

The Latihan of Subud, Dissociation and the Neurology of Spiritual Experience

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Members are sitting around casually in the living room of a Subud house after an evening latihan. A Subud brother goes into crisis, suddenly and inexplicably. His thrashing is so violent that it takes six men to carry him horizontally, out of the house and into the dark of the night. No one understands what is happening, not even his girl-friend who watches in horror, but it is assumed his behaviour is 'purification' from his recent latihan. This man will continue to do latihan for many years before it is revealed that he is schizophrenic, and that the latihan was not a substitute for the medication he needed.

Anecdotal stories are found all over the Subud world in every group, about the breakdowns, crises, psychotic episodes and long-term dysfunctions of individual members. There is nothing strange about this, nothing unusual, for it only represents in microcosm the reality of human life in all communities. Mental illness is as ubiquitous as physical illness. What should concern us, however, is whether we are responding appropriately to the issue of mental illness within our Subud groups, whether we as a community understand what mental illness is and can recognize it when we see it. But one further set of questions should be asked—and it is shameful that they have not been asked, given that Bapak specifically singled out mental illness as one of the few conditions preventing a person from being opened in Subud (World Subud Association, 2007)—and those questions are: what is the link between mental illness and the latihan, and is there a causal link between doing latihan and the appearance of mental illness?

The Subud organization has no history at all of research into itself. The Subud Vision website might be one of the first attempts to analyze the phenomenon of Subud, the latihan and the communities to which it has given rise, in a professional, educated and transparent way. In this spirit I would like to present some ideas and arguments around the subject of the latihan itself as a phenomenon which clearly has an impact on human life, and therefore should not be above thoughtful scrutiny.

I am particularly interested in the connection between the latihan of Subud and the psychological phenomenon known as 'dissociation'. I believe there is indeed a connection between the two phenomena, one that significantly affects the well-being and quality of life of many people who enter Subud. In my opinion, it is time that mental health professionals within Subud act responsibly to investigate the aspects of the latihan experience that have an impact in the sphere of clinical psychology and psychiatry.

My discussion of the latihan and dissociation is informed by current research that is making links between brain processes, spiritual experience, and mental health. A new and developing field of research, neurotheology, is finding that dissociation may have a part to play in spiritual or mystical experience. Neurotheology is a branch of neuroscience devoted to discovering what happens in our brains, which regions turn

on and which turn off during experiences that are usually described as mystical, spiritual, religious, or transcendent. The research being done in neurotheology is providing fascinating insights into the field of spiritual phenomena.

The terms 'latihan' and 'dissociation' require some definition and delimitation.

The Latihan Kejiwaan (Indonesian: latihan = exercise, kejiwaan = spiritual)

In discussing the *latihan kejiwaan* of Subud, it isn't my intention to give offence to those who prefer to view it as a purely spiritual experience. I am not negating the spiritual component of the phenomenon or trying in any way to invalidate it. But wherever this latihan comes from and whatever its source, for a human to experience it, it must go through or be mediated by the biological system, including the brain's neurological web.

The issue of our subjective experience of spiritual phenomena will be taken up later in the article. For now, I emphasize that my interest in this discussion is centred on the latihan as a phenomenon that is felt and experienced with the body, brain, emotions and cognition, and which affects our body, mind and feelings, as well as our relationship with the world beyond ourselves. Discussion of the latihan as a spiritual phenomenon affecting our psyches or souls, I leave for others to pursue.

Dissociation

In the field of psychiatry and psychology, the term 'dissociation' is used in connection with trauma and its consequences. It is usually used in a context of states of distress, anxiety, conflict and heightened emotions. In this context dissociation is the individual's automatic response to situations that feel overwhelming and beyond one's capacity to deal with. However, in a wider, everyday context, dissociation is a universal human experience, which most people experience at some time. A common story is told by adults who felt 'out of their bodies' when very ill as a child. It is experienced along a continuum from common and casual day-dreaming and reverie and feeling 'spaced out', to the more extreme forms associated with post-traumatic stress disorder, borderline personality disorder, and at its most extreme end, dissociative identity disorder (formerly known as multiple personality disorder), in which the awareness of self is severely split into separate parts of self that seem like distinct personalities.

I would describe dissociation in the following way: it is an altered state of consciousness during which an individual can think about, talk about and contemplate a subject which should have strong emotions attached to it, in a way that is clearly emotionally detached. A dissociated person compartmentalizes a given experience, keeping thought and feeling separate. They might process the experience cognitively, i.e., with thought and intellect, but divorced from the emotion attached to the experience. Or they would experience feelings and emotion without any clear mental picture, thoughts or memories attached to them.

For example, if I come upon a dog in the street, my thinking/cognition first constructs a mental picture of the situation, analyses it for clues, and only then do I have an

emotional response—“oh, what a cute doggie” (pleasure), or “that dog looks dangerous; I’m going to back off” (fear). But if I experience the meeting with the dog in a dissociated state (say, due to past and mostly forgotten trauma with a savage dog), I might feel instant fear and panic without any understanding of why (either because my mind blanks out or I have amnesia for the earlier event), or I might say to myself, “here is a dog; it looks savage,” but with no attached feeling at all, as if I am watching it all outside of myself (emotional shutdown).

This disconnection between cognition and emotion is at the heart of dissociative phenomena. But under that generalization are various sub-categories, listed below. The prefixes ‘de’ and ‘dis’ give an indication that these states of consciousness are regarded as deviations from an integrated state where thought and emotion are operating together in collaboration and mutual support.

- *Dis-inhibition*—related to alcohol, drugs, trance states, etc. Release of inhibition can be experienced as cathartic eruption of negative emotion or euphoric feelings of bliss.
- *Emotional detachment*—inability to connect with others on an emotional level, as well as a means of coping with anxiety by avoiding certain situations that trigger it. It is often described as ‘emotional numbing’ or dissociation.
- *Disengagement*—the act of releasing from an attachment or connection, the act of dividing or disconnecting.
- *Depersonalization*—the sense of being detached from, or “not in” one’s body. This is what is often referred to as an “out-of-body” experience.
- *Derealization*—the sense of the world not being real. Some people say the world looks phony, foggy, far away, or as if seen through a veil. Some people describe seeing the world as if they are detached, or as if they were watching a movie.
- *Amnesia*—when overwhelming fear activates the fight-or-flight response in the brain, but neither fighting nor escape is possible, the person retreats psychologically—they dissociate, a form of non-physical escape, an altered form of consciousness. Such experiences usually result in some degree of psychogenic amnesia and post-traumatic stress disorder. This is why much of the literature around dissociation is related to trauma research.

Judith Lewis Herman, describing the ‘constriction of consciousness’ that is part of the dissociative consequences of post-traumatic stress, explains:

Events continue to register in awareness, but it is as though these events have been disconnected from their ordinary meanings. Perceptions may be numbed or distorted.... Time sense may be altered, often with a sense of slow motion, and the experience may lose its quality of ordinary reality. These...states of consciousness are similar to hypnotic trance states [though Herman emphasizes that they are not the same]. They share the same features of surrender of voluntary action, suspension of initiative and critical judgement, subjective detachment or calm, enhanced perception of

imagery, altered sensation,...and distortion of reality, including depersonalization, derealization, and change in the sense of time. (Herman, J.L., 1992, pp. 42-43)

The exact neural pathways and mechanism of dissociation are not known definitively, but the moments of dissociation have been captured on MRI scans of large numbers of patients with dissociative identity disorder, at Swinburne University in Melbourne, a world-first project with which I have been associated. The moments of switching from one state to another appear on the screen as massive disruptions of the subject's brain waves, followed by a return to calm as the new state of consciousness (known as 'alters') settles in. (Ciorciari, 2002)

My Experience of the Latihan and Dissociation

As a practicing creative arts psychotherapist, and a former member of Subud, I have had close contact with the impact of mental illness at both professional and personal levels. In keeping with a collaborative approach to professional research, I include my own story in my investigation, and acknowledge the impact this story has had on my enquiry into the links between the latihan, dissociation and mental health.

I began practising the spiritual exercise of Subud while still a teenager and continued with it for many years. However I had come to Subud with the background of a traumatic childhood within a dysfunctional family setting. Unfortunately the Subud community was subject to the same lack of understanding about psychological needs and mental ill-health that was typical of society in general, and I and my family were advised not to seek psychological counselling but to do our spiritual exercise and trust in God to fix things.

There were many advantages to the life-style I had chosen in Subud: the emphasis on honourable actions, proscription against drugs and alcohol, close-knit community and friendships, security and certainty of beliefs. It allowed me to live in a cocoon for many years, but it didn't allow me to grow in intellectual freedom nor to attend to the unresolved traumas and emotional dysfunctions remaining from childhood and adolescence. As is the way with human life-stages, the dysfunctions gradually eroded my happiness and well-being, and deep within me, repressed material began to insist on coming to the surface to be healed.

Within the context of my life in Subud and my practice of the latihan, this change manifested as a change in my feeling about doing the spiritual exercise. I began to feel afraid of it, of being in an enclosed space with others in that heightened state. I began to fear what felt like a deep, dark dungeon inside me, full of pain, which only surfaced when I did latihan. Consequently the practice of latihan became full of violent outpourings of distress, confusion and pain. For some years I alternated between stopping latihan altogether and persisting with it against an instinct that was telling me to stop.

Eventually, with the changing times, psychological therapy became more acceptable as an option for change, and I entered into a long-term therapeutic relationship with a psychotherapist who was skilled in my area of need. I began to experience what Subud people around me perceived as 'a crisis' (i.e., a spiritual crisis). However, for

me there was nothing spiritual about it at all. What I was actually experiencing was the classic opening phase (known, interestingly enough, as 'the crisis phase'!) of the healing process from post-traumatic stress disorder.

In this opening phase of therapy I experienced myself as a number of different people, all children. Sometimes I heard voices inside my ears, speaking in voices that were not my own. When I shifted from one 'child' to another, I would behave quite differently, but I always had an executive self who was present to all of them. My therapist explained that these 'children' were actually memories surfacing. I was producing prodigious amounts of artwork and poetry, and it was through these visual and poetic images that the memories poured out. Through this process I began to see my inner 'children/memories' as having been chained in a dungeon in my psyche for thirty-five years, wrapped around by heavy chains that prevented them from surfacing, able to speak to each other, but not to me, the adult Hassanah. I also discovered, very guiltily, that my relationship with these selves was extremely negative, rejecting, critical and unloving. Interestingly, it was not the practice of latihan, which focusses on one's loving relationship with a 'God', that changed this inner relationship with the self, but the journey in therapy, which taught me to love *myself*.

I came to understand why my latihan had been so tortured over the last few years, as this material became more and more insistent on being let free. The way I pictured it to myself was this: in a latihan state the door to this dungeon of the unconscious was opened, and I would descend the stairs to the prison of my repressed self. There I would cry and scream, crawl around the floor and generally feel as if I wanted to rip myself apart. But when the latihan was finished, I'd come back up again and leave all the screaming parts behind in the dark. I couldn't bring them up to the light with me.

Although I tried and tried, the latihan process did not allow me to do this. Through therapy I understood why—because the resolution of the trauma required that I stop dissociating, that I be able to talk about my experiences and learn to feel my emotions in a non-dissociated state. Trying to heal myself through latihan was like a drug addict trying to fix his problems by taking another drug.

Once I came to this understanding I knew what my next decision had to be. Within the metaphor I had built for myself, I knew that I had to learn to bring the 'children' up into my world, and must no longer go down into their world only to leave them stranded there. Along with this understanding came a slightly altered way of viewing this 'latihan' that I had been doing unquestioningly and uncritically for so long, because I was beginning to get insights into the nature of dissociation.

The therapist's first comment on the matter was that latihan was a form of dissociation. I was taken aback, and a bit offended. She then emphasized that that was not to take away its relevance as a spiritual phenomenon. But from a medical point-of-view it involved an altered state of consciousness, and therefore would be classified as a form of dissociation. As therapy continued I came to understand that my childhood experiences had left me with PTSD and dissociative tendencies. I saw that while the latihan had in many ways protected and preserved me, it had also prevented me from overcoming the post-traumatic stress disorder and the dissociative disorder, because it reinforced and perpetuated my dissociation. Because I experienced this so clearly for myself I had to begin to consider the

possibility that the latihan and dissociation were linked so closely that perhaps they were actually the same phenomenon.

Dissociation in Subud Life

I realize that for many readers this proposed link between the latihan and dissociation will be new territory, as we are not used to thinking of the latihan in these terms. I believe the easiest way to make sense of the subject at this point is to give a few concrete examples of how the latihan can be used in the same way that humans use dissociation, which is to help them distance from unwelcome and uncomfortable feelings, or to access pleasurable ones.

I have a Subud friend who grew up in a Subud household. Her father could not cope with displays of anger, and whenever a fight or argument caused him to lose his temper, he would go straight to his bedroom and do latihan. My friend commented that he always came out completely calm and quiet, but emotionally removed. The family arguments never got properly resolved, because the focus was always on simply removing any traces of negative emotion. From a clinical point of view, this father was dissociating from his emotions. I imagine from his point of view he was 'surrendering' them to Almighty God. But it would now be generally accepted that best family practice involves being able to talk about and work through difficult emotions and tensions between people. This was not understood, and the latihan was used as a tool for avoidance. (See earlier description of 'emotional detachment'.)

The Subud practice of 'cleansing' latihan is, I believe, of the same order, though used with a different hidden agenda. (In the following passage I use 'Subud' language which I learnt from the talks of Bapak, the founder of Subud, and through my years in the Subud community. I have since rejected this particular way of describing experience.) Cleansing latihan are usually done after a 'helping' latihan with someone who is going through a 'heavy' or difficult event of some kind. The helpers often experience 'throwing off' very unpleasant and often quite violent feelings. It is taken as read that the throw-off material has been 'picked up' from the person for whom the helping latihan was done. It was often my experience out in the wicked *nafsu*-ridden world, that I would be sitting near someone and feel terrible, feel as if I was picking up some awful 'lower forces'. I would rush off and do a quick 'cleanser', ridding myself of this person's unclean *nafsu*. (See Supplement No.1 to *Bapak's Advice and Guidance for Helpers*, 1983-1988, p.11, 'The way to measure how clean you are'.)

Many years into therapy I came to realize what was happening when I thought I was picking up other people's 'forces'. Certain people reminded me of people connected to my trauma. Their features, body language, clothes, etc., were triggers that set off traumatic alarm bells. I was not 'catching' something invisible from them; rather, they were activating my own hidden issues, baggage, memories, etc. I believe something similar can happen in latihan where helpers are supporting a troubled member, and the cleansing latihan can act as either catharsis of the material raised within oneself, or dissociation from its unpleasant effects, or both.

The latihan is a fascinating and extraordinary experience, and I have no doubt in my own mind that it is real. My great concern, around which this article revolves, is how

this latihan is used, and the profound lack of understanding its practitioners have about what they are dealing with at the psychological and medical levels. The latihan generally presents itself in one of two ways, usually referred to as purification or receiving. Purification involves the throwing out of unwanted material (lower forces and *nafsu*). Although Bapak described it as the placing of the lower forces in their correct place (World Subud Association, 2002), my experience in Subud has been that most people think of purification as catharsis or the expulsion of unpleasant or unwanted thoughts and feelings. Most of the preceding discussion has centred around the 'purificatory' type of experience, which in psychological terms is certainly cathartic, but can also be used for distancing or avoidance.

Neurotheology—The Brain and Spiritual Experience

The 'receiving' type of latihan represents the goal and aim of those on the spiritual path. The following description would, I believe, be representative of the experience of many Subud people:

I felt communion, peace, openness to experience.... [There was] an awareness and responsiveness to God's presence around me, and a feeling of centering, quieting, nothingness, [as well as] moments of fullness of the presence of God. [God was] permeating my being. (Begley, 2001)

In relation to this uplifting, blissful and intensely satisfying type of latihan experience, I now turn to the current research being done in neurotheology, a branch of neuroscience devoted to uncovering the brain processes that happen during religious, spiritual and mystical experience. Most of the following information is readily available on the Internet, and I include references and supply the relevant URL addresses at the end of the article. I include this topic because the brain research of neurotheology has raised the possibility that the neural process of dissociation is once again involved.

The region of the brain that becomes active during mystical/spiritual states is in the prefrontal cortex, the front temporal and parietal lobes. In evolutionary terms the prefrontal cortex, at the top and front of the brain, is the more recent part of our brain to develop, and we share this development with other primates. Often called the seat of 'higher brain functions', frontal lobes mediate reason, language, self-awareness, spacial and temporal awareness, logic, as well as many functions to do with sensory processing. Brain physiology is very complex, and the information here is very simplified. I recommend "Psycheducation.org" for an easy-to-read explanation, with diagrams, of the three evolutionary stages of the human brain (see Bibliography).

The more primitive mid-brain, located right in the centre of our brain and shared with mammals, is involved in the processes which often precede religious experience. The limbic system of the mid-brain, or mammalian brain, mediates emotions, memory, sense of safety, well-being and fight-or-flight response, as well as other systems that are not relevant to this discussion. Many spiritual ceremonies are preceded by rituals and practices that quieten the thought processes, create emotional dissociation (through chanting, drumming, etc.) and heighten the sense of communal bonding and togetherness, all of which create ideal conditions for receptiveness to spiritual receiving. (Begley, 2001)

But at the point where the individual begins to sense connection with the divine, oneness with the universe, powerful feelings of a godly presence and so on, at that moment parts of the prefrontal cortex of the brain are flooded with oxygen and become active on the SPECT scan. Short for 'single photon emission computed tomography', this is the machine being used by neurologists in the laboratory to record which parts of the brain receive more blood (and therefore more oxygen) during the practice of spiritual exercises. More blood/oxygen indicates more neuronal activity.

The most widely publicized experiments, by Andrew Newberg and Eugene d'Aquili at the University of Pennsylvania, and Richard Davidson at the University of Wisconsin-Madison, were on Buddhist monks of long experience in deep meditation. (Begley, 2001; Geirland, 2006) However, other techniques and varieties of spiritual experience have also been recorded and analyzed. (Begley, 2001) What surprised researchers was not so much the parts that 'lit up' (became active) during spiritual exercise as the regions that went dark (became quiet and inactive).

A bundle of neurons in the superior parietal lobe, toward the top and back of the brain, goes dark. This region, nicknamed the "orientation association area," processes information about space and time, and the orientation of the body in space. It determines where the body ends and the rest of the world begins. Specifically, the left orientation area creates the sensation of a physically delimited body; the right orientation area creates the sense of the physical space in which the body exists.

The orientation area requires sensory input to do its calculus. "If you block sensory inputs to this region, as you do during the intense concentration of meditation or the quietness of spiritual absorption, you prevent the brain from forming the distinction between self and not-self," says Newberg. With no information from the senses arriving, the left orientation area cannot find any boundary between the self and the world. As a result, the brain seems to have no choice but "to perceive the self as endless and intimately interwoven with everyone and everything," Newberg and d'Aquili write. The right orientation area, equally bereft of sensory data, defaults to a feeling of infinite space. The meditators feel that they have touched infinity. (Begley, 2001)

Heightened electrical activity in the temporal lobes (part of the cerebral cortex) that lie along the sides of the head has been recorded during such exercises. This electrical crackling is also thought to be connected to dissociation. The temporal lobe area is also involved in speech perception. The following hypothesis might explain my experience of hearing other people's voices in my head in the days when I was often dissociated.

One experience common to many spiritual states is hearing the voice of God. It seems to arise when you misattribute inner speech (the "little voice" in your head that you know you generate yourself) to something outside yourself. During such experiences, the brain's Broca's area (responsible for speech production) switches on. Most of us can tell this is our inner voice speaking. But when sensory information is restricted, as happens during meditation or prayer, people are more likely to misattribute internally

generated thoughts to an external source. (Bentall in Cardena et al, 2000)

Scientists are interested to understand why some people have transcendental experiences and some don't, since all humans are physiologically capable of them. Research into these areas is so new that the data is only recently being collected and analyzed. The early hypothesis based on the data so far, is that the factors that might predispose a person to be likely to experience spiritual phenomena are: the ease with which they can access their unconscious or inner psychological processes, their connection to imagination and fantasy, their ability to accept new ideas and experience, and their ability to dissociate or move into altered states of consciousness. These appear to be the attributes most in common between people who report having religious or spiritual experiences. (Begley, 2001)

Neuroscientists involved in this research have publicly stated that it is not their agenda to challenge people's spiritual beliefs, only to uncover what is happening in the brain during these subjective experiences. (Newberg, 2002) The question of whether we are creating the experience of God or, alternatively, registering the effect of God's presence in us, is not one that can be answered as yet. That is a matter of faith and belief.

The Relevance of Neurotheology to Subud

As indicated in the above extracts, the presence of dissociative processes has once again been identified in connection with spiritual phenomena. All the investigations I have made into this field have served to confirm my initial instinct that there is a fundamental link between the latihan of Subud and the psychological process known as dissociation. This does not mean that this is a bad thing. It probably simply means that it is a natural and inbuilt mechanism in us, a kind of 'switch' to enable this kind of numinous experience. For most healthy, well-adjusted people, a limited amount of dissociation is fine, even therapeutic and relaxing, as most Subud people will attest. (And I emphasize again that this discussion is not dealing with the spiritual benefits of such practices, which have been felt throughout human history and across the world.)

But for someone who is already dissociated or prone to dissociation under certain conditions, the latihan has the potential to exacerbate an already unstable psychological system. It has been seen to do this all over the Subud world. Few helpers, however, understand the mechanism driving this problem with the mentally fragile or ill. And I suspect that Subud is not alone in this. A website on meditation and kundalini, discussing the problem of over-zealous devotees who go into spiritual crises or psychoses, similarly shows no understanding of the neural or physiological mechanism behind these cognitive and emotional breakdowns that are common to all mystical systems (Lukoff, 2007).

What I believe is often missing in these systems, including Subud, is the integrative function of talking. Dissociation is a dis-integrating function, severing the normal ties between thought, emotion, memory and consciousness. If the experiences that people have in latihan were debriefed, shared and spoken about (with appropriate controls, as in a therapy situation), then some degree of re-integration might be possible, reconnecting the intuitive with the cognitive, one of the prerequisites for healthy mental functioning.

If there is a link between dissociation and the latihan, the question I find myself asking is: 'Which came first?' Is the latihan exercise a transcendental experience mediated by the brain, which subsequently gives rise to a dissociative state, or is the latihan phenomenon a dissociative state itself? Is all mystical experience predicated on the dissociative mechanism which all humans have the ability to produce?

In relation to the latter possibility, the research to date indicates that spiritual paranormal experience is located in the parietal lobes of the prefrontal cortex, and dissociation seems to be generated in the temporal lobes (prefrontal cortex) and involves the limbic system (mammalian brain). That is a very simplistic way of categorizing the experiences, and it is much more likely that further systems are involved, as it is becoming clear that the brain tends to operate as a network (Buchanan, 2002). It is possible a networking connection between the parietal and temporal locations will eventually be found in relation to transcendental experience.

If the answer, however, is that dissociation arises as a consequence of doing latihan, then it becomes necessary to ask why. Dissociation usually arises as a protective response to pain, distress, fear and intense emotion. If the latihan opens a door into our unconscious, inner regions, it is certainly possible that that would be a confronting and fearful encounter, one that most people would resist as potentially too threatening. We keep these things hidden away for good reason. But the latihan has an equal component of blissful, transcendent and worshipful emotional affect, and why should members need to dissociate in the face of these experiences?

This is a subject for further research, as more neurological information becomes available. At this point in the investigation, I would choose to hypothesize that it is the spiritual or mystical state itself which is a form of dissociation, involving several areas of the brain including the network that enables dissociation. At what point in the preparatory rituals and practices or the early moments of mystical receiving that dissociative response sets in, is yet to be determined.

Conclusion—Implications for Mental Health in Subud

Our brains seem to be wired for transcendental or spiritual experience. All societies around the world have been moved by a need for connection with something beyond themselves, whether they define it as the deity, life-force, mythical being, ancestor worship or some other belief system. Our higher brains seem to have developed with a mechanism for 'tuning in' to that longed-for source, whether you choose to believe that we create the deity out of our need for it, or are created and contacted by a divinity within or external to ourselves.

Spiritual systems that have been around for centuries or longer have developed checks and boundaries to protect their members, because they have learnt that both the transcendent drive in us and the life-force that arrives when bidden, are powerful forces that can do damage to egos that are not strong enough or prepared enough. It is understandable that these spiritual organizations do not understand, any more than the Subud organization does, what the physiological and neurological mechanism is that acts as the 'switchboard' for mystical experience, because the research is so new. This may begin to change as the experiments with the Buddhist monks become more widely understood.

Subud is a very young movement, which unfortunately has not yet learnt this essential lesson in self-containment and protection. As a movement of the late 20th and early 21st centuries, we have the opportunity to scale two obstacles with the same leap: to learn about the neurological mechanism of the latihan and at the same time put systems in place to guide and protect vulnerable members.

In my own development, it was only after learning not to dissociate in the face of difficulties that I was able to take charge of my life and accomplish the goals I was passionate about. Questions that come up in Subud conversations again and again are why so many Subud enterprises have failed, why Subud is not having more of an impact in the world and why we are not growing significantly as an organization.

Many years ago a chiropractor, Dr. Kevin Neave, attracted many of the Subud members in my group because his therapeutic treatment was so good. One day I was having a treatment, and asked him if he noticed anything in common with the Subud folk that he treated. I was expecting something positive, maybe how sensitive or 'special' these people were. Instead he said something that astonished and puzzled me. He said, after a pause, yes, what he noticed was that all his Subud clients had rather flaccid and passive muscles and flesh, and that they seemed...and he searched for the phrase...as if they somehow weren't connected with...what was needed to be effective. What surprised me was that Dr. Neave was struck not by the wisdom, or spirituality, or friendliness of our Subud people, but by an odd relationship they seemed to have with their bodies! Those words stayed with me for years, until I finally found a context in which to make sense of them.

I believe it is possible that many people in Subud are dissociated—most of the time—believing that they are correctly maintaining a quiet state of latihan within themselves. While this seems to be spiritually commendable, it becomes a problem when its opposite—being fully integrated and in touch with your passions, dynamism, drive, determination and will power—is seen as being in a state of *nafsu*, dominated by the lower forces. This, I believe, is the disconnection and dis-association that has crippled Subud as an effective force in the world. That is not to invalidate the many great projects and activities that Subud people are doing across the world, people who can mobilize their passions and work with them to achieve the noble goals that are part of the Subud vision. But there are many—too many—who have been left behind, unable to cope with the heaviness of the world and its forces, feeling separate from it, and seeking consolation in a practice that maintains and reinforces that disconnection.

If, indeed, the mechanism of dissociation is operating as part of the phenomenon we call 'the latihan', then this is an issue that affects not only those experiencing overt mental illness, but is also an issue of importance for all Subud members, who need at least to know what the risks are in practising a mystical exercise so that they can make informed choices about it. For those at risk of mental imbalance, however, Subud is behaving unethically in not taking this subject seriously at the decision-making levels.

There are multiple factors involved in deciding how to deal with 'Subud psychosis' (as it was termed by doctors in London in the 1960s), to what degree it should be treated as a spiritual phenomenon, and how much medical and psychological intervention is

appropriate. By presenting these arguments and the research behind them, I am inviting discussion and consideration of possibilities and implications. Let us have the courage to ask questions about ourselves and our practices and not continue in a manner that is blind to human progress and knowledge.

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