

The Healing Journey

(Healing from within)

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Healing: the relief of suffering

External means

- Western medicine (remove the physical “cause”)
- Most “complementary and alternative” med.

Internal means

Psychological and spiritual change
= self-healing



Aims, and effects of psychological and spiritual self healing efforts

- **Mental state: greater peace of mind, less distress (anxiety, depression)**
 - This can almost be guaranteed if basic self-healing techniques are learned and practised
- **Physical healing (slower rate of cancer growth)**
 - This is controversial
 - Some evidence that dedicated self-healing efforts can make a substantial difference.

What does self healing work involve?

- **Making changes through the mind that affect both mind and body**
- **A learning process**
 - **Need a teacher**
 - **It is progressive, developmental - each step builds on the one before (very like learning a new language)**
 - **Understanding grows gradually**

The confusion surrounding self-healing

- **One extreme: New Age “prophets” who claim “you just need to think right and you will be cured”**
- **Other extreme: Conservative health care professionals: “the mind has no influence on cancer”**

Why doesn't everyone pursue self-healing?

- Need to understand what is possible, and believe we can do it.
 - Most health professionals, and most members of the public, do not understand it, and therefore don't value self help.
- Requires making changes in our lives
- Takes time and effort
- Assuming some responsibility for our experience (giving up the passive role).

Clinical experience: Stages in learning self-healing

- 1. Behavioural/lifestyle change**
- 2. Acquiring self-understanding**
- 3. Spiritual study**

Stages in learning self-healing

- **1. Behaviours/lifestyle**
 - Nutrition, exercise, rest
 - Seeking support (esp group discussions)
 - Learning coping skills (relaxation, imaging, meditation, basic thought management)
 - Defining purpose (what is important to me)
- **What we learn from these changes: that we can take control of our lives**

Self-healing stages (cont'd)

- **2. Self understanding:**
 - **Quieting the flow of thoughts (meditation)**
 - **Awareness of our harmful thought patterns (judgment, guilt, projection)**
- **What we learn: that we create our own experience**

Self-healing stages (cont'd)

- **3. Spiritual work**
 - Study the teachings of spiritual masters
 - Try to sense our “reality” beyond the material
 - Accept “guidance” from a greater source of wisdom, however conceived
- **What we learn: who I am, and how I “fit in” (the “meaning” of my existence).**

How health care professionals often disempower patients

- Too much negative information/prediction
- Undervaluing psychological therapy, or restricting it to “support”
- Dismissing the possibility of self help
 - Unawareness of the great potential people have to help themselves.
 - “Go home and forget about it”
 - Being afraid people will blame themselves if they try self help and “fail”

Is it too expensive?

- **Costs are small in comparison to much high-tech medical care:**
- **Example ; “What can be done with \$150,000?”**
 - **1 Bone Marrow transplant**
 - **Basic psychosocial help for 1,000 patients**



Early plumbers

The Healing Journey: (27 years in Toronto)

Alastair Cunningham

Claire Edmonds

Cathy Phillips

Kimberley Watson

Judy Gould

Joanne Stephen

Jan Ferguson (coordinator)

Margaret Cunningham

David Hedley (medical advisor)

Gina Lockwood (statistician)

www.healingjourney.ca

www.wellspring.ca

The Healing Journey Program

Level

I

“Coping with Cancer Stress” (4-6 weeks)
Large groups

II

“Skills for healing” (8 weeks)
Mixed large & small groups

III

“Steps to spiritual healing” (8 weeks)

IV

“Becoming authentic” (10 weeks)

V

Spiritual study (10 weeks)

Ongoing discussion groups for graduates

Content of Healing Journey stages

(see www.healingjourney.ca)

- I. Intro to coping techniques (relaxation, imagery, goal setting, mind monitoring)**
- II. Adds journalling, meditation, “inner healer”, dropping resentments; support groups**
- III. Detailed examination of how the mind works. Removing blocks to spiritual experience (judgment, guilt, projection).**
- IV. Cultivating authenticity, autonomy, acceptance**
- V. Studying the spiritual masters; spiritual practices**

Research: quality of life studies (QoL)

- **Randomised comparison of “coping skills” versus support shows approx twice the benefit from coping**
- **Strong correlation: perceived self efficacy and QoL**
- **Similar benefits across age, gender, marital status, education, diagnostic category and stage, different leaders**
- **“Weekend” vs weekly delivery equally effective.**
- **Successive levels of program add further benefits**
- **Focus on spirituality (“level 3”) adds more benefits**

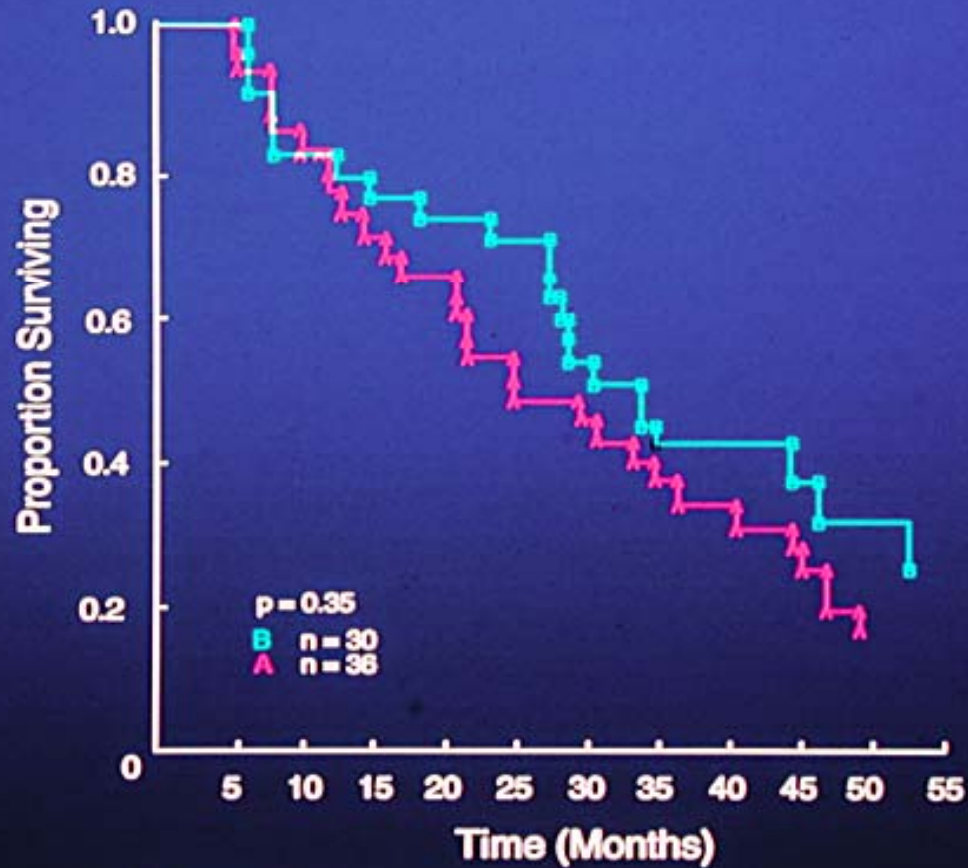
General observations on QoL studies

- **Little value in further studies using psychometric outcomes**
 - self-assessment questionnaires capture very little of the benefit to patients
- **To increase understanding of QoL benefits, need interview/observation studies with rigorous qualitative analyses.**

Research: length of life studies

- **Strategy 1**: RCT on effects of psychological intervention on mean survival of groups of patients with metastatic disease
- **Strategy 2**: Relating length of survival to self healing efforts in individuals
- **Strategy 3**: Studying the qualities of exceptional survivors.

Trial (RCT) of effects of 1 year of weekly group support on lifespan (Cunningham et al, 1998)



Cunningham et al
Psycho-Oncology 7: 508-517 (1998)

Strategy 1: clinical trials (verification) approach – problems and conclusions

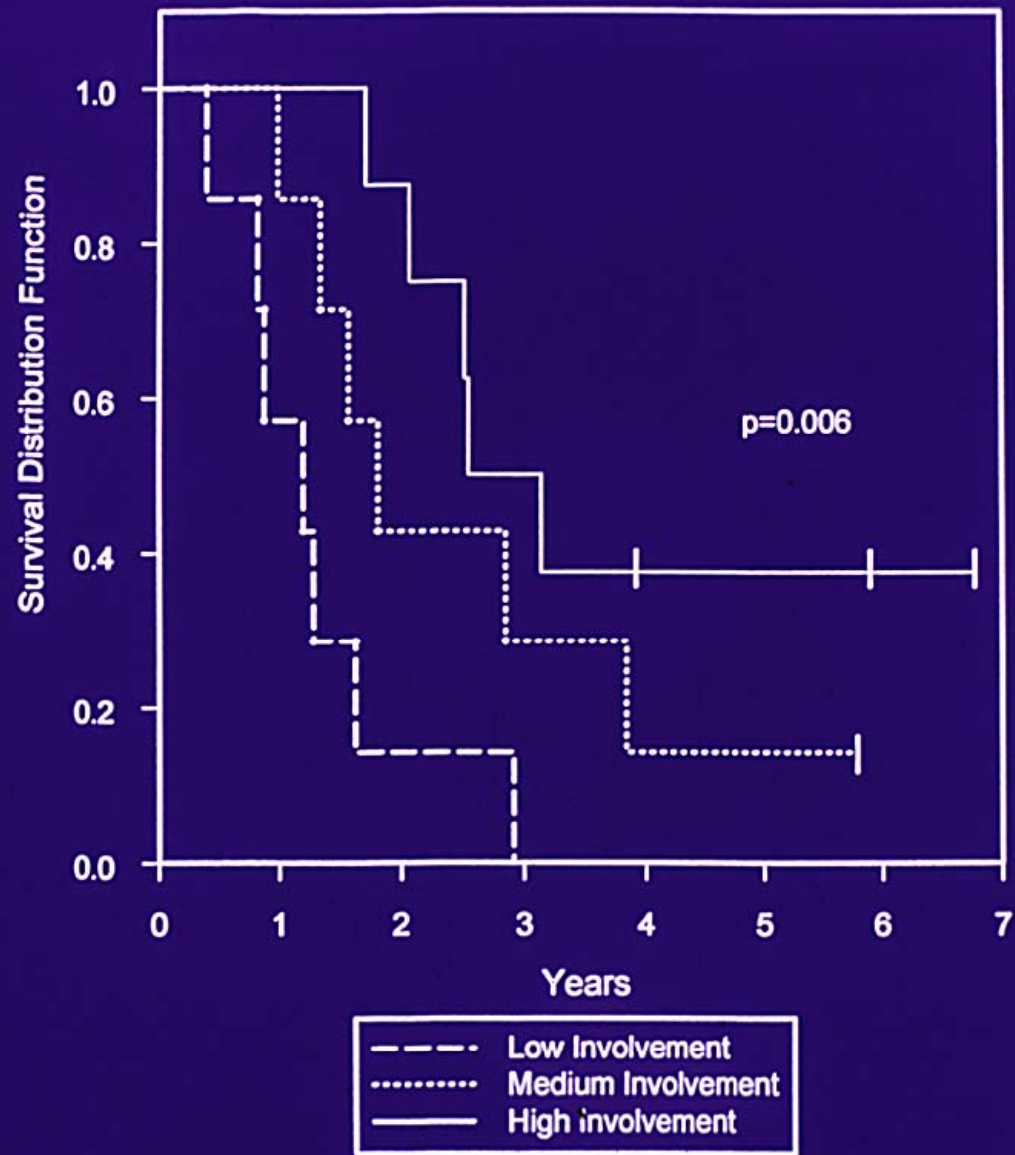
- **Now about a dozen trials – mostly negative results.**
- **Main problems: only supportive therapies, and group mean comparisons.**
- **Conclusions possible at present:**
 - **Low-intensity group psychological interventions do not significantly increase the mean survival under the conditions tested.**
- **They do not show that “psychotherapy does not promote survival”**

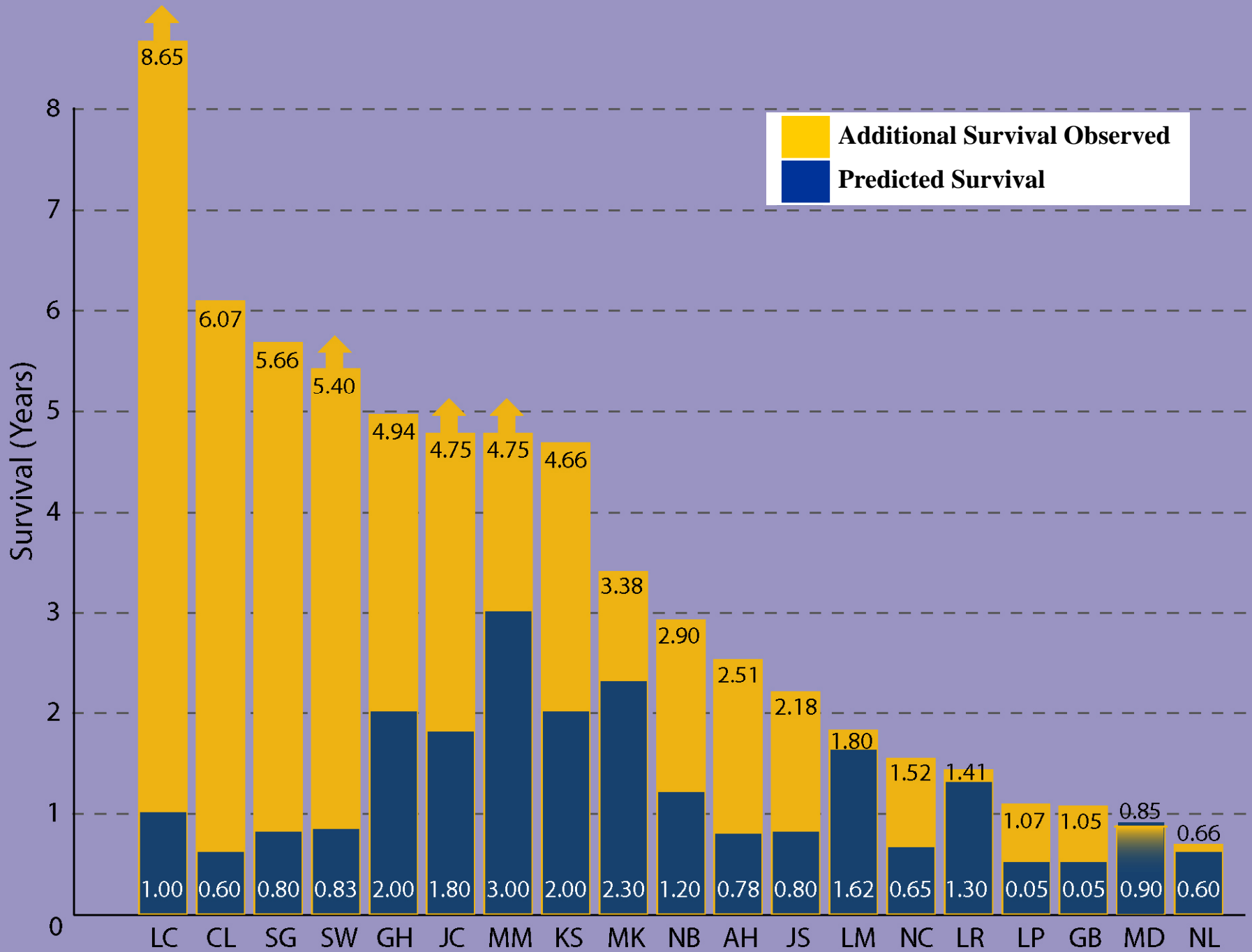
Strategy 2: Correlative experiment on the relation between therapy-induced psychological change, and lifespan.

(Cunningham et al, 2000)

- 22 medically “incurable” cancer patients (limited lifespan, predicted by expert panel, at start of experiment)
 - Therapy designed to induce change
 - Follow over time, describing the changes made
 - thoroughly assessed (i.e by qualitative, not psychometric, methods).
 - Relate lifespan to psychological change for each individual.

Kaplan-Meier Survival Curves





Strategy 2: correlative/exploratory - conclusions possible at present

- **These exploratory studies, and abundant anecdotal evidence, suggest some relationship between “involvement in self-help/healing” and longer survival.**
- **Limitations**
 - **Causality more difficult to infer (but note smoking and lung cancer)**
 - **Undervalued in medical research (illogical)**

Strategy 3: examining the qualities of “remarkable survivors”.

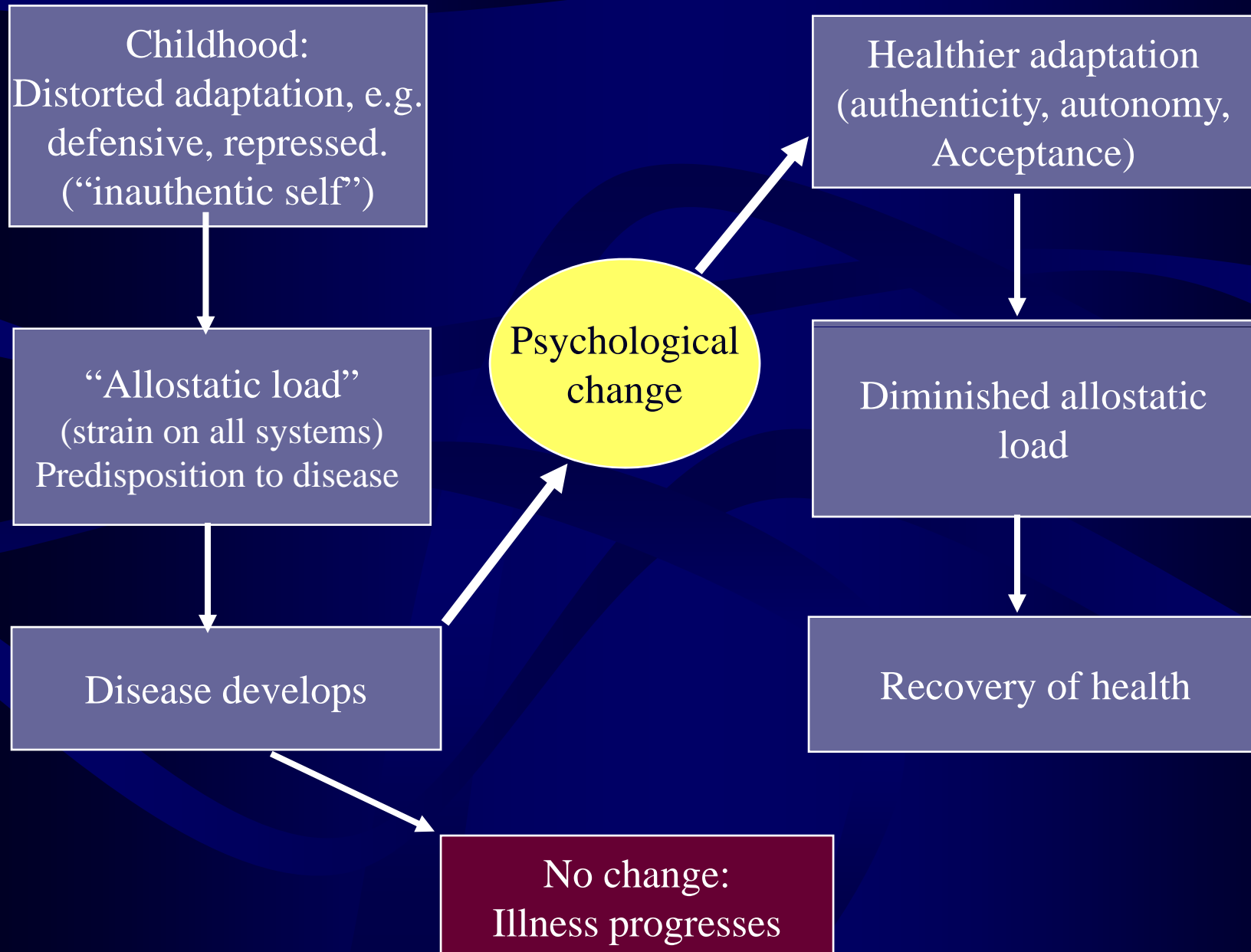
(Cunningham and Watson, 1994)

- **Interviews with 10 people with metastatic cancers who had outlived their prognoses by 4 – 14 years.**
- **Qualitative analysis of transcripts to determine common characteristics**
- **Comparison with:**
 - **Similar patients new to the program**
 - **Records of earlier patients who died as expected.**

Themes emerging from interviews of long survivors (and largely absent from comparison groups)

- **Authenticity**: awareness of one's true needs and values; relative inner quiet
- **Autonomy**: exercises free choice in actions (living as desired)
- **Acceptance**: of self and others
 - More self understanding
 - Less judgment
 - Cancer less salient
 - More peace, joy, love
- (Similar themes have been described in a number of less rigorous, anecdotal accounts)

Possible effects of psychological change on lifespan



Conclusions from research on effects of psychological intervention on length of life.

- **Supportive interventions do not significantly prolong mean lifespan under the conditions tested**
- **Patients with metastatic disease who become strongly involved with psychological and spiritual self healing methods often outlive medical prognoses**
- **Those who survive many years beyond prognosis do not appear to be a random sample, but consistently show qualities of “authenticity, autonomy, and acceptance”**

Research most needed at present on potential effects of psychotherapy on cancer progression

- **At this stage of our ignorance, we need exploratory studies to define the qualities linked to longer survival (*strategies 2 and 3*)**
- **Ideally, prospective and longitudinal; correlations between therapy-induced change and survival duration.**
- **Impeccable medical documentation is needed.**
- **These studies can be done with small numbers of patients, and in normal, clinical settings or community cancer centers.**