

# REFLECTIONS:

NARRATIVES OF PROFESSIONAL HELPING

HEALING



Volume 3, Number 1

Winter 1997

A Journal for the Helping Professions

# REFLECTIONS:

## NARRATIVES OF PROFESSIONAL HELPING

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**REFLECTIONS'** purpose is to publish narratives, personal accounts that describe and explain the process of helping others and shaping social change over time. The journal seeks to build a literary tradition and a record of wisdom for critical study and fruitful discovery. It encourages stories that convey a sense of immediacy, portray practice across diverse populations and capture the range and variety of strategies and systems within the helping professions. Priority is given to articles that provide new understanding of practice. The journal publishes stories of professional helpers such as ethicists, psychotherapists, community organizers, case and group workers, policy makers, family and child practitioners, health and mental health care providers; and educators, researchers, and administrators in the helping and academic professions.

**REFLECTIONS'** central theme is narrative inquiry of professional practice. It publishes personal accounts of professional action designed to aid and support human and social development. The stories have a literary presence, offer new perspectives on practice, and demonstrate the conceit of failure as well as success. The narrator explains the reasons for the action and freely identifies the mistakes made in the practice. The purpose of the narrative is not to demonstrate achievement; rather, it is to capture the experience.

**THE NARRATIVE STRUCTURE** . A narrative is a story worth telling. Narratives are personal stories that give readers a fresh perspective about the practice of change. Written thematically and/or in a temporal sequence, narratives recount the helping process. Narratives are explored within a contextual frame and supply a rich textual description of the experience: They take into account time, place, action, persons, behavior and interaction. Narratives explain and describe events; results; conflicts; complicating actions; and how, why, and what was done. In narratives the writer evaluates the experience, whether or not there is a resolution. Some narratives end with a coda, that is, a perspective on what occurred.

**A Journal for the Helping Professions**

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1. Authors are expected to use the most recent APA publication format.
2. The manuscript length depends upon the temporal sequence of the event.
3. Include on separate page a brief abstract written in the same style as the narrative.
4. Place identifying information such as name, affiliation, address, phone and fax only on the cover page.
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Upon acceptance of the article for publication one (1) copy on disk in Rich Text Format (RTF), WP or Microsoft formatted for IBM or MAC and one (1) hard copy will be requested.

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### HEALING: SPECIAL ISSUE

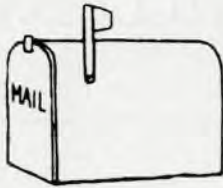
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CALIFORNIA STATE UNIVERSITY PRESS, LONG BEACH, CALIFORNIA



## MAIL

Dear Editor

I was recently loaned the Fall 1996 (Vol. 2 #3) issue of *Reflections* by a recent MSW graduate from CA State Long Beach. I read the publication from cover to cover and have found it to be a wonderful testament to the profession of social work.

I have been working in the field since 1972, so I related to many of the stories of social work education, reasons for entering the profession and experiences of being a "new social worker" receiving on-the-job-training. I currently work in the field of gerontology, but have always felt my roots to be in social work. I have had a number of students go through a masters in gerontology program and then enroll in an MSW program for another 2 years of education. I have never regretted my decision to enter social work vs. receiving an alternative degree.

I really wanted to comment on your editorial entitled "Butting-In." It really struck a chord with me. I have always felt like a "buttinsky"..... I guess that's why I too became a social worker. Luckily, my "interventions" have mostly proven to be positive and appreciated, but I recently have experienced one that was unappreciated. I did back-off but actually felt hurt that someone would mistake my

genuine professional concern for being a "meddler." I have learned a lesson from this experience.

Please tell your wife Sonia, I too cannot help myself from seizing the opportunity to help a mother who is hitting her child. I have had to call the police on more than one occasion when the parent had picked up an object in a store to hit her/his small child as well as offer to watch the child, while the parent completed shopping in quiet. My husband reminds me that it is dangerous to interfere in these situations, but I truly can't help myself.

I now have a child of my own, she is definitely showing signs of being a "buttinsky." When my seven year old daughter was as young as 5 years of age, she was already protecting younger children from the wrath of their parents. Somehow, when a 5 year old says, "Stop hurting your child, stop hitting them, the adult quickly looks up in an embarrassed manner and stops the behavior. I have had to stop my daughter from getting too involved because as she grows older, she may be "in harms ways" due to her comments, but she is certainly growing up to care about and for others.

I will close this "long discourse," by saying that I commend the Department of Social Work (CSULB) for putting to-

gether *Reflections*. Reading the articles brings back memories and reflections about why I love my work after 20 years in the field. I feel blessed at having chosen a profession that enables me to make a difference in the lives of others, while learning from their wisdom.

Nicole Kaplan, MSW,MPA  
(The author is Director, Older Adult Services Daniel Freeman Hospitals, Inc.)

Dear Editor:

Having read of the passing of Carol H. Meyer on December 2, 1996, whose "Brief Reflection" appeared in the Winter 1996 (Vol. 2 #1, also Sp.#2) edition(s) of *Reflections*, I was again transported to my casework class at The Columbia University School of Social Work (NY N.Y.) in the spring of 1966.

Despite the passage of 30 years, I recall the vigor and commitment to quality education with which she taught social work practitioners about to emerge from the cocoon of professional school to the world of agency practice. I clearly remember her talking about the importance she placed on teaching us how to evaluate the quality of social work literature, which even then was in great and contradictory abundance, which she let us know

would become our life-long responsibility as we worked with and on behalf of clients. Professor Meyer was a woman with high professional standards and integrity.

When I talked with her at the Council On Social Work Education conference in Washington, DC. earlier this year, she said she hoped she had not been "too hard" in her approach as an academic teacher, leaving me with a last and lasting glimpse of the very caring person behind the sometimes daunting professor. It was, indeed, my good fortune to have been one of her students.

J. Carole Atkin

*(The author is Inter-University Consortium Field Coordinator, CA State University, Long Beach, CA )*

Dear Editor

"Do The Right Thing" Students' Responses:

Your editorial on subjugated knowledge and Annie Houston's narrative "Do The Right Thing" (Reflections, Summer 1996, Vol. 2, #3) stirred conflicting emotions in me and triggered re-examination of ethical dilemmas in my past and present practice situations. At the same time they inspired me to develop a brief written assignment for a first year graduate class in Human Behavior and the Social Environment.

The following instructions were given, in writing, to fifty-nine students :

**In the narrative "Do The Right Thing" you are asked to take the author's position — that of a graduate social work intern**

**— and to: (1) articulate the choices you will make in advocating for your incarcerated female clients, and (2) identify the moral/ethical factors that influenced your choices. There is no correct or wrong answer.**

Almost half of the students in the program full-time were in Field Work and had reviewed the NASW Code of Ethics. The remaining students entered the program on a part-time basis and were in lecture classes only. There was a significant qualitative difference in each group's position.

The purpose of the assignment was twofold: To (1) increase the student's awareness of the diverse dilemmas that confront social work practitioners, and (2) formulate a perspective which could be compared to and contrasted with the expressed perspectives of the editors, practitioners, social work educators and ethicists who had already responded to Ms. Houston's narrative.

The students articulated 3 different choices. Twenty-two, or 37% of the students strongly supported the author's course of action and advocated for a client's right, regardless of any life circumstance, including incarceration, to have access to both information/education and safe sex paraphernalia. The majority of these respondents — full-time students — attributed their choice to abide by the profession's Code of Ethics which makes the client's welfare the worker's primary responsibility. This group displayed significant familiarity with the devastating effects of AIDS and being HIV positive. AIDS

could be transmitted from an HIV positive inmate to all her present and future sex partners and it was viewed as a serious public health issue. Students stated that factors that influenced their choices were: *"Sexual expression is an innate biological need and incarceration should not deprive inmates the right to satisfy this need."* *"My opinion about their sex life is secondary to my responsibility to protect their life, the life of an unborn child and the lives of all those with whom the women have sex now and in the future."* *"My responsibility is to protect my client's welfare first" and "At this age and time no one should be denied AIDS prevention."\**

Fourteen, or 24% of the students strongly disagreed with or disapproved of Houston's choices. This group was overwhelmingly represented by students in the part-time program. Collectively, they viewed that imprisonment would help reform these women through deprivation of sexual expression and subjugation of information on safe sex practices. Consequently, they disapproved of contraband activities and distribution of safe sex paraphernalia. Numerous students in this group made no reference to AIDS as a sexually transmitted disease with public health concerns. Instead, inmates were expected to protect themselves through abstinence; and it was argued that they had lost their right to sexual expression at the time of incarceration. Students

\* Some of the students' statements are paraphrased without altering their intended meaning.

stated that the factors that influenced their decisions were: "If these prisoners are concerned about infection they should abstain from sex." "Prisoners should not be allowed to engage in any form of sexual activity." The author only reinforced illegal behavior by practicing situational ethics," and "Her choices diminish the profession's value in the client's eyes."

Twenty-three, or 39% of the students stated that they would turn the other way; not report the trafficking of contraband but would not participate in its supply or distribution. On the one hand, this group viewed the institutional practice of prohibiting the open distribution of safe sex paraphernalia as inhumane treatment and systematic ignorance of the potential health risks to the incarcerated women, their children and present and future sex partners. On the other hand, they perceived any direct involvement by them in contraband trafficking as violation of institutional rules and as behavior that had the potential to jeopardize their professional plans and create conflict between the school, the field agency and the correctional bureaucracy. They proposed a course of action of both micro and macro forms of intervention. They viewed client education and empowerment, along with interventions by the university and the wider community, as effective ways to educate the prison's administration and to enforce systematic change. Samples from this group's responses included: "I will not report the trafficking of contraband but I will not participate and will request that it is not be done in my presence." "I will teach the

women responsibility about their own health and the health of others." "I will consult with my supervisor and my school." and "I will act on a broader scale by organizing within and outside the institution."

The assignment's dual purpose was met. The majority of responses (groups 1 and 3) coincided with the positions taken by the editors and the social work practitioners, educators and ethicists who had spoken before them. Regardless of which position they took, the students were made aware of the multifaceted ethical complexities of social work practice. In addition, the analysis of the student responses revealed that student choices in practice dilemmas are influenced by the socialization process into the profession.

This group of fifty-nine students found the assignment thought provoking and challenging. Samples of some concluding statements included: "I have had many ethical decisions to make ... but none as difficult as the ones presented in this article," and "The narrative touched on such fundamental and volatile issues ... freedom, the rights of prisoners, sexuality and homosexuality, child rearing, family relationships, authority and professional integrity...."

Agathi Glezakos, Ph.D.. (The author is a Lecturer in the Department of Social Work, CSULB)

## CORRECTION

An editing error occurred in the narrative "The New Math Grassroots Community Work" by Peter Biehl and Rolene Miller (Vol. 2 (4), Fall 96, p. 23, col. 3). The word *virtually* was omitted in the paragraph referring to services for women in Cape Town. It should read: "... I counseled women as a volunteer ... and came to know that there were *virtually* no services...." We regret the error.



## HEALING VISIONS: THE BIG PICTURE

by Paul Abels

Healing is an awesome and mysterious concept. Awesome in terms of the power it commands and can unleash, and mystifying us as to how it works. We are used to thinking of healing as some type of therapeutic process aimed at "curing" the individual. Images of healers bring forth the priest, doctor, nurse, perhaps a mystic, a witch, a shaman. We do not generally think of politicians as healers, perhaps Lincoln might be an exception, and more recently a president was asked to "bring us together." Roosevelt's "fireside" chats were aimed at reassuring a nation and relieving stress. But these were the exceptions.

We are not likely to think of artists as healers either, yet one of the most interesting and successful approaches to healing is a work of art, albeit a memorial. The Smithsonian recently had an exhibit, "Personal Legacy - The Healing of a Nation" (1995). It is a pictorial essay on the Vietnam Veterans Memorial, more specifically,

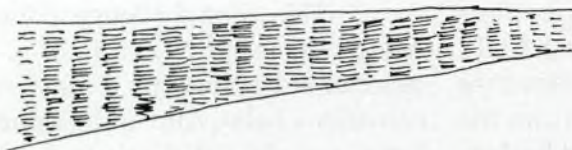
an exhibition of tokens of remembrance left at the memorial. The first of these was a medal, a "purple heart" left by a Vietnam Veteran in

the still wet cement at the base of the memorial. Since then over 30,000 items have been left there. Like some religious shrine the memorial has become a place for a

pilgrimage of remembrance and healing. While items are left year round, the largest number are left at Christmas, Memorial Day, July 4th and Veterans Day.

Before there were priests, there were healers, before there were doctors, there were healers, and probably before there were healers, there were people who recognized the need for mutual aid and healing in order to help the tribe survive. A growing body of evidence seems to suggest, that in early times, the human race could not have existed if people had not cared for each other, even to the extent of sharing the short rations that must have existed during our prehistoric heritage. Unlike the movies depicting prehistoric people leaving their sick and maimed to die or shift for themselves, growing bits of data suggest the opposite. People were cared for.

The articles in this issue deal with various aspects of individual healing, of the self and of other persons. While the vision is that society will benefit, the friendly conflict of individual vs. social change rears its head. In the Vietnam exhibit we see the concept of healing used in a much broader sense; healing the wounds of a nation. More recently we have seen nations try to mend wounds inflicted on groups of people and other nations, i.e. the Japanese admission of wrongs done to Korean women, our gov-



ernments' apologies and reparations to Japanese internees. It's as if closure, healing, can't take place until acts of admission and forgiveness take place. Healing, is most often an interactive process.

*"Forgiving the unrepentant is drawing pictures on water."*

Japanese Proverb

There are people who are able to go beyond the expectation of reciprocity and offer forgiveness no matter what. Note the efforts of Mandela, whose prison building for eighteen years was recently made into a shrine. On the first day of its opening, one of the tourists, gazing in at the cell noted *"It's touching....To see this cell where Mandela lived all those years and still came out with so much grace, with no desire for revenge. How many of us could do that?"* (N.Y.Times. January 2, 1997. p.A4).

Some say that forgiveness promotes healing. A few years back the Argentinian government forgave the generals for their oppressive acts. This month, Guatemala gave amnesty to both sides in its long running rebellion. Recently, both Bishop Tutu and President Mandela of South Africa spoke of forgiveness for those who had promoted apartheid, brutally killed many South Africans and imprisoned Mandela for two decades. Pardons for many of those involved in butchery, torture, murder? Why? The reasons given for these forgiving acts by a country's leaders are that only through the act of forgiving can the act of healing begin.

Many religious doctrines include the need to forgive. At Yom Kippur, the Jewish Day of

Atonement, people ask others to forgive them for any hurts they may have done the person during the year. A student in one of my classes once came in and asked for my forgiveness. I was embarrassed. I often think of that day, and ask myself if I shouldn't ask my classes for forgiveness. I haven't had the guts.

*"Seeking forgiveness is to feel remorse for the neglect of the rights of God, the rights of human beings, the rights of the planet and all creation..."*

Shaykh Nazim,  
Sufi Religious Person

Some are able to forgive. Others, perhaps remembering the atrocities all too well don't want to forgive. Some do not seek healing but rather its opposite. The opposite meaning of healing isn't "not healing," it is "to damage, to destroy." Some want to destroy those who committed the evils. Revenge they say is "sweet" but does it heal? This may be at the core of conflict between Croats, Muslims and Serbs, Hutu and Tutsi. They may believe that healing can only be done by a "burning" out of the "evil," a method anchored in history, which saw numerous examples including the Inquisition, Joan of Arc, the bombing of Dresden, the ovens, rubber tires burned around people's necks, and the Salem witch trials. Hatred and the desire for revenge can last decades, but so can the desire to be forgiven and healed.

Found among the items left at the Vietnam Memorial:

*"...a soldier left a photograph of a North Vietnamese man with a young girl, along with a note:*

*"Dear Sir: For twenty-two years I have carried your picture in my wallet. I was eighteen years old that day that we faced one another on that trail in Chu Lai, Vietnam Why you did not take my life I'll never know. You stared at me for so long.... Forgive me for taking your life."*

What is to be healed here?

It is not the body that is in need of healing, it is the mind, the conscience, the soul, the source, the force, the spirit. This is an area where the "mind healers" can do their work. This is where we see the relationship between individual healing and national healing, a private trouble becoming a public problem. Mind problems have no magic bullets.

*"One writes of scars healed, a loose parallel to the pathology of the skin, but there is no such thing in the life of the individual. There are open wounds, shrunk sometimes to the size of a pinprick, but wounds still. The marks of suffering are more comparable to the loss of a finger, or of the sight of an eye. We may not miss them, either for one minute in a year, but if we should there is nothing to be done about it."* F. Scott Fitzgerald,  
Tender is the Night.

This is the challenge to the healers, to us all, we can not replace or erase the scars, but we can offer a balm. And at the same time, we should work to heal those who do the scarring. Of course that's most of us. □

*"There is a balm in Gilead that heals the troubled soul."*

Negro (sic) Spiritual

## NOTES ABOUT HEALING

**By Nancy Oliver  
and Lyda Hill (Issue Editors)**

Nancy Oliver, Ph.D. RN, HNC. is Associate Professor, Department of Nursing, California State University, Long Beach, CA

Lyda Hill, Ph.D., RNA is a Clinical Psychologist in private practice, and a faculty member, Department of Nursing, California State University, Long Beach CA.

The concepts of Healing and Healer are often associated with God, medical and/or lay health care providers and physical healing. From a professional perspective we may not be comfortable thinking of ourselves as healers or about our healing potential. It is our belief that reading this special issue can provide healing connections. We would like to prepare you for the experience by inviting you to spend a few minutes in a short exercise. Please read the following guidelines and then take a few minutes to follow through with the activities.

Move into a comfortable position and take a few minutes to relax your body and mind. You might consider closing your eyes and taking a few gentle breathes in and out to help free any tension or tightness. As you focus on your breathing let any thoughts and self-talk move away. Spend a few quiet minutes just slowing down a little as you focus on your gentle breathing. When you are ready, continue with your reading.

Healing is a multidimensional experience that is difficult to capture in a linear, one-dimensional medium such as writing. A quiet mind and relaxed body will facilitate different reading experiences.

We reflected on what we had learned about our own per-

sonal and professional healing as we created this issue and came away from working on it with an intense new appreciation for the difficulty of using written language when speaking about healing experiences. Many healing stories, when told in person are rich, glowing accounts through which the meaning of healing stands strongly. Sometimes, these same stories sound flat when written. There is much more to examine about the nonverbal aspects of narratives about healing. Some of the energy related to healing seems only to be able to be seen or shown in person. The limitations of written language in relation to healing are striking to us.

Healing has been defined as "a process of bringing parts of one's self together at a deep level of inner knowledge, resulting in an integrated, balanced whole with each part having equal importance and value; may also be referred to as self-healing or wholeness" (Dossey & Guzzetta, 1995, p.6). Balance and wholeness are common healing concepts. It is important to remember that healing the whole person transcends physical healing and embraces the spiritual and emotional dimensions of self. The following examples of healing are offered here as illustrations. Some are taken (sometimes paraphrased) from narratives in this journal, authors are acknowledged. Oth-

ers are from friends, family and clients.

## THOUGHTS ABOUT HEALING

*"Healing is being able to embrace my imperfection. When I was able to learn that my breaks need not be hidden, that they bring me strength, I felt breaking taking place."* (Diane Beurele)

*"Healing means being able to care for myself. It includes all of my daily rituals such as exercise, nutrition, and spirituality that are practices showing my love and care for myself."* (Albert Kunnen)

*"For me, healing is the freedom to be myself."*

*"Healing is a journey of learning to 'see myself.' I need a nurturing relationship with myself to be able to see myself."* (Patti Wallace)

*"A process of becoming aware of our patterns and being open to transforming them into loving and caring behavior toward others."* (Veda Andrus)

*"A letting go of one's pain so as to allow one's self to achieve health. Mending one's spirit. Recognizing and accepting myself as a whole person."* (Arthur Soissons-Segal)

*"Feeling of belonging."*

*"Healing means access to unconscious parts of myself. Experiences that offer me precious opportunities to bring my unconscious into consciousness are healing for me."*

*"...means discovering and learning from challenges and opportunities."* (Fay Loomis)

*"Healing potentials emerge as friendships/relationships develop. Friendships have healing dimensions."* (Gayle Kipnis)

*"...recognizing body/mind/*

*spirit connections and caring from that perspective. The environment is essential for healing."* (Everts Loomis)

*"For me, healing implies ef-*



*forts to find a place of balance. A kind and gentle view of myself as being 'in process' rather than having failed or achieved a healing goal gives me permission to see myself and my world options more broadly, to look at possibilities more openly."* (Lyda Hill)

*"Healing means recognizing the connection between mind, body and spirit. It means knowing that the healer is within; the power to change is inside."* (Nancy Oliver)

Healing perceptions and experiences are unique and dynamic; they are personal and universal. During the final phase of preparing this special issue a healing dream occurred. It is shared here:

### MY HEALING DREAM

"I was in a large terminal or station. There were many travelers moving about and they were all carrying books. I did not have a book. I had a large tin cup in

my hand. I approached the travelers with an extended hand asking if the book they were carrying had a spicket. 'I need to fill my cup with knowledge.' I explained. I walked through crowds of travelers with books, but my cup remained empty.

As I walked down the corridor I noticed a man and woman sitting very close together on the left side of the bench. Their backs to me, and I could see a large book propped up on the bench right next to the man. It appeared as if the man had his arm around the book as he would around a woman's shoulders. I hurried to the bench and asked the man, 'Does your book have a spicket? I need to fill my cup with knowledge.' The man shook his head and seemed sad to say 'No.' As I turned to leave the woman said, in an almost reproachful tone... 'too bad she doesn't see the knowledge within herself.' End of Dream.

### HEALING EVENTS

Sometimes people say that there has been a significant event that precipitated a healing experience. We have included several experiences from the narratives published in this issue and from colleagues.

*"A group experience in which I was pushed to go beyond my limits and fears and scale walls I scarcely know I had erected. This weekend was followed by my encounter with my storyteller."* (Diane Beurele)

\*Fay Loomis describes "multiple events." Hers is a story of a chronology of her healing

journal and the meaning it had to her.

*"A woman acknowledged and accepted my learning disabilities. Her statement that, 'you are one of us' led me to feel connected with a group of others with similar disabilities. This led to my new appreciation of my abilities. This was a "WOW" experience for me, a moment when the fog lifts and the trail brightens. A moment of commitment to a healing journey." (Arthur Soissons -Segal)*

*"Discovery of a book left for me by my client who was dying of AIDS. Awareness of his death at the moment of my discovery of his book led to poetry coming from me as a way to heal my fears of death."*

*"I volunteered to initiate and direct a Certificate Program in Holistic Nursing. This began my remarkable journey of person, mutual, and universal transformation and healing." (Veda Andrus)*

*"I began with seeing my father's recovery despite physician's prediction of death as eminent; a validation that there was more to 'medicine' and healing." (Evarts Loomis)*

## ADDITIONAL THOUGHTS ABOUT HEALING

There are no universal truths about healing. Healing is an action, a process, an activity of daily living, and our bodies, minds, and spirits have unpredictable healing potential.

Readers of this journal are aware of professional responsibilities and discipline specific areas of practice. Does healing "fit" in our work? Who heals the body, mind, and spirit? Who are the healers? Are they doctors, nurses, priests, ministers, rabbis, psychologists, social workers or are

they the individuals we call clients or patients? Are there modalities or techniques that facilitate healing? It was important to us that a forum be provided to learn a little more about healing and healers from other helping professionals. Perhaps to hear answers to these questions.

In the spirit of a journal whose "single mission is to publish narratives with good literary quality that contribute knowledge on ways of helping others and creating social change" (Abels, 1995, p. 1) we offer our vision for this special issue. Our dream is that one person will have a new experience or insight about healing. Sharing is healing. Respect for the diversity of all of the readers of this Journal leads us to dream that each reader will pick up one idea that will help them to think about healing in a new way. That reader will then pass that new learning on to one new person and a ripple effect of healing will be in place.

Reading and writing about healing provoked creative healing energies. We would like to share this story that emerged for Lyda during our work on these notes about healing.

## A HEALING STORY

"Once upon a time I held healing magic. My grandmother gave it to me when I was three because I was very, very angry at my mother. She had told me I wasn't allowed to eat the sand at the beach. I needed this magic to calm down so that I wouldn't bite my mother. If I had done that I would have gotten in trouble and had to go to bed early. My grandmother held my hands open and

very gently placed the magic in my right hand. She said to close my hands quickly, go out and stand by my favorite tree, and close my eyes until I counted to five. When the time was up she touched my shoulder quietly and whispered in my ear that it was time to put the magic in my pocket. I had to use my other hand to check to see that I didn't have a hole in my pocket where the magic could slip out. Then I put my magic healing away. I felt better right away. I didn't bite my mother. She didn't notice that she had barely escaped. I smile now when I think of my grandmother, that healing magic stays with me and I am able to use it whenever I need it. Once in a while it has slipped away and I have had to look for it a little bit, but I always have eventually found it. I would like to help other people be able to do that to."

Recently we heard a social worker say, with incredible determination, that "she was not a healer" and we stopped and wondered why. □

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## MY STORYTELLER

*Sometimes profound lessons come to us in the most unexpected of ways. The timeless truths that emerge following the purchase of a "broken and repaired" Pueblo Storyteller underscore the value to be found, not in the seeking of perfection, but in embracing imperfection and of the healing that can occur as we allow our stories of brokenness to be told.*

### BY DIANE BEUERLE

Diane Beuerle, MS, WP is a Psychiatric Nurse Practitioner in private practice in Corona del Mar, CA.

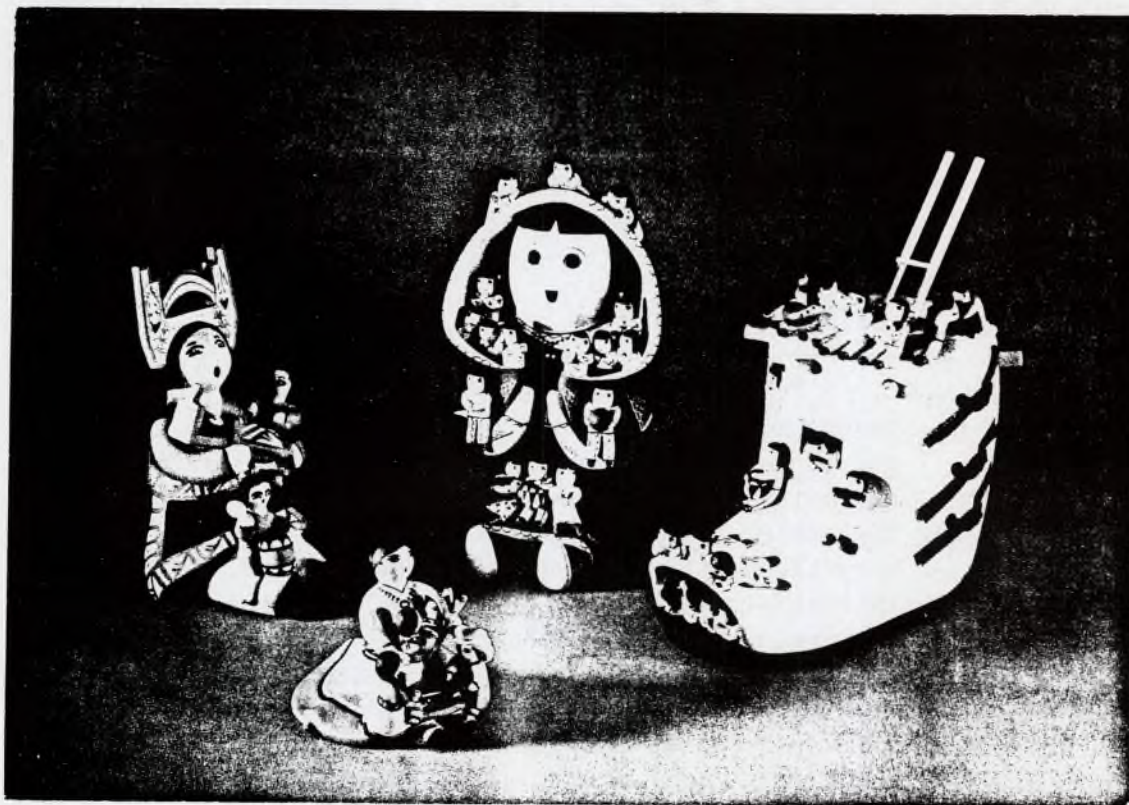
In the fall of 1987 my husband and I went on a weekend adventure in the New Mexico desert with a group of good friends. The event was called "Ropes Course" – a series of physical and psychological exercises that challenged us to push our limits, go beyond our fears and scale walls we scarcely knew we had erected. The things I experienced and the knowledge I gained about my own carefully hidden vulnerabilities remained with me long after that weekend. I wanted to take home a memento, a reminder of what I had learned.

When we stopped in Santa Fe, NM on the way home, I acquired something that was to become symbolic. Symbolic not only of the journey we undertook that weekend but also foretold the direction my life would take as my own path continued to unfold.

As we wandered around town, we went into many shops displaying pottery figurines... clay figures of a seated woman or man (a "singing mother" or "storyteller") with various numbers of children (or listeners) attached to them. These figurines or "story-

tellers" represented the oral tradition of the Pueblo Indians in which the history and traditions of their culture was preserved and recounted through the vehicle of storytelling. As Mark Bahti in his book, *Pueblo Stories and Storytellers* so beautifully explained:

During the long winter nights when the earth, plants, animals



and people were quiet and resting, awaiting the sun's return, story telling was a regular, even nightly event. The stories took the listeners on a journey that would bring a renewal of life. (p. 10) Many stories could only be told during this time, when one was safe from lightning and snakes slept. The old ones told the story as they had heard it when they were young from the old ones who had heard it from the old ones before them. Each generation saw to it that the oral traditions were passed on virtually unchanged for uncounted years. (p.10)

I liked these storytellers and decided to purchase one, but as I browsed, I was put off by many of the figures because they looked too modern... their faces somehow "anglicized" and new. At the time I didn't realize I was searching for something that spoke to a deep and ancient part of myself, a part that perhaps I had just begun to glimpse on that insightful weekend.

We came to a store that had a wide variety of storytellers when suddenly I spied one that greatly appealed to me.... It was a "singing mother" with five children attached to her... boys and girls perched upon her shoulders and arms. She was tucked back on a shelf. She looked old and she looked primitive, her coloring suggested that she had spent many hours around smoky fires listening to stories and weaving her tales. I was instantly drawn to her, but as the proprietor handed her to me, he explained that she had been broken and showed me a number of cracks and chips. On her underside a la-

bel proclaimed she was "broken and repaired." I was disappointed and agonized over buying her because she wasn't "perfect." Yet I kept returning to her, because her quiet serenity beckoned me. Feeling ambivalent, I went to other stores but finally realized I wanted her because she had been "broken and repaired," her seeming weakness had become her strength because her story was my story too.

Some time after I had purchased my "broken treasure," I learned that in some Asian cultures something that has been broken and repaired is considered even more valuable; breaks need not be hidden, but indeed, become an integral part of the piece. I had also begun to discover the value in brokenness, the value in repair. Being complete meant not to be perfect, but to be mended. It was not the breaks that were damaging but the loss of value ascribed to them.

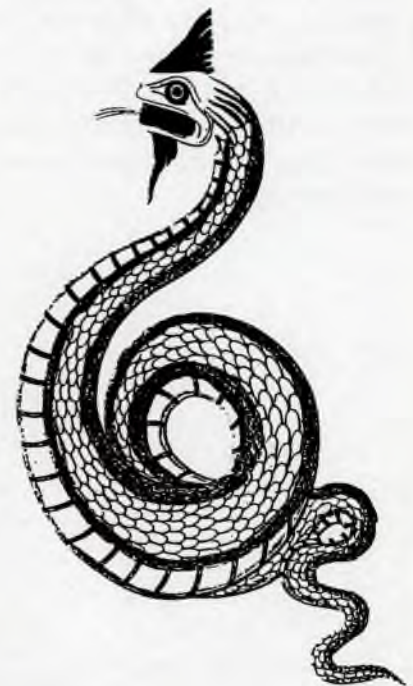
At the time my storyteller so innocently entered my life, I did not know that I would be entering a profession of story telling, I did not know that I would become a Psychiatric Nurse Practitioner and be a weaver and listener of tales, that my office would become a smoky campfire around which ancient stories could be told.

As I went through my training I learned that the most important part of the examination of a patient is the history. "If you listen to your patients, they will tell you what is wrong with them," we were told repeatedly. Sue Bender, in her book *Everyday Sacred*, underscores the fact in this way: stories move in circles, they

don't go in straight lines. So it helps if you listen in circles. There are stories inside stories and stories between stories, and finding your way through them is as easy and as hard as finding your way home. And part of the finding is the getting lost. And when you're lost, you start to look around and to listen." (p. 10)

I now understand that listening is a key ingredient in all storytelling; as the words are spoken, they must be heard. And the stories inside the stories and the stories between the stories must be discerned for the heart of the tale to unfold.

Since she has been with me, my singing mother has been broken and repaired several times; after all, she is of the earth, she is only clay, and her brokenness and repair continue to speak to life's ongoing processes at work in me.



I have come to believe that the storyteller was just sitting quietly, patiently, waiting for me. She has taught me many lessons as we travel together. She sits by my bed as a constant reminder of the tales I have yet to tell and of the stories I have yet to hear, stories spoken out only in places where one is safe from lightning and snakes are asleep.

The lessons and metaphors of stories and storytellers continue to reverberate throughout my life. I have discovered I am increasingly responsive to the hunger in others to tell their tales, to work through their brokenness, to find their way home.

As in the ancient days of the Pueblo Indians, in this mysterious process of words being spoken out and of becoming lost in the hope of being found, the journey leads to a renewal of life.

My own ongoing story with the singing mother, like all good Pueblo tales, continues to work its way through my life, unfolding over time with twists, turns and subplots. It is unfinished, with more to be told when we gather together again around the campfire. □

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*Ring the bells that still can ring.  
Forget your perfect offering  
There is a crack in everything.  
That's how the light gets in.*

Leonard Cohen



## DAILY PRACTICES OF A HOLISTIC PHYSICIAN

*For over half a century I have embraced the concepts and philosophy of holism. My medical practice and personal activities are grounded in my holistic beliefs and understanding of the importance of the mind in the healing process. A sample of these practices is shared for your consideration and reflection.*

By Albert Kunnen, M.D.

Dr. Kunnen (certified in Obstetrics and Gynecology) was Assistant Professor at Wright State School of Medicine. He has extensive training in hypnotherapy, nutrition, cranial manipulation, therapeutic touch, kinesiology and acutherapy. He is a member of the American Holistic Medical Association and the American Medical Association.



Museum of the City of New York

### INTRODUCTION

I conducted a telephone interview with Dr. Kunnen to learn more about his holistic philosophy and practices. The lesson from the interview is reflected in his statement, *"I was interested in anything that would help out my patients in the obstetrical field, as far as easing pain and discomfort."* It was this openness, curiosity and concern for his patients that initially connected him to hypnosis:

*"I found over the years that the mind is probably the most important in the healing process, whether it be with pain or anything else. And, I've had such good luck with hypnosis, including with my wife and children that has done a lot to establish that there are tremendous possibilities. The fact is that you use only 10 percent of your mind in every day thinking processes, and under hypnosis you get to that other 90 percent. That brings tremendous capabilities."* Dr. Kunnen has been involved with hypnosis for over 35 years. It becomes evident, when listening to Dr. Kunnen, that his holistic philosophy has not been restricted to his medical practice.

His is a story of believing in the healing power of the mind and how he incorporates healing principles into his medical practice and personal life. Without the support of the medical community, Dr. Kunnen developed a holistic medical practice, and for the

past 15 years has had the financial luxury to live and practice holistic care.

This narrative covers those thoughts, beliefs and practices Dr. Kunnen identified as important. The lessons, varied and practical, and the daily rituals, are grounded in his knowledge and experience. The healing messages offered are considerations for further exploration. Dr. Kunnen's words and the wisdom they reflect provide a foundation for connecting with healing potentials.

by Nancy Oliver

I am a medical doctor, age 75, with over 50 years experience as a Board Certified Obstetrician Gynecologist and Assistant Professor of Obstetrics and Gynecology at Wright State Medical School. It is from these perspectives that I explain the development and progression of my experiences in holistic medicine.

Twenty years ago, the advent of medical drugs and the rise of the American Medical Association created a political and economic climate that almost completely extinguished Naturopathy, Iridology, and other alternative/complementary sciences and techniques in the United States. Now the philosophy of holism is reemerging. It challenges us to redefine our approach to health and healing, something that any-

one with a conscience and integrity must routinely do. I applaud all of you who are doing it. It is very easy to spot the pioneers in the field. They're the ones with arrows in their backs!

My early interest in holistic medicine was triggered by an active interest in hypnosis. I have 35 years of experience in hypnotherapy and was fortunate to have as teachers such remarkable men as Dave Ellman, Drs. Milton Erickson, Bill Kroger and Fredericka Frytag. This modality led me into psychosomatic medicine and, at a later time, a developing interest in nutrition.

I have retired from active practice of obstetrics and gynecology and now treat a variety of patients, including those with AIDS, cancer, chronic fatigue syndrome and a multitude of other diseases. I also give lectures on magnetism, light, preventive medicine and the use of nutrition in modern medicine.

### ACTIVITIES AND THOUGHTS ABOUT MY DAY

After 50 years in medicine, I'm becoming much more spiritually oriented. I feel each day is a gift to be opened with a prayer. So I begin each day by offering up all my prayers, works and sufferings for the intention of our Lord.

At age 75, I'm also becoming more conscious of my mortality. A personal communication by Bigelson (1994) stated that life expectancy in the medical profession in 1992 was 58 years. Bigelson questioned whether the average patient should seek ad-

vice from physicians whose life expectancy is 16 years less than their own, now nationally averaged around 74.

In following my Holistic regimen, I usually arise between 3 a.m. and 5 a.m. Next, I do eye exercises which take about two minutes. My vision at age 75 is excellent. For those interested in this practice, a description of the exercise is provided at the end of this article.

In the bottom of my bathtub is a rubberized nonskid mat whose inverted nipples stimulate the bottom of my feet according to the precepts of reflexology. (Editor's note on Reflexology is included at the end of the narrative). I take my shower using a chlorine filter attached to the shower head to remove chlorine from the water. My own caution has led me to alert my patients to the possibility of chlorine toxicity. The chlorine emanating from the warmth of the shower head means that the water contains 7 parts per million of chlorine. A 10-minute exposure could exceed 600 parts per million, certainly a health risk.



Chlorine can cause pulmonary edema. It would seem likely that regular exposure to chlorine gas even at low levels such as in normal showering, may reduce the oxygen transfer capacity of the lungs. This could be a critical factor, especially for ath-

letes and those prone to heart failure.

Back at my bedside I take my daily supplements. I first take my daily supplements. I first take Iron/Copper Free Multi-Plus, a multi vitamin with all the essential minerals and vitamins. Iron-free products are utilized because it has been found that over 6 percent of patients have too much iron in their system. When an excess is found in the body, intravenous chelation is the process used to correct the condition. This has been found to lower the insulin requirements of the diabetic patient and significantly improve the diabetic condition. Since I have found, within the last four months, that I am diabetic, I take a product called Gluco-Balance. I also take other secondary supplements including one for adrenal malfunction. In disease, the adrenal gland is the last gland to be impaired and the last one to become normal. Our Dayton, Ohio area is in an iodine inefficient part of the United States. Very few people still use table salt containing iron. My experience shows that 85% of the body's energy is provided by the Thyroid Gland. Especially in the Dayton area, it has been found that hypothyroidism is present in a great many patients. A combination of liquid iodine in conjunction with colloidal zinc and copper brings the thyroid back to its normal functions much sooner.

In the opinion of Clark (1993), pasteurization was one of the worst processes to be utilized in the United States. Pasteurization does not kill the parasites in milk. She advocates boiling a quart of milk and then refrigerating it. What's more, she feels that

all cold cereals may contain parasites. In her book, *The Cure For All Cancers*, Clark elaborated on the detrimental role of parasites. I never eat from a salad bar in any restaurant. The chance of contamination with parasites is highest there.

Over my breakfast of hot cereal, I mull over the role of proper nutrition in all phases of life. For proper fluid balance and drinking purposes a quarter of a lemon mixed with four apples quartered in a blender produces a healthful palatable lemonade. In the fall of the year, I drink a lot of apple cider.

I try to keep caffeine to a minimum of one cup a day. I will place one small teaspoon of instant coffee in a cup and add boiling water. When that cup is half empty I fill it with more water. One cup of coffee lowers the beneficial bacterial count in the bowel for 20 minutes. So it's not a bad idea to eliminate coffee entirely. I am a firm advocate of the value of exercise. At least three times a week I take classes in aqua-aerobics. These are exercises which are done in water and recommended by the National Arthritic Society.

My wife is skilled in dietetics and we keep red meat to a minimum by utilizing fish and especially-bought chickens raised out-of-doors.

Ordinarily, chickens raised in mass production sit in their own excreta and have poor exposure to ultraviolet light. Again, this is hazardous to our health.

My day ends around 1:00 a.m. I have a magnet on my headboard. I believe in many of the concepts of the use of magnetism as expressed by Beaker (1985) and Philpott (1991). The alert, wakeful state, is governed by electromagnetic positive relaxation and sleep are governed by electromagnetic negative. Energy is expressed and used during the alert, waking, positive magnetic-governed period. Biological energy is restored during the relaxed sleep phase of the electromagnetic

negative governed period. This concept is called the circadian rhythm of the body. My sleep is further deepened by using an eye shield to ensure complete darkness in my bedroom.

Mindful of the danger of low-grade electromagnetic radiation, there is no clock, television set or moving electric motor in the immediate area of my bed. These appliances have been shown to emit extremely low electromagnetic waves.

## MY HOLISTIC MEDICAL PRACTICE

I have not charged for my services since I began holistic medicine 15 years ago. I do charge for nutritional supplements or other modalities that I recommend and supply to the patient. A patient's examination is a process that usually takes 90 minutes. I make an audio tape for the patient and one for myself as the exam progresses. Using Contact Reflexology I can examine a patient in approximately eight minutes and tell much more than with traditional methods. I learned Contact Reflexology through numerous workshops with Dr. Versendahl. It is a rapid method of determining pathology by evaluation, by kinesiology, of the 30 acupressure points in the body. As I examine a patient, I explain what I find and what the patient can do to

# LAUREL

' Cut is the branch that might have grown full straight,  
And burned is Apollo's laurel bough,  
That sometimes grew within this learned man '.

*Doctor Faustus*  
Christopher Marlowe



THE  
**NEW FAMILY BOOK,**  
 OR  
**LADIES'**  
**INDISPENSABLE COMPANION**  
 AND  
**HOUSEKEEPERS' GUIDE:**  
 ADDRESSED TO  
**SISTER, MOTHER AND WIFE.**  
 Containing a variety of the most Useful Information ever  
 published on the subject, for the price.  
 HERE ARE THE VERY BEST DIRECTIONS FOR THE  
 MANAGEMENT OF CHILDREN.  
 INSTRUCTIONS TO LADIES UNDER DIFFERENT  
 CIRCUMSTANCES.  
**LADIES' TOILETTE TABLE;**  
 RULES OF ETIQUETTE;  
 RULES FOR THE FORMATION OF GOOD HABITS;  
 INSTRUCTIONS FOR MANAGING CANARY BIRDS.  
 AND CONTAINING A GREAT VARIETY OF RECIPES ON  
**MEDICINE,**  
 So that each person may become his or her own Physician  
 To which is added one of the best systems of  
**COOKERY**  
 EVER PUBLISHED.  
 THE MAJORITY OF THE RECIPES ARE NEW AND OUGHT TO BE  
 POSSESSED BY EVERY ONE.

NEW-YORK:  
 PUBLISHED AT 128 NASSAU STREET.  
 1854.

remedy the situation.

When I examine a patient I look for side effects that indicate diverse childhood experiences. Most people have a hard time handling their own negative feelings. They may take these feelings out on themselves or others around them. The tragic result can be the inability to accept touch or contact and comfort in their

lives. The end result can be domestic violence of all kinds from the common household argument to the kind of violence cited in the O.J. Simpson case. I try to help my clients understand the life-changing concept that inner pain is not evidence of defectives or inadequacies but a signal that they are in need of comforting.

Regardless of the faults we see in ourselves, doesn't it make sense that each of us is inherently lovable? When we do not believe that we deserve to be loved, we are

not able to accept care from others. If I ask a patient "did your parents love you?", the answer usually comes back "yes." But when I ask about intimate acts such as hugging kissing and words of endearment, too often the answer is "no."

Some childhood histories may even include acts of child abuse from parents or relatives. Any man or woman who has been so adversely affected in his/her early development must learn to forgive the perpetrators and let go of the memories. I try to help each patient do this. I often say a simple prayer when embracing the patient. "Dear Lord, remove any artificial obstacles this patient may have created in any association with his or her parents or any man or woman in early life."

Self-acceptance does not flow from one's good looks or hard earned success, no matter how spectacular the respect and adulation from others. To understand how fame and fortune do not bring acceptance, remember Howard Hughes, Marilyn Monroe and Elvis Presley. Self acceptance flows in good measure from an internal capacity.

Our society devalues the compassionate ability to accept and give comfort for the inevitable pain and stress that enters each of our lives. In a time when there is widespread concern about the prevention of spouse and child abuse, there is no more important challenge than learning how to create, accept and give comfort for the sake of loved ones and oneself.

In my treatment of cancer and AIDS I find that motivation by the patient and the desire to live is tremendously important. I don't hesitate to speak of death and dying to the patient. My patients are told that there are only two people who know when you will die. That is yourself and God. When patients feel needed or have unfinished business, it seems that their chances of surviving are greatly enhanced. The

physician who states to the patient that he or she will die in a specific time is completely wrong. The attitude of the physician should always be one of hope and having faith in the therapy being used.

## THOUGHTS ON HOLISTIC PRACTICE

On my desk I have a John Ott light. Ott (1982) is renowned throughout the country for his innovative use of light and color in healing. I concur with his theories about the healing effects of natural, full-spectrum light. One-half hour of full spectrum light is equivalent to two hours of sunshine. In accordance with the opinions of Ott (who suggested use of broad spectrum fluorescent lights in place of standard fluorescent lights), I have replaced all the lighting in my home and office with the John Ott type of light. He further favors the removal of such fluorescent light, smoke detectors and ultrasound from the delivery room because of their low-grade negative energy production.

I have recently read that ordinary DPY vaccination will shrink the thymus gland by 90 percent within three weeks. Vaccinations of any kind, I now think, are not in the best interest of the patient. There is growing concern about the use of vaccinations in countries outside the United States, such as Australia and Japan. I do not take, nor do I recommend, flu vaccinations.

As a former Ob-gyn specialist, I am particularly interested in the problem of postmenopausal osteoporosis. It is well established that using estrogen by

itself or in combination with Progestin, can be carcinogenic to the breast. I feel that estrogen does nothing to replace bone, although it does delay the breakdown of bone. However, "pro-gest" cream, a natural progesterone made from yams, could enable a patient to replace bone loss at the rate of 5 percent a year; without the dangers involved to the breast. I feel that "pro-gest" cream also retains the estrogen effect on the heart from natural estrogen-producing foods. These conclusions will be more extensively evaluated in the future

## SILVER

Just for a handful of silver he left us,  
Just for a riband to stick in his coat.  
*The Lost Leader*  
Robert Browning



It has been found that silver, in its colloidal form, is effective against over 300 organisms that cause bacterial infections. It has also a favorable effect on viruses and yeast. For this reason, I've prescribed few antibiotics in the last five years.

I feel that everyone has cancer cells in the body or cells that have the potential to produce cancer. To improve the immune system, I recommend proper exercise such as trampoline rebounding. I encourage patients to utilize the mind and brain with yoga and removal of foreign chemicals from the body.

I have often utilized "Therapeutic Touch" as originated and taught by Dolores Krieger (1979). The technique appears to restore the "aural" or electromagnetic field that encompasses the body. It has been my life long practice to continue to listen and learn. Most recently I had occasion to hear Dr. Deepak Chopra speaking on "The Seven Spiritual Laws for Success" (Chopra, 1994). I consider this to be essential reading for anyone in the healing professions. In the past I had the opportunity to learn a healing prayer used by the famous healer Olga Worrall and originated by her husband Amos Worrall. I use this when I pray for my patients at the end of my day.

*Dear Father(sic) the light of thy spirit is upon us. It rounds us, casts no shadows. In its perfect light only that which is pure and good can come into consciousness for we are one with thee.*

*We are thankful for the privilege of being reflectors of light, for we know that along these reflected beams thy healing power flows; and those who are touched will receive and be blessed and for those of thy children who are made whole at this time we give our thanks.*

*Amen* □

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### Editor's Note: A brief description of Reflexology

This therapy first developed by Dr. William Fitzgerald in the early 1900s was initially called Zone Therapy. It was been refined through the assistance of Dr. Edwin Bowers and evolved into Reflexology. The therapy's base was the relationship between ten equal, longitudinal zones that run the entire length of the body from the top of the head to the tips of the toes and the 72,000 nerves in the body that terminate in the feet. If there is a problem or disease in the body, it is often manifested as deposits of calcium and acids on the corresponding part of the foot. Congestion of tension that runs along the longitudinal and lateral zones is released by manipulating the feet at the corresponding endpoint.(Kunz & Kunz, 1980)

Kunz, K., & Kunz, B. (1980). *The complete guide to foot reflexology*. Engelwood Cliffs, NJ: Prentice Hall.

### EYE EXERCISE

These consist of taking the tip of my finger at eye level and letting my eyes follow my finger 12 times to the left, 12 times to the right, 12 times directly above at 12 o'clock, 12 times below at 8 o'clock. Then I create an imaginary X and follow my finger 12 times up to 11 o'clock, 12 times down to 4 o'clock, following the other part of the X 12 times up to 2 o'clock and 12 times down to 7 o'clock. The eye exercise concludes with following my finger in a straight line in and out from my nose.

## SELF PORTRAITS: SEEING AND BEING SEEN

*The author uses self-portrait drawing dyad process to assist a client imprisoned by an obsessive compulsive disorder (OCD) to become free. As the author engages the client in drawing her own portrait simultaneously she draws her own self-portrait. She then uses her drawings in her own therapy to discover characteristics about herself that had been hidden.*

by Patti Wallace

Patti Wallace, M.A., A.T.R. BC is an Art Therapist, St Joseph Hospital, Orange, CA and in private practice

My experience as an Art Therapist has led me through a myriad of healing journeys. This narrative is about an experiment in the primitive land that I refer to as **seeing** and being **seen**. The technique is to draw a self-portrait, looking at yourself in a mirror, drawing a contour line on large paper while your eyes stay on the image of yourself in the mirror. It is called blind contour drawing. I use a modified version where you can look periodically to reposition your pencil for inner contours and details, but essentially do not look at the drawing. The participant is forced to have a new experience in drawing. The idea is to draw very slowly, as if caressing the contour edge you are observing and traveling over the forms and contours of your own face and body. Kimon Nicolaides, in his 1941 classic, *The Natural Way to Draw* states,

*There is only one right way to draw and that is the perfectly natural way. It has nothing to do with artifice or technique. It has nothing to do with aesthetics or conception. It has only to do with the act of correct observation, and by that I mean a physical contact with all sorts of objects through all the senses.*

I believe that we take for granted the gift of **seeing** and do not utilize it as fully as we might.

Vision can both soothe and enrich our experience of being in the world. Many of the people with whom I have worked do not really **see** themselves when they utilize their mirrors to brush their teeth, put on makeup, comb their hair, or straighten their clothing. There seems to be splitting that goes on and only portions of the body or face are taken in... we essentially **see** only self-fragments and not our total selves. "Artists" are people who learn to **see** more fully and are able to draw what they **see** more realistically because they are using the non-dominant hemisphere of their brains. Betty Edwards' (1989) world renown research on this subject is presented in her book *Drawing On the Right Side of The Brain*.

### REFLECTIONS ON RIGHT BRAIN DRAWING

My experience has been that right brain drawing techniques help to relax the total person which paves the way for fuller expression of feelings, thoughts, ideas and observations and frees the mind to make different kinds of internal connections and lay down new pathways to healing. Acceptance of the totality of the self seems enhanced by studied visual observation of one's facial expressions, imperfections and significant contours. A deeper relationship is forged where a more

integrated and grounded self-image develops with the dedicated pursuit of this self-portrait technique. The time commitment is important and each drawing sessions needs to be at least two hours each week over a six month block of time to study the process and portrait product.

### PORTRAIT DRAWING DYAD

One client and I were able to meet, draw and process the experience for six months. I decided that I, too, would participate in the self-portrait drawing process. This client agreed to share her drawings and insights with others, and write a process note to go with each drawing. In her third self-portrait there was a dramatic shift from flat drawing to a more alive, dimensional rendering. This client's emotional suffering was very grave as she was limited by her obsessive compulsive disorder (OCD). She looked forward to our meetings because she knew she could escape the OCD thinking when she was immersed in the contour drawing task. She had a taste of freedom. In the midst of the drawing time together the client was able to get her own dog and care for it. Several months later, after terminating our time together, she took her first vacation in 18 years, driving with her dog, through the natural wonders of Northern California. She was able to extend her freedom to include experiences previously forbidden by her illness.

### CLIENT'S WRITTEN REFLECTIONS ON SEEING HERSELF

She writes, "I rushed to get here and I was late but there was a calmness inside as though the anticipation of the drawing drew me toward a state of readiness. This state of readiness is unusual to me. It's not busy and rushed but relaxed and calm. A calmness like really being able to 'see' myself once a week and looking forward to it. I notice now when I draw that I can begin to see into myself and through the contours of my face, my essence and mood comes into being."

Another entry, "Each week my form is the same, my face. If I look at the ensemble of pictures individually I see the general 'over all' similarity as a being that looks like myself. If I observe the drawings together, side by side, I see the many differences from one picture to another. Surely, each nose will be different, each glass frame will vary, but the essential difference is in the mood or attitude of the drawing. Some weeks the mood escapes me as if I had drawn the picture of an unliving statue. But there are times, especially the last few weeks, that I am developing an 'eye' for capturing the feeling of the moments that my hand travels over the paper, capturing my 'lines' and expressing a feeling. I am not a statue and these pictures are not a token for what I am but breathe with life and view of the world as I see it. These pictures of myself are not cartoons and will, the reverse of cartoons, live forever. As I am alive now – and after I am gone. Over these weeks my drawing eye and my feeling heart have merged to capture my living self." These moving words are a testimony to power of art in the healing process, I thank my client

for sharing her experiences.

### THERAPIST'S REFLECTIONS ON SEEING/BEING SEEN

My own drawings showed me the feelings and body rigidities that I couldn't "get" intellectually or cognitively. I made progress in ways I hadn't been able to before. For one of the sessions, I used three mirrors and did three images on one large page and wrote,

*Mirror, mirror on the shelf?  
How many ways  
can you show a self?  
Round is close and  
Oval  
Intense...the eyes...  
to look to see  
the frightened, sad...  
Intense me,*

As the Art Therapist, I could be there for my client and give her feedback on what I could see and I received her impressions of my drawing as well. I took my self-portraits to my own therapist, experiencing contact and healing in our looking at the drawings together. Having someone important to see and enjoy my own expressions of seeing myself... that is, being seen, was immensely rewarding, fulfilling and supported my own sharing of these experiences. I had always been the seer of the art work of others but had not really felt being seen in my own therapeutic journey.

The art task of looking at and drawing yourself offers the opportunity for building up experiences where you learn to see all of you and become your own observer and nurturer. Acceptance



is the key word. The human eye is the avenue of connectedness where we link up with or shy away from contact with each other. It seems we can forge a healing relationship with ourselves by learning how to use more fully the tools with which we are equipped. All of our senses, especially the eyes, are present to experience the world in a variety of ways. There are many possibilities for feeding the soul available through our visual experiences, but sometimes we get bogged down in the everyday life duties and forget to relax, enjoy and **see** the beauty of color, shapes and forms in ourselves and in the natural world.

The eye's many metaphors always fascinate and touch me deeply. Perhaps this fascination with **seeing** carried me on

this Art Therapy professional journey for the last 24 years. The eye is the window of the soul. Take very good care of it. It feels as if I can now hold on to myself and feel more real as I've reconnected with the inner as well as the outer beauty. Beauty is in the eye of the beholder and I can now behold myself, embracing the beauty within. □

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## HEALER/HEALEE, MY JOURNEY

*A story of my healing journey from seeing myself as one with a disability to a whole person with ability. I review lessons I have learned and mutual healing interactions with persons who present psychotic disabilities.*

### By Arthur Soissons- Segal

Arthur Soissons-Segal, Ph.D. is Coordinator of Psycho-Social Rehabilitation, Hollywood Mental Health Center, Hollywood CA.



I started my healing journey in 1945 at the age of 14 while recovering from surgery for a cerebellar tumor. It was the start of a personal battle to find peace of mind, confidence, and connection. For years following the surgery, I struggled with poor coordination, inability to compete athletically and awkward social skills. I was lonely, isolated and insecure, longing for friendship and self-confidence.

In 1952 I was a student at the New York School of Social Work of Columbia University in group work where we were taught to help people find ways to improve their quality of life. I now realize that my choice to work in the field of disability was an attempt to heal myself.

### A BUDDING AWARENESS

My second year field work placement was at Blythedale, a residential rehabilitation center for children with physical disabilities. Hy Weiner, a beautiful and sensitive man, was

my supervisor. Hy had a disability —petit mal epilepsy. His gentleness, self-assurance and sense of power struck me; he did not present himself as disabled. I wondered if only I saw his epilepsy as a disability.

This was an early dawning of awareness, enhanced by the children at the Blythedale. Although confined to bed, they played soft ball hobbling around the bases on crutches. The children experienced their abilities not their disabilities, and their self confidence was enhanced by staff praise

I began to appreciate the strength of the human spirit. The recovering children wanted to heal. They put into practice a story I had yet to learn: passage out of disability is achieved when one finds meaning. I did not apply this lesson to myself. This refrain played in my mind for the subsequent 40 years as I worked with individuals defined by society as disabled.<sup>1</sup>

I then learned about healing from Stanley Krippner at Saybrook Institute, and the writings of Frankl (1978), Moustakas; (1972), Cousins; (1979), and Siegel; (1986) that emphasized the psychological and spiritual components of healing I became aware of how laughter, self-belief, and determination influenced healing. I read autobiographies that described productivity and mean-

<sup>1</sup> At The Jewish Guild for the Blind, United Cerebral Palsy, The Institute for the Crippled and Disabled (now the Howard Rusk Institute), Aid to Retarded Citizens, and Community Mental Health.

ingfulness despite disabilities. (Beisser, 1988, Brown, 1954, Hamshire, 1982, and Nolan, 1987). I found support in knowing that individuals experience efficacy despite their limitations. I learned people find meaning in themselves when open to wholeness. I began to see how the disabled persons seek to participate in "normal" activities of work and relationships. I marveled when many of my clients denied that their disabilities prevented them from achieving independent living goals. They told me that their motivation to recover was a major contributor to their ability to feel good about themselves. I helped others reveal and experience their abilities. I helped social work students develop sensitivity to people with disabilities.

### Understanding My Own Blocks To Healing

Although clients and colleagues praised me, I could not respond to their accolades nor acknowledge my strengths. I looked in the mirror and saw only blemishes and frailty. Acceptance of my limitations was so difficult to achieve. Society seeks perfection in us, and frailty is disparaged. To escape society's stigma, I denied my limitations which were so obvious to others.

I recall a farewell party honoring my work in organizing a developmental disability council into an effective advocacy group. The room filled with friends and fellow staff praised me and wished me well. After some especially flattering statement, embarrassed. I said, "Oh anyone could have done that," to

which the speaker said, "Shut up and take credit for what you've done." My friend recognized my inability to accept praise. I was unaware then that this was a symptom of a disability that had a name, and that others with this disability had successful professional and personal lives. They could experience the pleasures of their success.

That knowledge was to come five years later. At the moment of the farewell party, the comment was received, laughed about, and forgotten.

### A Turning Point - Belonging And Normalizing

Several years later my work brought me into contact with colleagues who had learning disabilities (LD). A sometimes subtle disability with a neurological origin that results in frustration and doubt about one's own abilities.

I worked with the LD agency, "The Puzzle People," for about a year when the executive director, a woman with LD, approached me and commented, "Art, you are one of us, you know." Her comments were calm and friendly.

I was relieved, my clumsiness and poor language skills had a name. My difficulty concentrating and tendency to move from one subject to another was comprehensible. I looked around. I knew these were me, or I was them. We had learning disabilities, dyslexia, attention defect disorder. More importantly we had each other. My symptoms had a name, and I had a support system.

Until that "Puzzle People"

party I blamed my poor coordination, reading problems, lack of concentration and other difficulties on my childhood brain tumor. The effect of that reasoning was as a rehabilitated brain tumor victim, I was alone without peers or role models. On the other hand, having LD brought peers, role models, and support. My humanness was validated, it was okay to be different. We could achieve our goals despite limitations.

Healing has been a continuing process of self-discovery. I had observed clients and colleagues risk self-disclosure. Finally I absorbed their self-descriptions and realized the match with my own. My readings, research and work experiences came together into a new healing pattern of self-awareness and acceptance.



### HEALING

I see healing as letting go of pain to achieve health. It is a mending of the one's spirit, pulling together body and soul, and accepting wholeness of self so as to experience meaningfulness.

Healing is a rebirth of the psychological self that somehow

became lost in my developmental process. I began to develop comfort with my limitations, I "normalized" them. I felt part of a mainstream group of people with similar disabilities and "that was okay."

### Experiencing (Rather Than Only Knowing) One's Abilities.

There is a vast distance between an intellectual understanding of one's abilities and the experience of one's abilities. Intellectually, I acknowledged my achievements but did not own them.

An experience is an emotional internal event in that it is a feeling which one neurologically compares to prior feelings provoked by similar events. Thus, an experience is an emotion which absorbs itself in one's history. I believe that experience has the power to support or refute prior experiences, as my current experiences with success have refuted my historical experiences with limitation.



### New Healing In My Work

Normalization is a key component in my work with psychiatrically disabled adults. Currently, I coordinate a psychosocial rehabilitation service at the Hollywood Mental Health Center in Los Angeles. I help individuals to refer to themselves as people rather than as clients. We build upon strengths and plant seeds to produce more positive self-images. As they participate many of them blossom and their social talk becomes lively. Many return to skills long in disuse. Some return to school, others venture out to employment. We help them to experience their abilities, neutralize their disabilities and feel connected to others. I believe that this sense of belonging is as healing for them as it has been for me. I respond to their experience of disability with calmness and a sense of, "So what's so terrible, we all have moments of that experience." Healing is an interactive experience. As I help them heal their wounds, I too heal.

### THE HEALER'S ROLE

The healer's role, as I see it, is to present a self which invites the other person to reveal a desire to be healed. Just as I learned that disability, as well as ability, is a creation of the mind, we suggest to our clients that they have the power to create the self they want to be. Throughout the healing process we seek out the positive attributes that we and they possess. We acknowledge the pain of their limitations but we dwell on their abilities. People share their suc-

cesses. Together we celebrate happy occasions and discuss solutions to our problems. We benefit from the experiences of working together and helping each other. All of this builds a support system and a feeling of belongingness.



The healing process takes its own time. It cannot be hastened. It may be slow and take detours. Recovery is a life long process. Embarkation on this journey requires a vision that wellness is attainable.

Like most wilderness trails, a healing path twists steeply up zigzags, traverses narrow crevices, tumbles down inclines, and moves toward discovery. My clients and I pause to rest and experience the joy and excitement of the discovery.

For those who travel without guides, the healing points frequently go unnoticed until the big "WOW:" the moment when the fog lifts and the trail brightens; the moment when the traveler commits to the work. For me, the "WOW" experience was the LD party.

The trail continues to the present rest stop, this paper. □

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**The gaps are the thing. The gaps are the spirit's one home, the altitudes and latitudes so dazzlingly spare and clean that the spirit can discover itself like a once-blind man unbound. The gaps are the clefs in the rock where you cower to see the back parts of God; they are the fissures between mountains and cells the wind laces through, the icy narrowing fiords splitting the cliffs of mystery. Go up into the gaps. If you can find them; they shift and vanish too. Stalk the gaps. squeak into a gap in the soil, turn, and unlock--more than a maple--a universe.**

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## ILLNESS AS OPPORTUNITY: LEARNING FROM CHRONIC FATIGUE SYNDROME

*The experiences of my child and young adulthood provided the landscape for my healing journey. Learning to forgive and move feelings of failure into the realm of challenges was the beginning of a discovery process that continues to change my life. The lessons that emerge as I learn from Chronic Fatigue Syndrome are personal affirmations and gentle reminders to myself and others that health is precious, life is sacred, and the potential for change is infinite.*

By Fay L. Loomis

Fay Loomis, M.A. is currently active in the world wide peace movement.

### CRISES ARE OPPORTUNITIES FOR GROWTH

*Most people live...in a very restrictive circle of their potential being. They make use of a very small portion of their possible consciousness, and of their soul's resources in general.*

*... Great emergencies and crises show us how much greater our vital resources are than we had supposed.*

William  
James

If anyone had told me that crises are opportunities for growth at the onset of Chronic Fatigue Syndrome (CFS), I would have said they were crazy. I now know differently.

### RELEASE THE PAST, FORGIVE

I grew up as the middle child in an unstable and violent family of seven children (six girls, one boy). As the good child I unknowingly took on the responsibility for much that happened. I developed several means of escape—spending time in the mystical outdoors, walking or riding my horse and reading everything I could lay my hands on. In the two towns I lived in, I read every book in the library's children's section and was frequently reprimanded for reading adult books. I became a high achiever and graduated from college magna cum laude, Phi Beta Phi and Phi Beta Kappa. I became a people pleaser and learned to stuff my emotions, especially anger. Stuffing emotions and anger were probably the greatest contributors attracting CFS.

Around the age of 30, I came to understand that my parents gave me the best they were capable of. They, too, were needy and didn't know how to nurture themselves, let alone a passle of children. I forgave them to the best of my ability. During the illness, my sister Barbara suggested that I write down the qualities my parents gave to me, I then began a greater healing. I remembered



that our mother was caring, our father fiercely independent, and both loved learning and were curious about life. I am learning to accept the words of White Eagle: "Do not look behind you. Do not regret mistakes but be thankful for every experience, however painful, which has helped you to gain a clearer understanding."

### THE ONLY FAILURE IS TO FAIL TO LEARN FROM THE EXPERIENCE

Having married my high school sweetheart shortly before my 20th birthday, I became a mother a year-and-a-half later, much to the surprise of both of us. After my first year of college, I had dropped out so my husband could finish his senior year, with plans that I would return the following year. Actually, it was a few years later when I began taking one class a semester, finally graduating in 1973 and receiving a master's degree in 1975.

We began to draw away from each other as I began working. At first, I held several government research contracts, and later developed the Outdoor Sculpture in Grand Rapids, Kalamazoo, and Lansing (Michigan) Project; which resulted in authoring three guidebooks, developing a traveling photographic exhibition and holding public forums in each of the cities. It was a heady project, and I look back, wondering how I had done it. The fact of the matter, I was too green to know that I couldn't do it.

Tension in our life had reached an unbearable point, and I suggested counseling. After five months, our counselor suggested

we give up meeting with him, and I, too, gave up on our 24-year marriage, feeling like a failure. Today, I understand that as we change, we either move toward or away from others, because life and relationships are dynamic. Two full-time jobs later, my sense of failure had increased. Fired from the first when the bosses' research contract ran out, I was exhausted in the second from dealing with 39 trustee-bosses. It has taken time for me to understand that the only failure we make is to fail to learn from experience.

### FEEL THE FEAR AND DO IT ANYWAY

It was definitely time for a change, and after careful research, I moved to California, in spite of advice that I couldn't possibly do it and succeed. I'm glad I felt the fear and did it anyway, a paraphrase from *Feel the Fear and Do It Anyway* by Dr. Susan Jeffers. I risked what was comfortable for me, although not for my friends who could not conceive of giving up the familiar for the unknown.

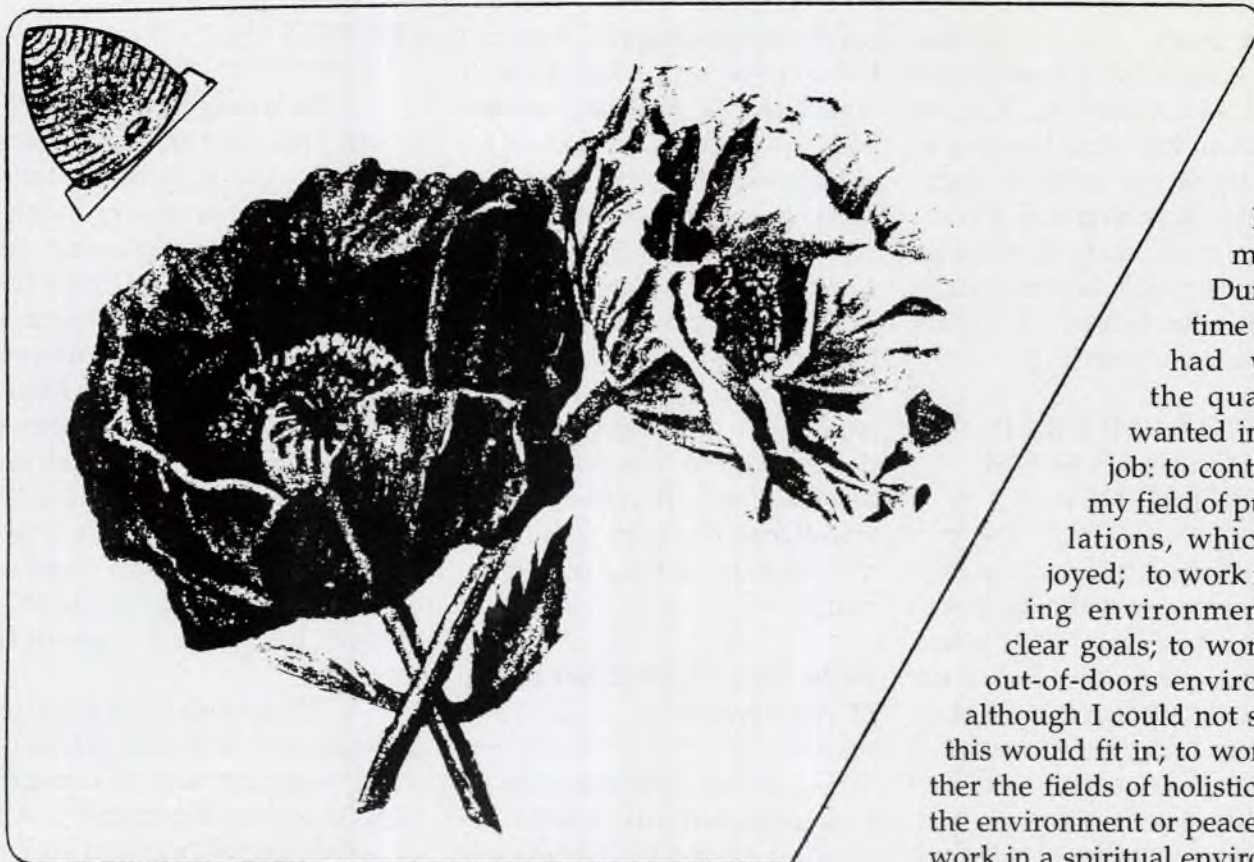
After a brief stint as assistant director for a prestigious museum in San Diego, I was offered the job of public relations director for a college in Orange County, CA a position I held for seven years. A perquisite of this high-stress job was a two-month administrative leave which was granted in 1990. I set off for Indonesia, where I reconnected with my inner child as I wandered through the jungle and played with these beautiful people.

### CFS SETS IN

Returning from this idyllic trip, I felt tired and had severe gut pains. Although treated for a parasite, none was ever identified. By the following spring, after two months of treatment for increasing exhaustion, I spent a week at a monastery in Northern California to catch up on my rest. Although I felt a bit better when I returned, I soon found myself on the floor talking to my staff, too weak to stand. Always full of the energy I needed, I was slow to accept that I was sick. Finally convinced, I requested a medical leave.

What sweet relief it was to go home and lie in bed, knowing that I wouldn't have to struggle to get to work in the morning. All of which lasted briefly. Family, friends and colleagues found it difficult to accept that fatigue could be so debilitating, some suggesting that I was a bit nuts.

My first doctor, having done all he could while I got sicker and sicker, released me, and I began seeing a specialist. Over the next few months, after many tests which showed nothing, I was in his office. As I leaned my head against the examining table, unable to hold it up, I broke out in sweats and chills which had plagued me for months. The fatigue had become so severe that it would sometimes take me up to three hours to talk myself out of bed, and if I took a phone call, that was all the energy I could muster for a whole day. Unable to digest and metabolize food, I lost 25 pounds. Parts of my body covered with large, red welts burned and itched. I felt mentally con-



fused, depressed and without hope. I felt utterly alone.

When I heard him say, "You'll have to go back to work," I was stunned. He didn't believe I was sick, either, and, moreover, the implication was that I was mentally ill. Let me say emphatically, if you aren't crazy with CFS, you soon will be when people tell you it's all in your head, a statement I made at a famous psychiatric hospital in Germany while on a lecture tour in 1993. I learned, in a sense, it really is in your head, because often brain lesions created by viruses associated with CFS affect behavior. I am increasingly impressed with the power of the mind.

### TAKE CHARGE OF YOUR LIFE

Still in shock, I left the office with a growing anger and the determination that from that day forward, I would recover from CFS even though I didn't feel like it and didn't know how I was going to do it. With recovery, I understand the importance of "faking it until you make it" or acting as if." All those months in bed, I worried that I might never get well or work again, and wondered how I would manage financially. Fortunately, I had five months of sick leave and vacation, because now there was no hope of receiving disability benefits.

Even though I hated to let go of my high-paying job and a hard-won retirement plan, on

one level I knew I must. During the time in bed, I had written the qualities I wanted in a new job: to continue in my field of public relations, which I enjoyed; to work in a caring environment with clear goals; to work in an out-of-doors environment, although I could not see how this would fit in; to work in either the fields of holistic health, the environment or peace; and to work in a spiritual environment. The list included what I was tired of having or not having in my life, the medium of the illness being the messenger.

### ASK FOR WHAT YOU WANT

To my surprise, I found exactly what I had drawn from my inner core and created in my mind. While spending two weeks at Meadowlark, America's first holistic health retreat, in Hemet, California, I met founder Evarts G. Loomis, MD., the Father of Holistic Medicine. As we talked in our first meeting, I kept getting the feeling that I should tell him that I thought we had some work to do together; I didn't know what it could be and it seemed rather presumptuous. However, our conversation flowed easily and I did tell him. A couple of



months later, he called to say that Meadowlark had closed and asked if I would work with him in booking lectures and editing his writing.

Soon after we began working together, he said I would be lecturing with him, which I absolutely did not believe, and shortly thereafter he proposed. Today, I live on a beautiful ranch, surrounded by mountains, overlooking the San Jacinto valley. Through our professional partnership, we lecture, write, counsel and have a small retreat house for guests who wish to pursue health and growth. I have discovered that it is important to ask for what you want and do it with clarity — for you may get what you ask for!

### NOTHING IS CHANCE

My second dose of hope came from Evarts, who believes that there is no incurable disease, and my incredible two weeks at Meadowlark. My first glimmer came from Little Crow, a Dakota/Lakota. A friend called and said that she would like to pick me up and take me to the Gathering held each Sunday morning at the American Indian Unity Church in

Garden Grove, CA. After the service, Little Crow, a big man, walked up to me, put his arms around me and said, "Everything will be o.k." Those four powerful words, linked to his love, finally brought hope to me. When it came time for our marriage in a sacred oak grove here on the ranch, Little Crow and Evarts' longtime friend, New Thought minister J. Sig Paulso participated in our very special wedding ceremony.

### HEALTH IS PRECIOUS ; LIFE IS SACRED

Through the long period of healing by fire, I have come to know profoundly that health is precious and life is sacred.

### Life is a Process

Partnership has brought a new way of life. I am still discovering how to pace myself in my professional and personal life, so that I can stay in maximum recovery from CFS. Early on, I intuitively began fasting and having colonics, which helped remove body toxins. Careful attention to diet, supplements, exercise (yes, exercise), counseling, , herbs, homeopathy and meditation were also helpful.

Change, however, was the key to my recovery; continuing to discover who I am and embrace all that I am is the key to my wholeness, my healing. I am grateful for the joys, the challenges and the opportunities to learn from CFS and life. As Meister Eckhart said, "If you want to become what you want to be, you must stop being who you are." □



## THE BIRTH OF DANIEL

*This is a story of friends sharing in a healing process that led to unexpected lessons for both. The intention to use energetic healing techniques to calm preterm labor enables them to view the unborn child in a new and expanded dimension, one where the fetus is a unique individual with his own energy field, issues, healing needs and powers*

### By GAIL KIPINIS

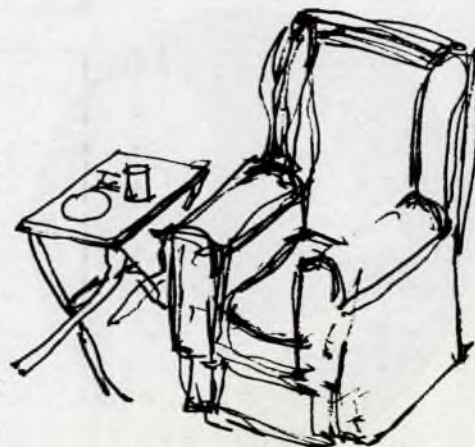
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It was a lovely Southern California June with flowers in bloom and the sun making its way through the coastal morning haze. It was especially lovely for those who could be outside to enjoy it. Susan could not. She was 32 weeks pregnant and restricted to bedrest. At 26 weeks gestation she developed preterm labor and gestational diabetes. It happened shortly after her mother's death, followed by her trip to Oklahoma to settle the estate. She needed to move heavy boxes and now felt very guilty for doing all of it alone. She had lost her last pregnancy at 14 weeks gestation for unknown reasons and every day with this little person growing inside of her was precious. As a high risk obstetrical nurse, she had spent years of her professional life caring for and monitoring mothers in similar situations. But this was different, it was her own reality. Each day was long and unplanned. Her husband fixed breakfast and lunch and placed them in a cooler next to her recliner in the family room. Her adolescent daughter assumed housework with a smile on her face in hopes of a sibling to call her own. Susan had all the family support that any woman could hope for at such a challenging time in her life, but still it was not easy. Her telephone was her lifeline to the outside world and visits from friends

were the highlights of her weeks.

I was a close friend of Susan. We had met professionally and our closeness grew initially from our kinship as divorced mothers. We shared child care, our kids' swimming lessons, and carpool to summer day camp. Our relationship had blossomed as we both married and now were creating our second families. We shared many life events together. She was my matron of honor (I called her my "Best Lady"), she attended the birth of my second child and she called me to be with her at her mother's deathbed. Although I was leading a very busy life during Susan's period of bed rest, I did my best to be supportive both in person and via the phone.

On this particular day, I offered to bring lunch to Susan in her recliner. When I arrived she appeared nervous from the Terbutaline that was continuously



being pumped subcutaneously into her body to stop her uterus from contracting and preterm labor from occurring. She smiled sweetly and while we ate lunch she begged for news of the outside world. She talked about her feelings of guilt over causing another problem pregnancy. After we were finished I offered to share a session of Healing Touch with her and she immediately accepted.

For approximately two years prior to this, I had taken over 120 hours of classroom instruction on this energetic healing modality through the American Holistic Nurses Association. To become certified as a Healing Touch practitioner I was required to give 100 treatment sessions, do extensive self growth, present a detailed case study and produce a volume of paperwork. Healing Touch is a philosophy, a way of caring and a sacred healing art. It uses a collection of energy-based treatment modalities to assess and treat the human energy system, thus affecting physical, emotional, mental, and spiritual health and healing. The quality and impact of the healing is influenced by the relationship between the giver and receiver. The goal in Healing Touch is to restore wholeness through harmony and balance with the practitioner facilitating/assisting the client to self-heal. It is a compliment to traditional approaches to health and healing. It is not a substitute for them.

Upon assessing Susan's energy field with my hands, I found her to be very balanced on all levels including the physical and emotional. This was most unusual considering her condition



and level of anxiety. Totally balanced energy is a uncommon finding for an initial assessment but a desired outcome at the end of a treatment session. I was acutely aware and sensed that she had spent considerable effort at balancing the different aspects of her life and was at peace inside herself. Although this was not an area of her life that we had ever discussed in detail, I shared my awareness with her. She looked at me in amazement and said that she had begun a great deal of internal self-development during the last year through meditation. Her deepest goal was to be able to balance the emotional, spiritual and physical aspects of her life in both her professional endeavors and graduate school. I was able to affirm her attainment of this goal.

How could this be that she were experiencing a complicated pregnancy? I asked Susan if I could assess the energy of her fetus to help us facilitate further awareness and healing. She agreed and I continued. We both focused our intent on the healing of her pregnancy and became astutely aware of increased fetal movement. I had to shift the vibratory level at which I was working to a much higher one to accommodate her unborn child, and the excessive fetal activity stopped.

Susan and I felt a tremendous energetic shift and her

baby's energy imbalance. I refocused strongly on assisting the rebalancing of his little energy field but was unable to. After a few minutes, I concluded that this was not meant to occur. She looked at me with wide eyes and said, "These difficulties with this pregnancy are not mine! I would never have guessed it might be the baby's. He is a part of me yet complete with his own issues and energy."

With these observations Susan's guilt was relieved, she rested much more comfortably and the remaining few weeks of her pregnancy were spent in peaceful anticipation.

On August 8th, at over 37 weeks gestation (full term), Susan went into labor. Within two hours she arrived at the hospital with her husband to coach her. Her contractions were already two to three minutes apart and vaginal examination determined that her cervix was 5 cm. dilated. They decided to attempt a VBAC (vaginal birth after cesarean). Her first child had been delivered by cesarean but she wanted to deliver this baby with the least amount of risk for both. Due to the increasing intensity of her contractions, she requested, and was given, an epidural which decreased her contractions for almost two hours. Her doctor ordered Pitocin to intensify her contractions and within 90 minutes she was fully dilated at 10 cm. After pushing for over two hours, the baby would not descend through the birth canal and a cesarean section was performed for the medical indication of cephalopelvic disproportion.

Daniel born at 4:05 am on

August 9, at 6 lbs., 8 oz in weight, was 19.5 in length. He had strong apgars of 7 and 9 which shows that he had good skin color, respiratory rate, muscle tone, heart rate, and a hearty cry scored at one and five minutes following birth. Initially, his blood sugars were low due to Susan's gestational diabetes but this was corrected with feedings of glucose water. The first two days of his life were uneventful as they stayed in the hospital, but for Susan they were torture. She developed a paralytic ileus, a blockage of her intestines, which rendered her unable to pass gas. Her abdomen distended causing misery unrelieved by pain medication, Harris flushes, or other treatments. After two miserable nights she requested "healing touch." Never having treated this particular problem energetically, anxious to not only assist Susan's healing, I also wanted to test the efficacy of healing within this arena. Immediately I began the treatment session. Her nurse came in shortly thereafter and asked what we were doing. I briefly explained and she commented that she would like to be my next client. Healing touch often has this effect on other people present. I have had patients and their roommates both fall into a deeply relaxed state or sound sleep. Before I even felt that her treatment was complete, Susan excused herself to the bathroom and passed gas for this first time. The remainder of her recovery was uneventful. Things became more intense for Daniel, however.

On August 11th, the day they were to be discharged, Daniel was circumcised in the

newborn nursery. Twenty minutes later he seized. The seizure lasted two to three minutes with his eyes rolled back and his breath held for a large portion of it. The EEG and medical workup that followed showed no cause and no abnormalities but he was placed on Phenobarbital.



Two days later, as the nurse was giving them discharge instructions for Daniel's medication, she noticed an irregularity, and called the pharmacy. She returned, informing Susan and her husband that there had been a terrible error. The pharmacy had mislabeled the Phenobarbital. Daniel had already received a dosage 10 times above normal. Blood had to be drawn from baby Daniel to determine a serum Phenobarbital level which proved to be non-life threatening. They were released later that day.

The following few months were encouraging with the repeat EEG at six weeks being negative. At six months old, Daniel came off the Phenobarbital. At 18 months old, Daniel fell and bumped his head, turned blue, and held his breath, for approximately one minute. When Susan reported this to her pediatrician he said that it sounded like "breath-holding" and that Daniel would out-

grow this at age four or five. Susan describes Daniel, at 19 months old, as a happy, giggly boy with incredible drive and high energy, and capable of having 30 minute periods of intense concentration. Her quote that most typifies Daniel's behavior is, "I think he might be an advanced soul frustrated in a baby's body."

At present, Susan is again pregnant, receiving Therapeutic Touch, an energetic healing therapy which is the foundation of Healing Touch, on a weekly basis and is at 18 gestational weeks without any complications.

Healing comes in many forms — and is not the same as curing. □

## YES, IT GOES ON ... ONE AT A TIME

*As part of the process of unfolding this article, I accessed my inner wisdom by asking for guidance one night before going to sleep. I manifested a clear message through my dreams to begin this narrative with "once upon a time." This narrative explores the purpose, philosophy and program structure of the Certificate Program in Holistic Nursing, and my participation in its development.*

### BY VEDA ANDRUS

Veda Andrus, E.d.D., RN, HNC is Program Director, Certificate Program in Holistic Nursing, American Holistic Nurses Association.

Interview by Lyda Hill  
(Healing Editor)

### AND SO IT BEGAN...

Once upon a time, I was elected to the Board of Directors of the American Holistic Nurses' Association (AHNA). This was in 1986 and was the first board on which I had ever served. I was a novice in holistic nursing and felt rather uncertain about myself in this new position as a leader.

While at my first Board of Directors meeting in Telluride, Colorado, a well-seasoned board member raised the idea that the AHNA needed to develop a Certificate Program in Holistic Nursing and asked if someone on the board would be willing to initiate and direct this process. In what I now (10 years later) affectionately call an "out-of-body" experience,



my hand shot up and I volunteered for what has become a remarkable journey of personal, mutual/universal transformation and healing.

I was fortunate to access a small group of holistically-minded nurses in my Massachusetts community and invited them to participate in the creation of what is now a nationally recognized Certificate Program in Holistic Nursing sponsored by AHNA. This innovative and integrative program is presented in a dynamic way to provide nurses with a foundation of holistic philosophy and holistic nursing theory to ground their nursing practice. The program involves four phases: Phase I. Introduction to Holistic Nursing; Phase II. Core Concepts in Holistic Nursing; Phase III. Independent Practicum in Holistic Nursing; and Phase IV. Advanced Concepts in Holistic Nursing. I will not share all the details of its development. Suffice it to say this continues to be a journey of conscious intention; heartfelt passion; and commitment to assist in the evolution of the healthcare system into one of caring, by, for and about ourselves, other beings, our planet and the broader universe.

## VISION OF HEALING

As this tale of shaping social change continues, one might observe an interesting phenomenon about this Certificate Program. We began, as many novice holistic nurses do, with placing an emphasis on the various modalities which nurses could gather as skills for their nursing practice. These practices, such as Thera-

*Do you want to be a positive influence in the world?*

*First, get your own life in order.*

*Ground yourself in the single principle so that your behavior is wholesome and effective.*

*If you do that, you will earn respect and be a powerful influence.*

*Your behavior influences others through a ripple effect. A ripple effect works because everyone influences everyone else. Powerful people are powerful influences.*

*If your life works, you influence your family.*

*If your family works, your family influences the community.*

*If your community works, your community influences the nation.*

*If your nation works, your nation influences the world.*

*If your world works, the ripple effect spreads throughout the cosmos.*

*Remember that your influence begins with you and ripples outward. So be sure that your influence is both potent and wholesome.*

*How do I know this works?*

*All growth spreads outward from a fertile and potent nucleus. You are a nucleus.*

peutic Touch, Guided Imagery, Reflexology, and Massage, are often referred to as alternative healing modalities. As we have evolved the program over the years, we now refer to them as 'complementary' and even more recently, as 'integrative' healing modalities. Simultaneously, we have recognized that while these modalities serve as vehicles for connection between the nurse and the other person (patient, client, co-participant), they are not truly the essence of holistic nursing. Although these modalities are important skills for holistic nurses to consider integrating into their nursing practice, the essence of holistic nursing might be expressed with words such as caring, compassion, love, intention, respect, honor, heart-to-heart connection, presence, conscious awareness, mindfulness and others denoting one's approach to sharing a specific healing modality. I suppose, simply put, holistic nursing is about our way of being in the universe, personally and professionally.

Does this differ from what you expected me to tell? Are you surprised that I am inviting you to consider that we can heal and transform our healthcare system and our world by placing an emphasis on our way of being? Well, that is what I am saying. How might it feel to enter a healthcare institution as a client and be greeted by a nurse or other healthcare practitioner as a whole, healthy, mutually collaborative partner in health care? To be honored and respected for the beautiful human being/spirit you truly are? To be encouraged to care for your self, body-mind-spirit, in a mutual process of self-growth and healing? It sounds pretty good to *me* ... and is certainly a paradigm shift from most of our current experiences within the healthcare system.

This is the vision which we build upon the Certificate Program in Holistic nursing. Participants are encouraged to empower themselves with new ways of being, exploring what has perhaps long kept them from nourishing

themselves so that they could be as present, available and mindful they would like to be with their patients/clients. They come together as a community of nurses with a common vision and return to their homes embraced within a network of professional support.

In their home environment they carry with them a message that they are bright spirits within the universe with the capacity to influence others by coming from their hearts and living in a new way. Heider (1985) assists our experiencing the potentiality

of our world. My intention has always been to be an active change agent by encouraging nurses to come from their hearts and spirits through the scientific art of nursing. It is my responsibility to remain clear on my purpose and vision, to honor and respect the diversity of nurses who touch my life, and to do so mindfully and with integrity.

The Certificate Program in Holistic Nursing is an avenue which is available for nurses to remind themselves to come from their hearts and if they choose, to transform their way of being. Living

in the world through the expression of loving and caring behavior is healing.

### PLANTING THE SEEDS OF CHANGE

Reflection allows us to recognize the power of our actions. As helping professionals, we have created an opportunity to model ways of being which can either

perpetuate unhealthy behaviors on our planet or mutually develop healing environments. I invite each of us to take the time to observe ourselves and consider our energetic, Intentional contribution to the evolution of wholeness and harmony. Let us not isolate ourselves in this process, for isolation from a perspective of holism is an illusion. Our actions do affect the bigger picture of our uni-

verse.

The Certificate Program in Holistic Nursing is not merely a tale. It is a true story, unfolding and enfolding ... an avenue for nurses (and perhaps one day other healthcare professionals and lay people) to reflect on their hearts and participation in social change.

I would like to share a poem by Marge Piercy (1981, p. 44-45) which reminds me of our interconnection and the importance of coming together in common vision.

### The Low Road

*Alone, you can fight.  
you can refuse, you can  
take what revenge you can  
but they will roll over you.*

*But two people fighting  
back to back can cut through  
a mob, a snake-dancing file  
can break a cordon, an army  
can meet an army.*

*Two people can keep each other  
sane, can give support, conviction,  
love, massage, hope, sex.  
Three people are a delegation.  
a committee, a wedge. With four  
you can play bridge and start  
an organization. With six you can rent a whole  
house.*

*eat pie for dinner with no seconds, and hold a  
fund raising party.  
A dozen make a demonstration.  
A hundred fill a hall.  
A thousand have a solidarity and your own  
newsletter;  
ten thousand, power and your own paper;  
a hundred thousand, your own media;  
ten million, your own country.*

*It goes on one at a time,  
It starts when you care  
to act, it starts when you do  
it again after they said no,  
it starts when you say We  
and know who you mean, and each  
day you mean one more.*



of our energetic influence through his writing of "The Ripple Effect." (p. 107)

### COULD THIS BE HEALING

I feel fortunate to have embarked upon a remarkable journey, one which has allowed me the opportunity to co-create a vehicle for nurses to reflect upon their presence and influence in

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**EDITOR'S NOTES BY  
LYDA HILL:  
INTERVIEW WITH  
LYDA ANDRUS**

*Ten years ago, before you began this journey, how did you think about your self in terms of holistic practice or holistic nursing?*

I had been away from the nursing profession for a number of years. I had been working as a nurse practitioner at a college health center in Connecticut (1975 to 1977) and really lost heart in what I was doing. In my second year I began driving students to the natural food store, talking about supplements and stress management and those kind of things which were not particularly popular in the broader realm. In 1977, I resigned from that position and ended up leaving nursing for nine years. In 1983, I moved to Massachusetts and one of those synchronous experiences occurred. I was handed a brochure from the Omega Institute for Holistic Studies which described a weekend workshop

called "Nurses in Transition." After nine years, I certainly was a nurse in transition. I dropped everything and went the next day. It was like coming home to the spirit of why I went into nursing in the first place. In 1985 I was asked to join the Board of Directors of the American Holistic Nurses Association. Looking at Benner's progression from novice to expert, I was a novice in regard to any clear conception of holistic medicine, or what it might mean in my life.

*Earlier you said you were taking students to health food stores; so you were already thinking of alternatives.*

I was. I knew there was something broader than curing – something bigger that had to do with mind-body connection. I didn't know where to go with it, so I left the nursing profession. In those years, I traveled and lived in different parts of the country, which (in retrospect) was helpful – it gave me a sense of something bigger.

*And then a turning point was the workshop that you went to...*

Yes. I was invited to teach the "Nurses in Transition" workshop at Omega the following two years. I taught a five-day section on nutrition, one of the areas of my expertise. Charlotte McQuire, founder of the American Holistic Nurses Association, came to Omega and gave a keynote speech for us the second year the Association. I hadn't known there was such an Association, but agreed to serve, and it was a turning point. Since childhood, my personality is to jump in and take

risks, and I take huge risks with things that (on a certain level) one would think I know nothing about, yet on some other level, I seem to know what's going on. I feel grateful for that part of me.

*What made you decide to accept the invitation? Informally you had said it was an out-of-body experience that you...*

Absolutely. I would have no other way to describe it. In retrospect, using vocabulary that's familiar to me now, I would call it intuition, divine guidance, universal guidance, something like that. On some internal, soulful, knowing level I knew that this was an aspect of manifesting my purpose here on Earth and have no doubt that it's true.

*What vision of healing was created? You've said that rather than only the modalities, that there is a way of being in the world; and as you began the certificate program you began to think about holistic nursing. Tell us what it began to mean for you, and about some transitions that occurred*

The transition began in 1983 when I started to think differently about nursing. I knew from speaking with other nurses that I was not alone in being disillusioned with the health care system. I felt that if nurses return to something that creates joy in their lives, it's really an energetic healing. That's what the vision is, that this will ripple into the way in which nurses are being with their patients, their presence and their being available with caring attention, offering touch in whatever way that's comfortable. Then that ripples into other dimensions of the



health care system. I feel, on a certain level, that what I have embraced was knowing I contribute energetically to the universe. This ripples out to anyone I touch. That's just what the universe had in mind for us to manifest.

*Nicely put. Did your group have concrete images that they shared together? Did you meditate together within these visions or images?*

After I raised my hand and accepted the charge to facilitate a task force to develop the Certificate Program, our group began to identify the core concepts holistic nurses needed as a foundation and a springboard for holistic nursing practice.

Every time we get together, we have a moment of silence to bring us to presence, and ask for guidance. We ask for alignment with each other. We developed a vision statement as a foundation of intent which we revisit each January.

We do the same thing in teaching the Certificate Program in Holistic Nursing. We start the very first night in each of the four phases with joining our hearts and spirits to work and play together, to have joy, and to grow together.

*It sounded like you were very clear about how you would want to be treated if you were ill and walked into a health care facility, that you could walk through each step of what you would want?*

Yes, and what I have found in my teaching over the past 10 years is that nurses want to give and receive that same kind of treatment:

they want to be able to offer presence, listening, loving and caring. If they were in the reverse situation, let's say in a hospital bed, they would like these same things. It's really the artistry of mutual-ity.

*What was it like for you being involved in this program?*

It has been a remarkable experience. Because I have such deep passion and commitment for this work, probably because it really is my sole purpose here... my only purpose. I cannot separate my personal life from professional life because the journey is all one. What's been important is to reconsider over and over what I came here for, what my purpose is, and to stay clear on that.

I have found in this journey that I am more awake and more aware of life and life processes. I am present and more aware of my contribution to the whole of our universe than ever before, and that continues to evolve.

I believe it is energetically who we are becoming in the world that draws people to the Certificate Program, along with the fact that they are ready to look at this for themselves and their own transformation.

A key word that is really has been powerful is "allow." This is supported through my spiritual practice of Tal Chi which assists me in being present and to listen to my inner knowing.

I see myself and all beings as an expression of the Earth— not living



on the Earth; rather being of the earth. I feel that we all have a responsibility to allow ourselves to manifest our creative potential to fulfill our purpose for being here.

*How much time do you devote to the Certificate program?*

It is a full-time commitment. I serve as the director and administrator for the program. I do a lot of letter-writing, outreach and marketing. I do a lot of other things I didn't have time to do years ago because we were developing the program and now I'm at a point where I can do more creative work.

I see where we're going and I'm grateful to have that vision, to listen carefully and know that this program is growing as an organic process. We are not pushing the river, we are not pushing to go faster than what we know is our truth. We're really listening carefully to the process and we have not been disappointed. We plant ideas and let them develop. We listen as ideas come from the Earth.

*So your a gardener?*

Yes. This past March, my business partner, Jane Yetter Lunt, and I incorporated our business called Seeds and Bridges, which is about planting seeds and building bridges. That's our umbrella business under which we teach the Certificate Program.

*Tell us about the joy, the struggle, or pain in starting?*

Developing this program was extremely time consuming. I kept the books and did most of the paper work. We hired an administrative assistant which frees me to

do more of the creative aspects. For me the joy has been my own transformation, along with recognizing the deep receptivity of the participants. Our programs are filling now — we used to be concerned about whether we were going to fill the program, but we aren't concerned anymore. We trust in the right action of what we're doing/ being.

*What other changes have you noticed in relation to the process?*

I have compassion and feel much more patient with others. I recognize that nature is evolving all the time, and that it does not rush. We rush here and there. Savoring life and hurrying are not congruent with being present. The secret is how we approach what we have chosen. I look at nature and watch nature's ability to just be... If I am an expression of the earth, then I need to be present and attend to all I'm involved in. My being is within that doing. The program has been a wonderful teacher.

*What do you think leads you and other nurses to embrace thinking and living in holistic ways?*

Nurses are not happy with the type of nursing care they are giving. They want a way of being that feels more comfortable, integrated and whole to them. This program is really an opportunity, an avenue to work in a new way and feel better about themselves and their work. The old system has not worked for many nurses.

□

## MEDITATION AS A TOOL THAT LINKS THE PERSONAL AND THE PROFESSIONAL

*This narrative explores my experience in using meditation to link my personal and professional self in teaching, in relationships and toward my self. I found as the practice of meditation progressed, my life took on new significance and meaning. I began speaking and teaching my classes from an understanding that transcended the mind, from an understanding of my heart.*

### By Sadyle L. Logan

Sadye L. Logan, DSW, ACSW is Associate Professor, School of Social Welfare, University of Kansas, Lawrence, Kansas

*"I shall be telling this with a sigh  
Somewhere ages and ages hence;  
Two roads diverged in a wood, and I,  
I took the one less traveled by –  
And that has made all the difference."  
– Robert Frost*

We are all seekers of truth on an extraordinary journey through life. Although I believe that the journey is essentially the same for everyone, there are some differences. These exist in our experience of the journey. This narrative is about the profound effects of meditation on my personal, professional and spiritual development.

The quote above from the poem, "The Road Less Traveled," captures the essence of this journey for me. Along the way I found I needed to answer these questions: Who am I? Where have I come from? Where am I going? How will I get there?

These questions are not reflective of queries specifically about my personal or professional endeavors, but are of a spiritual nature. Authors who address the subject of spiritual development tend to describe this questioning process as spiritual awakening or unfolding (Harris, 1989; Small, 1995; Scott, 1978). Unfolding has sometimes been described as slow and resistant, as gradual and welcoming, or as abrupt and tumultuous. Great seekers throughout the ages have referred to this process as coming out of sleep or a dream and coming alive or awakening to our true nature, to our essence (Muktananda, 1994; Fox, 1980; Ochs, 1983).

Although this unfolding happens in its own time from within, I have experienced this unfolding throughout my life. The subtleties of these experiences have not always been easy to discern. For the most part they are powerful transitions or remembered events that somehow rearrange my usual or predominant ways of perceiving or being in the world. I define these transition points as life-changing events. In some instances these events are experienced as a personal crises that occur both naturally and unexpectedly (Lindermann, 1965; Ell, 1995). Generally, these natural events include going away to school, falling in love, getting married, learning to walk and talk, learning to play an instrument, having a mystical experience, or experiencing adolescence. Unexpected events include chronic or acute illnesses, divorce, tragic death or an accident



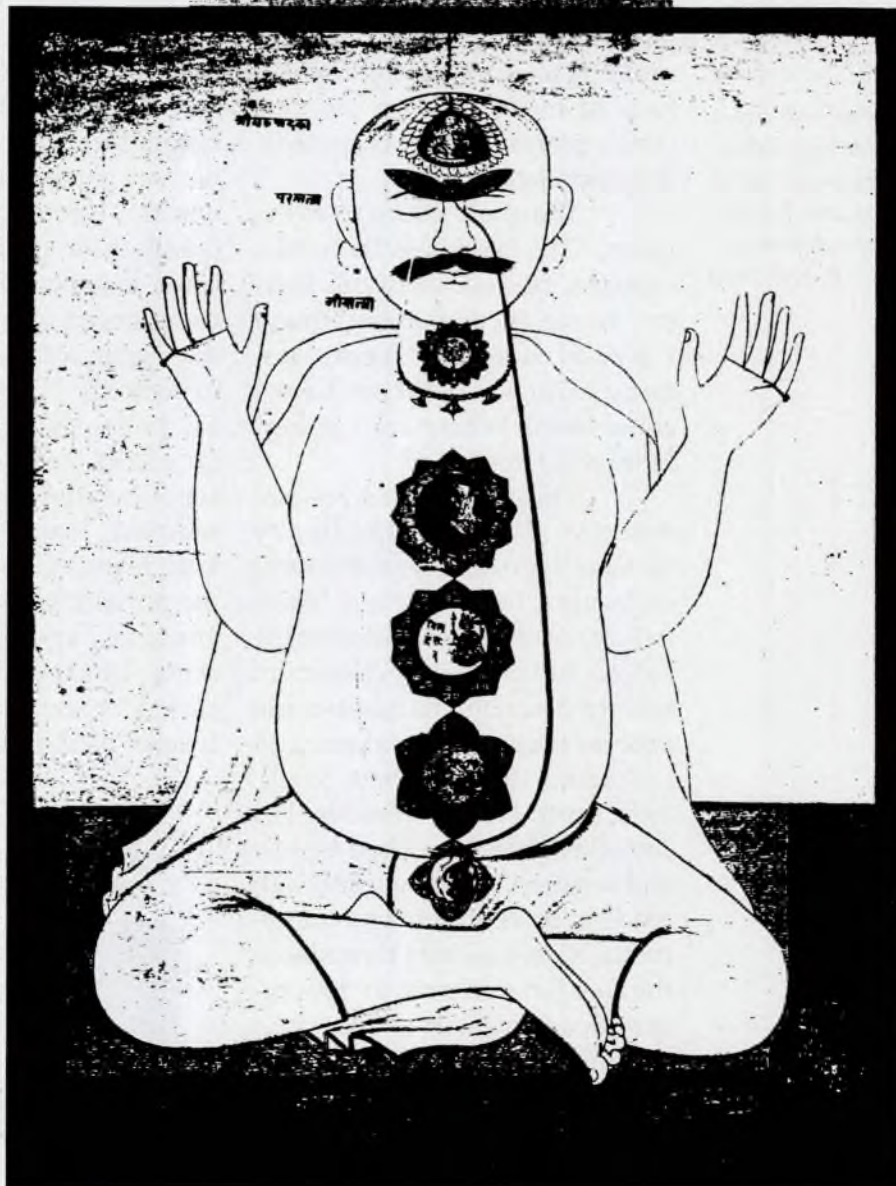
(Lindermann, 1965). Often those events and the more esoteric types of life changing events are minimized as unimportant. For example, it's not unusual to read or hear stories similar to the ones below dismissed as esoteric or an unexplained passing event:

*I wouldn't say that I am a deeply religious or spiritual person, but I do believe in a higher power. I have had some low moments in my life. They have been times when I have thought about dying, even about suicide. I can remember one day, however, walking along on a beautiful beach, and feeling really depressed. I started wondering whether this higher power really exists. A strange thing happened. From somewhere inside of me, I heard a voice that said, "I am always with you."*

*I was walking alone in the woods one spring day when suddenly I started having this extraordinary experience – all of the trees and bushes around me were shimmering with a kind of radiant energy. It was as if they were alive in a special way – this energy was emanating from the trees and touch-*

*ing me. As they touched me I seemed to meld with the trees and the energy. It was as if I were not different or separate from anything around me. Finally, this level of perceiving ended, but as I left the woods I was tingling all over and felt great joy and happiness. This feeling stayed with me for weeks...*

## The Subtle Body



Some of my friends think it's a "little strange" that I view meditation and chanting as my form of worship. Some colleagues think that I am a "little strange" because I acknowledge spirituality as an important aspect of growth and development, and meditation as an important tool for self growth and understanding. As a result of potential misunderstanding, I am careful how and to whom I speak about meditation. Further, I am finding it easier to be laughed at, albeit good humoredly, by colleagues, friends and others.

## THE JOURNEY BEGINS

The popular television actress, Suzanne Sommers (1988), described a similar experience to those described above, which led to the writing of her book, *Keeping Secrets*. Sommers spoke of sitting for some time on a beautiful grassy ledge. Afterwards she went indoors and began writing a book about growing up in an alcoholic family. She described writing the book as if it were being done by someone else. Recalling this event during a brief radio clip, "I think," she said, "something happened to me sitting on that ledge." Unfortunately such stories such are dismissed as passing events of little or no importance. They are rarely viewed or experienced as an important point in the process of one's spiritual unfolding — a movement toward reconnecting with one's true es-

sence. For me, moving into this awareness of my true nature, my essence, was like coming home to something that was so familiar. At the same time there was an elusive quality of something long forgotten. Meditation has served as an essential tool in propelling my process of reconnecting and remembering that which I already know: That I am a divine, perfected being.

I believe that this special journey begins with birth. For me, that beginning originated as a Gullah-speaking native on a Carolina sea island. Although I have come to view this culturally rich beginning as the perfect place to be born and raised, I didn't always feel that way. Initially, public opinion and negative sentiments about Gullah and Gullah-speaking people engendered shame, self-doubt and feelings of inferiority. My childhood on this

beautiful, lush island was simple and joyful. A contrasting experience existed for adult islanders. Due in part to the harsh reality of segregation practices, poverty and lack of available jobs, life was a struggle. I was the eighth child in a family of seven brothers and two sisters. We grew up as Methodists in a religious family. As children we attended Sunday schools, Sunday services and summer Bible school.

Growing up in the 1950s and the 1960s was an interesting, exciting time of bobby sox, crinoline slips, the Platters, sit-ins and protest demonstrations. Although I danced the twist and did the jerk and most of the things done by the youth of the time, there was a deeply serious side to me. An example of my serious side is that I believed in God — in a higher power — though, I questioned the concept of a the God of fire and brimstone variety. My early ideas about God and religion came from my mother, lovingly called Claudia — my teacher and friend. She attempted to answer my questions about life in general and more specifically about who was God. Later questions were more spiritually-oriented and of, who am I, and where am I going variety.

In junior high I had the desire to know more about God, and committed myself to a more religious life by becoming an official member of the church family in which I grew up. I remembered stories that my mother told me about the older church members who sought their God in the traditional Gullah fashion. This consisted of the seeker initially experiencing an "inner calling" to



know and serve God. When this "inner calling" was "heard," the seeker approached one of the church Elders to guide him/her through a process called seeking. The seeker observes silence and becomes focused inward. S/he spoke only to the Elder and to others only when absolutely necessary. The Elder interpreted dreams or visions and provided spiritual guidance to the seeker. The seeking period extended from three to six weeks. At the conclusion, the Elder pronounced that the seeker had achieved the prerequisite experience to confirm full membership into the church family. The new member continued to grow and develop spiritually under the Elder's guidance. The practice ended with my mother's generation and was no longer required in the church for full membership.

I loved this story and wanted this, or a similar experience of confirmation and God in my life. This desire became a real issue for me during high school. I felt that if I did not experience God in this tangible form before leaving high school and the protection and guidance of my parents' home, I would never again seriously contemplate the concept of God or any of the life-transforming questions. At first I attempted to force this process when I was in junior high school. I wanted to make it happen. This produced my first learning about spiritual awakening: It is not forced; it happens in its own time. Eventually I experienced a religious conversion. It began at an Easter sunrise service when I was a junior in high school. It led me to seek the guidance of Elder

Crawford, a wise, thoughtful gentleman in our church. He provided me an experience of seeking God very similar to that of my great-great-grandparents. We met on a weekly basis and spoke about my dreams, thoughts and questions. Based on Elder Crawford's recommendation, I was accepted into full church membership. Even though my journey has taken me quite a distance from where I began, I still hold Elder Crawford as one of my most important guides. Reflecting over my life, I have come to view this experience as a significant catalyst for my current spiritual development.

My seeking, though, did not end with this confirmation experience in the mid-sixties. I explored several church organizations in the late 1970s — Baptist, Episcopalian and Unity — still searching for that irrefutable experience of God. As my questioning about who I was and where I was I going became more intense, I began reading numerous spiritually-oriented books, attended workshops, presentations and conferences. I was searching for something greater than a mundane experience. I wanted to know more about my overall existence about my higher self or God, and about how this higher self connected to my overall existence.

In the late 1970s reading *Play of Consciousness or Chitshakti Vilas*, the spiritual autobiography of Swami Muktananda Paramahansa, one of the great spiritual masters of our time, marked another transition for me. His yoga is called Siddha Yoga, the perfect path, the path of love. This book

propelled my journey in an unexpected direction. Muktananda's teaching is simple, universal and profound: God dwells within you as you for you. In other words, within every human being divinity exists — spiritual practice is not separate from everyday existence, but a part of it.

## THE AWAKENING

I did not begin the practice of meditation until 1982 when I met a great spiritual master and teacher, Swami Chivilasananda, the current head of the lineage of Siddha Yoga Masters entrusted with the lineage when Her spiritual teacher (Guru) Swami Muktananda died in 1982. I have meditated under Her guidance since 1982. She is a Siddha Guru and has the power and knowledge to give others the inner experience of God, and is dedicated to sharing that experience. She awakens a seeker's spiritual energy through Shaktipat initiation. From that time on She offers seekers guidance along the spiritual path to complete self realization. Over the past 13 years, I have spent time in Her presence in the West as well as the East. Free of all limiting qualities she exudes a presence of pure unconditional love. She lives in a state of total awareness. Chivilasananda continues the Guru's tradition, offering the teaching of the Siddhas and Shaktipat initiation to seekers around the world.

As my meditation progressed and I practiced more regularly and consistently, my life took on new significance and meaning. In the beginning my

understanding of meditation and its benefits was somewhat unbaked, to put it mildly. On some level I expected to sit a few times and have all the profound experiences that I had read or heard others talk about. It didn't work that way. I have come to know and respect my meditation practices as a personal journey that unfolds according to my spiritual needs and self-effort. I have come to recognize that the outcome is a subtle process reflected in my ways of seeing and being in the world. Initially I witnessed my inner transformation through meditation in the form of behavioral changes. For example, old habits of subtly putting my self down and limiting impressions seemed to simply vanish. These "old tapes" were about not being smart enough, pretty enough or articulate enough or about experiences that made me feel contracted. I found myself becoming centered in an inner place of calmness and clarity. The fear that accompanied the limiting impressions were gradually dissipating. A useful image of this process is a huge iceberg, with a crack straight through the center, being moved out to sea and melting slowly by the warming effects of the ocean air. The iceberg is the limiting impressions eroded away by the meditation process represented by the warming effects of the ocean air. These are all the signs that a powerful meditative energy has been released — dynamically and spontaneously. Those old self-defeating ideas were being peeled away like layers of an onion. My perception is confirmed by friends, family and colleagues

who say such things to me as "we see such confidence in you" or "there is a kind of peace or calmness in your presence."

I recall several occasions when visiting my former social work practicum instructor, Ruth Brenner, from Hunter College School of Social Work in New York City. Ruth, would always marvel at how much I changed, and inevitably ask: "Are you in therapy?" Somehow my response about meditation was never acknowledged. I assumed that she could not accept that meditation provided such results. Friends and colleagues responded in a similar manner. Some curious, others changed the subject, and a rare few asked for instruction or more information. These responses are not unusual in that most people believe that meditation is exotic and done by those who might be just a little strange.

Daily practice of meditation allows me to live my life fully and present in every moment. To me, this means to practice living in the awareness that a divine consciousness exists within me as me, for me, and that same consciousness exists within fellow human beings, all other creatures as well as every particle of the universe. Although this view of my existence may sound somewhat radical, it is an awareness that puts a different slant on the way I live my life daily. Problems and concerns are placed in a calm, manageable perspective. I often describe this way of being as similar to living in the "eye of the hurricane." Regardless of what exists around me, centered within myself I am responding calmly and undisturbed. They are more

obvious during stressful situations. When my car rolled into the street it was totaled by a passing dumpster truck. The truck driver said how sorry he was while I stood there feeling as if I had just lost a close relative. I struggled with numerous emotions, especially anger at the truck driver. Recognizing what was happening I choose to focus inside, and watch my breath. Soon I became calm and inwardly forgave the truck driver instead of wanting to blame him. I have experienced similar situations on more than one occasion with groups of angry students.

I teach a year-long foundation practice course. It is one of the most challenging, yet invigorating courses in the curriculum. Due to the students' diversity in terms of level of preparedness, expectations and experiences, many students come into the program with a great deal of anxiety and assumptions about how the course should be taught. There is an ongoing challenge in working toward achieving a balance between discussion about practicum matters and teaching content that requires students to think, write and speak critically about their practice. It goes without saying that such situations are fertile ground for misunderstanding and conflict. There was a group of four students in a class of 16 who through fidgety behavior, little or no overt participation in class discussion, and a general air of dissatisfaction with the class. I engaged the entire class in dialogue about what appeared to be apathy. This discussion dissipated the uneasiness and lowered the anxiety. Later in the se-

mester I read a student paper to the class to illustrate a practice principle. Carey, a student who acted as the spokesperson for the class, spoke out in a hostile, attacking tone, suggesting that I should have read the paper earlier in the semester to provide more detailed guidelines about what I wanted in papers. Carey's criticism sparked the voices of the other 3 students. The remaining class members became very quiet, even those who disagreed with Carey. In that moment I felt attacked and struggled not to react defensively. It would have been easy to attack back, but again, I choose to focus inside, breath deeply and respond to the student's accusation instead of reacting out of frustration and anger. Soon the tension dissolved and the situation was dealt with in a calm, respectful manner. Students have come to view such situations as teachable moments. I view them as opportunities to model for the students as well as to practice what I am learning from my meditation practices.

### THE UNFOLDING

As suggested earlier, it is evident that my interactions with family, friends and colleagues are being transformed, but more importantly, I have become more compassionate with myself. I have become softer and kinder to myself. I am tuning in less to old, self-defeating tapes that subtly undermine my confidence in my abilities. I take time to nurture myself, to spend time with friends, family and nature. I can now say "I love you" very easily to my loved ones. There is a light-

ness, a spontaneity, a joyfulness. In concert with such powerful, personal changes, I began speaking and teaching my social work classes from an understanding that transcended the mind, from an understanding of my heart. The lightness of being that I am experiencing daily spills over into my classroom in the form of openness, spontaneous role plays, more concrete and specific practice example. In short, my classroom lectures have become more personable, more alive, more natural. During the early period of my teaching career there was often dissonance between what my students thought they wanted and what I thought they needed. Now I witness more enthusiasm in my students about the subject matter and more commitment to the work. They take more risk in bringing work to the classroom, engaging in the role plays, joining in open dialogues and critically analyzing practice related issues and concerns. It seems to me that my students and I are growing to genuinely like and respect one another in different ways.

### THE JOURNEY CONTINUES

It is obvious from the foregoing that I am excited about the potential of meditation as an integrative tool for personal and professional growth. I believe it is especially relevant in view of the turbulence which exists within us and in the world around us. Our world is filled with anxiety, violence and hatred. Although love and caring do exist, it is not nearly enough. It is im-

portant that we work more consistently to love ourselves and to strengthen our spiritual selves. Muktananda (1985) reminds us of this. He states, "*Everything we do in life we do in the hope of experiencing love. Love is essential for all of us. There is a sublime place inside us where love dwells. That is why we meditate. Through meditation the inner love is unfolded. As we constantly meditate we get drunk on this inner love and that is when we begin to realize what love really is*" (175-176). Despite my excitement for the potential that meditation holds for clients as well as helpers, meditation is still a new venture for social work and other helping professions. I do not wish to give the impression that if one sits down to meditate sporadically that one would achieve the highest goal of meditation. I am suggesting though, that not unlike other practices, meditation requires consistency and continuity. Further, it is important to recognize that from the point of treatment intervention, meditation gives meaning to a strength-based, solution-focused perspective. In other words, it enhances and reinforces life skills such as the ability to concentrate, discriminate, be present centered. Overall mediation has removed my fear and feelings of inadequacy and supports me in living my life to its fullest. □



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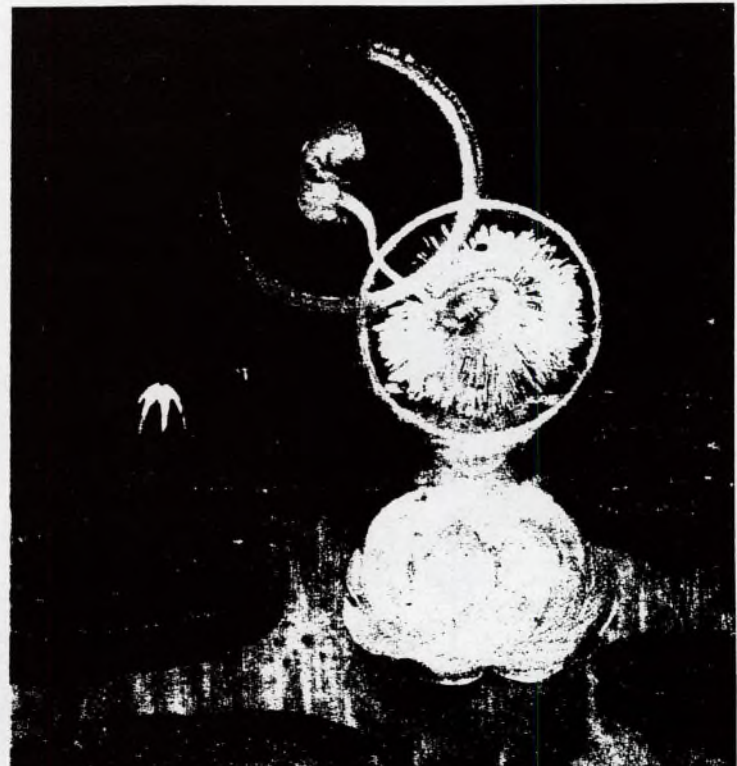
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## MEADOWLARK: A HEALING AND GROWTH EXPERIENCE

*These are brief sketches of episodes from a life long journey committed to the concept of therapy of the whole person. This vision led to development of America's first holistic healing retreat, Meadowlark, where patients were welcomed as guests, and healing involved body, mind and spirit. Stories from Meadowlark are shared as opportunities to expand our awareness of the infinite potential for healing. The story is embellished by excerpts from and an interview.*

### By Evarts G. Loomis

Evarts G. Loomis M.D., F.A.C.S. created Meadowlark, and is in process of completing his book, *Health Care in the 21st Century*.

Interview by Nancy Rainville Oliver, PH.D. RN, HNC.

Six years ago (1991) Meadowlark, an experimental live-in health retreat, closed its doors after thirty-three years of pioneering the concept of a medicine involving the whole person. The images, growth and development of Meadowlark were grounded in a healing philosophy, whose base was scientific and spiritual. The development of the philosophy started back in 1940, four years after graduation from medical school, when I was still doing much introspection about the form of practice I would follow. It was at this time that I kept hearing from the inner recesses of

my mind the words, "treat the whole person." Over time I discovered that this meant looking at the patient before me as a composite of body, mind, and spirit, and planning a course of treatment with those aspects in mind.

### BEGINNING THOUGHTS AND EXPERIENCES

I was already a little disillusioned by two observations about the medicine that I had been taught. In the first place, we were not dealing with causes of illness but rather its effects. Secondly, our primary attention was to the disease rather than the person who was ill. I felt something was really missing and possibly it was the spiritual factor, especially since I had seen my father's recovery after lying in the hospital in coma for three weeks following a head injury. His neurosurgeon gave us no hope of recovery, telling my mother that he would die. Could the recovery have been due to the prayers of my mother and myself? Mother had been on a spiritual journey all her life, a group meditation leader, and a significant teacher of mine.

The next fifteen years were spent paying off debts, getting my feet wet and trying to become a good physician and surgeon with confidence in my self.



# OLIVE

'Uncertainties now crown themselves assured,  
And peace proclaims olives of endless age'.  
*Sonnet*  
Shakespeare



Much time was spent in attempting to learn more about the body, mind and spirit connection. There was the question of the right place for a retreat center for a Therapy of the Whole Person. The environment where I was practicing, outside of Los Angeles, was too much city, noise and smog. A naturalist all my life, I wanted our patient-guests to feel the inspiration of natural surroundings. After a two-year search, I was led by Spirit to the foot of a mountain in California's San Jacinto Valley. The San Jacinto mountains are sacred to Indians. From the first time I saw them, they became sacred to me.

It was in 1952 that the move was made to a 50-acre ranch with a house whose view looked

out across a beautiful valley with the two highest surrounding mountains in the background. We didn't have the money to build the retreat center at that time. Three years later we brought together a board of directors, which included another physician, a hospital chaplain, a minister, and a lawyer, and became incorporated as the nonprofit foundation, "Friendly Hills Fellowship."

Try as I did to find a teacher on how to construct a schemata for a treatment embodying body, mind and soul, during the forties and fifties I was able to find no one here in our country who could even understand what I was talking about. This culminated in taking a trip around the world with my family and consulting with a group of enlightened human beings,

mostly physicians, who were pioneers with vision for broadening the base for true healing.

## THE REALITY OF MEADOWLARK

In 1958 we found twenty acres with suitable buildings to make our start, which we could purchase with a down payment. Thus, Meadowlark opened its doors with a skeleton staff of an administrator; a relaxation, exercise and art teacher who doubled as cook; an associate medical doctor, David Meens; and myself. My time with our Meadowlark guests was early mornings, including breakfast, and certain evenings that I put aside for a lecture or other involvement with the

group. All guests with presenting health problems received a thorough medical examination. Examinations included homeopathic prescriptions and special attention to endocrine balance. There was minimal use of drugs, and acupuncture, osteopathy or chiropractic were available.

In those early years we might have from 1-5 guests. Fortunately donations helped keep things going through those years. Gradually our staff came to include a resident nurse, resident or part-time psychotherapists, non-denominational spiritual counselors, polarity or massage therapists, art therapists, meditation teachers, and group exercise and yoga teachers. Over time the guest load averaged 18 to 20, with an average stay of two weeks. We did not want to expand beyond this number, as we felt it important for the Meadowlark experience to have something of the feeling of an extended family. The term "doctor" found no place on the premises. Everyone was on a first-name basis.

## STORIES FROM MEADOWLARK

In order to give a broader picture of the healing experiences, a few cases are presented to illustrate some of the ramifications of a Therapy of the Whole Person.

### Medical Ecology

Wanda was obsessed with desire to murder people, although she knew that she never would, except in her dreams. She went through a therapeutic fast while at Meadowlark. At the second

morning group session, she remarked that soon after taking her prescribed dose of vitamin C, the desire to murder came on stronger than ever. Realizing that the vitamin C was synthesized from a corn base, she was queried as to how much she liked corn. "I love it," was her response. "In fact, I can eat as many as eight ears at one sitting, and then go to the store, buy a can of corn, heat it and devour it." Accordingly, her vitamin C was changed to a different brand, synthesized from sago palm. The very next morning in group she read us a poem that came to her the night before. The first she had ever written:

### *Fear*

(To Naomi - who understands)

*Fear was like an ugly vine,  
That grew around,  
And deep inside of me.  
I tried to live in harmony,  
But...  
It kept growing more than me.  
Until...  
I couldn't find me anywhere...  
Fear had blocked my view from me.  
Many times I cut it back,  
And tried to keep it low...  
But still it grew and strangled me...  
While I withered, it would grow.  
Then one day I pulled its root...  
And held it, while it cried in pain.  
It shuddered as it fell from me...  
And cried and cried again.  
I began to see the light of me...  
As I cleared away the dying vine.  
And there is more and more of me...  
Why,  
I was here...  
All the time.*

Following her fast, corn was removed from her diet for six weeks, after which she could start eating it again at spaced intervals. She reported some months later

that she no longer had obsessions involving murder.

### *Visions and Dreams*

This is another case example of experiences at Meadowlark.

Geri, a 48 year-old business woman, arrived in a state of exhaustion and suicidal depression. She had just been released from a hospital in a neighboring city following admission for treatment of injuries sustained while walking a St. Bernard. She had the dog's leash tied around her waist when it sighted something and took off running, dragging her about 25 feet.

Her father was German and her mother Cherokee Indian, there was no early contact love, and her parents separated when she was 15 months old. By the age of 12 she had been taken care of in 40 different foster homes. Geri was married at 17 but only a few months later lost her husband as the result of an auto accident. During this brief period she never felt accepted by her in-laws. This was followed by an unsuccessful marriage.

Among other supportive therapies, Geri decided to go through a cleansing fast, hopefully, to rid herself of the effects of the multiple prescription drugs she had taken. In the morning fasting group, Geri found the support she needed and shortly began to express her long-suppressed feelings. Following a day and night of tears, she shared what had come through to her:

*Today I cried for Geri!  
Never allowing myself to cry*

*from one sadness to the next,  
One has allowed it to store up  
to a bursting capacity.*

*Today I cried for Aunt Becky,  
and I asked for forgiveness in  
turning the casket over onto me.  
I was only seven and curious.*

*Today I cried for Mr. Willy who sang  
songs  
and played the fiddle for me at age  
eight,  
as I looked into the grave at his  
mutilated body. With fiddle crushed,  
I couldn't feel anything but fear.*

*Today I cried for my schoolmate who at  
the age of eleven died, naming me as  
one of the pall bearers.*

*Today I cried for my grandmother. She  
was the only one I could relate to and  
she died when I was nine.*

*Today I cried for my husband who I  
loved very much.  
I had no time to cry when he was  
buried.*

*Today I cried for my three sons who left  
for Germany.  
They are not dead, but they might as  
well be,  
I haven't seen them since.  
I didn't cry when they left. I had to  
show strength.*

*Today I cried for my girl friend's baby  
who died in my arms at age seven  
weeks.*

*Today I cried for my mother, father,  
stepmother, stepfather. They all died  
within seven months.*

*I would have been much happier if I  
had known them.*

*Today I cried for the son that only lived  
five hours.  
Today I cried.*

A few days later she had a dream:

"I saw myself lying on a bed. I was looking down from above and I seemed to be dead. Six monks stood at the foot of the bed. They said, 'Do not leave. You have a lot more to do on earth.' At that moment the most brilliant light I could ever imagine came over my

body. I changed from dead to a most beautiful angelic child. The light came brighter and brighter. The monks had to leave. It was too bright for them. I knew it was beautiful, but what was the meaning?"

The next day she related this to the group who felt there was much in it. All day long she had an urge to paint a picture, which she did. The following morning she put it up in the room. With the light on the picture, she discovered the face of the Christ, as did other members of the group. That night at Christmas eve service, as she took her seat in the chapel, tears poured from her eyes and she felt the following words. Never before had poems come through to her:

*You do not have to die to be reborn.  
I came to Meadowlark deeply de-  
pressed,*

*As my heart was greatly repressed.*

*I saw a vision in the night,*

*In my bed, full of fright.*

*Out of the darkness came the monks.*

*They spoke to me, 'Do not leave,*

*You have many tasks to achieve.'*

*The room burst with radiant light,*

*My heart filled with joy.*

*My body rose, as a child so bright,*

*Like a mystical toy.*

*Your awareness has come from a night  
filled with storm,*

*You do not have to die to be reborn.*

## Arthritis

This is the final healing story.

Walter arrived at Meadowlark after he had suffered for seventeen years with arthritis which had shortened one leg, fused his spine and twisted his outlook on life. As an engineer,

disciplined to avoid irreversible situations, he had become a perfectionist. Secretly fearing people he had sought safety in 'having no feelings.'

In 1969, while helping to perfect a missile warhead, he realized that he was actually work-

thritic pain. He became aware of a new vitality and stamina as a result of adhering to the Meadowlark menu of natural foods and with no stimulants. His body grew stronger and more supple as he did isometric and isotonic exercises.



ing for what was the killing of more people for less money. This so depressed him, that he quit his job, and he had been a virtual recluse for six months. He had an opportunity to learn about the basic thinking behind medicine for the Whole Person during a conference I had presented, and soon became a guest at Meadowlark. After some hesitation he adopted the program of homeopathic remedies and three days later he found himself free of ar-

The following is an excerpt from a letter received several years later. "At present the situation is this: pain is a thing of the past; a dozen ailments are fading, or have already disappeared; atrophied muscles are being restored; faith is full and the prospect exciting....For there is that which works for wholeness in our lives, if we let it, and Medicine of the Whole Person is programmed to help bring wholeness — physically, mentally and spiritually. Medicine of the Whole Person combines sud-

*den miracle with slow, steady progress and all of it works for good."*

## REFLECTIONS

On reflecting what our Meadowlark guests taught me, I realize the truth of the words of the 16th century poet Edmund Spenser, "For of the soul the body from doth take: for soul is form, and doth the body make." In our group therapy sessions, with sharing of journals and dreams, K.S. was able to see the stiffness and rigidity of her mental set and its possible relation to her arthritic frame; L.P. was embarrassed to see the relationship of her gall to a recent attack of gall bladder trouble; T.D., who suffered with long-standing low back syndrome and after consulting with two or three specialists (finally) had spinal fusion surgery without relief, discovered that what he needed was to clear up the problem by getting his wife off his back.

I also realize that chronic illness with its attendant suffering can be a blessing in disguise. Those who are most likely to recover are those who find purpose for their lives and have a vision of their future with something worthwhile to live for.

### EDITOR'S NOTE BY NANCY OLIVER: INTERVIEW WITH EVARTS LOOMIS

It seemed important to hear more about this physician and his ideas about Medicine of the Whole Person. The following is included here to embellish his story.

This interview was con-

ducted for the purpose of learning more about Evarts' experiences as a holistic physician and to learn about the healing place called Meadowlark. An informal interview guide was designed to help elicit informative responses about the past. That was the plan. The interview took place at Friendly Hills Ranch, with Sonia Leib Abels, Evarts' wife Fay, and a colleague of theirs Garrick Lahoda. Garrick is assisting Evarts in the writing of his book *Return Of The Priest-Physician, Medicine For The 21st Century*. The atmosphere when we arrived was calming. There was an unfamiliar aspect about the environment that is difficult to describe. Music was playing, sun was shining and the house was full of meaningful artifacts and a rhythm of sorts. During our initial introductions Evarts instructed us to call him by his first name.

It was important to Evarts that the interview take place in his office. We set up the tape recorders and he orchestrated the seating. He was very much the teacher and we were the students. The wall behind Sonia and I was full of pictures of his mentors and teachers. And so we began. Questions asked and answered in a comfortable style and flow, for nearly two hours. When we were finished, by consensus, we shared lunch and then left the ranch. My feelings were quiet and tranquil. I felt as if something had occurred that was important, but it was evasive and vague. The feeling returns when I remember the interview.

As I read and reread the typed transcripts and listened to the taped interviews I was still

haunted by a sense that there was a message that I was not quite seeing, hearing or feeling. The words were a chronological account of how an 86-year-old physician developed his holistic vision. There were rich antidotes and clarifying examples related to his journey. I finally recognized that I had assumed we would be hearing a story of what he did and how he did it. As we gently probed for examples and further explanations he even more gently guided us to see the future. His responses were grounded in decades of experiences as he introduced us to his vision of what he calls a new medicine for the 21st century. As we asked for examples from the past he creatively and masterfully guided us to the present and shared his vision.

The following excerpts from the interview were selected to provide a glimpse into the heart, soul and spirit of this holistic physician. His thoughts and words help us to see, feel and hear his vision.

Evarts shared examples of how, in what he refers to as "the early years," he traveled through the United States and around the world seeking like-minded holistic people with whom to learn and share ideas about "how to care for the whole person" and "what healing is all about." He describes attending six meetings at the Médecine de la Personne in Europe with physicians from France, Germany, Italy and Switzerland and interpreted the international conferences for us in the following way:

"The six international conferences held in Europe were the annual week long meetings of

Médecine de la Personne, a European group of physicians. (These meetings are still being held in Europe.) This was initiated by the Swiss physician and author, Dr. Paul Tournier, and attended by an average of sixty physicians. Their purpose was to give a deeper understanding of the wisdom of the Bible with reference to the practice of medicine, and also stressing the doctor's need to "walk his talk." Themes of two of the conferences were "What it means to be Understood by Another Person" and "Our Failures." The latter stressing that we learn more from our failures than from our successes.

The topic of failures was explored a little. It is interesting to note that Evarts' first response when asked, "What do you think are some of your failures?" was "My failures? Well, sometimes I think I talk too much." Failures was clearly not an area he spent a lot of time with because he continued to try to answer the question with the following "I'd have to give that some thought. Why don't I make a note and get back to you on that?" The impression that one was left with was that he had many more important things to teach us about.

Evarts' training as a physician was from a traditional medical model perspective. To understand his perception of medical doctors Evarts talks about medical schools and the message given to students, that they are the healers. "We physicians are not healers. We may be guides, hopefully, to the healing process. There is too much specialization in medicine, entirely too much specialization. And

people have a keyhole vision in their specialties." His vision of treating the whole person comes through in this description of modern medicine. Specialists do not see the whole. It seemed important to ask Evarts how he became involved in searching for explanations beyond what he had been taught in medical school.

"I'll give you a bit of my story on that. Of course, the idea came to me in the early 1940s when I was in Newfoundland working in a sixty-bed hospital, a lot of TB work, and a lot of general surgery. And that's when I heard the words, just came into my mind, 'treat the whole person, treat the whole person.' So I had that vision for a long time. I saw in my mind's eye just a lovely place somewhere more in the country, and I've always loved mountains, worshipped mountains you might say. And I saw a beautiful triangular peak, which turned out to be Tahquitz. It's a beautiful mountain alongside the San Jacinto mountains sacred to our native people.

#### ABOUT MEADOWLARK

The vision of the healing place materialized into Meadowlark. As Evarts talks about Meadowlark it is as if he is describing home, a healing place, and an abstract concept. There is a visionary quality in his dialogue that is at the same time grounded in his rich physical descriptions. Our understanding is enhanced by our "being" there at his home on the ranch; being in an environment that was somehow different. Evarts explained that Meadowlark had been located about three

miles away and the place we were visiting had been his parents' former home, built on the ranch he originally purchased for a holistic retreat site. It is important to emphasize that the first aspect of actualizing his dream was to invite local patients to his home. Evarts describes the early years on Friendly Hills Ranch.

"...maybe a dozen patients would sit in front of our fireplace and we'd talk about their life-style and its' impact on their overall state of health. I found it was very meaningful because it gave them more of an understanding of why they were ill."

He continues to talk about the people who later visited Meadowlark and how they were treated:

"One of the precepts at Meadowlark was we didn't have patients, we had guest-patients. Everybody went by first names and we never wanted more than about 20 people, because it wouldn't be the same intimacy. And I think that intimacy is extremely important. Very often one person would discover that he or she had found answers through another person who had similar problems. I think Nature brings these situations together. If a student is ready, the teachers are there. The teachers may be other guests who have come and sat at the same table."

The desire to provide opportunities for patients and staff to learn from each other is further illustrated, "We made it as hard as possible to tell who were staff and who were guests."

A series of questions were asked in an attempt to understand how Evarts developed the philosophy of wanting people to be

more equal in their relationships, specifically the physician/patient relationships. He agreed that this was not something he had learned in medical school and talked about engaging in interprofessional conferences on the Nature of the Healing Process. These were three one-day conferences, held at Meadowlark, where the viewpoints of different participants were shared:

"First, we had psychologists, physicians and sociologists. We had Dr. Max Crone who started the school for music up in Idyllwild and who was also a professor at USC (University of Southern California). We had a professor of physics from Cal Tech and a professor of chemistry from Redlands University. We had a mathematician. So, we had this great variety. We had an art therapist; we had a spiritual therapist. The meetings were started in the Quaker (Friend's) fashion, having a time of silence. Then, each of the different profession's was given five minutes to talk about their concept of healing. Then we conducted it much like a Friends' meeting. We just spoke spontaneously. And, after three different day-long conferences, the conclusion we came to was that the two people positioned as healer and healee, you might say, had to be on the same scale. Anybody talking down to people would not get through, it was ineffective. The other great factor was the relationship between the two people, there had to be empathy. "Similarly, the *Médecine de la Personne* produced a dialogue that focused "on understanding another and being understood by another human being."

Evarts has learned about and experienced the benefits of nutrition and has worked with a variety of teachers in this area over the years. Fasting is an important part of "healing the whole person."

"The idea of fasting came to me when the psychiatrist Bob Meiers came and was with me on the staff at Meadowlark for three months. He and Dr. Alan Cott had studied the dramatic results gained from the use of fasting on chronic refractory schizophrenic patients, involving 6000 such patients under the direction of Professor Serge Nikoliav at the Moscow Psychiatric Institute. I was very much inspired by Dr. Meiers' success in helping some of our Meadowlark guests through his guided fasting process and continued the practice after he left, with some variations in the process."

Music was another area that was included in offerings at Meadowlark along with art therapy and spiritual counseling.

#### AND THE LESSONS CONTINUE...

Evarts introduced us to the "tremendous importance of symbols" and how illness is symbolic of life problems. He explained that his understanding of symbols has its roots in ancient teachings, particularly Hermetic teaching where the first law is mentalism.

"Everything comes from the mind. Just as the ideas of the architect determine the appearance of the building, even so our prevailing thoughts determine the nature of body symptoms. You

have to have the architect before we have the building. We have to have the person understand why he or she is ill before that person's going to get well. They've got to discover more meaning for their lives." He provided several examples:

"A person who has migraine headaches, at one point when it seems appropriate, might be asked 'What's your biggest headache in life?' A person with gall bladder trouble has too much gall. The person who is constipated has too much shit. A person who has back aches better get some stuff off their back."

Evarts provides a personal experience of symbols in his own life.

"You see I have a little bit of arthritis in my finger, that one's a little crooked. So I have to look at why did I develop this in my hands. Fay knows very well that I have great difficulty handling details. I can't remember what I'm supposed to do because my mind is envisioning how all these things work together and its very difficult for me to focus on everyday stuff. Fay's helping me to handle everyday life. I've got to get my feet more firmly on the ground."

#### PHOTOS ON THE WALL

Given the opportunity, Evarts introduced us to the photos on the wall; photos of people who had influenced his thinking and his life. In the center was a picture of his mother, Amy, surrounded by (clockwise) Jesus, Mahatma Ghandi, Johannes Brahms, Teilhard de Chardin, Albert Schweitzer, John Muir,



Walt Whitman, and Rufus Matthew Jones.

"Albert Schweitzer was number one, I think. I was a biology major in college and my roommate had a pamphlet about Schweitzer. I read it and was impressed. I phoned home that night and told my parents that I'm going to leave biology and go into medicine." And he did just that.

"Schweitzer was a great inspiration to me, and is known worldwide in the fields of philosophy, medicine, theology and music. I saw him as a great inspiration to many people. I thought that his consciousness and how he could take all this in showed the tremendous scope of a human mind, how it can make contact with reality and do it with meaning." Evarts goes on to describe how "medicine is not dealing with curing patients. It's waiting for effects of illness and not doing anything about causes. And that to me is backwards." He relates this concept to his vision, "...to help pattern the new medicine. A new medicine that would deal with the causes of illness and teach people to understand the meaning of their illness. And to see the illness as opportunity for a growth experience."

Evarts continues to connect his inspirations to fasting; he relates it to learning from illness and the healing process:

"Many people have their initial light into their own spirituality through fasting. The great teachers, Moses, Jesus, Ghandi, all did fast in a very important part of their lives, and it fascinated me. We found a tremendous amount of people were getting well with fasting, probably the oldest

method of healing. An animal, a dog, gets ill and will fast until it gets well. In medicine, we're getting in the way of the natural healing process far too much with the drugs we're giving people. And nobody knows how these multiple drugs interact with each other."

### Continuing with the introductions to the photos on the wall...

"It was during five-mile walks across New York City to medical school that I memorized a good portion of Walt Whitman's "Song of the Open Road." And he went on to quote:

*A foot and lighthearted I take to the open road,  
Healthy, free, the world before me,  
The long brown path leading wherever I choose.  
Henceforth I ask not good-fortune, I myself am good fortune...*

The next introduction is to Rufus Matthew Jones, "a professor of philosophy at Haverford College for over forty years. An amazing person whom I had for two courses, Greek philosophy and ethics. I've always remembered one particular saying of his: "Those who search for happiness will never find it, happiness is a by-product of right living."

Evarts continues with introductions to Jesus and then to Ghandi whom he "greatly admired because I think he showed the world a way of peace. And the world is still spending all this money on armaments, and they'll never find it by that means. The great teachers told us a long time ago that love and peace both go

together."

Johannes Brahms is the next person whose... "First Symphony was my favorite music for a long time. I played it over and over and over." "Below him is Teilhard de Chardin,

...the anthropologist and Jesuit priest, who you might say the church sort of debunked. His books, *The Phenomenon of Man* and *Hymn of the Universe* were especially meaningful to me. But he was forbidden by the Vatican to publish his writings. He made more sense in following up on Darwin that anyone I know. Darwin didn't finish his job. All these changes with natural selection have a direction; it's not undirected, it's not chance. Chance doesn't produce miracles. Being here is a miracle. Eyesight, it's a miracle. I'm just getting back my sight. I had cataract surgery a month ago, which greatly helped my vision."

Evarts goes on to link Teilhard to Walter Russell.

"Walter Russell's book, *The Secret of Light*, in such passages as 'I am the light,' 'I alone AM,' and 'What I am thou art' and his ability to discern the Oneness of science and a philosophy of life has given me a more comprehensive understanding of the nature of the universe than ever I had before."

As you listen to the connections between Evarts and those inspirational people in his life, one is alert with a sense that these relationships were formed many years ago (in his twenties) and have continued to grow and develop over time. There is an energy and incredible sense of meaning that connects the listener

to the individual whom Evarts is introducing.

"My mother Amy was a spiritual companion to me for the major part of my life. Through her influence I became aware of the oneness of the teachings of major religions and the reality of spiritual healing. During the last twenty-five years preceding my Mother's death, it was my regular routine, from 7 to 7:30 a.m., to go down to mother's home where we would read inspirational materials and then have a period of meditation, sitting opposite to each other in her living room. Starting my day with meditation has had its part to play in my life ever since first introduced to me by my mother."

Evarts moves into a short discourse about relating nature and meditation:

"Nature has been a great teacher to me. Getting away into nature and camping out, backpacking in the Sierras, canoeing in the Arctic, and on the Yukon, all these things have been very important because my most important temple is nature."

He continues to explain how nature has replaced the formal church structure.

"I was confirmed Episcopalian, and I got tired of getting up and down all the time. Then, I went to a Friend's college at my mother's suggestion. I got into meditation way back at Haverford College. To me prayer is talking to God. And meditating is to let God talk to you through your own silence."

The interview designed to learn about the holistic physician and the place called Meadowlark was somehow transformed into a

wonderful philosophical journey. It occurred because of the implicit invitation from an individual who has created his vision through understanding and studying the wisdom of others. And he shares what he has learned. Garrick was present throughout the entire interview and his summary provides us with a lasting image.

"Evarts really believes in evolution. Every minute of every day this man is evolving, and he draws others into that web. It's so

subtle because he's so charming and he's caring and he's loving. But little by little you start to realize you're a part of that evolution, and as he's said 'Each of us has to do it ourselves.' We can't rely on anybody to be our healer."

He turns to Evarts and says "I thought you were going to quote from the Bible and say 'Physician, heal thy self.'" And Garrick continues,

"Because I think that's a message that I'm hearing, and this is the message that I think he is trying to carry to the medical profession. Each person who wants to be a healer has to

know that he has to heal himself and that he has to facilitate the healing process in the patient."

Evarts' wife Fay provides similar insights,

"I think that the principle of mentalism is exemplified in Evarts' life. He had an idea, and the idea creates the form. That's the principle of mentalism. Evarts created the template for the form of holistic medicine which he realized at Meadowlark and is now being realized on a greater scale.



Frederick Remington

He was forming that idea, just as he says Russell and other people touched these divine ideas and brought them down and made them into form. The great musicians touch this divine music, and they put it into form. They make notes and they have instruments play it or people sing it. And so Evarts was really doing that, really living that principle of mentalism. He set a template for what will be medicine in the next century."

To feel and imagine the vision that Evarts has is to find oneself full of hope and beauty. This was an incredible opportunity to reunite health and healing with daily thoughts and actions. To introduce concreteness into this visionary experience seems inappropriate. While there are many anecdotes and rich descriptions of the place called Meadowlark, the concluding comment is that Meadowlark was a vision realized by Evarts and experienced by many. The image that has been created here, of healing and healing places, is inspirational and allows each of us to "form our healing images" in the spirit of mentalism. □

**Reflective thinking is always more or less troublesome because it involves overcoming the inertia that inclines one to accept suggestions at their face value; it involves willingness to endure a condition of mental unrest and disturbance. Reflective thinking, in short, means judgment suspended during further inquiry; and suspense is likely to be somewhat painful. ....the most important factor in the training of good mental habits consists in acquiring the attitude of suspended conclusion....To maintain the state of doubt, and to carry on systematic and protracted inquiry-- these are the essentials of thinking.**

**Dewey, J. (1910). *How we think*. Boston: D.C. Heath & Co.**



## FILM REVIEW: "Don Juan de Marco"

At the conclusion of the film, "Don Juan de Marco," the psychiatrist Dr. Mikler (Marlon Brando) asks, "How shall we end our fable?..." "Why not?" He then answers himself. Thus, Don Juan de Marco (Johnnie Depp) finds his lost love, and Dr. Mikler rediscovers happiness with his long time wife (Faye Dunaway).

This film is beautifully made. The scene of Don Juan's last seduction before his planned suicide rivals in comedic grace Meg Ryan's "orgasm" scene in the restaurant in "When Harry Met Sally:"

"So you're Don Juan, the great lover? Right!" sneers the beautiful, urbane woman waiting in the restaurant, following the masked cavalier's having introduced himself.

"No woman has left me unsatisfied," he replies demurely, "nor have I ever forced myself on anyone." Guess what happens.

As the tale unfolds, Don Juan tells his life story from the beginning. His parents fell in love at first sight. Later, the husband of Don Juan's first lover kills Don Juan's father. Don Juan avenges his father's death. Then he must flee from his village. His mother becomes a nun. Don Juan's adventures (precisely 1502 seductions) eventually lead him to lose his true love and this he cannot bear. Thus he intends to end his life at 21. Enter Dr. Mikler (Marlon Brando) alias Don Ottavio de Flores. Most of the film takes place in a psychiatric hospital from which Dr. Mikler is about to retire. He takes on Don Juan as his last patient, and a mutual cure takes place.

As in all healings, there is a mutual need and cross fertilization that occur between Don Juan and his doctor. C. G. Jung wrote, "Only the wounded physician heals." In routine psychotherapy, the patient's attempt to heal the therapist often goes unnoticed. At least I have trouble seeing it in my own patients. However, I regularly see it in the patients of my supervisees.

The deepest understanding of psychotherapy takes into account every person's wish to heal themselves and others. For example, every child attempts to calm and heal their mother. There are also omnipresent negative wishes to fail, to regress, and to destroy. For example, by not getting better, a patient triumphs over his therapist by making him impotent. Fortunately, as in this case, most therapies end with mutually positive outcomes. Don Juan gives Dr. Mikler life. Dr. Mikler admits that he needs Don Juan so that he can breathe, having allowed his life to be sucked out of him by routine.

Dr. Mikler also gives Don Juan his life, by interrupting his suicide. The two then go on to create a way for Don Juan to live in the



By Joel Kotin

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real world. He learns to accept the dual nature of existence — he is both Don Juan and an ordinary man.

The power of the love of Don Juan will not be denied. He sees the Goddess within every woman. His vision and imagination transcend ordinary reality. And under his caress, beauty that lies hidden everywhere within begins to bloom. This is the message of the film. Whether we see a psychiatric ward or a Spanish nobleman's villa depends not on so called objective reality, but on ourselves, our vision, creativity, and courage.

And oh how smoothly does the bon bon concocted of this spiritual chestnut filling go down! The script is engrossing and witty, the direction crisp, and the old pro players do not disappoint, in either leading or supportive roles (for example, the staff psychiatrists). Wonderful cinematography makes the colors vibrate on the screen. Finally, Johnnie Depp deserves an Oscar for his portrayal of Don Juan, whose fiery, mercurial nature eventually gives way to reveal a depressed and abandoned child.

Ultimately this movie asks, what is real? The grinding routine of our modern rat race, or the world of the spirit, the world of love? That this love includes the physical love of women titillates at first, then rises to a higher plane — from the sensuous curve of a woman's hips, to the eternal smell of her perfume, to the gentle hope in her heart. This is the true meaning of comedy: Life is absurd, but there is always the possibility of radiance in ordinary reality. It is a rare film that can take us there and make us smile. □



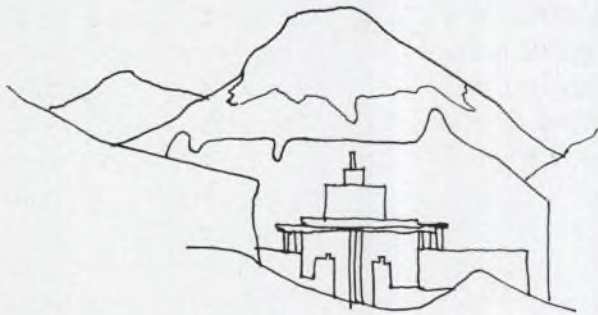
## BOOK REVIEWS: HEALING IS WHERE YOU FIND IT

### Deepak Chopra

*The Seven Spiritual Laws of Success*  
Amber-Allen Publishing. San  
Rafael, Ca. 1994

### Bernard Glassman and Rick Fields

*Instructions To The Cook*  
Bell Tower. New York. 1996



The first time I heard that there was something called "the wisdom of the East," was when I saw the movie *Lost Horizon*, the one with Ronald Coleman. Of course I was fascinated that there were people with powers that could extend life to twice that of us ordinary mortals. Since I was about eight I did not give much thought to how long I would live,

but I remember thinking that they must be doing something right. Of course the characters who stumbled on to Shangri-La being from the west, were not content to stay. Their previous life styles, culture, needs, didn't allow for a life of contemplation on the scale required for them to adapt to an inner-oriented lamasery in the mountains of the Himalayas. "I reckon some folks have to get used to worst places" says one of the characters in James Hilton's book from which the movie was made.

It seems in the 1930's people were not yet ready to accept the "wisdom of the East." But that was before the "big war", the holocaust, Vietnam, the peace movement, the treks to "new age" thinking, and the commercializing of the "wisdom of the East" In the intervening years, we have

attempted to unravel the mysteries and adopt the wisdom of countless Shangri-La(s); East, West, North and South.

Thousands of books, videos and audio tapes, "learning centers" retreats, and the lecture circuits attest to our embracing the "outer" and making it the "inner." The trend has become a movement sometimes called "new age." That's it, just "new age," with its very own section in the large book store chains. Two of these books, *The Seven Spiritual Laws and Instructions to the Cook*, take very different approaches to helping us understand some of the things we need to learn and do, to gain the "hidden" wisdom, that will give us success and contentment: and if we wish, to become good cooks. Yes, healing can take place in the kitchen, and as we will see, on the computer as well. While Glassman uses cooking as a metaphor, it actually was one of the means through which its author gains self enlightenment and becomes successful; but cooking is also one way in which he helps the poor achieve their own success. It is an interesting story, and unlike *Lost Horizon*, is true.

The author, an American engineer turned Buddhist teacher, draws on the teaching of Dogen the founder of a thirteenth century Zen tradition. He writes of becoming a student of Zen, living

By Paul Abels  
Book Editor

and learning in a monastery. As a novice, through kitchen work and learning to cook, he is helped to understand and use cooking as a road to enlightenment. The importance of good ingredients, of the menu, or tasting, all are transformed into worldly lessons. The Zen cook knows one can't just jump into a new dish but must prepare the ingredients, and must make the best meal with the materials at hand. The cook must have a kitchen in which the right tools can be found quickly, clutter avoided. "Zen masters call a life that is lived fully and completely, with nothing held back, "the supreme meal." And a person who lives such a life—a person who knows how to plan, cook, appreciate, serve, and offer the supreme meal of life, is called a Zen cook." Glassman uses the cooking metaphor to aid us in our enlightenment.

While we are strengthened by the teachings, we are excited to see how Glassman uses his insights to serve and offer a meal of excellence and opportunity to others. Beginning with a bakery, he hires the needy of the community, he teaches them to be excellent bakers, using the finest ingredients. Soon he is serving the finest establishments, and goes on to establish the Greystone Foundation, a network of not-for-profit businesses in poverty areas. In addition to the bakery, there are three apartment buildings with living arrangements and social services for formerly homeless families. We have presented to us a "social-action Zen." We can honestly say that we are nourished by the cooking of Mr. Glassman, and the community benefits by the

banquet. We are served up a full plate; from a first course of individual, personal enlightenment, to mutual aid and community service. The book is like icing on the cake.

With over eleven books, numerous video tapes, cassettes and appearances on TV, no one can dispute that Deepak Chopra has achieved a phenomenal success. It is little wonder therefore that we eagerly reviewed his book, which promised on the cover, to be "a practical guide to the fulfillment of your dreams". This short book (110 little pages), which is based on an earlier, volume entitled *Creating Affluence: Wealth Consciousness in the Field of All Possibilities*, according to Chopra, could also have been called "The Seven Spiritual Laws of Life." The reason, "...these are the same principles that nature uses to create everything in material existence everything we can see, hear, smell, taste, or touch." Which of course raises my first question. Why then call it *the Seven Spiritual Laws of Success* which to my mind sounds a little more like Western wisdom, than Eastern? Creating affluence, and seeking success, do not exactly strike me as the spiritual path those in Shangri-La sought. All the more reason then, to delve into the seven laws.

Each spiritual law has its own chapter which both discusses the law and indicates how one can apply it in one's own life. While presenting each law and its application would violate a reviewer's obligation to reserve some surprises for the reader, selecting one law for illustration might indicate to the reader the depth of its con-

tent. Chopra's second law is "The Law of Giving" (the first is "The Law of Pure Potentiality.") This law says Chopra could also be called the "Law of Giving and Receiving," since as he points out, "the universe operates through dynamic exchange." He goes on to examine the word "affluence" which means "to flow to," and how money is "really a symbol of the life of energy we exchange..." We should not stop the flow of money as we would be stopping the flow of energy, we need to constantly exchange it. Relationships too, are give and take. "The more you give, the more you will receive." Chopra applies the law by; 1) bringing gifts wherever he goes, 2) gratefully receiving the gifts life has given him, and 3) making a commitment to keep wealth circulating by giving and receiving "life's most precious gifts of caring, affection, appreciation and love."

For me the book is what might be called a "mixed bag." Sections of the book which deal with other laws such as "Karma," or "Purpose in Life," were more satisfying. The idea of searching for affluence, success, and the fulfillment of my dreams appears on the surface so adverse to "eastern wisdom" that I must admit it influenced and perhaps negatively biased my appreciation of Chopra's writing, much of which is moving, truly spiritual and redeeming. A second reading, with a more open mind, helped. There is a vision to his work. At the book's conclusion he invites the readers to join the Global Network For Spiritual Success, by contacting him by mail, or e-mail. You will be informed about the

development of the network and sent a wallet sized card with the seven laws. Thus Chopra too, is involved in social action, a dream to mobilize the world so that they and you '...will achieve spiritual success and the fulfillment of your desires.' (Currently he has a page on the world wide web.)

In these two books East meets West, West seems to have won the high ground. Chopra's prose leads one to believe that the search for Eastern wisdom has been influenced by an interest in success and affluence, suggesting that the West is truly interested in spirituality, but on its own terms. Chef Glassman brings Eastern recipes to a hungry West, but refuses to permit his meals to be served in a "fast food restaurant."

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1. *Lost Horizon*. James Hilton. Pocket Books. NY. 1933.



## CALL FOR NARRATIVES

### Stories of Transformative Teaching and Learning

*"Faculty learn early on how to institutionalize their story, to get it right, in their reappointment and tenure files and in their cases for merit. But most faculty recognize at some deeper level that their vita is not their story and that the organizational structure against which they teach hears no stories - not about their teaching, not about their research, and not about their professional lives."*

Diane Gillespie. In Change (1989):  
"Claiming Ourselves as Teachers"

Susan G. Nummedal and  
Diane Gillespie, Co-Editors

This special issue invites faculty to tell their stories of transformative teaching and learning as a way of both deepening the understanding of their own lives as teachers, researchers, and practitioners and sharing that understanding with a wider audience. It is in the telling that the "raw footage" of our lives as teachers begins to develop into powerful understandings, surfacing layers of meaning and revealing tensions that connect who we are with our practice. And it is from a wisdom of practice, captured in the particulars of teaching narratives, that we discover what we have been and anticipate what we might become.

We encourage stories that capture a time in teaching when you were awakened to new meanings that transformed your way of thinking about - and doing - your practice. We are looking for stories located in the web of connections among what you teach, your sense of self, and your values that creates the context for your teaching. We encourage authors to weave practices embodied in their stories with theory. Suggestions for specific topics include:

- stories that evoke multiple readings of problematic teaching situations
- stories that focus on gender-identity issues in teaching
- stories that focus on social class issues in teaching
- stories that focus on cross-cultural and interdisciplinary perspectives in teaching
- stories that move the teaching/learning process beyond the classroom walls
- stories that transform the connections among teaching, research, and practice.

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Submissions due June 1, 1997

## CALL FOR NARRATIVES: SPECIAL ISSUE

### THE DANGERS TO POOR CHILDREN: THE CONSEQUENCES OF WELFARE REFORM

Studies by the department of Health and Human Services and the Urban Institute predict that the new welfare laws will push a million children into poverty. This will drastically alter the nature of welfare by eliminating any entitlement to assistance. An article in the N.Y. Times noted "...recipients are required to work, and the law requires a five year life time limit on aid. Some states will use their power to develop innovative ways of providing work for adults and services for children. But all the incentives are there for them to cut assistance, impose shorter time limits and use Federal Block Grants to free-up state funds for more politically palatable programs.... Public monitoring of state programs to determine their effects of children is essential. The law needs to be strengthened to require more detail in state welfare funds, more public information on how states are using money and more tracking of and reporting on the well being of children...those who receive assistance and those denied it or cut off from it."

(M. J. Bane. Nov. 10, 1996. Section 4. p.13)

DUE SEPTEMBER 15, 1997

#### WE SEEK STORIES (NARRATIVES):

- On your success and failure in influencing state legislative welfare plans;
- On how you tried to influence the way your state allocates welfare funds;
- On tracking and reporting on the welfare of children;
- The work you did to protect children;
- You may have succeeded or failed; our interest is to influence the discourse on the affects of "Temporary Assistance to Needy Families" through personal accounts of helping professionals working with adults and children affected by Welfare Reform.

Send manuscripts to:

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