

Practicing a Medicine of the Whole Person: An Opportunity for Healing

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"Inspire me with love for all of thy creatures, May I see in all who suffer only the fellow human being."

From the Prayer of Maimonedes

Integrative medicine has been defined in several ways. For some it is a discipline that combines such approaches to the resolution of disease as acupuncture and homeopathy, meditation, and imagery with more familiar and accepted health practices, such as surgery, pediatrics, and oncology. For others it is about cultivating awareness and sensitivity beyond symptoms to the mental, emotional, and spiritual needs of the patient. Integrative medicine, however, is more than the weaving together of techniques, or understanding the intimate interaction of the mental, emotional, and spiritual dimensions of human experience. Integrative medicine is about rethinking the task of medicine and the infrastructure of relationships and beliefs that have limited its power to serve all people.

For the past 100 years medicine has focused on the expertise and techniques that can affect the cure of the body. But, in oncology, cure is not always possible. In the absence of cure we are challenged to care for people living with problems they might have died of only a short time ago. Our training has not prepared us to do this and so it is not surprising that many chronically ill patients believe that contemporary medicine has little to offer them except symptom management.

Integrative oncology is not only about cancer. It is also about the people who have cancer and those that love them, and the transformative impact of this disease on their lives. Integrative oncology is a medicine of the whole person. It is about recognizing that personal wholeness and physical limitation often coexist and moving the focus of care beyond the cure of the body to the healing of the whole person. It is about inviting our patients into our examining rooms

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as whole people and meeting them there as whole people. It is about recognizing that as whole people, we bring a far greater capacity to meet with the challenge of disease than we have been trained to recognize.

Disease is often an agent of personal transformation. In the presence of physical illness people can grow as persons in their capacity to love, their compassion, their sensitivity and understanding, their courage and wisdom. Because of this capacity for growth it often is possible for chronically ill people to live beyond the limitations of their disease.

Some time ago one of my patients spontaneously discovered this for himself in the form of a dream. David was 16 when he was diagnosed with juvenile diabetes. Almost immediately his disease became an absolute authority in his life, telling him what to eat, how much to exercise, requiring him to stop and test himself over and over in the course of a single day. David was an adolescent and his response to this was rage. He flung himself against the limitations of his disease like an animal trapped in a cage. He refused to hold to a diet, he skipped doses of insulin, played ball, and partied with his friends with no consideration of his diabetes. Not surprisingly, he appeared in the emergency room in coma or shock almost every month. Fearing for his life his parents insisted he enter therapy. He did not want to do this, but he came.

For the first 6 months we met weekly. Every week, he would silently sit in my office without meeting my eyes for a full hour. I sat in silence as well, secretly admiring his passion and his determination to live a full life. Then one week, after 15 minutes of his usual silence, he looked up and offered to share a dream he had the previous night. He had dreamt that he was sitting alone in an empty room opposite a small stone statue of the Buddha. When I asked him how he felt, he described a feeling of kinship with the statue because the statue depicted the Buddha as a young man, not much older than himself.

"Is there a word that describes the statue?" I asked. He paused to consider. "Peaceful," he said and told me that sitting opposite it caused him to feel peaceful too. In his dream, he sat and enjoyed this unfamiliar sense of peace for some time, and then without warning, a knife was thrown from somewhere behind him. It buried itself deep in the heart of the Buddha.

David was horrified and flooded with painful feelings. Despite this he could not look away and as he watched, it seemed to him that the Buddha was getting larger. It was so slow that at first he was not sure that it was really happening, but so it was. And somehow, in the way of dreams, he knew without doubt that this growth was the Buddha's response to the knife. The peaceful expression on the Buddha's face never changed and neither did the knife. Gradually it became a tiny black dot on the breast of this enormous smiling Buddha. Watching this David felt something release him and found he could breathe deeply for the first time in a long time. When he awoke he found tears in his eyes.

David was intrigued by the dream and at first did not recognize its meaning. As we spoke he realized that the feelings of despair and shock and betrayal he had felt when the knife plunged into the heart of the Buddha were the same feelings he had experienced in his doctor's office when he had learned that

he had diabetes and that it was incurable. But his reaction to his diagnosis had been far different than the Buddha's reaction to the knife.

David saw this dream as the opening of a door. When he received his diagnosis he had felt stopped, as if there was no way for him to move forward. It had seemed to him that the only way that he might recover a life would be to rebel against this disease with all of his strength. But the dream had shown him something different. It suggested over time he might grow in such a way that his disease could become a smaller and smaller part of the sum total of his life; that perhaps he might be able to live a good life even if it was not going to be an easy life or a long life. Integrative medicine has the potential of opening a door of hope for oncology patients as well.

The normalization of physiology, the longtime goal of medicine, may be only a part of our potential to make a difference in the lives of others. Integrative medicine is about serving all people, not only those we can cure. It goes far beyond the cure of the body to the recognition of the potential for growth in everyone and involves a commitment on the part of health professionals to support that growth by all means possible. Integrative medicine is about nothing less than reclaiming healing as the primary goal of care.

There is a real difference between healing and curing. The goal of cure is optimal physical function. The goal of healing is the capacity to live a full and meaningful life, an end point often within reach even in the absence of cure. In the presence of chronic illness it is not unusual for people to discover a capacity to live more richly, fully, and passionately than ever before. This evolution of the individual is a part of the human response to disease and may be a function of that mysterious human dimension, the will to live.

The will to live awakens in response to the challenge of disease. Sometimes, it takes the form of physiologic resolution, but more often it is present in far subtler forms, such as a shift in values and priorities, which allows a far greater range of response to life.

Another of my patients, a successful executive, told me that his life before cancer was an unending pursuit of "the cookie." Happiness was "having the cookie." If you had the cookie, things were good. If you did not have the cookie, life was not worth a damn. Some times the cookie was money, sometimes power, sometimes sex. Sometimes, it was the new car, the biggest contract, and the most prestigious address. It was never enough. A year and a half after his diagnosis of prostate cancer he sits shaking his head ruefully. "The cookie never made me happy for long," he tells me. "The minute I had it, I began to worry about someone taking it away from me. Often I never got a chance to eat it because I was so busy just trying not to lose it."

My patient laughed and said that cancer has changed him. For the first time he is truly happy. No matter if his business is doing well or not, no matter if he wins or if he loses at golf. "Two years ago, cancer asked me 'OK, Sol, what is important? What is really important?' Well, life is important. Life. Life any way you can have it. Life with the cookie, life without the cookie. Happiness does not have anything to do with the cookie; it has to do with being alive.

Before, who made the time?” He pauses thoughtfully. “Damn, I guess life IS the cookie.”

Cancer can evoke personal growth in the families around our patients as well. In the presence of this disease, people step past lifelong limitations and may come to know themselves and recognize their capacities for the first time.

From the moment he was diagnosed with non-Hodgkin’s lymphoma Richard was concerned about his wife Alice. He described her as painfully shy and almost housebound. He could not imagine how she would be able to deal with the possibility of his death and should he die how she could manage alone with their children and the very successful business he had developed.

When I first met Alice she was so timid that she was unable to look directly at me. I could not imagine how she might cope either. Yet, as Richard lost ground and disappointment after disappointment led to his premature death, she underwent a remarkable change. It was she who supported him in taking necessary risks; she who researched experimental treatments and reached out to experts around the country; she who took over more and more of his business, learning as she went; she who supported and comforted their children. Her courage, both in her personal and her business life, was as awesome as it was unexpected. By the time he died she was running the business and afterward continued to make a success of it alone.

A few years after he died, I met her at a party. She was simply not the woman who had come to my office only 3 years before. I commented on the remarkable strength she had shown in dealing with her husband’s illness and death and making a life for herself and her family. Had she known that she would be able to do this?

“Well, no,” she said. She had always been painfully shy from the time she was a small girl. Everyone knew this so no one had ever challenged her and she had never challenged herself. Yet, her courage and her ability to take risks had come very naturally to her. She had been surprised at first, but then she had decided that her bravery was a result of her shyness. She smiled. “I was so shy that it took courage for me to say ‘hello’ to someone, it took courage to go to the supermarket and to the cleaners, it felt like a risk every time I answered the telephone. It took a lot of courage just to live, to do the things that other people do without thinking every day. I guess over the years my courage just grew from being used all the time like that. And when the time came that Richard needed me so badly, when I could no longer help him and be shy, why I guess I was ready.”

Healing is about engaging the will to live in others, something that we do with our humanity and not with our expertise. We can profoundly affect the personal wholeness in others in very simple ways. We heal most often with our listening and our presence. When we listen to others without judgment, simply to know what is true for them at this time in their lives, we may enable them to hear their personal truth, and recognize their strength often for the first time. When we are present as vulnerable and whole people, we may enable others to accept their present vulnerability without diminishing their strength.

A physician who herself has a significant chronic illness told me of asking a newly diagnosed patient how he felt about having cancer. “Ashamed,” he replied. Months later this same patient told her that he no longer felt this way. When she asked what had made the difference, the patient had replied, “When I first met you I had thought you were whole and I was broken. Now that I know you too have a story, I no longer feel ashamed of mine. I know I am not singled out or broken or alone.”

In the presence of a whole person no one need feel ashamed of their vulnerability or alone with their pain. Oftentimes the will to live is weakened more by isolation than by disease.

Most of us are not aware of the power of our personal humanity to strengthen others to meet with the altered circumstances of their lives. Our training suggests that our expertise is all we have to offer patients. But healing is not a relationship between an expert and a problem. It is the outcome of meeting as two whole people who recognize the potential in their relationship to exceed the limitations of both science and disease. Our humanity includes both our strengths and our vulnerabilities. In the archetype of the wounded healer, Jung suggests that wounded people can best be healed by other wounded people. It is the wisdom gained from one’s own wounds and experiences of suffering that make us able to trust the process of healing even in the darkest of times, not as a theory but as a personal experience. Our own wounds teach us compassion for the wounds of others and allow us to recognize the strengths that may develop in times of weakness and despair. After years of working with chronically ill people, I have found that my expertise has turned out to be less important to long range outcomes than becoming genuinely present and remembering and trusting the hidden capacity for growth in myself and everyone else.

The healing relationship is mutual. Over time curing is often draining but healing is renewing. When we cure people, we grow in skill, but our healing relationships develop our humanity and deepen our appreciation of the meaning of our work.

Much in medical training prevents us from seeing the meaning in the work that we do daily. We are trained to objectivity, to a certain emotional distance. We take refuge in the cognitive, the dimension of fact and analysis, and are uncomfortable with things that are not measurable and replicable.

Yet, the meaning of our work lies in its human connections. Finding meaning requires us to bring more of ourselves to our work than is often our custom. This is no easy transformation, because many of us are products of a training that actively discouraged this sort of presence. I emerged from my training with the firm view that a genuine human connection with my patients was unprofessional. But the courage to connect in this way may be the key to finding the deepest meaning and satisfaction in our work. It is not surprising that most of us live far more meaningful lives than we know.

The world of meaning is not made up of facts; the world of meaning is made up of stories. Stories of heroism, courage, devotion, and strength surround us

daily, the sort of stories that can be appreciated only by a fellow human being. No two people with the same disease have the same story. Finding the meaning of our work does not require us to do anything differently. It may simply require us to see familiar things in new ways.

There is a deep river of meaning that runs through our daily work. Sometimes the simplest of techniques can give us new eyes and remind us of the meaning that lies just below the surface of our work. Hundreds of physicians have found a greater meaning in their work through a commitment to keep a brief and simple journal. All that is required is spending 10 minutes at the end of each day reviewing the events of the day three times, each time asking yourself a different question. The first time, ask the question “What surprised me today?” The second time, ask “What touched my heart today?” The third time, ask “What inspired me today?” As soon as you find the first thing that answers your question, you stop your review and write it down. Then you go back to the start of your day and begin your review again, asking yourself the next question.

This simple technique saved Richard’s career. A highly successful oncologic surgeon, he had become so depressed that he felt unable to go on. “I drag myself out of bed each morning,” he told me. “I have to get out of this game.” When I suggested he keep this journal he was highly dubious but agreed to try. A week after our conversation he called to ask me if there was some trick to this. “Why, what do you mean, Richard?” I asked.

Reluctantly, he reported that day after day he had gotten the same answer to all three questions “Nothing, nothing, and nothing.” “How can I be so busy and lead such a boring life?” he demanded. “Are you looking at the events of your day as if you are a doctor?” I asked. “Of course,” he snapped. I laughed. “Well try looking as if you are a novelist or a poet. Look for the stories,” I told him. The telephone went silent. “I’ll try,” he said.

Surprisingly, I did not hear from Richard again for a number of weeks, and then he called to thank me. His voice, usually flat, had changed. “How are things?” I asked. “The same but different” he replied.

He told me then of the transformation he had experienced in his work. It had taken a while, but eventually he began to find answers to all three questions. At first, the only thing that surprised him was that a tumor had shrunk on x-ray or chemotherapy had unexpectedly worked. But then, he had begun to notice other things. The warmth that lit up a patient’s face when he walked into the examining room, the way a little girl was dressed as if she was gift wrapped in her go-to-church best whenever she was brought to his office, the bond between an 83-year-old patient and his 80-year-old wife who held each others arthritic hands throughout their visit. “Its all about love,” he told me, “people’s love for each other and their love for me whether I can cure them or not. And its about my love for them too. I had not known. I had thought it was all about cancer.”

Perhaps taking an integrative approach to health care does more than introduce healing into our relationships. It allows us to reclaim our lineage and

further the healing of medicine itself. Many years ago in a classics course I read the description of the Temples of Aesculapius, the father of medicine, offered in the writings of Cicero. I was surprised to discover that in the central courtyard of this most ancient of medical centers stood a statue of Venus, the goddess of love. As a young doctor this had puzzled me, but now after 46 years of doctoring the wisdom in it seems clear and unchanged by the passage of time. For all of its scientific power, medicine is not a work of science. Medicine is a work of service, and serving the life in others is a special kind of love.