ABSTRACT

Research on the factors that promote healing of the body through mind and spirit is at a very early stage. Reliance on experimental designs seems premature; we need much more exploratory research to identify relevant variables and useful therapeutic approaches before applying to them the same methods used to evaluate drugs. The Healing Journey is a program that has been in operation since 1982 at the Princess Margaret Hospital, Toronto, Ontario. Observational data collection, followed by qualitative analysis has demonstrated benefits for many cancer patients.

KEY WORDS

Mind, body, spirit, research, healing, suffering, stress, coping, psychological

1. INTRODUCTION

Suffering is a mental reaction to events perceived as unwanted. Much of the suffering cancer causes comes from reflecting on the diagnosis and what it implies, rather than directly from the disease itself. Cancer is thus an existential crisis, not simply a physical problem. If we consider the task of the health care professional to be assisting healing, and “healing” in the broadest sense to mean the relief of suffering, then various approaches can be used to help the patient, who may be extremely anxious for his or her life.

The usual medical strategy is to work directly on the body, attempting to remove the cancer and alleviate symptoms, thus eliminating or minimizing the physical cause of the suffering. A psychological approach is also feasible and, ideally, complements the medical, helping people to change their mental reaction to the situation by modifying the internal monologue and the distress thus engendered. A “spiritual” level in the healing of suffering is also available, and it has a long history in traditional cultures, although it is little understood by medical science. “Spiritual” healing entails helping the suffering person to connect with an aspect of self that has been labelled in many different ways: the spiritual self, the Divine within, God, the Tao, the Universal Intelligence or Source, and so on. Healing at the spiritual level can mean gaining a sense of being an immortal part of an underlying order, against which the experience of any threat to the body is perceived as much less important.

Although psychological and spiritual approaches are not currently part of treatment protocols in most Western hospital settings, much can be done therapeutically at those levels to relieve suffering. Healing at the psychological and spiritual levels requires active participation by the patient (a barrier for some). The process is one of learning to react differently to situations and of eventually seeing oneself in a new way. It is, in essence, self-healing. A teacher is typically needed; thus, the therapist in this kind of healing has an educational role, in addition to a supportive and interpretive one.

As in all learning, it is logical to start with simple concepts and techniques and to progress to more sophisticated ones. Also (as in any acquisition of skills), the learner’s aptitude and motivation for learning self-healing varies greatly, and programs for teaching it need to take account of this variation.

This brief article outlines a program—called The Healing Journey—for teaching self-healing to cancer patients. The Healing Journey program has been in operation continuously since 1982 at a large cancer treatment and research centre. Its main purpose is to use psychological and spiritual ideas and practices to help cancer patients and family members cope better with the disease. In recent years, as more intensive therapy aimed at inducing substantial change has been added to the program, we have investigated the possibility that it may prolong life in some participants.

2. TEACHING THE HEALING JOURNEY

We have found that it is most efficient to offer our courses as a series of modules or stages, with a brief introductory class preceding increasingly demanding courses (see Figure 1). Patients can thus choose the
extent and timing of their exposure to self-healing ideas and techniques; they can drop out at the end of any stage and resume the next at a later date if they wish. The metaphor of ascending through stages also provides a motivation to continue. We work almost entirely with groups, both for reasons of economy and because the interactions between peers are extremely valuable in “normalizing” the experience of individuals and providing emotional support. The techniques taught are drawn from various spiritual traditions and from psychological practice, a range of options being provided so that individuals can select the techniques that “work” for them.

2.1 Stage I: Coping with Cancer Stress

We begin (Figure 1) with an introductory course of four weekly 1.5-hour interactive presentations by a leader to 40–80 participants in a small auditorium, repeated 5 times annually. The neutral title, Coping with Cancer Stress, was chosen to attract as broad a spectrum of people as possible. The main concepts of self-healing are explained and several basic self-help techniques (two methods of deep relaxation, methods for monitoring and changing thought, the use of visual imagery for healing and of goal definition) are taught and practiced in the class. A workbook and compact discs or

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**FIGURE 1** The Healing Journey program. PMH = Princess Margaret Hospital.
MP3 files are supplied for home practice. (They are also available as free downloads from www.healingjourney.ca.) The course can also be offered to smaller numbers over six sessions, with time being made at each session for about an hour of supportive discussion.

This basic course has been extensively researched and shown by psychometric criteria to lead to reliable improvements in mean quality of life, significantly greater than the improvements induced by support alone.3,4

2.2 Stage II: Skills for Healing

Because participant motivation varies so greatly, we have found that it is inefficient to increase the length of the basic course (many will drop out). Instead, we provide short, more advanced courses in a stepwise fashion.

About one half to two thirds of stage I graduates proceed to a second-stage class, Skills for Healing, of eight weekly sessions. Skills for Healing further develops the stage I techniques. For example, participants now draw their “healing imagery” in the class and have it critiqued. And we introduce journaling, consultation with an “Inner Healer,” two methods of meditation, and the idea of undertaking a spiritual search. After an hour of didactic presentation and technical rehearsal, the class splits into smaller groups for supportive discussions. A workbook for home study is provided at this stage, as at all the others.

2.3 Stage III: Steps to Spiritual Healing

For some years, stage III involved writing a life story and presenting it to a small group; however, as our understanding of the potential of spiritual experience to affect health grew, we substituted an eight-week course, Steps to Spiritual Healing. In this new structure, we explore the way that humans create experience through inner monologue. This stage III course examines the pervasiveness of “judgement” (that is, emotion-laden reactivity to people and events), forgiveness, “guilt” (self-judgement), projection, the need to feel special, and unconditional love.6 Further meditative techniques are taught, and their practice is encouraged. Although standard psychological concepts are drawn upon, we also introduce a more “spiritual” understanding of these topics. For example, forgiveness is seen not simplistically as a magnanimous overlooking of the transgressions of a less-aware person, but as a recognition of the defensive quality of all judgement and guilt (self-judgement)—ultimately learning to see attack as a concealed call for help. We discuss the idea that thinking about a transcendent order or dimension can take many possible forms, the important aspect being the acquisition of one’s own experience of the transcendent. This stage III course was shown, in 97 participants, to improve quality of life significantly, over and above the improvements gained in the first two stages of the course.7

These three initial stages constitute our “core program” of 20 weekly sessions total. Graduates will have been exposed to the main ideas and techniques commonly used in psycho-spiritual therapy and are encouraged to further their own healing by seeking out community institutions such as Buddhist centres; schools of personal growth; Sufi, Taoist, and yoga groups; or churches or synagogues that host in-depth scriptural study groups. At The Healing Journey, we also provide twice-monthly “drop in” discussion groups for graduates, at which we read and discuss the texts of books by modern spiritual masters such as Eknath Easwaran and Eckhart Tolle.

2.4 Stage IV: Becoming Authentic

Our stage IV course aims to integrate into daily life that which has been learned earlier, while exploration of the spiritual dimension continues. The curriculum at this stage, called Becoming Authentic, is based directly on our published study of patients with medically incurable cancers who followed our program and who substantially outlived their prognoses (by 4–14 years). Common features of these people were defined, by rigorous qualitative analysis, as “authenticity,” “autonomy,” and “acceptance.” The course provides exercises and ideas designed to foster those qualities, which, notably, represent the opposite of the placatory, emotionally repressed “type C” adaptive style described by Temoshok as characteristic of many cancer patients. Thus, learning them might oppose cancer growth, an idea for which our group has published some evidence.

2.5 Stage V: Spiritual Aspects of Healing

Learning at stage V has a more explicitly spiritual orientation (Figure 1), the aim being to develop a new way of viewing the world and one’s place in it, consistent with the writings of the great mystics. Conventional materialism sees our experience of life being largely determined by outside events. Introspective psychology can teach that experience is self-created. Spiritual work introduces the more radical idea that material reality is also created by thought: that thought is primary, the world secondary. Care is taken to avoid the naïve assumption that individuals may therefore have “caused their own cancer.” Instead, it is pointed out that what humanity may have caused or created, collectively, is an idea of physical bodies in which cancer is possible.

We have used various texts to explore these views, but in the last 5 years, we have focussed on A Course in Miracles, which fits well into a psychologically-based program for Western students. It is a profound, although quite difficult text, which invites readers to examine in depth how they have created their own sense

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of themselves—their “egos”—as separated from the Divine Ground.

Our course begins with 10 sessions of readings and exercises from A Course in Miracles, and then continues as an ongoing, twice-monthly discussion group. We do not as yet have specific evidence to document the efficacy of this stage of work, apart from some observations (in preparation for publication) that patients with metastatic disease who pursue the more intensive spiritual work live significantly longer than those who do not. Observationally, however, the effect on the life experience of these patients is often striking. For example, the following passage, written by a woman with experience of these patients is often striking. For example, the following passage, written by a woman with experience of these patients is often striking. For example, the following passage, written by a woman with experience of these patients is often striking.

It is not an exaggeration to say that focusing on spiritual matters has fundamentally shifted my view of the world, my work, my family and myself. I think this is what is often referred to as the gift of cancer.... The spiritual journey has reminded me of what I truly value and has inspired gratitude for the world I experience. In this “revised” world view cancer is a blip, not the main focus, and I have come to understand healing as including myself and my relationships.

3. SUMMARY

The Healing Journey appears to be the most developed program of its kind in the literature on adjunctive care of cancer patients in a hospital setting, and its components are now offered at a number of community cancer centres in Canada and in other countries. To recapitulate, the basic principles are

- self-healing as a learned skill;
- the use of a stepwise format and a wide range of techniques to accommodate individual preferences; and
- structured learning such that participants begin with basic coping skills, progress to changing habits of thought, and only then move on to more explicitly spiritual work.

These guidelines may seem rather obvious, but they do not appear to have influenced the psycho-oncology community. Instead, the norm in hospital settings is simply to provide support groups for a small proportion of the patient population. Where training in a coping skill such as meditation is offered, that training is almost always restricted to a brief, single-stage course. The practice of oncology is still a long way from routinely recommending the learning of coping skills as an integral part of the treatment of cancer, despite the fact that the quality-of-life benefits documented in the published literature amply justify such a recommendation.

Research on the factors that promote healing of the body through mind and spirit is at a very early stage. Reliance on experimental designs seems premature; we need much more exploratory research to identify relevant variables and useful therapeutic approaches before applying to them the same methods used to evaluate drugs. Randomized controlled trials test only whether an intervention changes a population variable; they are inappropriate to examining the potential effects of self-healing on lifespan in a situation in which only a small proportion of patients make intensive use of a therapy. Nor will such a design facilitate analysis of the complex interacting variables that contribute to any result. Observational data collection, followed by qualitative analysis, is much better suited to answering this kind of question.

Likewise, our knowledge of the kinds of psychological and spiritual therapies that might help people with cancer live longer is rudimentary at present. We need to draw on the writings of the mystics, on clinical psychology and psychotherapeutic lore, and on our observations of many patients over time as they struggle with their healing. To explore the full potential of this kind of therapy to heal the physical body, we may need to go far beyond what is customary in health care—for example, by providing retreat settings in which patients might devote themselves to healing work over a period of months. The costs would be amply justified if life were substantially prolonged.

4. REFERENCES


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