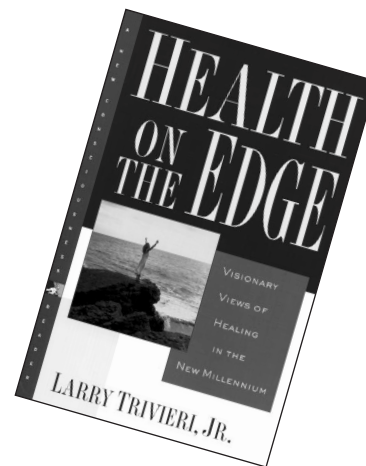


The Purpose of Medicine and the Seven Levels of Healing

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An Interview with

Jeremy R. Geffen, MD, FACP

Dr. Jeremy Geffen is a board-certified medical oncologist and a pioneer in the field of integrative medicine. He is also author of the highly acclaimed book *The Journey Through Cancer: An Oncologist's Seven-Level Program for Healing and Transforming the Whole Person* (Crown, 2000) and audiotape program *The Seven Levels of Healing* (Nightingale-Conant, 2001). In 1994 he founded the Geffen Cancer Center and Research Institute in Vero Beach, Florida, one of the first cancer centers in the United States explicitly designed to provide leading-edge integrative care for patients and their loved ones. In 2003 he retired from clinical practice and closed the Center to concentrate on writing, speaking, and consulting full-time.

Dr. Geffen is a *summa cum laude* graduate of Columbia University, and received his MD with honors from New York University School of Medicine. He completed residency training in internal medicine at the University of California at San Diego Medical Center and fellowship training in hematology and oncology at the University of California at San Francisco Medical Center. In 1995 he was elected a Fellow in the American College of Physicians.

In addition to his numerous professional accomplishments, which include research awards from the National Cancer Institute and the Cancer Research Coordinating

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In your book *The Journey Through Cancer* you talk about the relative and the ultimate purpose of medicine. Explain what you mean by that.

Over many years of working with cancer patients and their loved ones, and also over many years of doing my best to understand what the great spiritual and healing traditions of the East are trying to teach us, it became very clear to me that medicine has a relative purpose and an ultimate purpose. In our Western culture there is an accepted but unspoken consensus, I believe, about what the purpose of medicine is. That unspoken consensus has to do with what I would call the relative purpose of medicine.

What I mean by that is that in Western culture the aim and

Committee of the University of California, Dr. Geffen has traveled extensively, and has spent over twenty-five years exploring the spiritual and healing traditions of the East, including Ayurveda, Tibetan Medicine, yoga, meditation, and other approaches to self-awareness.

Based on his own spiritual experiences and his work with thousands of cancer patients and their families and friends, Dr. Geffen discovered that all people who seek a deep healing of the "whole person" inevitably progress through seven areas of interrelated inquiry and exploration, which he calls *The Seven Levels of Healing*. Helping patients and their loved ones journey through each of these levels is at the heart of the comprehensive cancer care the Geffen Center provided, and is an essential component of the model of healing described in his book and audiotape program. With cancer poised to overtake heart disease as the leading cause of death in the United States, *The Seven Levels of Healing* is a pioneering a model of where cancer care must go if we are to effectively meet the challenges the illness presents. But his seven level program is not limited to cancer patients alone, serving as it does as a "road map" through any serious illness or life challenge, and pointing us to our ultimate spiritual destiny.

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the focus of medicine is to "fix the problem" — to try to relieve symptoms and cure disease. An extension of that is to extend life as much as possible. These are worthy goals, but the overwhelming emphasis is on the physical dimensions of life and health. That's the Western model. Stated another way, the currently accepted fundamental aim of Western medicine is to try to return patients to the state that they were in before the onset of their disease, or before they became aware that they had a problem. As a corollary to this, in our culture this should be accomplished with the least amount of input, effort, expense, and responsibility on the part of everyone involved — including patients and physicians.

Let's use the example of a woman with breast cancer. The goal of Western medicine is to remove and cure the disease with

the least amount of effort, expense, and input from everybody involved, and to do everything possible to return that woman to her prior state as quickly and as efficiently as possible. The same thing is true for diabetes, arthritis, cardiovascular disease, or virtually any other illness. And the idea here is that everyone should have the least amount of personal responsibility for what is going on with their health. The emphasis is on the drugs, or surgery, or whatever other technologies might be brought to bear on the problem. Those are what make the difference — not the patient, or the physician, or some aspect of their interaction. As a matter of fact, the more objective, scientific, and impersonal we can make it, the better.

This is the current state of affairs, with all of its blessings — and all of its limitations. It is very interesting to see how the entire Western medical establishment has been built out of this underlying philosophy over the last two to three hundred years. The most extreme example of this today, of course, is HMO's, where everything is stripped down to the barest of bones. This model advocates the lowest common denominator with respect to personal responsibility on the part of the patient, or to depth and continuity in the doctor/patient relationship. Here, doctors are reduced to the role of mechanics — even more than they are in other arenas of mainstream medicine. They are pressured to see people in fifteen-minute slots, in the most efficient, cost-effective ways possible, and long-term, personal relationships are minimized. In this kind of setting, doctors are rarely able to deal with more than the most superficial, physical aspects of a patient's problems. Symptoms are dealt with almost as if patients are machines, like cars that need to have their oil changed or their spark plugs replaced. It is very sad. Fortunately, though, I think we are finally beginning to realize how flawed an approach this is.

Nonetheless, it is important to recognize that this kind of mechanical approach is an outer expression of an underlying philosophy and belief about what we as a culture actually value and want from medicine. And all of this relates to the relative purpose — which is, once again, to “fix the problem” as efficiently as possible, and with the least amount of input and personal responsibility on the part of everyone involved. This approach is not intrinsically bad, or wrong, but you don't have to live very long before you begin to see its limitations, and they are quite numerous. First of all, despite all of the technologies that we have, it's clear that we haven't even begun to cure most diseases.

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Not only that, but the incidence of chronic disease in this country is rising every year, it seems. And obviously health costs are.

Right, exactly. So right off the bat, if you are intellectually honest, you realize there is a major problem with this model. Even with all of its amazing technologies, modern medicine still

can't even remotely fix all of the illnesses that people have. The second problem with this model is that even when there is a particular problem that can be fixed, quite often it still doesn't make the person happy, joyful, productive, or fulfilled.

A third problem is that even if the problem does appear to be fixed, the solution is usually only temporary. It is usually only a matter of time before a new problem appears. This occurs for a variety of reasons. One reason may be that we've not addressed the root cause of the problem in the first place. Many aspects of our culture and our lifestyles, for example, predispose people to tremendous stress and ongoing health challenges. Furthermore, by definition we live in an impermanent universe. Everything is changing, all the time. So you may get over your heart disease, but then develop diabetes. Or you may get over breast cancer or prostate cancer, but find yourself with arthritis. Or you may be cured of cancer but find yourself adversely affected by treatment-related toxicities. Many men, for example, are cured of prostate cancer but are left impotent and incontinent. Many women are cured of breast cancer but struggle for a long time to feel whole and complete. And many other people are cured of different kinds of cancer but live the rest of their lives in fear that it's going to come back.

So it's very clear that this relative purpose, which is focused on “fixing the problem,” as quickly and efficiently as we can, can only take us so far. It's a flawed approach. The relative purpose is a beautiful, noble, worthy goal — but is fundamentally flawed because it is incomplete. And it is incomplete because it doesn't even begin to address the deeper needs and concerns of human beings, including the dimensions of mind, heart, and spirit that we all share.

So years ago I started to ask myself, is it possible that there is another, deeper, ultimate, purpose of medicine? Is there something else, something beyond what is commonly offered, that medicine can, and should, be involved in? And if so, what might that be? I started actively searching and, as it turns out, I found some of the clearest, most beautiful, and most inspiring answers to these questions in the spiritual and healing traditions from the East.

When you delve into the teachings of Ayurveda and Tibetan Medicine, for example, you quickly find that these traditions talk about life — and medicine — as having a deeper meaning and purpose, beyond the pursuit of physical and material well being. Furthermore, in these traditions medicine is actually regarded as a precious tool, or vehicle, intended to serve human beings in the fulfillment of the deeper purpose of their lives.

This was, for me, a remarkable discovery, and I was deeply moved and inspired. After travelling to India a number of times, and also to Nepal and Tibet, I began to explore how these ideas could be applied to the context of modern medicine, and modern life — and to my own practice of medicine

and oncology. It was here that I soon recognized that medicine really does have an ultimate purpose — in addition to its relative purpose of trying to cure the disease or “fix the problem,” which quite often is simply not possible. This ultimate purpose has to do with helping people discover and experience the deeper meaning and purpose of their lives, and to find a deeper source of fulfillment within themselves, even in the face of illness, uncertainty, impermanence, and death.

I would add that in recent years we’ve begun to see some exciting discussions about integrative forms of medicine and the transformation of health care. While these discussions are very important, they are still incomplete because they are still focused, fundamentally, on how to improve outcomes and results within medicine’s relative purpose.

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And it’s primarily focused just on the physical.

Yes. Exactly. The discussion is not addressing medicine’s deeper, ultimate purpose, and certainly not in a coherent way. Let me give you a very strong example. This morning I was called to the hospital to see a 42 year-old woman who was admitted through the emergency room last night with a platelet count of two. Normally, it should be about 200. She’s a very nice woman, with no other significant ailments except for chronic back pain for which she takes over-the-counter pain killers. She is a single mom, and is working two jobs to raise three children on her own. As you could imagine, she has a lot of stress in her life. As a result, she smokes a pack and a half of cigarettes a day, and is a bit overweight. But she is working her heart out every day to make ends meet and take care of her kids.

Yesterday, she showed up in the emergency room with this problem, and the relative purpose of medicine — including all the resources in the machinery of American medicine — was called into massive action. Blood tests, blood cultures, X-rays, anti-platelet antibody titers, platelet transfusions — everything was done to fix the immediate, relative problem, which is to get her platelet count up before she starts to bleed.

Now, in this particular case, which is not that uncommon, we will probably diagnose an underlying immune disorder that will be corrected with steroids. She’ll be sent on her way, and followed until she either disappears or presents with another problem. That is pretty much how medicine of today works — especially if the patient has no health insurance. There will be little or no attention to the circumstances of her life, or the condition of her mind and heart. She won’t receive any support to find a better job, to quit smoking, improve her relationships, or to lose weight — all of which would greatly improve her overall health, and probably her children’s health as well. So it’s probably only a matter of time, as you know, before she’s back in the emergency room with another problem.

Just to show you how absurd the whole medical system can get, let me continue the story. As I was standing in the hallway this morning, finishing up writing a note in this woman’s chart, an elderly patient in a room across the hall collapsed and a code blue was called. This was a 90 year-old man with metastatic lung cancer. Within two minutes of the code blue being called there were physicians, nurses, and pulmonary technologists all rushing to this man’s bedside. CPR was started, IV lines were placed, his heart was shocked, and people were shouting and spilling out of his room into the hallway. It looked just like a scene out of the television program ER, although this was real. Enormous resources were consumed within a very short time as this man was resuscitated, intubated, and transported to the intensive care unit on life support, where he currently is hooked up to a ventilator and numerous monitors, and is receiving numerous medications. And all of this occurred, and is still going on, because no one took the time in advance to help this man accept the fact that he’s dying of lung cancer. No one took the time, or knew how, to help him prepare to let go in a graceful way.

By the end of today you and I and the rest of the country will have spent many thousands of dollars to prolong this man’s life, probably for a very short time. That is not intrinsically bad or wrong, of course. But at the same time we must recognize that the current health care system does not provide any support to help the other patient — a 42 year-old, uninsured single mother with three kids - to get into a weight loss program, to stop smoking, or to deal with her life in a more empowered, effective way. This is a graphic example of how fundamentally flawed and inadequate our health care system is.

I think it is clear that, as a culture, will never begin to fulfill the deeper needs, longings, and aspirations of human beings until we expand our vision of medicine. At the very least, this will include expanding our vision of the relative purpose of medicine to include prevention of illness and promotion of health — rather than focusing all our attention on the diagnosis and treatment of disease. It will also have to include at least some form of basic health coverage for everyone. And it will certainly include the integration of appropriate alternative and complementary therapies into mainstream care. However, I am convinced that there is a bigger, bolder, and even more important step that we must take beyond that — and that is to understand and embrace medicine’s ultimate purpose.

As I see it, the ultimate purpose of medicine is to help people discover something fundamental within themselves. And that is that the true source of well being, joy, and contentment that we all seek lies within one’s own mind and heart — not in the outer world. This is important so we can all begin to be freed from the process of grasping for happiness in the outer world. To support this, we must begin to embrace a more spiritual vision of ourselves, and of humanity as a whole. While providing great love, care, and attention to the physical body,

medicine can also help people begin to discover the nonphysical, spiritual dimensions of themselves. When this happens, we can live and work with less fear, stress, and grasping to preserve the physical body at all costs.

For example, a little bit of time and effort spent with this 90 year-old man with metastatic cancer — to help him deal with his inner emotions, help him come to terms with his life, and help him prepare to let go in a graceful way — would have been far less costly to society than what will be spent in the next few days prolonging his life in the intensive care unit. And it would have been much more fulfilling for everybody involved as well, including his wife and children.

There is so much anguish, turmoil, and hysteria that often goes on during these situations, and it has a negative impact on everyone involved. It is very sad, and so unnecessary, in my opinion. Yet this is going on in countless hospitals, emergency rooms, intensive care units, and doctors' offices right now — all because there is virtually no attempt in our culture to identify and address the ultimate purpose of the care we are providing. While this particular example is admittedly dramatic, it is nonetheless very illustrative of what is actually occurring in medicine today, on a very large scale. When a human being goes to their doctor, or enters a hospital, no one usually stops to ask, "What is our relative purpose here and what is our ultimate purpose? What is our ultimate outcome?"

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Talk about the contrast to this that can be found at the Geffen Cancer Center and how you are fulfilling both of those purposes. What distinguishes it from other cancer centers across the country?

Let me answer that by addressing one additional concept that relates directly to medicine's relative and the ultimate purposes.

One of the other things that I discovered during the years of my own spiritual and professional journeys is that, as human beings, we actually live simultaneously in two worlds — or what I call "the two domains of human existence."

The first domain is the domain of doing, which relates to everything we do in our lives. This includes our work, our family and social identities, and everything that we do to try to make ourselves happy, and our world better. The domain of doing is generally concerned with making our lives as comfortable as we can. For most people what this really means is trying to fulfill the needs, desires, longings, and expectations of our ego, our identity, and our cultural conditioning. I am not judging this as good or bad, but it's very clear that living one's life focused only in this domain rarely leads to genuine happiness. And it never leads to long-term fulfillment because, as we talked about earlier, we live in an impermanent, ever-changing universe. When one problem is solved, it is only a matter of time before a new one appears. When one goal is achieved, it is only a matter of time before a new one shows up,

and we're off to the races again, chasing a new pursuit. This is how life in the domain of doing works. There is constant activity and constant change, characterized above all by the quality of impermanence. Yet despite this enormous and indisputable fact, this is where the relative purpose of medicine — the Western model of medicine — places all of its focus.

Over the years, as I was exploring all these ideas, I discovered there is another domain, which I call the domain of being. This domain lies deep within all of us. It is our spiritual nature, our true essence. It is characterized by silence, stillness, freedom, and love. This is the domain that, throughout history, has been recognized by all of the great spiritual traditions of the world. It has also been given many names, like soul, spirit, nirvana, or the Atman. Or Brahman. Or Buddha Nature. Or Christ Consciousness. Or the Void.

All these wonderful names point to the same reality, which is a transcendent dimension of existence that we're all a part of, and that on some level is the deepest essence of our true self.

This domain, the domain of being, is where the ultimate purpose of medicine comes into play. One might even say that the ultimate purpose of medicine is to help people to discover, and experience, the domain of pure being within themselves.

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That is certainly the philosophical underpinning of Eastern traditions of medicine.

That's correct, and especially so for Ayurvedic and Tibetan Medicine. Within these traditions, the ultimate purpose of medicine is to support human beings to fulfill the ultimate purpose of their life — which is to discover and know the truth of our existence as pure spirit, or pure consciousness. Or as love, or God, or however you want to describe it. The fact that these traditions recognize and declare this so openly and so clearly is, I think, remarkable and worthy of our attention.

At our Center, we talked openly about these ideas. We discussed and explored at a very deep level what it is that we were trying to accomplish with all of our efforts, all of our hard work. We talked about what we wanted our patients to experience during their time at the Center, and what we wanted to experience as well. Everyone on the staff had a working knowledge and understanding of the two domains of human existence, and of the relative and ultimate purposes of medicine. And we worked hard to consciously and intentionally create a very special environment, or context, for our patients and ourselves — one that supported the fulfillment of both the relative and ultimate purposes of medicine, and that honored and respected the two domains of doing and being.

My staff and I accomplished this in a number of very practical and specific ways. First of all, we met as a team twice a day — briefly in the morning and at the end of the day. We also had a weekly staff meeting that began with a period of silent meditation. This was very important, and was intended

explicitly to support us as an organization to be in touch with the domain of being in ourselves, and in each other. It helped everyone calm down before we talked, so we could listen better and actually hear each other speak. It put us back in touch with what we value the most, which is the heart, kindness, compassion, and love. This is the philosophy that permeates everything that we do, very consciously, and intentionally.

We also developed a set of core beliefs that are very well defined. For example, one core belief is that the interaction that our patients have with every staff member is just as important as the interaction that they have with the physician. This one belief alone helps create a very different kind of experience for our patients and their families. In addition to our Vision Statement, we also have a set of agreements that we created over many years to support open, honest, and supportive communications among the staff members. And we have a seven level program which explicitly guides patients and their loved ones on their own journey from the domain of doing to the domain of being, and which helps them focus on fulfilling the ultimate as well as the relative purpose of medicine in their lives

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It's been my experience that when people are diagnosed with cancer the first and foremost concern that comes up is finding a way to stop it, and it's usually motivated by fear. When patients come to the Center, how open are they initially to what you are offering, and what you're talking about in terms of both of these domains?

We had a mixed population of patients. Some came to the Center because of our reputation for providing meticulous, state-of-the-art conventional medical care. Quite frankly, they were not interested in transformation or awakening of any kind. They just wanted us to fix them, if at all possible, and as quickly and easily as possible. They wanted the relative purpose of medicine only, and that's okay. We welcomed such patients, and recognized that everyone is on their own journey. We didn't proselytize or insist that people go outside of the realm of their own interests to explore the deeper dimensions of healing, or the deeper dimensions of themselves. We accepted people where they were, and tried to love and help them as much as we can.

But we also had another population of patients who come here explicitly because they want to go deeper. They wanted more than what mainstream medicine currently offers. And they wanted to be treated in an environment that openly embraces all the dimensions of who they are as human beings — physically, mentally, emotionally, and spiritually — while also providing them with the highest-quality conventional medical care available.

One of the most important things that I've learned through this work is that the context in which patients are

treated is often as important as the medical care they receive itself. While we certainly have a physical dimension to ourselves, we also have nonphysical dimensions — our mind, heart, and spirit — and these are deeply affected by the quality of interactions that we have with others. This is especially true when facing a serious illness. Thus, these kinds of interactions are not of secondary importance. I believe they are often of equal importance to the specific treatment being offered. So everyone in our Center was consciously tuned into these ideas, and to providing supportive, compassionate, and loving care — in a conscious way. And there was no question that patients — and their loved ones as well — responded visibly to being treated in this kind of environment.

Although I don't have the data to prove it yet, I believe that many patients actually live longer as a result. They certainly live better, but I also believe they often live longer when embraced and cared for in this kind of warm, supportive, loving environment — which we are creating consciously, and with our full intention. I see it affect their physiology, often in dramatically positive ways, which has an impact beyond just making them and everyone else feel good. And we're exploring ways of trying to measure and document these effects scientifically.

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Another distinguishing characteristic of your Center was the attention given to what you call The Seven Levels of Healing. Describe these levels and how they are addressed in terms of patient care.

The Seven Levels of Healing Program was born in a very organic way, out of years of working with people with cancer and listening to the needs, questions, and concerns that they were dealing with. I really wanted to know and understand what it would take to help someone heal and transform in the face of cancer. Not just superficially, but at the deepest levels of their body, mind, heart, and spirit. So I listened carefully to the fears, questions, and concerns people had, and I began to see a pattern emerging. I saw quite clearly that all of the questions and concerns encountered by human beings on their journey through cancer, or any other significant life challenge, fall into one of seven interwoven, but distinct areas — or what I call the “seven levels.” I remember the moment when I saw the whole pattern. It happened early one morning. Like an epiphany, I saw the full vision of the program in front of me. I jumped out of bed and grabbed a piece of paper and a pen and wrote the outline of the entire program in twenty minutes — and it hasn't changed since then. I went into my office the next day and showed it to my nurse. We started fleshing out the details, and soon I started sharing it with patients and asking them for feedback. Universally, the response was, “Yes, this makes perfect sense. I wish I had known and understood this before.”

The program works very much like giving people a clear map when they're lost in a jungle — which is often how it feels

when dealing with cancer, or other significant life challenges. So imagine you are lost in a jungle and somebody hands you a map and says, “Here are the seven major areas of this jungle. Here are the seven mountains that you’re trying to climb. And here is exactly how you can navigate through them.” Once you see this clearly, your whole experience changes — instantly. Just understanding what you are dealing with shifts your entire perspective, at the very least because you now know where to put your focus, and how to proceed in the most effective ways possible.

I want to emphasize that the entire seven level program is built on a foundation of state-of-the-art conventional medicine. I believe very strongly that that’s the foundation upon which a new vision of medicine must be built. Clearly, as we’ve discussed, Western medicine has significant limitations. But it also has extraordinary strengths, and they are improving all the time. In many important ways, those strengths are unsurpassed by any other medical tradition from around the world, even though they are clearly not the end-all and be-all of healing.

Level One of the program is called Education and Information. We begin here for two reasons. As you accurately pointed out, when people are diagnosed with cancer the usual initial response is a wave of fear, followed by an avalanche of questions: “What is this diagnosis? How did I get it? What do I need to do? Do I need a second opinion? Will I need surgery? Am I going to lose my job? Will I need chemotherapy? Will my hair fall out?” And on and on and on. So we begin with education and information because until people have coherent answers to these and other questions, they can’t relax enough to get the most benefit from their treatment.

Secondly, until their minds, doubts, and fears are adequately calmed and quieted down they can’t relax enough to begin to explore the deeper dimensions of healing.

We recognize that every person has a need for certainty, and a need for a basic amount of information about their illness and treatment. It is important to point out, though, that some people only want a minimal amount of information, while others have a voracious informational need and aren’t satisfied until they’ve read everything they can get their hands on. Either is okay. We just need to know whom we’re dealing with so we can best support them, as an individual, and provide them with the information they want until they can honestly say, “I now feel confident in the treatment I’m receiving.” When that happens people are able to relax enough to then ask, “Okay, what’s next? What more can I do? How can I go deeper?”

That leads us into Level Two, which is called Psychosocial Support or Connection with Others. This level of the program is based on the notion that connection with others lies at the heart of healing. No man or woman is an island; we all need and rely on the help and support of others. This is a very important point, because science has clearly demonstrated that social isolation is a risk factor for mortality, not only from cancer, but from all illnesses. It’s important that we as physi-

cians make sure that our patients have a support network to help guide them through whatever type of illness they may be faced with. This is the focus of Level Two, and we accomplish this in a variety of ways, including support groups and other programs. There are, of course, dozens of studies documenting the benefits of support in improving quality of life. And a small number of studies have suggested that these psychosocial interventions may prolong survival, as well. That question is currently being examined in larger studies around the country.

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Tied into this was something that really struck me in your book, which is the fact that you are not only providing this psychosocial support for your patients, but also for their families and loved ones. That’s something that is generally not considered in the traditional health care setting, particularly an HMO.

You are correct, it is usually not a priority at all. The focus in Western medicine has historically been on the disease, not on the person who has the disease — let alone the people who they love and care about, or who care about them. Fortunately, though, in recent years a growing number of cancer centers in particular are finally beginning to recognize the need and value of dealing with patients in the context of their family. And many cancer centers, without labeling it in this way, have begun offering Level One and Level Two programs. A few are even beginning to venture slowly into Level Three. On the hierarchy of human needs, these initial levels address the basic survival issues, so it makes sense that cancer centers would focus on them first. But regarding the involvement of the family as being of genuine importance is not yet part of the fabric of Western medical culture as a whole. The emphasis is still, overwhelmingly, on making the right diagnosis and prescribing the right drug. Everything else is secondary. This has to change in order for a new vision of medicine to be born, and to flourish.

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Based on the stories you share in your book, the attention patients and their families receive in Level Two seems to empower them to better understand what their respective roles are, and also to understand their respective limitations. Obviously the impulse on the part of family members and loved ones is to try to do anything and everything for the patient, yet, at the same time, to feel frustrated if some of the things that are being offered or presented are not actually accepted.

That’s correct, and it’s a very human and understandable response. It is also especially frustrating when you have a deeply held belief or conviction that what you are suggesting might help, even though you don’t have any proof that it will. Dealing with this effectively becomes a question of developing self-awareness. This can be challenging, especially with cancer,

because it evokes so many emotions. Not only in the patients, but in their family members as well. Everyone involved can experience intense feelings of fear, remorse, guilt, frustration, concern, and confusion — all of which are real, understandable, and very common.

This actually leads us into a discussion of Level Three — The Body as Garden. Here we explore the whole universe of alternative and complementary therapies, and ask which of these therapies might improve our condition, and the quality of our experience, on every level. In Level Three we also explore the role of diet, nutrition, exercise, yoga, relaxation, and guided imagery, and many other kinds of healing practices, as ways of positively impacting the journey. It is important to emphasize that, at the present time, there is very little reliable evidence that specific diets or alternative or complementary therapies of any kind prolong survival in dealing with cancer. But there is a large and growing body of data that shows how such therapies can profoundly and positively impact quality of life, in numerous important and meaningful ways.

At our Center, we use conventional treatments to deal with the cancer, particularly when there is a well-documented, proven, and definable benefit that can be derived from them. But we also utilize a wide array of complementary therapies to help people feel better along the way. These therapies can help minimize treatment-related toxicities; help patients be able to receive their treatment on time; and help them to sleep better, have better nutrition, and have an improved sense of well being on all levels.

To support this process, I invite people to begin thinking about their body as a precious garden that can be loved, nurtured, and cared for — rather than as a machine that is simply to be “fixed” by the doctor. I love this metaphor, for many reasons. First of all, because it’s beautiful and inspiring. Second, it empowers individuals to play a central, active role in their own healing. And third, it is actually much closer to the truth of who we are than the notion that we are a machine. As we discussed earlier, in our culture people really do tend to think of their bodies as a machine, and doctors as mechanics. They quite literally go to the doctor with breast cancer as if they’re bringing in their car and saying, “Here, you fix it.” And as we’ve seen, this approach has many serious limitations.

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Also tied into this is the metaphor of “the war on cancer,” which I don’t feel is an empowering metaphor at all.

It’s terribly disempowering. The whole war mentality is filled with violent undertones, which is antithetical to true healing. The language of war also defines people as victors and victims, and these definitions are not only limiting, but often are just not accurate. The language of the military also contains euphemistic phrases which are fundamentally dishonest. For example, when bombs are dropped and civilians are killed

it is called “collateral damage.” And we don’t talk about bombing villages and towns or cities, we talk about the “theater of operation.” Such sterilizing language dissociates people from the reality of what is actually happening. In a similar way, thinking of cancer as a war distracts people from seeing many important aspects of what is actually going on in the whole process. Overall, I think it is a very destructive metaphor. So I’ve tried to come up with a new language. I prefer to see cancer, and healing, as a journey, rather than a war. Here, the physician is a guide or a gardener, rather than a mechanic. And the body is a garden, rather than a machine.

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Talk about some of the complementary therapies that you did use at the Center. I’m specifically curious about how and for what purpose you would employ acupuncture, chiropractic, and homeopathy.

We had an acupuncturist on our staff, and I encouraged many of my patients to explore acupuncture as part of their overall treatment plan. There are a number of proven benefits for acupuncture that are now well established, most notably its effectiveness in treating chemotherapy-related nausea and vomiting. It can also help patients who are fatigued or feeling generally run down. Fatigue is the most common complaint among all cancer patients, so this is not a trivial point. I have found that acupuncture can be a tremendously effective adjunct to a variety of other therapies that can help improve energy level, because it can mobilize and enhance the flow of the natural healing energy in our body, called Qi (“chee”) in Traditional Chinese Medicine.

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What about chiropractic?

Chiropractic is a modality that I’m a great fan of because it can be very effective in relieving neck, back, and shoulder pain, which many of us have because of stress. When done properly and carefully, it can also improve many of the physiologic processes of the body. It does this by freeing up the flow of impulses through the nervous system — specifically through nerves exiting from the spinal cord. These nerves innervate the vital organs of the body and regulate the functions of breathing, digestion, motion and activity, and many other physiologic processes that we need to be alive and healthy. So chiropractic can be a very powerful technology. At the same time, though, it has to be done with great care with people with cancer, because cancer patients can have tumors that spread into their bones. You have to be very careful to be sure that you’re not adjusting, let’s say, the neck or back of someone who has pain from cancer that may be because of metastatic disease to the bone. That could be very dangerous.

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In other words, before a patient with cancer would

be advised to have chiropractic treatment, he or she should have the chiropractor consult the oncologist and vice versa.

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Right.

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What about homeopathy?

Homeopathy is one of the great mysteries in medicine and healing, and is highly controversial. Many, many people, however, swear that it benefits them personally. There are a number of theories about how it might work, yet they don't fit the prevailing models of science and medicine from a standard, Western standpoint. No one in traditional biology or physiology can tell you how it works. You have to get into some very esoteric ideas of quantum mechanics, for example, to develop scientific theories about how it might work. And yet many people claim that it does.

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I have been a beneficiary of it, so I would fall into that camp. I think part of the problem is that the conventional researchers are looking at it from a biochemical paradigm, and I think it really works from a bioenergetic perspective.

That's right. But if you're going to get into a bioenergetic perspective, you have to get into subtle energy fields and quantum electrodynamics, and these ideas haven't yet found a home in Western medicine. Having said that, I've had patients who have benefited tremendously from homeopathy. Again, conventional medicine doesn't even remotely have pills and solutions for every symptom and illness that human beings experience. Neither does alternative and complementary medicine. However, I've had patients who had nausea that was unrelieved by any of the powerful anti-nausea medications that are now available, and who also didn't respond to acupuncture, herbs, or a variety of other interventions. But when some of these patients received just one or two doses of a homeopathic remedy, they immediately felt better.

Homeopathy can also be useful for people who have trouble sleeping, or who have poor digestion, or irregular menstrual periods, or many other challenges. It's a mystery, but it does seem to work wonders for some people. An equally important benefit of homeopathy, in my opinion, is that good homeopaths spend a lot of time talking with their patients, and the significance of this should not be understated. There is no question that a profound healing benefit can occur in a genuinely loving, caring interaction between a homeopath and his or her patient, during both the initial evaluation and follow up sessions.

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Let's talk about Levels Four and Five.

The movement from Level Three to Level Four is a big step, for several reasons. First and foremost, it begins a major transition in focus. Specifically, in Levels One, Two, and Three, one's focus is directed into the external world. In Level One, for example, we're reading books and articles, going to classes, or looking on the Internet. We're gathering information from the outside to make decisions about our care. In Level Two, we're looking outside of ourselves for support and connection with others. In Level Three, we're looking to the world of alternative and complementary therapies, which also lie outside us.

In Level Four, Emotional Healing, the focus begins to shift inwardly. Here the process becomes less about diets, supplements, and drugs, and more about thoughts, feelings, and emotions. We begin to shift the focus from the body and start to explore the innermost recesses of the human heart. I have often likened the emotional component of cancer to "the elephant in the room." It's one of the most grossly overlooked aspects of the healing journey, not only in Western medicine, but very often in Eastern traditions as well, although to a lesser degree. You will also find the same phenomenon in many of the alternative centers. Quite often, people with cancer who go to alternative centers find that all of the attention is on how many glasses of raw carrot and celery juice they're going to drink each day, or how many grams of intravenous vitamin C they'll receive. In these approaches there's as little focus and skilled attention to the deep earthquake of emotions that is going on as there is in most conventional cancer centers. Yet the realm of emotions, deep in the heart, is really where the action is for many people.

A classic example, which is seen over and over again in oncology, is that of a woman with breast cancer who has undergone a mastectomy. She comes to me or to another oncologist for treatment recommendations, and all the focus is on which chemotherapy regimen we would suggest. Yet throughout the entire discussion, the body language between the patient and her husband is very cold and disconnected. They're sitting distantly from each other; they're not looking at each other; their arms and legs are crossed. It is obvious that they haven't made love in weeks, or months, or maybe years — and they are not even remotely dealing with the avalanche of painful emotions bottled up inside. Sometimes they've simply settled into a war-like mentality of fighting this illness. The husband is filled with frustration about how all this has impacted and disrupted his life, but all the attention is on the wife. Meanwhile, the wife feels frustrated because her husband is no longer supportive, and she feels abandoned. All of these psychodynamics are going on, but all the focus is on whether she should receive this chemo regimen or that chemo regimen, or whether she should have this hormone therapy or that hormone therapy. It's a very sad and frustrating commentary on the state of affairs of medicine that human beings in these situations can have this much emotional turmoil going on that is

completely neglected, but it's very, very common

So in Level Four we pay careful attention to this dimension of the human experience. We ask patients, with skill and care, "How are you feeling in this process? What has been your emotional experience so far? How are you feeling now?" We reassure patients that we will absolutely handle the medical aspects of their treatment, in an impeccable way, but we are also concerned with questions like, "How are you doing emotionally when you lay down at night and try to go to sleep? What's happening in your marriage? What's happening with your children or your parents?" We utilize a variety of methods to address this component of the patient's experience, including individual counseling with therapists, participation in support groups, or interventions and dialogue with our staff members.

Many people are filled with a litany of emotions that can be quite destructive — fear, guilt, anger, rage, outrage, sadness, grief, worry, etc. I'm convinced that all of these emotions need to be brought out into the light of awareness, and healed in the light of love, if patients are going to truly heal and transform from their cancer experience. In my experience as an oncologist, I have never, ever seen a human being with cancer heal and transform at a deep level without undergoing a deep and compelling healing transformation at the level of his or her heart and emotions. Not once.

This brings us to Level Five, which is called The Nature of Mind. This is the area where we begin to explore the vast domain of our thoughts and beliefs, and the meaning that we give to events. We explore how these impact our experience of life in any given moment, and how they impact all the decisions that we make about our care, ourselves, our lives, and what's important for us.

In our culture we are all trained to have beliefs about things — beliefs about doctors, cancer, and chemotherapy, for example. When an individual is diagnosed with cancer, they often arrive at the doctor's office or the cancer center loaded with their own preconceived ideas and beliefs about what the cancer is, what it means, where they got it, and what's going to happen to them. Furthermore, these beliefs are rarely discussed openly. As a result, people often make decisions about their care based on beliefs that are not true. For example, I've had more patients than I can tell you who came to me with very strong preconceived notions about what kind of chemotherapy they were willing to have, or not have, based on their beliefs about what it was going to do to them. And quite often these beliefs were grounded in completely mistaken information. It is very important that we understand these kinds of beliefs so that we can help people to make wise, and truly informed, decisions.

People also have beliefs about the role of the doctor/patient relationship. They have beliefs about what they're responsible for and what the doctor is responsible for. There is no limit to what these beliefs are, and they impact

every aspect of our decisions and experiences. For that reason, we want to make sure that people are operating from a set of beliefs that are supporting them, in a positive way. I don't try to tell people what to believe. But I want them to understand what they do believe, and see if it makes sense - to see whether their beliefs are sound and appropriate for them at this point in their lives, or are something they learned along the way that no longer serves them.

An additional aspect of this has to do with the meaning that we give to events. One of the major ways that our minds work is by assigning meaning to everything that happens. It usually does this instantly and automatically — without our conscious input or intention. For example, let's say you're going to meet your friend or your spouse at a restaurant at a particular time, and they don't show up and you can't reach them. Depending upon what meaning you give to their tardiness you may be angered that they didn't have the decency and respect to call and let you know what was happening. Or you might conclude that they didn't show up because something happened to them. They might have been injured, for example, or perhaps were in a car accident. If you give it that meaning, you're going to feel concern, and empathy, and compassion, instead of frustration or anger. Isn't that true? And what's the difference between what produces these two completely different emotional experiences? The difference is the meaning that you give to the event. Although we are trained in our culture to believe and feel that things have intrinsic meaning, they really don't. The meaning is always assigned by us, within our minds.

This is also true when dealing with cancer, or any other event in our lives. I really want people to understand the meanings that they're giving to their illness, and to all of these events, because they impact not only how we feel, but our physiology as well. And this in turn impacts how we experience life itself, at a very deep level, and how we respond to the circumstances and challenges we face.

An example of this that I described in my book is that of two gentlemen in their mid-50's who were undergoing treatment for metastatic melanoma. One gentleman was very angry, bitter, and impossible to please, no matter how hard we tried. No matter what we did, he was always unhappy. The other fellow had the same cancer, and the same response to the same treatment, but his demeanor was completely different. He was always smiling, always grateful, always appreciative, and somehow always serene. He was the patient everyone loved to see and take care of even though he was very sick.

I asked the first gentleman what meaning he gave to his illness, why he thought he had cancer. After a long time he acknowledged to me that he believed he got cancer because he was "a sinner," and that God was "punishing him for his deeds and sins." This was heartbreaking to hear. Over the ensuing days we talked about this belief, where it came from, and how he

felt about it. Through this process he was able to come to an entirely new meaning about his illness, and his life as a whole.

I also asked the other gentleman the same questions about the meaning he gave to his illness. His response was very different. He said, “You know, Dr. Geffen, I don’t really know why I got this cancer. But I do know that it’s making me a better person, and is bringing me closer to my Creator, to myself, and to the people I love than I could have ever imagined. I don’t know what God has in store for me, but whatever it is, it’s okay — because of who I’ve become and what I’ve learned along the way, and because of the love that I’ve received from so many people.”

So what is the difference between these two men? On one level, the only difference is the meaning that they gave to their illness. For one, cancer was a punishment, for the other it was a process of growth, love, and expansion. I’m not saying that the meaning changed their outcomes whatsoever, but the meaning absolutely, profoundly impacted the quality of their experience. It also impacted the experience of their spouses, and children, and loved ones, as well as those of everyone who took care of them.

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What does Level Six involve?

Level Six of the program is called Life Assessment. Here we begin to explore the deeper meaning and purpose of our lives. In our culture, very few people ever take the time to ask why they’re alive. This becomes very important, though, when dealing with cancer and facing the possibility of death. Similarly, very few people really know what their most important goals are, the ones they really want to focus on. This, too, becomes very important on the journey through cancer, because even if you have a cancer that is regarded as curable, for a period of time at least you’re going to have less time and energy and resources than you are used to having. So it is critical to focus on doing only those things that really support you.

In Level Six of the program I encourage people, with proper coaching and guidance, to write a mission statement for their life. To really explore what the meaning and purpose is of their life. I also help them define what their most important goals are, and then to prioritize those goals. This helps energize them, because they wake up every morning with a game plan of what their real goals and outcomes are for the day, week, month, or year — as opposed to getting up and allowing circumstances to direct where their time, energy, attention, and resources are going to be placed. This process has very practical benefits, as well as spiritual ones.

Another element of Level Six involves asking people to spend some time thinking about how they want to be remembered by the people they love and care about, after they’re gone. Of course this must be done in a very sensitive, skillful way. But what is very interesting to see is that when people acknowledge that they want to be remembered as a loving

spouse, for example, they often realize they had better start treating their spouse better. They realize that they had better stop nagging them or trying to change them or criticizing them. Or, if they want to be remembered as a loving parent, then they might need to spend more quality time with their children. And so forth. No one tells them this; they realize it themselves, just by going through the process.

We then have patients and spouses or family members read to each other what they have written down. This is a stunning, beautiful, and breathtaking thing to witness — people getting in touch with their true purpose and articulating it and sharing with the people they love. Or defining their top goals. Or declaring how they want to be remembered and what kind of values they are committed to upholding while they are alive. As they share these with their loved ones, invariably this process brings tears to everyone’s eyes.

This brings us to Level Seven, which is called The Nature of Spirit. For me, this is in many ways the most precious and important aspect of the whole program. I say this because Level Seven is where we consciously shift our focus away from the physical, mental, or emotional dimensions of life — which are generally contained within a body, an ego, a social identity, and a particular life span. Here, we expand our vision of who we are far beyond these limitations, into the unbounded realm of Spirit.

In Level Seven of the program we encourage our patients and their family members — as we do with our staff members — to honor and embrace that dimension of ourselves that is nonphysical, nonmaterial. That aspect of ourselves that is timeless, dimensionless, and which transcends all circumstance. This is the realm not only from where love, joy, and fulfillment ultimately come, it’s also the realm from which true healing comes. When we focus there, several things occur.

First of all, one’s experience of the journey through cancer becomes smoother, and more expanded. This occurs because some time is spent every day shifting one’s focus away from the cancer, and what should be done about it, to the timeless, dimensionless part of one’s self that is okay, that is already healed, and that doesn’t need to do anything. Here, we’re shifting our focus from the domain of doing into the domain of being — from what you have to do, to who you really are. This is a foundational shift in focus, and it impacts the quality of one’s experience at a deep and profound level.

The next thing that happens is that the quality of the experience of the caregivers — including the medical staff — transforms because we know that no matter what is happening to our patients on the physical level, there is a part of them that is okay. There is a part of them that is untouched by any of it. This allows us to do our job better, because we’re not as caught up in the drama that might be occurring. We see through the illusion of materiality and the illusion of limitation. We recognize that there is a part of all of us that is never born and never dies, so we don’t have to be as swept away emotionally.

We can be more centered, present, and focused, no matter what's going on.

The third thing that occurs through this process, I believe, is that patients actually gain the very best chance of having a healing transformation occur in their physical body. Because when you take some time every day to tap into this deepest dimension of your innermost being, you're actually taking the direct doorway into the source of love and consciousness from which healing occurs. Chemotherapy and radiation can certainly kill cancer cells, but that's not the same as healing a person. A surgeon can remove a tumor and sew you back up, but the healing of that incision, the healing of the wound, comes from this domain of Spirit. By consciously focusing some of our attention there, I believe we give ourselves the best chance of being healthy on the physical dimension as well. It's by no means a guarantee, but I believe it creates the best possible chance for that to occur. So that's another reason why we focus time and energy there in a conscious and intentional way.

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When a new patient came to you, where in the process of working with you and your staff were each of these levels introduced to them? Is it a progressive exploration from one level to the next, or are all seven levels explored simultaneously?

Patients learn about the seven levels of the program in a variety of ways. Many patients have already read about them in my book, or heard me speak about them at a conference, and are eager to begin the process right away. Others were introduced to the program after they came to the Center, through literature we give them as a new patient, through their interaction with me, or through their interactions with our staff members. Still others learned about the program through our support groups or other educational programs. We also developed a more expanded intake process where every patient had an opportunity to receive a formal introduction to the Seven Level Program on a weekly basis.

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Obviously, there is a universality to all of these levels that transcend cancer care, making them appropriate for people with any other sort of disease or life-challenge.

Yes. Absolutely. One of the most gratifying things that has occurred for me since creating the program, and then lecturing and writing about it, has been the number of cards, letters, and acknowledgments I've had from people who recognized that these seven levels are indeed universal. They are the seven domains of inquiry and exploration that anyone encounters if they want to heal a crisis in their life — a health challenge of any kind, or a personal challenge of any kind — or if they simply want to live an empowered, balanced, healthy, and spiritual life.

There is no challenge that you can encounter in life, for

example, where you wouldn't benefit from some additional, meaningful education and information. There is no circumstance where you would not benefit by having a healthy support network. There is no circumstance, in my view, in which we would all not benefit, dramatically, from simply making the shift from regarding our bodies as machines to regarding them as precious gardens that can be loved, nurtured, and cared for in an entirely new way. If our culture would adopt just this one metaphor, the entire health care industry would change. And eventually I believe the whole country would change, because it would change how we all relate to and care for ourselves, and for each other.

Similarly, there is no one who would not benefit from healing the wounds and pains we all carry in our hearts, especially if they were released in a way that left us feeling lighter, freer, and more empowered. And there is no one who would not benefit from having an understanding of the nature of their own mind, and how it impacts — through our thoughts, beliefs, and the meaning we give to events — our experience of life in every moment. And all of us could benefit from having a clear vision and a clearly articulated sense of purpose about our lives, which includes knowing what our goals are, how we want to be remembered, and what we are truly committed to. Finally, all of us have a spiritual dimension, an aspect of ourselves that is silent, still, and untouched by the storms of existence. This domain is also where we all come from, and to where we'll all return in the end. It is also the ultimate source of everything that we all seek in life. So wouldn't we all benefit from spending some time there, consciously and intentionally, every day?

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What do you feel is necessary in order for your vision to start to come into fruition across the country?

There are many practical steps that have to occur, some of which have already begun, such as the kinds of discussions that are ongoing now about integrative medicine and oncology. There is also more research happening now than any time in history about the benefits of alternative and complementary therapies, which is another important step. In addition, there are conferences happening at an increasing rate, and numerous articles and books being published, all spreading the word of an expanded vision of what's possible in medicine, and all of this is wonderful.

But from my perspective, a truly fundamental paradigm shift will not occur until we understand and embrace both the domain of doing and the domain of being in our lives — and until we understand and embrace the importance of both of these domains in medicine as well. Similarly, a fundamental paradigm shift will not occur until we can, as a culture, consciously articulate and agree that medicine has both a relative and an ultimate purpose. And the ultimate purpose is to help people awak-

en to the truth of their spiritual nature, and guide them in finding within themselves the source of love, healing, joy, and fulfillment that we're all seeking in the ever-changing, impermanent, external world. Until that happens, the change will only be incremental. We will still only be having conversations about Levels One, Two, and Three. All of our actions, and all of our efforts, will remain limited to the domain of doing. Once again, while this is not bad or wrong, it is incomplete, because we won't be discussing Levels Four, Five, Six, and Seven. And we won't be approaching, let alone embracing and fully experiencing, the domain of being in medicine, in our lives, and in ourselves.

vitamins; or surgery with or without nutritional support; or whether to use homeopathy or acupuncture for treatment-related nausea and vomiting. All of these questions are important, but they don't address the deeper issues of who we really are as human beings. So what must occur is an embrace of medicine's ultimate as well as its relative purpose, and an embrace of the domain of being as well as the domain of doing. When these are all recognized as being valid, important, and genuinely worthy of our time, attention, resources, and focus, we'll then be on our way to a vision of medicine, and of life, that is truly revolutionary.

For example, until we address these higher levels we'll remain focused on things like measuring the effects of chemotherapy with or without shark cartilage or intravenous



The Life Assessment Process

The following three questions are at the heart of The Life Assessment Process that comprises Level Six of The Seven Levels of Healing Program. Answering them honestly will empower you to more effectively face and move through any serious illness or life challenge by helping you to discover what truly matters most to you in your life.

"It is more important to answer each question from your heart than to try to make your responses 'perfect,'" Dr. Geffen explains. As you begin to answer the questions, refrain from judging or criticizing the way your responses unfold. Instead, allow your unconscious mind and intuition guide the process. Later, if you wish, you can contemplate and revise your answers. For now, simply answer each of the following questions honestly and sincerely, to the best of your ability. Write out your responses on a separate piece of paper for each question.

1. What is the meaning and purpose of your life?

2. What are your top twenty goals for the coming year? (After writing down your goals, review your list and prioritize each goal in order of its importance. When you finish, spend time contemplating why you are committing to achieving each of them, and write our these reasons, as well.)

3. How do you want to be remembered after you are gone?

Once you have written out your answers to each of the questions above, considering sharing them with your spouse or other family members. Doing so can be a deeply meaningful and fulfilling experience for you and your loved ones.

Contemplate what you wrote for at least a week before changing any of your answers. Should you then be moved to revise your answers, do so in a way that reflects the new insights you have gained from considering them during this period of time.