Consciousness as Clinical Catalyst

Integrating Epistemology and Neuroscience for Chronic Illness

POSTER PRESENTATION
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Working hypothesis *If duration is genuinely creative, consciousness is not a bystander reading a fixed machine — it is the growing edge of the organism's own vital impetus, and disciplined intuition may be the lever by which agency reorganises physiology itself.*

THE PROVOCATION

Why consciousness cannot be a bystander

Contemporary Western medicine excels at acute trauma and at suppressing symptoms from outside the organism, yet chronic conditions — autoimmune disease, systemic hypersensitivities, and persistent pain syndromes — remain managed rather than resolved. Critics of medical reductionism argue that the inherited Enlightenment picture of the body as a Cartesian machine is itself the limitation: it loses the emergent, whole-organism reality of disease and healing, and offers no conceptual framework for engaging the body's own capacity for repair **[1,2]**.

- Bergson rejected the fixed-mechanism picture at its root: matter and life are both temporal processes, and a living body is never a finished object but an event still becoming **[3]**.
- If the organism is a durational event rather than a static thing, the point from which it is known "from within" — consciousness — is not separate from its unfolding. It is one of the places where the organism's own creative advance becomes explicit **[3,6]**.
- This suggests a stronger assertion than "mind modestly influences body": sustained, actively engaged consciousness might create entirely new physiological paths, rather than just choosing among pre-existing ones.

BERGSON'S PHILOSOPHY OF RADICAL CHANGE

Duration · Intuition · Élan vital

Durée — *duration*

Real time is not a sequence of separate moments but a qualitative continuity in which the past is carried into the present and participates in the emergence of the future **[4,5]**. The body is a repository of this duration: habitual tension, immune "memory", and autonomic set-points are the sedimented past still actively shaping the present — not fixed settings but living history **[5,7]**. Applied cautiously: bodily regulation is historically organised — repeated pain, danger, safety, medication, rest, care, and expectation may shape what bodily signals come to mean.

Intuition *vs. intellect*

Intellect spatialises — it freezes flow into discrete, measurable objects, indispensable for diagnosis and dosing. Intuition is Bergson's name for a different, equally rigorous mode of knowing: entering sympathetically into a living process to grasp it from within its own duration **[3,4]**.

Élan vital — *creative evolution*

Living systems are not wholly pre-scripted; they develop through plasticity, adaptation, and changing relations with their environments **[3,6]**. Healing, on this view, means the creative emergence of a physiological configuration that did not exist before, authored in part through the person's own intuitive engagement with their duration.

Sedimentation — *how patterns become habitual*

If lived experience carries the past into the present, repeated patterns of attention and response may also become habitual. In phenomenology, this is called *sedimentation*: experiences do not simply disappear but settle into a background that quietly shapes how new bodily sensations are perceived and interpreted **[16]**. Repeated worries or bracing against anticipated threat may therefore become part of the body's regulatory history as a protective pattern that can persist after the conditions that first elicited it have changed.

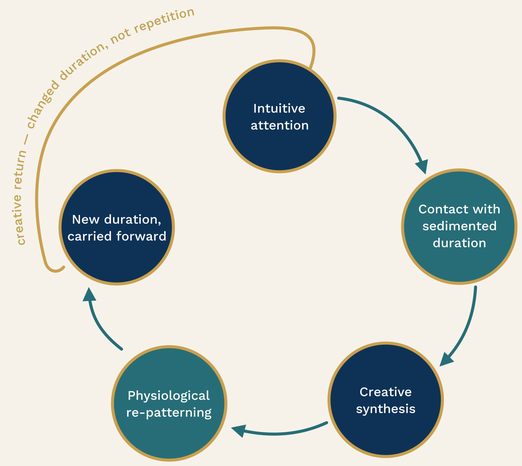
Two claims — *know the difference*

Modest, established claim: attention and expectation measurably influence autonomic, endocrine, and immune activity **[11–15]**.

Bold, Bergsonian claim, argued here: If the body is itself a durational process, then disciplined intuitive attention might take part in producing a physiological configuration that did not exist before. On this view, consciousness would be more than a witness to what the body does. It would be one of the processes through which the body continues to organise itself **[3,6]**.

A HYPOTHESISED PROCESS

The durational loop of self-directed change



Generative philosophical model; not an established causal mechanism.

1. **Intuitive attention**
   Turning from spatialised symptom-labels towards the lived, felt process underneath them.
2. **Contact with sedimented duration**
   Interoceptive access to habitual tension, affect, and autonomic patterning built up over a lifetime **[11]**.
3. **Creative synthesis**
   A genuinely new configuration is proposed by the organism — not simply an old one retrieved **[6]**.
4. **Physiological re-patterning**
   Autonomic, endocrine, immune, and transcriptional systems re-organise around the new configuration **[12,13,14]**.
5. **New duration, carried forward**
   The changed body becomes the ground of the next present moment — available again to intuition.

a creative return, not a repetition — step 5 re-enters step 1 as a changed duration

Each pass is not repetition but creative evolution in miniature — the organism does not return to where it started **[3]**.

FROM PHILOSOPHY TO PHYSIOLOGY

Where agency could meet biology

- **Hemispheric attention.** Following McGilchrist, the right hemisphere is argued to sustain the broad, embodied, context-sensitive attention intuition requires, while the left performs Bergsonian spatialisation; flexible movement between them may be the neural condition for intuitive access to duration **[8–10]**.
- **Autonomic re-patterning.** Sustained, attention-guided practice measurably retrains vagally-mediated heart-rate regulation **[12]**.
- **Molecular plasticity.** Short-term relaxation-response practice measurably shifts transcriptional profiles in energy metabolism, insulin secretion, and inflammatory pathways **[13]**.
- **Interoceptive inference.** Predictive-processing accounts model selfhood and affect as inference over interoceptive signals — a contemporary echo of Bergson's claim that the felt body is where knowing-from-within happens **[11]**.
- **Belief and expectation.** Expectation and meaning alone produce measurable, mechanistically specific physiological change — evidence that conscious appraisal is a genuine causal input to the body **[15]**.
- **Directed attention and brain metabolism.** Patients trained to relabel intrusive thoughts and redirect attention showed measurable change in cerebral glucose metabolism — an early demonstration that self-directed attention is trackable in brain physiology **[14]**.

Candidate modalities

Several existing practices already work with attention on purpose:

- Heart-rate variability biofeedback trains attention to a physiological rhythm. It is feasible to deliver through an app, though the evidence for app-based versions is still at the pilot stage **[17]**.
- Focused-attention and open-monitoring meditation map most directly onto the two modes **[18]**.
- EMDR is effective for post-traumatic stress disorder **[19]**.
- Emotional Freedom Techniques (EFT) combine attention to distress with tapping on the body **[20]**.
- Clinical hypnosis has good trial evidence in irritable bowel syndrome. In a trial of 354 patients, both individual and group hypnotherapy outperformed supportive education **[21]**.
- Somatic and belief-change approaches, such as PSYCH-K, combine bodily attention with a change in self-appraisal.

WHERE THIS IS SPECULATIVE

This is a generative philosophical hypothesis, not an established mechanism. It does not claim consciousness can override any physiological process at will, cure disease by decree, or replace medical treatment. Current evidence supports attention, expectation, and interoceptively guided practice as genuine causal inputs to autonomic, endocrine, immune, and transcriptional processes **[11–15]**. The Bergsonian claim goes further — proposing duration and intuition as the reason this is possible — and invites experiments designed to test that claim directly.

This poster presents a philosophical framework for generating and testing hypotheses in consciousness science. It is not medical advice and does not claim that consciousness alone cures disease or substitutes for qualified medical, psychiatric, or psychological care.

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