

INTENTIONALITY IN HEALING: MAPPING THE INTEGRATION OF BODY, MIND, AND SPIRIT

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The emerging field of alternative medicine has made great strides over the past decade. New developments include creation of *Alternative Therapies* and other professional journals, establishment of the Office of Alternative Medicine at the NIH, reimbursement of selected alternative treatments by some insurance providers, and a proliferation of books and conferences concerning research and clinical practice. These advances suggest that we are moving toward a thoughtful and progressive era in this field. Further success will depend, to a large degree, on the development of unifying concepts for systematically mapping the integration of body, mind, and spirit in the healing process. One such unifying concept for the study of alternative therapies may be “intentionality.”

Intentionality represents one of the key issues within the area of consciousness studies. Broadly defined, intentionality involves the projection of awareness, with purpose and efficacy, toward some object or outcome. Philosophically, it is consciousness *about* something or some content of consciousness such as belief, volition, expectation, attention, action, and even the unconscious. The issue of intentionality represents both chal-

lenges and opportunities for deepening our understanding of health and healing. Indeed, it draws our focus to some of the most interesting and perplexing questions about the connections among mind, body, and spirit—leading us to explore the influence of consciousness both directly and indirectly on individual and collective well-being.

Key areas for research in the field of alternative medicine include ways in which our intentions interact with our own bodies, such as in self-healing; ways in which our intentions influence others through direct or indirect communication, such as in placebo and “noxebo” effects; and—more challenging to our current scientific framework—ways in which our intentions might influence others through nonlocal means, for example as reported in claims of distant healing. In the hope of stimulating new research, I will highlight some selected aspects of these three dimensions of intentionality.

INTENTIONALITY AND SELF-HEALING

How do people’s intentions interact with their body’s natural capacity to heal itself? What role do unconscious processes play in our physical well-being? What lessons can be drawn from the experiences of “nature’s successes”—people who have faced the challenges of serious illness and recovered against all odds? To address these questions, we are led to identify ways in which psychological, social, and spiritual factors can be treated as independent variables in studies of mind-body healing.

Pioneering research in fields such as psychoneuroimmunology, biofeedback, and psychoendocrinology have offered some important leads in our efforts to understand the inner mechanisms of healing, although more programmatic research is needed. Equally promising, though less explored, is the area of remissions research (note 1). Here we find many well documented cases of people who have survived medical death sentences. Despite the importance of these cases, however, little is known about them or the possible ways in which self-healing may be involved. Many research opportunities exist in the study of remissions, including information on states of consciousness, attitudes of people toward their disease, and their conscious and unconscious motivations.

The methodological issues in the study of intentionality and self-healing are serious and complex. For example, how can a

*“*Techne tou biou*” is a Greek phrase meaning “the craft of life.” The word “*techne*” refers to more than mechanical skills and instruments; it includes artistry, craftsmanship, and artful managing. Similarly, “*biou*” (pronounced *view*) refers not just to life but to the sum of one’s existence. This column is intended to encourage readers in crafting their lives.

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subjective experience that is intimate and personal be understood and communicated in experimental (objective) language while still honoring the deeply individual nature of the experience? What are appropriate ways to evaluate outcomes in laboratory and clinical studies? How do alternative treatment modalities interact with intentionality to promote wellness? The potential payoff from answers to these challenging questions could be vast indeed.

INTENTIONS TOWARD OTHERS: BELIEFS AND EXPECTATIONS

How does intentionality that is communicated through interactions between people—particularly between patients and healers—influence our minds and bodies? How do social relations and belief systems influence healing? The clinically beneficial effects of placebos, for example, offer important clues to the healing process. Their presence has been a factor throughout the history of healing; virtually every interaction between healthcare providers and their clients has at least some component of suggestion built in. Whether we know it or not, some part of us is listening in a different mode and interpreting the language and gesture, the signals and signs that form the therapeutic communication between healer and patient. How do these interpretations shape our conscious and unconscious beliefs? What can intentionality reveal about the relational aspects of healing?

The influence of a healer's intentions (including expectations) on the physical state of the patient puzzles or disturbs some medical professionals, and is a troubling artifact for some researchers. But it can also be viewed as an untapped resource in healing (note 2). Although the typical view of placebos is that they should be controlled or eliminated, they may in fact turn out to be powerful agents in linking intention, belief, expectation, and bodily responses. The challenge of delineating all significant variables is considerable and may be one reason that so little has been done to integrate placebos into clinical practice. More research could be done to analyze nonspecific factors including rapport, anticipation, and hope, in a way that begins to clarify their roles in healing. At the same time, we must develop reliable holistic methods and approaches that allow us to understand the healing relationship in other than reductionist terms.

INTENTIONALITY AND DISTANT HEALING

What are the processes by which distant healers heal? Is it possible that consciousness can be nonlocal (not constrained by distance in space) and nontemporal (not constrained by passage of time) at the macroscopic level and not merely at the quantum mechanical level? These questions have profound implications for the philosophy of science, theology, cosmology, ecology—and especially the healing arts. The idea of distant yet direct

intentionality in all its forms—meditation, prayer, ritual—has a venerable history. Like any phenomenon, nonlocal intentionality is a valid area of scientific inquiry, giving rise to experimental literature that is promising, though little recognized, and filled with methodological challenges.

Results already in hand suggest that the study of distant intentionality is both timely and central to an understanding of consciousness in healing.^{1,3} It is a phenomenon that shares features common to other facets of intentionality, including the role of belief, both in terms of the individual healer and patient, the effects of ritual and shared meaning, and the importance of unconscious processes. In short, it is a rich and complex field of inquiry, with elements intimately linked to a web of related topics.

CONCLUSION

Recognition of the range of possible research issues stemming from possible influences of intentionality on living systems (including alternative treatment modalities, states of consciousness, belief systems, and expectations) may lead to a less bounded and more interactive definition of healing and human potential. Underlying the questions about intentionality in healing is a quest for a model of reality (a worldview or paradigm) that acknowledges both the contributions of objective science and the richness of experiences, characteristics, and capacities not easily captured by science in its present form.

Creating a coherent research program linking intentionality and healing holds the potential for the emergence of a synergistic relationship between different research disciplines that is more than any one discipline could hope to produce in isolation, either quantitatively or qualitatively. By exploring research possibilities on such topics as remission, longevity, placebo, and distant healing, I expect that our field will have practical significance as well as scientific rigor. This is the challenge that awaits our focused attention.

Notes

1. For a review of the literature on spontaneous remissions, see O'Regan and Hirshberg, *Spontaneous Remission: An Annotated Bibliography*. Sausalito, Calif: Institute of Noetic Sciences; 1993.
2. This applied view of the placebo was the starting point for a methodology meeting on placebo and nonspecific effects that was convened by the Office of Alternative Medicine at the National Institutes of Health in Bethesda, Md in June 1995.

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