

# A superpower? An educational initiative? Or something else ...

Anthony Kessel, Michael Neill, Elizabeth Marmur and Rifat Malik

## Abstract

**Purpose** – *The purpose of this paper is to raise awareness of an understanding of “how the mind works” that has been gaining considerable traction in the coaching world and, increasingly, in the health education sphere.*

**Design/methodology/approach** – *A brief review of the “Three Principles” understanding of how the mind works (including definitions of the principles of thought, consciousness and mind), and an assessment of the strengths and challenges of this understanding.*

**Findings** – *Examples are provided of how this approach (labelled an educational initiative rather than a therapy) is being used professionally and how this understanding of how the mind works can make stress, anxiety and work-related problems appear different; recommendations include the establishment of a professional body, and the need for more research around the effectiveness of the approach.*

**Originality/value** – *Despite the need for greater professionalisation and more research evidence, the “Three Principles” understanding has huge potential to transform people’s lives – whether at work or home, for individuals with (or without) common mental health problems, and for those with chronic long-term conditions.*

**Keywords** *Coaching, Health education, Consciousness, Mind, Thought*

**Paper type** *Viewpoint*

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What if the old dinner-party question “So, what would your superpower be?” became an infinitely more interesting variant: “If there was one superpower that everybody could have, what would you wish that superpower to be?” And here is a possible answer which, moreover, might genuinely benefit humankind: “The power to understand – to truly understand – that we create, and live in, a thought-generated experience of reality.”

While some might take such a superpower for granted, this understanding of the way we experience the world – or “the way the mind works” – is at the heart of an approach that has been generating considerable traction in the coaching world and, increasingly, in the health education sphere. Connected to ideas in a number of eastern philosophies as well as aspects of western psychology, the understanding was first formally laid down almost 30 years ago by Sydney Banks in a fable, *Second Chance* (Banks, 1983). Since then, proponents have further developed and shared the understanding, most notably in the recent best-selling book, *The Inside-Out Revolution* (Neill, 2013).

At the core of this understanding of the way the mind works lies three principles, or fundamental elements – thought, consciousness and mind – through which we enjoy a psychological experience of life. Put simply, the principle of thought points to the fact that we live in the experience of our thinking and not, as it most often seems, in a direct experience of the outside world. In other words, it is not the inclement weather that is making us feel bad or the uncaring boss creating our tension; we are instead feeling our thinking about the weather or our work. The degree to which we see thought as the source of our experience is referred to within the field as our level of “thought recognition”.

The principle of consciousness acts as both an aperture through which our thinking is experienced and a mirror which allows us to notice the process. The aperture opens and closes

Received 25 August 2017  
Accepted 11 September 2017

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through the day, which explains how our thinking about the same unsavoury remarks from our boss can feel totally real and unpalatable at one moment, and not only manageable but easily dismissible at another. Everyone has had experiences where their aperture was open, and they both saw things clearly and performed at their best. Often those experiences are ascribed to a particular set of circumstances, such as “I slept really well the night before”, but they can actually happen at any time. Conversely, people instinctively know when their aperture is tight and the world feels devoid of possibilities – a poor time to make any major life decisions.

The principle of mind does not refer to the brain but rather to an appreciation that there is something beyond our human comprehension that is responsible for the world spinning on its axis, plants having the capacity to photosynthesise, and the cut on your knee healing. Sometimes called “universal mind”, this principle acknowledges both that something must be responsible for the exceptional happenings that we witness daily, and that we are inherently a part of that something. This is why mind can be seen to be behind the extraordinary human capabilities that reside within all of us: to love, to nurture, to empathise, to connect with others, creativity, resilience and the ability to be inspired.

Across the globe there are now large numbers of helping professionals – psychologists, therapists and coaches – using this understanding of the way the mind works as the cornerstone of their clinical and/or professional practice. As an illustration, there were almost a thousand attendees at a recent three-day conference on the subject in London (3PUK, 2017). Those involved are describing some remarkable improvements in mental health and wellbeing and, also, a liberation in individuals, teams and organisations in terms of their performance, productivity and overall welfare. Most recently, work has begun in schools to aid the mental health strains and challenges of youth.

From a health professional perspective, however, how do we define the approach through which this understanding is utilised in practice? It is not a clever technique or model from the coaching world, as there is nothing inherently action-oriented in a new understanding of the mind (Cox *et al.*, 2014). And it is not a therapeutic intervention *per se*, although there is a tendency to draw likeness with cognitive behavioural therapy or mindfulness. Ultimately, this understanding is more descriptive than prescriptive, and probably best considered an educational initiative – which is brought to bear through training with individuals and groups in the workplace, clinic or other settings.

The authors of this paper have witnessed the benefits of – carefully and strategically – sharing and applying their understanding of these principles in their work with others: MN as a professional Coach, Mentor, Coaching Academy Trainer, Radio Broadcaster and Author; EM as a Communication Skills Consultant; RM as a Medical Consultant; and AK in his work as a Physician and Global Health Director at the country’s national public health agency – some of these ideas are shared in a popular personal column, “Global Health Experience” (Kessel, 2017).

Through a deeper understanding of how the mind works, traditional work-related problems begin to look very different, or even dissolve away completely. Stress and anxiety are seen as the experiential manifestation of thoughts that do not need to be feared, and can be dropped. Rapport is not a strategy to be applied to others, but a natural consequence of being completely present in the room, listening with respect and being prepared to learn. Influencing others no longer takes the form of how you get people to do what you want, but is about genuinely connecting, presenting your position thoughtfully but also being prepared to be influenced by those around you. Conflict, promotion and change management all appear different.

In parallel, within healthcare there are currently huge demands facing physicians around treating long-term conditions – such as depression, diabetes and heart disease – and the management of multi-morbidity. Primary care clinicians, for example, struggle to address patients’ various presenting issues in a time-restricted appointment, and cannot possibly meet every need of those with chronic conditions (Østbye *et al.*, 2005). Average adherence rates for prescribed medications are about 50 per cent, and may be below 10 per cent for lifestyle interventions (Haynes *et al.*, 2002). Helping patients to have a different relationship to their conditions, where their thoughts are so central to their experiences, provides a potentially exciting new paradigm of care for this cohort.

For all the excitement and apparent successes in the field there are, however, significant challenges. First, there is no universally agreed name for this approach so, in lieu of anything better, the approach is most commonly referred to as the “Three Principles”. Second, an over-arching professional body needs to be created that has responsibility for the training and accreditation of Three Principles practitioners; under this umbrella, attention would then be given to standardisation of training and the nature of continuing professional development. Third, there has to be significantly more robust research in the field. At present – and in spite of wide-scale popularity, much anecdote, a few emergent studies, and strongly held beliefs of the value by practitioners – there is little objective evidence of the effectiveness, or cost-effectiveness, of the approach. Without such evidence, widespread acceptance is unlikely in the health and education worlds.

Though these challenges may seem daunting they are all, theoretically, surmountable. There is a common sense simplicity to the Three Principles, coupled with an intellectual credibility. And if – and it is quite a big “if” – the positive experiences of so many practitioners are validated through research, the potential for the approach to transform lives is substantial. After all, if people truly saw that they already possessed a superpower, it could lead to something quite extraordinary.

## References

3PUK (2017), “Life 2.0 Three Principles Conference: an easier life through a simple understanding of the mind”, available at: <https://3pconference.org> (accessed 25 August 2017).

Banks, S. (1983), *Second Chance*, Lone Pine Publishing, CA.

Cox, E., Bachkirova, T. and Clutterbuck, D. (2014), *The Complete Handbook of Coaching*, Sage, London.

Haynes, R.B., McDonald, H.P. and Garg, A.X. (2002), “Helping patients follow prescribed treatment: clinical applications”, *JAMA*, Vol. 288, pp. 2880-3.

Kessel, A.S. (2017), “Global Health Experience”, available at: <https://medium.com/@AKessel> (accessed 25 August 2017).

Neill, M. (2013), *The Inside-Out Revolution*, Hay House, London.

Østbye, T., Yarnall, K.S., Krause, K.M., Pollak, K.I., Gradison, M. and Michener, J.L. (2005), “Is there time for management of patients with chronic diseases in primary care?”, *Annals of Family Medicine*, Vol. 3 No. 3, pp. 209-14.

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