PAPER

The Human Capacity for Intentional Self-healing and Enhanced Wellness
A Research Proposal

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Summary: A proposed inquiry project exploring the human capacity for self-healing and enhanced wellness using co-operative and experiential inquiry methods is described. The importance of both self-healing and enhancing wellness are discussed, as is the appropriateness of the co-operative inquiry paradigm for this topic. Approaches to exploring philosophical, theoretical and practical issues are explored, as well as inquiry into outcomes of different approaches. The article looks at some of the practical and methodological issues in conducting this kind of inquiry, including a brief discussion of validity.

Keywords Self-healing Wellness Co-operative inquiry Holistic medicine Complementary medicine

Introduction

This article describes a proposed inquiry project which sets out systematically and critically to explore the human capacity for intentional self-healing and enhancing wellness. This means exploring, developing, and assessing self-help techniques for: (a) transforming illness into wellness for those who are currently 'ill'; and (b) for enhancing wellness for those who are currently 'well' (ill and well being in the first instance defined by conventional standards). The project aims to explore philosophical, conceptual, and practical issues, as well as outcomes.

The project is radical and ambitious. It will employ a version of co-operative experiential inquiry, in which the external controls used in orthodox research are replaced by the informed critical awareness of all those involved in the inquiry. We argue that this method is the most appropriate for exploring self-healing and enhancing wellness. For an introductory account of co-operative inquiry the reader is referred to our earlier article in this Journal.[1]

0884-3988/86/020123-12 $06.00

Revised 28 November 1985

While we are optimistic that we will be able to secure funding at some time in the future, we take the unusual step of publishing the research proposal at this stage in the hope that this will demonstrate the potential of the co-operative inquiry paradigm, and stimulate and advance the developing debate about inquiry methods for holistic and complementary medicine.

Outline of method

1. Philosophy and theory

We intend to review the literature, consult a wide range of medical and health practitioners, a wide range of patients of both conventional and complementary approaches, discuss and reflect, and from this:

(a) Develop a provisional philosophy of human potential in which intention and agency can be understood as central in the process of being and becoming 'ill' and 'well'. From this develop tentative definitions of illness and wellness that bear witness to but go beyond prevailing concepts.

(b) Compile a list of techniques for self-directed healing and enhancement of wellness that are currently being used (such a list would include techniques involving internal action – visualization, meditation, etc; techniques involving external action – diet, exercise, etc; techniques practised alone; and those practised in interaction with peers and professional practitioners); make a provisional assessment of their feasibility and, if it can be assessed, their efficacy; speculate about innovative techniques; set all this in a historical and cultural context. From this evolve a provisional conceptual model of the ways through which these intentional self-help processes work.

2. Empirical exploration

Recruit groups of people who are currently ill by conventional standards, and for each group:

(a) Initiate them into the perspective derived in 1 above; indeed they would be recruited and self-selected on the basis of the appeal of these ideas to them.

(b) Facilitate their development as a co-operative inquiry group which would:
(i) Define and record in physical and non-physical terms the state of illness of each person at the start of the inquiry process using criteria developed within each group.
(ii) Agree on appropriate self-directed techniques for recovery from illness and apply these over time, monitoring and recording their effects, periodically reviewing their efficacy, and if appropriate revising their design and use.
(iii) From time to time interact with other groups of both ill and well persons (see below) in order to share and learn from periodic review findings.
(iv) Define and record in physical and non-physical terms the state of the illness or wellness of each person at the end of the inquiry.

(v) Judge from within the total experience and its internal findings the weight to be given to the different factors that have contributed to the return to wellness or the continuation of illness. Of particular interest, of course, will be the weight given to the use of self-directed techniques of self-healing. No control groups would be used for reasons elaborated in the discussion below.

(c) The groups would be designed to maximize heterogeneity by having all the following combinations of: same illness, same technique; same illness, different techniques; different illness, same technique; different illness, different techniques.

3. Recruit groups of people who are currently well by conventional standards, and invite them to engage in a similar procedure to the groups of ill persons, exploring enhancing wellness rather than recovery from illness.

4. Draw conclusions from the total study. These would include:

(a) A philosophical statement concerning illness and wellness with particular reference to intentionality and agency, based on the experience of the project as a whole.

(b) A conceptual map of the self-help process with respect both to illness and wellness, and maps of particular techniques used.

(c) A set of practical procedures and exercises for teaching people how to use and develop their capacities for self-healing and for enhancing wellness. These might be written, on audio or videotape, and in the form of workshops for patients and practitioners.

(d) An assessment of the efficacy of the self-directed techniques used in both illness and wellness groups in terms of the criteria internal to those groups; and further an assessment of those internal criteria.

(e) A comparison of the use of techniques in the illness and wellness groups, using the different perspectives in order to understand better the self-help process.

(f) Recommendations about the future use of self-directed techniques in health care; and recommendations with regard to further research.

Background

Healing and wellness

In our view, understanding, using, and enhancing the human capacity for self-healing is the central issue in the development of holistic medical and health-care practices, whether viewed from the perspective of orthodox medicine or the variety of complementary therapies. While interventions from outside are clearly important, it is only the patient as a person who can develop a capacity

for wellness. The danger in focusing research on different types of interventions is that we lose sight of the fundamental truth that it is the patient who gets well and stays well, rather than the therapy that does well or badly.

In our recent inquiry into the theory and practice of holistic medicine with a group of general medical practitioners,[2] we developed and critically applied a five-part model of holistic medicine. The five inter-related parts were: treating the patient as a whole being of mind, body and spirit; using a wide range of interventions; power-sharing between doctor and patient; the doctor as 'self-gardening' – taking care of themself in a holistic fashion; and the patient as potentially an agent of intentional self-healing.

We meant by this last point not just the obvious fact that the human body is within variable limits a self-healing organism – for example the healing of wounds and the unaided recovery from viral infection – but also the more radical principle that each person as a mental and spiritual being has the potential capacity consciously and intentionally to facilitate healing in their body-mind by a variety of internal and external actions. In our view the range of this potential is unspecified and unknown, but we assume it to be much greater than either patient expectation or conventional medicine allow. We did not, in our holistic medicine inquiry, focus specifically on this dimension of the model, and so in many ways the current proposal builds on and is a development of this earlier work.

We are also aware of the enormous amount of work that has gone into the development and testing of a wide variety of approaches to self-healing such as biofeedback, autogenic training, meditation, visualization, exercise and diet, co-counselling (for references see, for example, Pietroni[3]). These have been applied and explored in a very wide variety of situations and clinical conditions. We are also aware of the work done in the educational and personal development fields which is designed to enhance the individual's physical, mental, and spiritual capacities (for a recent example of this work see Houston[4]). And thirdly, we are aware of and respect the experience and practice of healers and mediums. We intend that this project build on and develop this diverse work.

It is the emphasis on *intentional* self-healing and the enhancement of wellness which distinguishes this proposal from the earlier work. As Larry Dossey argues in his radical approach to medical thinking, *Space, Time, and Medicine*,[5] the best health strategies are those which make the bodymind wiser. Our view is that many approaches to health and illness, both in orthodox and complementary practice, overemphasize the intervention and its impact, at the expense of the patient as a being who has a relatively undeveloped capacity to re-order their physical, mental, and spiritual processes to maintain, restore, and enhance their health. We therefore argue that a central task in the development of complementary and holistic medicine is to explore and develop our understanding of the intentional self-healing process, its potentials and its limitations.

We further argue that the issue of self-healing for those who are seen as ill by conventional standards needs to be explored in the context of the enhancement of wellness for those who are already well by those standards. This is because a

focus on pathology may limit our vision of human potential, and thus limit also our view of the powers that can be used to heal. Similarly, inquiry with conventionally well people may generate a more imaginative and comprehensive range of self-help techniques: it may be that techniques that in the first instance appear only to be relevant to enhancing wellness may be highly effective in recovering from illness. Also, since illness and wellness are polar conditions, dialogue between the poles may illuminate the nature of each. Finally, and most important of all, the long-term welfare of society benefits more from the development of techniques that are prophylactic and life enhancing rather than curative. For all these reasons, an important aspect of the inquiry will be to compare and contrast techniques used for healing with techniques used for enhancement of wellness, to see what they have to contribute to each other in terms of development and understanding.

We do not argue that self-healing approaches will supplant current orthodox or complementary therapies; but that an understanding of the intentional self-healing process is an essential complement to practitioners' interventions.

Co-operative inquiry

A major problem in the exploration of holistic health care strategies has been the lack of an appropriate inquiry method. Orthodox medical research, as a branch of orthodox science, offers methods which are inappropriate for the study of self-healing potential, based as they are on a deterministic view of the body as a chemical and mechanical machine, cut off from the influence of mind and spirit. Thus for example, the controlled clinical double-blind cross-over trial is designed to control out extraneous variables such as the patient's intent to get well or stay ill.

In contrast to orthodox research methods, we have been developing and using over the past decade an approach to inquiry which is experiential and collaborative, in which all those involved in the enterprise contribute both to the thinking that goes into the inquiry and to the research action which is its object, and in which the primary instrument of inquiry is informed, critical, and discriminating human consciousness. This methodology has been set out in earlier books and papers to which we refer the reader for a more detailed exposition than can be included in this article.[6–8]

Our view is that intentional self-healing can best be explored using co-operative experiential inquiry. Indeed, the research method and the research topic seem ideally matched, since they both take as fundamental the person as agent: in inquiry the self-directing intelligence, critically and creatively exploring experience; in self-healing the self-directing patient as intentionally managing their dis-ease condition; and more widely the self-directing person enhancing their wellness through living a life which is healthy for the body–mind–spirit.

Indeed, we argue that if we wish to take this human potential seriously we can *only* explore and understand it using co-operative experiential inquiry methods. If illness and health are to any significant degree contructs of mind and spirit manifest in the body, we will only understand self-healing and the enhancement

of wellness if we use a method rooted in personal action and experience; a method in which people can help each other critically examine their own experiences of healing and developing themselves.

As Torbert[9] effectively argues, the strategy of co-operative inquiry begins with the assumption that research and action, although analytically distinguishable, are inextricably intertwined in practice. What we need for any practice, including the practice of therapy and self-healing, is genuinely well-informed action. For this, we need an *action science*, one which produces knowing which is useful to the actor at the point of action, rather than to the thinker at the moment of reflection (even if that reflection is about action). So the co-operative inquiry in this project is a form of research *and* a form of self-directed therapy.

Illness and wellness are fundamentally experiential concepts in that they can only be understood in terms of personal experience; and healing and enhancing wellness are similarly experientially defined processes. In this sense, illness is to be differentiated from disease, because the degree of experienced illness may or may not correlate with the degree of observed disease in the body. We have to allow for the paradox that experiential recovery from illness may not be the same as clinical recovery from disease. For example, a person with a clinically incurable heart condition may effectively recover from the associated illness by learning through intentional self-help to compensate for the disease physiologically. And of course, we would argue that there is often a major psychological and spiritual component to any experienced illness, as well as the physical component.

The experiential view of illness and wellness and the importance of intentional self-help is supported by Larry Dossey:

> In the modern view, because of these profound interrelations between consciousness and the physical world, rather than attempting to extinguish the subjective element in the healing process, we tend to maximise it; for we see it as a potent force in exerting purposeful change. Furthermore, we reason that this change can be initiated by patients as well as professional healers. In our new view of health, therefore, each patient has the potential of being his own healer. Healing becomes democratized in the new view.[5]

As healing becomes democratized, so does the inquiry process. The human capacity for self-healing is the central issue for the development of holistic approaches to health care, and the appropriate way to study this is through co-operative inquiry. We have outlined above the method of such an inquiry; we need to discuss further the implications of its four main parts, philosophy, models of practice, experiential method, and outcomes, since what we are up to is the development of a whole new approach to wellness.

Discussion

Philosophy

The philosophical aspects of the inquiry must address the issues of our beliefs about the human being and about human potential. We must begin to build a

philosophical system in which the intent to be well or ill can be seen as a central aspect of health, not just a rather awkward appendage on an essentially deterministic world view. In doing this it is likely that we will draw on modern approaches to systems theory and ecology, and the suggestions about the nature of reality coming from high energy physics and from consciousness research; as well as on modern humanistic psychology and those ancient disciplines and worldviews which are re-emerging. We will need to build a philosophy which includes the material world and the body, society and culture, the conscious and non-conscious mind, the transpersonal realities of symbol, myth, and archetype, powers and presences in other dimensions, and the power of Being itself. This philosophical inquiry is essential, and it is essentially integrated with the whole inquiry process: the self-healing person and the person involved in the intentional enhancement of their wellness is likely to have a radically different world view from that accepted normally in our culture today.

These philosophical investigations will start with visits and discussions with those persons and groups worldwide who are making fundamental contributions to thinking on these issues; it will involve reading widely and creatively, writing working papers and circulating them for comment; organizing seminars and maybe a conference at which these emerging ideas can be critically discussed. And the philosophical investigations will also involve grounding the inevitably abstract ideas in seminars and discussions with those involved in our inquiry groups and other interested persons.

Phenomenology and conceptual models

A second and closely related aspect of the inquiry will be to build a phenomenology of the processes of self-healing and enhancement of wellness drawing on many different healing and developmental disciplines, the experience of practitioners in this field, as well as on our own experiential inquiries as they develop. This phenomenology will offer a conceptual map of self-healing work, encompassing a wide range of key variables such as consciousness and different states of consciousness; relationships with others such as family, peers, practitioners; specific self-directed interventions such as meditation, visualization, diet, catharsis, ceremony, exercise, prayer etc; pressure and support from social and cultural influences; relationships with the natural world and other realities. And in addition to this the phenomenology will need to describe the dependence, independence and systems effects of these variables.

As with the philosophical framework, this phenomenology will be derived through discussions, papers, and wide-ranging personal contacts. It will be clarified, refined, revised, and grounded through the experiential knowledge arising from the co-operative inquiry groups on the project.

Experiential methods of intentional self-help

The third aspect of the inquiry will be critically to explore and describe practical methods of intentional self-healing. This will involve introducing self-healing

techniques to groups of patients. These patients, working as co-researchers, will practise these methods, periodically taking time to reflect together on this practice and its outcomes in order to refine both the methods and the concepts on which they are based. They will then take these refined methods into further cycles of action and reflection. This research cycling between practice and reflection is a central part of the experiential inquiry method and of its validity procedures. Similarly groups of persons who are well by conventional standards would engage in co-operative inquiries on techniques for enhancing their wellness.

This aspect of the inquiry is the empirical core of the whole project: our aim is to set up 30 co-operative inquiry groups, each one including 10–15 persons, each group looking critically at self-directed methods of healing and enhancing wellness. Thus over several years a network of interacting co-operative inquiry groups will develop, a kind of federation of inquiring self-healers and self-developers all fed by and reporting back to the central core of the inquiry process.

A key issue in the life of the inquiry will be who to invite to join these co-operative inquiry groups: on what basis should they be formed? This points to an important link between the philosophical and the practical dimensions of the project, because a continuing philosophical question will be, 'If we take the possibilities of human intention and agency seriously, what does this mean for our definitions of illness and wellness, health and disease?' Thus we would invite people to join the inquiry groups in the first place on entirely conventional criteria of illness and wellness, and would expect these to change and develop through the life of the project, so that later groups might be formed on the basis of more sophisticated criteria.

These inquiry groups need to be led by trained facilitators who have the skills to help develop the kind of collaborative relationships needed for the inquiry. However, while there are plenty of people competent to facilitate self-directed educational ventures, few of these will also have had experience of co-operative inquiry. Thus we intend early in the project to mount a pilot co-operative inquiry into self-healing and/or enhancement of wellness, with ourselves as initiating facilitators and a group of potential inquiry facilitators as members of the project. Thus this group will have experience of the co-operative inquiry process at first hand, and we will be able jointly to select those who have the skills and interests to continue in the second phase of the project.

It might be argued that there is a fundamental contradiction here between the strong initiating role of the project Directors, and the need for co-operative relationships with the participants in these groups as co-researchers: is there really space for full reciprocity? However, our experience as humanistic educators, particularly our experience with the Instititue for the Development of Human Potential in setting up and facilitating long-term learning communities,[10] shows us that it *is* possible to take an initiative to act in authentic collaboration with other persons; and that full reciprocity can develop in relations where the power is in the first place one-sided. One way to do this is to form the group on the basis of an explicit contract, so that it is clear from the start what is non-negotiable and what is open for joint decision; and then work

to develop the trust, openness, and decision-making competence needed for co-operative work. This requires skilled facilitation and a willingness in all parties to co-operate; but it is possible and it is exciting.

The set of inquiry groups would be able to interact with each other, exchanging views and discoveries, thus increasing the richness of the inquiry process. As a result, our empirical findings will be based not in controlled experiments, but in the *critical interaction of different perspectives*, building into a concatenated theory grounded in experience. The validity of this kind of research lies in the development of patterns of knowledge based on direct experience.[11]

Strategic decisions about the inquiry process – what techniques to explore, what different sorts of illness to look at, what groups to set up, etc – will be made by the Directors of the project in consultation with others involved as appropriate. These would provide a framework within which the co-operative groups would work. At this stage it is an open question as to the kind of illnesses we explore, and how we choose from chronic and acute, functional and organic, curable and 'incurable' conditions etc.

Outcomes

The final aspect of the inquiry is research into outcomes. In other words, what impact does the involvement with these self-directed methods, both specifically and in general, have on people's health and on their lives? It is important to emphasize that the kind of holistic and experiential inquiry process we are proposing here will not produce the kind of positivist answers offered by the controlled clinical trial; nor do we believe this to be desirable. Any inquiry into an intervention, whether that intervention originates externally or through human agency, must view the whole person within their context, and take into account the many variables and their interaction. Thus we reject the use of matched control groups in this study, since these can only reduce comparisons to crude unitary dimensions, and do not help specify what factors, internal or external, are having what effect.

Rather than resort to experimental methods, we argue that it *is* possible for persons to discriminate within their experience as to whether changes from illness to wellness, or from wellness to enhanced wellness, are the result of intentional processes, external factors, or some of both (and if so to what degree). In the final analysis such an experiential discrimination is the only way in which such a weighting of factors can be achieved.

This means that the primary instrument of inquiry is the individual inquirer in relation to her or his co-inquirers, and the primary issues for validity are to do with their perceptual discrimination, their emotional competence, and their critical acumen, both as individuals and as a group: validity in co-operative inquiry rests on the exercise of critical subjectivity; an important part of the method is to train and develop the capacity for this in the co-researchers.

However, as we have pointed out before,

> this means that the method is open to all the ways in which human beings fool themselves and each other in their perceptions of the world, through cultural bias,

> character defence, political partisanship, spiritual impoverishment, and so on ... co-operative inquiry is threatened by unaware projection and consensus collusion.
>
> Unaware projection means that we fool ourselves. We do this because to inquire carefully and critically into those things we care about is an anxiety-making business which stirs up our psychological defences; we may then project these defences onto the world we are studying ...
>
> Consensus collusion means that we join with others to support this tendency: the researchers band together as a group in defence of their anxieties, so that areas of their experience which challenge their world view are ignored or not properly explored.[2]

We argue that co-operative inquiry is not alone in this: all forms of research are open to denial, rationalization, and other defensive processes, as indeed is the institution of science itself: the modern critique of conventional science has demonstrated that the much vaunted scientific objectivity and rationality is a chimera. Knowledge is never value free, it is always from a perspective.[12–14] But perspective is not the same as distortion: we can ensure that the perspective is relatively clear by working with the distorting effects of human defences through some method of personal development powerful enough to reach into the unconscious and serve to counteract (although not eliminate) the effects of anxiety and consensus collusion. We have been involved in inquiry projects which have used co-counselling, humanistic group methods, and psychodrama for such a purpose, and have further developed a range of procedures which will assist an inquiry group develop the validity of its work.[2,11,15,16]

Also, this richly complex and heterogeneous study, which offers many diverse perspectives, will enable us to build an assessment of outcomes based on contextual validity in which

> The validity of a piece of evidence can be assessed by comparing it with other kinds of evidence on the same point. Each kind ... has its own characteristic ambiguities and shortcomings and distortions, which are unlikely to co-incide with those of another kind.[17]

In this kind of inquiry we are building a *pattern* and *systems* model of explanation in contrast to the linear causal model as with experimental method:

> For the pattern model, objectivity consists essentially of this, that the pattern can be filled in and extended: as we obtain more and more knowledge it continues to fall into place in this pattern, and the pattern itself has a place in a larger whole.[18]

Conclusion

Finally, there are two features of our approach we wish to emphasize and celebrate.

First, this project affirms the values of heterogeneity, diversity, and creativity. The validity of the findings will be enhanced not only by the consistency and convergence of findings as in conventional inquiry, but also by the ways in which diverse perspectives overlap and illumine a common area of inquiry. This is not intended as an inquiry in the spirit of reductionist science, and should not be judged from that perspective.

Second, our approach to the inquiry affirms the reality of a human potential;

as Jean Houston[4] points out, 'we are beginning to have in hand a perspective on human possibility as profound as it is provocative'. The human being has far greater capacities for self-awareness, self-knowing and self-direction than is usually taken for granted in our culture. This awareness can reach into physical, psychological, social, and spiritual domains, and can be extended by disciplines such as biofeedback and awareness training; psychotherapy and personal development work; consciousness raising and political education; religion, meditation and the transpersonal disciplines.

When we write about self-direction in healing and in inquiry we refer to the self as a whole, in this extended sense. Of course, this notion of self, of the 'possible human', places formidable demands on us, and is a daunting challenge. But then, in a sense, that is what life is all about, and to some extent what our proposed research project is about too!

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