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Yehuda studied, worked and lectured in these fields for the past 20 years in Israel, England, Australia and New Zealand. He is the founder of Philophonetics and of Philophonetics-Counseling, and Anthroposophically based modality of theatre arts and of healing, engaging the non-verbal dynamics of communication in the processes of healing expression and creation. He is dedicated to encouraging people to access and to take hold of their inner resources in order to take charge of their life, well being and fulfillment of their destiny. He sees the healing arts as a fore-runner in the evolution of human consciousness.

Participatory Therapy: Non-verbal Communication and the Healing Team of Client, Therapist and Life-body

The client is the expert of the client's own experience

Participatory therapy is an approach that shifts the focus from passive reception of treatment to active involvement of the client in the diagnosis, treatment, monitoring and evaluation of the therapy. It assumes the existence of a highly intelligent dynamic of maintenance, healing and restoration in the living organism and people's ability to become aware of this. This awareness can lead to active participation in the healing process. Philophonetics-Counselling way of coaching people to become active participants in their own healing process involves body awareness, gesture, posture, movement, visualization and sounds.

Through these "Languages of Experience" everyone can enter an intelligent dialogue with the innate dynamics of healing, giving the Life-Body (Chi) a hand, so to speak. In Participatory Therapy client, therapist and the Life-Body become equal team members in a Triangle of Healing. But to apply this approach, the therapist must have first undergone this process of internal dialogue themselves. Professional participants will become familiar with the possibility of this triangle of healing.

I feel very passionate about this topic. In a way I stand here as a voluntary advocate of the unspoken right of clients within the health care system – to take charge of their own lives and their own therapeutic process. I believe it to be crucial for the whole future development of health-care. Although it is impossible for everyone to be an expert in all the fields of science pertaining to human health, it is possible, with the right encouragement, intention and tools, for everyone to become an expert in the field of their own experience.

Experience is by definition subjective, unique to each individual, unpredictable and difficult to generalise from one individual to another. Admittedly, these characteristics of experience require an expansion of the narrow notion of science if they are to be included within its definition. As for the health-care client; – the very fact that experience is unique, personal and subjective is precisely what makes it into a vital source of knowledge. It then

becomes a starting point for them to take charge of one's inner authority in the conduct of one's life.

I strongly believe that giving people back the power of authority in caring for their well being, based on their experience of themselves, is the only moral direction to go in the development of health care. In this paper I wish to put forward the case for the necessity and practicality of such an endeavour.

This ideal is not entirely new. Striving towards it spans most of this century, although, for most of it, it has engaged only the thinkers at the frontier of Western thought. This is still the case and it is the humanistic, the 'alternative', the holistic and the complementary section of the medical, therapeutic, psychological and the self-developmental professions that remain at the frontier.

In 1916, in the middle of the First World War, the Austrian Philosopher, Scientist and the Holistic therapist Dr. Rudolf Steiner (1861-1925) warned the people of the West of the increasing regime of 'experts' ruling their lives, a tendency which he predicted will become worse as the century unfolds. As an historian of cultures he showed how just at the time when the freedom of thought of the individual is reaching its crucial stage of liberation from the dogmas of group-consciousness, the opposing forces of that freedom are conducting the most aggressive attack on it:

"...Thus we see that a conflict exists between the arising of freedom of thought and the kind of authority which works over from the past into the present. And there is a desire not to see clearly the intensity of this faith in authority, to have illusions about it. For in our time faith in authority has grown tremendously, and under its influence human beings have become helpless in forming judgements. In the Greek-Roman period humanity was given a healthy understanding as a natural gift; now it must achieve it by its own development. In this it is held back by faith in authority. We have become entirely tied up through our faith in authority." (Steiner, 1981)

This was before the rise of the great dictators of this century. It got, of course, much worse as time went on. Steiner goes on to observe how in the field of health care humanity was slipping away deeper and deeper into faith in external authority of the experts, away from the spirit of individual independence, and how people are becoming subjects of the dogmas of a politically dominant aspect of contemporary science:

"We see today how in medicine a form of Jesuitism arises, which hardly differs from the Jesuitism in the field of dogmatic religion" (Steiner, 1981, p. 76)

This is as true today as it was in 1916. In many ways even more so. After all, until 1920 Homeopathy was still accepted as a legitimate part of medicine, taught in medical schools and accepted in hospitals and in general medical practice. All that was changed by legislation later on, and in Melbourne, Prince Henry's Hospital, which was established as a Homeopathic hospital had to abandon Homeopathy, due to political pressures from what had become the mainstream medicine of today. Steiner identified that trend already in 1916.

A year later, in November 1917, he went on to say the same in more detail on the danger of the then new dogmatism of psychotherapy of the Psychoanalytical school. At this time he stressed the need for the individual to determine the meaning of one's own experience, rather than a ready-made, reductionist frame of reference with which the new experts of the psyche were interpreting people's personal experiences and of dreams and determining meaning for them (Steiner, R., 1990). The later rise of dogmatic Behaviourism, which in one form or another still dominates our psychological institutions, only changed the type of the dominant frame of reference, not the very fact that we are still being dominated by one. "The One and Only" science of psychology still holds supreme in one form or another in our tertiary education institutions.

At the other end of the century, some 80 years later, the American psychotherapist Anne Wilson-Schaefer is attempting to wake up her professional fraternity to the need for a radical review of the basic attitude to the therapeutic interaction. In her ground breaking book "Beyond Therapy, Beyond Science", Wilson-Schaefer challenges the whole basis for modern psychology and psychotherapy as we know it and claims that modern science in its human-care applications has got itself into a dead-end road in its "*blind attempt to regard as objective mechanical dynamics that which by its very nature is a subjective dynamics of conscious beings: therapist and client*". (Wilson-Schaefer, 1992)

In the assumptions underlying the culture of dependency on the authority of the experts Wilson-Schaefer observes a repetition of the source of the very disease these experts are claiming to cure: the various symptoms of human beings cutting themselves off from their connection to their inner source of orientation, power, connectedness and healing. The therapist, according to Wilson-Schaefer, in attempting to become an external support system to that fundamental vacuum, is only assisting the core of the disease. As a "good" therapist who has participated for many years in that system, she dedicates this book to her previous clients, wishing to make amends:

"I began to see how the work that I had been trained to do was not only compatible with but helped perpetuate and exacerbate an addictive society and that psychotherapy as we have

known it has always been enmeshed in the problem. I could see that the helping professions are in the same relationship to an addictive society that an enabler is to the addict." (Wilson-Schaefer, 1992, p. 7).

"I was trained to believe that I was responsible for my clients, that I should be able to diagnose them and know what was wrong with them and what they needed ... I gradually became aware of how disrespectful all these beliefs were and how disempowering they were." (, p. 84).

The danger of blind faith in the authority of the experts which Steiner warned of in the beginning of the century as about to become much worse, was manifesting in front of her eyes decades later:

"I have been terrified to see what seems like fascist development of a gestapo-like force that tries to whip out any method of working with people that do not fit into the narrow framework of a mechanistic science. We say that we live in a pluralistic society, but licensing and regulatory boards are exerting tighter and tighter control over approaches that differ in any way from the mechanistic/scientific model." (Wilson-Schaefer, 1992, p. 261).

She puts forward a new model of psychological recovery and healing which puts the genuine and unique experience of the individual client as the highest guiding principle of the therapeutic process. She calls it "Living Process". It is based on a profound trust in the natural, innate intelligence of our being, the "Inner Expert" in my term, which expresses itself spontaneously if only given the space, the freedom, the encouragement and the appreciation.

The same critique and the same shift in fundamental approach to the uniqueness of individuals is, in my view, needed in every other field of human care, including medicine. Its time has come long ago.

The observations and the ideals of the above two thinkers at the two ends of this century have found a deep echo in my own experience and observations, they seem to me like an overdue recognition of common sense. Results of recent researches confirm it statistically.

In a recently published report by the Institute of Noetic Sciences in the USA (Institute of Noetic Sciences, 1993) a survey of 3500 cases of spontaneous remission of cancer with no obvious external cause, showed the following common denominators for those surveyed:

1. The strongest common thread in all of these cases was that these people felt that they were taking charge of their lives, participating actively in the therapeutic process and making their own choices about it.

2. A passion for life, fun, humour, laughter, living in the now.
3. A sense of purpose and direction in life, welcoming challenges.
4. A strong sense of belonging.

According to these findings, could we but develop clinics, modalities, training, standards of health care and services based on the above 4 criteria – spontaneous remission from cancer could be widely achievable. That is much more than the traditional approach, investing our health-care resources in ever “new” methods of burning, poisoning, chopping and radiating the outer symptoms of cancer could ever hope to achieve. These 3500 people are telling us that when given the chance to take a central role in the process of their recovery, they can actually recover, even from cancer.

I think it is fair to say that in most of the above cases, on the balance of probability, managing to take charge of one’s life was achieved in spite of, rather than because of the predominant trend and influence of the mainstream medical profession. Could a vision be developed as to how, one day, encouraging people to take charge of their own well being will become the hallmark and the main task of our health-care system?

How could this ideal be practically put into practice? How can you put a client in charge of their own process when the complexity of technology, information, professional jargon and expertise in every field of inquiry is growing with such an accelerating speed? On what basis can the non-expert claim responsibility and power in the decision making and the control of the process equal to those of the experts? I believe that a growing number of practitioners and educators in all fields of health care are waking up to the need for a change in that direction, the need to empower and to encourage the clients to take more charge of the process. Yet practical answers must be found to these questions if that ideal is to become a reality.

On the ground of my own experience and observations of the health-care system from a variety of angles I claim that striving towards that ideal is both practicable and essential. And it seems to me that striving in this direction is crucial to the hope that our health-care system itself will be on a path of healing.

I claim this on behalf of my experience in five different capacities of involvement in the health care system:

First as a client of health care, as a human being who is at times in need of care and who is committed to be in charge of my own life. When anyone has anything to do with me personally, be it a friend, a practitioner or a teacher – I wish to be respected as the one in

charge of myself, and I would not choose to compromise it. On that basis I regard everyone else I meet to be aspiring and to have a right to the same.

Second, as a practitioner, Counsellor and Expression-Therapist using Philophonetics-Counselling, who is striving consistently, methodically and, I believe, successfully to secure for the client the central position within the therapeutic interaction. That striving includes a great deal of reviewing of myself, the way I operate, my own healing and development.

Third, as a developer of a therapeutic modality, Philophonetics-Counselling, a creation based on the commitment to treat the client from the beginning of the process as the expert and the authority within the field of the client's own experience, the choice maker and the one to evaluate the whole process.

Fourth, I claim it as a member of therapeutic clinics, two integrative clinics in my case: the Whole Health Clinic at Fairfield and the Melbourne Therapy Centre at Ringwood; clinics which stand as models of comprehensive holistic approaches to the human being which consciously encourage clients to take charge of their own well being.

Fifth, I claim the above as a member and a director of a health care network, the Whole Health Institute, an association of mainstream and complementary doctors and other practitioners as well as lay people who are committed to the idea of Heart-Centred Whole Health, or, in other words, the idea of bringing the heart into health care.

I suggest that for clients to be put in charge of their own therapeutic process, which underlies the ability of the whole domain of health care to take its necessary evolutionary step forward – changes must take place on each of these levels: the individual client, the practitioner, the modality, the clinic and the network.

In this paper I will concentrate on the possibility of developing modalities which enable people to develop as the ones who are in charge of their process. The other aspects will be only briefly looked at from this angle because of the size-limitation of this paper. All aspects of the above paradigm deserve the same treatment in appropriate spaces. I will start from the modality, for the anchoring and the manifestations of ideals depend on practical ways to implement them. If clients, clinics and networks would know of practical ways of implementing the above ideal, many would probably opt to change their attitudes and choices (I am aware that the other way round is as valid).

The Modality

The philosophy and the practicality of a Client Empowering Health-Care Modality

I suggest that characteristics of at least 3 major levels of any healing modality must be adapted for that modality to qualify to be a truly empowering one: Technology, Information and Language.

Technology. The term itself is in need of redemption. Nothing in our culture is more frequently blamed for the de-humanisation of our society than technology, and yet, humans created all of it. Humans also create technology that can heal what other aspects of technology destroyed. The term itself is neutral, defined in the Oxford dictionary as “systematic application of knowledge to practical tasks”. When the knowledge is mechanical in nature and the task is mechanical in nature – we can produce good cars and computers. When the knowledge is mechanical in nature, and the task is helping a human being, a society or a life-environment to recover – we end up at every turn destroying human bodies and souls, communities and lands, because of the fundamental incompatibility between the natures of the knowledge and the task in hand. The technology then is a destructive one. But it does not need to be.

Human beings are first and foremost creatures possessing an inner life of experience, sense-ability, thinking, feeling, willing and meaning. They have a body to carry them through life and to enable them to have experiences, but they are not their bodies. Their bodies express them, and an intimate connection exists between their inner being and their bodies. The body's function can be seen as a gift of nature's wisdom, an unconscious knowledge applied to the task of life. If we could make this unconscious knowledge conscious, and learn how to apply it to the task of improving life, guided by the one who is best connected to that body, the client – then we will have a new technology of healing. That will constitute a shift from an Outer & Mechanical Technology to an Inner and Life Oriented Technology.

Information. We tend to think that we live in the age of the information boom. Information technology innovations still excite the front pages of our newspapers as if they are still pointing to our future evolution as a species. I suggest that any new mechanical information technology revolution, as clever and as the “Super-Highway” speedy as it may be, is yesterday's news: more of the same technical gadgetry. The real new step in human knowledge is happening underneath all of that electronic noise, in a quiet revolution of a shift from Information from ‘Outside – In’ into Information from ‘Inside – Out’. I would term it as a shift from Information to Ex-formation.

I would argue with the fact that I am potentially the one best connected to the events which take place within my body, mind, psyche, and spirit. If I am given tools to create an awareness of my experience and the language with which to express this awareness – I will become a source of information regarding any complaint of mine. This will be far superior to most (not all) of what exists as mechanical tools of assessing my conditions in the various fields of today's health care. In order to tap that source of information I have to be encouraged To Express My Experience as a way to create perspective in relation to it, and in order to share it with my health care practitioner. That takes some training and a whole shift in cultural perspective within the field of health-care.

Language. Most of the operating knowledge within the various health care professions is packed in clusters of jargon-oriented language, which form a great deal of what that profession is. While streamlining the communication within the fraternity of the particular professions, that jargon is the highest barrier between practitioners and clients. It follows that the ignorance which is automatically attributed to the clients regarding their condition is, to a large extent, an ignorance not of substance, but of professional language. No move towards client-empowering therapy can bypass the obstacle of that language barrier.

The direction for the development of language for therapeutic interactions which will give clients the ability to participate actively in their healing process must therefore be a client's-experience oriented language; a language based on the clients ability to express directly their experience, verbally and non verbally.

I suggest that development on these 3 fronts is required if we are to move from an "outer experts" health-care culture to an "inner-expert" culture. From clients treated as objects of therapy, to clients treated as subjects of therapy:

Outer Experts – practitioner in charge

Inner Experts – client in charge

Philophonetics-Counselling, as an example of Client-Empowering Modality

I want now to demonstrate how the above set of criteria for client empowerment are being practically striven for by at least one new modality of therapy, Philophonetics-Counselling, the Steiner based modality of Expression and Body-Based Counselling using Sensing, Movement, Visualisation and Sounds, as well as therapeutic conversation.

Philophonetics means love of sounds, and in this context Awareness of the Inner Resounding of one's Experience. It is a combination of a whole range of arts therapies (movement, drama, speech, painting and sculpting), Humanistic Psychology and Steiner's Psychosophy.

It is a classic example of a method in which the client is firmly placed in the centre of the process, as the director, source of information, language former, decision maker, evaluator, and, in short, the expert within his/her own experience, the one in charge. It is also a method on which I can best speak, being a practitioner and a teacher of Philophonetics-Counselling, as well as its founder.

This method is now in practice at a few clinics in Melbourne (where it is also being taught) and Adelaide and is successfully applied to issues from the physical and energetic levels, where it overlaps with the medical professions; through to personal, emotional, mental and spiritual levels, where it overlaps with the psychological, the psychiatric, the counselling and the personal development professions; to the inter-relationship and organisational levels, where it overlaps with the family therapy, social work, human resources and marriage guidance professions.

In this method the client's experience of any inner condition, physical, emotional or mental, is the basic guidance for the therapeutic process. A range of non-verbal modes of expression for that inner experience are being encouraged in the client and, because of the natural, organic and spontaneous character of these modes of expression, they evolve very quickly, while being put into use. Following a verbal sharing during which a "Common Picture" of the content in question evolves between client and practitioner, a "Wish" regarding that content is formed by the client. On that basis a basic "Contract" is drawn and agreed to between the two regarding the approach to the process, followed by an in-depth exploration of the content with the help of the above mentioned non-verbal modes of expression. That exploration leads to new options of client's intervention in the explored inner patterns and to further steps agreed on between the two. A period of practice will take place between sessions. The nature of the work is thoroughly that of Team-Work, with the client in charge of the team. All elements used in the sessions are available to the client at home for further independent self-development work.

All the above is made possible by the fundamental trust in the client's ability to become conscious of his/her experience and to be directly and correctly informed by that awareness and to express and communicate his/her awareness to the practitioner. The practitioner is then able to enter a participatory process, with the client in charge of it. This

trust is the basic requirement for what could be termed "Participatory Therapy". The therapist role in it is primarily educational, a coach for self-management.

That trust, in the case of Philophonetics-Counselling is based on Steiner's medical and Psychosophical scientific background which entails an inherent connection between the realm of conscious experience and the fundamental life-processes underlying the life of the human organism: Breathing, Warming, Nourishing, Secreting (Assimilation & Elimination), Maintaining, Growing and Reproducing. Each of these life-processes also has a meaning on the psychological and interpersonal levels, using the same language. These two levels can be used metaphorically by each other because of this underlying connection. We can be choked with anxiety or we could breath in relief; warm with affection or cold with resentment. We can take care of ourselves or be starved of personal nurturing; able to receive what we need and get rid of what we don't – or the opposite; maintain our well being or let our quality of life run down; grow or stagnate; be creative or degenerate.

Steiner's Psychosophy identifies 12 ordinary human senses rather than 5, and one of them, the Sense of Life or the Sense of Well Being is uniquely designed to perceive the subtle changes which constantly occur in the dynamics of the above seven life processes. Physical as well as emotional conditions effect these life-dynamics, and the Sense of Life can perceive both.

This underlying connection between the organic and the psychological processes allows for intra-communication between them, a little bit like two computer programs who speak the same language, or like a sympathetic resonance between two musical string instruments. All of which enables one to know about one's inner processes more than any other source could ever hope to know.

This leads us to the need and the ability to communicate the content of experience, first to oneself and then to others. If the direct connection the client has to his/her experience could be made conscious and could be communicated to others – then and only then can the client be regarded as an expert, for, as I pointed out before, the gap between client and practitioner is largely that of a language. And this is when we become aware of the potential importance of non-verbal communication. For experience does not speak English. When we verbalise it – we translate it. It is always a compromise. Inner experience lives not in concepts and words but in Sensation, Movement Visualisation and Sounds, or Resonance.

Organic Processes

SENSING

The ability to become aware of physiological & psychological processes through the combined use of the senses

MOVEMENT

The ability to shape & express that awareness through bodily gestures, postures & movements

VISUALISATION

The natural ability to create inner images which correspond pictorially to inner processes on all levels.

SOUNDS

The innate ability to match all inner experiences with sound experiences which has a sympathetic resonance with them.

The above capacities are universal, cross-race, culture, gender, socio-economics, and education, as our experience of the past 10 years in three continents with thousands of people shows.

If both client and practitioner will be able to make use of the rich and hardly tapped source of non-verbal communication – a new culture of interaction beyond the fences of jargon could evolve. (To start with, even a verbal, conversational communication based on a similar regard to the client's experience as a relevant source of knowledge will be a huge step forward for many modalities). That is how a technology which is focused on the inner processes, with information that is based on expressed experience and language and incorporates the non-verbal dimension of all languages – can become building stones for new modalities of health-care, in which the client is the authority, as is the case in Philophonetics-Counselling.

The Clinic

The philosophy and practicality of a Client Empowering Clinic

No one practitioner, not even the most holistic and empowering one, can address the whole human being. The very attempt by a practitioner to be all things to all people is disempowering for the client. A huge difference exists between the fragmented experience of clients struggling their way between separated units of specialised practitioners around town with pieces of referral notes to connect them into some context, and the experience of an integrative clinic, a therapeutic community of various practitioners in one context, who have some relationship between them, who hold in their minds the wholeness of people together.

I believe that for people to feel in charge of a process for their well-being, the fragmentation of conventional health-care has somehow to be overcome. My sense of inner cohesion, sanity and orientation is based on the experience of being one being, one name, and one identity beyond my various parts, levels and aspects. If a therapeutic community addresses me as an integral whole – my sense of orientation is being supported and strengthened, therefore my ability to take responsibility and to participate actively in the process is being encouraged. I believe that for this to be achieved – practitioners of various modalities must create between them a therapeutic whole that can address the whole human being. My model is therefore the Integrative Clinic, and I practice as much as possible in such clinics.

The Whole Health Clinic in Fairfield is an example of one such clinic. On the board of that clinic, as well as in its brochure, you see all of the practitioners and between us, the picture of the whole human being is outlined: Medical Practitioners, Counsellors, Psychologist, Homoeopath, Naturopath, Herbalist, Masseur, Meditation Instructors, Chiropractor, Art Therapist, Phonetics-Counselling Practitioner. Every aspect of the human being can be professionally addressed in more than one way, so that there is diversity, that we are all different and that we need to be addressed differently.

But diversity is not enough if the whole human being is to be addressed, because the whole of the human being is greater than its various parts put together. That whole has a heart, a centre, and a personality, a being. So does a community. In order to be a functioning integrative clinic we have to cultivate the whole beyond the various parts, the unity within the diversity.

For that we have to meet, to develop and to maintain human relationships as well as professional ones, to share a vision, an intention, a heart, a sense of identity. The other integrative clinic, of which I am a member, is the Melbourne Therapy Centre at Warranwood, (Nth. Ringwood). We have in addition to most of the modalities already mentioned Anthroposophical Medicine, Rhythmical Massage, Chirophonetics, Hydrotherapy and Eurythmy. We meet regularly, at least twice a month, with working parties meeting in between. We study together matters of common interest, and we hold case studies in which the various aspects of our work can re-establish their common ground. We sit in a circle and every practitioner contributes a point of view to be held together. We built a picture of a client, (with that client's permission), his/her past, present and potential future, holding the wholeness between us.

Personal issues between us are being aired regularly as they come, often with the help of a third party within the circle, maintaining our social as well as our personal health. At least once a year, in both clinics, we devote a whole weekend for an intensive gathering of all staff and board members, when we meet on a deeper level, renew and develop the vision that brings us together, learning from our experience and defining the challenges and the initiatives for the short and long term future. We create between us a clear, warm, healing space, into which we then invite people to come and to be healed.

I might add that in both cases no one owns the clinic personally, they are cooperative associations with stated aims and objectives, non-profitable organisations, run by non-hierarchical groups working together. Health care for us is not first and foremost a business although it has a clear and well-managed business side but a calling, an ideal, a path of personal, professional and spiritual development.

I suggest that both clinics present a model of an Integrative Clinic of a holistic nature, in which the whole human being can be addressed, be empowered to make informed and free choices, held, respected and treated as an autonomous, integral being. These clinics work well and are a pleasure to work in.

The importance of the Network in the empowerment of the client

The essence of empowerment and free participation in health-care services is the existence of choices. The best practitioners, modalities and clinics would exist with little effect were there no means by which people could come to know about them and to appreciate their contribution.

Knowing in the sense intended here is more than factual information; it means education. The shift from the mechanical approach to health into a holistic one is primarily an attitudinal shift, a change in the way people conceive of themselves: from being a complicated biological piece of machinery – into respecting themselves as integral whole beings with consciousness at their core. The shift from passive consumption of recipes, treatments and medications into taking active responsibility for ones' well being – is a shift in personal development, maturity and growing up. In order to take such a step people need more than information; they need inspiration, encouragement and education. Only on the basis of a long term educational process will the information about a greater diversity of health-care possibilities will be properly assessed by consumers and be evaluated for decision making.

We cannot expect the mainstream medical profession which is still largely bound to mechanical training and to the interest of medical industries, or the political system which views the funding of health care as a part of its political power, – to provide such an empowering education and information. It is not necessarily within their interest, as it is presently structured, to do so, although it should be. The educational challenge must be taken up by non-commercial, non-profit, non-political organisations like the Complementary Health Users Group and the Whole Health Institute, as well as by associations of holistic health-care professionals, to serve the need for public education in this direction.

A major distortion exists in my view in the industrial world in regard to health-care: health-care is regarded on the one hand as a profit-making business by powerful interest who seem to wield enormous influence on decision makers, and, on the other hand as a political issue by politicians and parties who use it as a part of the ups and downs of their political game. There is no sphere of activity allocated to health that is free from profit motivation on the one hand and from political interests on the other. Those who genuinely work in health care for the only motivation which truly justifies being there, namely the motivation to CARE FOR PEOPLE IN NEED, feel very often trapped between these two huge pressure blocks, without a sphere of activity which is protecting them to have the freedom do what they are there to do.

The long term solution in my view is a constitutional change which will secure for the field of health-care the same independence charter which is presently enjoyed by the judiciary in the Westminster System countries. That system, thank God, put our justice

system above politics and commercial interests, at least in theory. This should eventually be the case with Health-care, as well with Education, the Media and the Arts. These are community concerns that should have nothing to do with profit making or with political power games. All these essential fields of cultural activities are largely placed in the wrong hands in our western democracies and nowhere is that distortion being demonstrated in a more staggering way than in the field of health-care. This of course, is a long shot.

In the meantime the interest of the health-care field, beyond what politicians could be made to do, must be taken up by free associations. The two associations mentioned before, the Complementary Health Users Group and the Whole Health institute – are growing in this direction, attempting to promote awareness and communication between providers and consumers of whole health on all levels. Diversity on the one hand, and unity within diversity on the other hand, are the mottos of these organisations. Education of public, of professionals and of decision-makers in the direction of holistic health is a common goal of both. They are prime examples of the role of networks in empowering clients to take charge of their own healing process.

The Practitioner role in empowering the client

Another paper will be needed to properly cover this aspect of health-care. In this context I only wish to point to the crucial role of professional training institutions in shaping the culture, the character and the ethics of future practitioners. The most important investment in this regard is students of all health-care modalities. Those of us involved in tertiary education are carrying a great responsibility in this regard. Unfortunately it is possible to qualify academically in most fields of health-care without being required to reach a basic level of self-awareness, self-care, and independent thinking, or even a broad view of various approaches to health. Individuals, professional associations and health-care networks must make up for this fundamental lack in our tertiary system. If we do not grow to care for ourselves, we have not got the moral right to claim to be able to do so for others.

The Client's role in empowering themselves

Clients are you and me. In the last account no one can empower us from outside. Taking responsibility for my well being is, eventually, a free choice and a free deed. Education can help, but it is eventually left to the individual to determine what he/she adopts out of it. If I regard myself as an integral whole being, I will be, sooner or later, regarded as one by others, health practitioners included.

“Physical health is inseparable from emotional, mental and spiritual well being”, as the motto of the Whole Health Institute goes; It is this approach to therapy and healing, that Anthroposophical Medicine applies to the individual patient. Thus the patient is the one fundamentally equipped for the fulfillment of his/her life journey on the physical, emotional, mental and spiritual levels, capable of making use of one’s experience on all these levels for the unfolding of one’s essential potential.

The diseases we go through are an important aspect of this. The quality of the process of dealing with a disease is therefore as important as its immediate outcome, “being educational as well as therapeutic” as the motto for the Melbourne Therapy Centre goes. I deeply believe in the truth of these statements, as I am a co-author of these brochures. For clients to take charge of their health-care process – they have to take charge of their personal development. That is the true challenge of free individuals, and we will all have to realise it, sooner or later.

In conclusion, the evolution in the direction of people taking more and more charge of their own lives, health, well being, even sanity – is irreversible. It takes place through conscious human deeds. For such a change to manifest – modalities, practitioners, clinics and networks must consciously evolve in this direction. Above all clients themselves have to change their orientation to themselves and all the above can only provide the opportunity and the range of choices for them. Not more, not less.

I believe very strongly in the future of that development, because the motivation that brings people into the field of Whole-Health on all levels, comes from the best in the human being, and it goes into the best in others. It is a privilege to be a part of this movement.

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