

The Healing Shift Enquiry — creating a shift in healthcare

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I almost left medicine as a fourth-year student. Science was ascendant in a system I found de-humanising, even brutal. In staying, I resolved to change it, at least within myself. Rather than diseases and interventions, my work became centred on people, their capacity for healing change, and the conditions that affected this – within themselves and the surrounding relationships, environments and systems. Such talk was out of step with that medical era, but not with patients, then or now – and I now find myself immersed in as rich an enquiry into human healing as I dared to imagine as that foolish younger man.

Summary

The Healing Shift Enquiry addresses the impasse of today's healthcare model in the face of the long-term conditions epidemic. Its aim is to study the enhancement of individual healing change, and ask how this can be enabled, taught, and scaled up to promote wider levels of change. It asks what services would look like if they held inner capacity, and its enablement, to be central.

Introduction

Over many years of working with people with chronic complex problems that could not be 'fixed', I began to study our human potential for activating our inherent healing response, and saw how sometimes one-to-one healthcare consultations can trigger a 'healing shift'. These consultations aimed to be therapeutic in their own right; to lead not to a prescription or some other external intervention, but instead to catalyse a transformation journey in the patient's wellbeing and health. The central questions explored in my mind were: what is healing and how can it be enabled; how best to research the ways that people might better learn to enhance their own wellbeing, and how can practitioners learn to support people with this process? So behind the project stands a 25-year enquiry into creating better care by using a healing-centred and integrative approach to change, recovery and wellbeing.

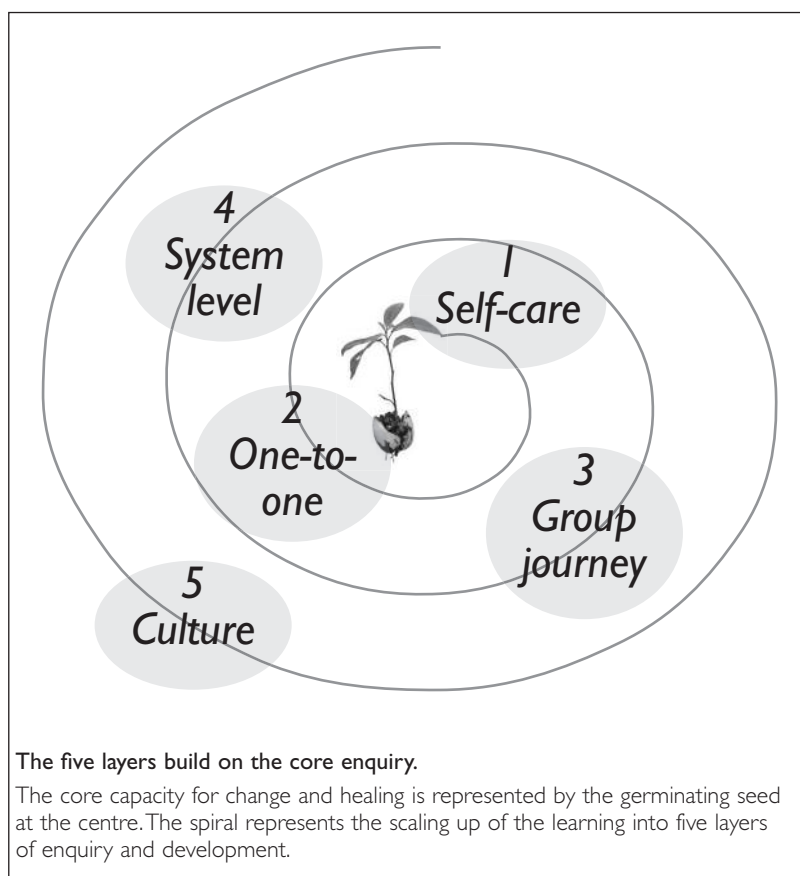
To date the work has focused on enhancing both therapeutic encounters and linked practitioner training programmes. We have explored scaling up this knowledge to new

models of clinical care including group-based work for patients and staff, and carefully tracked patient recorded outcomes. In addition we have looked into healthcare environment design, and new ways of looking at health and care. Overall, our outcomes suggest that patients and staff have benefitted.

The evaluation up to 2012 suggests that in rooting service design and wellness courses in the study of healing change processes we are on solid ground. Already good evidence is emerging that this approach yields helpful results for patients and staff, and can create more satisfying, successful and efficient ways of working. So while there is important potential here, to scale up would call for systemic shifts in our thinking about health and healthcare; cultural shifts that could unblock the current failure in preventing long-term conditions; and promoting the wellbeing of those who live with them.

The core enquiry and the five layers

The project centres on a core enquiry into people's own capacity for healing change, and how it might be



enhanced, sometimes in the form of recovery, but always in terms of better wellbeing. The enquiry explores too how this understanding can be scaled up to inform not only self-care but also the one-to-one healing encounter, and to consider them both from the patient *and* the practitioner's viewpoint. On the basis of this healing triad, The Healing Shift Enquiry explores scaling the model up to groups of people then to the wider system and policy, and finally its potential to help inform cultural change and the environment.

Point zero – the core enquiry

The core enquiry takes the phenomenon of healing change as the start and reference point for in-depth learning and development.

The focus is on studying the healing response in life and therefore people, and on understanding the individual's capacity for healing change and process. The work studies therapeutic encounters and their results, and asks what this process is, and how it can be enhanced across the spectrum of healthcare in conditions that can be cured and those which cannot.

Layer 1: Self-care

The self-care journey which is the key to sustained self-healing capacity is determined by the self-relationship. One hypothesis is that self-compassion may be of vital importance in growing the self-relationship so that it supports sustained improvement in self-care. If so, then

how might healthcare work catalyse and support self-care?

Layer 2: One-to-one meetings: therapeutic encounter

A small case series (Bikker and Reilly in press) had suggested that all participants felt stuck in their situation of being ill, due to distress or fear and their dependency on medicine. It seemed that *a transformation only took place when participants felt relaxed, found hope, could understand their situation, and saw new possibilities*. Once these changes had taken a strong hold however, people developed a sense of responsibility, learnt to cope, felt more confident and could rely on their own strengths to reduce their dependency on medicine. The therapeutic encounter has two key fields of study in the project: the individual's healing journey, and the practitioner's journey.

The patient-facing aspect of this part of the enquiry asks how a person's healing responses and self-care can be affected by one-to-one healing encounters, relationships and their own therapeutic journey. It also explores how this can be improved and measured. Support for the person's 'inner

journey' complements the current dialogue on improving the outer journey through the care system, for example through initiatives such as the NHS Scotland Quality Strategy.

The practitioner-facing aspect of this part of the enquiry asks how practitioners can be supported in learning to place greater emphasis on relationship and enhancing healing change. The project is developing and evaluating models of practitioner development and educational work. Our therapeutic encounter training synthesises and applies findings from the other layers and it also recognises that practitioner stress and the constraints of time and system design are limiting practitioners' inner development and outward improvement in practice.

Layer 3: The group journey

This part of the project asks how the core principles of human healing, self-care and therapeutic encounter can be scaled up into group work. The Wellness Enhancement Learning Project (WEL) arose out a study using the programme in a group of people diagnosed with Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME). We are now implementing the approach more widely through the GeneralWEL, PrimaryWEL and StaffWEL programmes.

Layer 4: The system's journey

The project's earlier national GP survey highlighted that holism is under strain (Hasegawa *et al* 2005). So this part of the project aims to explore the scaling up of the

programme's healing principles to the level of professional practice and system design. The work to date has already made many contributions to a wide range of dialogues, conferences, and national policy development in linked areas, and it is expected that this will grow.

Layer 5: The cultural journey

The links between the concepts underpinning the Healing Shift Enquiry and new approaches in public health were first explored in the earlier 'Fifth Wave' report from the Public Health Institute of Scotland (Lyon 2003) and now in a sister enquiry on cultural influences on wellbeing (see www.afternow.co.uk).

Self-care

The practical focus is on finding better ways to support and enable a healing response; what people can do for themselves to feel better, get well and stay that way, and what helps people cope and thrive, especially in the face of long-term conditions. This orientation towards unlocking positive potential is different from, but complementary to, disease-focused care.

Therapeutic encounter training

These workshops have been run in a number of UK sites over the last decade, mainly in Scotland, and overseas principally in the USA, Japan and Canada. They aim to support professionals of any discipline, in their efforts to improve, even transform, the quality and effectiveness of their encounters and relationships with their patients or clients.

Currently they entail a standalone one-day course, with the option of a second part. New knowledge and examples of successful practice are used to help participants explore how to make the meeting therapeutic in its own right. This involves supporting what might be called 'the practitioner's shift' – moving their core purpose towards wellness-enhancing partnerships with the patient. The course takes the practitioner through an experience of addressing their own self-care and change process, and then in the second course asking how that learning can be blended with their clinical practice. Consideration is being given to subsequent support and the building of a community of practice.

Scaling-up – the Foundations of Wellness groups

The Wellness Enhancement Learning (WEL) model began with a question: Could the learning born of the study from creating enabling therapeutic encounter be scaled into a group situation? The model supports inner capacity for resilience, recovery and healing. It calls for people to be open to change and to the change journey. Participants are encouraged to reflect on their journey so far, to consider the conditions and life that may have led up to

their illness and to begin their healing journey through self-compassion, improved self-care and stress reduction. This shift is supported with cognitive skills, mindfulness, meditation and through learning about practical everyday ways of living and eating.

Specific skills introduced in the foundational part of the course include the meditative practice called 'heart-math'. This is an evidence-based biofeedback technique aimed at promoting a calm state of mind and body which can be achieved by coupling and synchronising the rhythm of breathing to the rhythm of the heart. This state of 'coherence' is known to be associated with a general sense of wellness and to have a number of health benefits.

The WEL has now grown from the early CFS/ME version into the main General WEL version for people with any long-term condition. Each WEL study cohort has about 20 men and women over the age of 18. In Nairn's first PrimaryWEL intake most of the 20 participants typically had three to five long-term conditions: nine had chronic pain, seventeen had chronic depression/anxiety, nine had CFS/ME and three had diabetes.

The course is delivered by senior clinicians with substantial experience in working in a WEL-type way, in both one-on-one practice and groups. It aims to model 'patient-centred' care and to seed ideas and practices that foster intentions towards self-care, self-compassion and ultimately, healing change. The therapeutic environment is consciously designed to be an alive and welcoming space where participants can feel safe to express themselves in their own ways.

The participant introductory leaflet explains that: 'Many of us face real challenges with our health or wellbeing. If you then add a long-term condition or stress you end up with a loss of peace, facing symptoms, loss of function and quality of life, and maybe problems like feelings of hopelessness, isolation or loss of self-esteem. The WEL is a holistic programme that aims to help you:

- develop a deeper understanding of your challenges and so achieve better self management
- develop skills in creating the best conditions for strengthening your self-healing
- increase your wellness and strengthen your ongoing commitment to self-care.

All participants attend the core WEL programme for 16 hours over four half-days at around weekly intervals, backed up with the home resource pack of a manual and DVDs. This covers:

- **Self-care:** The limits of the fix-it medical model and the need for change, a different way. Change: the why's, hows and obstacles. A Wellness Enhancement Learning approach: the underlying whole person approach, findings from mind-body medicine and self-healing.
- **Self-care relationship:** the core of the course and self-sustaining change. A model of change-practice: Meditation and mindfulness: introduced using Heartmath as a way of learning to self-care, and

supporting body harmony ('coherence') for relaxation, wellbeing and healing.

- **Food:** A guided self-reflection on what you are choosing to eat – against a backdrop of a fresh way of looking at food. Processed food and the modern epidemics – what impacts on energy, healing, resilience and wellbeing.
- **Supporting change:** What drives poor self-care and what is needed to change it for the better? Cycles of drain and cycles of healing. How thoughts, feelings, body and behaviour are linked, and what we can do with this for our wellbeing enhancement.
- **Journey skills:** Ways of reducing suffering, tension and low mood and improving inner peace and wellbeing through skills in handling thoughts and feeling. Introduction to 'The Work' as an example of questioning thoughts.

At this point participants are invited to go on to stage two a few weeks later.

PrimaryWEL and StaffWEL versions

Nairn StaffWEL, which began recruiting in May 2011, aimed to provide staff with experiential learning about helping patients make the shift towards sustainable self-care and wellness enhancement. However, our impression has been that many staff need the WEL programme at least as much as the patients do. Consequently this course had the equally important aim of helping staff address their own stress, wellbeing and self-care needs. The programme has been enthusiastically taken up.

In September 2012 around 100 NHS staff, academics, therapists and previous WEL participants took part in a LEARN meeting around TheWEL and StaffWEL courses, results and findings – with remarkable conversation and convergence of concerns and hopes for change. In the discussion that followed about staff burnout, one psychiatrist on behalf of his team said: *'Our approach is not working for most people – how can we come on this course?'*

The evaluation programme

The more recent results are confirming that the programmes have made useful impacts on people's lives and professional practice.

Ongoing end-of-course feedback is consistently and overwhelmingly positive. This is one simple current example: the end of course evaluation in November 2012 received a rating of excellent from 54% and outstanding from 46%. The people who derived most benefit report that they now want to make an impact on their own health and that the course provides the skills and strategies both to make a start on improving their wellbeing, and also to plan a longer term journey of improvement. The quotes below give a sense of this 'shift' in awareness and behaviour.

I used to burst into tears for no reason, it was terrible. Now that's improved... As time has gone on, you say 'God, I used to do that... but I am not doing it now or I'm not doing it as much now'.

I feel that I am listening to my body better than I would have done before. I think that is something the course taught me: I am worth looking after.

I have more control than I had in the past... I haven't got complete control... I still feel unwell... [It is] more in my control but I've not quite got there yet.

Many participants reported that family members had noticed change in them before they themselves were aware of any evidence of recovery.

You have given me such a wealth of advice to follow but helped me realise it's up to me to alter so many of my past thoughts and reservations about myself.

Absolutely loved it.

All the information came to life.

A further building block for me.

It's amazing how once broken into pieces and explained so well I find hope to help myself cope better with my future worries.

Found this very difficult (in a good way) as I have always resisted facing up to the fact that issues are internal.

StaffWEL course feedback

Pre-course assessments are highlighting the significant levels of stress in staff and the many challenges to their wellbeing and health.

The end of course staff feedback is excellent, with even more positive three weeks later. Staff not on the course have commented on the change in the work atmosphere and efficiency stemming from the course participants. The evaluation findings show benefits in terms of personal and professional function and wellbeing.

I have already had the confidence to make big changes in lifestyle and work, enjoying giving responsibility to others and not feeling guilty. The course has a very practical easy to understand method. I have been on other courses but this is delivered in such a beautiful way. It's the best time I've spent in many years.

I started out the course thinking about how to use if for patients but quickly realised how much I needed to do the work – that has been incredibly useful. It has introduced many new concepts and references which I will explore and, I am sure, use with patients.

This course has changed my life and the lives of my family. It opens my eyes to other possibilities

of coping and having a happier, healthier life. This will make it easier to explain to patients and help them if I am going through this myself.

This course has allowed me to think differently about how others may be viewing themselves. It has also allowed me to step back and give them the opportunity to allow them (the patient) to view their illness/condition without my input/solutions.

I feel I am on a whole new exciting journey. I have learnt the true meaning of compassion, life and it is OK to feel life, experience your map and journey, allow change, shifting the balance of self-care, nurture and love yourself as much as you love other.

It does what it says – a fresh approach that is accessible.

I feel more contentment within myself.

Definitely experiential – have seen effects of approach on changing my own behaviour – without really trying!

Has made me consider various aspects of my life. Have found natural change has occurred in various areas. Various health benefits already noticeable.

Clearly, we are addressing the tip of an iceberg since we all have a lot to explore/examine/address in our personal professional lives. Would be fantastic to have an annual immersive experience to support the process of change.

By learning to take more time for myself I am more tolerant of others.

I have never reflected on my views/feelings/self care in this manner before and I think it is going to be a long journey but it feels like a release.

I have found the whole course very interesting and have come away feeling much better about myself and I think I can cope better with bereavement.

I have started my journey but do need constant reminders to help keep me on my chosen path. Nutrition is a key element for me and this has really made me look at how I am dealing with it, albeit gently does it.

Very interesting viewing my journey and allow myself just to view and gently guide myself and not push onto others.

Changes in diet. Change in thoughts already happening able and have shared with others.

I feel so lucky to have had this opportunity to be on this journey – truly blessed! Thank you... Life changing!

Have thoroughly enjoyed all aspects of the course and will certainly help on the journey I have ahead of me.

Invaluable in keeping me well so I can continue to work in NHS.

Great concepts to use with patients – already using them.

ObjectivelyWEL – pilot biological markers

We have piloted the use of some biological measures with Nairn staff and patient participants to see if we can identify any objective measures that might prove useful in tracking the changes shown in the person-centred evaluation measures, however, we are aware the latter measures are the mainstay of meaningful evaluation of a programme of this nature.

We have begun with markers of possible future health change such as omega 3/6 ratios (a marker for future cardiovascular disease), vitamin D levels (with broad health impacts), inflammatory markers and markers of metabolic syndrome such as fasting insulin levels and blood lipids (linked for example to future diabetes).

Pre-course baseline data are showing concerning results and the staff results are not looking much different from the patients'.

A visiting learning journey to TheWEL Programme in Nairn, January 2012

In January 2012 the project was visited and independently assessed by a team of senior academics headed by Professor Phil Hanlon from the University of Glasgow (see results section of www.thewel.org). They commented:

'We visited this programme over three days in January 2012. We met senior practice staff, and 18 StaffWEL participants from a range of health-care disciplines, and 11 patients. During the course of extended and in-depth conversations with these groups, supplemented by a range of individual interviews, it became clear that we were witnessing evidence of a remarkable qualitative change in participants' capacity for self-care, resilience and wellbeing – staff and patients alike. They recognised their experience as one of a 'healing shift' and described a developing sense of compassion for themselves and for others. Staff had developed greater understanding of and empathy for their patients, and understood the importance of self-work, whilst their patients now understood the healthcare relationship as a joint enterprise, with shared responsibility. The sense of energy and purpose, enthusiasm and renewed

meaning in life and work generated by participation in this programme was readily apparent to the observing group.

'Although the precise nature of the subtle but deep changes which had evidently taken place sometimes proved hard to articulate, these were nevertheless manifest in patients' new acceptance of their condition and their responsibility for purposeful work on their own health and wellbeing. We also heard of the unexpected but positive effects on family life, not least in terms of healthy eating and improved family relationships. Effects also extended into the working lives of staff participants, where 'care' had a new, deeper meaning. The 'healing shift' appears to be embodied and lived, rather than simply a cognitive change. Participants at all levels were eager to see this approach transferred to the broader community, and other service sectors.

'We are convinced that the implications of this approach for public health policy, and for the future of the NHS in Scotland, now deserve the most careful consideration...'

Moving forward

At its core this work acknowledges that the current ways of approaching health and wellbeing are falling short of what is needed and possible when facing the chronic diseases and distress common for so many of us in modern life. We are seeing inspiring progress that many people are making in finding better ways of caring for themselves and others, when they explore navigating health challenges with a fresh map – one that is predicated more on our capacity to care than on our technology, and one that more aims to enable our strengths than fix our brokenness. That may sound theoretical, but this paper shares how it is being successfully explored in a practical way, modeled in the challenging world of today's healthcare.

Bikker AP, Reilly D (in press). *An exploration of the phenomenon of healing through interpretative phenomenological analysis.*

Hasegawa H, Reilly D, Mercer S, Bikke AP (2005). Holism in primary care: the views of Scotland's general practitioners. *Primary Health Care Research and Development* 6 (4) 320–28.

Lyon A (2003). *The fifth wave – searching for health in Scotland.* Edinburgh: Scottish Council Foundation. Available at www.davidreilly.net/HealingShift/5th_wave_files/TheFifthWave.pdf (accessed on 24 April 2013).

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