooth has its own set of connections to other parts of the body (Dosch 1990).

Underlying these psychotherapeutic systems is the knowledge that their optimum functioning depends on free flow and movement in the musculo-skeletal, lymphatic, nervous, and blood circulatory systems. The condition of these, in turn, depends on adequate rest, exercise, and supplies of clean food, air, and water. Even these underlying prerequisites depend on spiritual awareness and/or vibrational phenomena, so that attempting to confine the interrelated systems view just to a consideration of the whole person is not effective.

New approaches to intelligence, perception, and the nature of the mind have helped to displace earlier rationalist models for these. Howard Gardner describes the various forms human intelligence can have in his theory of 'multiple intelligences'. In addition to Logical-Mathematical intelligence, which is the form which has been relied on most to gauge academic capability, he recognises Linguistic, Musical, Spatial, Bodily-Kinesthetic, and Personal intelligence (Gardner 1985). Development of all of these results in a more integrated person. The literary work of Oliver Sacks has done much to show the idiosyncratic nature of perception (Sacks 1985). Marilyn Ferguson summarises the findings, of fifteen years of research in parapsychology, which support the notion of the mind as non-local, through experiments validating telepathy, psychokinesis, distant healing, and the effect of prayer on healing (Ferguson 1990).

Benor's classification of healing is useful in distinguishing the separate field of psychic healing. All healing, he says

is grounded in a broad holistic view of humankind. It presumes that the healer can bring about physical changes in the healee without mechanical or chemical manipulations of the healee's body. Touch may be used, but

only to make contact with the healee. That is, massage and manipulations of the body are not generally used in healing (Benor 1984, p.169).

Psychic healing (called 'healing' hereafter) refers to the beneficial influence of a person on another living thing (either animal or plant) by mechanisms which are beyond those recognised and accepted by conventional medicine. These mechanisms may include focused wishes, meditation, prayers, ritual practices, and the laying-on-of-hands. Some healers believe that in healing they are merely activating innate recuperative forces from within the healee. Other healers believe they are transferring their own energies to the healee. Others state they are merely acting as channels for healing energies from universally available cosmic sources. Many believe they must involve the intervention of spirits or of God. The latter commonly call themselves 'spiritual healers'.

Healers report that any illness can usually respond equally well to healing touch or to healing sent to them from a distance. They usually cannot predict which healee will be cured, nor do they keep clinical records to allow assessment of percentages of positive responses. They do not mind if healees are skeptical regarding the healer's powers, but say that when the healee doubts his own recuperative powers this is a detriment. A general consensus indicates that a quiet, receptive, meditative state in the healee is conducive to a positive response and that anxiety can hinder the effects of healing (Benor 1984, pp.166-167).

Benor has documented extensive proof of efficacy, in his paper, for the methods he describes. In essence, the view he puts is that healing is always an energy-related phenomenon. He makes a separate category for spiritual healers who invoke spirits or God in their work. A spiritual healing group attached to the Anglican Church in northern Tasmania provided transcripts of one of their meetings for this study. They worked with the guidance of channelled material obtained at their meetings. The importance of guardian angels or spirit guides was that everyone has one 'who walks with you and gives guidance through life'. They can be asked 'to help sick friends', and they 'can make a request of you from another dimension'. A medium in the group invoked the presence of Christ and asked for a prayer of blessing and healing. The result was:

Father, I ask that at this moment you will bless each and everyone of your children here present; that you will forgive their sins, wash them clean, restore them, and baptise them with the gift of the Holy Spirit. Go with joy to love and serve your God (taped transcript, Joyce Forder 1990 QR).

This prayer provides a sequence for healing which is similar to many of the definitions given of their healing work by questionnaire respondees in Chapter One. Benor also mentions healing done at a distance or through samples, such as a letter from the healer. He says that the conclusions reached as a result of research into 'psi' phenomena are 'unsettling' because:

They indicate that it is possible under certain limited conditions (which are as yet poorly understood) to read another person's mind; to know certain information about objects without sensory access to those objects; to know ahead of time what is to occur in the future; and to influence objects in the environment directly through acts of mind, without physical manipulations of the objects (Benor 1984, p.173).

Concerning the acceptance of 'psi' phenomena he points out that in pre-industrial times, healing done by non-mechanistic means was not an alien concept, and that:

A further impediment to their acceptance is that psi events appear to require postulation of forces as yet not identified. This makes the conventional scientist most uncomfortable! Modern science would like to believe that extensions of currently identified forces and energies will ultimately explain all aspects of our universe (Benor 1984, p.173).

A case in point is the search for the missing "Fifth Force" in nature. This substance-dependent medium range force is thought to complement the four known ones of gravity, electro-magnetism, and strong and weak nuclear forces. Conservatism and lack of acceptance of new ideas in the scientific "establishment" also hinders the development of ideas and techniques directly applicable to healing. I was very aware of this after my visit to the De La Warr Laboratory in Oxford in 1990. George De La Warr's pioneering work in Radionics was not accepted in his time, in the 1940's and 1950's, and is still not recognised as part of the scientific heritage. He invented a special camera which took photographs using the principles of resonance and magnetic fields. I was shown these cameras and some of the results. One showed a sample of local water. Its molecular structure was random. After being blessed by the Bishop of Oxford, a second photograph showed that the same water had aligned its molecules to the sign of the cross made over it. Diagnosis was also done with the camera. A piece of the fur of a sick cow was placed on it. The resulting photograph showed a part of the cow's stomach with a piece of twisted fence wire in it so that the vet knew exactly where to operate. The other instruments invented there are machines

which transmit mixtures of frequencies for healing at a distance. The initial diagnosis is made with the camera and hair samples. George De La Warr says:

Resonance is not in the three dimensions of space, nor is it in time. It appears to belong to another dimension which introduces a principle of unity or connectedness that is not present in the four-dimensional continuum.

Things resonate because they are in a certain harmonic relationship, not because they are simultaneous or contiguous. Hundreds of miles may lie between them, nevertheless there is this strange connection.

In chemistry we have what is called 'affinity' between certain elements ... valency is the power of one element to combine with others whose radiations are in harmonic relationship with its own. ... Resonance also accounts for the specific and localised effects of certain drugs and for the highly selective work which is done by hormones, enzymes, and so on (Day and De La Warr 1973, p.120).

Some channelled material has been used in this discussion. One of the first "classics" in channelled material Testimony of Light (Greaves 1969) was the result of automatic writing. It takes the form of a series of "postcards" from Paradise. In the accounts given, there is a purgatory place where lost souls stay until re-educated. Doctors are still doctors in Paradise and they meet regularly to discuss new methods of healing. The Gurudas texts (Gurudas 1983 and Gurudas 1985) are the result, not of automatic writing but of systematic questioning about healing, done over a period of time, by Kevin Ryerson. Their content is the vibrational properties of plants and minerals for use in healing. Regardless of their source, and authenticity, the Gurudas texts and others could be an early indication of a paradigm shift away from progress by means of a 'scientific revolution' towards the advancement of ideas through the process of revelation. Comparative research on channelled sources of information on healing seems appropriate and desirable at present.

Whatever difficulties there may be in attempting to explain the holistic view of healing; they do not prevent healers from operating from that perspective, and relating it to a chosen method of working. Regardless of the theoretical framework employed, healing is an expressive art. The voice, touch, glance, and gesture can all be used by healers to convey concern, and to inspire.



## **CHAPTER FIVE: SUMMARY AND CONCLUSIONS**

Paradise is exactly like

Where you are right now

Only much much better.

(Laurie Anderson, lyrics, Language is a Virus, Home of the Brave; 1986)

In reviewing and drawing together the content of the previous four chapters, one limiting characteristic is apparent. This study deals only with healing theory, and not with the practice of healing. This aspect of the work may prove frustrating to those who feel that empirical evidence to support the efficacy of the healing theories put forward should have been a necessary inclusion. However, this study was designed from the outset to be limited to a theoretical discussion. To have tested the efficacy of a range of different healing methods would have required a broader, longitudinal survey of healees, well beyond the scope and resources of what has been possible in this study. Any such empirical studies, being done by others, elsewhere, form a natural complement to this one.

A further point, also relating to the scope of, and framework for this work, concerns the decisions made in terms of which material ought to remain in the appendices. Details of the Questionnaire obviously belong there, in the first appendix. The second appendix, on the Australian health system, is included only to provide information, and contains no discussion. The third appendix serves as an adjunct to, and philosophical extension of Chapter Three. The fourth appendix, which deals with energy and chakras, includes material which is very relevant to the topic of healing. I have attempted to discuss and evaluate the material in this appendix. However, much of it lies in the area of, what seems to me to be, the forefront of new ideas whose investigation would be extremely fruitful. Again, this has been beyond the scope of this work.

Nevertheless, it is possible to imagine interdisciplinary, empirical research using skin electrodes to measure the electrical outputs and patterns on the human body in order to relate these to the chakra areas under different conditions. This approach could be combined with the use of some more advanced type of Kirlian photography to interpret the form of the chakras. It is probable that these patterns may also be linked to Nixon's 'catabolic' and 'anabolic' states of body function, thus giving some physiological and physical tangibility to the concept of chakras. The principle of harmonic resonance, as discussed in the previous chapter, could be incorporated in this study to quantify the dynamic interaction of healer and healee. There is scope also to compare brain activity and patterns to all these phenomena, to attempt to answer the

complex questions relating to the link between an individual's mental and psychological state, and capacity to heal. In this way, the challenges posed by the unanswered questions about chakras provide a linking mechanism between the chapters of this thesis. For example, they provide a link between the religious and spiritual traditions of healing, dealt with in the first chapter, and some of the more contemporary concerns of physics raised later in this thesis. What I have put forward is a preliminary exploration of the parameters of potential future research, as I see them. The discussion of conventional medicine, in the third chapter, serves as a necessary counterpoint in that, being the entrenched and orthodox system, it has been necessary to consider where its potential to change and adapt might lie in relation to theory which is not really an accepted part of that system.

A further consideration relating to the framework used in this study is that a conclusion is not given at the end of each chapter. This is a deliberate break with convention, and is most pronounced at the end of the first chapter where eight pages of questionnaire responses are given, and the reader is left with the bewildering task of attempting to "digest" them. These responses are the most significant material that I was able to obtain from prime sources, and because of this I was reluctant to treat them as an appendix. They are not inserted in a random way, but are grouped according to regional medical cultures, and sequenced deliberately within these groupings to emphasise diversity of opinion. Some readers may be frustrated by this, since once the diversity was clear, they were left with the question of how all the opinions connect. In this case I felt that it was significant to demonstrate that they did not, and that there was no meaningful point to which they could be reduced.

The endings of the other chapters have also been kept fairly open. This implies a body of work which opens up and explores assumptions; which presents an unfolding sense of diversity of opinion and practices; and which acknowledges "untidy" areas such as paradox, contradiction, and fragmentation in the distribution of phenomena. I have tried to avoid reductionism, the offering of universal solutions to complex problems, and the construction of "unassailable" arguments in order to keep as much congruity as possible between the form and the content of my text. The meaning of some linking themes is only explicated fully towards the end of the work, and I admit that this may test the patience of some readers. However, as I have said in the Introduction, as part of my personal development, it was important for me to attempt to write something 'holographic' in style. The attraction of a hologram is that any part can be viewed "in a certain light" to reveal the same whole. By the same token, the organising principle I have used is one of recurrent themes with a shifting focus as the central question is applied to a series of different areas, fields, and viewpoints.

## CONCLUSIONS:

Although the focus of this study has been the healing process in its many forms, the main theme emerging from the discussion which has been presented is that of enlightenment. Indeed the insight provided to Barbara Brennan by Heyoan, which was mentioned in Chapter Four, to the effect that enlightenment is the goal, and that healing is a by-product of the attainment of this goal, seems a significant one. The state of awareness which constitutes enlightenment has been referred to as 'self realization' (Shri Nirmala Devi), 'individuation' (Jung), and 'samadhi' (Wilber). Its achievement brings for the individual a sense of the higher and wider purposes and meaning of life. This is expressed through the 'life text' (Wilber), or the 'soul task' (Brennan). In contrast to this Brennan, in Appendix Four, describes cancer as being a condition of 'thwarted ambition', and 'deep forgetting'. Enlightenment also brings, through heightened perception, or intuitive knowledge ('gnosis'), an understanding that reality is an energy-based vibrational phenomenon. As such, it extends to include the universal. This perception is best realised through the paradigm of holism. While the systems in the human body, such as, genes, hormones, and T-cells, display a form of holism in their function, this remains the holism of 'organicism'. The holism of healing is that of an interconnected universe. To elaborate this paradigm, the scientific grounds for understanding it need to be complemented by the higher meanings conferred through religion, theology, and cosmology.

Healers and healees are involved in a process of establishing conditions for, and removing barriers to, the state of enlightenment. The patterns and the flow of 'subtle energy' in the body form a system of feedback. They can be used to gauge the state of health or wholeness, and they can be changed to achieve that state. The question which remains, given this situation, is that of how to sustain the energy state involved in a healing event. It is only in Sahaja Yoga that 'Kundalini' energy, operating in an optimum way, is described as infinite and sustainable. The energy-based view of healing involves a paradigm of wholeness which is paradoxical. Traditionally, wholeness has connotations of integrity, of an entity or system which is enclosed or protected. The wholeness implied by the energy-based view of healing is one of openness. The chakra system is open to receive energy when it is functioning well, and the personal stance implied by wholeness is one of openness to other people. Healing work relies on achieving a state of rapport between healer and healee; the 'way in' or the means of making contact. In attempts to achieve self healing, an openness of mind and a perception of other, wider possibilities are useful.

The strategy of a polemical critique of modern science has been avoided in this discussion. The main part of the discussion is, in fact, provided by science-trained

people. In considering the issue of how healing methods and healing technologies might change, it is worth mentioning the barrier, to the acceptance of much of what has been discussed in this study, posed by the continuing division of phenomena into the categories of the 'paranormal', and the 'supernatural'. Parapsychology is by definition, marginalised. Again, the attitudes of openness, cooperation, and sharing, which form the paradigm for healing, seem to have applicability at the level of professional interchange.

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## **APPENDICES**

## APPENDIX ONE: QUESTIONNAIRE SAMPLE AND SUMMARY

### HEALING: QUESTIONNAIRE - HEATHER BEATTIE

Your NAME:

---

ADDRESS:

PHONE:

FAX:

---

FIELD OF HEALTH WORK:

THERAPIES EMPLOYED:

QUALIFICATIONS:

---

QUESTIONS: (Space provided below and on reverse sides for answers)

- 1)What do you understand the process of healing to be?
- 2)How do the therapies you employ bring about that process?
- 3)What are the main influences or experiences which have caused you to adopt the therapies or treatments you use or advocate?
- 4)Which areas of concern would you include in the scope of environmental health?
- 5)What recent, new findings that you know about, do you consider most likely to change our understanding of the healing process?
- 6)Are you familiar with the concept of planetary healing or Earth healing? If so, what does this mean to you?
- 7)What changes do you consider to be likely and/or desirable in conventional medicine in this next decade or so?

### ANSWERS

ANSWERS (continued):

---

Have you included copies or given references for any printed material (your own or other's) relevant to the above questions? If so, THANK YOU.

☐ Yes

☐ No

---

Is permission granted to quote your questionnaire responses directly in the final thesis material? ☐ Yes ☐ No.

---

**PLEASE RETURN TO:**

HEATHER BEATTIE

DEPARTMENT OF GEOGRAPHY AND ENVIRONMENTAL STUDIES

UNIVERSITY OF TASMANIA

GPO Box 252C HOBART TASMANIA

AUSTRALIA. PHONE: (002) 202463

FAX: (002) 202186

BY: \_\_\_\_\_ if not collected at a personal interview.

**Summary of Information Relating to the Questionnaire**

The previous two pages provide a copy of the questionnaire administered as part of this research. A total of 205 questionnaires were sent out, the majority of them in Britain and the US while I was overseas between 17 April and 7 July 1990. The remainder were sent to practitioners in Australia on my return. At the beginning of the month I spent in the US I posted out 73 of the questionnaires. The sources used for addresses in the US were the 1990 Special Annual Directory Edition of the New Age Journal plus contacts from other general literature sources, and referrals given during my visit. For my British visit I relied heavily on the Resource Section compiled in 1986 by David Harvey in Thorson's Complete Guide to Alternate Living and used the addresses given in it to send out a further 113 questionnaires. In Tasmania my main source of contact was the Natural Health Therapies Association of Tasmania. Approximately 10 percent of the questionnaires sent out were to authors who had come to my attention during the initial six months of my research via the general literature. Questionnaire response material is quoted directly in the main text where permission has been given by the respondee. The absence of a tick in either box of the permission section of the questionnaire is also taken to imply permission to quote. A summary of the response rates follows:

	No.	%
1. Questionnaire returned answered with supporting material	15	7.3
2. Questionnaire returned answered without supporting material	10	4.9
3. Questionnaire not answered and irrelevant material (for example, advertising) sent	7	3.4
4. Questionnaire returned by mail unopened (address and postal problems)	15	7.3
5. Questionnaire produced no response	158	77.1
6. Total	205	100
-----		
7. Overall response rate (1., 2. and 3. above)	32	15.6
8. Usable response rate (1. and 2. above)	25	12.2

Note:when questionnaire responses are quoted in the text of this study, they are presented exactly as written. The original punctuation and format are retained. I have intervened only to provide continuity in those responses written in note form.

## **APPENDIX TWO: A SUMMARY ANALYSIS OF THE HEALTH FOR ALL AUSTRALIANS REPORT AS IT RELATES TO THE DISCUSSION IN CHAPTER THREE**

The Health for all Australians report (1988) provides the results of epidemiological studies profiling the health of Australians. It also provides a discussion of priorities for health funding for this decade, and sets goals and targets for their achievement. The main initiative for the report and its programs comes from the World Health Organisation. Australia is a signatory to the WHO Health For All by the Year 2000 initiative which was first outlined in 1977. The main social target of governments and the WHO

should be the attainment by all citizens by the year 2000, of a level of health that could permit them to lead socially and economically productive lives. Health is defined by the WHO as not just the absence of disease, but complete physical, social and emotional wellbeing (1988, p.6).

The report endorses five themes put forward by the WHO:

equity in health; health promotion; the need to develop primary health care and to enhance preventative activity in health care settings; cooperation between relevant agencies of government and the community, including the business section; and the need to increase consumer participation in health decision making ... (1988, p.7).

In spirit the three main WHO goals are: to increase life expectancy thereby 'adding years to life'; to decrease morbidity thereby 'adding health to life'; and to provide a physical and social environment which develops and uses health potential thereby 'adding life to years ' (1988, p.28-29).

The structures which have been implemented in Australia to carry out these initiatives are described (1988, p.104). The need to have national programs with the potential to link and organise the diversity of existing programs and policies and agencies to direct their efforts towards the agreed goals is emphasised.

Goals and targets have been set in the three areas of: population groups (the socioeconomically disadvantaged, Aborigines, Migrants, Women, Older People, Children and adolescents); major causes of illness and death (heart disease and stroke, cancers-including lung, breast, cervical and skin cancers, injury, communicable diseases, diabetes, disability, dental care, mental illness and asthma); and risk factors

(drugs-including tobacco, alcohol, pharmaceuticals and illicit drugs, nutrition, physical inactivity, high blood pressure, high blood cholesterol, occupational health hazards, unprotected sexual activity and environmental health hazards). Two barriers to the implementation of the program are in the areas of: structural, cultural, and economic factors preventing sections from improving their health; and barriers which 'may also be found within the health system itself, a system that many have suggested is misnamed, as it has little to do with health and much to do with illness' (1988, p.8).

Other barriers acknowledged are; that in the medical system, treatment and care are emphasised at the expense of prevention; and that there is a lack of urgency in treating chronic conditions compared with acute situations. Another barrier acknowledged is the effect of poverty on the ability to achieve improvements (1988, p.10).

Other points of interest in the report relating to the priorities set are, for example, that: 'some indisputably important problems such as mental health were not put in the initial group [of priorities] because it is not clear what should be done' (1988 p.11). Elsewhere in the report is the statistic that 10 percent of the Australian population suffers a mental illness (1988 p.55). On dementia in elderly citizens the report says: 'Dementia is also a problem of considerable magnitude, but as it does not readily lend itself to preventative measures it is not considered here' (1988, p.35).

Also of interest is: 'a plan for the holistic training of health care professionals by 1990. This should include a focus on multi-disciplinary approaches to health and should take account of Australia's health inequalities and health goals' (1988, p.19). Acknowledgement is also given of the need for community involvement in the program: 'Health Departments do not have a monopoly on activities to improve health' (1988, p.12). [and] 'goals must come from the community itself if they are to be effectively pursued at the local level' (1988, p.26).

There are some health related matters which are clearly demarcated as not the responsibility of the program. Environmental health issues are a case in point. Responsibility for these is in the hands of 'other regulatory bodies' with the National Health and Medical Research Council (NHMRC) advising governments on issues such as water quality, radiation, and toxic residues. It is recognised in the report that environmental problems can be either acute or chronic in effect, and that existing legislation is "patchy" and directed mostly at acute conditions, with the exceptions of asbestos and radiation. However, chronic consequences, for example, cancer, are seen as being of more concern to the public.



The practicalities of dealing with environmental issues are seen as revolving around the question of the best alternatives for action with regard to: 'health benefits and costs, scientific evidence, economics, political will and public interest' (1988, p.73). It is stated that environmental health can include areas which 'potentially improve wellbeing, for example, city planning, building design, landscape architecture, transport systems, workplace facilities, and housing density and quality.'

However, 'These are essentially outside the health portfolio and remain unexplored from a health promotion viewpoint. However, the Committee considers that they can be important determinants of mental and physical health states and should not be ignored' (1988, p.73).

With regard to environmental issues 'no national consultative mechanism' has ever attempted to set goals. Three main targets have been identified:

Adequate supply of good quality drinking water to the whole population by the year 2000.

To reduce the numbers of deaths and injuries caused by the use of hazardous chemicals in the home by 10% or more by the year 2000.

To safely dispose of the intractable chemical wastes at present stored in Australia by the year 2000 (1988, p.74).

On dental health the report says:

The contribution that dental health makes to total health is not well recognised.

Chronic infections in the dental area can produce systemic debilitation, loss of self-esteem[,] and [sic] job opportunities through poor appearance (1988, p.52).

The decline in the incidence of dental caries in the Australian population is attributed to: 'public health measures such as fluoridation of water supplies' (1988, p.52). The goals and targets for dental health set in the report were developed by the NHMRC Dental Health Committee and the Australian Dental Association. Amongst the target strategies are: 'the extension of water fluoridation to areas not currently covered or the provision of fluoride tablets in an area not provided with a fluoridated water supply' (1988, p.54). The importance of mouthguards in sport is mentioned, but the role which nutrition plays in keeping teeth healthy is not.

The report also deals at length with the extent of poverty and its effects. It gives the statistics that in 1987, 2.7 million Australians were living below the poverty line, and

that 1 in 5 children belonged to a family where pensions or benefits are the sole source of income (1988, p.99). A profile of the health problems of the poor and 'less educated' is given. As a group they are more likely: to watch commercial television and be pressured to consume unhealthy products as a result; to be exposed to an unhealthy environment which includes traffic, damp, noise, pollution, and crowding; to do more dangerous work; to experience more unemployment and as a result a decline in mental health, low self esteem, and an increased suicide rate because paid work is suffused with notions of success and meaning; to have unsafe play areas and more accidents among children since supervision from a high rise flat is more difficult than in a fenced back yard, and they are more likely to do shift work (1988, p.90). The report advocates the establishment of food co-ops and market gardens in disadvantaged areas (1988, p.141).

It is stated: 'wealth creation and income distribution [are] most likely to bring a reduction in health inequalities [because there is a] close relationship between a nation's income inequality and its average life expectancy' [whether it is an affluent or a poor country]. Yet, although necessary 'anti-poverty strategies ... reach far beyond the policies and programs health departments are able to mount' (1988, p.100).

There is an emphasis in the report on achieving long-term savings to the health care system through preventative strategies. Some of the main costs to the system are; motor vehicle accidents \$3.5b, poor nutrition \$6.0b, cardiovascular disease \$2.0b, and alcohol abuse \$1.5b (1988, pp.4-5). The costs to the system of musculoskeletal diseases are given. Rheumatoid and osteo-arthritis, osteoporosis, herniated disc and other back disorders were the third most prevalent reason for consulting a doctor in 1983, with a cost to the health system of \$70m in that year. In 1985, \$31.4m worth of laminectomies were performed on prolapsed lumbar discs. Hip fractures cost the hospital system \$200m in 1985, with a further cost of \$99m for those who had to be institutionalised as a result of the fracture (1988, p.47).

The Health For All program had a budget allocation of \$131m for its first four years of operation (1988, p.13). The first five national projects selected were for: improved nutrition; control of high blood pressure; improved injury prevention; and cancer prevention. Other projects to be advanced included disability, asthma, diabetes and musculoskeletal diseases, although these were not to be given major focus. AIDS and drugs programs were underway before the report was written. Aboriginal health and women's health were designated as being not part of the national focus (1988, p.138-9), even though the particular problems of these two groups were profiled in detail in the report.

### **APPENDIX THREE: A DISCUSSION OF THE TRANSITION FROM MODERNISM TO POST-MODERNISM AND POST-RATIONALISM IN TWENTIETH CENTURY ARCHITECTURE AND URBAN PLANNING.**

Le Corbusier: The house is a machine for living.

Frank Lloyd Wright: But only insofar as the heart of man is a suction pump (Interior Architecture 28, 70).

This appendix has been compiled mostly from the comments made by art critic and historian Robert Hughes in the revised edition of his book The Shock of the New (1991). While a discussion of this length could not be included in the text of the thesis it is intended here as an adjunct to considerations undertaken in Chapter Three of the style, effectiveness, and cultural appropriateness of the system of health care provision in Western cultures such as Australia.

Neither modernism, which has close philosophical links with logical positivism, nor Utopian architecture is confined to the twentieth century. However, as Robert Hughes explains, it was new building technology, such as steel, reinforced concrete and plate glass, which made modernist architectural forms feasible in the past one hundred years. He traces the inspiration for these forms to the art movements in Europe, in the years prior to World War One, when the Futurists and Constructivists were impressed by the advent of electricity, aviation, and motoring. For instance, 'in Russia the Futurist worship of the machine and its Promethean sense of technology as the solvent for all social ills became a central issue for the Constructivists after 1913' (Hughes 1991, p.42). Marinetti, the Italian Futurist, had as his central idea 'that technology created a new kind of man, a class of machine visionaries' so that 'the machine was about to redraw the cultural map of Europe ... Machinery was power; it was freedom from historical restraint ... Of all the machines the car was most poetically charged' (Hughes 1991, p.43). Marinetti, who later became a fascist, included in his 1909 Manifesto the statement: 'We will glorify war - the world's only hygiene' (cited in Hughes 1991, p.43).

Hughes points out that the machines of the Industrial Age had created much misery yet this was not recognised early this century. Instead the cultural myth of machine - as - man's - counterpart was cultivated against this reality. The designs and ideas of architects such as Le Corbusier, Gropius, and Mies van der Rohe confirmed by the 1920's that: ... 'the ideal of social transformation through architecture and design was

one of the driving forces of modernist culture. Rational design could make rational societies' (Hughes 1991, p.165).

Yet, Hughes says:

One of the lessons of our century, learned slowly and at some cost, has been that when planners try to convert living cities into Utopias they make them worse. ... The culture of the twentieth century is littered with Utopian schemes. That none of them succeeded we take for granted. ... The home of the Utopian impulse was architecture rather than painting or sculpture. Painting can make us happy, but building is the art we live in; it is the social art par excellence, the carapace of political fantasy, the exoskeleton of one's economic dreams. It is also the one art nobody can escape (1991, pp. 164-5).

In discussing the work of Mies van der Rohe, Hughes describes his Seagram Building (New York, 1956-8) as having: 'the elegance of the Void, [and] an architecture of ineloquence and absolute renunciation.' And more generally:

In his desire for a universal grammar of architecture, Mies van der Rohe was apt to sweep aside questions of meaning within the buildings themselves ... and simply ignore the social matrix in which the building was embedded. ... In its wholeheartedly formalist indifference to sociological questions, Mies's work provided the rationale for what the Germans called ... rubber stamp building, the house style of Germany's post war "economic miracle" ... so abstract, so regular, so obsessed with clarity of detail and repetition of units ... a single dominating form - tended to appeal to the authoritarian mind (1991, p.184).

Hughes cites la Défense in Paris as a more recent example of what can be done in the name of "social rationalization", calling it: 'an atrocity of bureaucratic modernism ' (1991, p.207). (We drove to see La Défense when I was in Paris in 1990. After the monumental, and breathtaking, gateway building we entered an indeterminate zone; no people, nowhere to park, no signage. I'm still not clear if it was a residential, bureaucratic, or commercial zone, or a mixture of all three).

Of Brasília, the capital of Brazil constructed in the 1960's, he says:

It is a vast example of what happens when people design for an imagined Future, rather than for a real world (1991, p.209).

It is an expensive and ugly testimony to the fact that, when men think in terms of abstract space rather than real place, of single rather than multiple meanings, and of political aspirations instead of human needs, they tend to produce miles of jerry-built nowhere infested with Volkswagens (1991, p.211).

By way of comparison, Hughes describes paintings as

incorruptible ... the real rudiments of Paradise ... Architecture and design on the other hand, have everything to do with the body - and the unredeemed body at that. Without complete respect for the body as it is, and for social memory as it stands, there is no such thing as a workable or humane architecture. Hence most of the "classics" of Utopian planning have come to look inhuman, or even absurd; they have ceased to work, and to a point where the social pretensions behind them no longer seem credible. Who believes in progress and perfectability any more? (1991, p.207).

And concludes:

The crucial point, however, is that the lesson of modernism can now be treated as one aesthetic choice among others, and not as a binding historical legacy ... the architects' moral charter, as it were, includes the duty to work with the real world and its inherited content. Memory is reality. It is better to recycle what exists, to avoid mortgaging a workable past to a non-existent Future, and to think small. ... It has taken almost a century of modernist claims and counter claims to arrive at such a point. But perhaps it was worth the trouble (1991, p.211).

Commenting on cultural change Hughes says:

when one speaks of "the end of modernism" (and the idea of a "post-modernist" culture, however ill-defined, has been commonplace since the mid-seventies) one does not invoke a sudden historical terminus. Histories do not break off clean, like a glass rod; they fray, stretch and come undone, like rope; and some strands never part. There was no specific year in which the Renaissance ended, but it did end, although culture is still permeated with the remnants of Renaissance thought. So it is with modernism, only more so, because we are much closer to it. Its reflexes still work, its limbs move, the parts are mostly there, but they not

longer seem to function as a live organic whole. The modernist achievement will continue to affect culture for decades to come, because it was so large, so imposing, and so irrefutably convincing. But our relation to its hopes has become nostalgic (1991, p.376).

The significance of post-modernist architecture, as I understand it, lies in its eclecticism of styles, usually within a single building. This synthesis of styles and materials reflects and advertises social plurality, cultural diversity, and the on-going presence of the past. Post-rationalist architecture ("Po-Rat") can be distinguished as separate as it extends beyond the eclecticism of post-modernist design, and is characterised by an approach which designs living space according to individual and or group lifestyle needs; favours urban infill, and the recycling of buildings rather than their demolition, in order to work with what already exists; involves the owner in the design process, often with the aid of computer graphics; caters for the owner-builder; and employs cheaper materials and more affordable modular buildings. In Australia, the recent work of Dale Jones-Evans has been described by William MacMahon as a new direction in domestic architecture because 'it is sensual rather than political, meditative rather than polemic' (MacMahon 1991, p.140).

It is my argument that these new architectural responses to social needs and conditions have been paralleled by similar recent responses in the provision of health care, but that these responses have been confined mostly to complementary medicine.

One of the most prominent residual features of modernist health planning is the large hospital. In the Tasmanian context, the Royal Hobart Hospital commanded approximately one third of the 1990 total state budget allocation for health. Admittedly, this hospital provides many services on a state-wide basis. Since 1989, the restructuring and rationalisation activities of the Field Government have brought about the closure of some small hospitals (and schools) for the sake of cost savings, with the consequent concentration of medical services in the larger urban centres such as Hobart, Launceston and Burnie. To see the provision of services only in terms of logistics and costs creates a situation which tends to obscure the question of the effect of the closure and sale of small hospitals on the community in which each is located. Obviously, ease of access is lost for employees, users and visitors. How residents feel about the loss of these facilities needs also to be considered. Does it give a sense that the town is "winding down"; being abandoned; losing its "heart" and sense of identity? What is the social effect on the community of the loss of the professionals formerly employed there? Instead, the facilities are seen as infrastructure, or cash assets to be rechannelled back into revenue. Some small hospitals may be converted to private nursing homes. It could be argued that they would provide ideal community

health centres, offering a mixture of activities, extending to include complementary practitioners, who have, under current health funding, very little equity with mainstream practitioners in terms of infrastructure, training, research, and equipment.

Speculation is all that is possible with regard to the future of large hospital building complexes. Given the changes which need to occur in the medical system; the high cost of sustaining these buildings; their user-unfriendliness; and the fact that most of them are prone, ironically, to the "sick building syndrome", there is a chance that these "machines for doing medicine in" may also be eventually recycled and re-used.

The immense problem of housing the poor of the world was the main focus for discussion at the United Nations International Symposium on Housing, which I attended as a delegate, in November 1987 at Melbourne University. It was the general consensus of speakers at this symposium that attempts made to date to devise a single, cheap form of housing to be applied widely in all countries where population pressure and poverty created the need, had failed. In cities such as Manila, where several slum districts exist, each containing about a million people, the only feasible approach had been to offer cleared land and a supply of building materials so that housing could be improvised. Public housing authorities in India had succeeded in their goal of organising a million new homes each year. These were built by local communities with the help of government advisors and in the traditional mud brick style. In China, the more rationalised approach of urban flat blocks had been adopted, and although these projects came closer to meeting the housing demand than India's programme had, the resulting small units lacked the charm and amenity of the houses resulting from the Indian approach. Notwithstanding the low priority still given internationally to the provision of housing, sanitation, and water supply, the symposium concentrated on the design and planning aspects of public housing, since funding is wasted if it does not result in dwellings which are acceptable to the occupiers in the long term.

The symposium was hosted by the Victorian Government whose Housing Department is seen as a world leader in innovative housing schemes. For example, it funds an inner city owner-renovator scheme in which properties are purchased, allocated to tenants who renovate and then buy at the unrenovated price; owner-builder schemes, even in mud brick; modular building plans to cater for different age stages in the family; and housing cooperatives. Representatives from financial organisations at the symposium were made aware, by delegates, of the inflexibility of long-term mortgages given the current labour force changes and trends. The environmental health hazard aspects of housing were not discussed at the symposium. Awareness of a range of problems which includes the outgassing of materials, geopathic zones, and electromagnetic pollution from wiring and appliances, has grown considerably

since 1987. These concerns cut across socio-economic divisions since they apply to most houses and work places. The stressors inherent in some building materials, construction methods and electronic technology need reviewing and publicising further, to consumers and architects, because their existence counteracts individual efforts made, for example, through nutrition and exercise regimes, as part of preventative health care.

Ideally, housing should support and sustain good health by providing a quiet and secure place for retreat, refreshment, and self-assessment. It is at this point that the concerns of health planners and urban planners intersect. An extreme problem is posed in Western economies, considered to be affluent, by the large numbers of people who cannot afford a place to sleep and live. I was kept aware of this during the month I travelled across the US by Greyhound bus in 1990. Most of the Greyhound terminals served as sleeping places for homeless people; there were several dozen sleeping alongside the underground access ramp the morning I arrived in New York. Many of the homeless people I saw were in a state of poor mental health; some constantly talking to themselves in an absent-minded way, others venting their anger loudly in the street at the friends, family and government that had let them down. It is difficult to know the proportionate roles played by the deinstitutionalisation of the mentally ill and the state of homelessness itself, in creating these mental states. Organised protest was going on at the tent embassy opposite the White House, and media discussion was identifying the problem mostly as a local government and community responsibility.

The Australian Four Corners documentary program, 'The White Plague' (ABC Television, 22 March 1993), gave coverage to the epidemic of tuberculosis currently occurring in the city of New York where it is estimated that one million people are affected. The incidence of the disease is very high among homeless people. In one refuge, the Armoury, 1500 men (many of them with tuberculosis) were sleeping in a single large room. The disease is widespread in New York's prison, Ryker's Island, and being spread to other regions in the US by itinerant migrant farm workers. A fatal drug-resistant strain has developed. The program attributed the epidemic to the winding down of preventive health services during the Reagan - Bush Administration, and to the generally high cost of health services in the US. It also described the increase in the incidence of tuberculosis in Australia in recent years, due largely to inadequate screening procedures for new arrivals to the country.

The economic recession has created another group of people in the US: young men, mostly in their twenties, still optimistic, and prepared to travel by bus from their hometowns to wherever they have heard there is work. Many of them face precarious



living conditions. For example, Todd from New Hampshire, who I met in California, said that he had twice become homeless after being injured on a building site because of the six week waiting time applied to his worker's compensation payments. Clearly, the economic thinking which supersedes economic rationalism will have to place higher value on community cohesion and see it as intrinsic to public health policy.

## **APPENDIX FOUR: LIGHT, SOUND, AND THE HUMAN CHAKRAS**

This appendix presents, for comparison purposes, some schemes developed by musicians and healing theorists to show the correspondence between the vibrational patterns of light (colour), sound (music), and the seven main chakras in the human body. To some extent the chakra system has been stylised and mythologised. Traditionally, the seven chakra centres are thought to correspond to the seven colours of the visible light spectrum as revealed in a rainbow. The red end of the spectrum relates to the root, or base, chakra at the lower end of the spine, and a continuum is formed, with violet corresponding to the seventh, or crown, chakra near the forehead. The scheme which is thought to parallel this is one in which the seven notes of the basic scale in music also correspond, harmonically, to the seven colours of the visible spectrum. This thinking forms the basis for both colour and music therapy, as it has been popularised in New Age culture.

Corinne Helene offers an explanation, in psychic terms, for this correspondence:

In the dense, rigid conditions of the physical world [the] three processes - sound, colour and design or form - are separated from one another. In the soul world they occur simultaneously and automatically, in consonance with the laws governing inner realms. ... Since we live at all times, not only in the physical world but in the higher soul dimensions which interpenetrate it, every one of us has a deep intuitive knowledge of these facts regarding the soul world (Helene 1982, p.70).

She provides the list of correlations drawn up by the composer Scriabin, just prior to his death, for a symphony which he hoped would be accompanied by a colour display when performed:

C	Red
C#	Violet
D	Yellow
D#	Glint of Steel
E	Pearly Blue & Shimmer of Moonlight
F	Dark Red
F#	Bright Blue
G	Rosy Orange
G#	Purple
A	Green
A#	Glint of Steel
B	Soft Blue

(Helene 1982, p.72).

She does not say how Scriabin derived these colours but they are very similar to those used by Barbara Brennan (Hands of Light, 1988), particularly because of the inclusion of pearly blue and glint of steel. Brennan adds gold and velvety black to her list, and describes the silver she uses as being opalescent. Details of her interpretation and use of colour is given later.

New Age composer Steven Halpern commenting on his composition, Spectrum Suite says:

Light and all its composite colours are expressed in vibrations. If we put colours in musical language, the harmonics of colour are about 40 octaves higher than audible sound.

For example, vibrations at 1000 cycles per second are easily audible. If you double the vibrations to 2000 cycles per second, that's an octave higher. If you double it again to 4000 cycles per second, that's another octave. A normal piano spans a bit more than seven octaves. If, hypothetically, we could extend the piano keyboard another 35 or 50 octaves higher, the keys at the higher end would produce colours - rather than audible sounds - when played. ...

It will be furthermore noted that there is a correspondence between the seven-member scale of musical tones, the seven-member scale of colours in the rainbow, and the seven spiritual energy centres. It seems more than coincidence that there is a one-to-one relationship on these different octaves of reality.

I have found that the sound and colour resonance extends beyond the specific energy center to the area of the body in a horizontal plane surrounding that area. ... In this paradigm, the combined openness to colour, sound, and the energy centers is intended to welcome and channel the appropriate energy [not specified] (Halpern and Savary 1985, pp.182-184).

For Spectrum Suite he uses a keynote - colour scheme: Keynote C, Red; Keynote D, Orange; Keynote E, Yellow; Keynote F, Green; Keynote G, Blue; Keynote A, Indigo; and Keynote B, Violet. Composer Kay Gardner in her musical suite A Rainbow Path (1984) uses a more complex scheme. She adds an eighth chakra (The Transpersonal) above the Crown Chakra, and gives it the colour of white light. She retains the conventional colours for the first seven chakras but allocates music as follows:

Root Chakra: Saraswati Raga in C

Belly Chakra: Aeolian/Dorian Modes in D

Solar Plexis Chakra: Dorian Mode in E

Heart Chakra: Lesbian Mode in F#

Throat Chakra: Ionian/Lydian Modes in G

Brow/Third Eye Chakra: Six-Note Minor Mode in A

Crown Chakra: Whole Tone/Melodic Minor Scales in Bb

Transpersonal Chakra: First through Fourth Octave Harmonic Scale in B.

Comparing the two, the Gardner work is a more complex and interesting piece. It is interesting to note Gardner's reference to the eighth chakra. Brennan works with a system which has an eighth and ninth chakra located above the head. She attributes both white and violet to the seventh chakra. (I remember seeing in one esoteric text a drawing showing fourteen transpersonal chakras above the head.) Ken Wilber analyses religious art and puts forward the idea that saints at a consciousness level of 6 have a white aura, and that level 7/8 sages are often shown with none (see Chapter Four). One of the common themes in the accounts given of OBE's (Out of Body Experiences) publicised in the 1970's, was the encounter in some other place with 'The Great Being of White Light'. However, this observation indicates the degree to which the discussion of energy fields, related to entities, is still speculative.

In the notes on his piece Fresh Aire 7 (1990), Chip Davis explains how he composes with colour in mind. He gives (from the left) the colour, its conventional frequency in Hz (x10 to the power of 14), the Cps (Cycles per second) for the corresponding note, and the instruments used:

Red, 4.62, 466, A# 50 - warm brass

Orange, 5.00, 493, B 51 - flutes

Yellow, 5.16, 523, C 52 - piano

Green, 5.45, 554, C# 53 - strings

Cyan, 5.99, 587, D 54 - bells (no attack)

Blue, 6.66, 659, E 56 - bells

Violet, 7.50, 783, F# 58 - choir, and says: 'As you can see, the cycles are not exact, so to avoid a terribly out of tune piece (at least to our ear currently), I've rounded it off to the closest corresponding note'. In the same suite there is a separate piece of music for each of the chakras. Davis attributes meanings to the chakras, and each work, as follows:

Root: Survival, passion, rage (Red).

Belly: Physical sensations, games, sports, mental fantasies, and sex (Orange).

Solar Plexus: Power, strength, confidence, uplifting, and majestic (Yellow).

Heart: Unconditional love (Green).

Throat: Artistic expression and total acceptance (Blue).

Brow: Ability to see beyond (Indigo).

Crown: Serenity, electricity, the intellect, bliss (Violet).

One reason for compiling this appendix is to show that scientific investigations of auric phenomena, such as the chakras, is at a relatively early stage. There are discrepancies in the theory and descriptions given. Brennan in Hands of Light, describes some new research done at UCLA in 1988 in which an "energy sensitive" made visual observations of auric colours as they changed during a rolfing session. These were matched with electrode readings taken at the same time on the body of the person being rolfed. The electrode frequencies given for the colours observed by the sensitive were not those conventionally given to the visible spectrum:

Blue: 250-275 Hz plus 1200 Hz

Green: 250-475 Hz

Yellow: 500-700 Hz

Orange: 950-1050 Hz

Red: 1000-1200 Hz

Violet: 1000-2000 plus 300-400; 600-800 Hz

White: 1100-2000 Hz

This suggests that the actual frequency of the auric energy is transposed when it is interpreted visually. She comments that 'these frequency bands, except for the extra bands at blue and violet, are in reverse order of rainbow color sequence' (1988, p.33), and: 'The fact that the color frequencies discovered here do not duplicate those of light or pigment does not negate the finding' (1988, p.34). However, this transposition does complicate the broader question of how best to use colour and music.

Most of the suites of meditational music for the chakras move in sequence from the lower chakras (which are related to basic things such as sex and survival) to the higher centres in the region of the head (which are related to transpersonal consciousness). The chakras are also seen, traditionally, as connected by a system of energy flow, so that they require not only attunement to an appropriate frequency, but stimulation of that flow of energy upward through the whole system. These assumptions underly religious practices which employ sound and music to elevate consciousness levels. The sound mantra of 'Om' (which contains all the vowel sounds) can be said or sung so that it enhances the flow and availability of Chi, Qi, or life energy. The Tibetan Gyuto Monks made two complex chants of this type available to the world for the first time, when they recorded Freedom Chants From The Roof Of The World (1989). These chants are used as prayer and have the effect of producing a trance state. With the exception of Sahaja Yoga, mantras are also thought to be important in a yogic

sense as a means of raising Kundalini energy from the root chakra area up through the 'Sushumna' channel, clearing the mental barriers to the state of consciousness of unity. Christopher Magarey recommends and discusses the mantra 'Om Namah Shivaya' which translates to: 'I honour my own inner state', for this (Drury 1985, pp.132-144). These two examples above are from very old traditions. Examples of the more recent populist writing on vibrational phenomena are found in Day (1980), and Ott (1976). Each chakra is related, in the traditional view, at its site, to an organ or gland in the body. For example, the green 'heart' chakra is related to the thymus. There are differing views on this. For example, in the treatment used in radionics, a different frequency is required for each organ and part of the body (Day and De La Warr 1973), and treatment is not restricted merely to the seven glands thought to be related to the chakras.

A glossary of terms compiled by professional clairvoyant, Mario Schoemmacher, and provided by Dr. Jocelyn Townrow (1990 QR), gives a less simplified view of the chakras:

Aura: The electro-magnetic or bioplasmic energy field radiating from the physical body, and usually seen as a "shell" of coloured light around the individual; the aura usually extends from one to two feet from the centre of the shoulders on either side of the body, and its colours are indicative of personality characteristics and health.

Overself: A sphere immediately above the head which represents the "Higher Self" or "Soul" of the individual; it is usually seen to be about three to six inches above the head and is perceived in the readings in symbolic form, the particular symbol representing the present state of the individual. The symbol will change as the entity changes and progresses.

Prominent Colours: The dominant influences present in the aura which give rise to the overall disposition of the individual, as well as his or her principal gifts.

Influencing Colours: These are expressions of the secondary tendencies of the individual which may only operate intermittently and may need further development.

Psychic Centres: In occult science there are said to be seven "psychic centres" in the non-physical bodies of Man, and these are related to the digestion and absorption of energy, and to psychic powers; they are related to the endocrine gland system of the physical body.

Astral Body: The astral body or soul organisation is the body of feeling and consciousness. It shows its activity in the workings of the sensory nervous system.

Etheric Body: Forces which descend to earth from the Cosmos are active in all life processes. It reveals itself in plant, animal and man, in an inner organisation, a formed structure of forces, which must be considered as a 'body' and as such is perceptible to clairvoyant vision. It acts in the body through the lymphatic and glandular system. Through the etheric the fluid in the body is carried out. The etheric body brings us life.

Barbara Brennan's work makes a significant break with the conventional views. The scheme which she uses for colour therapy is as follows. The meanings of colours on the 'Soul-Task' level is: Red, passion, strong feelings, and love when mixed with rose; clear Red, moving anger; Red-orange, sexual passion; Orange, ambition; Yellow, intellect; Green, healing, healer, nurturer; Blue, sensitivity, teacher; Purple, deep connection to spirit; Indigo, moving toward a deeper connection to spirit; Lavender, spirit; White, truth; Gold, connection to God, in the service of humankind, Godlike love; Silver, communication; Black, absense of light or profound forgetting, thwarted ambition (cancer); Black velvet, like black holes in space, doorways to other realities; Maroon, moving into one's task (Brennan 1988, p.238).

These colours are used wherever needed in the auric field in the following way: Red, charging the field, burning out cancer, warming cold areas; Orange, charging the field, increasing sexual potency, increasing immunity; Yellow, charging second chakra, clearing a foggy head; Green, charging fourth chakra, balancing, general healing, charging field; Blue, cooling, calming, restructuring etheric level, shielding; Purple, connecting to spirit; Indigo, opening third eye, clearing head; Lavender, purging field; White, charging field, bringing peace and comfort, taking away pain; Gold, restructuring seventh layer, strengthening field, charging field; Silver, strong purging of field (opalescent silver is used to charge sixth level); Velvet Black, bringing patient into a state of grace, silence and peace with God; Purple Blue, taking away pain when doing deep tissue work and work on bone cells, helping expand patient's field in order to connect to his task (Brennan 1988, p.239).

Brennan explains how colour is sent into the auric field by the healer as a process in which the healer has to 'be in' a certain colour and hold its frequency steadily. This requires training; if the colour is just thought of, the result will always be yellow, since yellow is the colour of thought. She uses each colour to charge the chakra which 'metabolises' it, as well as in the other ways listed above. Because she is accompanied by spiritual guides during her work, she most usually directs the colour they recommend.

On her use of sound in healing she says:

I have found that color in the aura is directly related to sound. Sounding specific pitches into the field not only produces specific colors in the field but is also a powerful agent of healing. ... I use it directly on the chakras to charge and strengthen them. I put my mouth about an inch away from the body where the chakra is located. Each chakra has a different pitch, and each person's pitch for a particular chakra is different.

To find the pitch for each chakra, I vary the range a bit until I hit a resonance. This resonance can be felt by the patient. Since I can also see the field [because of HSP], I watch the chakra respond to the sound. When I hit the right pitch, the chakra tenses up and begins to spin rapidly and evenly. Its color brightens up. After holding the sound for some time, the chakra is charged and strengthened enough to hold its new level of energy. Then I move up to the next chakra. I start with the first and move up through all seven (Brennan 1988, pp.240-241).

It is interesting that this is all done without any electronic or similar devices; that human perception, mind, and voice do the healing work. It is also patient specific. In Reiki therapy (Ray 1985) the healer's hands are placed on the body to channel energy into the chakras, starting with the front Crown chakra and working down the body. The same sequence is used for the back. In her work Brennan starts with the lower centres and works upwards, treating the back and front versions of each chakra at the same time. Reiki relies on channelling energy in. Brennan bases her work on the understanding that when the chakras are healthy or "open" they spin clockwise and draw 'primary' energy in, and that when a chakra is spinning counterclockwise 'secondary' energy is being released. Reiki training, which is relatively expensive, has become widespread here, in the US, and in Britain, but its underlying theory lacks the refinements which Brennan's work contains. Reiki is also general, prescriptive, and non patient specific.

Brennan links the chakras to the endocrine glands and the area(s) of the body they 'nourish', as well as to colours:

- 1-Base; Red; Adrenals; Spinal column and kidneys.
- 2-Sacral; Orange; Gonads; Reproductive system.
- 3-Solar Plexus; Yellow; Pancreas; Stomach, liver, gall bladder, and nervous system.
- 4-Heart; Green; Thymus; Heart, blood, Vagus nerve, circulatory system.
- 5-Throat; Blue; Thyroid; Bronchial and vocal apparatus, lungs, alimentary canal.



6-Head; Indigo; Pituitary; Lower brain, left eye, ears, nose, nervous system.

7-Crown; Violet-White; Pineal; Upper brain, right eye  
(Brennan 1988, p.48).

This allocation of colours to the chakras is a generalised one. Brennan describes seven 'layers' of energy, enfolded within the total aura. Each of these layers contains a different pattern of colours, and correspondingly different energy frequencies. For example, the first layer (The Etheric Body) is usually blue or blue-gray. The sixth layer (the Celestial Body) contains colours which have 'a gold-silver shine and opalescent quality, like mother of pearl sequins', rather like Scriabin's colours. According to Brennan, it is only in the second layer (The Emotional Body) that the colours at the chakra sites replicate and follow the rainbow colours of the visible spectrum (Brennan 1988, pp.49-54). This suggests that the chakra-related music discussed in this appendix has its appeal through the emotions.

In the system of Sahaja Yoga (Shri Nirmala Devi 1982, pp.3-24), which relies totally on the raising of Kundalini energy, the seven main chakras are identified and used. The fifth chakra is subdivided into 5A and 5B, and the first into 1A and 1B. The chakras are depicted two-dimensionally, and each is represented by a symbol. No colours or sounds are attributed to them. Kundalini energy, once aroused, is "stored" in the sacrum in the first chakra waiting to be raised. By contrast, in Brennan's scheme the first chakra is no different from the others, and will be open with an energy vortex, if healthy. In Brennan's scheme the metabolic pathway for in-coming energy is: nadis-nervous system-endocrine system-blood. In Sahaja Yoga the link between the nervous system and Kundalini flow is the main feature, and the seven chakras and three nadis are considered to be equally important in this link. This is explained by the subdivision of the nervous system into the central and autonomic systems. The autonomic is divided into the parasympathetic and sympathetic. The parasympathetic is divided by a gap (The Void) between the Vagus nerve and the Kundalini. The central channel, the Sushumna nadi, 'manifests' the parasympathetic nervous system, and it is through this that energy flows up to the Crown chakra. Two other nadis operate on either side of the head. Their operation is balanced once the flow of energy reaches the crown, and the dominance of either side is overcome. Kundalini energy or Spirit is described as being spontaneous and infinite. This means that once it is activated, the efforts we make are spontaneous. Prior to this our efforts depend on will and rationality, both of which are finite.

It is interesting to note Brennan's emphasis on the Vagus nerve. She relates it to the Thymus and fourth, Heart chakra, the "switch over" point between the lower and

higher auric levels of functioning. There would seem to be a link between its importance and the Buddhist idea of the Heart of Christ mentioned at the end of Chapter Two. The same link probably also accounts for the rationale behind the practice of daily Thymus tapping. It is interesting also to note that the nadis and chakras are all represented by points on the hands and feet in a system similar to the scheme used in Hand Reflexology and Foot Reflexology treatments. There are similarities also with Kinesiology because of the connection between each hand and its corresponding side of the brain. In Sahaja Yoga these hand and foot points are used to gauge the flow of energy in the chakras by means of, for example, temperature changes, and tingling sensations. The hands and feet are also considered to be important sites for energy intake and release, and they are used in the exercises for raising Kundalini. Finally, Brennan's system differs from Sahaja Yoga in terms of chakra diagnosis. Brennan uses a "map" of all the chakras to give an overall assessment (on the basis of which ones are closed, or spinning in reverse), of 'character type', and as a result mental state and physical functioning. Sahaja Yoga lists the causes of the 'catches', or blocks to the flow of energy, in each chakra. These are related to attitudes, morality and lifestyle, and include such things as; lethargy, superstition, self-pity, tantrism, bad childhood, drugs, pornography, black magic, sexual perversion, habits, guilt, fear, temper, egotism, racialism, cunning, shamelessness, exploitation, 'certain' dress, vanity, nationalism, adultery, constipation, materialism, alcohol, asceticism, fasting, sarcasm, swearing, and smoking. Shri Nirmala Devi sums this up with the advice: 'So do not condemn or destroy yourself or others. Keep in the centre (moderation) and respect your sustenance (dharma)' (1982, p.17).

These two approaches both provide sophisticated views of the chakras, and combined, are one of the best means of answering the question: What is the healing process?