

Reference:

Livingstone, L. (2019) 'The Heart Speaks – Personal Transformation Through Illness', *Transformation, Illness & Identity Conference*, Derby, 6th July. (Cancelled conference, papers currently being collated for publication)

The Heart Speaks - Personal Transformation Through Illness

Louise Livingstone, Canterbury Christ Church University

Abstract

This paper explores my personal journey with cardiac illness through discourses including transpersonal psychology, religious mysticism, comparative religion and cultural history. Considering the consequences of the modern preference for rational, linear approaches towards knowledge production, this paper makes the case for the imagination as a way of knowing that offers the opportunity to look into the world beyond outward appearances and create deeper meaning in life (1991, 1992), specifically in relation to the phenomenon of illness.

Introduction

While the biological heart is central to human survival, when my heart began communicating with me over forty years ago through physical symptoms and many years later in perceptible words, it became necessary for me to revisit my own understanding of what the heart actually is (Livingstone, 2020). Just over a decade ago, my heart audibly spoke to me. This event challenged my accepted understanding of the organ which, until that point, I had understood to be a biological pump that I often experienced in medical terms as being sick or ill. During these times, my world would often be turned upside down – the illness arriving in my life as a reminder that “all is not well” (Kidel, 1988, p. 5). However, up until the moment that my heart spoke, I was unwilling to engage with what my heart wanted to communicate with me – deferring to the “reassuring detachment of the white-coated professional” (Kidel, 1988, p. 13). As archetypal psychologist James Hillman (1926-2011) suggested, illness can be considered part of an individual’s calling, particularly as it can force one to go deeper (1992, pp. 75–81). From Hillman’s perspective, illness or “symptoms” are expressions of one’s soul (1992, p. 58).¹ By questioning the medical model as the only explanation for illness, we become free to adopt the “method of the imagination” to help us to discover the deeper meaning of events that are taking place in our lives (Hillman, 1992, pp. 74–75).

Through personal reflection, this paper explores the consequences of the modern preference for rational, linear approaches towards knowledge production - making the case for the imagination as a way of knowing that offers the opportunity for individuals to look into the world beyond outward appearances and create deeper meaning in life. Indeed, this

¹ Hillman loosely defines soul as a perspective rather than a substance - soul carries the highest importance in terms of human values, frequently identified with the principle of life and even divinity (1992, p. xvi)

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paper explores my experience of illness through discourses which facilitate the possibility of going deeper into personal experience; including transpersonal/depth psychology, religious mysticism and comparative religion. Specifically, this paper proceeds on an understanding from Sufi mysticism that the heart is an organ of perception and the seat of the imagination, and as such, possesses the ability to hold multiple visions of reality and disparate viewpoints in creative tension (Corbin, 1997; Vaughan-Lee, 1996). Certainly, until only recently (Bound Alberti, 2012), the heart was considered an organ of great wisdom and intellect – central to an individual's successful navigation of life in all of its complexity and mystery (Arguelles, McCraty, & Rees, 2003; Childre & Martin, 2000; Hoystad, 2007; Webb, 2010; Young, 2002). This paper therefore reimagines the heart's place in our lives today, taking seriously the heart's ancient role as the seat of the soul and wisdom, exploring how this understanding might creatively inform our engagement with challenges in contemporary life. Certainly the journey I have taken with my own heart has transformed my relationship with, and understanding of, my heart, myself, others, and the world around me, in numerous ways.

Exploring ideas of illness

Professor Emeritus Kenneth Boyd suggests that the meanings of a cluster of words including disease, illness and sickness, are "often elusive" (2000, p. 9). "Dis-ease" literally means the absence of ease,² and in modern dictionaries the term disease is often associated with the synonyms "illness", and "sickness" (Boyd, 2000, p. 9). According to Boyd, illness has three definitions: 1) "wickedness, depravity, immorality", 2) "unpleasantness, disagreeableness, hurtfulness", and 3) "ill health; the state of being ill" (Boyd, 2000, p. 9).³ In this third sense, the word "ill" relates to disease or sickness (Boyd, 2000, p. 9). For conceptual clarity, almost forty years ago General Practitioner Marshall Marinker (1930-2019) characterised "three modes of unhealth" comprising disease, sickness and illness (Boyd, 2000, p. 9). In these terms, disease is objective, it can be seen, touched and measured, whereas sickness is the "external...public mode of unhealth. Sickness is a social role, a status, a negotiated position in the world" (Boyd, 2000, p. 10). Illness in contrast, is "a feeling, an experience of unhealthy which is entirely personal, interior to the person of the patient" (Boyd, 2000, p. 10). Indeed, sometimes illness exists where no disease can be found (Boyd, 2000, p. 10)

Reflecting back over my life, I have long experienced these states of "unhealth" in relation to my heart. Specifically, from a young age I would experience debilitating chest pain, much like a sprained muscle, that necessitated numerous visits to the GP. However, no pathophysiological cause could ever be found. In 1990, at the age of eighteen, I contracted a

² From old French and ultimately Latin (Boyd, 2000, p. 9)

³ The first two definitions are in relation to the way the word was used up until the 18th century. According to Boyd, these older meanings reflect the fact that the word "ill" is a contracted form of the word "evil" (2000, p. 9). The third meaning dates from the 17th century and has led to our modern understanding.

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condition called myocarditis – an inflammation of the heart muscle. As a consequence of this, I spent three months in the cardiac care unit at the Queen Elizabeth Hospital in Birmingham, during which time I experienced three cardiac arrests, I was fitted with a pacemaker, and finally told I would have to take strong heart rhythm medication for the rest of my life. After being discharged from hospital, I made what my consultant called a miraculous recovery; meaning that in the mid-1990s I was deemed fit enough to have the pacemaker battery removed, and I was able to stop all medication. However, ten years later, during a particularly stressful time in my life, I began to experience a condition known as atrial fibrillation – a very fast and irregular heartbeat. Once, twice, even three times per week I would have to go to the A&E department of my local hospital with these arrhythmias, and on each visit, no physical cause could be found. These events had devastating effects upon me, including being unable to work as a result of the debilitating physical symptoms, and the development of anxiety, depression and agoraphobia as I slowly lost faith in my heart's ability to keep me healthy and alive. I became obsessed – listening to every beat, convinced that if I did not keep a watch over my heart that it would stop and I would die.

"That Night"

One night, in the mid-2000s, I recall waking up in a severe state of anxiety. I felt completely helpless, unable to deal with my conflicted relationship with my heart and body. In that particular moment, I did not know what else to do, who I could turn to for support, and I seriously considered taking my own life. However, in one of the darkest moments I have ever experienced, *something* stopped me. The only way I can describe this event is a profound, intuitive sense that my heart was speaking urgently to me and that in order to survive and live well in the future, I needed to pay attention and listen. This transformative moment - which broke through into my awareness at a time of deep emotional conflict and chronic ill health - offered me a choice between life and death. This event is one that I will never forget, and has continually defied any kind of appropriate explanation through the empirical lens that I tried to apply to it. It is helpful here to consider Rice religious studies professor Jeffrey Kripal's explication of his own "impossible" experience several decades earlier (2010, 2017). Referring to "that Night" (2001, p. 12), Kripal states that this event initiated a quest to link his personal experience with theoretical understanding of religion. Hearing my heart speak on my own version of "that Night" was a catalyst that has led me to reconsider the heart in many different ways, searching for frameworks and ideas to open the possibility for me to reach beyond the place that my knowledge at the time allowed me to perceive. Consequently I discovered discourses and narratives that offered helpful insights to "build up intellectual frameworks to understand" (Taylor, 2011, 5%), and it was this new knowledge which set the foundations for my PhD research.

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Being claimed by my heart

Putting my experience in transformative learning and depth psychological terms, transformative learning theorist Rosemarie Anderson suggests that often a researcher can feel like the research is “chasing them, pursuing them”, as they are “called” to a project from the culture at large that is seeking change (2004, p. 308). Similarly, depth psychologist Robert Romanyshyn speaks of being claimed by research (2013, pp. 14 & 62). I can certainly resonate with these ideas of being claimed by heart, which has led me into the research that I am undertaking today. Indeed, the moment my heart spoke to me I knew that my life had immediately changed. Specifically, this event compelled me to move beyond traditional, reductionist ways of approaching the world that might have labelled my experience a lucid dream, hallucination or psychotic incident. I felt claimed by my heart to engage with it on a deeper level beyond my educated understanding of it as a biological organ, and as such I knew that I must remain open and curious about what this other heart was. This meant moving beyond a “rational re-reading” that subsumes revelatory or mystical experience into a specific rational framework (Kripal, 2014, p. 338), and expand the “imaginal possibilities” of contemporary ways of seeing by taking up a certain way of authoring what would traditionally be seen as “impossible” or unacceptable (Kripal, 2010, p. 25). Transpersonal psychologist Steve Taylor suggests that such experiences “make us aware of a dimension of reality whose existence we never suspected” (2011, 7%-8%).

The great heart split⁴

Through my illness, I had a strong sense that my heart was calling me “to attention” (Kidell, 1988, p. 11), guiding me to become aware of a contemporary approach towards knowledge that seems to have split the individual, and the individual’s view of reality, into two – championing the rational intellect over the intuition and the imagination (McGilchrist, 2012). This means that the heart is only ever engaged with at the political level as a biological pump. In relation to this idea religious philosopher Gregory Shaw observes that “we live in a profound disconnect between private experience and public discourse” (2015, p. 279; Voss, 2013, p. 244). According to transpersonal psychologist Elizabeth McCormick and cultural historian Fay Bound Alberti, particularly since the emergence of cardiology as a discipline in the early 1900s, our understanding of the heart has been subsumed into a medical narrative (Bound Alberti, 2012, pp. 1–15; McCormick, 1988, p. 37). This means that there are two distinct hearts that now live in contemporary society. The first is what McCormick terms the “worker heart” (1988, pp. 37–38) and Bound Alberti terms the “heart

⁴ I am borrowing this term from American writer Gail Godwin. In her book *Heart: A Personal Journey Through It's Myths and Meanings*, Godwin writes that from the 17th century, advancement in our knowledge of the physical heart demythologised the subtle heart (2004). Over time, the heart was no longer the place of our personal power, the seat of the soul and wisdom.

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of science" (2012, p. 166) – essentially, the physical, pumping organ. The second McCormick terms the "feeling heart (1988, pp. 37–38), while Bound Alberti terms this the "heart of culture" (2012, p. 166). Indeed, according to Bound Alberti, this is the heart that still grounds feelings and emotions in the organ and symbol of the heart (2012, p. 166), despite the attempts of medical science to move explanations for these to the brain (Bound Alberti, 2012, pp. 8–14).⁵

Bound Alberti points out that the move from cardio-centrism to cranio-centrism remains "entrenched in twenty-first century medical theorizing" (2012, p. 7), and generally speaking, this is the dominant narrative through that drives contemporary society. However, as depth psychologist Robert Romanyshyn points out, while we know the heart is a biological organ and many of us know our heart is a pump, "no one, except in extreme circumstances of illness or accident which disrupt the flow of one's life, experiences the heart in this fashion" (2000, p. 173). In agreement Bound Alberti states, there is a crisis in modern science in terms of how we understand the heart (2012, p. 8). Specifically, as sensing, feeling, experiencing beings, our experience of the heart is such that we respond to life from there (Hillman, 2007).

The imagining heart

According to the Oxford English Dictionary the heart has multiple meanings, ranging from a biological organ, to the centre of life, the seat of emotions, mind (in the broadest sense), feeling or sentiment, character, disposition, conscience, courage, love and affection (2019). The heart has been known and understood in multiple ways across millennia – making meaning in the lives of countless people, impacting how they engaged with the world and lived their lives (Young, 2002). Certainly, the different definitions of the heart detailed above show that the heart still occupies multiple places in our own lives. Nonetheless, even though the heart carries multiple meanings in contemporary society, as I have already discussed, the biological heart of science generally takes precedence. The reasons for this are multi-layered and complex, and I do not have room in this paper to go into these. However, the purpose of this paper is to show how the illness of my heart opened up a different way of seeing the world that subsequently transformed my life. Indeed, I would like to stay with the idea that there are many different hearts that make meaning for us in our lives and ask the question, even though the biological heart is the one that most of us identify with, does this mean that other hearts are any less valid in our lives? And, if not, what might this mean in relation to how we engage with the world?

In order to engage with this question, I am taking seriously the Sufi understanding that the heart is the organ of imaginal perception that responds to the calls of the world, producing

⁵ According to Bound Alberti, in contemporary medical narrative, the brain processes emotions and feelings while the heart simply responds (2012, pp. 8-15)

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knowledge in the process (Corbin, 1997; Vaughan-Lee, 1996). When I speak of the imagination, I am using the term in its broadest sense; specifically as a way of bringing forward a world that is deeper than simply outward appearances – inviting us into the depths (in psychological terms) or heights (in religious terms) of the world itself. In depth psychological terms, Carl Jung (1875-1961) and Hillman (1926-2011) understood the imagination as a bridge between conscious and unconscious realms of the psyche (Voss, 2009, p. 37). In religious terms, philosopher Henry Corbin (1903-1978) understood the imagination as an organ of perception that mediates between the physical world and the domain of abstract thought (Corbin, 1997, pp. 221–245).⁶ These ways of understanding and engaging with the imagination is in stark contrast to contemporary understanding that defines the imagination as an escape from, or substitute for, reality (Lachman, 2017, p. 31). In the modern sense the imagination is mere fantasy, the imaginary equated “the unreal” (Corbin, 1997, p. 181).

Drawing on the extensive works of Muslim scholar and mystic Ibn ‘Arabi (1165-1240), Corbin understood the organ of imaginal perception as the heart, which engenders “a kind of knowledge which arises from the confluence of inner recognition with ‘external’ reality” (Voss, 2009, pp. 37–38). It is the heart, as the organ of active imagination, of imaginal consciousness, that receives the images from the world, offering forth an imaginal world that is “ontologically as real as the world of the senses and that of the intellect (Lachman, 2017, p. 94). In this view, the faculty of the imagination supports individuals to engage seriously with whatever might lie beneath outward appearances. As Hillman states, we cannot go any further forward in our endeavour without this understanding of the imagination in place (2007, p. 6).

At its foundation, Corbin, Hillman and Jung’s understanding of the imagination enables a dialogue between different realms of human experience that are often obscured from view in modern approaches towards knowledge production. In this case, the imagination facilitates a marginalised ‘voice’ to speak and live. Considering this understanding in relation to my own experience of my speaking heart, I would now like to take you on an imaginal journey to hear the voice of the heart speaking out across millennia through the lives of the people within which the heart lived – in an aim to provoke and disrupt the modern interpretation of the heart as a biological pump. In this sense, an imaginal approach provides a space for the heart to speak as fully as possible, resisting the temptation to reduce ancient ideas of the heart into materialist explanations.

⁶ Each of these scholars were a great influence on each other. Jung and Corbin forged a deep friendship during the mid 1900s, and Corbin later influenced Hillman’s thinking (Cheetham, 2012). Corbin’s thinking was deeply influenced by his theological background, while Jung and Hillman’s ideas were underpinned by psychological theory.

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The pre-Enlightenment heart

For numerous cultures the heart was the place of wisdom and intellect (Arguelles et al., 2003; Childre & Martin, 2000; Perloff, 2010, p. 1503), the seat of conscience and mind (Loe & Edwards, 2004, p. 286; Taylor, 2010, p. 17), and the place “associated with one’s spiritual identity” (Naydler, 1996, p. 250). In Mayan culture the heart was the source of life (Meslin, 1987, p. 234), and in Greek antiquity in the writings of Homer and Hesiod, the heart was the centre of feelings, passions, and love (Loe & Edwards, 2004, p. 286). In the fifth century BCE, Empedocles understood the heart to be the seat of intelligence (Uttal, 2011, p. xii). Plato identified the heart with good deeds (Meslin, 1987, p. 235), and Aristotle considered the heart as the centre of life because the soul is located there (Hoystad, 2007, p. 52). However, while Aristotle situated sensations, sensory knowledge, memory and imagination in the heart, he did not locate intelligence (*nous*, mind, reason) there (Meslin, 1987, p. 235). At least up until the medieval period, the heart was understood to be a complex and vulnerable organ, open to sensation and “host to myriad entities that we [in contemporary society] would now divide into the categories of physical, spiritual and psychological” (Webb, 2010, pp. 1–2). As the seat of the soul in respect to the act and power of life, the heart occupied a position of primacy in everyday existence (Webb, 2010, p. 19-26). One thing the heart did not do was circulate blood (Webb, 2010, pp. 1–2). However, when English physician William Harvey (1578 – 1657) published his findings in 1628, the heart’s reign as a place of power came into question (Webb, 2010, p. 20).⁷

Indeed, medieval scholar Heather Webb suggests that Harvey so successfully insulated the heart that even today, the Western scientific world is “reluctant to consider the heart as susceptible in any way to the outside world, or even to emotion (now located at a safe distance from the brain)” (2010, p. 50). Certainly, since the time of the Enlightenment and the dawn of modern science in the West, heart and mind have become increasingly separated (McGilchrist, 2012; Naydler, 2009, p. 168).⁸ As Webb observes, when the heart is referred to in contemporary society it is generally spoken of from within one of two distinct categories – firstly as the physical, “pump-like muscle hidden behind the rib cage”,⁹ or secondly, “metaphorically...the heart that loves...that knows...that feels” (2010, p. 1). Certainly, it could be suggested that this has led to the emergence of two hearts as discussed earlier. In relation to this point, Bound Alberti suggests that the emergence of

⁷ Harvey put forward his concept of pulmonary circulation in *Exercitatio Anatomica de Motu Cordis et Sanguinis in Animalibus* (commonly called, *De Motu Cordis*). This work is available in multiple versions on the internet, and most commonly available in printed version as the Robert Willis translation (1843).

⁸ The theme of separation of one phenomenon from another appears in Western consciousness around 600 BCE, when people start to become increasingly aware of ‘the other’ (Gebser, 1986; Jaynes, 2000; McGilchrist, 2012).

⁹ Harvey was not the first to suggest that the heart is a pump. As early as 2000 BCE, Chinese physicians found that “the heart was a pump that pumped blood round the body, which accounted for the human pulse” (Hoystad, 2007, p. 55)

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these two hearts demonstrates the heart's increasing subservience to objective, rational knowledge understood as being generated through the brain (2012, p. 15).

The modern heart

Drawing on the work of Corbin, Hillman states that our culture is now bereft of "an adequate psychology and philosophy of the heart" (2007, p. 6). Specifically, what Hillman means here is that, as the organ of imaginal perception, the heart naturally responds aesthetically to the images that it receives from the world. This is a heart that moves and feels in communion through direct experience of life itself. However, the approach to the heart by means of literal sense perception means that we have created in our world the mechanical heart that Harvey describes (Hillman, 2007, p. 21). As a result, our hearts are "anaesthetised" (Romanyshyn, 2000, p. 173), as we carry the "Harveyin heart" in our chests (Hillman, 2007, p. 22). Romanyshyn suggests that the dead heart was born into Western consciousness at the moment Harvey saw the divided heart (Hillman, 2007, p. 24). At that moment, "Thought lost its heart, heart lost its thought" (Hillman, 2007, p. 24). The heart that was once the source of faith and wisdom, has now become our enemy, "my killer, my death" (Hillman, 2007, p. 24). We no longer trust the heart and because of this, we have to rediscover it in its "exile" (Hillman, 2007, p. 4), in our "contemporary heart diseases" (Hillman, 2007, p. 4). I suggest that this is an important observation, particularly as, if our imagining, feeling, thinking and sensing hearts have been silenced, then perhaps sickness, illness or dis-eases of the heart are actually the heart's way of bringing attention to itself – calling us to listen and take seriously the ways that our ancestors engaged with the heart in our ancient past. In this sense, what are we missing out on in terms of our understanding and engagement with life through our modern perceptions when we do not have sufficient ways of listening to other hearts beyond the mechanical idea of the heart as a pump?

Interestingly, Bound Alberti suggests that despite modern attempts to silence the heart as the site of our feelings and emotions, it will not submit (2012, pp. 162-163). While there is still a dominant narrative that considers the heart subservient to the brain and respondent to "sensations and experiences being cognitively processed by the brain" (Bound Alberti, 2012, p. 8), new theories are being developed. Indeed, recent advances in neurocardiology appear to confirm ancient understanding of the heart,¹⁰ suggesting the existence of an intelligent link between the heart and the brain, with the heart possessing its own independent nervous system referred to as "the brain in the heart" (Childre & Martin, 2000, p. 10). Research is also being carried out at Merton College in Oxford University where Professor of cardiac neurobiology, David Paterson, is mapping "heart-brain and brain-heart

¹⁰ A new discipline which explores the idea of the heart as a sensory organ with sophisticated centres for receiving and processing information – with a nervous system that enables the heart to learn, remember, and make decisions independent of the brain ((Perloff, 2010, p. 1503)

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interactions" (2017). Additionally, in the opening decade of the millennium, Spanish cardiologist Francisco Torrent-Guasp (1931-2005) performed hand dissection to successfully unfold the anatomic architecture of the heart – demonstrating what is now called the ventricular myocardial band (Vesalius Studios, 2002). Torrent-Guasp understood that the heart is a helical shape and thus functions in a twisting, spiralling motion (Buckberg, Nanda, Nguyen, & Kocica, 2018). Questioning Harvey's view of the divided nature of the pumping heart, the spiralling view of the heart is bringing forward different understanding of how the heart functions.

As ideas of the heart continue to change, I am particularly taken by Romanyshyn's observation that before Harvey, physicians of the day were treating their patients based on their particular view of the world (1982, chap. 4). Indeed, across history, people have engaged with the heart in ways that directly relate to their own specific worldview. It is important to point out that such ways of approaching life (although different to what we are familiar with today), were just as true, and just as valid, as every other view that preceded or followed it (van den Berg in Romanyshyn, 1982, p. xii). Like Romanyshyn, what I am saying is that it is not the case that before the modern view these ideas were wrong, it is simply that people were operating under a different vision – seeing in a different way, living in a different world (Romanyshyn, 1982, p. 115), which made sense to the people living within it. Even today, the image of the physical heart we carry is changing.

Transformation through illness

According to postmodern theologian Matthew Fox, troubles exist in our modern world "because our hearts are not living fully" (1998, p. 326). The subtle heart that was once understood to link us to psychic (Baring, 1998, p. 344; Hillman, 2007, pp. 89–130) or spiritual realities,¹¹ has long been forgotten and now lies "impoverished...hungry...starved" (Fox, 1998, p. 326), crying out in our "contemporary heart diseases" (Hillman, 2007, p. 4), sitting in our chests "divided" (Hillman, 2007, pp. 24–25; Romanyshyn, 1982, pp. 113–120) and "empty" (Romanyshyn, 1982, pp. 122–130). However, by committing to see the heart differently and contemplating the heart's story within my own life, I have come to realise that it is far more complex than we might have previously understood. As Romanyshyn states, "through the language of the heart...the world of nature is transformed" (2001, p. 145). Lingering in the heart space, it is possible to be drawn closer to what we have

¹¹ I am using the term psychic in a depth psychological sense. Specifically, both Jung and Hillman emphasised that the faculty of the imagination is a "psychic reality" that is more ontologically immediate than physical reality (Vannoy Adams, 1992, p. 240). The term spiritual, as British Psychotherapist Andrew Samuels states, is difficult to define (2004, p. 202). However, in the context of this paper I am referring to spirituality in relation to transformative learning theorists Elizabeth Tisdell and Derise Tolliver's observation that spirituality is about "Life Force....meaning making and a sense of wholeness, healing, and the interconnectedness of all things" (Tolliver & Tisdell, 2006, p. 38).

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“forgotten, left behind, neglected, marginalized, and otherwise abandoned”(2001, p. 145). Through the eyes of the imagination, reflecting upon a myriad of images the heart as detailed here, it becomes possible to accommodate the forgotten, marginalised hearts that have lived, and made meaning, for countless people across history; perhaps transforming our own ideas of the heart in the process.

From my own perspective, committing to move into my illness and listen to my heart’s story through its language of the imagination has expanded my understanding of the heart and given me access to a rich, complex and mysterious world that is often not available through a reductive lens (Berman, 1988; Bortoft, 2010; Buhner, 2004; Cheetham, 2015; Corbin, 1997; Fideler, 2014; Hillman, 1991, 2007; Kripal, 2007, 2010; Lachman, 2017; Romanyshyn, 2002, 2013; Voss, 2009). This different way of seeing has opened up a deeply compassionate, loving, non-judgemental heart that guides my life each and every day. Indeed I have a daily practice of sinking into my heart-space and asking what my heart wants me to know. Through my experience of cardiac illness and committing to see my heart differently, the way that I see the world has changed and my relationships with myself, my heart and others have all transformed. Specifically, I consider myself fitter and healthier than I have ever been, and, by seeing the world through the eyes of my heart, my relationships with others have transformed in generally favourable ways.

Why does this matter?

Considering Anderson’s suggestion that the “personal is universal” (1998, p. 79), in bringing forward the voice of the heart in my own life and research, I am currently exploring how my findings might offer guidance for creative engagement with conflict - on local, national and global scales. Specifically, I am using my personal experiences with my heart, and how I have transformed, as a valid way of developing knowledge about the world and creatively engaging with the political and universal realms through an approach that I have termed *heart sense* (Livingstone, 2020). I suggest that this way of engaging with the world entails a different way of engaging with life that we are not yet fully experienced in, but my work is intended to be a way of opening up towards the exploration of different ways of knowing and engaging with the world – specifically through the knowledge of the heart.

We live in unprecedented times. As a global humanity we are faced with multiple challenges from climate change, to societal breakdown and economic collapse (Abram, 1997, p. 27; de Witt, 2016, p. 202). Perhaps we could add illness to this list? Indeed, from the point of view of my own transformation through illness, this paper has been written as a way to interrogate and provoke conversation around our often taken-for-granted assumptions of what the heart is to make possible different, creative conversations in relation to personal and global challenges. As I reflect upon this idea, I am aware that the qualities necessary for transforming our perception of the legitimacy of each of these hearts could be attributed directly to modern interpretations of the subtle, benevolent heart – specifically, openness, kindness, compassion, non-judgement. In this sense, could the heart, when taken seriously

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as an organ of imaginal perception, be illuminating a different way of engaging with the world – an approach that honours our deep interconnectedness with each other and the world within which each of us is embedded? It seems that the imaginal heart is well-placed to support us to widen our gaze and deepen our thoughts in relation to the world around us. Just as the heart is a biological pump, and so much more, by taking seriously the idea of the heart as an organ of perception and wisdom, how might we engage with the world differently?

While the picture of the heart that I paint here is not without its problems, for the heart can represent a kind of moral high ground or superiority, this is not the intention of this paper. The heart revealed in this paper stands as a symbol and metaphor through which we might find it possible to transform our perceptions about ourselves and our place in the world. This in turn, could help us to engage creatively with current global challenges, inviting different conversations in relation to the numerous crises that currently face global humanity. Knowing just how significant my own relationship with my heart has been in my life, particularly in relation to illness, I will therefore end this paper by asking the question, what conversations might become possible through transforming our own perceptions of the heart?

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