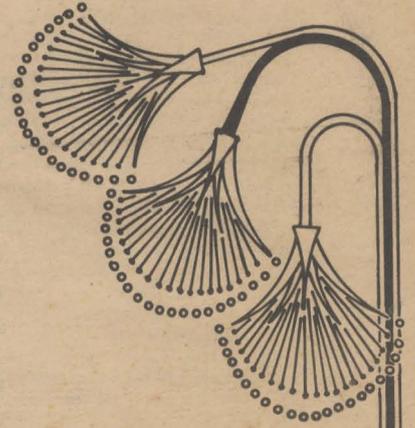


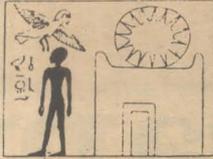
Issues in
Radical Therapy

SPECIAL ISSUE ON HEALING:

**LOVING MY BODY
T'AI CHI & ME
CANCER SELF-HELP
CO-COUNSELING
COOPERATIVE HEALING**



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Special thank you to Anodea Judith for art work *Stephen Vaughn, too!*

EDITORS: Jude La Barre and Darca Nicholson



APOLOGIES!

"Monster" (IRT #20) was written by Dan Kelleher, not Marianne Sears as was credited. We apologize to both of them!

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2. Send us three copies. Keep the original as we do not return manuscripts.
3. State whether or not we have permission to revise and/or edit your work.
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Editorial: Reclaiming Our Health Rights

One hundred and thirty years ago Karl Marx wrote about his vision of the healthy person. In his *Economic and Philosophical Manuscripts* he described a person who experiences herself as powerful, a person who senses having a creative influence on her surroundings, an influence stemming from a basically disease-free and efficient physical and emotional body.

Needless to say such a person is rare. We live in an alienated culture, in which most people feel to varying degrees cut off from their individual or collective feelings of power and significance in the world. This reality is reflected in the way we eat, the way we spend our leisure time, the kinds of jobs we're willing to put up with, the ways we treat each other, and the ways we treat our bodies.

In *Medical Nemesis*, Ivan Illich claims that the alienation of the individual from his body's capacity to heal itself is so total that the monopolization of healing by the medical professions has become one of the greatest hazards to health. Where once a person may have considered himself an active agent in his own body, when he finds himself engaged in the monumental health system which dominates our culture, he suddenly becomes a "patient," an unwitting and passive recipient of all manner of "advanced" medical expertise. Illich claims that modern medicine has attempted, with minimal success and often disastrous consequences, to do for people what their genetic and cultural heritage formerly equipped them to do for themselves.¹

The loss of the individual's right to active and responsible involvement in the care of her own body is one of the most tragic outcomes of "modern medicine." It is the physician who decides what is a symptom and who is sick. It is the physician who diagnoses disease. And it is he (and it usually is "he") who decides what constitutes medical practice and who can do it (and of course, at what cost).

Alienation from our bodies is complete "when health care is turned into a standardized item, a staple; when all suffering is hospitalized and homes become inhospitable to birth, sickness and death; when the language in which people could experience their bodies is turned into bureaucratic gobbledegook; . . . when suffering, mourning, and healing outside the patient role are labelled a form of deviance."²

The Ironies of Western Medicine

No one can deny the fact that modern standards of hygiene and public health measures — like sterilization of medical instruments and treatment of sewage and water systems — have resulted in dramatic reductions of disability and death. The discovery of the uses of antibiotics in the first half of this century has resulted in major victories over ailments that used to mean certain death — wound infections, for example, or pneumonia. Vaccination has virtually eradicated

smallpox and polio and other dread diseases.

But the emphasis made by western health professionals on their gains against such human afflictions (gains made mostly by scientists in laboratories rather than by practicing physicians) is overshadowed by another reality — that modern medicine with its elaborate technology and expensive tests and treatments — has not put a dent in degenerative diseases like heart disease, cancer and diabetes. (In fact the life expectancy of the American male has actually dropped in the last ten years.) For the most part health professionals seem only remotely interested in the economic, political and social implications and origins of such disabling conditions.

Moreover, as Illich points out, it may be that diseases caused by medical treatment may account for more deaths every year than traffic accidents. Illich claims that "it has been established that one of five patients admitted to a typical research hospital acquires an iatrogenic disease (disease caused by medical attention), sometimes trivial, usually requiring special treatment and in one case in thirty leading to death. Half of these episodes result from complications of drug therapy; amazingly, one in ten comes from diagnostic procedures."³

But perhaps the most critical danger which people experience in their encounters with the modern health establishment is the monopolization of medicine by professionals. The takeover of the healing processes by professionals has been accompanied by two serious tendencies: first, people no longer sense the importance of their own power in the healing process; professional, institutionalized technological medicine destroys "the potential of people to deal with their human weakness, vulnerability and uniqueness in a personal and autonomous way."⁴ Second, the monopolization of healing by the medical profession discounts and invalidates alternative forms and sources of healing and health care such as midwifery, herbal remedies, ancient Eastern practices, simple attention to nutrition, even the power of tender loving care. Basic techniques which were once used in every culture in caring for the sick and in experiencing natural processes like birth and death — skills and understandings which were once in the domain of every grandmother and midwife — have been mystified and rarefied into semi-magical skills held in control by a small group of primarily male professionals. (Technology has now reached the point where women can have their babies at home . . .)

Health care, which may more accurately be called "sickness" care, is big business. For the past fifteen years, drug industry profits alone have outranked those of all other manufacturing industries on the stock exchange. Advanced technological procedures, health

insurance costs, costly medicines: all are components of the biggest business in the United States today.

The perpetuation of this system relies heavily on the assumptions made by most people that they have no control over their bodies, that birth, sickness, and death are horrors to be endured rather than human experiences to be confronted and shared. The current health system relies on our continuing to be alienated from our bodies, on our continuing to stuff angry feelings in sickening jobs, on our continuing to accept the assumption that we cannot heal ourselves.

The Alternatives

Health care has become an institution in our culture, and like all other institutions it suffers, and we suffer, from depersonalization, overspecialization, and fragmentation. Alternative sources of healing and health care are a response to the alienation perpetuated by our sickness institutions. In many communities in the western United States "holistic health" has become a household word. Holistic health care signifies the resurgence of personal power in sickness and healing by placing emphasis on the importance of education, of understanding the many complex aspects of health — diet, environment, stress,

emotional health. But even more importantly, alternative sources of healing in all their forms — including chiropractic, massage, herbal medicine, acupuncture, self-help groups, midwifery — constitute a political movement against the perpetuation of those institutions which serve no one well except their owners.

Alternative healers and teachers represent a movement against medical professionalism and the mystification of healing. Alternative health care makes the assumption that as creatures involved in the life processes of birth, sickness, aging and dying we must reclaim our civil right to health together with our civil liberty to heal ourselves. This issue of *IRT* supports that right.

—Mary Selkirk

1. Illich, Ivan, *Medical Nemesis*, New York: Random House, 1976, p. 126.
2. *Ibid.*, p. 33.
3. *Ibid.*, p. 23.
4. *Ibid.*, p. 24.



Cooperative Healing

Darca Nicholson

I want to share with you my experiences of healing in the last year. On Sunday, February 13, 1977, I was skiing on the ridge above Lake Van Norden near Donner Pass, California. I was an intermediate cross-country skier. Skiing down a small hill on the ridge, in the morning, the sun was warm and so was I. Squatting, maneuvering around a tree and a rock; a difficult spot. I made it! Having slowed down, but not stopped, I quit paying attention and started to fall forward. The snow changed and I twisted at the waist falling sideways instead of correcting the fall. My right ski dug into the snow and the tight bindings didn't release. My right leg rotated around my knee. Watching, I saw it turn 360 degrees around the body of the sun. I saw it with my mother's eyes, and heard it with my body's ears: "Pop, pop, snap, pop."

Peggy, Oh! Goddess! Peggy, Peggy! Peggy arrived, undid the bindings and put a pack under me. Soon Joe and Dennis were there too. As I lay there, she asked me what I wanted . . . I wanted off this mountain. My knee and the inside of my calf looked and felt like cold, mushy snow, no feeling. We started down the incline, my arms around Peggy's shoulders. Step-swing and rest. Dennis carried the skis, broke trail down through the trees. Peggy followed, packing the snow. Now Joe's shoulders were my brace and guide, his footsteps my sound mantra: step-swing, step-swing; my meditation, one step at a time, slowly, slowly down. Support, suggestions, guiding arms, my own centering, down to the snow covered lake. Everyone put the skis back on. Joe broke trail; Peggy and Dennis held onto my britches and I double-poled bent forward, keeping knees locked. Once my leg slipped sideways, stomach and soul slipping away from my body. Still no pain, Peggy slid in tandem, caught me, supported me . . . Mama Bird supporting her injured one. "Can I cry now?" "No, ten more minutes." Dennis gave me a kiss on the cheek.

The night and day before we had talked about measured energy, about putting out the balance of energy to court survival; about being thoughtful, cooperative, safe within the wilderness; being out there with the moose and the caribou. Here was my practice. Dennis carried me up the last incline, over the rocks, across the steel footbridge, up the snow hill and set me

down. His lithe strong body was sure and powerful in the carrying concentration. Back in the cabin, off with the knickers and socks, on with the wool Navy pants. Pillows propped me up close, but not too close, to the Ashley wood-burning stove.

Out with my homeopathic first-aid kit. Tiny milk lactose tablets with a homeopathic dose of Arnica (30x) melted on my tongue.

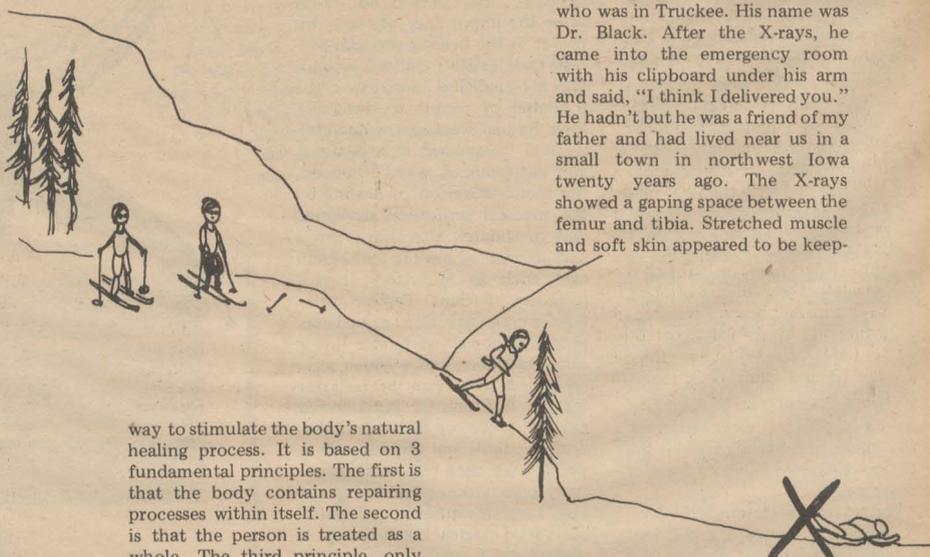
Arnica, or Leopard's bane, is effective and powerful. Everyone should know arnica the way they know aspirin.

Arnica is the master remedy for mental and physical shock. It is a great remedy for mechanical injuries: bruises, sprains, strains, concussions, trauma. It relieves pain and swelling. It helps muscles that are painful from overwork.

Homeopathy is a healing drug system. It is a gentle and effective

edy for sprains, strains and torn ligaments. It acts on the periosteum, cartilage and injured "bruised" bones. Peggy fixed food — sprouts, cheese, butters, bread. Dennis came down the stairs carrying a bottle of 1952 wine. We celebrated. Larry came in, put a bag of snow on my knee. Four hours later, I got up, hobbled into the bathroom and, for the first time, compared the shapes of my knees. My right knee was a huge giant. It looked very different. I started back to my pillows. This time the locked knee did not support my weight. The shock of the first real pain passed through my body. My consciousness contracted turning black/red. I melted onto the floor. Joe helped me back to the pillows.

The next morning, wrapped in an old massage towel, ensolite and cardboard boxes taped together with duct tape, they put me in Peggy's VW wagon. The ride into the emergency room was easy. I'd heard good things about the doctor who was in Truckee. His name was Dr. Black. After the X-rays, he came into the emergency room with his clipboard under his arm and said, "I think I delivered you." He hadn't but he was a friend of my father and had lived near us in a small town in northwest Iowa twenty years ago. The X-rays showed a gaping space between the femur and tibia. Stretched muscle and soft skin appeared to be keep-



way to stimulate the body's natural healing process. It is based on 3 fundamental principles. The first is that the body contains repairing processes within itself. The second is that the person is treated as a whole. The third principle, only accepted by homeopathy, from which it takes its name (homoi=similar things), is "similars cure similars."

Substances, which are lethal poisons in large doses, in smaller doses tend to inhibit the functioning of the cells they affect, and in extremely small doses stimulate those cells to health (30X means diluted to 1/10 concentration 30 times).

Fifteen minutes later I took Ruta. Ruta is a homeopathic rem-

ing my leg together. Repair would happen if there were strands of ligaments left connected. If not, I would have minimal use of my leg. He says to me: "I want to look at it." "You mean, open it up and look at it?" Yes, open it up and look at it. That's the only way we can tell." I had thought of healing myself with herbs and acupuncture; I looked at him and said, "I can't make that decision right now. How much time do I have?" He said, "Four days."

I got a Velcro splint, light, efficient, a pair of crutches and instructions on how to handle them. I crutched out to the VW and back to the cabin. On the way back to the cabin, I decided to check into the hospital and have Dr. Black do the surgery. I felt safe with Dr. Black, even though I'm very suspicious of Western medicine. Considering the options, it felt like the right thing to do.

Back at the cabin, I started thinking about what I needed to take to the hospital. My homeopathic first aid kit, creams, toothpaste, toothbrush and books I wanted to read. The next day Larry took me to the hospital.

The Healing

I want to talk now about the cooperative healing I experienced in the next nine months. This was a collective process of myself and other people putting me back together and taking care of me as I needed to be taken care of. Because of the cooperative support there was 100% of what I needed available to me. The people who were with me when I fell, the people at the cabin, the people in the hospital — the nurses, technicians, the doctor, Gail, my roommate in the hospital, Betsy Wilson, who took care of running errands and being of good cheer — my friends from Berkeley who came or called, my friends from the midwest who did healing rituals for me, lit candles and sent me good vibes, all made a growing circle of loving healing support.

I knew that if I ate vegetarian food and watched my protein balance that I would be in better shape for the surgery than if I ate the kind of food normally served in hospitals. So I got a special vegetarian diet. My roommate was also a vegetarian. She and I laughed, giggled, talked about being good and taking care of ourselves. She had just broken her leg (tibia, fibula) in a downhill skiing accident. When she came out of surgery she was talking about how she wasn't sure she wanted to wake up. Not knowing her and lying in my bed feeling safe and secure, I told her that I thought she could decide that some other time. Right now she had to put her power and her will into bringing life back into her body. I was her ally, giving the kind of support that I told her I needed to have the next day when I came back from surgery.

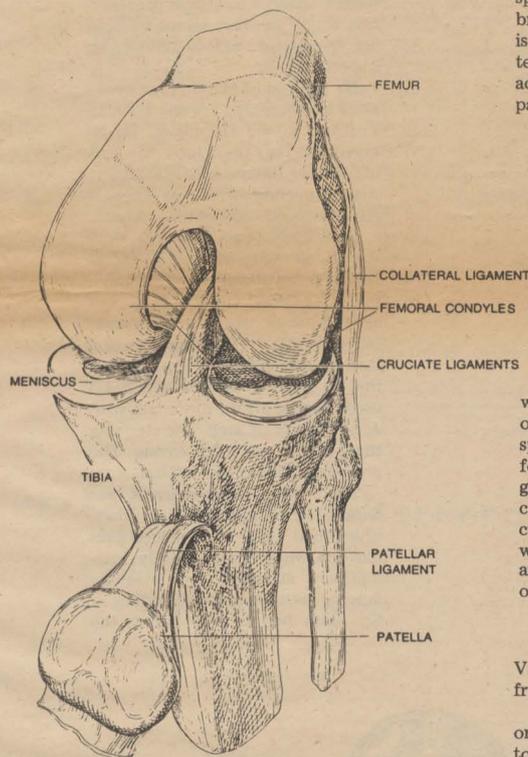
The Surgery

A couple of hours before surgery, I sneaked my homeopathic remedy Arnica into my mouth. I was wheeled into surgery, into the cold room, and saw Dr. Black. I watched them fool around with their needles and lights. "My lips are dry; my heart is full. I want Hogie." I got groggy as the drugs started to take effect. Then, as they slipped the tourniquet on my leg, I decided I had to trust. I had to trust him, I had to let go. Breathing, gently, fully, I felt my body settle

down into the table and my spirit-soul rise above. Fall away, prejudices. Be gone. Out of my life. "Get down," my friend Mary Morgan said to me.

Procedure

My leg was opened on both sides. The cruciate ligaments were torn in two places. The anterior cruciate ligaments were detached at the meniscus. This was repaired by sewing and stabilizing the medium cruciate. The medium cruciate was repaired by drilling through the femur from the outside, securing and anchoring it with wire. Starting above the knee, the opening on the inside of my leg was a long "S" curve. At the bottom of the "S," the tibular collateral ligaments were stapled to the bone. The rest of the detached collateral ligaments were sewn.



NORMAL LEFT KNEE is depicted in views from the front. In the front view the knee is bent somewhat, exposing the interior of the knee and the arrangement of the ligaments.

I woke up in the recovery room cold and shaky. They brought me back into my room, put me on my bed. My friend Betsy Wilson gave me Arnica. I wasn't sick. I came out of the anaesthesia groggy and dopey, but my body didn't freak out, contract or violently try to throw off the poison. It gently let it not be there.

In the hospital, I got shots of morphine and codeine and tablets of Valium and Emperin PC3. The codeine made a plug in my colon. Soaked prunes and hot lemon juice coaxed the clog out of my gut. After I left the hospital Arnica took the place of all the pain pills.

I proceeded as if I were pregnant, making a new body. Eating, sleeping, resting, drawing, exercising were my nutriments. What a way to reclaim part of my body I had consciously hated! My legs didn't fit the media image. They were strong and powerful but I felt bad about the way they looked.

With that kind of base I started thinking about what I needed to do to take care of myself, what kind of information I had to collect. I took herb teas, especially comfrey. The root and foliage of comfrey contain a crystalline substance, allantoin — a cell proliferant. It increases the speed at which a wound heals and broken bones knit back together. It is specific to injuries of the sinews, tendons and periosteum. Comfrey acts on joints generally and knees in particular.

Foods

I ate two meals a day. Breakfast was late morning, around 10 o'clock. It consisted of 1 tablespoon of Brewer's yeast (Plus brand formula 300 or Super Yeast) in a glass of spring water. Ugh! But I could feel its goodness. I also had ½ cup of plain (no sugar!) yoghurt with ¼ cup of raw sunflower seeds and blanched almonds and lecithin on top.

I chewed Acerola Plus 300 mg Vitamin C and had some kind of fruit juice during the day.

Supper/late lunch was around 4 or 5 p.m. Lots of protein: fish and tofu with steamed and raw vegetables.

Tofu, or soybean curd, makes a wonderful low calorie-high protein base for sauces and salad dressings. This is my basic recipe: one container rinsed tofu in blender. Add ¼ cup sesame butter and/or tahini and/or almond butter. Juice from one lemon, 1 tablespoon apple cider vinegar. 1-2 tablespoons Dr. Bronner's "All-one" Balanced Soya Mineral Bouillon. Maybe some yoghurt for calcium depending on how close I was to my period. Spices — pinches of cayenne pepper for warming up, curry, coriander and freshly chopped ginger for love, fresh garlic to ward off evil spirits, basil for protection, rosemary, thyme, sage for a clear mind and kelp (in place of salt) for water magic. Blend and whip.

My cooking creations appear by feel and by what happens to be in the pantry. The concoction always changes!

Other food suggestions for a healing diet: celery, watercress, garlic three or four times a week; parsley, vitamin A, ½ teaspoon cayenne four or five times a week depending on the outside temperature; tofu; beets; lemon juice; apple cider vinegar; raw seeds — sesame and sunflower; nut butters (not peanut butter); sprouted beans; potatoes; brown rice; wild rice; buckwheat; corn; millet; soya; fish: halibut, cod, tuna (I don't eat any kind of tuna now because of the industry's use of back-down nets which kill the dolphins); goat's milk; kefir; yoghurt, buttermilk; cottage cheese; ricotta; 2 raw fruits; 4 vegetables; honey; vitamins and minerals: kelp; bee pollen — 1 tsp a day. Flax seeds soaked two-three hours with prunes or figs; rice bran for iron. Teas: two parts fenugreek to one part motherwort, slippery elm, oatstraw, nettle, peppermint. Drugs: when I needed to, I smoked marijuana. It was relaxing, dilated the blood vessels and seemed to relieve fatigue and stress. Do not smoke marijuana after a painful injury like smashing your thumb. It magnifies the pain. Also, if you're recovering from hepatitis—do not smoke marijuana; it's not good for your liver. I've heard it's a lovely treat for arthritis sufferers.

I didn't drink any alcohol because it slows down and impedes the healing process.

Other Healing Paths

I went to my acupuncturist and had needles put into my feet and into my thigh, with a low voltage applied to the needles which stimulated the nerves. It felt like shooting stars that were gentle, bright and very tiny. Tiny, tiny connections moved through my leg making new nerve pathways. The electrical charge was a reproduction of the kind of healing charge that's passed through the bones when we move naturally. It was nice. Later, with my cast off, the needles were put in at the ankles, the sides of the knee and on the outside of the leg below the knee. The electrical charge was on a low charge cycle, medium then high charge before I felt anything.

Another form of healing was the drawings that people put on my cast. I had an array of collected Magic Markers. People drew delightful pictures of trees, harps,

rainbows, butterflies and bats, squiggles and love drawings. The physical vibration of having someone draw on me felt good.

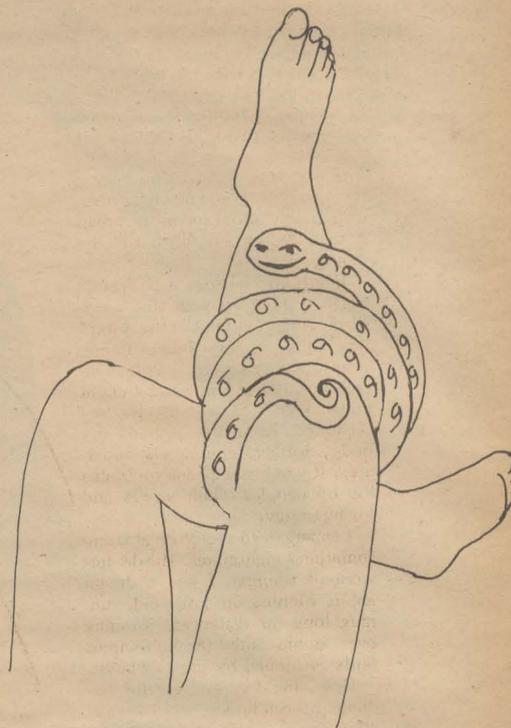
My friend Ron came over and did moxibustion therapy on my foot. "Moxa-wool" is a Chinese herb. It has the properties of warming and removing obstructions of the acupuncture channels, eliminating the cold and damp factors as well as promoting circulation. There were spots on my foot that were sore and responded to the heat by relaxing. It was as if the smoke from the burning herb pulled the pain out of the sore spots.

I got good warm cuddles, from lots of people. There's an interesting sexual energy when your leg's in a cast. Often my orgasms went right to my knee. I had a visualization of an orgasm that was a beautiful black snake moving from my vagina down my leg and wrapping around my knee. Snakes are regenerative for the patriarchy, so it was a lovely visualization. It sent a lot of fast-charged, high hot energy to those healing ligaments. I had been told that because of poor circulation, ligaments take a year or two years to heal: a long slow process. I had found another secret to healing, the orgasms of love, focused on a specific spot.

By the end of March, four weeks after the surgery, I went back to Truckee to see Dr. Black. He X-rayed the leg, then took the cast off. My leg looked a little bit flaky, with a green-brown fuzzy knee. It felt atrophied and tight in the back.

I felt like an egg. One of my first sensations being without that cast was of being an egg without a shell. I felt so very vulnerable. I was around people who were very careful with me, very loving. It was a step-by-step process. I kept hearing the meditation mantra which I'd used coming off the mountain with Joe — "Step by step, one step at a time, step," and I felt loving. The process of healing was a spiral.

There were times when it was frustrating, depressing and upsetting. I had never experienced pain like this, when I inadvertently, inattentively attacked my knee by moving it sideways or bending it. The pain had to pass before the



tears came. Noise and yelling came out of my mouth — slowly spreading and dissipating.

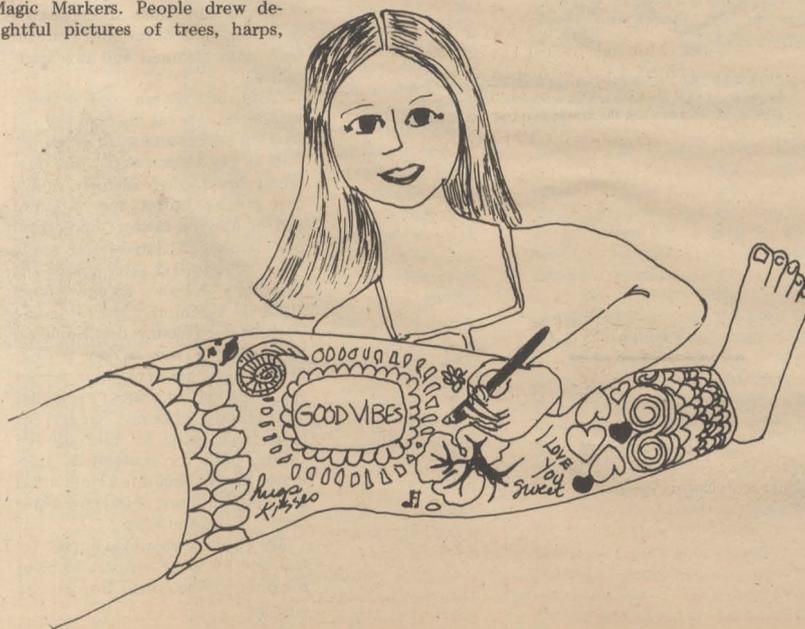
It was a supreme bummer to pull my leg back and bend it. Other times I felt elated and good, but it was a cycle. The cycles happened each day. In the morning I would awaken stiff, do exercises, loosen up and feel good, then put in more work, feel tired and have to rest. The rest brought back more energy. There were the cycles of the week. There was a balance between doing too much exercise and not enough exercise. I was working with the concept of stiffness and flexibility as a cyclical process instead of a linear accomplishment of being able to bend so many degrees this time and not far enough another time. I tried to watch the process in an open-ended, moving way, practicing moderation. Pushing the edge of active power not to burn out, pushing the edge of passive power not to deteriorate.

I found my exercise needed to be in a constant rhythm. The amount of exercise I needed was a relationship of internal and external factors, i.e., weather, training, tiredness (activity makes energy). Making sweat and pounding heart forty minutes 4 times a week was a good guide for me.

Exercise

The exercise I had done with the cast on were 1000 leg lifts in sets of 10, 50 and 100; 6 pull ups, and various isometrics.

After Dr. Black cut the cast off, I



started swimming. Hogie took me swimming at least 3 times a week. We'd go over to our friend Harriet's pool to swim back and forth. Slowly, gently, very gently, the movement started coming back into my leg. It was a magic time I spent in the water. I would forget I was human and become a dolphin or a whale. In another fantasy I was training for the 1980 Olympics. I was putting my body in a place where it was going to be better, stronger and more knowledgeable, with more wisdom and more care in it than before I'd fallen off the mountain.

Emotions, feelings and dreams began coming up with this water work. When I got out of the water I was back in my Velcro frame, strapped, trapped. Still on crutches, but in the water I could move. I realized that my leg had separated from the rest of my body, totally, completely separated. It was healing back on from a lot of peoples' skill, power and loving energy.

I experienced a lot in dreams and sometimes nightmares. The dreams were of running. I had a dream about running on soft sand, running long far distances. Running over round hills through circus tents cushioned by sawdust paths.

One nightmare, a hospital dream-horror movie, was of crass, queer, gross details of experiments being carried out on isolated body parts. Walking through rooms while nurses paid little notice. The troop of doctors were interested, curious and threatened. Gail and I exited as fast as possible!

This afternoon I had fantasies of spending May with Mary Morgan and Ben on their boat Carapace. Swimming in that wonderful ocean with a sleek brown body and healing in the best possible time. Such a nice awake day dream!

Cooperative Healing Power

The power I found in cooperative healing was in support: groups, individuals, the people I live with, people I work with. Another power was in combining the best Western, Eastern and natural healing facilities available. I went to the Hering Clinic, a homeopathic clinic. I talked to them about what I'd been doing with my own homeopathic

remedies. They approved of what I had done.

I continued to do acupuncture. Every 6 to 8 weeks I would check back in with my Western surgeon who would poke, push, pull and say "Lift forty pounds," "Strengthen those quadriceps." He didn't give me a lot more information. I saw an excellent physical therapist in Sacramento, Lauren Barry, who showed me how to move my knee around to adjust it, to put it back when it slipped out. He suggested lifting light weights with many repetitions. The best thing I could

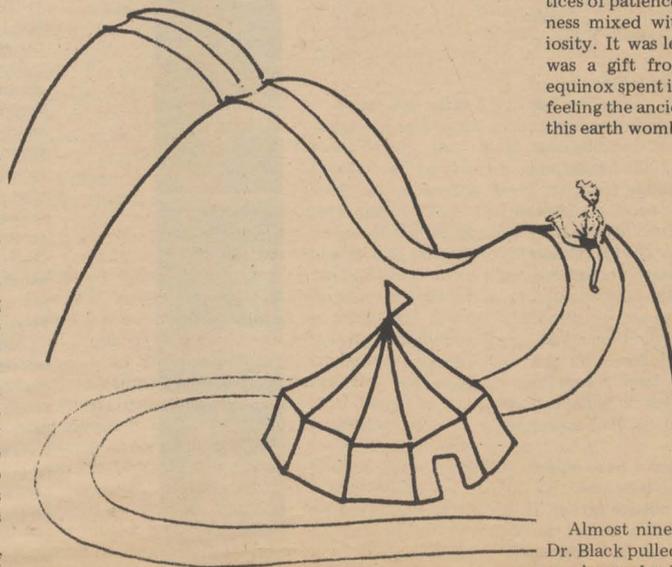
do was to get cortisone from my body's fluids.

Fantasies of the eagle's power wrapped my body as the hot clay is laid on. She is solidness and strength balanced high above the earth. Giving myself time to heal, to be healed, to be healing, is a mental, emotional, physical and spiritual development.

Pilgrimage

In September, I took a raft trip down the Grand Canyon.

It was a pilgrimage, a trying out of my leg. I was using my body in a place I didn't know, following practices of patience, moderation, slowness mixed with intrigue and curiosity. It was lessons of balance. It was a gift from the Goddess, an equinox spent in the Grand Canyon feeling the ancient healing power of this earth womb.



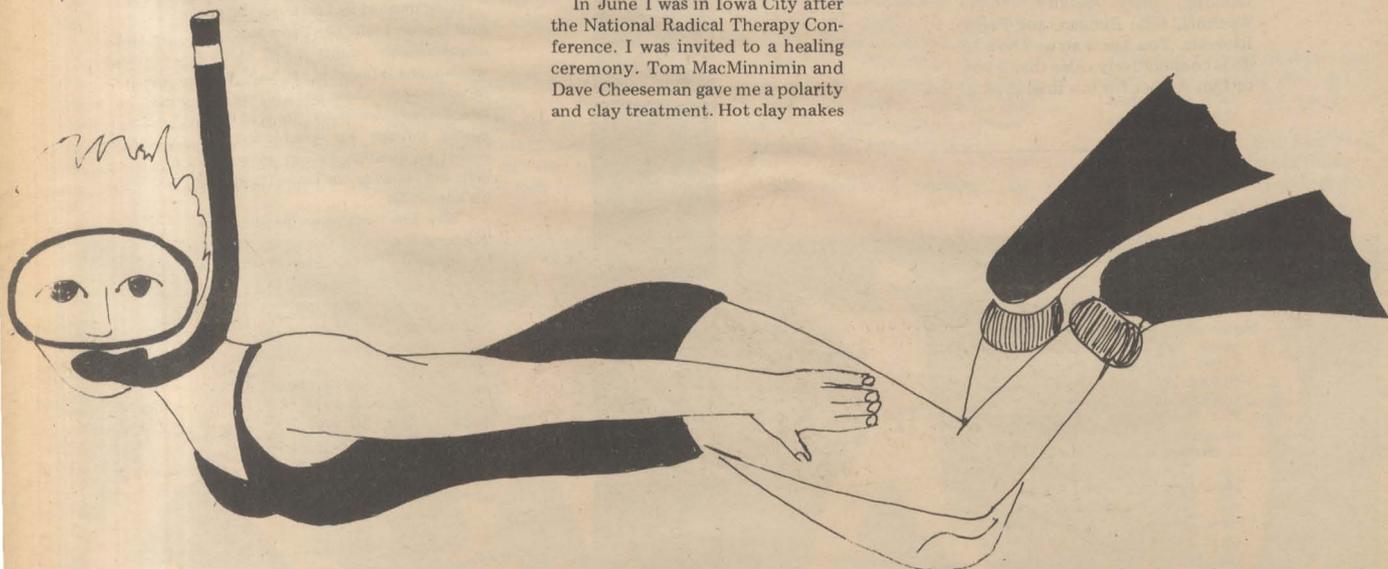
October

do would be to roller skate. Gathering all the information about "Do this, do that, da-dump-da-da," I decided to put weights on my legs — on my ankles — and continue swimming, swimming with fins. It took a month of swimming before I could put the weight of the fins on my leg and feel comfortable moving it around.

Throughout this time I got massages. Greer and Lucille did specific, careful deep connective tissue work and body alignment. Warm powerful pressure pushed leg cramps out, eased muscle fatigue and stimulated healing. Those touchings are vivid visuals in my memory. I find touching to be the simplest, most direct form of healing power.

In June I was in Iowa City after the National Radical Therapy Conference. I was invited to a healing ceremony. Tom MacMinnimin and Dave Cheeseman gave me a polarity and clay treatment. Hot clay makes

Almost nine months to the day Dr. Black pulled, pushed, tugged on my leg and said that it was 100% healed. I could do anything that I wanted. However, if I wanted to downhill ski, he would take the staple out. If I wasn't interested in that, he would wait until we both had time to check back into the hospital to have the staple removed. I decided to wait since I didn't want to spend ten days being immobile or at the most having a minimum amount of movement. I came back to Berkeley and proceeded to do those things I wanted to do, one of which was going up the stairs two at a time. On the eve of my roommate Eric's birthday I raced up the stairs to the top and felt a charge go up and down my leg. I felt I'd been plugged into an electrical socket. I shook my leg a couple of times, calmed down a little bit by breathing, and decided this wouldn't do. The next day I



made an appointment to have the staple taken out in two weeks. I checked into the hospital two weeks later, with my Arnica. The next day, general anaesthesia, tourniquet, surgery, recovery. All made easy by meditation and breathing.

When Dr. Black came in the following day to dismiss me, I asked him, "I've been a good patient, haven't I?" He looked at me, started walking out of the room, turned and said, "Oh, on a scale of 1 to 4, I'd say 8." I felt accomplished and good about that feedback. Having this stroke coming from that Western M.D. was powerful. The fact that I had accomplished a healing process — a 100% healed in nine months — feels exceptional to me.

The lessons about taking care of my leg are ongoing. I learned a lot. To practice the foundation for cooperative healing is deciding that it's possible to be 100% healed and 100% nurtured; asking for what I want on all levels: food, comfort, information, help, etc. My contract was to heal my leg. The techniques I used were massage, breathing, meditation, fantasy, acupuncture, visualizations, exercise, nutrition. The path to healing is cooperation, reciprocal learning based on the decision that we have access to power. The process is patience, kindness, and wisdom. It is an act of practicing love.

Using information I have about balance and the relationship between active and passive power, I found there was not a steady increase of strength in the healing body. It is cyclical. It is important to pay attention to biorhythms, to be aware of the cycles that we have in relationship to the moon, to our own calendar, to relationships with other people.

I believe we are all healers. That is, healing energy is available, moves through and around this earth like good clean air. We need to make ourselves open to this healing energy by our personal practices, i.e., exercise, nutrition, meditation, etc., and by our own political activity, working for everybody's well-being in housing, whole, uncontaminated food, competent health care, education for quality life for all of us — the redwoods, dolphins, senior citizens, children, wimmin, witches.

Writing this has also been a cooperative endeavor. Thank you, Anne Garson, Claude Steiner, Jude LaBarre, Mary Selkirk, Hogie Wyckoff, Ellie Dungan, and Peggy Ricketts. You know so well how to do it cooperatively. Also thank you to Lyn Amber for the final typing.

notes

Dr. Bronner's "All-One" Balanced Soya Mineral Bouillon is available from some health food stores or Box 28, Escondido, California 92025.

Homeopathic remedies and a Homeopathic first-aid kit called "Hering Clinic Kit" (12 first aid remedies for \$10.60 postage included), available from: Standard Homeopathic Co., P.O. Box 61067, Los Angeles, California 90061.

C. H. Sharma, A Manual of Homeopathy and Natural Medicine. Principles of an age-old practice of alternatives medicine, with step-by-step instruction remedies. 1976 Dutton Paperback. \$2.95.

Woman As Healer

Susan Mathes

"Put your awareness where the pain is." I hurt and can't believe that *really* thinking about it will decrease the pain. Don't we learn to distract ourselves when we hurt? A child is given an ice cream cone, a man bites the bullet, a woman takes to her bed with a hot water bottle. However, a powerful and gentle woman is massaging my back and without hesitation I follow her instruction, discovering that my pain has radically diminished.

Darca Nicholson is a woman healer, accomplished in the art of body massage, acupressure, and homeopathic medicine which emphasizes the use of natural foods and herbal remedies. Darca lives in Berkeley, and every time I visit, I contract for a body work session. She is an example of a woman who maintains the centuries-old tradition of Woman-as-Healer. The names are varied: midwife, witch, sorceress, nurse. Darca calls herself, quite simply, a body-work practitioner.

Body-work is the art of healing through touch, massage, diet and exercise. Psychic as well as physical healing occurs with the help of a healer who bestows a deep, spiritual respect for the body that allows us to think, to feel, and to live most fully. Our bodies are the pathways, the machines through which we live, and yet most of us shower our cars with more loving care than our bodies. We smoke and drink too much. We give little or no thought to the foods we eat. When we ache or strain a muscle, our first reaction is to grab a Valium and lie tensely in bed waiting for the drug to work. Our whole pace of life — fast, restless, fragmented — keeps us out of touch with our bodies. Usually, it is at night that our bodies scream their message of abuse and we finally listen, falling into bed, moaning and aching. For me, Berkeley and Darca give me an opportunity to synchronize my thoughts and my feelings and to give my body the respect it deserves.

Massage is a way to not only ease the physical tension stemming from either physical abuse or emotional strain, but also a way to bring into focus the direct correlation between mind and body. A healing massage, explains Darca, is a cooperative venture. The healer feels and communicates; the healed feels and communicates. Together they work toward physical and spiritual well-being.

Being touched by a powerful and spiritual woman healer like Darca suddenly, unquestionably, makes it OK to be a woman. She is proud of her body, looks forward to her menses, and is in tune with how she feels. Somehow, this is all transmitted through her touch. She will answer any question; she will recommend diets and remedies; she is open to sharing her knowledge.

"Why does focusing on the pain make it go away?"

"Because you tune out all the external tensions, the past memories of pain and the expectations of greater pain. Thus you discover that the actual pain is not nearly as bad as you imagined."

What Darca ultimately shares with you is her complete comfort with her body as a woman. Whether one is tall or short, fat or thin, injured or whole, Darca can make you feel in touch with all of your being and proud of your body. For a woman, that is a priceless gift.



Getting In Touch

Jack Ceder

Some three years ago I left an unfulfilling marriage. During the crisis preceding that separation I began to have crippling pains in the low back and left Achilles tendon. The back problem came first and I thought it was just an accidental malfunction of my back. I went to ordinary M.D.'s who treated me with muscle relaxants, a girdle, rest and heel lifts (luckily I escaped traction) all of which accomplished nothing. The next crippling attack sent me to a chiropractor despite the AMA's bad-mouthings of chiropractic. Although the chiropractor put my back together again, it would give out in periods of stress. Typically it would give out when I had to work furiously to meet a book-writing deadline or each time I entertained the thought of training for a marathon.

The second illness (mechanically related to the back problem) was an inflammation of the left Achilles tendon, which interfered with my compulsive running. I ran through all of the conventional treatments: different shoes, cortisone shots, ice soakings, rest, osteopuncture, orthotic inserts, and finally an operation to cut off part of the calcaneus, reattach the part of the tendon which had come loose and

scrape out some of the calcium deposits. Well, none of these treatments really helped: a year after the surgery my tendon was stiffening with pain.

My disillusionment and disgust with official medicine led me to see psychic healers who were able by energy transfer and balancing to give me definitive relief and also dissolve the calcium deposits. They claimed that my mind was preventing the natural healing process and continually recreating the illness. They said it was because I wasn't in touch with my "feminine" side (the right brain, the "feminine side," controls the left side of the body) and my affliction was a sign.

It took me a long time to figure out what they were talking about and then accept it. But finally I have put pieces of the puzzle together and I am progressively getting in touch with my feminine side with the result that my heel problem is rapidly subsiding and I am now regularly running again, painlessly although less compulsively.

What did getting in touch with my feminine side mean? Before I was a mathematician. Marxist,

linguist, athlete; too rational, too competitive, too inflexible, too unfeeling. In short, too much yang and too little yin. I needed to get in touch with my intuition, softness, feelings and more generally get in touch politically with real people, not abstractions.

The process of getting in touch meant going back to work on the pain of having an alcoholic father and a sick brother siphoning off most of mother's attention. I reacted to this primal lack of love by closing down my feelings, becoming icy and withdrawn. My body was distorted and blocked accordingly. My biocomputer programmed me to screw up my adult life with a vengeance.

It's been a long, painful, yet rewarding process of destroying the old tapes and reclaiming my inherent humanness. It is uncanny how the evolution of the illness took place. I was literally and figuratively running away from my problems. What better way to give me the message than by crippling my running ability! It was a challenge to change my life and grow. I am doing so and the illness has virtually disappeared.

Midwest

Radical Therapy Conference

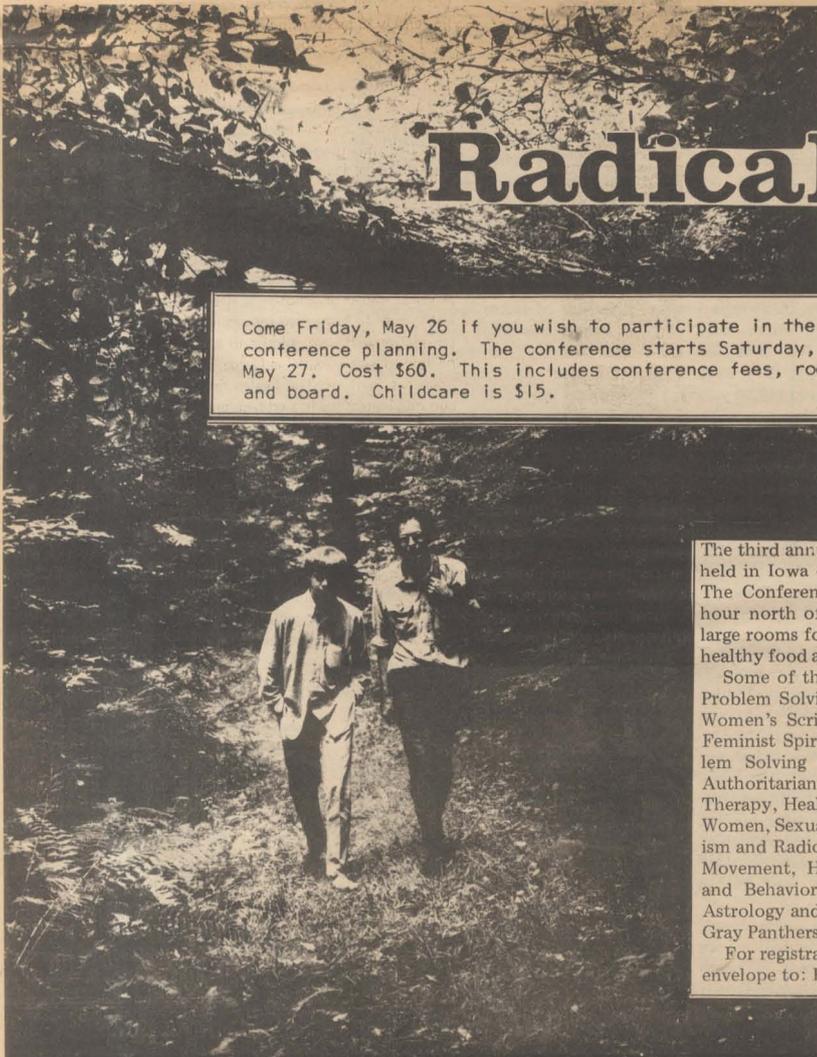
MEMORIAL DAY WEEKEND 1978

Come Friday, May 26 if you wish to participate in the conference planning. The conference starts Saturday, May 27. Cost \$60. This includes conference fees, room and board. Childcare is \$15.

The third annual Midwest Radical Therapy Conference will be held in Iowa over Memorial Day weekend, May 26-29, 1978. The Conference will take place near last year's location, an hour north of Des Moines at Camp Hantesa. The camp has large rooms for meeting and sharing meals. There will be good, healthy food and child care available.

Some of the workshops to be offered include: Cooperative Problem Solving, Mediations, From Apathy to Action, Black Women's Scripts, Bioenergetics, Bodywork Problem Solving, Feminist Spirituality and Therapy, Radical Psychiatry, Problem Solving in Parenting, The Growth Model versus the Authoritarian Model, Bisexuality, Death and Dying, Class and Therapy, Healing the Oppressed, Non-monogamy for Men and Women, Sexual Problem Solving, Constructive Criticism, Marxism and Radical Psychiatry, Emotional History of the Feminist Movement, Heightened Sensitivity and Craziness, Nutrition and Behavior, Using Peer Counseling to Overcome Sexism, Astrology and Its Application to Behavior, Street Theater, and Gray Panthers on Ageism.

For registration information, send a stamped self-addressed envelope to: HERA, P.O. Box 28 Iowa City, IA 52240.



HEALING GLAUCOMA



David Koven

In 1975, after a routine eye examination, it was suggested that I may have developed Open Angle Glaucoma (a condition in which increased interocular pressure can damage the optic nerve, and may result in blindness). The diagnosis was confirmed after further testing by a specialist. He prescribed one of the standard treatments for glaucoma, the use of eye drops composed of Pilocarpine, one of a number of chemical agents that seem to be capable of controlling interocular pressure. He also advised me to resign myself to the use of the drops for the rest of my life. What followed was an orgy of self trashing. Anger and depression, resentment, self pity. I felt betrayed by my body (as though it were a separate entity from my consciousness).

Glaucoma is one of those systemic conditions about which very little is known; it is defined by its symptoms rather than by its causes. Having been influenced by Reichian ideas since the early forties, my "take" on glaucoma was that it was self-induced, a somatic response to the "pressures" in my life. The road back from the self-trashing led me to the conviction that if indeed my glaucoma was self induced, it should be possible for me to reverse the process. If pressure and tension caused my glaucoma, then the process of reversal must involve some form of deep relaxation. (Interocular pressure is reduced by smoking grass, or even by taking a few drinks, though, alas, the effect is short lived.)

I found that the meditative techniques I investigated at that time were too "spooky" for my pragmatic bent, and I was unable to sustain them. The turning point for me in my search for self healing was in my joining one of Claude Steiner's problem-solving groups early in 1976.

At Claude's suggestion, my prime contract with the group was to heal myself of glaucoma. It would be nice to say that my progress from that time on was

immediate and direct, but of course this wasn't the case. For more than six months, I struggled and thrashed in group. I worked on many things, especially the difficulties in my relationship with my long-time comrade/companion. Despite much "sturm und drang" and indirection, indications began coming out in group, and especially in my bodywork, of events and feelings that were directly related to my eye condition.

In September 1976, I was invited to join an experimental group working on glaucoma. The group met at the Center for Attitude Healing in Tiburon, and was led by Jerry Jampolsky and Marguerite Craig. Marge Craig, had "cured" herself of glaucoma and was eager to share her insights with fellow sufferers. Although I was broke at the time and couldn't afford the fees that had been set for the group, they were undeterred, and invited me to join them.

For ten weeks, the group (about twelve of us from different social and economic backgrounds, all of whom had glaucoma) met and worked with a "Duke's Mixture" of holistic practitioners. We were taught breath control, visualization exercises, "religious" meditation, Bates eye exercises, and energy redistribution techniques. We worked with experts in body-alignment, reflexology, iridology, bio-feedback, and autogenic training. We did Feldenkreis exercises; our eyes were photographed; our feet were massaged; we were advised about our diets; we were induced into trance-like states; we were even sung/howled over by a beautiful young healer who claimed her "healing sounds" could make people well half a continent away.

After ten weeks, our heads reeled with all the revelations we had received. Inherent in each approach was the inference that if we followed the regimen of the "healer," we would be cured. Each seemed to propose the

ability to diagnose and cure just about any ill. Despite the often conflicting ideas that were offered us, it became apparent that most of these practices contained some materials that might be useful. It then became important to find and evaluate those materials most pertinent to our personalities and needs.

The techniques that made the most sense to me were three different relaxation exercises: breath awareness, energy redistribution visualization, and autogenic relaxation. I found that autogenics with its concentration on body awareness — directing one's energy and intuition to those parts of the body that need the most attention, i.e., my eyes — was the most powerful. I also learned and began to practice a number of Bates eye exercises and a marvelous spine stretching exercise derived from Feldenkreis.

I was also impressed by the healers' emphasis on incorporating some form of strenuous exercise into one's life. Of benefit are jogging, lap-swimming, hill climbing or cross-country hiking, all of which elevate and maintain a high pulse rate, causing a deep post-exercise somatic relaxation.

Today my daily regimen takes about 45 minutes, which at first was difficult for me to integrate into my daily life. I solved this by rising an hour earlier in the morning. When I first began my new discipline, the difficulties seemed, at times, enormous. I feel the support I received from my radical therapy group was of great importance. When my intuition was confirmed and my interocular pressure started to drop, my (I should say, our) elation was tremendous. Since January 1977, my eye pressure has remained in the normal range *without the use of drugs*. Today, even my "straight" ophthalmologist agrees that I seem to have learned how to control my eye pressure.

When I think about self healing, I find myself upset by what appears to be the recent trend

toward seeking miraculous, quick cures at the hands of "psychic healers." I don't believe there are healers. My anarchistic radical-therapy orientation rejects the idea of looking outside of myself for change. Obviously there are knowledgeable intuitive individuals who can aid us in discovering techniques we can use in healing ourselves. But the bottom line always is, "I will heal myself." Another intuition I have is that one doesn't "cure" oneself of a long existing physical condition, but rather one learns how to control the symptoms. Like liberty, the price of good health is eternal vigilance. *To get well, one must affirm the desire to get well and remain well.*

If one undertakes a program of self healing, participation in a therapy group is a powerful aid. The support group can help you discard reasons for remaining ill and offer you support and affirmation of your desire to get well. In group and body work I found my glaucoma tied to a deep-unsuspected depression and sadness stemming from the defeat of an idealistic vision I couldn't bear to look at. My group helped me to perceive my feelings and overcome them. When you discover a means of controlling and improving a physical condition, practice it, incorporate it into your daily life. *You can't be a dilettante about self-healing.*

Last September, again motivated by my conviction that self healing can be approached through cooperative effort, I gathered together a group of friends and acquaintances who suffered from a variety of physical problems.

At the first meeting, I suggested that there were some techniques we could all benefit from and we started with the basic routine that I had developed for myself, using the tapes I had made. I urged everyone to make his/her own tapes. I think it most important to hear *yourself* direct your attention to your innermost state. Since our relationship was cooperative, the others soon began to add skills and insights to our work. Ida, our beautiful dancer, struggling against the crippling effects of Parkinson's disease, interspersed our relaxation exercises with dance movements and stretches. Frank brought in tapes of self-hypnosis and yogic exercises he was familiar with. Nancy shared her knowledge of healing back problems with us. Everyone contributed their caring energy to the group. We learned from each other and supported each other in our desire to get well and stay well.



Anyone wishing to participate in the ongoing healing group described above, call me at 841-4256. Please, only if you have a real physical problem that you want to work on.

Dave Koven

Loving My Body

Jude LaBarre

We live in a culture that does not expect people to love their bodies. We are taught to care how our bodies look to others, to worry about how they smell, and to take them to an expert when any pain gets too bad. We do not learn to be aware of how our bodies feel inside, except for large pains. Most of us don't even know our bodies, let alone love them. By love I don't mean an arrogant competitive feeling like "my waist is smaller than yours, hump," but a knowing and intimate affection. It is possible to become acquainted with your body — mainly by paying attention to how it feels and by using it. I've worked hard on acquiring part of the healing experience, and I want to share this process with you. Since this is based on my experience the examples are of a large body, but I know that thin people can also have the same lack of body awareness and the feeling of not being beautiful enough. I also believe that liking your body the way it is can be healthier for your mind and your body than worrying about the ten pounds you should lose.

The first step was deciding I wanted to love my body. Until I read about Fat Liberation (IRT Issue No. 6, 1974, and IRT Reprint No. 9, "Fat Liberation" by M. Aldebaran), I thought that I should be ashamed of my body. "The solution is to lose forty pounds, then I'll like my body," I told myself. Then I began to notice that thin women didn't seem to be any happier with their bodies than I was with mine, and I felt as fat when I weighed 130 pounds as I did at 165. For me the first step in changing my body was deciding to like it as it is.

Then I began to pay attention to how my body felt, inside and out. I began to be conscious of the exhilaration my body feels in use.

When you walk down a tree-lined street, are you aware of how your body feels? Or are you in your head, worrying about your child, or fantasizing a new lover? One way to develop this awareness is to spend some time relaxing and being aware of your body. What parts of your body are you using to sit on now? Are your feet flat on the floor, are your toes touching the ground? Where in your body is your breath going? There are no correct answers to these questions; thinking about them can slow down your head tripping and help to ground you. There are books of exercises to help you develop this kind of awareness such as *The Body Has Its Reasons* by Therese Bertherat and Carol Bernstein.

Another way I learned to appreciate my body is by beginning to touch it. Not just rubbing soap over it, but really paying attention to how good my arm or leg feels. This is an especially good way to learn to like parts of your body. Are your feet ugly? Give them a tender loving massage with some perfumed oil and see if this attention doesn't soften your opinion of them. Is your ass too big? Rubbing it when you are nude, you can discover how good it feels and help to improve the circulation at the same time. Getting to know how good my body feels has helped me to like it even though its shape is not in style. I've also found that when someone complains about a part of her body that she doesn't like, she doesn't touch it with affection and is scared to let someone else stroke it.

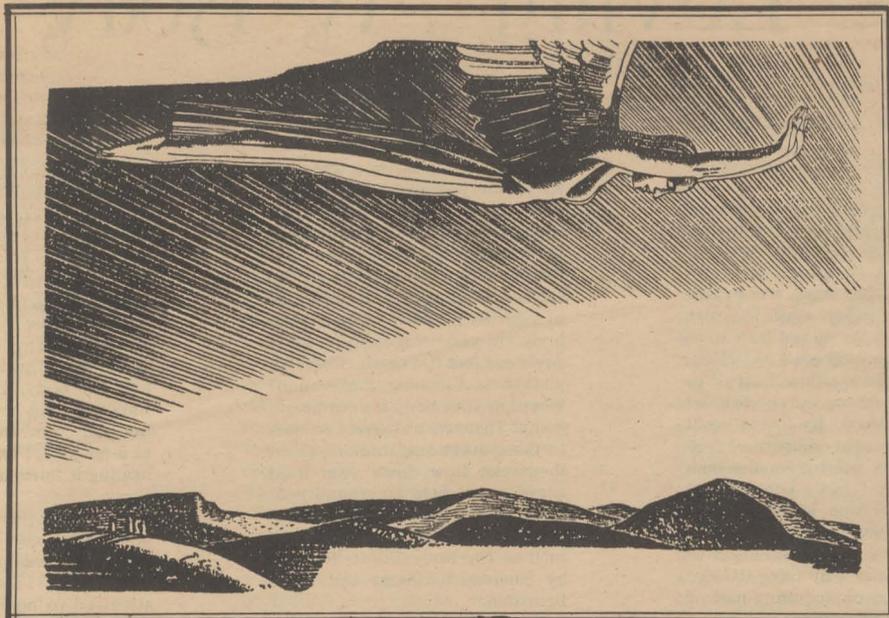
Doing body work (connective tissue massage, bioenergetics, Reichian breathing, body awareness) and getting relaxing massages also helped me to know and accept my body, as well as helping me to get rid of old pains. In order to do this I had to find people to work with who didn't share my prejudices about my body. I didn't need to be told my stomach is disgusting.

I have also found that finding pleasing metaphors for my body helps. After a massage, a friend told me that he thought of my body as "succulent." This word became an important part of my new self-image. The gentle voluptuous rolling hills of the North Bay Area also remind me of my body. Thinking in these terms nurtures my feelings and my body. I've also found it important not to let people insult my body type. Instead of laughing at a fat joke, I tell my friends that hearing it hurts me and makes me angry.

Finding forms of exercise that you enjoy is also important. If part of your fitness program is loving your body, then you will pay attention to how your body feels when doing the activity, and you won't push yourself too hard. You will also be aware of the changes in your life, body, and energy level which your increased mobility is bringing. Instead of running, dancing and practicing yoga because someone said it would be good for you, you will know that the activity makes you feel better. This is also true of eating habits. Having the intellectual knowledge of what is and isn't good for my body helps me to experiment in healthier directions, but real changes in my eating patterns have come only when I experience how my body feels with too much or with the right amount of food and exercise. This has been a slow process for me, but so was gaining the weight.

These sound like full time activities. Actually doing one or two now and the others later will make the change easy. If you first decide you want to know and like your body, then the process will grow and be incorporated into your lifestyle. As you begin to love your body, it will become easy and natural to move out of your head and to feel what your body has to tell you.





Cancer Self-Help

The authors wish to dedicate this paper to Libby whose zest for life shall be a living memory to us all.

Robert Larsen
Virginia Kaiser

In this century the answers to many of the health-related problems in the U.S. have been sought through technology. Biomedical research has been greatly emphasized as a method of achieving a clearer insight into the diseases that plague modern man. Although research efforts continue to uncover new facts into the biochemical basis of man, technology for all its financial support cannot fully answer the question of how we as the richest nation in the world can better achieve health for the individual and society.

Today's "health care" system might best be described by the term "disease care." Health professionals are trained in medical centers where the emphasis is placed on understanding the biology and physiology of a host of pathologic conditions that bring an individual within the confines of the modern medical centers. Such an emphasis on disease mechanisms often produces the professional who focuses her attention on lab values, test results, and quantitative data. The physician often allows himself to become preoccupied with seeking out the cause of his patient's distress to the exclusion of seeking out an understanding of the person within the body being tested. The patient's lab test results receive more time and attention than the frightened individual lying in a strange bed wondering what is happening to him. The blame for such a situation can not be placed fully on the shoulders of the individual physician, nurse, or technician, for the system they are a part of rewards the use of this impersonal approach to patient care.

Creating a Human Alternative

At Evanston Hospital in a northern suburb of Chicago we formed an alternative method of health care for cancer patients within the existing establishment. The cancer clinic at the hospital has between two and three hundred patients at any one time diagnosed with one or more of the many types of malignancies. The clinic is staffed by physicians and nurses who specialize in dispensing chemotherapy and formulating individual treatment plans for each patient. In no way underscoring the necessary services provided by the clinic staff, we felt that an avenue should be made available to the cancer patient to become a more active participant in the healing process. With permission of the departments of medicine, nursing, and psychiatry we established a self-help group for cancer patients receiving chemotherapy.

With the assistance of the nursing staff we were able to contact patients receiving chemotherapy on an outpatient basis who might be receptive to such a mutual-aid group. Seven individuals attended the initial meeting. Most of the ninety-minute session was spent getting acquainted by revealing diagnoses, reactions to the diagnoses, and side effects from chemotherapy. A major part of this first meeting centered on a twenty-four-year-old woman with cancer that had spread to her lungs. Her surgery scheduled for the following week brought out support and caring from the other group members. This supportive, safe atmosphere which blossomed so early in the group experience was to become the hallmark of our group.

Our self-help group met for twelve weekly evening sessions, each one and a half hours long. Twelve people attended at least one meeting, with five to nine patients attending any one session. A core

of members committed to the group experience had been established by the seventh session after which the group was closed to new members. The typical group member was a middle-aged woman with breast cancer, although other members had a variety of diagnoses.

Throughout the group's three-month course, many feelings and emotions were shared among the group members. Often the group milieu was seen as a nonconfrontive environment where many of the members' innermost thoughts could be expressed for the first time. The mutual-aid atmosphere created a healthy place where the group members could bring out issues they had difficulty expressing with family, friends, or members of their health care teams.

Sharing Feelings

Several members experienced feelings of guilt — not in the sense of feeling responsible for developing cancer, but rather for controlling their family situation. These individuals felt that a tremendous amount of their family's energies centered on their cancer.

At some point members expressed anger regarding some aspects of their disease: Resentment toward their cancers for having interfered with their lives resulted in their having anger toward others whose bodies were still healthy. A feeling of betrayal and abandonment is seen in one woman's question, "What about our bodies that used to be our friends?" Group members also directed anger at health professionals for lack of time and thorough explanations of therapies.

Many group members experienced feelings of fear — fear not of impending death but of constant uncertainty. "Will there be a recurrence or a new tumor found?" "If my blood count continues to fall and my chemotherapy is cut back or discontinued, will I be aban-

done?" Although life for all people is uncertain and unsure, it is particularly so for patients with a disease such as cancer — such people are totally dependent on their faith in the health care system that the best course of action is being taken.

The course of the cancer combined with the side-effects of chemotherapy revealed itself in many ways: some group members expressed feelings of depression, despondency, lethargy, and tension. What amazed us was not the presence at times of some or all of these feelings, but the transcendence by many patients beyond those feelings to a clearer understanding of the meaning of their own existence.

The Importance of Self-Love and Support

The issue of self-image was important for our group. How does a middle-aged woman — who has been raised in a social setting that imprints the concept of femininity as having an attractive physique — live with a mastectomy? How does she deal with post-operative chemotherapy that causes her to lose her hair and feel nauseous? It takes a truly strong person to suffer such an assault and once again regain confidence in her body and her own abilities.

The issue of self-image in the group led not only to a discussion of body and mind but also of spiritual existence. For one member her concept of "wholeness of self" embraced a spiritual level that was intimately involved in her healing process. She used prayer and her belief in God to attain greater insight into her own life and as a means of abating chemotherapeutic side effects.

Our families have an influence on us all, and for the patient with a possibly life-threatening disease, this is especially true. Several of our patients' families were threatened by our self-help group, where feelings were shared in safety and confidence that may not have existed at home. Some of the group members felt that they must bear the brunt of their disease and not burden their families and spouses with any more than was necessary. This often times led to increased tension in these families. Some families expressed their fears of loss by putting pressure on the patients, contributing to their feelings of guilt for being unwell.

The issue of support frequently surfaced in our discussions. Although each of our members felt support from some external source, be it family, friends, or health professionals, support for each other in the group was a necessary step in developing greater internal support for themselves. Helping other patients outside the group was an area of controversy. The group decided to focus their efforts on developing a greater understanding of themselves before reaching out to others. This resulted in one woman's leaving the group which she termed the "survivors," when it became apparent she could not avoid her own situation by helping others.

Abandonment is a fear of paramount importance to the cancer patient. To sustain hope, our



patients needed to feel that there were active measures being taken on their behalf. Chemotherapy for many members symbolized a concerned effort by others to help them fight their disease. This is why feelings of despair often accompanied a cutback in chemotherapy.

It would be unjust to give a picture of the members of our self-help group as tortured souls racked by their own helplessness in a hopeless situation. The "chemotherapy comrades" are a marvelous group of people who have confronted the meaning of their own existence. "Living for today" these individuals have a true appreciation of life's joys and sorrows. Every day for them brings something unexpected and valued.

Toward Holistic Healing and Mutual Aid

As facilitators of the self-help process we think that our group is an example of the direction in which health care can and should proceed. We believe that to promote health and healing the individual must assume an active role in his own health care. A system that continues to place its emphasis on technology as a panacea for the health care of its people will only fail in such an effort. Only through a more humanistic approach in combination with present medical therapies will health care be reached.

The importance and effectiveness of such an approach was apparent in our self-help group. Members experienced a greater awareness of feelings and a comfort in the knowledge that others share them. Patients in the group developed increased assertiveness and openness with their health care teams and were able to recognize their personal needs and ask for what they wanted.

Finally, the group has developed its own internal support system. Group members contact each other socially and in times of crisis, thus supporting each other themselves in true mutual-aid. The group has decided to continue to meet on a monthly basis and to reach out in helping others. A pamphlet created with group input will be used in letting other patients know of the group's positive experience with the hopes of initiating a second self-help group.

For the health care system to assume responsibility for true health care, alternative therapies and recognition of the whole person must be incorporated. We believe our cancer patient self-help group exemplifies a more human way of treating the whole person and promoting the active involvement of the person in his healing process. The union of mind, body, and spirit can not be experienced by the passive consumer of medical care. It is becoming clear that the present system must evolve to meet the needs of a society where health, not disease, is the focus. Only in this approach will we achieve the humanistic goal of health care for the whole person.

A PHYSICAL THERAPIST'S DILEMMA



Carol Hince

I worked as a physical therapist for ten years and most of the time I loved my work. It was the kind of job I felt fortunate to have: I worked intimately with people; I was doing something worthwhile; I made very good money and could go anywhere and get a job; colleagues were usually people easy to get along with; it was a respected and often rewarding position; my physical, mental, and emotional aspects were all being utilized; and I was allowed a relatively high level of autonomy compared to many other jobs. But then why did I need a long, complete break or a major change in jobs almost every two years? And why did I recently stop doing physical therapy altogether?

Before I answer those questions I'd like to explain something of what it was like working as a physical therapist. There are a variety of medical settings therapists can work in that involve seeing people with injuries or illnesses of very different levels of seriousness. I worked mostly in rehabilitation facilities where peoples' problems included partial or total paralysis from accidents, severe head injuries with brain damage, amputations, severe arthritis, and many other totally disabling injuries. I also saw quite a few people with chronic neck and back problems. Often I worked with a person two or three times a week; sometimes daily; often for many months; and often as long as a year or more. Working with people who have such overwhelming physical problems includes intimate physical contact such as evaluating their physical capabilities, exercising them, moving them about when they cannot move themselves, and helping them learn to perform the most ordinary (e.g., rolling over, sitting up, dressing), and in some cases, most intimate activities with their remaining capabilities. It also means providing sometimes the only emotional support base and helping, either directly or by referral, with economic, family, school, social, or psychological problems.

While thinking about my reasons for leaving physical therapy, personal, feminist, and political feelings came into play and were intertwined. The personal has to do with the feeling that for a long time, almost from the beginning, there were aspects of the job that made me feel sad, powerless, unhappy, or one down. At some level I knew I wanted to change not just one person's backache but the "reasons"

for their ill health. I kept thinking I just hadn't found the right work situation. Finally, in my last job, I grew so unhappy, even breaking down and crying on the job one day over a particularly disturbing situation, that I resigned with no other job in mind. I spread the word to friends that I wanted to be a carpenter, to learn to build a house, and I found a job helping to remodel a house. In contrast to the "low spirits" I had previously, I now get great joy out of learning all the practical, self-sufficient skills that women are usually denied. I feel proud of myself and strong, physically and emotionally, to be doing physical labor. I am also aware, however, that this job is very ideal and that, although it satisfies my personal needs now, it is not the answer to the problems encountered in most work situations. This type of work has just as much potential for being alienating as work in the health field.

The feminist aspect has to do with the fact that I felt very drained, over time, from healing others as I was doing. It has been the typical "female" role to give and give to others (often neglecting herself), and to be involved in "service" professions such as health, teaching, waitressing. In realizing my participation in the oppression of the role and the toll it took on me, it was very natural to move into a historically "male" job for awhile. I've made a 180° turn, from an outpouring of myself, to doing what purely makes me feel good. No "role" is telling me to do this; it's all for me. In this sense I am now healing myself.



The political perspective really provides the answers to why I left a job I "loved" so much. Many reasons — political — also help explain the personal and feminist. The health system is alienating, not just to patients, but also to personnel. As a physical therapist these are some of the circumstances I observed which were very distressing to me and ultimately caused me to leave the field.



1. Sexism was manifested in some unusual, as well as more typical, ways. (a) The majority of therapists are still women. In a system that is dominated by men as doctors in which therapists can only operate under prescription of an M.D., women have to struggle to be listened to and respected for their knowledge and opinions. (b) A majority of the people being treated for permanent paralysis due to spinal cord injuries were young men who in some way were trying to "prove" themselves or be "tough." John, paralyzed from the waist down during an auto accident caused by his speeding at 110 m.p.h.; Robert at 15, paralyzed from the neck down because he dove from a rooftop into three feet of water. (c) Other people suffer serious injuries because society doesn't allow men to express their feelings in ways which are helpful to them — e.g., Arlene, 20, a bright and beautiful, amazing woman suffered permanent disabling brain damage when a drunken male driver purposefully drove head-on into her vehicle. (d) Many of the people seen with chronic neck and back problems were women. Their pain was real but too many times it became clear how connected it was to their feeling isolated and overwhelmed by their roles as wife and mother. In many instances their pain and their home situations were all they ever talked about. Often months of therapy was the only thing in their life that felt good to them.

2. The hierarchical, authoritarian nature of the health system places white men as doctors at the top. This is not only inefficient because of the shortage of M.D.'s, but does not fully utilize and respect the value of all the "lesser" staff.

3. The health payment systems of MediCal and Medicare are dehumanizing. As therapists we were asked to participate in decisions about who could and couldn't receive any or more treatments — decisions at times based more on time and money than the patient's needs. A patient of mine, a 75-year-old woman resident of a nursing home, originally declared senile and unable to walk, after six to nine months was walking with slight assistance and was happy and responding appropriately. The doctor, with Medicare in mind, forbade further treatment of a month which would've had patient walking unassisted (a crucial step in the nursing home where aides were overworked) because "she's old and senile, it's a waste of the state's money."

4. To see the use and overuse of drugs for every single physical ailment was distressing.

5. Too many instances came to my attention of doctors' misuse of power with their patients. Doctors did not listen to patients as a rule, did not educate them or explain to them what was being done to them. Particularly with people with chronic back complaints there was, in my view, excessive use of surgery.

6. Relevant to most of the places I chose to work was the poverty of most of the patients. This was particularly overwhelming to me. Not only were these people unemployed, in poor living conditions, with tremendous economic and family problems, they had overwhelming health-emotional problems and then often had to fight the health system in some way or other (for adequate treatment or to avoid long delays, etc.). I tried to give emotional support, physical care and education, and to share at some level a political consciousness where I could but I felt helpless and frustrated. I was trying to help people, one to one, change something in their lives in a situation where everything was against that. All the faults of a society based on profit seemed to be most clearly concentrated, most emphatically manifested in the health system where the needs of human beings were constantly being weighed against the need to make money.

7. Traditional health settings do not offer much, if any, support for the emotional drain that is attendant with working with very sick people. Most personnel are dedicated and sincere but often frustrated and exhausted themselves and, in physical therapy, rarely with a political understanding of the conditions under which they work and their patients live.

It took me until now, completely away from the health field for awhile, to realize that, as I became increasingly politicized in my understanding of the world, my sense of dissatisfaction with my job heightened. I did not make the connection that my feelings were the result of the nature of the system I was working in but instead kept thinking the problem was within me. As a result I waited too long to do anything about putting my understanding into some actions that could have helped my sense of aloneness and frustration and I became a victim of what psychologists are calling "burn-out."

This experience cost me in terms of my enthusiasm for work which I loved, and which really did have some inherent value. I haven't made a final decision on whether or not I'll reenter physical therapy in a traditional setting, but if I choose to work in the health field again I would do it differently. I would become a member of a political support group of health workers. I would try to work in a place where at least a few co-workers had a political analysis similar to mine. And with a collective of people, I would work to make broader changes in the health care system in addition to reaching people individually as patients. ●



While You Heal

Your pain probes like
long, delicate knives I must
balance
in my gut.

Entering ravished fields where
your irises bloom, I
stumble between shadows, I
forget
who I am, or
where
I have been . . .

You are quiet when I
whisper,
looking for left-over armies
that might spring in the dirt
with neutron bombs.
But there is only
the shredded,
tired
battleground
and your long,
salty streams.

We begin to swim,
my belly cradling
your broken branches
while you heal
while you heal
while you heal . . .

by Iris Gomez

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Three bodywork poems

1. Sinbad

I know him now
This old man of the sea – me.
Some trick this
Riding on my own bowed back.
I'm no Sin/bad to carry such weight.
Unspring, unstring that drawn bowed back.
Launch that old man into air:
We both need to straighten out!

Life's surging ocean calls my internal sea.
Let the lively waters mingle & flow together;
Their tidal surges cleansing the wrack of time.

2. A grieving

No unknown friend/companion this:
Death's dusty bird astride my back.
Georges' gasping rales recalling older deathwatch griefs.
Joe Rainer drowned in bloodfilled lungs.
Henrietta, cancer wracked praying for a speedy end.
My father Ed & brother Bob, & all those friends and comrades
buried in the past.
While Claude held Georges' head to keep his soul intact:
We did our grieving dance – death's bird & I.
We keened and swayed & mourned them all.
Our longtime dead & longpassed youth & freedom lost & joy undone.
Till scalding tears washed eyes and mind and left the vision clear.

3. George

Virgil/Claude our guide
We seek our way through dark internal woods.
George: Blue flamed devils entrenched behind his ribs cried out.
Gasping, groaning, guts & mind afire.
Ancient tribal kin, we knelt & laying on our hands:
Drove the demons back with borealis sheets of force.
Power breached, they fled. George, our brother is free again in peace.
David Koven

HEALING

What Went Wrong

Never marry a liberal man.
They will patronize you
all the way to the nut house.
Then wringing their hands
say:
I did everything I possibly could.
Guiltless and alone
they wonder what went wrong.

Beware of a liberal man.
They argue intellectually
never knowing,
not allowing themselves
to be touched,
except by some grandiose
humanitarian injustice.

They talk a thousand words about feelings
and denial is their middle name,
never noticing the shit is ankle deep.
Talk, talk, talk, liberal man,
guiltless and alone,
you wonder why
and what went wrong.

A. Daniel '77



TLAZOLTEOTL
goddess of medicine and maternity

SOUNDS

Death Poems
To someone who deserves them

I

You grind and grind away
gnawing your teeth together
And no matter how hard I try
i can't do the same

How is it that you stare at me for hours
when I am washing your face
or
feeding you through a tube
Yet when I move away from your vision
You do not follow me in your eyes
you just look out and grind away
endlessly.

II

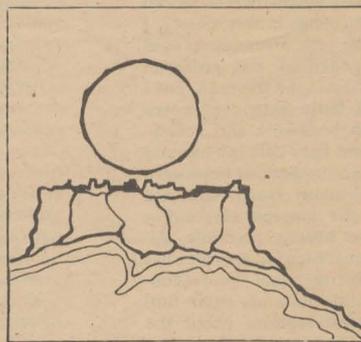
I barely touch you and your total body responds
your stomach tightens
your arms move
your face turns
Yet I jam my fist in your face
and you do not even blink
I talk to you all day long
and you never once
turn your head
or sigh
or move your mouth
and you never will.

III

I worked hard today
she said
And what did you do
they asked
everything for this man
she said
what is that
they asked
I turned this man
I feed this man
I washed him
I sucked out poisons from his lungs
I doubted that he knew anything of this
A body can last a long time.

IV

Death comes slowly to you brother
Man whom i never knew
till life had left you and remaining was only your body
and that too dies day by day
returning to the earth.
I dreamed of ways to add to this process
to add my part in love.
But everything had gotten so distorted
I felt like a bandit, an outlaw
and didn't know what exactly to do.
—Sara Tanenhouse



John De Poy

icy fingers

icy fingers close around us,
make us shiver.
cold as gun metal,
cold as a cheap apartment with no heat,
cold as trash cans. agents search our trash
for evidence,
thinking us so stupid as to throw away our lives.
they can take our droppings
but they want the rest. those people with money,
the rich white men and women,

they take what we produce,
what we eat, what we invent;
they take the words out of our mouths
and sell them back for profit.
they hold our bodies for ransom — called "retirement";
when we can't make payments any more
they jail us in nursing homes for being old.
the golden years, they call them.

they take our children if we can't prove we own them,
if we refuse to own them,
to own anyone; if we are the wrong color
or make love with the wrong people.
they take our minds and dryclean them and charge us for it.
if we fight back they take pieces of our minds and throw them away.
in the trash. they call us trash.

they're the ones making landfill out of dumps,
making false land out of garbage,
making garbage out of the earth.

we are learning more and more to waste nothing,
to throw away nothing that we can use.
we make tools that can't be held in icy fingers,
that can't be stolen. we forge crowbars in our spirits
to pry loose their grip;
we make fires and explosions. they want us frozen,
to be cooked
at their convenience.
we refuse to stand still long enough to freeze.
we refuse to be convenient.

icy fingers have no blood
and will die cold, reaching
to stop our fires. some of us
will be snuffed out, some of us
have been.
but a fire can't be killed piece by piece. it has no pieces.
it has no leaders, it can't be captured or locked down.
it can't be stopped
until the time for burning
has passed.

June Blue Spruce



The Politics of Healing

Micky Duxbury

If body work and holistic healing in general is to be a political and social focus for change in this society, I think some basic assumptions need to be looked at and struggled against. I am not a therapist, but I have had fairly extensive experience with bodywork and holistic healing and have felt intense and difficult contradictions between a socialist/feminist perspective and some of the concepts involved in alternative healing practices. Although most of my experience has been with traditional "professionals," I think there are some fundamental assumptions about the human body/mind in alternative healing methods that do not take into account, and at worse deny, the concept of oppression as I understand it.

I would like to share some of my own experience with bodywork and what led me to use that tool for dealing with my particular form of alienation. About six years ago, I was working as a waitress/bus "girl"/cashier in a pizza parlor and in a great deal of pain in my life. This was complicated by the fact that I was new in the city and had developed very few support systems. I felt I must have fucked up badly to find myself unable to get a job with a college education and was forced to rely on waitressing for my survival. I began to be aware that as I walked and moved around the restaurant, I was not in my body and was literally perceiving myself from the outside.

As a woman who had started working at 14 in luncheonettes in working class neighborhoods, I learned slowly and surely that I was rewarded for moving and behaving in certain ways. Every movement in front of a counter filled with men—busdrivers, truckdrivers, construction workers—became an attempt to solicit approval for covert sexual vibes. I learned earlier than some, later than others, that if I was to be valued as a woman, it was as a sexual object, a heterosexual object. Other major defenses I learned for survival were cutting off and disowning my feelings of softness, sensuality, rage, power and anger. In the process, my legs became objects to arrange nicely, to barter with, my breasts became things I tried desperately to make seem larger by holding my diaphragm constantly rigid and tightening my back. It is this and similar processes which I experience most as alienation: a physical, emotional phenomenon deeply embedded in the fibers of our guts, muscles and attitudes towards ourselves and the world.

Working at the pizza parlor I realized I needed to do something to help me break through some of these patterns and Rolfing was one of the first tools I turned to. I found in it a deeply intense method which forced me by the sheer power of manipulation to release and experience some of the pain in my body. Rolfing was an intense release for me, but was not integrated with any therapy to help my mind and emotions catch up with the changes. I would find myself on the streets, unable to walk because

of the intense feelings coming from my legs—feelings which had been locked there for more than a decade.

Since that time I have been involved with Rolfing, polarity, bioenergetics massage and Reichian breath release—all of which have been vital tools to help me re-own and rediscover my body/mind. The consciousness of my own oppression and responsibility in that process was left largely up to me to integrate with the help of the women's movement, Reichian thought and political struggle, especially the antipsychiatric movement. From my particular experience, I began to see this society as masses of people, bodies



in pain, who if given the channels and tools would become in touch with their anger, rage and power and rise up against their oppression. I am simplifying, but I did begin to recognize the ways our oppression as women, poor, gays, Third World and working class people was internalized in our bodies, keeping us out of touch with our abilities to be powerful and take some control over our lives.

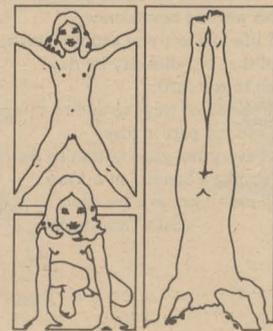
Holistic tools of herbal medicine, homeopathy, naturopathy, and all forms of body healing can be vital tools but need to be combined with a strong consciousness of the political and economic realities of people's lives if they are to become anything more than individual privileges for white middle class and hip counter-culture people who have the time, money and channels of accessibility to alternative methods of healing. I am not directing this to the very traditional healers whose class privilege and whiteness give them a vested interest in maintaining the current economic/political situation in the U.S. I am interested in talking to those of us who consider ourselves as working for radical social change and are open to looking at some pervasive assumptions inherent in holistic health. As I do this, I recognize I am making some generalizations about class and race and realize that no aspect is absolutely true for all people of a particular segment of this society.

Whose Responsibility?

One of the more pervasive beliefs in traditional and alternative healing is that we are responsible for

our health and ultimately for our entire life's experiences. On the surface this may seem like a benign enough assumption, but I have seen it used to deny the multitude of ways masses of people are forced to live in this society, not through individual choice but through pressure of race, class, and sex distinctions. While the feeling and belief of ultimate responsibility for one's own life has potential liberating aspects to it, it can obscure the forces that make it difficult if not impossible to change.

It is sometimes largely a privilege of white educated youth, myself included, to move from jobs that are oppressive, have large periods of chosen unemployment and more flexibility and time to be involved in periods of physical and emotional change. To assume someone has responsibility for her own emotional/physical health is to assume that people have alternatives to the traditional disease-symptom oriented health care system. In fact those options don't exist for the majority of poor and working class people. Polarity, acupressure and acupuncture are excellent tension-releasing methods for headaches, neck and back tension which so many workers suffer from. But to use these methods without a consciousness of where a person works, what pressures their bodies are under, what economic and familial situation they are dealing with, is to deny the material conditions that are often the most significant causes of illness and stress. To talk about how an individual can eliminate poisons from their diet without talking about how they can organize against agribusiness is to place the solution in the individual where it can only partially exist. I don't think we can afford to reduce the issues involving health care to individual responsibility and choice until we ALL have access to good, holistic based health care and that won't happen without a strong political struggle waged against those who control the industry and the rest of the country.



Oppression of Perfection

Another belief implicit in bodywork in particular is a perfection ideal which although not directly encouraged, is often a push towards wholeness and "togetherness" which certainly has its positive aspects, but again is placing responsibility on the individual. Years ago while working in the welfare department, I would spend my weekends trying to clean up my

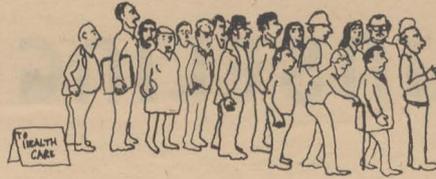
act: by hiking, eating good food, etc. I was always amazed to find how difficult it was to maintain that body/mind clarity. I would find myself, by 10:00 a.m. Monday morning, breathing shallowly, smoking, and eating sugar to get through the day. It is bad enough that so many of us work in intolerable jobs; it is a double burden to experience that as our own weakness: if we were just a little stronger, just had a little more will power, were just not so fucked up, we could clean up our lives. I am not encouraging us all to play the victim role. Surely, no one forced me to smoke, not breathe or eat sugar and coffee. I did that to myself, but I did that in a social, political, cultural context much of which I had little or no control over.

The perfection ideal can be a painful burden for someone involved with bodywork. I have been in groups and experienced or witnessed people being encouraged to let go of this or that particular body attitude or feeling—"let it flow"—without first laying a groundwork where a person could share some of their life's experiences that led to that body attitude. We don't acquire or develop defenses in a vacuum. I must believe that at some point a body/mind makes a decision, either consciously or unconsciously, to shut down, tune out, or become rigid as a valid and necessary defense in order to survive. I would like to see bodywork groups examine, or at least look at, why it is so difficult to feel intense rage, terror, fear, anger, sexuality and power and why it is often easier to get into feelings of apathy, depression, self-hatred and despair. To do that would be to question the roots of our alienation from ourselves and each other in this society, not to merely look at an individual's emotional/physical process.

The Contradictions of High Fees

One of the most glaring and most anger-provoking issues for me is the money that is charged. I am most angered by practitioners who see themselves as doing radical work and continue to charge five times what most workers make in an hour. Professionalism and all its negative aspects need to be struggled against in straight professions and in alternative practice because it somehow makes the assumption that one person's time is more valuable than another's. There are literally hundreds of people in the Bay Area who consider themselves involved in social change and see clients in their own homes, charge \$15-\$25 per hour, and have plenty of time and flexibility to pursue a holistic life. It is true that much of bodywork training is very expensive and people should have the opportunity to recover some of that expense. It can also be true that working in one's own home at very flexible hours, not being involved in any intolerable job, is often a privilege gained at the expense of those who make their money in difficult and time-consuming work.

An alternative is a sliding scale which many people offer but when the scale starts at \$10-\$15 an hour it automatically excludes large numbers of people. Why should an office worker who makes \$2.75-



\$3.50 per hour pay someone \$15 per hour to help her/him release the accumulated tension from her/his job? It can become a bizarre cycle, which therapy often is, that allows a few people to make their livings from the rest of us who are starving for love, support, nurturance and growth. I want to make it very clear that I am not saying people shouldn't have the freedom to work in their own homes or make a decent wage or be paid for valuable skills. I am saying that if alternative healers are serious about reaching more than white, primarily middle class America, they need to make their work economically accessible.

Alternative, holistic modes of healing can be a powerful tool to help us discover again what it means to be alive, growing people capable of taking some power over our health and potentially a revolutionary step in our struggle against our oppression. I have some ideas how some of these contradictions can be dealt with.

1. *Publicity:* leaflets written advertising services could be written in such a way as not to assume previous knowledge or familiarity with a particular method. For example, defining polarity therapy in a clearly understood way that does not rely solely on such words as "energy" which already assumes a certain knowledge. Also, placing problems in a material context: Do you often get headaches? Are you under a lot of pressure at work or at home? Special efforts could be made to place leaflets on the streets in poor, Third World neighborhoods and community centers, shopping centers, welfare offices, food stamp outlets, SSI, etc.

2. *Education:* Often groups reach a plateau where people have acquired enough skills to continue on their own. This could be encouraged by demystifying skills and tools in the group, giving classes to large numbers of people. Often a group could meet on its own with an occasional contract with the previous leader to come in and share new skills and information.

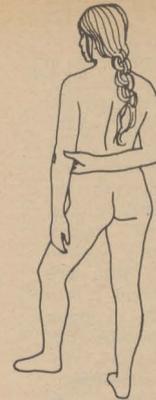
3. *Accessibility:* Obviously, placing some leaflets in poor communities will not address some major differences in experience. Workshops could be given for free in local Y's, community centers, social service departments. At the beginning of the month, hundreds of people wait in line at the AFDC and food stamp programs. Several healers in different fields could combine efforts and teach enough to help people become familiar with the tools. Since most healers are working with individuals and small groups, it would be possible to donate some time setting up series of classes or workshops at various half-way houses, mental hospitals, jails and prisons.

4. *Working in Institutions:* This is a difficult area since I am well aware of the compromises and contradictions involved in getting accredited by the state. It is also

difficult to say where change most often occurs but it is certainly true that most working-class people rely on county hospitals and clinics for their health care needs. There are numerous programs like nursing, nurse practitioner, midwifery, and physical therapy where holistic methods could be incorporated slowly but surely. Deciding on a program and attending it with the support of other people in a similar situation could alleviate some of the stress of traditional medical education. Again, I see the personal contradictions involved with this route but think it needs to be examined by all of us who want to reach a broad base of people.

5. *Economic Accessibility:* sliding scales which begin at the wage a person makes per hour, with those who don't have families or other responsibilities paying the higher amounts. Special attention could be given to those on welfare, SSI or unemployment. Differences need to be acknowledged around savings, what we did to get certain money, whether our unemployment is a chosen or desperate situation. Print sliding scale information on leaflets.

6. *Working in Collectives:* Working with other people occasionally or just for special projects and workshops could provide a vital support system to struggle around issues of fees, racism, sexism, and professionalism. Also these support groups could be helpful in designing programs that would reach more people; possibly even develop funding for classes in institutions.



Many of us have seen the human-potential-growth movement, Esalen-style, branch out from being a primarily white middle and upper class privilege to reaching more and more people. Yet it hasn't even begun to reach most people in this country who could profit from learning skills to better deal with their lives. Holistic health and alternative healing could go the same route if issues of race, class and sex differences are not struggled with. Holistic healing on all levels combined with a strong political consciousness could be a broad based movement for change in this society if we struggle to make those connections now in our lives, as therapists, healers and people in need of change.

CO-COUNSELING & PROBLEM SOLVING

Gail Pheterson

The Dutch Feminist Exercise Groups in Radical Therapy (FORT) form an energized growing community of autonomous and collectively in-touch women's therapy groups. One of the things I want to share about this community is the effective combination of technique and theory from both Radical Therapy (RT) and Re-evaluation Counseling (RC). I want to describe the groups in which these two modalities form one personal-political process and also, to describe the community development of such a movement here in Holland. To do all of that I need to tell about myself and about my experience in a culture other than my own.

I have been training groups to use a combination of Re-evaluation Counseling and Radical Therapy for the past five years. This combination makes sense to me, and I believe also to many others, as a feminist process of healing and politically aware problem solving. During the summer of 1975, Lillian Moed and I led a series of intensive training workshops in Holland on "Feminist Therapy." Our sort of feminist therapy was basically Radical Therapy and Re-evaluation Counseling. Those workshops have evolved into a large grassroots Dutch women's therapy movement, called FORT, Feminist Exercise Groups in Radical Therapy. Groups usually begin in week-long workshops with two facilitators whose function it is to transfer their skill to all group members as soon as possible (this varies from a week to a year). Eventually, the group rotates leadership. Meetings focus on solving problems, discharging distress (i.e., healing), supporting each other in political struggles, and learning to facilitate new groups. Often the members of autonomous groups continue to get additional training in the Co-counseling community or in other training workshops.

I have been very busy with this process here in Holland these last two years. My own training came through the Re-evaluation Counseling (RC or Co-counseling) community in America and through a Radical Therapy collective in Riverside, California. As a Co-counseling teacher, I was not totally satisfied with the political assumptions and strategies of the Co-counseling theory and community organization. As a radical therapist, I was not totally satisfied with the process of healing internalized oppression (called in Co-counseling "old pain" or "distress pattern"). From the beginning of

my exposure to these two movements, I found myself combining them. They are both appealing in their political context, their collective organization, and their tangible, self-validating effectiveness as personal-political change agents.

I believe that others in America are also using the combination of RT and RC and I think it may be useful to explicate how the group process and community organization can function. I will not elaborate the theories behind RT or RC. Readers of this journal will be familiar with sources of RT theory and I will suggest some literature on RC.¹ I see elements of Co-counseling in some articles in IRT (especially

those by Sara Winter) without specific reference to Co-counseling. I know that the International Co-counseling Community has as a basic guideline the "non-contamination" of pure Re-evaluation Counseling. Other approaches are not to be mixed with RC or, if they are, RC should not be called by name. I usually don't call my workshops Co-counseling and I imagine many others use RC in a variety of ways without calling it by name. This is often desirable; skills are taught in ordinary language and in a wide range of situations. However, it may mystify the source and context of a set of techniques which derive from a specific theoretical

base and extend to an increasingly large worldwide population. Skills never develop in a vacuum; the reason and process behind them is relevant information for all those who use them.

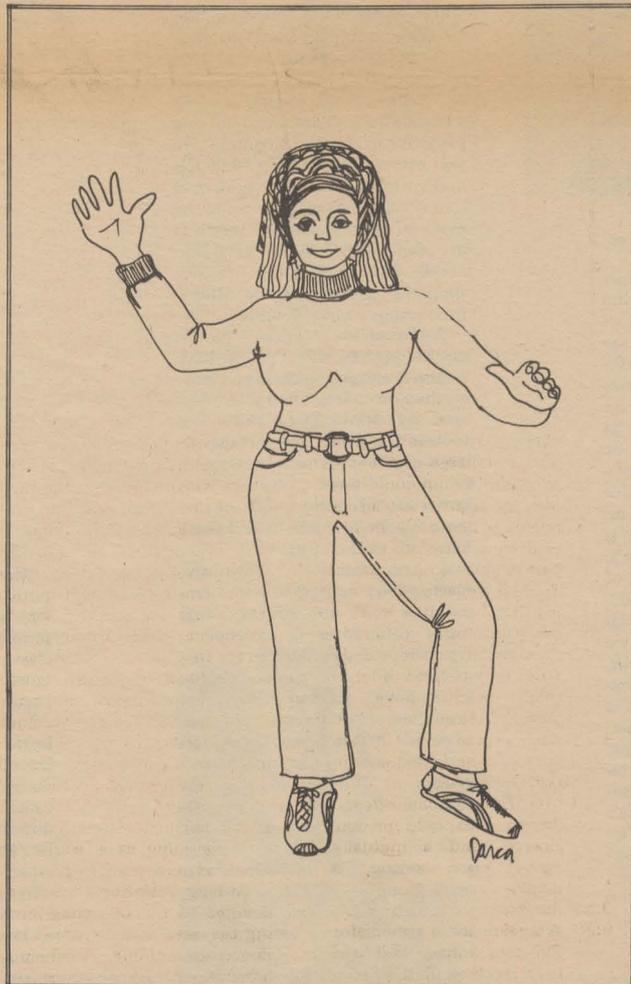
I always begin training with the Co-counseling theory because it teaches the basic goodness, smartness, and loveliness of human beings (also in Radical Therapy) and it explains the spontaneous release of painful emotions through crying, shaking, raging, laughing, yawning, etc. I find that permission and skills to express these emotions sets a safe and open tone for all that follows. Furthermore, the Co-counseling primary technique for facilitating such discharge is validation, appreciation of self and others, which gives immediate permission for people to get the strokes and accompanying emotional release they need. Also, the Co-counseling process is in itself energizing, playful, and cozy; the style is for me feminist in its integration of work and play, thinking and feeling, crying and laughing, cuddling and raging.

Once we are safe and inspired as a group, we are ready to use Radical Therapy theory and skills. Being direct with one's needs and perceptions is scary. It helps to know how to release painful emotion along the way and how to heal distress playfully without the culturally ingrained seriousness which usually loads communication. If there are no easily available and acceptable outlets for hurt feelings then it is difficult to avoid their squirting out in unstraight messages.

Radical Therapy provides an excellent structure, both concretely and theoretically, for working together on our personal-political struggles. Co-counseling provides an always available process for releasing emotional pain and distinguishing what is present time oppression from what is internalized oppression. Perhaps a possible evening agenda can best illustrate how these processes work together:

8:00 News and Goods

This is a Co-counseling opening technique which gives everyone an opportunity to focus on and brag about what's going well for them. It works to bring everyone's attention together, to allow an early sharing of the week's happenings, to shake off tensions in giggles or shivers, and to avoid colluding in slumps of "ain't the winter awful."



8:15 Paranoid fantasies, stamps, strokes

8:30 Agenda making

8:40 Mini session

People sit close, in pairs of two, holding hands. They take equal time, in this case ten minutes each, to work on whatever they need such as little or big upsets during the week, self-appreciation, or deciding how to work that evening.

9:00 Problem solving

9:40 Stretch, mini yoga exercise, meditation, or mini message

9:45 Direction holding

This is an RC process in which each person uses a few minutes to find and hold a direction against their chronic pattern (i.e., script). A direction is a short sentence with appropriate posture, facial expression, and tone which interrupts and contradicts one's script. Repeating the same direction facilitates the release of painful emotion and thereby loosens the stronghold of the script. An example of a direction might be: "I am a powerful woman" said in strong voice with upright posture and a look of confidence.

This exercise is similar to "offing the pig" except for its specific and direct strategy to release painful emotion.

10:15 Paranoid fantasies, stamps, strokes

10:30 A circle hug with affection, sharing, often singing

On other evenings, a topic such as power, class, sex or work might be the theme for news and goods, mini sessions, problem solving, and direction holding. Some evenings may be devoted entirely to problem solving or to working on releasing emotions such as anger. During each week (once a group has decided they are ready to work without outside facilitation), a different two women meet to discuss the group and to plan a tentative, always flexible, program for the next meeting. They act as facilitators by keeping an overview of the group, by taking special initiative with those who are working, and by keeping time or asking someone else to do so.

I have also used a combination of RT and RC in mediations. For example, here is the schedule of a mediation between two women in love and in conflict:

8:00 Each person tells of a pleasant memory with the other. This frees attention for the present time and reminds each person why she is working on the relationship.

8:10 Each tells what she hopes will come out of the mediation.

8:20 Paranoid fantasies, stamps.

8:50 Each person takes ten minutes to discharge painful emotions. The mediator acts as counselor with the other woman being quietly, fully present.

It is possible here for each person to say anything



whether it makes sense or not, whether one means it as a direct communicative message or not, whether it relates to the other person or to some totally unrelated past or present relationship. There is a clear understanding that this is an expression of pain, not necessarily "reasonable" but necessarily expressed in order to think clearly about the present situation.

9:10 Each person says 100 percent of what she wants in the relationship. Contradictions in needs and desires are exposed and considered, and a mutually agreed upon contract is made.

9:25 Strokes

9:30 A session for the mediator. The two women who have been working on their relationship give their attention to the mediator for a session in which she can work on anything, including re-

stimulations from the mediation (i.e., things in her own experience that the mediation reminded her of) or how she felt doing the mediation or something totally unrelated such as frustrations with her writing. Instead the mediator may want a body message or to be entertained. Whether such an immediate reciprocity occurs has depended for me upon prior agreement, my relationship with the women, and their relationship with each other.

10:15 Evaluative feedback on the evening as a whole, affection sharing, hugs...

At long workshops, full days are devoted to Co-counseling, including two-way sessions, small group direction holding, teaching by more experienced co-counselors of skills such as how to work on physical ailments or how to work on our accommodation of oppression and privilege. During these "Co-

counseling" days (the quotation marks are to note that the name Co-counseling is, strictly speaking, a misnomer as long as it is mingled with other therapeutic or political processes), direct feedback, paranoid fantasies, stamps, and strokes are ongoing although usually not a part of the day's agenda. Also, people may refer to their parent, adult, or child as a convenient way to understand their feelings and thoughts. Whole days are also devoted to Radical Therapy problem-solving. During these days, discharge of painful emotion is facilitated when the person working asks for that kind of support; light, present time techniques are also used when they seem appropriate.

Both RT and RC rest on a personal-political analysis. The difference between them is one of focus. I present Co-counseling theory as a political analysis of pain, a collective strategy for human liberation, and an individual healing process. The RC community acknowledges that the political system needs to be changed but it insists that posi-

tive, aware change depends upon the discharge of accumulated distress. This distress sabotages our ability to think and thereby our political potency. Radical Therapy, according to my understanding, rests on the assumption that moving against pain is necessarily a collective process of moving against oppression. Because isolation and mystification define oppression, liberation must come through contact with a group consciousness. So, whereas RC heals from the inside person to the outside world, RT liberates from the outside world to the inside person. I believe in the usefulness of both theories and find them not only compatible but mutually in need of one another. Re-evaluation Counseling facilitates the healing of one's unique pain within its socially oppressive context by creating total safety in a singularly loving setting. Radical Therapy facilitates liberation from that context by changing its alienating conditions into conditions of true contact. Radical therapists might disagree with the premise that we have "unique pain" but I think it is important not to discount the different ways in which we have been affected by our similarly dehumanizing society. I think that a good RT group, one not only politically aware but also emotionally aware, knows at least intuitively the RC skills. I think a good RC group, one not only emotionally aware but also politically aware, is immediately responsive to RT skills. I see RC becoming more political and RT becoming broader in its therapeutic approaches. Nonetheless, I still miss RC when I

work with radical therapists and I miss RT when I work with co-counselors. I find groups most powerful when they know both.

Women in the FORT community are hard working, spirited, and groping with issues such as money, power, professionalism, structure, and the links, if indeed they exist, between Radical Therapy and revolution. The women are a stimulating heterogeneity of different ages, classes, life styles. Holland is a small country; people with very different lives inevitably rub shoulders. I like the diversity but I sometimes feel oppressed by the crowdedness, the lack of privacy with everyone knowing everyone, and the liberal tolerance (for example, of lesbians) which is often more based on familiarity than on political awareness. Coziness, connectedness, and relative freedom from blatant discriminations is the liberating side of this small, public, refreshingly decent country.

Community groups meet either weekly or bi-weekly. Every six weeks at least one representative from each of about 40 groups comes together for a "Land Day" to work on organization, issues, and development. Each land day is in a different part of the country, north-central-south, and is organized and facilitated by a different group from that area. The meetings are usually held in a Women's House. There is also a quarterly FORT magazine which is published for several issues by alternate groups. Most facilitators of groups do not charge money although some, like myself, do. Earning

money from feminist work is a controversial issue now in FORT as well as throughout the Dutch Women's Movement.

Participating in a feminist process in a foreign culture illuminates not only that culture but also my own. I have been surprised to find how Jewish, how lesbian, and most surprising, how American I am. Identifying as American was the most difficult for me and, despite it being my most conspicuous identity, it was the part of me I continually discounted if not denied. Living here and especially doing groups here have raised my consciousness on many issues such as the alienation of being a foreigner, the isolation of being a leader, and the reality of the extermination of European Jewry. Living here is an eye-opener and often a gut-twister. Radical Therapy helps me to keep my eyes open, to identify with people, and to act with collective support. Re-evaluation Counseling helps me to let my guts unwind and to remember who I am. Both Radical Therapy and Re-evaluation Counseling try to incorporate all of these head, gut, and action processes.

I work well with one foot in each ocean.

1. Jackins, Harvey: *Guidebook to Re-evaluation Counseling*, Seattle: Rational Island, 1975; *The Human Side of Human Beings*, Seattle: Rational Island, 1965; *The Human Situation*, Seattle, Rational Island, 1973. For other RC literature or information, write to: Personal Counselors, 719 Second Ave. North, Seattle, Washington 98109. Feedback or questions related to this article are welcome and may be addressed to: Gail Pheterson, Zocherstraat 33¹ Amsterdam, Holland.

THIRD ANNUAL RADICAL PSYCHIATRY
SUMMER INSTITUTE
August 3, 4, 5 and 6, 1978, in Berkeley

This year's Institute will have beginning and advanced workshops. You will be able to experience Radical Psychiatry Problem Solving and Bodywork, to meet others doing work like yours and interested in living cooperatively, to talk about political work and ideas, and about training, and to have fun.

The Institute will cost \$50 if you preregister by July 20, \$55 after July 20. To preregister send \$30, your name, address and phone, to Radical Psychiatry Summer Institute, P.O. Box 5039, Berkeley, Ca. 94705. This deposit is refundable before July 20.

Please let us know if you need childcare or help finding housing.

By the time you read this, 29-year-old Margit Lasker may be dead. Death will be no surprise to her, nor to any of her scores of friends who, in the final weeks of her battle against leukemia, surrounded her with an extensive "family" to make her dying easier. This support system was remarkable for its honesty, intricacy, and innovation.

In Miss Lasker's dying days, she was surrounded by a joy and a sense of community not often seen to-day. She had no family of her own, so her friends became one.

Baptist Memorial Hospital, Kansas City, Mo., bent its rules to accommodate her friends caring. For example, the hospital normally permits only family members to visit the terminally ill. But in Room 314, "strangers" came and went at will—strangers who contrary to normal hospital routine, often bathed Miss Lasker, fed her, and helped her to the bathroom.

Says Dr. Sandra Matthes, who with her husband, Garth (both are psychotherapists), organized the 35-person support team: "We are sharing the living part of Margit's dying. People say: 'This is a hospital, and we can't do this or that.' What we're trying to teach, and what Margit wants, is for other people to know that when you're hospitalized as a dying patient, it's a matter of looking at the needs of the patient rather than limiting your imagination to the rules and procedures that have been set."

(Her own human needs prompted Miss Lasker to leave Baptist Memorial, where she had spent about two months, so she could die at the Matthes' house instead. She wasn't dissatisfied with the hospital. Rather, she felt that in her final days, after the hospital had done all that medicine could do, her friends' love was more beneficial than medical care.)

Since she became ill Jan. 21, Miss Lasker's friends have been at her bedside around the clock, not primarily to provide fill-in nursing service but to give her emotional support. They hold her when she cries, crack jokes with her, and admonish when she tries to hustle them for unreasonable favors—reminding her that life's regular rules apply even to one whose life is nearly over. Another support team is maintaining the Victorian home she had spent seven years restoring. Still another is keeping her in touch with the work she was doing as a teacher of children with learning disabilities and as an organizer of programs for battered women. A friend is providing legal services. "We are her arms and legs and eyes and ears," says Dr. Garth Matthes.

A family, of course, traditionally has provided this kind of care for the terminally ill. But with a mobile population, and the rarity of an extended family living close by, most Americans now find such support only within the nuclear family, which usually isn't capable of 24-hour attention. Miss Lasker's situation was even more acute, since she had no family.

As she lay in her hospital bed before moving to the Matthes' home, a tiny remnant of a once-militant feminist, getting hourly doses of morphine, her every joint and bone inflamed and aching, her lower jaw partially paralyzed, Miss Lasker said in a voice still strong: "This shows that when a person invests in friends, it's what I call a community, and it's a valuable thing. They understand that people

Sharing Death

need support. There's no magic. People are willing to give. If you were in church and a man is dying and the minister said he has only two members of his family who will have to stay for 12 hours each and every day, who would volunteer to help? Their common goal is to watch me, to keep me comfortable, and to deal with their own dying. I think we need to get over the scare of death. I've done everything from professional modeling to teaching judo to being a bill collector to

going to Costa Rica and giving out 2,000 pairs of glasses. This is a human being relying on other human beings instead of taking the whole burden on myself by acting strong."

As Garth Matthes, whose tour of duty was from noon to 3 p.m., rubbed her aching calves, Miss Lasker added: "One of the strange things about this is that I do not have the feeling that people are feeling sorry for me. The support

Continued on page 26



Death.

Perhaps the most profound experience in our lives. Certainly an important time for each of us. A time when we deserve support, care and respect.

But hospitals are not designed to meet our needs. They are profit making institutions. And those of us working in these institutions are transformed by them. So we often meet the experience of dying with indifference, avoidance or as just another routine.

I hope you understand this poem is neither a substitute for struggling for a total transformation of health care in this country nor the total experience I've had with people in the hospital.

It is the expression of pain and rage that I experience in my work.

Sara Tanenhouse

Doug

your face twisted and deformed
making it impossible for you to speak in those final moments
of your life.

You tried, you reached out
your hands thin and bony
your skin stretched across each rib
i could count them
your body was so wasted away.

I am sorry, forgive me
i did not stop in the frenzy
to pay tribute to you
in the final moment that was yours.

I made an attempt
others would say heroic
I know it was pitiful.
It was over an hour you waited for your morphine
while i went to breakfast
and Ellen forgot to give it to you

I was so out of touch with your profound experience that
even after I knew you would die
and even after I said it to another
I could not be there for you

I did wash you lovingly
paid attention to your body
touched it gently with lotion
as i finished the ritual you took your final breath
it felt very peaceful

unknowingly
unconsciously
i had prepared your body
I was the last person to touch you in this life of yours
They said you had no friends
no one
dying alone in the coldness emptiness of a hospital
lying dying
side rails up
busyness
no one noticed
another routine
you see, they expected it
But did they realize
it was not so routine for you.

In the quiet

for a moment
i looked through your final possessions
and sweet man
you finally touched me
—in the irony of it

I found a future date for your medical review
which you had been denied

—in the emptiness of it
I found a roll of quarters and dimes
—in your final treasures

I found two letters that I read
looking for an address, a phone number, something
maybe I needed it
you surely didn't anymore

but to know there was someone who might want to know you were dead
someone who would feel your loss

And when I passed the information on
the young resident said

"I don't want to read his letters. We'll let his regular doctor
deal with it."

and someone said

"They're training you well."

and he replied,

"He'll be in tomorrow. This can wait till then."

and so it went on and on

I stumbled to the cafeteria for lunch
numbed
a simmering anger
ate a bite of salad and left

Back to the floor.
His doctor had been by
He said to bring all his things / valuables / letters
to the admitting office
He didn't want to deal with it.

Another woman and I prepared your body
and i knew i was beginning to feel
because i hated doing it.
i even said it.

Tying your hands
wrapping you in plastic
attaching a tag to your toe

Please forgive me
I came close to preparing you in love
i was gentle
told no stories over your body
about the movies, lovers, baseball, dirty jokes
and delivered you to that cold ice box with care

Good-bye dear man who I never knew
it is wrong that since i didn't
that I should be here at such a turning point in your life
and do it so unaware

You have taught me more than a moment usually does
it is your life that taught me
the giving up of it
a gift you might not have known you gave me
but that I carry deep to my soul.

T'AI CHI & ME

Bruce Dodson

This is my 39th year of walking around and moving about on the Earth, and sometime around my last birthday I began to do some thinking about my body and the condition it was in. It was like seeing 40,000 miles come up on what has been a new automobile. Everything is fine, there are plenty of miles left, but it's a good idea to take a look under the hood, check things out, and see that everything is nice and tight and working. In short, you start paying a little more attention. I decided to make the future miles of my life good ones, and began to look around at different forms of maintenance I could use to make my plans come true.

The first helpful thing I did for my body was to stop smoking. I confess that this decision was almost totally due to peer pressure rather than reasons of maintenance, or health. Berkeley abounds in fanatic and semi-fanatic non-smokers and some of the people I am studying with refuse to teach their skills to smokers. Shortly after moving to this area I found that many non-smoking women refuse to kiss and/or hang out with men who smoke. All of this was more than enough reason to stop.

My struggle with smoking has had its ups and downs, but as I write this my breath is as clear and fresh as Tibetan snow (kiss me!). The rewards of not smoking have not been the ones I expected. I can't smell things any better, I don't notice that I have particularly more wind (maybe a little), and food tastes just the same as it always has. Several people have told me that my color changed for the better after I quit, but it was not perceptible to my own eyes.

What I have noticed is that I am somewhat more calm than I used to be; I have dropped a couple of pounds, "fidgety type," body habits "accidentally" and without effort. Perhaps the biggest benefit has been the development of a modest degree of willpower, a commodity that has never been my long suit (our culture expects immediate gratification and instant results). Willpower is an essential part of any

form of body maintenance.

Almost everything one can do for the body requires at least a modicum of willpower. The only forms of exercise that have a real and lasting effect are those that are ongoing and continue over the years. As it was with Alice in Wonderland, to stop is to start going backwards. Sticking to a diet program is not easy, and whether one jogs, does yoga, swims, or whatever, there are going to be lots of days when he or she just simply doesn't feel like doing it. There will be times when our efforts seem mundane, useless, hard, and even boring; but it can be done if one has enough willpower.

It was not easy for me to figure out an exercise program. Any form of love or interest in sports was wiped out of my personality back in high school days. Gym was something the "jocks" loved and the rest of us hated (I find many men in my therapy groups have had a similar experience). Gym was a place where the strong beat the shit out of the weak under the masochistic nose of our P.E. instructor, whose human understanding had been removed during a stint in the Marine Corps (in order to make him a "man").

There were two other factors that made sports an improbable solution for me. The first was that they usually require a partner or other players, this makes it twice as hard to maintain a regular schedule. The second was the competitive aspect. I didn't want to be bothered with keeping score, winning, or losing, or be in any situation where my progress was determined by comparing my own skills to someone else's.

One possible solution to my problem was jogging. San Francisco is a city of joggers, we have thousands of them. One sees them almost any time of night or day, plodding happily (sometimes painfully), along parks, oceanside, golf courses and city sidewalks. They come in every size, sex, color and age; running in pairs, singles, and even small groups. This city should erect a statue called "The Eternal

Jogger" in honor of the fact that during every minute of the day, be it rain or shine, someone, somewhere, is jogging.

I tried it for a while and still enjoy jogging along with a friend now and again, but it wasn't what I was looking for. Most of the benefit seemed to be going to my legs and lungs. I was looking for something that would be good for all parts of my body, equally, and at once. Swimming was another possibility, but I'm not that crazy about water and getting to and from a pool was another drawback.

T'ai Chi Chuan

I began to watch an ongoing T'ai Chi class that is held every morning of the week in a park near my house. I had heard a little bit about T'ai Chi from various sources and as I learned more it seemed this might be what I was looking for. One person described it as a kind of moving meditation. This lit up several lights for me.

I have always thought that meditation would be good for me, but being a hyperactive and impatient sort, I could never bring myself to sit still for more than ten minutes at a stretch. T'ai Chi seemed to be another chance, a possibility of moving around and becoming mentally composed at the same time. There were other things about it that I liked. For one thing you don't need any special clothing or equipment, and it can be done almost anywhere there is a flat space, indoors or outside. There are no physical requirements, but of course, one must have access to a teacher in the beginning. T'ai Chi may be practiced by men or women of any age, all have an equal chance of becoming expert, and there is no advantage to size or sex. Strength is not an asset, and might even be a handicap as over-muscular bodies tend to lack freedom of movement. Movement is what T'ai Chi is all about.

Movement is *part* of what T'ai Chi is all about. It's difficult to explain exactly what T'ai Chi is. I

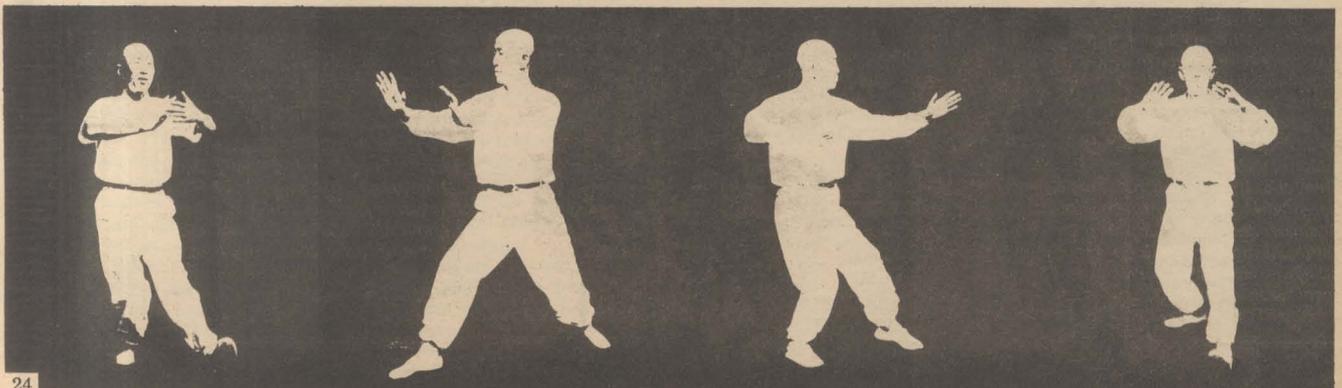
have only been practicing for nine months now, so my impressions and interpretations will be coming from a beginner's point of understanding. It takes a couple years to really know what you're doing, and ten or more to become expert. It's taking me about a year to learn the basic movements.

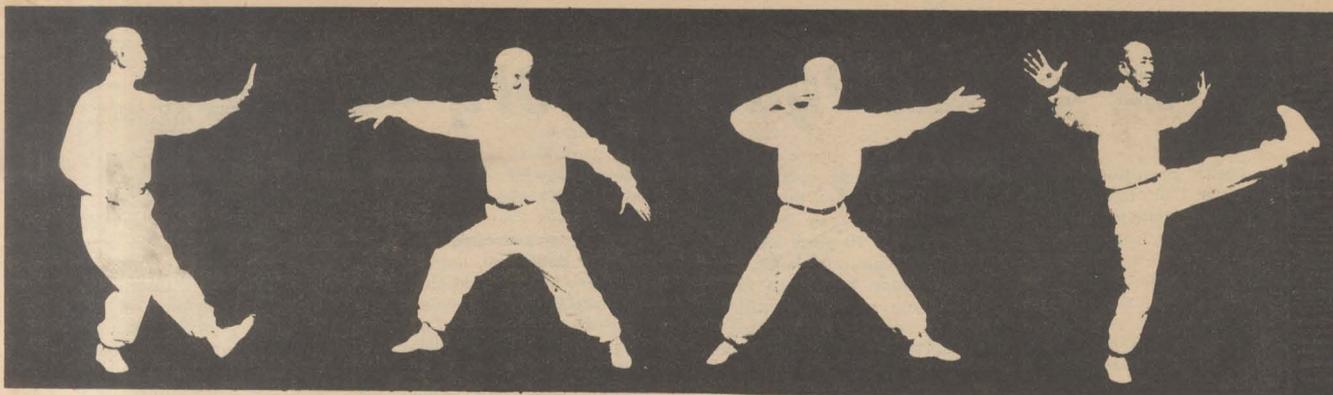
T'ai Chi has been called a dance, long boxing, solo exercise, the thirteen movements, and soft boxing at different times in different places. It is a Taoist exercise, invented by a monk named Chang San-feng about a thousand years ago. There is a legend that he became inspired while watching a battle between a snake and a bird.

It is a series of precise body movements that must be memorized through constant repetition (hence, the dance). The body is stretched, turned bent and twisted to its farthest reaches, all (when done correctly) without effort or muscular tension, keeping perfect balance throughout. The full series of movements takes about fifteen or twenty minutes to complete. After the movements are learned, one spends the rest of his life perfecting them.

T'ai Chi is not a particularly exciting thing to watch, although it has a certain quiet beauty when being done by someone who's really good at it. It's not at all macho, and there are none of the electric fast chops, jabs, kicks and jumps so common in all the other martial arts. It's smooth, done slowly and carefully, even gently, "like pulling thread from a cocoon." It is a constant, flowing, continuous, gentle, balanced, grounded movement.

Others have defined it as: something that relaxes the mind as well as the body, an aid to digestion, a benefit to the heart and blood circulation, good for keeping the joints loose, and refreshing to the skin. That's a lot of stuff, but there is much more. There is a subtle kind of learning that is inherent in the practice of this exercise.





First Weeks

In the beginning I felt competitive and one down with most of the others in my class. I felt blatantly clumsy as I watched the others go gracefully through their movements, putting their bodies easily through positions quite impossible for my own. I wanted to learn it all in a hurry. I was impatient and self-critical about my unbalanced and comparatively chaotic movement.

As the first weeks passed I became aware of how much there was to be learned, and realized that even a "fast" learning time would be measured in terms of years. It was too far to run for.

I finally slowed down and gave up trying to "make it" in a hurry. I began to relax and stopped beating myself about my performance. It was like a chain reaction. I was out of competing and comparing. I began to get a feeling of satisfaction and general all-rightness with my progress. I began to enjoy what I was doing! T'ai Chi is one of the few areas of my life where I'm not hustling. It feels good.

Gravity

When I returned to San Francisco, about a year and a half ago, the first new local graffiti I noticed was, "Gravity is the fifth dimension." I was curious and thought about that for a while, deciding at last that the message was of no particular importance. (This is not unusual for graffiti, but one hopes for the dime in the mud puddle.) I knew that gravity was something invented by Isaac Newton while he was looking for apples, and that so far no one has managed to put a patent on it. I also knew that what goes up must come down, unless of course it goes up high enough, in which case it comes down somewhere else or burns up in the atmosphere. It seemed like an open and shut case and I lost interest in it.

Still the message persisted, on the sea wall by the Cliff House, on the city sidewalks, fences, and in men's rooms. Was there more to it, or was this the work of some demented (if determined) mind? I managed not to think about it any more until my experience with T'ai Chi, then I began to get a whole new understanding of this invisible force.

T'ai Chi is very much concerned with how the body reacts to gravity. Gravity is an essential part, or perhaps I should say the field, in which the exercise is done. The masters maintain that the body can either use gravity to its advantage or struggle against it, and that the center of gravity should be located in the hips for proper, graceful, balanced movement. A sort of spiritual gyroscope must be established at, or moved to, this location. For most of us, as in my own case, the center of gravity lies between our stomachs and our shoulders. This is too high, and tends to make us topheavy and clumsy.

Remember that this advice and theory is about 1000 years old. Now see what Ida Rolf (circa. 1976) has to say about gravity and the hips.

"In terms of the overall gravity problem, the pelvis has a unique place. The weight of the torso transmits downward through the hip joint to the thigh, leg, and foot and thence to the ground. Since the earth's surface cannot adjust itself to human movement, man must solve his gravity problem with some change in himself."

Earlier in her new book, "Rolfing," we find another comment on gravity.

"The gravitational field of the earth is easily the most potent physical influence in any human life. When human energy field and gravity are at war, gravity wins every time. It may be man's friend

and reinforce his activity; it may be his bitter enemy and drag him to physical destruction."

Time and again I find this centuries-old technique in total agreement with the most modern theories of body-work and what they say a healthy body should look and feel like. The Marine-like image of the tough and hardened human has fallen into disrepute as we find that health is much better housed (or created) in a body that is loose and supple; a non-tight, non-rigid body structure. Men are prone to overdevelop the exoskeleton, or outer musculature. This tends to be restrictive and inhibiting both in feeling and in movement. It makes for "hard" bodies. In an article for *California Living Magazine*, Annie Hill describes T'ai Chi Chuan as "... a martial art where quietness, softness, and yielding are the admired virtues."

Another aspect of T'ai Chi that I found especially favorable for males is its non-verbal aspect. It is not a learning that comes from books or by listening to someone talk. It has to be experienced by the body. It is learned by the body, not the mind. There are few words needed. I could put a month's worth of my teacher's words into one paragraph.

"Your hand is too high. Look at your feet. Bend your knees. Move from the hips. Don't worry, it will come."

For one hour a day I don't have to think, I only move. When I start to think about what I'm doing I blow it; I make mistakes. For that one hour the intellect is put aside and something much more fundamental takes over. When a movement is done correctly it *feels* right. A perfect movement is done the easiest way, the most natural way, mindlessly and without effort.

Unfortunately, coming to

classes, or just going through the set one hour a day requires considerable effort. Willpower is real important. Chen Manching said this about it.

"To persist in the Solo Exercise among life's busy requirements is self humbling. . . if lacking in natural attitude, do not despair. All that is required is more work."

If you have the patience to wait a little bit and keep on plugging in the meantime, the rewards are pretty nice. They include improved balance, grace, and an increased sureness of one's own body. How we walk and move affects not only our inner selves, but the way that others perceive and/or evaluate us. All of us make judgments in this way, whether we are conscious of it or not. For example:

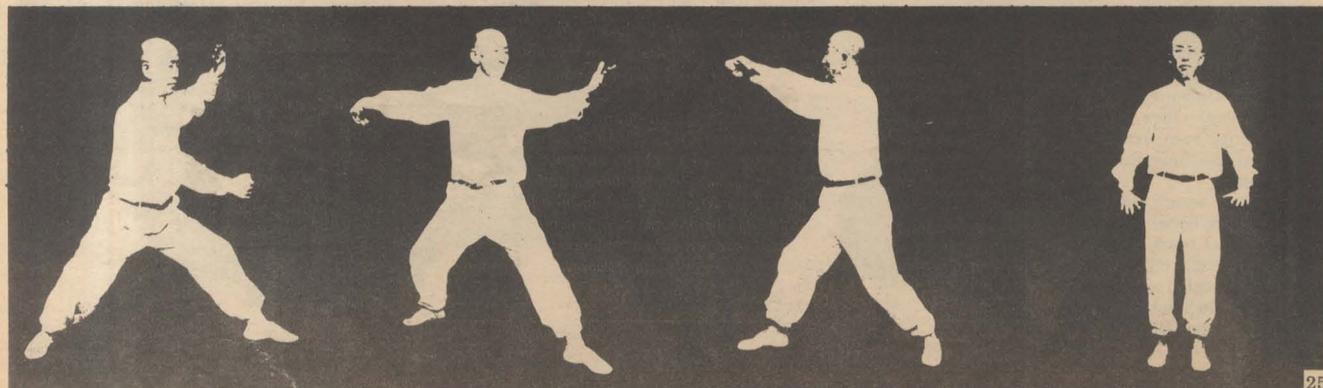
"Most famous of all everted gaits was the Charlie Chaplin walk. In playing the role he adapted as his, Chaplin needed this slovenly unpatterned gait. A walk in a straight balanced progression could not have carried conviction to his audience. People know intuitively that a fool, a 'schlemiel' betrays himself by an unbalanced pattern of movement."

Ida Rolf, "Rolfing"

T'ai Chi is only one path to a healthier, more balanced and vital body, but it is a good one and I am glad to have this chance to share my limited experience of it with you. I think that men are beginning to get more conscious of their bodies. The next step is action, one has to do something about it. I hope that all who read this already are, and that those who are not are beginning to think about it.

"The end purpose of these exercises is to prolong life, and to endow it with the youth of eternal spring."

Kuo Lien Ying,
"T'ai Chi Chuan in
Theory and Practice"



Photos are from "T'ai Chi Chuan in Theory and Practice"—Kuo Lien Ying

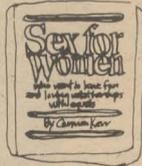


Issues in Radical Therapy BOOKS!



SOLVING WOMEN'S PROBLEMS

This handbook by Hogie Wyckoff is a practical guide for loving cooperative struggle in groups. Along with blueprinting the application of Radical Psychiatry tools and techniques, it offers solutions to common problems that confront women. Thorough coverage is given to divergent aspects of personal and social growth.



SEX FOR WOMEN

By Carmen Kerr. This feminist guidebook to sexual problem solving defines a new sexual consciousness for women and attacks sexism with the techniques of transactional analysis adapted to the demands of feminism. Carmen examines the "great American muddle" of sex: basic sex roles, myths, "shoulds," and fears which sexism has imposed on women and which account for the vast majority of sexual problems. She explores ways in which women and men can learn to identify and discard old sexist habits which stand in the way of true sexual enjoyment. The second part of the book offers a step-by-step manual to help the reader develop her sexuality, either alone or with a partner.



BEYOND GAMES AND SCRIPTS

This 340 page book is a collection, painstakingly selected by Claude Steiner and Carmen Kerr, from Eric Berne's complete works. It contains three sections, each preceded by a commentary by Claude Steiner: Ego States and Transactions; Scripts; and Group Dynamics. In addition, the book contains a complete annotated bibliography and a short biography of Eric Berne.

Help IRT by buying from us a numbered first edition of this important reference work, autographed by Claude Steiner! (We will pay postage and taxes.)
(Paper back edition available at book stores.)

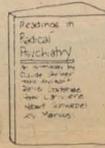
LOVE, THERAPY AND POLITICS—IRT: THE FIRST YEAR



Also available from IRT: *Love Therapy & Politics, Issues in Radical Therapy — The First Year*. Edited by Hogie Wyckoff.

IRT offers you this softbound, 270 page book of articles by Hogie Wyckoff, Claude Steiner, Anita Friedman, Steven Karakashian, Rick DeGolia, Aldebaran, Joy Marcus, Carmen Kerr, and Susan Tatum.

READINGS IN RADICAL PSYCHIATRY



Anthology edited by Claude Steiner. IRT offers you this softbound, 200 page book of seminal writings in radical therapy, which first appeared in the "Berkeley Issue" of *The Radical Therapist*.



CONSTRUCTIVE CRITICISM: A HANDBOOK

By Gracie Lyons. IRT Press offers you this softbound book which outlines the principles of criticism/self-criticism, presented as a practical manual for people who want to do politically meaningful work in a supportive, cooperative manner. A must!

Please send me:

- Sex for Woman* @\$10 *Solving Women's Problems* @ \$4.
 Beyond Games and Scripts @ \$12.95 *Readings in Radical Psychiatry* @ \$4.95
 Love, Therapy and Politics @ \$4.95 *Constructive Criticism* @ \$2.95

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Back at the Ranch

Claude Steiner

On New Year's Day 1978 the Co-operative Survival Project was born. It is designed as a creative new-age community to take place on a ranch two and a half hours north of San Francisco. The approximately 900 acres which we have secured contains Round Mountain (1500 ft. elevation), Penny Royal Lake (about 20 acres), about 80 acres of agricultural bottom land, two very large barns, three sheds, and a ranch house. The shape of the land resembles a wedge, with its narrow end approximately four miles away from the center of the town of Ukiah, and the widest portion extending westward into the hills for about two miles. The buildings, lake, meadows, and agricultural land are concentrated toward the front. The back of the land consists of gradually rising rolling hills with about 50% cover of trees, mostly oak, and some fir, pine, madrone, manzanita and various other varieties. There are a number of springs scattered on the land, and three roads which go from front to back. Behind the Co-operative Survival Project lies the Women's Heartland Collective. This will be owned by women and organized by Hogie Wyckoff. The Heartland Collective is an independent project, but cooperates with us regarding roads,

water, land use, and other mutual agreements.

The basis for our community is loving cooperation designed to pursue harmony with ourselves, each other, and nature. We envision a community of peers devoted to creating conditions for humane, cooperative survival. We are hoping that this community will provide us with a healthy environment for fulfilling work, loving relationships and a wholesome life-giving rapport with the Earth. We plan to maintain our political commitments and to develop an involvement with local and state political concerns. Ours will be a community of change: the land will change us and we will change the land, gently and respectfully. Our guidelines will change us and we will change them, gently and respectfully. Everything that is written here is written with a pencil, which has on the other end, an eraser.

Interpersonal Guidelines: The interpersonal guidelines that will facilitate harmony among people on this project are the principles of cooperation (see *IRT* issues 3, 15, 16 and 17). This will be a community of peers. People living in this community will be able to get from it as equals only as they put into it as equals. We will make an effort to treat young and old, black, white,

brown, yellow or red, able-bodied or disabled, as equals, and we will expect from them equal participation to the fullest extent possible.

To avoid inequality in the relationships between women and men, this is to be a feminist community. We will consciously be devoted to fighting the injustices against women and men caused by sex-role oppression.

In addition to the principles of equality, the following three guidelines will form the basis of our relationships to each other. These are not rules as to what *must* be done, for what we must do will in many practical ways be shaped as we go. There are rules as to what *must not* be done in order to maintain a cooperative spirit.

1) **No power plays.** When people want something they will ask for it with the expectation that it will be given freely. If it is not given, we will accept that there is a good reason. We have no option but to continue to ask for what we want in a cooperative way, and to negotiate until everyone is satisfied. Physical violence, including the violence of harsh gestures and tones of voice, are crude power plays. In addition, interrupting people when speaking, dominating conversations, overpowering people with logic or fast talking or

withdrawing are subtle forms of power plays. We will avoid these and never accept power plays as a normal part of our interactions.

2) **No lies.** When people join us they will agree to truthfulness. Truthfulness implies absolutely no lies of commission and it also involves a necessity to communicate as much of the truth as seems important, so it involves no lies of omission as well.

3) **No rescues.** Because we are all endeavoring to be equals in this community, we will not willingly accept situations where people either a) are doing what they don't want to do, or b) are doing more than their share of the work.

Health Guidelines: To promote our well being, we will cultivate food awareness and try to provide ourselves with nourishing food and drink through organic gardening on our irrigated bottom land. We will struggle against addictions, in particular the addiction to tobacco cigarettes, and any other obsessive relationship to food, drugs, people or activities that harm our health. We will practice and teach holistic healing, massage, yoga, and other life giving practices.

We will develop a rhythm of work and play which is in tune with the earth and the health needs of human beings.

Radical Psychiatry will be a vital aspect of our approach to health. The Bay Area Radical Therapy Collective has traded its property on Webster Street in Berkeley (formerly the Radical Psychiatry Center) for land on this ranch, and our work in the area of psychiatry will continue here, in the Bay Area and elsewhere.

Ecological Morality: In order to pursue harmony with the Earth, we will replenish the tree population of the ranch and support the various movements organized to defend the survival of species. We will recycle our wastes and endeavor to maintain a steady balance between what the ranch produces and what we take out.

We will endeavor to follow a soft energy path and to use appropriate technology. We will work against nuclear power.

We will voluntarily simplify our living standards and yet increase our comforts and life pleasures as we succeed in living in cooperation with the rest of the biomass upon our beloved Mother Earth.

I have moved to the ranch and spend ten days out of every fourteen on the land. I return to the Bay Area to do groups and training for four days every two weeks. This

schedule reflects fairly accurately an important change in my life. The practice and teaching of Radical Psychiatry, which was a full-time involvement for me until recently, now occupies approximately one-third of my time and attention. To my still very active Radical Psychiatry concerns, I've added an interest in other matters which are reflected in the Cooperative Survival Project.

At the moment I am living on Round Mountain Ranch as the lone, permanently and fully involved member. A number of other people are beginning to show interest in joining the project. Whereas the initial down payment on the land was made by myself, it will take other people's financial resources to complete the purchase of the land. To live here, a person must have a lump sum of \$10,000 or some initial cash (about \$2500 per person) and a source of monthly income (about \$100.00 a month for five years). We need about twenty people to completely pay for the ranch and then all those involved will own the ranch and share it in a cooperative fashion. The Project needs people who are interested in living cooperatively according to the above guidelines,

who have some money, and who are willing to invest it in a land project which will involve no private ownership of land, in which all decisions will be made collectively, and in which individualism and competitiveness will give way to collectivity and mutual aid.

We need farmers, tree freaks, mechanics, couples, celibates, children, old folks, road builders, hedonists, ascetics, healers, carpenters, lovers, artists, musicians, sun, moon, and Earth worshipers, intellectuals, common sensualists, horse people, milk people, cooks, sewing gurus, printers and any others whose singleness of purpose will add a building block to the whole project. We need people to figure out the yet undiscovered potentialities of a piece of land such as we have and people who understand the tried and tested traditions of life upon the land.

No promises are made or implied about the success of this project. If you are interested in joining, you must understand the promise and the risk that we all share in. If you join us, you must do it with your eyes open and realizing the struggle and joy that it will hold for you. We can promise you hard work, the joys and tribulations of commu-

nity, peace under the sun, moon and stars. You will find yourself ankle deep in mud in the winter and high as a kite in spring time. You'll share anxieties about finances, drought and flood. We'll learn to love ourselves, each other and the Earth. Come and join us.

It will be possible for you to come visit Round Mountain Ranch if you make some arrangements in advance. We will have facilities for a reasonable number of people in the Spring, Summer and Fall and we encourage you to come and visit and spend some time.

For more information and our brochure, send a self-addressed stamped envelope and 30 cents to:
Cooperative Survival Project
1201 Parducci Road
Ukiah, Ca. 95482

In order to incorporate feedback from readers, Claude's "Feminism for Men" article will be completed in the next issue.





LETTERS, ADS, INFO...

NEWS FROM LIESEL

Greetings! After doing both the Solstice Celebration and the potluck dinners I have found that the big parties are easier to arrange and more productive in my endeavor to facilitate people meeting people. So I am planning a Spring Celebration, set for Saturday, April 8th, from 7-11 p.m., in the Fireside Room of the Unitarian Fellowship Hall, 1606 Bonita Street (at the corner of Cedar) in Berkeley. Donation will be \$1.50. Please come, bring your friends, and some snacks to share. We will play games, have music and dancing, renew old friendships and make new ones. If you have any questions, suggestions, or want to help please call me at (415) 524-5948.

—Liesel



I resent the polarization of some of the views expressed in *IRT*, i.e., "if you're not actively fighting the 'system' you're supporting it."

The Left establishment is so oppressed in saying "No!" to the status quo that I feel they have little or no relationship to their "internal center" through which to participate in the here-now.

The spiritual path works on our oppression within, to knowing who we are. For me, there (here-inside) is freedom, and that "I" can then flow from my core experience to change structures by changing myself, ourselves. Become in touch with yourself first, become grounded-centered in who you are and how to stay in

contact with the eternal/internal you, and then what each of us has to do in the world becomes apparent as our service with the added joy of God's grace.

Bless you all, keep on truckin', we are all brothers and sisters in the Divine Plan.

Much love,
Twig April
Eugene, Oregon

Dear friends,

Claude Steiner's article on *Feminism for Men* was excellent. It's the only thing for men I've seen so far that didn't dwell on the "men are oppressed too" theme to the exclusion of feminist consciousness or awareness of the oppressor role men have played for so long.

We are a women's bookstore, but there are many women who wish to help enlighten their men, and precious little material to give them.

Thank you for providing a beginning.

Sincerely,
Robin Gail
for Rising Woman Books
Santa Rosa, Ca.

Dear Friends,

There is so much confusion, violence, uncooperativeness here it is a struggle to keep one's RT bearings when one is similar to others in thought but not quite on the same track.

Thank you for your kind attention and a loving stroke to all of you for your marvelous papers, your hard work, your courtesy, and the beautiful things you teach me issue after issue.

In Sister/Brotherhood
Stella Renee Amfitheatrof
00186 Rome
Italy

Terry Kupers' Rethinking

Dear Friends:

I am not happy with the "heavenness" of my article, "Can Therapy be Radical?" While theory is important in our work, we can overdo the abstractions, and prematurely close questions. I overdo in part to give myself false hope that I can solve in my head problems that scare me in the real world. My doing so merely colludes with a certain sexism and intellectual one-upsmanship we all try to struggle against.

The problem that scares me is the traditional value clash when radicals do therapy. I do not do private practice, in order to avoid narrowing my practice to middle class people. But when I work for salary in the public sector, I find a lot of my assignment involves some degree of police control work with low income clients.

I do feel there is a need for radical therapy. Therapy is a place where one human being can break down the barriers that characterize most alienated relationships, touch another's soul, and check out something of an intimate nature with that other that had been painfully private. If, at the same time we accomplish this, we open up to our potential collective being and power, something of great value is accomplished. The question of how to do this without colluding with some of the negative potentials of practicing therapy and psychiatry plagues me. Our collective struggle seems the only forum to work this out.

Warm regards,
Terry Kupers
Richmond Mental Health Center
Richmond, California



CAN THERAPY BE RADICAL? — SOME COMMENTS

Dear *IRT*:

Terry Kupers' "Can Therapy Be Radical?" was a stimulating and provocative statement and one of the few radical self-criticisms of radical therapy that I have read. It is the kind of internal criticism that is so much needed, not only in radical therapy but in other segments of the revolutionary movement.

I would like to add several further considerations to what Kupers has said.

Radical therapy not only needs to be aware of, and try to avoid collusion with, establishment therapy, and with the division of labor fostered by capitalist society. It needs to fight the professionalism and hegemony by the established mental health professionals and professions (e.g., psychiatry, psychology, social work), that is another aspect of the





WORD IS OUT

stories of some of our lives

By the Mariposa Film Group

Adair Films Release
P.O. Box 77043
San Francisco, Ca. 94107

"Its quality lies not just in the fact that it gives us the most intelligent, telling cinematic look to date at the homosexual experience in America, but that it is quite funny and speaks not only to the homosexual, but to all of us who have experienced the pain of being 'different'; which is to say, all of us."

San Francisco Chronicle—
John L. Wasserman

LETTERS, ETC.



society — viz., the control by elites. As a psychiatrist, Kupers has a whole set of choices and options that are denied to those who lack his credentials. He can work within the field to change its thrust. He has already made the decision (which the non-credentialed could not make) to practice radical therapy rather than conventional therapy.

Yet, there are many people for whom the clarification of self and of inner connectedness, the relating of personal experience to social reality, are meaningful activities, but who stand no chance to earn an even modest living from these activities because they lack the "proper" credentials. This may sound like a plea for buying into a decrepit system. But Kupers concedes there is a tremendous need, by an alienated and mystified populace, for this kind of thing. My contention is that professional radical therapists with recognized credentials need to fight, along with their disjunction from revolutionary struggle and the division of labor from which they profit, the professionalism of therapy that allows them to practice radical therapy but denies this to others with talent but without credentials.

As for the separation from those engaged in revolutionary struggle, I think it is the latter who need to expand their horizons—and their depths. People in radical therapy are already, in politicizing psychology, attempting to integrate the political and the personal. But political people tend to be very averse to any psychological exploration. They tend to see psychology—all psychology, even radical psychology—as a substitute for social action, not recognizing how their political activities are an answer to their own psychological distress. Political action is their answer to distress. Yet, it is an answer whose psychological dimensions are not questioned, whose psychological dynamics are not examined. In fact, they fail to acknowledge their own psychological needs, and how these needs play into their political and social involvements. What gets heard is a static, one-dimensional spouting of political and social beliefs, under the guise of assertions about "objective" reality.

I find this alienation from and denial of the relevance of psychological need by "political people" to be so frustrating, in terms of communication, that I have made my own tentative decision to avoid such people. I recognize that this perpetuates the gulf of which Kupers speaks, but I know of no better answer. The alternatives are persuasion, propaganda or a repression of my own psychological awareness, none of which is viable. Perhaps, as politically oriented people gradually become more psychologically aware, they will bring others with them. In the meantime, the strictly political person is too far "out of it,"

psychologically, to make interaction worthwhile or effective (an assessment, I have found, which tends to be reciprocated).

I would be interested in how other persons in the radical therapy movement view, and deal with, this dilemma. How to achieve a shared communication when there isn't any mutual sharing of values, perceptions or needs? The question is not academic for it is only as politically and psychologically oriented people talk to each other about concerns of interest to each other that there will be any real integration of the political and psychological that goes beyond the merely theoretical, and that begins to cancel that disjunction between radical therapy and the revolutionary movement that Kupers has identified.

Sincerely,

Harry Zitzler
Chicago, IL



Looking for East Coast Contacts

Howdy,

Recently I've been voluntarily receiving treatment here at the center in New Haven and as part of my own responsibilities I've been reading *Scripts People Live* and *Readings in Radical Psychiatry*. As a result I'm interested in contacting any people here on the East coast who might be interested in sharing their time, space, and energy and in getting together for raps.

Very truly,
Mark Brady
New Haven, CT

(Anyone in Mark's part of the country interested in forming a rap group?—Ed.)

Letter from Prison

Dear Comrades and Friends,

Your journal is very informative and educational and has been a tremendous mental stimulant to me. I've enjoyed your presence. Wishing you all a pleasant holiday season in struggle.

Warmly yours,
Marcus L. Howell
Marion, IL

..classifieds...classifieds..

Cooperative Problem Solving Workshops for Women by Hogie Wyckoff. If you want to organize an intensive weekend workshop in your area, please write Hogie at P.O. Box 5265, Berkeley, Ca. 94705.

Training Workshops for Practitioners by Hogie Wyckoff. If you want to organize a one-day training workshop for women and men write Hogie at P.O. Box 5265, Berkeley, Ca. 94705.

Radical Therapy Women's Problem Solving Groups in Berkeley. If you are interested call Shelby Morgan, 397-0488.

Women's Radical Psychiatry Problem Solving Groups, Meditations, Workshops, and Training. Bond Wright, 213-829-4165.

Women's Problem Solving groups in Berkeley and the South Bay, facilitated by Mary Selkirk, 848-1611.

Radical Therapy Problem-Solving Groups in San Francisco. Bruce Dodson 626-3493.

WORKSHOPS

One-Day Practitioner Workshop. If you would like to organize and/or attend one-day workshops for Radical Psychiatry Practitioners focusing on bodywork and problem solving, write Darca Nicholson and Hogie Wyckoff, 2901 Piedmont Ave., Berkeley, Ca. 94705 for more information.

Two-Day Problem Solving Workshops for Women. If you would like to organize and/or attend a two-day workshop focusing on problem-solving and massage, write Hogie Wyckoff and Darca Nicholson, 2901 Piedmont Ave., Berkeley, Ca. 94705 for more information.

BODYWORK

TRAINING IN BODYWORK, WHOLISTIC HEALTH, AND COMMUNITY ORGANIZING is offered by Lynne Anne and Peter Hanrahan and the Healing Ourselves Center in Berkeley, California. Reichian-based Bodywork, massage, and loving relationships are the basics. A one or two year program for people who want to transform personally and intend to teach or practice healing work. \$125 per month. Work exchange possible. For more information, contact us at the Healing Ourselves Center, 2547A 8th Street, Berkeley, California 94710. 415-841-6911.

WORKSHOPS IN MEDICAL AND BIOLOGICAL ETHICS

The Institute of Society, Ethics and the Life Sciences will sponsor three summer workshops in 1978. The **WORKSHOP ON BIOETHICS AND PUBLIC POLICY** will focus on public policy implications of current issues in medical and biological ethics and will run June 25-July 2, 1978, at Sarah Lawrence College in Bronxville, New York. A **WORKSHOP ON PEDIATRICS, ETHICS, AND THE LAW**, examining the ethical and legal issues surrounding medical and health care of children, will be held June 25-July 1, 1978, at Dominican College, San Rafael, California. A third workshop on **CLINICAL MEDICAL ETHICS** will be held July 16-23, 1978, at Dartmouth College in New Hampshire. A brochure describing workshop agenda, registration, and costs is available from The Hastings Center, 360 Broadway, Hastings-on-Hudson, New York 10706, or call (914) 478-0500.

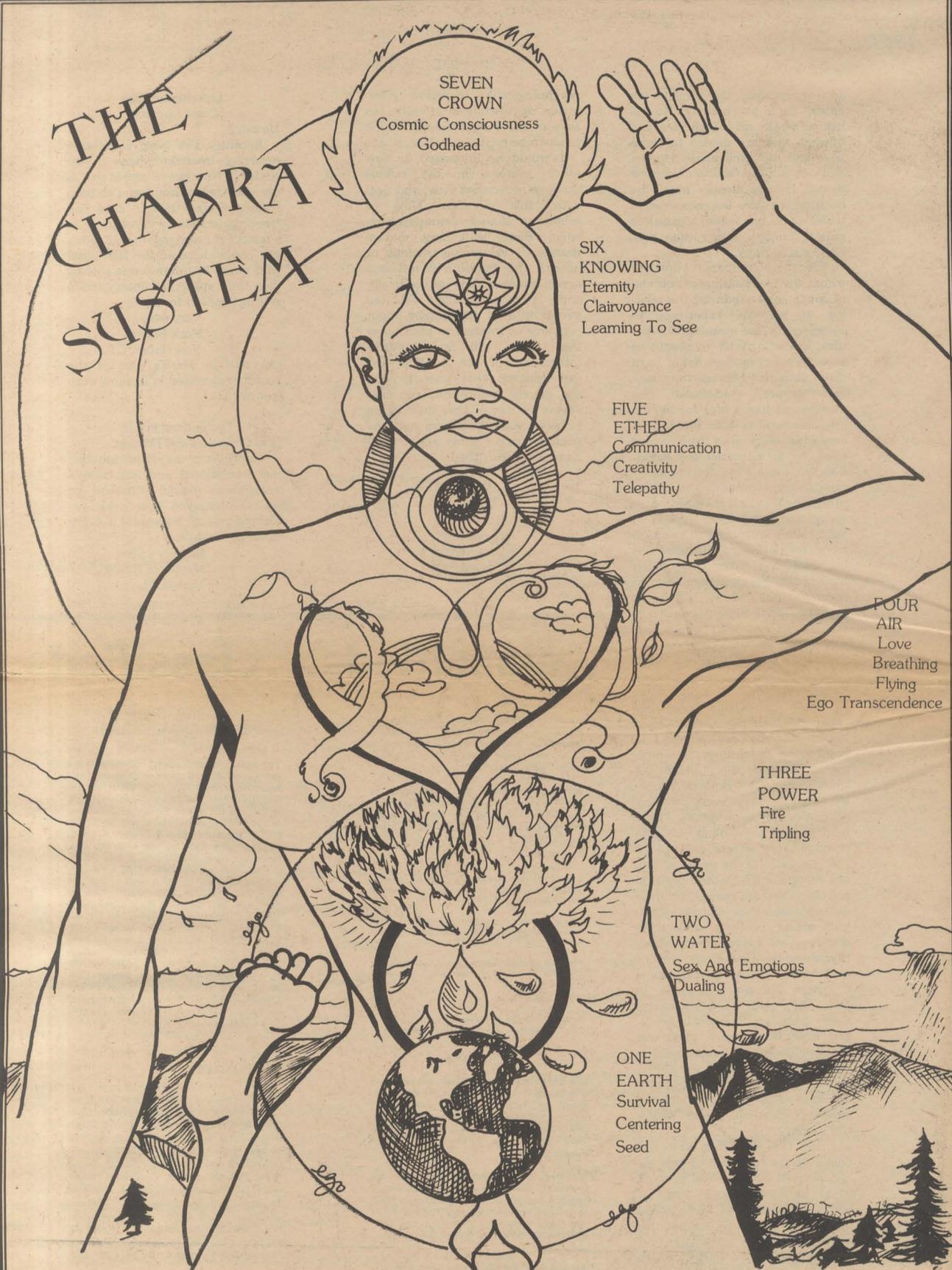
SYMPOSIUM

The University of California at San Francisco is sponsoring a two-day symposium on "Health, Science and Society: Scientific Solutions and Human Problems," to be held April 20-21, 1978, at the Sheraton Palace Hotel in San Francisco. Some topics to be discussed: The DNA Controversy, Genetic Screening Policy, The Public Role in Developing Health Policy. Continuing Education credit is available. For more information contact: Continuing Education Health Sciences, 1343 3rd Avenue, San Francisco, CA 94143.

Looking for R.T. activities in Southern Lower Michigan. Todd MacGregor, 2260 Oxley Dr., Pontiac, MI 48055

Communal household group, ages 20 to 45, anti-sexist, forming in East Bay, committed to openness, sharing, support, cooperation and the principles of Radical Therapy. Phone Jaque Millenson, 415-653-7376, or write P.O. Box 5247, Berkeley, Ca. 94705.

THE CHAKRA SYSTEM



SEVEN
CROWN
Cosmic Consciousness
Godhead

SIX
KNOWING
Eternity
Clairvoyance
Learning To See

FIVE
ETHER
Communication
Creativity
Telepathy

FOUR
AIR
Love
Breathing
Flying
Ego Transcendence

THREE
POWER
Fire
Tripling

TWO
WATER
Sex And Emotions
Dualing

ONE
EARTH
Survival
Centering
Seed

The chakra system is a theoretical model for various kinds of psychic energy. This psychic energy correlates to the different levels of consciousness we function on in our daily lives and to the "external" energies in the universe (earth, air, fire, etc.). It is meant to be used as a model to expand people's awareness of a multi-dimensional reality.