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Human healing in the age of science: the art of the healing shift

Introduction

David Reilly is both a Consultant Physician and a General Practitioner. In his talk, 'Human healing in the age of science' he provided examples of patients' own accounts of their suffering and subsequent transformative shifts, the science of human healing and the public health policy response, to explore how we might develop the more human side of care and explore people's potential for healing.

The seminar set out a description of our current predicament and an invitation to imagine a different response. It went on to describe the 'Healing Shift Enquiry' which has looked in detail at cases where remarkable shifts have taken place in individuals. Finally, the current attempts to scale up this work through the Wellness Enhancement Learning (TheWEL) programme were described and some promising preliminary results were outlined.

The current predicament

A suggestion was made that everyone listening to this seminar was united by their concern of "care for people". The audience were invited to reflect on their own core purpose in their work. Why do we do what we do, as opposed to working in another industry? What is it that unites us?

The human side of care may never have been more needed. We see the rise of chronic long-term conditions and difficulties for which we don't have a cure. If you have one of these conditions you are likely to have several. This is the predicament we are all facing individually and together. We are seeking change as individuals and as a community but what are the conditions which will support change and transformation? To quote the artist Jane Kelly: *"First create the conditions to create and then create".*

The current situation is not very helpful. Clinicians have short, rushed conversations in the face of these complex, chronic conditions. A survey showed that 95% of GPs knew a more holistic approach is needed, but only 1 in 15 thought the current system allowed for it. The result is the increasing and unnecessary prescribing of medicine and many unnecessary referrals with a growing drug bill and an increasing strain on services. Alongside this are issues such as increasing harm from the side effects of medication.

There is evidence that health care workers are under increasing stress. Looking at the illnesses of 25 health care workers participating in the WEL we can see that they are the same chronic conditions as other individuals on the WEL programme. How, as health professionals, can we model and teach health care to others if we are not doing it for ourselves?

David's own journey started while working at the Pain Relief Clinic at the Glasgow Royal Infirmary, David met many patients who hadn't been helped by conventional treatments. By

asking them about themselves and what they thought would help them, how they survive or even thrive, these people became his teachers.

This questioning became a methodology, and by working backwards from survival, enabled a search for a different way to answer the question 'what shall we create now?'. Care involves creativity, as we are creating change but this wasn't something discussed at medical school or during all his years of study.

The fifth wave of public health – an invitation to dream

Over the last 300 years there have been four 'waves' of public health practice. Each wave can be viewed as a creative response to the historical predicament at that time. One such creative response was the building of Loch Katrine to supply Glasgow with clean water. Imagination is more important than knowledge in the change process. By definition these new ideas may not be evidence based. What we think of now as solid professions were once an idea, a dream. We could make up new ones today to address the challenges we are facing. The challenge of diminishing returns from the established way of working calls forth a new wave, which builds on the current wave.

So what are today's epidemics? Depression, chronic stress and obesity are some likely candidates. These are things that won't yield in a transformative way to what we are already doing. This is not a criticism of present ways of working which have served us well until now, but we have an opportunity to imagine how we might move forward.

Currently, we are focused on medication and technology. The power however, sits with health professionals. Medication and technology certainly have their place but they also have their limitations. What percentage of the problems presented to doctors will yield to the current ways of treatment? The general public says 85%, the audience suggested 50% and in fact, a study by Phil Hanlon suggested it was only 15%. The challenge now is to dream up a fifth wave of public health, knowing that the solutions will not come from the current ways of thinking.

The fourth wave can be characterised as 'outside in' or 'being done to' or even 'what can we do to help?'. The fifth wave imagines an 'inside out' process. As with sculpture, the form emerges from a block of stone. The tools are only at the service of the artist, the tools do not make the statue. The statue is already in the stone and it is the artist's job to release it. What can be done to support people and situations to release their own strength and capacity in a growing, sustainable way? The traditional teaching is to see people's brokenness and what is wrong. David's personal shift was to begin by seeing people's strengths. This shift of vision immediately led to a new journey. To change the journey we have to change the map.

The last 300 years and particularly the last 50 years of medicine have seen an increasing emphasis and focus on technical abilities and mechanical tools. There has been an imbalance with the more human side of care. The change people are now looking for is how to address this imbalance and re-visit the human side of care.

The healing shift

David described his experience of working with a patient named 'Mary' who had complex, chronic pain. David and Mary explored her situation together and four weeks later David observed that Mary had undergone a remarkable transformation. This is what David calls the 'healing shift'. This shift is a natural, inherent capacity in all of us and is worthy of study in its own right.

David and his team set out to conduct a 'healing shift enquiry'. Individuals who have undergone such a shift were listened to deeply with the intention of understanding how it happened. How can we support people to make a change in themselves and how can we support them to become skilled in self-care?

Education programmes have been developed based on the insights discovered through exploring the healing shift. The team has also moved from working with individuals to working with groups to see whether the key ideas could be spread and scaled up. Finally explorations of the policy implications of the cultural shifts needed to support this type of work have been made. This has now led to what is known as the 'After Now Project'; a system-wide enquiry looking at the cultural influences on wellbeing, led by Phil Hanlon.

Central to this is the study of human emergence; the movement from suffering to degrees of recovery and release, onwards to wellbeing and flourishing and, for some people, transformation. Rather than just looking at the technical aspects health workers will be asking themselves where someone is in the stages of these cycles and attuning their engagement accordingly.

It will take multiple languages to carry out these enquiries and no-one has a monopoly on it. There is a deep knowledge in human beings about what healing is. This was captured in the beautiful cave paintings and embedded in the shamanistic traditions. More contemporary deep images of the brain are also giving us insights with images of physical pain exactly matching hallucinatory pain engendered through hypnosis. We all know about the power of the placebo effect. Strong, powerful healing and destructive systems are inherent in the human body. New terms such as 'psychoneuroimmunology' are being coined to join up the different systems that the Victorians separated in their scientific enquiry. The emotions of gratitude, frustration and appreciation can be recognised in the patterns of a heart beat. An experienced meditator was shown to be able to 'wake up' his pre-frontal cortex in seconds by meditating on compassion. These are just some examples of the deep connection between the inner and outer worlds. How can we begin to harness these powerful processes? We have to move away from the concept of separate 'head doctors' and 'body doctors'.

David suggested that the key to working in this way is the practitioners own health and wellbeing. The quality of the human relationship turns out to be the key which unlocks the potential in the encounter. It appears that by restoring the core compassion to their healing practice the practitioner benefits as much as the patient. Empathy does not necessarily result in enablement but it is a necessary pre-condition. Research is showing that high experienced empathy scores lead to better outcomes for diabetes and other chronic conditions. We all know empathy is important but it beginning to be shown that it is probably more important than we imagined.

So can people be trained in empathy and compassion? The answer is yes. Compassion is something we can learn. The healing space is a join up between two people physically as well as emotionally. Somehow by focusing on the medication and the technology we are fundamentally missing the point. What we are realising now is that by raising the empathy and focusing on the human encounter, we can begin to break chronic cycles of illness and suffering and begin to decrease escalating cycles of medication and costs.

The Wellness Enhancement Learning (TheWEL) programme

Developed in response to the question of whether this work could be scaled up in to a group setting, TheWEL programme is an ongoing experiment, with the aim of activating a sustaining transformation in self-care. In support of the change participants are taught examples of better self-care such as meditation, cognitive skills, better eating and exercise

and so on. However, the emphasis is on the change process and not the tool kit. A different tool kit could have been chosen. Information does not create change.

This is a physical process not just a psychological construct. The brain is a dynamic, growing, remodelling system. It takes time to build a sustaining process of change. With practise the layers get laid down. After practising for a few weeks and months the brain will be thinking the new thought 3,000 times faster than the first time it was made. We are working with years and even generations of the embedded map verses the tentative flowerings of the new way of perceiving or living. We need to understand the challenge of this. The focus is not on the 'what' of change but on the 'why'. Why bother making a change in self-care? This is a long journey equivalent to learning a musical instrument.

The language used on the course is often metaphor and image. As a very quick taster of the work David asked us to generate an image, to imagine ourselves as a plant. He then asked – what shape are you in? He invited us to go inwards for a few seconds and ask – what does this plant need? What is it asking for from you? Does anything arise? This personal entry in to our inner space and deep listening is a vital part of the change process. As a final question David asked – who is the gardener of this plant? Whose plant is it? Give yourself a gardening score out of 10! It is in this shift of realisation, when the heart is engaged with the head and the left brain with the right brain, that these full potentials can begin to move and unfold.

This is not instead of traditional public health. It is not an either or. This is a different response to the predicament we are in of the obesity and diabetes epidemics. The realisation that change is not going to come externally but from within. Diets don't work – this is not about a diet it is about a change in the map, a change in the way we eat.

The evaluation of the programme has been very positive. This is very early work but both qualitative and biological indicators of real change are being seen in both staff and patients who go through a similar programme. These are tiny markers in the face of the epidemics we are facing. They are just one part of a broader enquiry. Many people are doing similar work in different places. These are just signs of what might be possible when we begin to focus on the inherent capacity of an individual to restore equilibrium and wholeness.