PART 2

COURSE STRUCTURE

The is the Part 2 of a three part manual.

PART 1 The Space Around: Purpose, Predicament and Possibilities.

PART 2 The Space Within: The Human Healing Response

PART 3 The Space Between: Therapeutic Encounter
PART 1  THE SPACE AROUND

STEP 0  BEFORE WE BEGIN – THE SPACE AROUND THE ENCOUNTER.
What now? - What is Your Core Purpose? - The Predicament - The New Conversation, and The Old Map - Integrative Care.
The Four Waves - The Anti Map & Consequences - The Artists Who Feel Too In Love With Their Tools.
- The Fifth Wave.
STEP 1 POSSIBILITIES. Creating The New Map.
Imagine - Can you draw? L&R - The Fish Bowl - Thinking upside down
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PART 2  THE SPACE WITHIN: THE HUMAN HEALING RESPONSE


STEP 2 CONDITIONS
- Starting the Journey of Change – Your Environment – Meditation: Heartmath – Traffic Lights

PART 3  THE SPACE BETWEEN: THE THERAPEUTIC ENCOUNTER
PART 2 THE SPACE WITHIN: The Human Healing Response

CHAPTER 3 Emerging Maps - Science

Amazing new science is bringing insights about human self-healing. Some of this is through technology that has settled the debate of recent decades over the placebo response debate – were placebo induced effects “real”, were they imaginary effects on imaginary illnesses as some critics postulated. In other documents for the course you can read a summary of some key placebo research, here we will use a few illustrative examples – approached in a spirit of discovery – what can they teach us about human healing and encounter, including practical applications of the knowledge in our work.
This piece of research also holds exciting potential for our enquiry into healing potential. People with depression were given an antidepressant or a dummy placebo (double blinded with no one knowing who was getting what). Overall, 52 percent of people responded to antidepressants, while 38 percent of those receiving placebos responded. People responding to the drug showed rapid changes in their brain – in the left pre-frontal cortex. So this seems to confirm the useful action of antidepressants.

However, over the first next two weeks changes occurred in the same area of the brains of people who were getting better with the placebo. “The immediate outcome was they were virtually indistinguishable.. at eight weeks ... you couldn't tell them apart”

Then at 8 weeks they told the people on placebo that they were responding to a dummy medicine. What do you think happened? “What happened at eight weeks plus a day is a bit different. Most of the placebo responders, when told they were on a placebo, had a deterioration of their mood. Within a month, most.. had enough depressive symptoms that they actually ended up on medications.” In other words, once people realized they were not taking ‘real’ drugs, the placebo effect stopped.
A 2009 advert. What do you think?

Depression is the world’s fourth leading cause of disease burden. The drug treatment model of depression is currently dominant, leading to considerable and rising costs. Antidepressant prescriptions issued by UK GPs more than doubled between 1975 and 1984. There were 27.7 million prescriptions for antidepressant medication in the UK in 2003, costing the NHS £395m - the fifth most expensive area of drug therapy. However systematic reviews indicate that the placebo response to antidepressants is substantial and growing (12.5%-50% in RCTs), and that pharmacological effects may be exaggerated by selective publication or deliberate misrepresentation (average 50% response in RCTs)

There are overlap centres in our mind and brain between the pain relief of opiates and of placebo activation – pointing to the synergy or disruption between these pathways – between medicine and meaning. There are also aspects unique to each – and it takes more than an increase in drug dosage to get placebo activation. Rather than placebo, it is fruitful to think of the endogenous healing system, and so the conditions that will cause activation.
The Healing Mind

These researchers were able to show patients releasing the dopamine from their brain that they needed to help their Parkinson’s disease in response to the injected drug – another great demonstration of The Four Waves science and achievements.

However, they were taken by surprise when some patients released the dopamine on cue, but it then turned out they had been injected with a dummy drug – a placebo. This lays waste to the older idea that these pathways are not relevant in “organic” disease.

What can we learn from this? What might this say about the healing responses in human beings?

What factors do you think were helpful in releasing this potential, in sparking this “neural alchemy”?

How might they be relevant to your work (and your own health)?

Placebo treatment caused reduced activity in single neurons in the subthalamic nucleus of placebo-responsive Parkinsonian patients. ... tightly correlated with clinical improvement; no decrease in activity occurred when the clinical placebo response was absent.

It seems the response is present across different scale levels.
This study used PET scanning measuring changes in blood glucose metabolism. It found that medication produced localised subcortical and limbic responses in addition to the regional metabolic responses associated with placebo. This was used to imply that the real drug was needed to achieve relapse depression. However the previous electroencephalographic study we looked at found that placebo treatment induced changes in brain function which were distinct from those associated with medication (one increasing the other decreasing some areas activities).

The placebo effect is not simply additive, but can be synergistic or even antagonistic with other therapy, indeed it may bring unique effects not yet accessible through treatments. There is complex web of intricate variables influence the healing response. Qualitative studies that we will explore later are revealing the threads in this web, including time, empathy and a sense of mutual respect. Let’s take a step into that territory.
You are having a tooth extracted.

I know, I am sorry, but it is in the interest of science. You know you may get a placebo, a pain killer, or something that may increase your pain. I am the dentist. I know that which of two groups you are in. One has no chance of an analgesic (the PN group), the other group has a one in three chance (the PNF group) – beyond that we are both double blinded.

What do you think happened? Especially, did the response to placebo differ in the two groups? In what way? Why?
As you can see from this graph of the response to placebo in the two groups – it behaved like two different drugs (clinically and statistically), bringing effective relief in the PNF group, and no effect in the PN group. What activated the placebo in the PNF group? This seems to be a startling example of endowing non-specific effects with success or failure - varied by the” transmitted clinicians expectation of outcome”.

How it’s transmitted we will explore later. For now, let’s note that what the clinician believes is a potent activator. It raises questions for you like how is your confidence in what you are doing and recommending in your work? Do you manage to bring to your patients and clients the sort of care you want for yourself and your loved ones?
Upping The Stakes

Let’s look at a potentially fatal illness - asthma. This study worked with 35 patients in a randomised double blinded trial in a University Hospital asthma clinic. An allergen desensitising technique was added to their on-going conventional asthma treatments. On average, it proved superior to placebo. However, under these averaged results was buried a fascinating individual complexity. The consent form had explained that you “will have a 50:50 chance of getting only placebo”; and there was “a chance of symptoms getting a bit worse before they would improve”. As the figure shows, note carefully that the first prescription (blue arrow) is a placebo in every case – the researchers knew this but the patients did not (single blinded), while the second prescription (red arrow) is randomised and double blinded. The placebo and active medicine were exactly matched for taste, colour, form etc., and were given in the same way by the same people at each visit. The vertical scale is +/- 100%, a rise is an improvement in symptoms, and the line descends in a deterioration.
Here is the overall result. The active treatment was superior to placebo. Buried within this however were some very individual patterns.
Here is an example of one person's reactions. An initial improvement with placebo, but could a placebo produce an aggravation like this one to the second medicine?
Who got ‘real medicine’ and how might we know? A challenge we set ourselves was to try and say who got an active medication at the second visit versus who received a second placebo. Have a guess.

Two key questions: Can a placebo trigger improvements and deteriorations like these? Can people respond differently to 2 sequential placebos given in identical manner by the same people?
The answer to both questions is yes. Only patient C got the real medicine, patients A, B and D had different, even opposite, reactions to two placebos given by the same carers in the same context.

So what might have happened? Look again at the graphs and recall that at Point 2 on the horizontal axis the prescription changes from single blinded to double blinded. The expectations of the carers change. They knew there was now a chance of an active medicine (with its initial risk of adverse effects), and somehow this seems to have ‘activated’ the placebo’s impact on healing, for good or bad, even ‘cancelling’ previous healing responses, and even over-riding the patient’s on-going background pharmacology. This neural-alchemy is likely triggered by ‘the transmitted clinician’s expectation of outcome’. This matters for study design and treatment comparisons but even more so for individual patient care and safety. Alter the expectation of carers and you may activate different outcomes, for harm as well as good. Patient’s pick up these signals as ‘active ingredients’. Perhaps pause a moment to think through some implications of this for your practice.

Nocebo: ‘I hurt’

You know that a placebo response can sometimes give a positive outcome – but the negative impact seen in the graphs may surprise you. A nocebo response (originally meaning ‘I hurt’), it is the induced harmful effects of negative beliefs. Like placebo, the triggers vary as widely as the contexts, but the end results may have final common pathways. Some apparent placebo effects are artefacts, or co- incidental but, as in a blush, our feelings do affect our body.

So given these potentials for healing and harm from the human effect – see what comes to mind that we could add to the SIGN guidelines? If you had to try and capture the essence of this for students, and for practice guidelines, what couple of bullet points might you add here?

Mechanisms? From External Event to Inner Meaning

*It is not so much what happens to you as the meaning of what happens to you.*

We will now look at some pathways that are involved in mediating between consciousness and biology. This of course begs “the hard question” as its known in neurology of the nature and origin of consciousness. For our part, we will simply accept the existence of consciousness, watch it at work, and consider how to engage with it.

Some stimuli are external, some internal, but all responses are internal.
The Cinema of the Mind

Let’s consider what is happening when the “inner world” is activated.

You will see in this scan that when people imagine looking at faces or places the same brain centres “light up” as when they are actually looking at them in the “outside” world. Disciplines which have studied this even suggest that parts of our being do not know if it is the real or imagined world that are lighting these centres up – they just take it as real, accept it as the truth and act on it - the automatic self. However that true that is, these mechanisms are the servant of our beliefs and imagination and the meaning we bring to our experiences.

The “Cinema of the Mind” is showing our inner “movies”, and this imaginary world can wake our mind-brain-body up just as if it was actually happening in the outer world. Consider the earlier placebo studies we have looked at in the light of this.
Coming To The Heart of It

The bottom pattern shows the heart rate * over a 3 minute time period, and note how it is smoothly speeding up and slowing down. The person is a calm state of positive emotion, and the result on the heart is this harmonious wave form pattern (like everything in nature when in harmony). This is described as being in “coherence”.

The top graph speaks for itself. The disturbance in our emotional state is reflected immediately in disturbance in our heart wave.

* Heart Rate Variability is a measure of neurocardiac function that reflects heart-brain interactions and autonomic nervous system dynamics. McCraty & Singer, 2002
The Autonomic Nervous System Glues Brain And Body Together

In turn, the heart pattern acts like a drummer, setting a pattern that the rest of the system follows - for example, through the autonomic nervous system.

As well as the organs like the gut and breathing being affected by these messages, this message is being sent even into the lymph nodes of the immune system.
The HRV pattern also ascends to the central nervous system and brain – and when the message is a coherent one (the harmonious patterns) our thinking is clearer - as demonstrated here in a study of people’s reaction times.

And the peace or otherwise of inner mental state and images in turn affects other pathways – such as psychoneuroimmune mechanisms.
**PNI**

Here is a word for the new science that is being used to help sew the head back on the body.

Let’s just look at just two pieces of work from the field of mindbody links and psychoneuroimmunology.

If you would like to learn more, there’s a link to an article on PNI and placebo as part of StudentBMJ series for health care workers on how to work in a way that engages with the healing response on the publications page on www.davidreilly.net (and is now incorporated in the e-book on Human Healing).
Thought Suppression

Here you see people’s immune system being suppressed (as shown in the downward movement of the thick black bars).

On the left are people getting immune suppression from a real drug. On the right, are people who got the real drug first time, but randomly got a dummy medicine the second time (without knowing if it was real or dummy – double blinded).

As you can see, we are capable of activating deep responses in our system from all the surrounding and inner processes – maps - that we believe. Our consciousness and subconscious are wired to our “bodymind”. These links can enhance and suppress our immune and other healing systems. http://www.fasebj.org/cgi/content/full/16/14/1869
Thought Enhancement

Here we see the same mind-immune pathways being used to create immune enhancement.


Stress Alters Our Immunity

Here is a big picture summary of the links between our inner selves and reactions and our body and health. The evidence is in, stress impairs our immunity.

So it is artificial so separate out an illness-making seed (like a virus) from the soil it lands in of our background health and chronic stress. A holistic model makes more sense.

Hopelessness & Health

Just one example of stress and health: we all know the main risk factors for heart disease – like obesity and smoking and blood pressure. But you not have heard that research has shown that progression of heart disease was greatest among men reporting high levels of hopelessness.

(Everson Sa KGAGDESRJT. Hopelessness and a 4-year Progression of Carotid Atherosclerosis: The Kuopio Ischemic Heart Disease Risk Factor Study. Arterioscler Thromb Biol 1997;17(8):1490-1495)
This mind-body research corresponds to GPs understandings.
STEP 1  HOW?

How might we creatively engage?
So we have looked at why we want to engage these potentials, and touched on what these innate pathways can do in healing and harming people.

How might we creatively engage? How can our human caring engage with the innate potential of the healing response?

Because even if we do not, these mechanisms are active and acting despite us. Mostly they are operating subconsciously – let’s look at that initially.
Unconsciously – The Placebo and Context Effects

In a study of 300 medical students looking at the effects of psychotropics, 50% had psychic changes and 60%, had physical effects. They identified the pink pills as stimulatory and the blue as sedatives.
They were all placebos. Along with colour, the ‘form’ of the intervention has an impact. Larger capsules tend to be viewed as stronger, and two placebo capsules are stronger than one – unless the small size of a pill signals the message that is very strong. Injections produced larger effects than pills. Red or yellow capsules tend to be viewed as stimulants or antidepressants, blue as sedative and white capsules tend to be perceived as analgesics or narcotics. How we prescribe – powders, tablets, single doses, daily drops – can be received by the patient’s mind in differing ways. Symbolism has powerful impact. This is highlighted in the ‘ritual’ of surgery. In 1959, surgeons made skin incision in patients expecting to have their internal mammary artery tied to help blood flow to their heart and so help their angina. However, a random selection never had the operation and were just sewn back up. All 18 non-treated patients had less angina 6 weeks afterwards, some had improved exercise ECG's and in some the effect lasted for years.

Beecher HK. Surgery as placebo. JAMA. 1961;176:1102-1107
There is evidence for therapeutic effects deriving from an increase in expectations towards treatment by health professionals engaged in emotional care.

As we have seen there are many other contextual factors that affect the outcome of placebo controlled trials: such as, attributes of the drug itself; the health care setting and its environment. There appears to be a hierarchy of placebo effect strength, based on the impressiveness and credibility of a therapy.

We have spoken of “maps” – here are some others established in research:

- The practitioner’s status, gender, illness and treatment beliefs and explanatory models;
- The patient’s illness and treatment beliefs, anxiety and adherence;
- The patient practitioner-relationship, in terms of fragmented or continuous care, levels of empathy, congruence of opinion and therapeutic alliance.
Creative Engagement - The Plant Knows How To Grow

We come now to the beginning of considering what all that we have looked at so far might be brought into our work. A left-brained step-by-step plan will overwhelm us quickly. Imagine a plant that needed to be taught to grow – the gardener giving directions at each step – bit of a nightmare scenario!

This metaphor has a deeper relevance than might at first be evident. Healing, repair, growth, restoration of balance is a natural innate characteristic of life and organisms. Our job as a gardener is to concern ourselves with the conditions.

Such roles are embedded in the root of today’s health professions

Nurse: from Late Latin nutricia meaning to nourish
Doctor: from Latin doctor meaning teacher
STEP 2   CONDITIONS

Creating Conditions.

*First create the conditions to create, then create.*  Jane Kelly  Lead Artist on the new GHH Project.

This gardening metaphor is independent of scale.  Within our own life, in our relationships, creating a new building, or tackling large system change.  For example, in the dialogue framed around the management of complex systems the terms used are ‘order generating rules’, with an ‘emergence of solutions’.  There is a trusting that systems respond to creative conditions.

In the next section we will flag up some examples of how we can use external and internal conditions to impact on healing. As we do so you can consider your own too kit.  Some of this will be brought to ‘The Dance’ – step 5 in the above map. We will then look at some clinical models that have been working in this way. Then we will examine the condition of the practitioner and relationship. This will then bring us finally to a consideration of the therapeutic encounter.
The External Environment

How is the environment you work in? Is there any scope for change? We will comment now on health care design – but frankly making changes there may be beyond most of us. But we could look with a fresh eye about how we have arranged the consulting and treatment spaces we use. At some absolute minimum – could we bring a little bit of beauty in there – say shells on the desk? What? Well lets looks at the role of nature in healing.
But first – try this.

What sort of building do you think this is?

It is a hospital. It is an inspiring of how not to do it. In its day, in the 1970’s, it was a fine example guided by the map of the day – an efficient machine, delivering the science of care. It’s nice to be nice, but when the chips are down, let’s spend the money on the things that matter – and in that world, aspects like harmony, beauty, inner space, healing were not on the map, were not the real thing.

By the way, the cartoon says “Is this procedure still experimental Doctor?”
This is the view from the ward in the design award winning Centre for Integrative Care, Glasgow Homoeopathic Hospital.

This seminal trial started Prof Ulrich’s work over the last three decades which confirms the central impact of nature and beauty. We can see the mind-body pathways we described earlier in action.

Just as the word healing has not been ok in medicine, so beauty has not been currency in architecture in recent decades.

There is a section devoted to healing space design on www.humanhealing.net, and further information about the design process on www.ghh.info.
Healing: Emerging Wellbeing – And Transformed Self-care

Cultural Conditions
Let’s now leave the larger scale – imagining as we go a time when the LTCAS principles we looked at earlier are successfully embedded in a changed culture and supportive conditions.

Personal Culture
As individual practitioner may feel overwhelmed by the scale of some of these factors, but we can take some heart that the central direction of the health and care services as reflected in the “new conversation” is giving us permission and support to speak up about the issues of human caring, and start to make changes.

And what ever the complexity, we can still work with someone as consciously as possible in a way that supports the best emergent change possible – or at minimum, reduce the harm. How do we know the conditions are good enough? What happens? There is a reduction in distress and suffering, perhaps we can even contribute sometimes some steps beyond that towards an emergence and growth of healing, extending to wellbeing and flourishing. Hopefully the person can leave us strengthened in their capacity to self-care. We can also tune our outcome assessment in the clinic and our metrics to recognise and follow such changes. We can education ourselves and others to support these processes. We now turn towards the individual, beginning with their bridges between outer and inner life.
Nutrition

Taken broadly this is another way of referring to the conditions for flourishing - the foundations of a “pro” approach.

But even the narrow meaning of physical nutrition is critically important if we are interested in triggering the healing pathways – where are these capacities to get their substrates from if not what we eat and drink. Physical healing and a feeling of wellbeing are profoundly affected by nutritional status. This is a whole other topic, that will only be flagged up here. There is a section on this in the Part 2 of The WEL Programme – www.thewel.org, and we will say no more about it here.
The Inner World

This is the place that suffering exist, and within which we experience change. As we come to a new way of seeing, so our inner experience changes. This is healing. Sometimes this will be tackled directly in a therapeutic relationship, often the change is occurring indirectly, from the context, circumstances, and feel of our meetings and experiences – what we are calling here the conditions. Whether in this indirect way, or directly tackled in a cognitive or mindful or creative way, relief will come from and result in a change in the inner experience of life and being alive. In the end, all our systems and personal efforts in human caring aim to help healing change in this inner world. Recall we are speaking in addition to our role as technical carers – but even there of course the point of those treatments and procedures is to preserve and enhance the person’s experience of wellbeing.

Extracts from The WEL Programme – Wellness Enhancing Learning.

To Illustrate this in an accessible way – the next section has images and their text lifted from the participants Part 1 manual of the WEL Programme (marked ☑). Bear in mind, as we will see later, that information of this type is best given after a trusting connection has been made. Also we will look at what “activates” the person’s motivation to take on these ideas. Principally this will involve a change in the self-relationship.
Under this heading we now gather together a range of factors than can with practice be under our influence to some degree - unlike events of the world, or other people’s behaviour. Any plan for your welfare which is based on someone else changing will not work!
Thoughts About Thoughts

This is central.

In a conscious being like a human, our thoughts impact on our feelings and so our body and our behaviours. Here is an area to study if we want to help our body, as well as help our inner peace.

Please note that the exploration of these inner factors on the course is not making any statement about the type of illness you have. It is not saying it is “imagined” or “just in your head”. Even if your best understanding of your problem is that it is “all physical” – the purpose of the course is to see how you can support your body in helping itself. And the door into physical health is often through the mind-body link. This is the pathway where you can help produce more calmness in you system, and so through the psychoneuroimmunology pathways we mentioned earlier, and many others, help your body help itself.

That said, many of us are surprised when we enquire deeply by just how often stress helped tip the seesaw of our health out of balance, and, how getting it back in balance is helped by tackling this side of things. And certainly distress or suffering is always helped by deepening our inner peace, and we can tackle that even in the face of incurable, even terminal illness.
The Cinema of the Mind

Let’s look at the what we can just call the “inner world” at work.

You will see in this scan that when people imagine looking at faces or places the same brain centres “light up” as when they are actually looking at them in the “outside” world. Disciplines which have studied this even suggest that parts of our being don’t know if it is the real or imagined world that are lighting these centres up – they just take it as real, accept it as the truth and act on it.

Here inside us is what we will call on the course at times the “Cinema of the Mind”. Our mind is showing our inner “movies”, and this imaginary world wakes our brain-mind-body up just as if it was actually happening in the outer world.

Think how many of your movies are stressful, even Hollywood style “horror movies” and “tragedies”? Compared to that, how many lead you to peace?

Can you think of ways of using the knowledge these scans reveal to help yourself?

What does it say about what we believe and experience to be the truth?
Our Mind Projects Its Movies Out Into The World.

As the Talmud says, we don’t see the world as it is, we see the world as we are.

These inner movies can crowd out and change perceptions and colour experiences. We are in truth often living inside a great deal of distress as we live in the world of the movies of our minds.

Yet with mindful skill and practice, we can ease this situation to some degree. And the more peace in the mind, the more peace in the heart and in the body.
Mind Movies – The Snake In The Grass

The key point behind the new growing knowledge of the mechanisms of the mind, is that we can learn to work a better relationship with it. We’ll put it this way – we have our mind, but we are not our mind. We can observe our mind at work. We have our thoughts and feelings, they are real, but we are more than our thoughts and feelings. We can ask – is this thought the truth?

Let’s consider a key story that we can use to start this exploration in the course – something we will go further into in Parts 3 and 4.

Let’s say that you are afraid of snakes, and you are walking through the long grass in Africa on a safari holiday. Suddenly - you step on a snake!

How do you react? What happens in your feelings, your body, your behaviour?
The Rope: Thoughts Are Real – But They May Not be The Truth

As you jump back, you see it is not a snake, it is actually a rope. How are you now? Can you get afraid of the rope?

What can you learn from this about your thoughts and feelings, about the nature of reality and truth? We will explore this in depth later in our work, and we’ll use the terms “snake” and “rope” as a shorthand for this area of our experience.

Some other fun phrases we will use on the course when examining this whole area of thought and feelings will include: “you are not your mind”. The idea here is to access and use the ability to “watch” our thoughts, to be mindful, aware, of what our thoughts are up to.

Another phrases will be “your thoughts and feelings are real, but that does not make them the truth” (you really did get frightened at that “snake”, you didn’t imagine your heart thumping, but that does not make the rope a snake).

We can also say that “thoughts make feelings” (if they are believed as true), and, “where the mind leads, the body follows”.
Who Is In Charge Of The Cinema of Your Mind?

How could we use this knowledge of the Cinema of the Mind to help us? How does it link to the placebo studies we looked at earlier?

Is there a way to begin to develop a creative relationship with these elements, rather than leaving them to their own device, or chance, or the impact of “placebo” and external circumstances and manipulation?
Judgment or Compassion?

How would you like to learn to wake up your positive mood centre at will? Do you remember how the antidepressant study showed that people who responding to placebo also had changes in the activity of the left pre-frontal cortex – the positive mood centre? Well, when someone with a trained mind was studied as they activated different forms of meditation (each of which had a different scan picture), the one that woke up the positive mood centre most was a meditation used to encourage compassion. This seems to lend weight to the old teaching that the main person to benefit when we practice compassion is the one who is being compassionate. (And for those of us caring for others, here is a way to help our own mood and wellbeing as we care for others).

Compassion is central to our work. It seems there are only two mutually exclusive ways to approach this review of your self-care: with judgment, or, with compassion. Here we are not talking about What you might do, but How you go about it – the spirit you bring to this.

Judgment brings thoughts like “you have failed, you are no use, you will never do this” etc.

Compassion accepts our self and our situation in this moment, and then brings a nurturing caring approach.

Remember the plant, the pet, the child image from earlier? The point here is to encourage the image to wake up our compassion - especially at times when our approach to ourselves would bring only judgment.

In the next chapter we will make a start on learning a meditation form that is of value in itself, and can also be used as a start for practicing compassion.
Happiness Is A Skill

This study links to the previous one on mediation waking up the positive left sided centre at the front of the brain. Here a person with a trained mind showed more activation in the positive area than the other 175 people tested. These 175 were chosen from a normal Western population who tend to show more lower mood right-sided set point in the pre-frontal cortex - and we go for temporary pleasure ‘hits’ to escape this. Yet the amazing conclusion from this work is that happiness is a skill that can be developed, and not a state as we had thought in Western medicine.

It is also worth noting that these type of scan changes show progressive more positive change with greater training, comparing those with 10, 20 and 30 thousand of meditation mind-training. To give a feel for this, it takes around 10 thousand hours practice to get proficient on a musical instrument. That may seem daunting, and you will not leave this course having learned from scratch to play the “musical instrument” of your own mind. But other studies have shown that after just 8 weeks of training and practice there are already changes in our brain scan – you will see that study later.
A Compassionate Witness

Here is another example of engaging deliberately with the mechanism of our mind and thoughts and feelings. In this study, those guided to write out some aspects of stressful events had twice as much benefit on their physical health (they had asthma or rheumatoid arthritis) as those who wrote about emotionally neutral topics. This is not just venting or ruminating. Putting it on the paper as we bring a compassionate self-listening can be a helpful step in moving towards a new perspective.

Self-Care Kit

To begin to support your own journey of change, perhaps you could consider using the course material as the beginning of a ‘work manual’ or “creative-space book”. You can then build a “self-care kit”? What else might you put in there?
Breathing

Amazingly, something that we take for granted and runs on automatic can still be engaged with, and act as a door of entry into the mindbody. Many healing disciples have things to teach us about how to work with the breath. Let’s take a look at a recent scientific paper.
Six per Minute

This research is not shown because of any religious dimension – that is outside of the scope of this programme. However research shows that people with certain forms of an active religious life tend to be healthier.

Here you are asked to note how these mantras and prayers had this striking effect on whole body health. Note that this may only apply (at least initially) if said out loud. When we do the verse of the prayer or mantra out loud, followed by a breath in, this lasts 10 seconds, and so our breath goes to 6 per minute. Our usual breathing rate is often around 12 to 17 per minute or higher.

So here is a use of the body as a road into the inner world.
**Beginnings of Change in 12 Weeks**

This is the study mentioned earlier that seems to show changes in people’s brain activation measured 4 weeks after 8 weeks of training and practice. Compared to ‘controls’, the people learning to meditate showed more positive mood centre activation, and this was linked to a healthier immune response.

We can see in this the picture the coming together of the “pro” approach, the “mindbody” link, and self-care (‘our gardening”) that we have explored up to here on the course.
So Far

So here is summary of some of the headings of the course ideas so far. [insert: remember this is a slide from the The WEL course, not the therapeutic encounter course]

There is a lot in there, and it will take time and repetition to start to take root. So it will be helpful to go back over this a number of times during and after the course. This will re-enforce the knowledge and ideas, and you can see how your reflection and understanding is deepening. You will also be given a DVD of an earlier version of this introductory lecture, and this is also available to watch on the web site (www.thewel.org).
The Course, Your Feedback, and Results

So hopefully the reasons behind the design and content of this course will be clearer now.

The basic module of the course is the 4 week foundation programme.

For some participants (eg those with CFS/ME) there is another 3 week module with the physiotherapist.

There may also be a chance for all participants in Glasgow to join an optional 8 week training course on MBCT: Mindfulness Based Cognitive Therapy that will build on the ideas and practices introduced in the foundation course.

The developing WEL programme has been studied by a parallel evaluation programme based on participants views. The results are very good, and have now been published in the results sections of www.thewel.org. A couple of example results follow this slide.

Meantime you may be asked at intervals to fill in feedback questionnaires and we are grateful for any help you can give us with that.
Results – Main Complaint

This slide and the one that follows give a flavour of the results from the evaluation of the pilot phases of the programme. The course has since been expanded and improved. Details and references are in the Results section of www.thewel.org

This graph shows peoples rating of improvements in their main complaint (which was fatigue for most of the people in this study of CFS/ME). We had not expected any quick changes, and while that is true for most, to our surprise some people had useful change even by the end of the course. You will note the data also suggests an increase in results as the months past. This would match up with the idea of on-going improved self-care and developing change over time.
Results - Coping

Here you see some change by the end of the course in the majority of people’s coping in life. It is sustained over time, possibly with some further development as the months pass.

Similar improvements were reported for Wellbeing.
Stepping Back – Your Self-Care

We will drop out of The WEL material for a moment to let you have a look at – well, you. It is possible to study and learn and apply this stuff and it remain about the other person – our patients, our clients. In the forthcoming section on what sparks change in others we will see how the other person sensing an authenticity in us is a key. Here we are telling others about a better and more balanced life, but what about ourselves?

In the next section on self-care from the WEL there is a pivotal chapter on self-compassion. It is often around this issue that success of failure flows in the therapeutic work. It underpins, or its absence undermines, change process that will grow and sustain itself as opposed to a temporary enthusiasm.

This key section is followed by a training in meditation and mindfulness. I would recommend such a practice for you. Your state of presence or otherwise is critical during the encounter. On our 7 step map, after the conditions comes the beginning. Your internal conditions are determining factors in the quality of the beginning of the encounter. A developed skill of calming yourself and coming to a deepening presence is important.

Now back to The WEL – again coded with ςς. There is repetition here of some earlier material, placed now in the context of health practice.
What Does it Mean For Me?

But what can you do with this built-in potential for self-healing and self-destruction? Can I learn to draw a better health-picture in my own life? The research supports the idea that we can use the self-repair and recovery pathways to help ourselves to some degree. But there are limits.

It is important to say that it is normal to get sick, normal to age and normal to die. There are no shortcuts through this human path, no amount of great self-care stops this journey.

And there are major factors impacting our health out with our control like environmental pollution, and childhood deprivation that we can undermine us. To deny this can be a prescription for guilt and blame, and a denial of social factors and the wider determinants of health. (For an argument about the dangers of denying these wider factors eg see Levenstein, S. (1996). "Is there health in wellness?" J Clin Gastroenterol 23(2): 94-6.)

However, it is equally certain that we can learn to better support our own health and help our systems efforts to get back into balance. Better self-care can slow down aging, avoid a lot of illness and help recovery. And even when there is no potential to change on a physical level, it seems there is always potential to reduce suffering, and improve over time our inner peace and wellbeing.
If You Were a Plant?

If you were a plant – what shape are you in?

Let an image come to mind - don’t think too much, just see what appears.

What state is it in? What do you think this image is ‘saying’ to you?

The Course Images

As an aside here, let’s say a word about why we use such images in the course. An image often cuts through to a deeper understanding in us and between us. We “get it” that if a plant is not watered it will wilt and fade, and if pushed hard enough it will go to seed and die. That image is often much more effective that a long argued case about this. Change the images to one that work best for you – the idea is to wake up in yourself the connection of a need for nurture for life to thrive – for example, use an animal that depends on you, or a child that needs your loving care. Activating this caring realisation about “another” can be used as a first step to then realising that our own life is dependant on us and our self-care.
The Plant Knows How To Grow

A central theme of the journey of the course from here will be the idea of nurturing, of stimulating, of supporting, the built-in potential in living beings for repair and growth.

An important realisation is that if we create the right conditions - the plant “knows” how to grow. Unlike the planned steps of an outside-in therapy, enhancing the wellness pathways by setting the right conditions then strengthens built-in knowhow in our system that gets to work for our benefit. But we have barriers to meet along the way.
And what would be water and sunshine for your plant? What does it need to grow and thrive?

Are you willing to tune into this and supply it? How are doing as its gardener?

How is your self-care, your self-gardening?
Often our next question is “What?” do I need to do. But actually that is of secondary importance to another deeper question.
Why do it? Why do you water your plants (if you do!), why do you feed your pets, or care for a baby? What is it in you that makes this care, this nurturing, unconditional and carried through even when you are strained, even when you can’t be bothered? It’s not that we care for our dog or plants for a month, and then announce we are too busy and will be taking a month off! And if we did, how would the creature or person respond, what would it do to them?

So why do you give that unconditional care in these circumstances?

The answer to this holds a secret that could make a difference in, even transform, your own self-care, and so your own wellbeing, peace and health. If this core ingredient, quality, factor, is not present - then any amount of hard work will not work well, any amount of will power will bring only temporary change.

If we connect to this instinctive ability in ourselves, then the ‘What?’ And ‘How?’ follows on naturally. We may not know how to care for a pet we love, but the care we feel for it will cause us to go out and learn.

This bit of your enquiry can get uncomfortable, but it is critical to look at it deeply when you are able, or get support to do so if need be. Deeper success from this course probably rests on this point, supported by the information and practices you will learn.
Starting the Journey of Change

This next section briefly outlines some headings that may be of benefit for you to consider. Some will be expanded as the course develops.

This quote from Jane Kelly captures something important for you. Your life has a potential to grow towards better wellbeing. Your job is to set the conditions that will assist it, backed up by the relationship that cares about it.
Your External World

Consider the outside factors, and consider those that you can influence and those you cannot.

Start to work on the ones you can influence.

For example: What do you regularly expose yourself to, take up your time with? What sort of TV and media? What sort of conversation dominates in your life? How nurturing of peace and wellbeing are these?
First steps. Two Minutes per Day for Creating Skills to Build Peace.

Learning Meditation.

Now a practical first step. We are going to consider learning, or deepening, the practice of meditation. What is that? It means choosing to apply yourself to guide your mind in a way that helps build more calmness and peace inside.

There are endless variations on this, and we have chosen one “package” that is called Heartmath - because it is a practical and simple door in to this area. In truth however, the methods used in Heartmath have ancient roots and you will find its ingredients in many other approaches. If you like this approach you can learn more from www.heartmath.org, and there are a number of accessible books produced by this organisation. They also produce some bio-feedback training aids that are interesting – but they are far from essential, and we will learn without these.

The suggestion is to initially practice for 2 minutes a day. Why so short do you think? Observe yourself and see if you do this, and if not, why not. Just that observing in itself is a step into mindfulness.
One of the strengths of Heartmath is the background research and studies. This helps some in a Western-based evidence-based culture engage where they may have otherwise dismissed the area.

Some of this research studies focus on the way the heart speeds up and slows down in different mental and emotional states – tracking the so-called heart rate variability - HRV.
Coming To The Heart

The bottom pattern shows the heart rate over a 3 minute time period, and note how it is smoothly speeding up and slowing down. The person is in a calm state of positive emotion, and the result on the heart is this harmonious wave form pattern (like everything in nature when in harmony). This is described as being in “coherence”.

The top graph speaks for itself. The disturbance in our emotional state is reflected immediately in disturbance in our heart wave. This underlines our earlier study of the mind-body links.
The Autonomic Nervous System Glues Brain And Body Together

In turn, the heart pattern acts like a drummer, beating out a pattern that the rest of the system follows (for example, through the autonomic nervous system).

As well as the organs like the gut and breathing being affected by these messages, this message is being sent even into the lymph nodes of the immune system.

It also goes up to the brain – and when the message is a coherent one (the harmonious patterns) our thinking is clearer (as demonstrated in research studies of people’s reaction times).
Health & Wellbeing Benefits

The more time we can spend in the harmonic coherent state, the more benefits there are across the mind-body.

Meditation practice helps us develop the skills to take charge more often and more quickly when we realise we have lost our balance, lost our peace. In time, we can even get skilled enough to reduce the number of times we get triggered off into stress, or spot it almost as soon as the stress is arising and exercise our skills to keep ourselves in check.

Can you see this difference between doing mediation and using a relaxation aid like a recorded CD? In the latter, we are being relaxed by something outside of ourselves, in the former, we are developing something inside ourselves that we can call on at any time.
The Foundation Exercise & Traffic Light Colours

Here is the basic practice exercise. There is an expanded handout in your folder giving fuller guidance. As well as a DVD of the introductory talk to Heartmath, you have been supplied with a CD that has some tracks on it that talk you through your practice. You might want to put this on an MP3 player.

But please note, unlike the passive state of listening to a relaxation tape, the point of your practice is to build over the weeks, months and years, an ability to use this approach yourself, when ever you choose, rather than be dependant upon someone else on a CD or otherwise.

You can’t “do this wrong”. If you choose to have a go, then you have started your meditation already. You have guided yourself consciously towards some self-supportive activity. The more your mind wanders the more practice you get in noticing and bringing it back.
It's Not Working – My Mind Keeps Wandering

While deeper states of peace are worth experiencing, the real point of the exercise is to build up the practice of working with three stages we will explore in the course – we’ll coded them with traffic light colours:

RED: Your mind wanders but you don’t realise it, you are just with it, in it – on automatic pilot.

AMBER: You wake up to the fact that your mind has wandered. Have a glance where it went, may be hit the pause button and label the movie “work” “the past” “revenge” whatever! Then you can build on this mindfulness to practice…

GREEN: Choosing to bring yourself back to the meditation, choosing not to go where the mind was heading. To get back to the practice, it often helps to come back to awareness of some aspect of your body or breath as a first return. This is you “not being your mind” but stepping back, observing, and choosing.

You can see the advantage that would flow as you get more skilled at this in day to day life. As the mind wants to take us down the worrying paths where it tells us there are “snakes in the grass” we can choose not to follow. We can question our thoughts, even learn to remind ourselves it’s really just a rope. We can get better at widening the gap between a stimulus and our response enough to have more choice.

One variation may be worth exploring. If you are able sometimes to go to the part of the meditation where you practice waking up a supportive feeling, you can try using one of the core images from the course – a plant, animal or child that needs our help - and so build the feeling of compassion this induces. The Heartmath Institute research suggests that creating a positive emotional state is the best trigger to affect the heart rhythm and encourage it into a coherent wave pattern.