

# THE BRITISH AUTOGENIC SOCIETY



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## FROM THE EDITOR

Welcome to the Spring Newsletter, and sadly my last issue as your BAS Newsletter Editor. This is a bumper edition of some 22 pages, as suddenly, a number of people came forward with things to write and say... There is much here to read slowly, to re-read and digest over the months to come whilst awaiting the emergence of the next BAS newsletter editor. Who knows, it might even be you!

It has been my honour to have served you, our community and membership in this way, and whoever takes on the future newsletter editorship for the Society, I wish them as much joy, interest and creative satisfaction as I have enjoyed over these last 26 issues.

I thank not only all of you in the UK who have contributed so much over the years – you know who you are! – but also our many friends, honorary members and affiliates overseas – for example, Prof Luis Gonzales de Rivera in Spain, Dr Helen Gibbons from Australia, Dr Edith Rom and Bjorn Hussman from Germany, Dr Sheila Wright from Ireland, the late Prof Heinrich Wallnofer from Austria and others. I should also like to thank the previous chairs of BAS, Dr Sue Holttum and Judith Wren, as well as trustees Jane Bird and current chair, Donna Flack, for their support. I wish you all, and our faithful Society, all the best for the future, and I shall continue to watch with interest from the back benches!

Meanwhile, here's wishing you and your families,  
a very happy Easter time,

Dr Alice Greene  
<[alicegreene@icloud.com](mailto:alicegreene@icloud.com)>



## TRUSTEES REPORT

by Donna Flack, Chair of Trustees

### **BAS AGM ON SATURDAY 13TH MAY 2023.**

This will be via Zoom again. Last year, when we surveyed members, there were significantly more votes for attending online rather than meeting in person – though some were willing either way. We were greatly helped by Isabelle Beaumont, who looked into the possibilities of hybrid working for the AGM and our PG Cert training. The answer kept returning to zoom – mainly for cost reasons. We will be circulating your AGM paperwork in a couple of weeks. Trustee nomination papers will be an important part of this.

### **WE NEED NEW TRUSTEES TO KEEP BAS GOING.**

We have recently welcomed Patricia Toward as a co-opted trustee, and look forward to her ratification at the AGM. We are extremely grateful for her help and support. However, with Linda Baines stepping down as trustee at the coming AGM, it still leaves all the work to just 3 people.

### **TRUSTEES**

I am sure you have all got the idea that we are working hard and that being a trustee will be a BIG job. This doesn't have to be the case, and in fact, if we had more trustees, Jane and I could both step back and concentrate on the training, supervision and CPD events (maybe reinstate the old training team). And the role of the trustees would simply be to 'oversee' the running of the society.

### **LOOKING BACK**

I joined the trustees originally to help provide more events for members, which found its feet as AT Talks. After joining, Linda, Jane and I had to jump in and help the 2021 students, which took several months. Later we had to rescue the website over a weekend quickly before the old one was deleted; and then design a new one. For a while, I must admit, we were firefighting. More recently I have had to take a break from AT Talks while we prepare for the AGM, try and recruit more trustees, look into finances etc. Linda has had to abandon her research project and Jane has been thrown back into the training – thankfully – and is doing a wonderful job! Sadly Linda is not standing for re-election in May, and we thank her for her huge contribution over the last three years.

We NEED a treasurer – it doesn't take too much time and Linda has offered to help and teach the ropes, backed by the support of our very helpful Accountant. Also, we need someone with legal knowledge, and/or someone to help recruit people for these roles. Help with all of this would be greatly appreciated.

### **NEWSLETTER**

After all of Alice's wonderful work we mustn't lose this, and I can see that it will be a further job for the trustees if no one steps up, adding pressure and taking our time away from other things. Please do get in touch if you can offer anything to help – no matter how small.

**GOING FORWARD**, I would love to get a research team together and have spoken to a few interested members, but intentions stay undone as other things suddenly take priority. We need to continue work on the website, together with Jade, looking forward to some exciting developments. All of these things take time, and we badly need help. Trustees should not do operational work (except treasurer maybe), and we need to bring about better systems with a combined force of more people doing smaller jobs.

**IN SUMMARY:** BAS is struggling to provide its members with what could be possible, because of lack of help. Please help us to help you. If you can offer anything, big or small, please get in touch. If we could each give a little of what we're good at, BAS could become bigger and better than ever!

With kind regards,

Donna Flack,  
Chair of Trustees  
[donna611@gmail.com](mailto:donna611@gmail.com)



## PGCert-AT TRAINING

by Jane Bird

First – we have at last managed to send PGCert-AT certificates to 4 students from 2021. Through many delays (including realising we didn't have the right paper for printing them), we now welcome, with warm congratulations, four new members to the BAS:

Ann Marie Duggan, S Ireland; Maya Kriznar, Slovenia; Iris Knoop, UK; Lara Jonah, UK.

All of these new members underwent a final training period which showed they are not only competent practitioners, but now understanding errors from their previous course, which were not of their making.

Simultaneously, we have just started the new PGCert-AT training course via Zoom. Sadly this is undersubscribed, but we decided it was necessary to go ahead as the students' future availability and enthusiasm were paramount in 'getting them on board'.

So we welcome Pia Lindgren in Australia, Sebastian Lupu, Beverly Sloan, and Rob Bennett in the UK.

Donna and I are heading up the first module, with the help of Ann Bowden (her always wonderful AT & Physical Illness sessions, as in 2018, broken up to match the standard exercise we have reached e.g. musculo-skeletal with Heaviness pt 1). Also Patricia Toward, with an eye on being a supervisor, is observing, and contributing to role play. Our aim is to provide a consistency of approach which we hope will markedly reduce confusion, witnessed not only in recent years, but also from the past. Our message is that teaching clients is completely different from our own personal practice. And a BAS standard, while always flexible according to the client's process, must be exactly that: standard e.g. to include the offloading exercises.

We are flagging up the importance of process, and our current students have already been surprised by their experiences even with short-stitch introductions in 'week 1' (this in quotes as we hope to create an 'authentic group' experience).

### Dates for Module 1:

Friday	March 17 afternoon
Saturday & Sunday	March 18 & 19 - done
Saturday & Sunday	April 1 & 2
Saturday & Sunday	April 22 & 23

### Module 2

Saturday & Sunday	June 3 & 4
Saturday & Sunday	July 1 & 2
Saturday & Sunday	September 9 & 10
Saturday & Sunday	November 25 & 26

Course work returned and discussed at Viva – March or April 2024

You will realise all this has been going on alongside trustee business. I echo Donna's words: please step forward to the enjoyable and friendly role of trustee – zoom makes it less onerous than in the past. Without managing training, being a trustee would be a doddle! We need to return to an overseeing trustee board, not an operational one.

Jane Bird  
Training Co-ordinator  
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## AUTOGENICS IN THE CONTROL ROOM by Jos Greenhow

*Jos Greenhow is an officer in the Devon & Cornwall police force. He works as a sergeant in the highly pressurised environment of their 999 control room. His personal account of dealing with overwhelming stress and anxiety is inspiring.*

In common with many people, 2020 & 2021 were not vintage years for me: a baseline of tag-team parenting young children and working a demanding job were supplemented by, in short succession (and listed in no particular order), the death of one parent and deterioration of the other, my daughter breaking her leg, me breaking my hand, an early bout of Covid with lingering complications, burnout following pandemic over-working, a close friend gravely ill with a brain tumour, and emergency hospitalisation with appendicitis. At the end of 2021, in the weak sun of convalescence, I was in a new 24/7 role as a Police Control Room Sergeant (triaging dynamic risk for the whole force area and managing, or attempting to manage, post-pandemic rising dynamic demand with post-austerity depleted resources). When I received a routine mental wellbeing screening from Occupational Health, it diagnosed raised levels of anxiety and stress. The water my role swims in is crisis management – and it was taking a toll on me. (I keenly remember the tension of trying to resource help for a suicidal caller while reading the updates as they got out of their car, walked down the beach, and then described wading into the sea). I recognised if I was to remain in post (it is rewarding, engaging work), I needed to change my relationship to the stress(es) I encounter. I was offered Autogenic Therapy and – any port in a storm – took it. In January 2022 I washed up in the calming office of Dr Ruth Sewell.

When Dr Sewell told me I would need to find 20-30 minutes three times a day for three months to practice I smiled wanly: that was a lot of time to use for a selfish purpose, but I committed to it as an investment. The time was hard won: a combination of my wife agreeing to temporarily shoulder even more of the home burden (shift work is not kind to spouses), me economising on mindless activity (self-justified as relaxation), getting up unfeasibly early before morning shifts, and setting aside time in bed before sleep every day to practice. I managed a daily minimum of one daytime (and usually two) and one bedtime practice; graduating from short stitch to the full set; then moving to adding in a bespoke pair of aspirational motivational formulae (“I have enough time, and no need to rush”, “My jaw is loose and relaxed”). I didn’t waste mental energy on whether, how or why it would work – I committed blindly because I needed it; and it became a rock to cling to. Slowly the turmoil I felt engulfed in receded, and in its place, enjoyment flooded back in my work – and leaked over into my home life.

A year on I have integrated a 25 minute practice into my everyday: at best I am on the floor lying supine, knees bent (in the living room fending off a cat, or on midnight break at work tucked beneath a desk); or sitting (chair wound bolt upright) in my mobile AT pod (car) in a dark carpark, a discreet lay-by or rural farm gate enroute to collecting children; or at worst lying in bed at the end of my day (this can be at various clock times) – in bed a full set is rarely completed before sleep overtakes me (both a curse and a benefit – turning off a buzzing mind post-shift). A coloured dot sticker on my rear-view mirror and work computer monitor discreetly remind me that Partials are available – and when I notice (and I do now notice) my chest or jaw or hands (or all three) tighten I turn to them for immediate, invisible, positive effect. Sometimes practice escapes me, but rarely for more than one day – and never more than two: because I notice I’m getting tense, terse, or not responding as I’d like to – coinciding with my lapse. I previously sat zazen – but had found it hard to get the minimum mental ease to sit, I have now resumed, continuing on after a full set of AT when time allows, or I allow the time.

Kosho Uchiyama’s commented “If your wife and children say, ‘daddy has become nicer since he began to do zazen’ then your practice is on the right track...”: my family would unhesitatingly say this of AT for me; and I feel it – I receive and respond to the vicissitudes of life with more smiles than snarls. AT also brings me a greater connectedness to my physical self which is a joy (and has beneficially boosted my exercise and cut my alcohol consumption). AT is an invaluable and durable antidote to working in an intense environment with acute stress chronically repeated. I am keen that it be more widely available within my (and other) emergency service(s) and hope to train in its delivery to further this.

Jos Greenhow

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## MY JOURNEY WITH AUTOGENIC THERAPY FOR PAIN RELIEF by Fran Stringer

*Fran Stringer is a Radio Operator for Devon and Cornwall Police. She has two children aged five and seven. She is also studying for a degree in Forensic Psychology.*

Around eighteen months ago, I sustained a neck injury which caused a disc to herniate, resulting in nerve pain down my right arm, as well as pain in my neck and shoulder. I was taking a lot of pain medication to relieve this, which enabled me to do my job – up until November 2022, when my symptoms worsened.

At the time, a psychological questionnaire revealed that I was suffering from trauma. After a consultation with Occupational Health, it was found that my trauma was because of my neck pain, not because of my job, and I was referred to Dr Ruth Sewell for an assessment.

The nerve pain was so severe that I was struggling to get through the day. The pain medication was having less of an effect and I badly needed relief from the pain I was in.

At the end of my assessment, Dr Sewell suggested teaching me how to use Autogenic Therapy to try to help with my symptoms and to relieve my pain. So I began this new treatment very optimistically.

As I began, I really enjoyed learning the techniques, I also enjoyed getting the opportunity to take some 'me time' whilst I practised my exercises. It got difficult as the exercises got longer as the medication I was on was making me tired and I was struggling to stay awake through the longer exercises. I also found it difficult to dedicate the time to it as I have a very busy lifestyle. This was discussed with Dr Sewell, and we found some ways around it, to ensure that I stayed awake to get the most out of the therapy. I have now finished learning AT and practice 3 times a day, when I am able to. When I cannot, I am confident using my partial exercises and short stitch to fill in the gaps.

I have found that my pain is much easier to manage, and I notice a difference if I do not manage all three AT sessions in one day. If my pain flares up, the partial exercise and short stitch are also very helpful throughout the day, as they help to ground me and calm my nervous system down. I am currently lowering the dose of one of my pain medications, as myself and the GP believe it is not working as well anymore. The Autogenic Therapy is also helping me to get through this.

I am using my new knowledge in other areas of my life also: I have a phobia of birds and I have now found my reaction to being around birds is less severe – I seem to go into 'partial exercise mode' without even realising I am doing so. I am also using AT at work; my workplace can be a very stressful environment and I am finding that partial exercises are helping me to keep a clear head.

At some point in the future, I will be having surgery on my neck. I am confident that having this ability to help myself stay calm will get me through the run up to surgery, and also help with the recovery period.

Fran Stringer

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## **THE GLOBAL IMPACT OF THE MULTIDISCIPLINARY PAIN CLINIC: A Health Service innovation by Dr John Bonica** **by Sheila Wright**

*The background to Dr John Bonica's transformative health service innovation is summarised by Dr Thomas Dormandy in his book, 'The Worst Of Evils: the fight against pain'. My brief article outlines the context to Bonica's establishment of the Multidisciplinary Pain Clinic, to deliver team-based, patient-centred care for patients with chronic pain.*

Dr Bonica had set up a specialised pain clinic in Tacoma General Hospital in 1947 (Ilyinski (2019)). Shortly after his appointment as first Professor of Anaesthesia in 1960 at the Washington Medical School in Seattle, Dormandy outlines how Dr Bonica went on to establish the first multidisciplinary Pain Clinic service, along with Nursing Sister Dorothy Crowley and Neurosurgeon Lowell White.

The first sentence of Chapter 1, 'A Gift of the Gods', sets the tone of Dormandy's book, stating that, in times past, sleep, joy, hope, happiness and relief from physical pain were part of the same package – a blessing that the gods of Mount Olympus (or wherever) occasionally bestowed on mortals. The idea that any part of this bounty could be separated from the rest would not have been understood by prehistoric man.

The book chapters describe how the perceived relevance of the interactions of a person's mind and body with their social context has both developed and fluctuated over centuries, depending on the extent of human civilization, social conditions and scientific advances and developments. However, the earliest concepts predate what we now know as the bio-psycho-social model of pain, which is of major importance and especially accepted in chronic pain management.

In Chapter 49, entitled, 'Pain Clinics', Dormandy describes how Bonica's background and early life experience influenced his career choice. He was born in 1917 in Filicudi, an infertile Aeolian Island off the coast of Sicily, and at the age of ten, Bonica moved with his family to the United States to seek a better life.

At the age of fifteen, following the death of his father, Bonica assumed responsibility for his family. Motivated by his desire to study medicine, Bonica sold at markets before taking up exhibition wrestling and travelling with circuses to fund his studies. However, the cost of this personal journey to Bonica was chronic joint pain.

After gaining his medical degree, at aged 27 (1944), Bonica became the Chief of Anaesthesia of an Army Hospital with 7000 beds.

At that time, the treatment of Pain was not recognised as a medical specialty in its own right, and a pain curriculum did not exist. However, Bonica taught himself all he could about pain and its relief, and added pain as a subject to his medical CV. He subsequently oversaw the care of ten thousand war wounded veterans which had been flown in from Asia and Europe. After this, in 1960, he was appointed the first Professor of Anaesthesia at the Washington Medical School in Seattle.

In 1953, Bonica published his ground-breaking book, '**The Management of Pain**', now in its 5<sup>th</sup> edition. (Pope John Paul requested a copy of this book for his personal library at the Vatican in 1990). Bonica's resonant and enduring catch phrase, '*I have declared war on pain*', was underpinned by two core beliefs: First that 'pain deserved to be treated even when its cause was unknown' and Second, that 'such treatment could only be effective through a team approach – involving doctors, nurses, physiotherapists, psychologists and other specialities as needed'. This mission statement and philosophy underpinned Bonica's enduring legacy to pain - the Pain Clinic.

This innovative, much needed, multidisciplinary pain clinic service spread widely, albeit slowly, in the early years – a key reason being that, before Bonica's drive to change attitudes to pain management, the subject of pain was not yet a medical speciality. It would be years before Pain would become a subject taught with a curriculum. The foundational developments, driven by Bonica and his dedicated support team, included the new International Association for the Study of Pain, (IASP) founded in 1973; the peer-reviewed journal, PAIN, founded in 1975 and the first international Congress of the International Association for the Study of Pain, in Florence, Italy, in 1975.

**'First Steps: The Early Years of IASP 1973-1984'** (referenced below) is a highly recommended read which describes the immense work done by the members of Bonica's support team in the early years of IASP, and their commitment to achieving Bonica's vision for multidisciplinary pain management. This development took place before the days of the internet and online communication and publishing, and so required absolute commitment to paper work, phone calls, travel, meetings and conferences. The headquarters of IASP, originally based in Seattle, is now based in Washington DC, next door to the White House.

Dormandy describes Bonica as *'one of the most successful persuaders of the 20<sup>th</sup> century'*. Certainly this is absolutely demonstrated by the major global impact Bonica's foundation projects had, and continue to have, through improving pain education, due to shared learning via multidisciplinary team work, together with IASP providing learning opportunities via the peer reviewed PAIN journal, the IASP website online learning and the now biennial IASP International Conferences.

The Core Curriculum for Professional Education in Pain was first published in 1991, with further editions in 1995 and 2005. This was an invaluable, evidence-based teaching resource at a time when there were no specific specialty curricula.

From 2010, IASP began to update curricula based on the four components of the original IASP Core Curriculum. Recently nine IASP curricula have been developed <https://www.iasp-pain.org/education/curricula/> This is a hugely important development for international pain teaching and learning, and for standards of care for patients, as are the establishment of pain schools with online curricula, examinations and pain academies. <https://europeanpainfederation.eu/education/pain-curricula/>

The National Chapters of EFIC are organisations comprised of multidisciplinary health care professionals working in pain management who set up a charity in their country affiliated to IASP – for example, the Irish Pain Society: <https://irishpainsociety.ie/>, and the British Pain Society <https://www.britishpainsociety.org/> Chapters arrange conferences in their own countries based on a given IASP theme: This year: - IASP Launches the 2023 Global Year for Integrative Pain Care - International Association for the Study of Pain (IASP) ([iasp-pain.org](http://iasp-pain.org))

Psychological therapies and self-management skills are now recognised as vital for effective quality of life for people with pain. Patients with pain are now equal members in their own care – eg elected Pain Patient Representatives take part in, and present at, international pain conferences, and have a major pain patient advocacy role.

Pain research is advancing globally and rapidly and, thanks to technological advances, there is increasing recognition of the beneficial applications of neuromodulation in treatment and of neuroscience in pain diagnostics, teaching and learning.

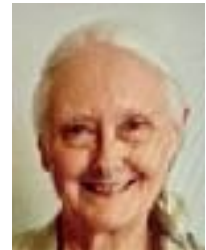
Pain clinics in Ireland are developing their scope of practice to include non-pharmacologic psychological interventions and self-management skills for patients. I am grateful that Ireland now has two Pain Specialist Nurses who are qualified Autogenic Therapists, having completed the BAS Fast Track PgCert AT. The supporting syllabus was focused on AT for people with pain, and approved by BAS as well as the Research Ethics Committee, University of Limerick Hospitals' Group, and the Nursing and Midwifery Board of Ireland.

A humble and heartfelt thank you to everyone in BAS who helped to bring about this highly valued outcome. A very special mention to former BAS Chair, Judith Wren, who took the BAS Fast Track PGCert AT project to heart. Judith did immense work to ensure all the necessary BAS supports were in place for a successful outcome. The Students really enjoyed the Zoom sessions with Judith at onsite Study Days – a boost for us all. Dr Ruth Naylor contributed highly informed and detailed preparatory work to the project and was an excellent co-project partner. Heartfelt thanks to Dr Ruth Sewell for her invaluable, expert guidance and supervision of Students. Thank you to all the BAS team – BAS Training Co-ordinator, Jane Bird; BAS Chair, Donna Flack; and BAS Treasurer Dr Linda Baines and BAS Trustees. You have been supportive and positive throughout.

The BAS Fast Track Pg Cert AT, begun in September 2019, was designed to complete in July 2020, but unfortunately the COVID19 Pandemic caused major delays and deficits across all aspects of the Irish Health Service. Despite everything, the BAS Fast track PGCert AT project has had a successful outcome for both Students. Heartfelt gratitude to all the BAS team for their commitment and hard work!

Thank you also to Dr Alice Greene for kindly publishing my contributions in the enjoyable BAS Newsletters which have featured very interesting pieces.

Dr Sheila Wright  
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## AUTOGENIC THERAPY IN THE CONVENT – An Unconventional Life

by Sr Treasa Ridge

*Sr Treasa Ridge qualified as an AT Therapist over 30 years ago and has promoted AT ever since, both in teaching others and as a committed practitioner herself. A former Trustee of BAS, she was awarded Honorary Fellowship for her many years of service. A nun for almost 65 years, Treasa continues her work as a director of spiritual retreats.*

I come from a humble background in the West of Ireland, the eighth child of a family of 14, of which ten siblings survived. We were, and are, a close-knit family. My mother made sure we studied hard and so we all did well academically.

At the age of 16, I decided to enter religious life and joined the Presentation Sisters in Derby in 1959 to begin my training as a Postulant in the Order. In March 1965, I took my final vows of Poverty, Chastity and Obedience, and the instruction of poor children – Poverty being joyful interdependence; Chastity being compassionate love; and Obedience as attentive listening. The diagram below illustrates the values and visions of Religious life for me.



I trained as a Home Economics teacher in Digby Stuart College, Roehampton, specialising in Food and Nutrition and Fashion and Fabrics. On April 1st, 1969, I successfully applied for a job at St John Houghton Comprehensive School in Derbyshire, where I spent ten happy years of my life as a teacher, during which I became Head of Department, and for the last six years, Deputy Head Teacher.

This came to an end in 1979, when I was asked to go and teach Home Economics in Zambia, Africa, where I had to learn to cope with many different challenges. After eight years, I became ill, and had to return home in 1985 to have my first cancer operation. My body did not heal very well after surgery, and fortunately for me, it was at this time that I first heard about Autogenics (AT).

An AT course was being advertised in Harley Street and so I applied, and was interviewed by Dr Brian O' Donovan in his basement office. He invited me to join the group he was starting a few weeks later. Thus, Autogenic therapy entered the Convent! As my body was still struggling to heal after the cancer, this became a transformative and healing time for me.

I finished my AT therapists' training in 1989 but had to delay taking my final written paper and oral exam for two years. This was because I had joined the spirituality team with the Jesuits at St Beuno's and, when the AT exam was being held, I was always in the middle of directing a 30-day retreat! The Retreat participants mainly consisted of clergy of various denominations, religious sisters and lay people. Before the Retreats, I introduced some emotional work with the group, using some of AT's offloading exercises, along with the teachings of Dr Frank Lake.

*[Dr Frank Lake, a psychiatrist, was one of the pioneers of Pastoral Counselling in the U.K. He founded the Clinical Theology Association in 1962, and remained its guiding spirit up until his death in 1982. Its primary aim was to make clergy more effective in bringing the healing power of the Gospel to bear on troubled minds, by helping them to understand the psychological origins of their parishioners' personal difficulties.] (fr Wikipedia Ed.)*

On my day off once a month, I taught AT to individual clients so I could stay in touch. One of the first 'miracles' I saw with AT was enabling a hospital Dietician to abandon her wheelchair after three years and be able to get back to domestic bliss and driving again. We have stayed in touch over all these years, and she is still practising AT. I have taught AT to groups on sabbatical courses, and to many couples and individuals. When living in Leicester, I trained several Doctors and medical students in AT. One Doctor (whom I'd never met) kept sending me his anxious 'heart patients' as he was amazed by the results of one patient who came to me of her own accord, who was able to come off her blood pressure medication. He told his patients, "I don't know what this lady does, but she works miracles". A good advert for AT! I feel proud of the fact that I am the only religious sister teaching AT.

Serving on the BAS board of trustees for a few years widened my interest in AT. I attended the Transitional Course with Vera Diamond, which was also fascinating and very informative. In addition, doing ten sessions of Autogenic Neutralisation with Tamara Callea was profitable.

All I can say is that AT is one of the best things I have ever done. It has had a wide range of positive effects on my physical, emotional, and mental health, as well as the healing it brought, not only to my body but also to my life: Unbelievably, I have had to deal with three different types of cancer – of the Ovary, of the Colon stage 4 and Breast stage 4, as well as currently, Multiple Myeloma. You can understand how AT became, and remains, a lifeline for me in my healing journey. In addition, I have also explored Colour Therapy which I found very helpful, as well as Native American traditional ways of healing, including the use of their cleansing Sweat Lodges.

To sum up, I am grateful for my own deep sense of faith; and for the many opportunities offered to me through conducting spiritual retreats and teaching AT, of meeting so many people – and of witnessing the 'Dance of Life' through their journeys, as well as through my own...

As Naeem Callaway puts it, *"Sometimes the smallest step in the right direction ends up being the biggest step of your life. Tiptoe if you must, but take a step"*.

I am so grateful that I did.

Sr Treasa Ridge  
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# SHADOW AND LIGHT OF OUR TIME by Dr Ian R F Ross

*“May Fate grant that we never turn our inner ear away from our soul's lips”*

*(Kandinsky 1912. Requoted by Tippett in 1962)*

## **Preamble**

In recent editions of the BAS Newsletter, Alice Greene has very appropriately expanded our horizons with articles not directly related to Autogenic Training, yet of great relevance to us on our journey through life in terms of developing our Authentic Self, as well as our personal and professional development. These articles have included: ‘Silence – Inviolable Asylum’ by John Zerzan and ‘Marcus Aurelius – Meditations’.

Many citizens of the world today feel that we are entering unknown seas and territory in terms of domestic and international society. At times like these, reflecting on Silence, and great works on meditation, can be particularly apposite. This present article, I hope, resonates with Alice’s wider perspectives, and for this reason I dedicate this paper to her as she comes to the end of her term of being such a wonderful editor of the BAS Newsletter.

## **I. Introduction:**

Autogenic training comes within the meditative traditions and Amplified States of Consciousness [de Rivera 2018], yet is rightly considered a secular approach.

However, all meditative traditions have spiritual dimensions, if we allow spiritual to embrace both ‘religious’ and ‘non-religious’ perspectives. It is also possible that some religious manifestations have become non-spiritual. This essay draws on various spiritual and ‘secular’ sources, without implying specific preference for any one.

In this present article I plan to link themes of pain and suffering in our present world with themes of Authentic Being, our *raison d'être* and inner stillness. The catalyst for this came to me two days before an Edinburgh Performance of Benjamin Britten’s War Requiem, which happened to be on 11<sup>th</sup> November 2022. As is well known, Britten wrote the work for the dedication of the new Coventry Cathedral following its destruction on November 14<sup>th</sup> and 15<sup>th</sup> 1940.<sup>1</sup>





Benjamin Britten conceived his War Requiem as being a communal act of reconciliation between three of the European countries involved in the Second World War, juxtaposing the Latin Mass with the essentially “secular” poems of Wilfred Owen, with one soloist being from the then Soviet Union (Galina Vishnevskaya – husband of the cellist Rostropovich), one from Germany (Dietrich Fischer-Dieskau) and one from Britain (Peter Pears). In the event, Heather Harper took the soprano role at short notice as the Soviet authorities prevented Galina attending. In this connection, it is well to remember that the first performance was on 30<sup>th</sup> May 1962 only seventeen years after the end of WWII, in which the Soviet Union lost roughly one person in 7. The following figures are sobering:

<sup>1</sup> *The creation of the United Nations following the 1939-45 war was filled with hope that in future disagreements between nations could be settled amicably within the Charter which respects human rights and self-determination. Roosevelt’s Four Freedoms [Roosevelt 1941; BBC R4: 2022] were embedded in the charter, which were subsequently endorsed by Mikhail Gorbachev. Despite this, nothing has fundamentally changed in terms of aggressive, unprovoked warfare being inflicted on innocent peoples and nations.*

<p><b>World War II: Deaths by country per 100 of population</b>                  Sources include:  <a href="https://en.wikipedia.org/wiki/World_War_II_casualties">https://en.wikipedia.org/wiki/World_War_II_casualties</a>                  Prins 1983; Phillips &amp; Ross 1983</p>	<p>USSR: <b>13.7%</b> (Russia 12.7% ; Ukraine 16.3%; Hungary 7.27%)                  Germany: <b>11.0%</b>                  Poland <b>17.0%</b>                  France <b>1.44%</b>                  UK <b>0.94%</b>                  USA <b>0.32%</b></p>
<p>NB 13.7% is roughly one person in 7; 16.3% one person in 6; 11% one person in 9; 1.44% one person in 69</p>	

*“It is appropriate to use our Reflective Function to ponder on these figures.”* [Knox 2003].

Britten’s intention seems to have been both to challenge the assumptions within religious doctrines for justifying war and to show that the outcome is always heart-rending. Wars are devastating for all sides. In present conflicts in the world, it is well to remember that all sides have suffered greatly at some time previously. The images below are reminders of these multilateral sufferings.

	
<p>Coventry Cathedral November 1940</p>	<p>Image from Twitter Ukraine 2022</p>
	<p>Note: these images and the article are not implying a moral equivalence of these events. Rather they are to emphasise the human suffering caused by aggression and SNS dominated policies.</p> 
<p>Leningrad September 1941 Siege by Nazi Regime</p>	<p>Dresden after 13<sup>th</sup> – 15<sup>th</sup> February 1945 UK and USA Air Raid Bombing Image Dresden 1945</p>

*“In war, whichever side may call itself the victor, there are no winners, but all are losers.”*  
 Neville Chamberlin 1938

Wilfred Owen said: “All a poet can do is warn.” Britten’s Second Canticle, ‘Abraham and Isaac’, is based on the Chester Miracle Play, which retells an ancient Biblical story. Essentially, it is the story of a Patriarchal God testing Abraham’s faith to the point of sacrificing his own son. Just before this occurs, God awakens Abraham to a ram caught in nearby briars, and so Abraham sacrifices the ram in gratitude to this God. In one of Owen’s poems, he transforms the ending of the miracle play thus:

*“Lay not thy hand upon the lad.....Behold,  
A ram caught in a thicket by its horns;  
Offer the Ram of Pride instead of him.”  
But the old man would not so, but slew his son, –  
And half the seed of Europe, one by one....*

In the original Miracle Play Abraham responds to the ram with gratitude, suggesting a Socially Engaged Dorsal Vagal state [Porges 2011]. In the Owen poem, and in war, our “inner ear” may be blown away from our “soul’s lips” as we become engulfed by the neuroception of flight and fight [op cit]. Most of the people of Leningrad, London, Dresden, and Coventry killed in WW 11 were innocent. Regarding this, Pieken comments: “For the people affected, it was irrelevant whether they were killed by bombs or grenades, whether they died within two days – as 25,000 did in Dresden, or starved to death within two and a half years – as 1.1 million did in Leningrad” [Dresden / Pieken 2017]. Furthermore: “During any conflict, we need people who can understand the suffering of all sides” [Hanh 1991]. This can only be achieved when we are in a Ventral Vagal autonomic state [Porges 2011].

“There are no winners” in war. The present major conflict in Central Europe is a terrible reminder to all Europeans and beyond that war is not something from the past (e.g. 1914-1918; and 1939-1945; or the Balkan wars following the disintegration of Yugoslavia). One of the most pernicious aspects of war can be the allegiance of some sects of religion to the official political perspective, however distorted or criminal this may be. Furthermore, we need to be deeply aware of what Ukraine is up against [see, for example, Havel 1978].

Beneath the surface of the War Requiem there is, I think, an implication, at least at some level, of unholy alliances between state and religious institutions – “Story follows Stage” [Dana 2018 p 35]. Some consider that in the way Britten intersperses the traditional mass with the poems, his hidden theme is a questioning of the role of the church in war. “Every placing of an Owen poem within the Latin Requiem liturgy precisely punctures everything that has just been stated – this is nothing less than a subtly achieved sabotage of the vested interests of an institutionalised Christianity from within....” [Lewis 2022 p 105]. There is nothing new under the sun.

The essence of the greatness of Britten’s timeless Requiem is from the words of Owen, which have been resonating down the decades since written. For example, toward the end, these words appear:

*Then, when much blood had clogged their chariot-wheels  
I would go up and wash them from sweet wells,  
Even from wells we sunk too deep for war,  
Even the sweetest wells that ever were.  
I am the enemy you killed, my friend.*

Wilfred Owen

In that sentence, “I am the enemy you killed, my friend”, there is the sense of our common humanity, and the horror, heartbreak, and tragedy of war. Britten musically carefully distinguishes aspects of the institutionalised from the actual life and words of Jesus.

## II. Suffering, Pain Pathways and our neurophysiology

The neural pathways of physical pain and psychological pain are interlinked: and it is of significance that both physical pain and psychological pain can be alleviated by opiates – suggesting their overlapping neurological underpinnings [Panksepp 1998 p 264; Eisenberger & Liberman 2004A; 2004B]. If I have a headache, and then meet an old friend in the street, my headache may disappear for the say ten minutes I am chatting to him. Our mental state can change our perception of pain, as indicated in the Pain Gate Theory [Melzack 2004]. For example, physical pain is modulated as the pain fibres from the site of the pain in the body enter the spinal cord through the Dorsal Horn.

These pathways are schematically illustrated in the Figure below.

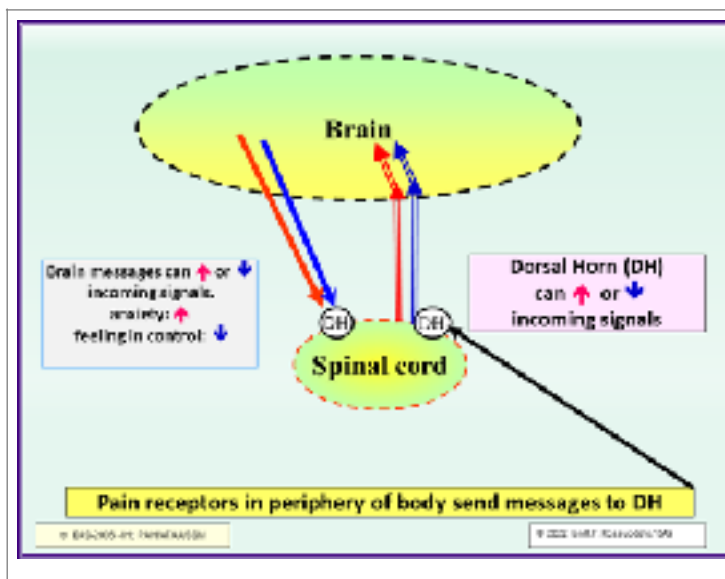


Figure 2  
Highly Schematic representation of Pain-gate model (DH = Dorsal Horn)  
(After Melzack 2004)

- i. Our mental state can increase or decrease pain signals arising in the body. *See left of picture.* Red opens pain gate for ascending pain messages; Blue closes the gate.
- ii. The *right side of the image* shows ascending message (black arrow) from the body entering the illustrated Right DH. From there, red arrows indicate increased pain transmission, blue reduced.

In general terms, we can say that distressed states (e.g. anxiety associated with increased Sympathetic Nervous System activity) will increase pain (see double red arrows). This will be the case when we are not able to pay fuel bills; and in areas of conflict or war where the flight and fight stress response will be being activated – as they would have been in our evolution eons ago. Nevertheless, the inner realisation that we are fighting for human justice in and beyond our borders can outweigh some of the stress of conflict.

## III. Mindfulness and Meditative States

Meditation will not per se bring an end to suffering. However, meditative and mindful approaches can greatly increase our resilience [see Spring Newsletter 2022 No 23]. When we are feeling settled and / or safe (associated with Ventral Vagal PSNS activity – Porges 2011), the pain signals will be reduced. Mindfulness and Meditative approaches, including Autogenic Training, facilitate Ventral Vagal Dynamics and so wholesome social engagement.

Our word ‘mindfulness’ does not reflect the original conception. Our western translation of the Sanskrit word ‘*sati*’ gives it a misleading cognitive and left hemisphere bias: mindfulness that is not heartfelt is not mindfulness. The term would perhaps be better rendered as “mind-heartfulness” – or left un-translated. Such a concept of Mindfulness overlaps with Jen, Human-heartedness<sup>3</sup>. Such a concept embraces Right Hemisphere Dynamics and more wholesome perspectives [McGilchrist 2021].

<sup>3</sup> In this context, Human-Heartedness or Jen-fulness may more capture the essence of *sati* / *smriti*.

Regarding Meditation, I understand that in Pali, the ancient language spoken by the Sakyamuni Buddha, there was no word equivalent to our present term meditation. A word originally used in this connection was bhavana, which can be well translated as: 'development through mental training'. [1994 Kabat-Zinn 1994 p 81].

Humankind is in greatest need of bhavana. Democratic principles and our planet are under great threat in the 2020s [Schama 2022; Monbiot 2022]. Such human development implies an ethical basis, and this is one of the reasons that I have found the work of Richard Davidson et al so important [Dahl et al 2020; see also BAS Newsletter No 24, Summer 2022].

If we can keep our internal state stable then, wherever we go, we can be in that Autonomic Ventral Vagal State [Porges 2011] most of the time.



#### **IV. War and Mother Earth**

Conflicts and war bring terrible transgenerational suffering and destruction not just to humans but the whole environment and Mother Earth. These words appear in the second part of the Sanctus in Britten's Requiem.

*"My heart hangs weighed with snow."*

*And when I hearken to the Earth, she saith:*

*"My fiery heart shrinks, aching. It is death.*

*Mine ancient scars shall not be glorified,*

*Nor my titanic tears, the sea, be dried."*

Wilfred Owen

During the siege of Leningrad in 1940, the citizens experienced terrible destruction, hardship and starvation. The power of resistance of those citizens is captured in Shostakovich's epic 7<sup>th</sup> symphony, the Leningrad. Ironically, Ukrainian citizens are experiencing similar deprivations and atrocities at the hands of present political Russian power. As in Britten's War Requiem, the music of the Ukrainian composer, Valentin Silvestrov, to me seems to capture the sense of transgenerational oppression – and yet defiance and resistance – that Ukrainians have suffered in their history. This is especially poignant in his Requiem for Larissa, his wife who died suddenly in 1996; the Requiem seems to speak for, not just Larissa, but the whole of Ukraine.

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*Returning to Earth's tears.  
As sea levels rise, those titanic tears grow.  
Oh Mother Earth, Lacrimosa.*

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Yet, at the same time, there is something uncannily subversive, in a wholesome sense, in this masterpiece.

On listening to a live performance in Edinburgh on 11-11-2022, it seems to me that, in general terms, the Latin Mass at times projects a patriarchal religion, with the music tending toward the brutal: With judgment, the perception of everlasting damnation, and the more or less 'eye for an eye and tooth for a tooth' old teaching, implicit. This is the opposite of a caring and nurturing deity. However, the monstrous evils of war are created in human minds and actions – with a treacherous connivance of a certain religious perspective with the state: "The scribes on all the people shove and bawl allegiance to the state" (V. Agnus Dei, Tenor), reflecting a patriarchal metaphysics. At the same time, parts of the Latin Mass with the soprano singing high above the chorus, "Lacrimosa", are deeply moving – resonating with our 'jen', our deep inner humanity.

So while much of the Requiem reflects this hard patriarchy, there is, at the same time, a redeeming thread much more akin to a Matriarchal metaphysics, where care, nurturing and concern predominate. Reflecting on whether a soldier lying on the ground is dead or not, we hear these words:

*Move him into the sun  
Gently its touch awoke him once,  
At home, whispering of fields unsown.  
Always it woke him, even in France,  
Until this morning and this snow.  
If anything might rouse him now  
The kind old sun will know.*  
Owen / Britten War Requiem

Here, there is tenderness, beauty, and tears.

Countries around the world train their military to kill; stark fact. This requires a sort of brain washing; most of us grow up in societies where killing other people (murder) is outlawed. Yet with the connivance of state and psychology, humans are trained to ignore this fundamental perspective [Stevens 1989 in *The Roots of War*; see also Hanh 1991 pp 114-115].

If we see the War Requiem as being 'subversive', this is in the sense that true prophets have to be subversive to challenge what has become, within conventional wisdom, acceptable; yet our inner being, our soul, sees through this mockery of wisdom – a 'wisdom' that is outrageous. Shostakovich and Britten, in their different ways, are pointing to the emperor having, in reality, no clothes.

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Owen's poems are deeply humane; and arise from the deep inner humanity we all have, if we are in touch with our CARE and wholesome SEEKING circuits [Panksepp 1998].

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### **V. Stillness and Vera**

In the early 2000s I had the good fortune to undergo a course of Autogenic Neutralisation with the late Vera Diamond. This was a wonderful and transformative experience for me. A month or two ago I was going through a bookcase and came across a book: "Resonate with Stillness" – and I had no recollection as to having the book or having read it. It is composed of Daily Contemplations, and on the first page these words appear handwritten: "Dear Ian, It is delightful that you can include spiritual precepts within yourself and medicine, may peace and joy manifest in your daily life. Om Namah Shivaya – Vera."

So, for whatever reason, I had lost sight of this wonderful gift. Perhaps I was not ready for its wisdom. Anyway, since finding it, Bernie – my wife – and I preface our morning meditations with a reading for the day. The reading for 16<sup>th</sup> October includes these words:



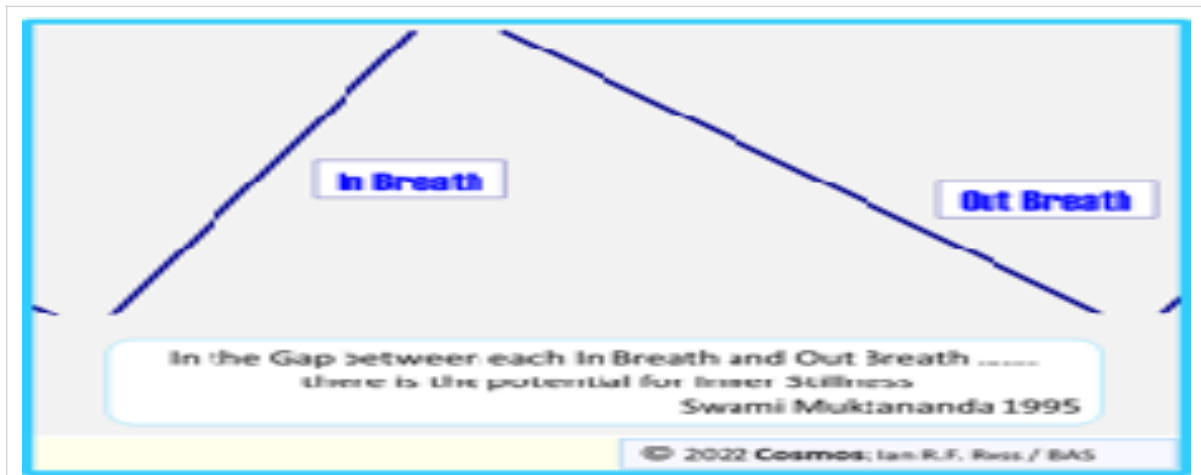
*There is a gap between one thought and another.  
Have you ever thought about the stillness and stability  
that exist in the space between two thoughts?*

Swami Muktananda 1995

The reading for 18<sup>th</sup> October expresses a similar idea of the gap between one breath and the next. This, I have found, creates an incredible sense of stillness. A simple yet profound exercise, echoing the quietude described in the Secret of the Golden Flower, a 17th century Chinese Taoist text. [Lü ,born 798].

Practices that facilitate such inner stillness also facilitate our personal growth and our Authentic Self – so that we hear the voice of our “soul’s lips” – and the wholesome direction for our lives to take. The ‘development through mental training’ that Kabat-Zinn talks about embraces a sense of purpose and wholeness, and thus increased integration [Kabat-Zinn 1994; 2013].

The Figure below illustrates Muktananda’s insight.



The gap arises between both the in-breath and out-breath, and the out-breath and in-breath;  
or, between one thought and the next.

## **VI. Epilogue**

Michael Tippett was deeply troubled by a specific event, Kristallnacht (‘The Night of the Broken Glass’), which took place in Central Europe in 1938; and this resulted in his writing the libretto, and composing the music for, ‘A Child of Our Time’. It has deep resonances with the War Requiem, in addition to having an implicit Jungian perspective. In the penultimate section, these words appear:

*I would know my shadow and my light,  
so shall I at last be whole.  
Then courage, brother, dare the grave passage.  
Here is no grieving, but an abiding hope.  
The moving waters renew the earth. It is spring.*

(Tippett 1939/1942)

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Ross, Ian R.F. 2017 Duhkha III: Reducing Duhkha: Experiential Modes, Mindfulness and Intuitive Working Memory
Ross, Ian R.F. 2021 Some Themes of Neuroscience relevant to Well-Being published in BAS Winter Newsletter 2021 ISSN 1467-6036
Ross, Ian R.F. 2022 Well-Being as a Skill we can Develop – flourishing Autogenically published in BAS Spring Newsletter 2022 ISSN 1467-6036
Ross, Ian R.F. 2022 Three Key Types of Meditation and their varying and specific effects on Well-Being published in BAS Summer Newsletter 2022 <sup>†</sup> ISSN 1467-6036
An extended version of this article is planned for the Website <a href="http://www.atdynamics.co.uk">www.atdynamics.co.uk</a> for later this year.

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## LIFE STORY INTERVIEW

by Dr Ann Bowden

*A few weeks ago, our Newsletter editor and my friend and colleague, Alice Greene, asked me if I would contribute to her last Issue. After much thought, I came up with the idea of a 'Life Story Interview' because people's backgrounds are always fascinating – especially the hows and whys and whats that have made us who we are. Within the Society, although we know some things about each other, I am sure there is a wealth of amazing life stories to be discovered, Perhaps these could become a regular feature of future BAS Newsletters. Let's see!*

*For Alice's last newsletter, It felt appropriate to begin by interviewing her about her own life story – a suggestion to which Alice (reluctantly) agreed. Here is the outcome for you to read.*

### **Let's begin at the beginning Alice, where and when were you born?**

I was born in September 1952, in the famous Rotunda Hospital in Dublin, Ireland, and taken home to our country house in Co. Kildare. As there were already 6 siblings, including two sets of non-identical twins just older than me, I was cared for by a nanny for my first three years.

### **What are your earliest memories?**

My earliest memories are of all the animals on the farm that I adored. I loved nature and spent a lot of time swimming in the river and playing in the woods nearby; also playing games with my twin brothers in the backyard hay rick, and riding our ponies to herd the cattle and sheep in the fields.

### **What do you remember about school and your schooldays?**

I went to school with my brothers and cousins to a small National school in a village 3 miles away with other children from the farming families in the area. We were well taught and I learned to read and write at a young age. When older, my brothers and I occasionally rode our ponies to school, and later our bicycles. Between the ages of 5 and 7, I spent a lot of time alone on the farm when my 6 brothers and sisters were sent away to boarding school for 36 weeks every year. I remember these times as being devastatingly quiet after the bustle of our large household. Although it was emotionally wrenching to be sent away myself at the age of 7, once I'd settled in, I enjoyed all my subjects. I joined the debating Team, became Hockey Captain, helped found and edit the school magazine, 'Campus', and ended up as Head Girl for my sins! I received an excellent all-round academic and sporting education there.

### **What was it like growing up in Ireland in the 50's and 60'?**

Ireland was economically very depressed with serious material deprivation, little healthcare and poor educational facilities. Its population of 3.5 million suffered high unemployment leading to mass emigration. Many of the farm workers initially lived in small terraced cottages with earthen floors and outside toilets. A washerwoman came on Mondays to hand wash on a scrubbing board all our clothes which were then hung out to dry. We were one of the last families to get a washing machine and television. Ireland then was still considered a poor country until rapid changes in the 1960's dragged it into the modern era. For example, our farm initially employed many workmen, but over time, as they left for more congenial work and higher wages in the newly emerging light industries in the towns, their labour became replaced by the new developments in farm machinery.

### **How did you decide to become a doctor?**

My Irish parents both served as doctors in India during WWII: My mother as a Captain in the Royal Army Medical Corps, and my father as a Colonel in the Indian Medical Service, which posted him to the Western Front with the brave 6<sup>th</sup> Gurkha Rifles, fighting for the allies in the Italian campaign. After the war, my father inherited his uncle's Irish country estate, and both parents gave up their medical practice to move there with their family of six children, just before I was born.

My parents seemed to me wise and knowledgeable, and often used their medical expertise to help other families around, as well as dealing with sick animals on the farm. I watched many animals being born, and die – mysteriously appearing and disappearing, and I thought life was miraculous. In Careers class at school, when I was 12 years old, I put my hand up to become a doctor, (thus shifting my curriculum from Domestic Science and the Arts towards Maths, Chemistry and Physics), because, as well as pleasing my parents (whose medical hopes were pinned on me, since none of my siblings chose medicine), I felt being a doctor would give me the most worthwhile and interesting career throughout life.

**I would like to hear about your years in Medical Practice?**

I received a very good medical education over the 6 years I spent at the School of Physic, Trinity College, Dublin. This included 2 years of pains-taking anatomical dissection, and much reliance on proper physical examination and accurate clinical diagnosis, with far fewer laboratory tests than today. After my initial medical and surgical jobs in leading Dublin City hospitals, I trained further in Children's health, Obstetrics & Gynaecology and Accident & Emergency medicine, in order to prepare for General Practice. As a GP, I felt social problems were often 'medicalised' by prescribing drugs with alarming side effects and drug interactions, with little time for real listening and healing. After gaining my membership of the Royal College of General Practitioners in London, I stayed on in the UK to study Classical Homeopathy at the Royal London Homeopathic Hospital. Once qualified, I set up a private practice in Hampstead. By good luck through a friend, a retiring consultant in Harley Street offered me his top floor practice premises if I would care for his patients. With some trepidation, I took on this huge financial burden, hoping to be able to afford the high rent and business rates in that area, and also live. This stress slowly eased over time and, after 30 years of rewarding clinical practice, I retired and handed the practice on to a younger doctor. Along the way I gained Diplomas in Child health, Obs and Gynae, Family Planning, Autogenic Training and Psychotherapy, as well as helping to found the 'Homeopathic Physicians Teaching group' to train doctors and vets in Homeopathy, which ran for 20 years. These followed the natural progression of my developing interests.

**You have had a longstanding interest in Philosophy and spiritual growth for Self Realisation. Can you say something about that?**

Yes, at the age of 17, while at University, I came across a School of Philosophy and Meditation which seemed to answer a deep inner desire to understand the nature of life and death. I enthusiastically joined up and remained there for 35 years, both as a student and then a teacher of others, in Dublin and London. Its beneficial practice of regular meditation was one of the most profound things I have learnt in this life.

**How come you carved a stone Grottesque for the Royal Chapel at Windsor Castle?**

Aged 53, I went through a stage of feeling tired and burnt out. My mother had just died. I decided to get 'out of my head and into my hands' by going on a two-week immersion course in carving Portland stone at Tout Quarry in Dorset. There, carving for hours outdoors in the rain, I became absorbed in a timeless world where the mind undid itself into a clear calm light. Simply watching the hands move across the stone with the slow and steady rhythm of hammer on chisel brought such joyful peace and contentment that I decided to study further – a Diploma in Architectural Stone Carving at City & Guilds of London Art School. The 2 years I spent there, in the noise and dust of the stone yard, wandering in an identity crisis between my professional work and being a student again, were among the most creatively absorbing and enjoyable in years. Whilst there, we students were invited by the Windsor Castle Fabric Committee to replace the crumbling stone carvings on the Royal St George's Chapel. Happily, they accepted my clay design which I then had to carve into a large block of Syreford Stone. This was later inserted into the pediment of the Royal Chapel alongside those of my fellow students – a great honour for us all.



**How did you hear about Autogenic Training, and how did you use it in your practice?**

I first came across Autogenic Training in 1986 while working as a GP in Dr John English's Practice, and was impressed by its many benefits to his patients. All felt happier and more relaxed and in control, and many could reduce their prescription drugs and practice visits. I immediately learnt AT from John, and was so deeply impressed by its powerful healing effects on mind and body that I studied and qualified as an AT therapist myself in 1988. I have enjoyed teaching this great skill to individuals and groups for over 30 years.

**Have you had bleak times in your life and how did you deal with them?**

Yes, I went through a very difficult time when I first came to the UK. As well as leaving my country and all my friends behind, I also lost both my father and my eldest brother, and a man I truly loved. It took me a few years to sort myself out and begin to feel truly happy again. Supportive new friends, regular twice daily meditation, good food, exercise and hard work got me through.

**Who has inspired you? Who has been a model for you?**

My warm, loving, intelligent and humane parents always inspired me. Most of my school teachers, and particularly my spiritual teachers, and medical colleagues inspired me to always look up and out, to put my best foot forward and always do my best...

**What if you hadn't been a doctor? What do you plan to do for the next phase of your life?**

I might have been a writer, teacher or a stone carver! I look forward to planting my garden, having just re-designed it. I continue inner work and meditation with my spiritual Ridhwan community, and plan to continue writing and carving, and hopefully, travel abroad to visit some of my many family relations around the world.

**Within our Society you have filled many roles and worked to promote AT. What has AT and the Society given to you?**

AT has given me the wonderful gift of self-calming, emotional re-balancing and healing, and being able to help others to do the same. As an AT student, I've learnt about Autogenic Neutralisation, Creativity Mobilisation Technique (CMT) and Autogenic Meditation; as a lecturer with the Society's Education and Training Team, I learnt a great deal about working together, structuring courses and teaching others; as Chairwoman, I learnt about leadership and responsibility; as Newsletter Editor, I have enjoyed designing layouts and networking with many different people in the UK and around the world. I discovered much creative fulfilment in commissioning, editing and writing for the Society. I very much commend it to others!

Thank you Ann, for your interesting questions, which have made me reflect with gratitude upon all the good things that have happened in my life, and the many kind people I have met along the way.

**Thank you, Alice, for telling your story.**

Thank you for all that you have done for the Society.

Thank you for 8 years of the Newsletter.

Thank you very much Alice.



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