FROM INTEGRATIVE TO MULTIDIMENSIONAL MEDICINE

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A patient of mine, Joan, a physician in her late 40s, had been diagnosed with stage 2 breast cancer. I'll never forget our first visit. As I took her history, inquired about her life, work, and family, and conducted a physical exam, I was amazed by her detachment from her diagnosis, her emotions, and her body. For Joan, breast cancer was an unpleasant bump in the road, an irritating diversion from her whirlwind of daily activities. It was something to be eliminated as quickly as possible, with minimal feeling or introspection.

Joan took great pride in her ability to see 40 patients a day while also serving on numerous hospital committees. She was thrilled with technology that made her more efficient, which I could definitely understand. I was surprised, however, when she told me that she wanted a mastectomy rather than a lumpectomy with radiation. She said, without blinking an eye, that she "didn't want to waste time on radiation treatments." Then she added, "Who needs a breast, anyway?" She wanted to know—and I am not exaggerating—if she could receive her adjuvant chemotherapy treatments on Fridays, *during her lunch hour*, so she could work a full afternoon. When I gently inquired about her emotional state and her interest in diet, exercise, massage, or other complementary therapies, she rejected them outright, declaring them "a complete waste of time."

The very next day, I saw Emily, another professional woman in her late 40s who had stage 2 breast cancer. Her tumor had been excised with a lumpectomy, leaving a 4-cm scar and a significant dimple in her breast. She was referred to me to discuss adjuvant treatment. By all standard measures, Emily's tumor characteristics and prognosis were virtually indistinguishable from Joan's. But their personal responses were radically different.

After saying "Hello," Emily burst into tears. She sobbed, explaining that her diagnosis was causing her life to "fall apart." She now felt "imperfect" and "damaged." She feared dying of cancer, and leaving behind her husband and children, even though she understood intellectually the odds of this were relatively small. Through her tears, she said she wanted to explore every complementary and alternative therapy available, including some even I had never heard of.

While the stories of these 2 women might seem dramatic, they are not uncommon. They also point to some interesting and important ideas about the purpose, meaning, practice, and evolution of medicine, which I will address in this editorial.

CONVENTIONAL VERSUS INTEGRATIVE MEDICINE PARADIGMS

Joan represents the conventional, scientific, bio-medical approach to medicine, which focuses overwhelmingly on the physical dimensions of disease. Non-traditional, "unscientific" approaches are generally regarded as diversionary and, sometimes, outright dangerous. Mental, emotional, and spiritual concerns are regarded as medically insignificant, and many feel that it is appropriate for psychiatrists, therapists, or clergy to address them. Symptoms such as anxiety, depression, and insomnia are routinely treated with medications.

Emily, on the other hand, represents the current trend in the evolution of medicine, which increasingly embraces complementary adjuncts to conventional care. In this rapidly evolving paradigm known as integrative medicine, conventional medicine is not abandoned but augmented by safe and effective complementary therapies. For example, studies show that approximately 40% of the American public—including up to 80% of all cancer patients—now use some form of complementary or alternative therapy.[1-4] They spend billions of dollars out of pocket for these services and products.[5,6]

Emily openly declared her desire for a comprehensive integrative approach, including dietary changes, nutritional support, yoga, exercise, massage, vitamins, acupuncture, homeopathy, and other modalities—along with chemotherapy, radiation, and hormone therapy. She was eager to get started and wanted my advice and recommendations about all of them.

From a conventional medical viewpoint, Joan could be described as a "good patient." She was stoic, outwardly strong, and in this way, easy to care for. On the surface, at least, she just wanted her physical problem fixed as efficiently as possible. She didn't challenge the standard paradigm of medical treatment. Nor did she demand emotional, psychosocial, or spiritual support, much less a daunting array of complementary treatments.

At first blush, Emily could be seen as a "problem" patient.

Caring for her was more challenging for several reasons. First, she was crying out for care and attention for her whole being, not just for the biomedical aspects of her cancer. Second, she insisted on using a variety of modalities about which most physicians know little and for which they have little time in their busy schedules. They also are not typically reimbursed for these services.[7,8] Third, she could unwittingly use therapies that might interfere with her conventional treatment.[9,10]

Today, many hospitals, physician groups and medical schools are developing integrative medicine programs to address the needs and concerns of patients like Emily.[11-14] These programs generally employ a variety of complementary therapies to reduce physical and emotional symptoms, including side effects of conventional care, and to enhance quality of life. Some are undertaking research to validate and quantify the benefits of complementary therapies.[15]

There are many positive aspects to this trend; however, current integrative approaches to medical care still miss a very important and fundamental point. Ameliorating physical and emotional symptoms and improving quality of life, while laudable and necessary, are not the whole picture. Still missing is a focused effort to help patients explore and resolve their deeper, underlying issues and touch the deepest levels of the mind, heart, and spirit.

In more than a decade as a practicing medical oncologist providing guidance and care to thousands of patients and their loved ones, I consistently saw how these underlying issues are often as challenging and significant as the immediate, strictly medical ones. In fact, for many, the mind, heart, and spirit are challenged more deeply than the physical body. The conscious or unconscious longing to address these issues is driving much of the increasing demand for integrative medicine. We have come a long way and have made great strides, but there is still much more to do.

Now is the time to move beyond what is called integrative medicine to what I call "multidimensional medicine."

I recognize that it is difficult to distinguish between evolutionary developments in medical thought and practice that extend across a continuum and are not entirely discrete from each other. Furthermore, what I refer to as "multidimensional" may be encompassed in the vision of integrative medicine currently held by many sincere, dedicated people—at least as envisioned in its ideal form. Nonetheless, there are indeed some fundamental and important distinctions between the 2 paradigms. My intention in articulating them is to foster a dialogue to further advance the evolution of medicine as a whole.

THE MULTIDIMENSIONAL PARADIGM

Here, I offer 6 major distinctions between integrative and multidimensional medicine.

First, multidimensional medicine unabashedly asserts that humans are, above all else, multidimensional beings, with a mind, heart, and spirit, as well as a body—all equally worthy of time and attention. None should be relegated to second-class status.

Despite good intentions, most integrative medicine programs presently still focus primarily on the body, with the goal of minimizing physical symptoms, managing emotional distress, and improving overall functional status. In oncology, for example, the use of acupuncture to alleviate chemotherapy-related nausea and vomiting represents a wonderful advance in integrative care. But it is not multidimensional because it is still fundamentally concerned with relieving physical symptoms. Moreover, it does not consciously address any associated thoughts, beliefs, or meanings that might be impacting the situation. Similarly, using guided imagery to alleviate emotional distress may be preferable to simply prescribing antidepressants, but it is still primarily palliative. Taken alone, absent a comprehensive, multidimensional approach, these modalities do not help people discover the deepest truths about what is causing their distress, let alone how to resolve it long-term.

Second, a multidimensional approach explicitly articulates the fundamental purpose of medicine.

To be as effective as possible in any endeavor, a clearly understood purpose is important. But the purpose of medicine is rarely defined, much less explicitly agreed upon by the various practitioners who may be involved in a patient's care, let alone by society. I believe there is a *relative* purpose of medicine—to fix the presenting problem and replace illness with health and optimal functioning, to the fullest extent possible. But there is also an *ultimate* purpose—which extends beyond the physical realm to include the mind, heart, and spirit of patients, loved ones, and even humanity as a whole. This ultimate purpose is to help people to experience love, joy, peace, and fulfillment in their lives, and to discover that the source of lasting fulfillment lies *within themselves*—not in an impermanent, ever-changing outer world, no matter how technologically sophisticated or "holistic" it may be.

Third, while integrative medicine does, importantly, distinguish between "curing" and "healing," a consensus about what healing really means has not yet been reached.

A working definition of healing in the present integrative medicine model likely would encompass the notion of a patient achieving a sense of peace, general well-being, and acceptance—in addition to, or absent, a physical improvement in his or her illness. This is a wonderful concept and far more expansive than a strict, biomedical definition of a cure. In integrative as well as conventional medicine, however, there is an understandable bias toward doing everything possible to help patients "feel good" and to celebrate when they do, even if their deeper issues have not really been addressed. The increasing use of more creative and less toxic, integrative methods to help people feel good is another welcome evolutionary step. But, like conventional medicine, this approach is still limited. It rarely ventures into deep arenas of self-exploration, let alone the realm of psycho-spiritual death and rebirth. Often, these kinds of explorations don't feel good at all; in fact, they can be very difficult and emotionally painful. But as saints, sages, wise men and women, and healers of all kinds have known and described for millennia, this very process often is necessary for awakening to the deepest truths

about one's self and one's life—and thus to experience healing at the deepest possible level. It also often is necessary for the development of deep and abiding wisdom and compassion.

Fourth, integrative medicine is beginning to recognize the significance of the context of care on patients' experiences and their overall well-being; however, it doesn't yet fully acknowledge the degree of impact that the consciousness, intentions, and communication style of physicians and other medical staff members can have on a patient's capacity to heal.

While diligently meeting the individual needs of patients and families, honoring them as separate sovereign beings, multidimensional medicine also recognizes that we are all profoundly interconnected. In fact, fundamentally, we are not separate at all. How health professionals are *being* with patients is often as important as what they are trying to do. Standards of self-awareness and compassionate, skillful communication are essential components of multidimensional medicine, to a degree that goes far beyond what is currently accepted in most integrative medicine facilities.[16-18] A multidimensional paradigm also encourages health professionals, medical staff members, and organizations to implement meaningful programs to foster their own growth, healing, and self-care, as well as to create clear agreements that support genuinely open, honest, and productive communications.

Fifth, our health is a mysterious, complex amalgam of multidimensional causes and factors. A multidimensional approach to medicine openly and skillfully explores this complexity.

For centuries, medical traditions from other cultures, particularly the East, have identified multiple levels of energy and being that affect one's health. For example, Ayurvedic medicine describes 3 fundamental dimensions of being—physical, subtle, and causal—and 5 layers, or "sheaths" (called *koshas* in Sanskrit), that cloak one's innermost essence, which is understood as pristine, undifferentiated, non-dual awareness.[19,20] This healing tradition—arguably the oldest in the world—recognizes the role and contribution of all these factors in the causation of health as well as disease, and works consciously with them.[21] In Tibetan medicine, physical disease is understood to originate from one primary cause: ignorance of our true nature.[22] From this arises the "3 poisons" of desire, hatred, and confusion. Over time, these cause disturbances in subtle energy systems of the body, which in turn ultimately manifest as physical illness.[23] This profound concept is worthy of our serious attention. Traditional Chinese medicine also believes illness arises from disruptions in the flow of subtle energy that flows through channels (called *meridians*), connecting all the internal organs and glands.[24,25] Like Ayurvedic, Tibetan, and Chinese doctors, multidimensional physicians focus on restoring natural balance and energy flow instead of concentrating on the disturbance, illness, or pathology.

The sixth distinction between integrative and multidimensional medicine may be the most controversial and most difficult to grasp and embrace. It addresses dimensions of human existence that are largely denied and repressed in our culture, and indeed, in many religious and spiritual traditions.

To begin, multidimensional medicine reaches beyond the current paradigm of integrative medicine in fully acknowledging what Carl Jung, the renowned Swiss psychiatrist, called "the shadow."[26] This shadow—the denied, disowned, and rejected parts of one's self—resides in both the individual and collective unconscious and affects our individual and collective health in many ways.[27] Furthermore, multidimensional medicine acknowledges not only the personal psyche (conscious and unconscious) but also the archetypal, transpersonal realms of existence, and recognizes their influence on our health as well.[28,29] These dimensions of being—which are understood to be a part of everyone—all contain negative as well as positive qualities, including darkness and light, masculine and feminine, and so-called good and evil.[30] Jung's revolutionary discoveries have yet to be fully comprehended, much less integrated into mainstream culture or the practice of medicine—conventional or integrative. Ignoring them is tantamount to closing our eyes to vistas of being and existence that are central to who we are as humans. More recently, pioneering psychiatrist and consciousness researcher Stanislov Grof has courageously gone further than virtually any other Western scientist in exploring these realms and in expanding our understanding of the topography of the human psyche and its impact on health.[31] He includes not only the personal and transpersonal realms but the perinatal realm as well.[32] Grof also has extensively documented the extraordinary healing potential of non-ordinary states of consciousness—well known to many indigenous cultures—and developed practical methods for accessing them.[33] There is much to learn here.

The foregoing only scratches the surface of the fundamental shift that occurs in a wholehearted, open-minded transition from an integrative to a truly multidimensional approach to medicine.

THE SEVEN LEVELS OF HEALING—A PRACTICAL MULTIDIMENSIONAL MODEL

I feel very blessed to have spent years helping cancer patients and their loved ones not only to receive state-of-the-art, high-tech, conventional treatment for their illness, but also to find meaningful answers to their multidimensional needs, questions, and concerns. In this process, I discovered a profound universal pattern, which evolved into the multidimensional approach that I, and many of my patients, had been seeking. I saw that all of the questions and concerns encountered by patients and loved ones fall into 7 distinct but interrelated domains of inquiry and exploration. I call these domains The Seven Levels of Healing®, and describe them in detail in my book, *The Journey Through Cancer: Healing and Transforming the Whole Person.*[34]

The Seven Levels of Healing became the foundation for the multidimensional care that my staff members and I offered. The levels comprise a comprehensive guide for navigating all aspects of the healing journey and provide a crystal-clear map of the entire terrain. They identify the multidimensional issues that universally arise in navigating illness and offer clear guidance about how to find the most effective solutions.

Briefly, the Seven Levels are:

Level 1: Education and Information—provides basic knowledge about illness and the latest conventional treatment options. This empowers patients to actively participate in and obtain the greatest possible benefit from their care.[35-37]

Level 2: Connection With Others—explores the importance and benefits of finding support and connection with others on the healing journey. The simple act of sharing with others is ancient and profound and has numerous benefits, the value of which is confirmed by a growing body of scientific evidence.[38-40]

Level 3: The Body as Garden—invites patients and loved ones to regard the human body as a sacred and wondrously complex garden, rather than a machine. This is the realm in which safe and effective complementary and alternative approaches to healing find their natural home and are used along with conventional care.[41-45]

Level 4: Emotional Healing—enters the inner realm of the human heart and the internal world of feelings and personal emotional experience. It explores the transformative power of releasing fear, pain, and anger, and the healing potential of self-love, forgiveness, and acceptance of all parts of one's self.[46-49]

Level 5: The Nature of Mind—looks at how one's entire experience of life is profoundly influenced by thoughts, beliefs, and the meanings we give to events. It shows how we can escape the tyranny of the mind and move forward more effectively on the healing path.[50-52]

Level 6: Life Assessment—helps patients and loved ones explore the aspirations, goals, and purposes of their lives.[53-55] Answering 3 important questions helps clarify priorities and liberate enormous time, energy, and resources for healing:

- What is the meaning and purpose of my life?
- What are my most important goals for the coming year?
- How do I want to be remembered by those whom I love?

Level 7: The Nature of Spirit—explores the spiritual dimension of life and embraces the non-physical aspect of being that exists beyond time and space—even beyond illness and health. Connecting with this source of love, joy, peace, and fulfillment calms the turbulent waves of human existence and deepens the potential for healing.[56-58]

Years of using The Seven Levels of Healing as a foundation for multidimensional care revealed that this approach has many benefits, not just for patients with cancer—and in fact all illnesses—but also for physicians and medical staff members. The very context of such an approach helps patients and family members feel respected and cared for in ways that build trust and confidence. It humanizes a process that can be highly technical, mechanical, and impersonal. It also helps restore the heart and soul of medical practice, which for many physicians has become severely eroded.[59-61] Moreover, it provides a way of responding to the complex needs of patients and families that is ethical, compassionate, and inspiring, and that can be made consistent among providers and staff members. This creates meaningful cohesion and continuity for patients and staff members alike.

Last but not least, adopting a multidimensional approach can give health professionals the strength, courage, and support to be as whole and complete as possible and better able to serve those who need help. Because we cannot give what we don't have, this is a gift of potentially great and lasting value.

CONCLUSION

Remember Joan and Emily? Joan's single-minded focus on conventional cancer treatment and her strong resistance to dealing with underlying issues were not atypical. She just wanted the shortest route to her goal, which was to "get rid of" her illness and get back to her former life.

This desire for expediency brings to mind an old saying: "You can take the short way to the long way, or the long way to the short way."

Joan chose the short way, and Emily chose the long way.

Let me give you a brief follow-up about both patients. I'm happy to report that on the physical level, both remain in remission from their cancer. Joan barreled through her chemotherapy, gritting her teeth and keeping as busy as she could every step of the way. A year later, however, her life exploded when her husband admitted to having multiple affairs. This led to a protracted, bitter divorce and a long, wearying custody battle for their children. Joan plunged into depression and, although she continued her medical practice, she required antidepressant medications and sleeping pills to function. Though these events may seem unrelated to her cancer, they are clearly related to her overall health—and probably that of her children. Her unwillingness to address her mind, heart, and spirit as well as her body during her cancer journey represents a sadly missed opportunity.

Contrast Joan, the "good" patient, with Emily, the "problem" patient. Unlike Joan, Emily struggled mightily on all levels as she went through her treatment. At first, she took a "shotgun" integrative approach, using every complementary modality she could to help manage physical and emotional symptoms. She got some results, but they were always transitory. At my suggestion, she committed to a coherent multidimensional approach, The Seven Levels of Healing, and dived deeply into them. She learned a great deal about her disease and conventional treatment options (Level 1); consciously deepened her relationships with friends and family (Level 2); and learned how to love and care for her body as a sacred garden, rather than a machine (Level 3).

These steps yielded great benefits, but Emily didn't stop there. She also courageously ventured into her heart and emotions (Level 4). There she discovered old wounds and pain that had festered for years, and she learned how to transform and release them. Emily also began to explore the nature of her mind (Level 5), including her thoughts and beliefs and the meanings she had given to her cancer, her surgery, and other life events. She learned how these were affecting her and how she could begin to change them. In the Life Assessment process (Level 6), she connected with the deepest meaning and purpose of her life, clarified her most important goals, and more fully aligned with her most cherished values. Finally, exploring The Nature of Spirit (Level 7), she began to connect with her core essence more fully

than ever before, discovering a source of peace, fulfillment, and inner strength that is untouched by circumstances. Today, Emily lives a full and healthy personal and professional life, continuing her journey of self-discovery.

Sometimes the shortest path to a destination is tempting, but it can hold false promise. A strictly conventional, biomedical approach to medicine appears to be quicker, easier, and more efficient than an integrative approach, much less a multidimensional one. But as Joan's and Emily's stories illustrate, sometimes what appears to be the long way really is the best way. Multidimensional medicine initially might require more time, attention, and commitment from patients, physicians, and society as a whole, but there is no doubt in my mind that it leads to the deepest, most fulfilling, and enduring healing possible—for everyone involved, and for the world as a whole. I am confident it can be accomplished within the context of modern medicine and modern life, and I firmly believe that, in the long run, it will prove to be cost-effective as well. We can benefit from this path now more than ever. The journey will be well worth our time and effort.

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