Rachel Naomi Remen, MD, is founder and director of the Institute for the Study of Health and Illness at Commonweal, Bolinas, Calif, and clinical professor of Family and Community Medicine at the University of California San Francisco (UCSF) School of Medicine. One of the original Fetzer Fellows, Dr Remen is a pioneer in psycho-oncology and one of the first to recognize and describe the impact of cancer on the psychological and spiritual life of patients and their families. She is a co-founder and the medical director of the Commonweal Cancer Help Program, one of the first cancer support groups. Her work with people who have cancer was featured in the groundbreaking 1993 Bill Moyers PBS television special Healing and the Mind. Dr Remen is a nationally recognized medical reformer and educator who views the practice of medicine as a spiritual path. She is founder and director of The Healer’s Art Curriculum, which was featured in US News & World Report in 2002 and 2005 and is presently taught in 46 medical schools here and abroad. Her intensive continuing medical education programs have enabled thousands of physicians to recover their sense of calling and meaning in medicine.

A 1962 graduate of Cornell Medical School and a board-certified pediatrician, Dr Remen wrote one of the first books on integrative medicine and relationship-centered care, The Human Patient (Doubleday, 1974); the New York Times bestseller Kitchen Table Wisdom: Stories That Heal (Riverhead Books, 1996); and the national bestseller, My Grandfather’s Blessings: Stories of Strength, Refuge and Belonging (Riverhead Books, 2000). Her books have been translated into 18 languages. She has received several honorary degrees and has been the invited graduation speaker at more than a dozen medical schools. In her 44-year medical career, she has lectured extensively throughout the United States and spoken to many thousands of people, reminding them of their power to heal and their ability to use their lives to make a difference. Dr Remen has a 52-year personal history of Crohn’s disease, which brings the unique perspective of both physician and patient to her work.

Alternative Therapies (AT): Did you know at an early age that you wanted to be a doctor?

Rachel Naomi Remen, MD: Yes, I’ve wanted to be a doctor forever. I can’t remember a time when I didn’t want to be a doctor, even as a very small child. I was probably the only pre-med in kindergarten. I come from a family of service. Two generations before me, all the men in my family were Rabbis. Their sons all became doctors. I have many uncles and cousins who were practitioners or professors of medicine. And my mother and her sisters were nurses. So for a long time I thought that you became a grown-up and a health professional as part of a single process.

AT: There was never any question about what you were going to “do with your life”?

Dr Remen: Well, in early adolescence, I had a lot of self-doubt. My uncles and my cousins were brilliant men, rational and scientific people who always had all of the answers, and that made medicine seem cold and more than a little intimidating to me. Although I did well in school, science was not a favorite with me. I was a very intuitive, even mystical little girl and painfully shy. When I was about 10 or 12, it seemed to me that there was no place for someone like me in a field like medicine. Then my mother gave me a novel about the life of Saint Luke. I had not known Saint Luke was a physician. This book showed me that medicine was not just about scientific and technical expertise, that it was a way of life, a spiritual way of life. This is something that spoke to me very deeply—medicine as a way of life characterized by compassion, harmlessness, commitment, love, brotherhood, and the wish to serve the life in other people. To be there for them. I wanted to be that kind of a doctor.

AT: It doesn’t seem as though many practitioners view medicine as a spiritual path. How did medicine and spirituality come together for you?

Dr Remen: I’m not sure I agree with you. Perhaps we don’t often talk about it or consciously think of medicine that way, but after talking in depth with thousands of doctors, I believe the decision to become a doctor is not made on just an intellectual level. I think that the decision to live a life of service is often made on a deeper, more profound level than we realize. It may not even really be an intellectual decision. Many people are drawn to service professions...
because of something in them that wants to make a difference.

A lot of people come into this sort of work because of who they are—the inclinations of their souls. This can get covered over, but when doctors are in a safe place with other doctors, a place without the usual competition and judgment, they are able to remember this and talk about it.

I have found that people who are interested in medicine typically have a very different response to the needs and the pain of other people. When a total stranger has needs, many people tend to pull away or deny or avoid. People who are drawn to medicine are actually magnetized into these situations. We are drawn to those who are in pain or have needs.

Medical students have told me that they have a sense of belonging in such situations, that the need of other people calls forth something in them, something they were born with, and they become who they really are. We lose these things in daily living; we remember what we have come to do but forget why we have come. So I remind people because I think this is important.

When I teach, I often ask groups of medical students and physicians how old they were when they first recognized that the needs of living things mattered to them—the needs of insects or plants or animals or people. Everyone has stories. About a third will report first knowing about this caring part of themselves when they were less than 10, and another third when they were between 10 and 15. The stories they tell are very moving examples of compassion that is present even at a very young age. I think that they are also stories of calling.

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The mother of an eminent neurologist told him that when she would give him a folded white handkerchief to take to kindergarten each morning, he would always ask her to give him another one in case someone else needed one. He was 4 at the time. Often there are also sadder stories of “going along with the gang” and hurting an animal or an insect only to discover a deep sense of regret and shame that lasted for years—the sort of reaction you have only when you have violated some innate personal principle in a profound way. In a way, it’s a moment of awakening. At such a moment, you know who you really are, but it can get covered over by shame.

It has become clear to me that certain people have a deep impulse or even a yearning to make a difference in the world. And this has not changed in medicine for thousands of years. Those who came before us had different tools—in fact, they would probably be awed by our therapeutic reach and capacity to cure—but they had the same desire to heal. They were in medicine for the same reasons that we are and would share and understand our intention to serve perfectly. The intent to serve is part of a lineage. I think that this is holy work. Interesting, isn’t it, that this work is still called a “practice,” like meditation—something that can draw you closer to a larger reality—and that all of the oaths, including the Hippocratic oath, are in the form of prayers?

AT: You paint such a positive and refreshing view of our healthcare providers. Is that something that you’ve just always felt, or is it a result of your numerous interactions with healthcare professionals over the years?

Dr Remen: It comes from experience. We all wear masks in our professional work. I just have the courage to talk about these things, and that gives others the chance to talk, too. Perhaps that’s a function of being a physician for more than 40 years. You can say things and express thoughts based on your experience, and people will be more apt to listen. As a young doctor, I could never have gotten up in rounds and said that medicine is about service, and service is really a special kind of love. Yet we all know this. As I talk about these things, I invite people to think about these issues and speak about them themselves. It doesn’t take much to get people talking. People just need to feel safe and understood.
AT: What influence has your struggle with Crohn’s disease had on you?

Dr Remen: My illness has been one of the great forces in my life. I was a patient long before I was a physician. I have had Crohn’s for 52 years and have had many surgeries. Early on, I became aware of aspects of illness that you can know only if you experience it directly.

I was young and physically diminished, but I became aware that this incurable illness was in some way strengthening and deepening me as a person. No one talked about this. My physicians didn’t understand this. It was not something they were taught in medical school. They could not cure me, so they felt frustrated and thought that they had nothing to give me. So something in me that I had no words to describe was growing in the dark, and I began to wonder if it was growing in other sick people as well. I began to wonder if there was some way to collaborate with it.

Back then, there wasn’t even a language to describe this type of thing, and there were no tools like imagery or the many other things we know of now. The idea that people have an inner life and that disease was a force in the inner world seemed to me to be of enormous importance. It was the direction of freedom, of a wholeness that was possible even though I could not recover physical health. Perhaps the goals of medicine had been set too low, and there was something beyond the cure of disease—something that would enable me and others for whom there was no cure to live a good life, even if it would not be an easy life. Perhaps my beliefs about myself could limit or free me more than anything medicine had to offer me.

So I became very interested in that process—the inner process of illness rather than the outer process of cure. I realized that this search for healing that was awakened in me also was awakened in others when they were challenged with a disease. It is this search that has driven my career. Not healing just for me—but healing for us all.

AT: Is there something that you give your patients because of your own experience of illness?

Dr Remen: Because of my illness, I am less afraid of the things that many people are afraid of. So I can accompany people wherever they are going, even if they are dying. They don’t have to travel alone. I think it also helped me to see that sick people are not alone. I think it also helped me to see that sick people are not alone with this. I am not afraid of their fear. I just witness it emerging and create a place in which it can emerge. So I don’t work with fear; I simply allow it into the room.

There is a lot of fear in medicine that is not heard or acknowledged. One of my patients said something interesting to me. She said whenever she walks into a hospital, she can sense the fear. I asked her if it was the fear of the patients. She said, “Oh, no. It’s the fear of the physicians and nurses.”

AT: It’s interesting that you do not judge the fear or label it as bad or negative.

Dr Remen: I think of it a little differently. For me, fear may be a sign of the will to live. What’s under the fear is a desire to live, and we need to somehow get to that. That means going through the fear, not denying it. The depth of a person’s fear may be equal to the strength of their will to live. When you discover the will to live in yourself, that’s the good stuff. That’s what enables you to deal with what comes up as you face cancer. The experience can be transformative.

Of course not everyone experiences the will to live as fear. Some people experience it directly. Others experience it as anger—and rebel against any advice from someone in authority. That’s also a way to experience the will to live. Anger and fear aren’t limiting. I think it’s healthy for people to be angry and scared when they are given a difficult diagnosis. But anger and fear can become a way of life. That’s limiting. In the form of anger and fear, the will to live cannot help us to lead the kind of life we want to live. A lot of good energy can get trapped in anger and fear, and it needs to be freed in order to follow its natural process. So I listen in order to free it.

AT: Is this the type of work you do at the Commonweal Cancer Help Program?

Dr Remen: Yes, in part. I co-founded the program almost 20 years ago with Michael Lerner and a few others. One of Michael’s great contributions was to recognize community as a healing tool. This seems obvious now, but this idea was seen as pretty radical and crazy years ago. I remember being told in medical school that we should discourage patients from meeting and talking to each other about their diseases and experiences because they will frighten one another and share misconceptions and inaccurate information. Of course, just the opposite is true. Experts cure, but people heal each
other. And they heal each other in very powerful and simple ways—by listening, accepting, believing, caring, and understanding what it’s like to live with a serious illness. By healing the loneliness that robs us of our strength.

**AT:** What part of your work makes you most proud?

**Dr Remen:** One of the things I’m doing now that I am very excited about is the course I first developed at UCSF School of Medicine called The Healer’s Art. It weaves first- and second-year medical students into the lineage of medicine and strengthens their intent to serve and heal as well as to cure. It helps them to remember that who they are is as important to the healing of their patients as what they know, that medicine is a work of the heart and the soul as well as the intellect. It’s a radical form of medical education, a very experiential course that redefines professionalism for them. It puts students into healing relationships with each other and with faculty members and enables them to find and trust their power as human beings to heal one another. It helps them discover the power of healing. One student wrote in his evaluation a few years ago, “I learned in this course that I can heal with my human things that I can never cure with my science.”

At the Institute, we have trained hundreds of medical school faculty members to teach this course, and it is now taught in 47 medical schools nationwide. Close to 800 medical students will take it this year. We have just taught it ourselves at UCSF for the 14th year. After this time, I now have a different viewpoint on medical education and on the effect of medical training on people: I have seen how often their training wounds the hearts of medical students and distances them from those they passionately want to serve. Many studies report that the same students who come into training filled with the impulse to serve and a sense of the privilege of being able to help become cynical, depressed, and alienated people by graduation. This hidden curriculum is only now beginning to be seen and talked about and studied. The training is intense and can be lonely and isolating—and unsafe. In The Healer’s Art, students talk about needing to keep their “game face” on at all times, as evaluators are everywhere.

The course is a level playing field. Students and faculty members take it together. I love creating a safe space for students and helping them come into safe relationships with one another and with faculty members—a place where they can discover and share the experience and wisdom of their lives. What emerges then is beyond inspirational. Faculty members across the country report that being able to take this course with their students has made them proud again to be a physicians. Our students heal us. After teaching the course, one of the deans at Dartmouth told us, “I had always thought the first-year students were idealistic. Now I realize they know exactly what this profession is all about and why we are all here. Somehow I had become cynical and I had not noticed.” Another faculty member, from New Mexico, told us that she now sees all students differently—and all people differently. “The Healer’s Art has made me a much better doctor, a much better teacher, and a much better human being.”

In the final session of every course, we ask the students and faculty members to write a personal Hippocratic oath, to express their service mission in their own words. Then we all read aloud what we have written. The community of service that is often hidden beneath the science of medicine is suddenly completely visible in the room. The first year we did this, a student stood up, looked around her with tears in her eyes, and said, “I had no idea who you people were. I thought I was here alone.” It is a tough environment.

**AT:** What sorts of things do they write?

**Dr Remen:** Everyone has their own dream of service, so we just ask people to imagine that this work did not tell them how to be—what to read, what to wear, what kind of language to use, how to relate to other people. What if this work was simply an opportunity to live by their highest values? What would their work look like then? Where would they do it? What message would their work give their patients? After they reflect a bit, we suggest they ask for help to bring their own dream of service closer to their everyday work—that they write 4 or 5 sentences in the language of help: “Help me . . . .” “May I be . . . .” “Show me . . . .” “Enable me to . . . .” etc.

Here is a mission statement from a student who wants to become a surgeon. When he read it, he dedicated it to his future patients:
May you find in me the mother of the world.
May my hands be a mother's hands.
My heart be a mother's heart.
May my response to your suffering be a mother's response to your suffering.
May I sit with you in the dark as a mother sits in the dark.
May you know through our relationship that there is something in this world that can be trusted.

And from a student at another school:

Lord, Grant me the power to heal.
Make me your instrument.
Allow yourself to flow through me
As I work in your service.
As you made the first healer
and as you shall make the last,
Link me in your chain.

The ways in which we heal one another and our commitment to heal have not changed over time. And they are the same here in San Francisco as they are all across the country and around the world. What faculty members write after 30 years of practicing medicine turns out to be no different from what students write after being in school for 4 months. Commitment is not about expertise. Communities of physicians and students who meet in a place of shared commitment and intent can discover that inequalities of expertise are irrelevant and can heal one another.

We have just developed a shorter course for third- and fourth-year medical students to sort of immunize them with the Hippocratic oath a few weeks before they are exposed to the cynicism and alienation they may find in their residency training. I developed this module after teaching about service in the American Medical Student Association (AMSA) Humanistic Elective in alternative medicine, Activism and Reflective Transformation (HEART) Retreat, offered by the AMSA Humanistic Medicine Task Force, which I helped co-found in 1974. These HEART students are only a few months from graduation and come from schools all over the United States. In the 4 years that I have met with them, the majority of them tell us that service has never been discussed in their schools and they have never been encouraged to personally engage with it and with what living a life of service means to them.

AT: What troubles you most about today's healthcare system?

Dr Remen: Two things are very troubling to me. One is the lack of universal access to care—the shadow side of culture that focuses
on youth and perfection and denies that illness and aging and pain are a part of life. We are not a compassionate culture, and because of this, on some very deep level, none of us feels very safe. But even if there were universal access to care, the care we would presently receive would not be worthy of us. Over the past 20 years, we have deconstructed one of the best allopathic health systems in the western world in the name of a greater economy and have created health costs that are greater than ever.

Last week, The New England Journal of Medicine published a study of 7,000 urban patients on both coasts, one of the largest studies ever of the quality of clinical allopathic care. The study found that patients were receiving between 55% and 59% of the established standard of allopathic care for their physical conditions. Whether you were black or white or Hispanic or rich or poor, you were getting less than 60% of good medicine. The study focused only on physical care—the proper x-rays, the proper lab tests, the appropriate treatment, and the proper follow-up. I wonder what the percentages would have been if the focus of the study had included the care of aspects of the person other than their disease? If we are not able to competently care for people’s bodies, how well can we care for their hearts or their souls or their dreams? How effectively can we mobilize their non-physical resources to enable them to live their best life, sick or well?

The other thing that troubles me is what might be called soul loss in medicine—the loss of a sense of meaning and purpose among practitioners, the lack of a sense of belonging to a community of commitment and shared intent, which is at the core of the integrity of the profession.

I think that in today’s healthcare system, physicians are under great stress. More and more physicians report that they have lost a sense of the meaning and satisfaction in their work, and that given their inclinations, they would practice their medicine in another way with another set of priorities than those they must follow in their workplace.

It’s stressful to compromise your values on a daily basis. Over time, something begins to die in you, perhaps the very thing that brought you into medicine in the first place. When this dies in us, it dies in medicine as well.

AT: What exactly is “meaning” in relationship to medicine, and why is it so important?

Dr Remen: Meaning is the basis of commitment and excellence. It’s a capacity of the heart and even the soul—a function of our wholeness. Finding meaning requires us to be there not only as experts but to be there as whole people, to recognize and respond to the wholeness in those we serve. And meaning is a human need. Without a sense of meaning and larger purpose, physicians are vulnerable to depression, cynicism, numbness, and even despair. And so are their patients.

AT: How do you think their training diminishes doctors?

Dr Remen: I think that our training makes us vulnerable to the loss of meaning. Our training furthers our expertise but not our wholeness. It diminishes our wholeness. It may even make us feel that being a whole human being is somehow unprofessional.

In the past 40 or 50 years, medicine has developed a long shadow. Jung talks about shadow as the wound that culture inflicts on its people—a sort of falling away from wholeness, which is the price of being a card-carrying member of a society. We learn young that certain parts of ourselves get approval and others do not. And people are herd animals, so we repress those parts that others judge. We trade our wholeness for the approval of those around us.

AT: But isn’t this what keeps people from harming one another?

Dr Remen: Yes, it is, but not everything that we repress is a negative. In a rational, technological culture, we also repress the intuition, the heart and the spirit, and value the rational and the technological. The shadow of medicine holds aspects of ourselves that enable us to heal others. Our training causes us to repress parts of ourselves that are capable of seeing meaning and responding to wholeness—the parts of ourselves that cause us to view this work as a privilege and not an obligation; the parts that find inspiration in the love, courage, and devotion of our patients and their families.

AT: Is technology versus meaning a double-edged sword?

Dr Remen: I don’t see that technology is at fault at all—or science. For thousands of years, we have used many different tools to serve people. Technology is just one more of these. I think the pressures are different than that. There are political and economic pressures that are taking control over the natural practice of medicine—practicing medicine as it has always intended to be practiced. This control comes from individuals and organizations whose intent is not necessarily to serve each individual.

When I was young, the Prayer of the Maimonedes was very important to me. It has 2 sentences: “Inspire with love for all of thy creatures. May I see in all who suffer only the fellow human being.” Those 2 sentences are the very core meaning of the practice of medicine for me. A doctor should serve as a place of refuge for anyone who suffers.

These very basic constructs have been violated. When people are asked to function in a way that betrays their deeper meaning, something erodes in them. It chips away at their sense of excellence. Maybe they can replace that with a sense of competence, but it’s not the same—for them, our system, or the patients we serve. This is a crisis in medicine that goes deeper than its economic crisis. We need to protect the soul of medicine and find ways to strengthen it.

AT: Are there ways for physicians to recover lost meaning?

Dr Remen: I have seen from my work with cancer patients that community can strengthen us in hard times. Community can even heal us. Forming genuine community based on meaning and
shared values may be the best way for physicians to remember a sense of meaning and integrity in our work. When we talk about community, we are not talking about something abstract. We’re talking about groups of people getting together in a face-to-face way that makes shared meaning and values visible. That strengthens everyone in the room. Such genuine communities can eventually have influence on political and economic forces.

At the Institute for the Study of Health and Illness (at Commonweal) we have a national program called Finding Meaning in Medicine (FMM) to help physicians organize small groups in their workplaces and communities.

AT: What does it take to organize a group like this?

Dr Remen: Anyone can organize an FMM group. All you need is 4 or 5 physician friends and a living room to meet in for 2 hours once a month. An FMM meeting is organized around a topic, something that is a universal experience in the practice of medicine—topics like “compassion,” “grace,” “love,” “death,” or “mystery.” The price of admission to the meeting is bringing a story from your professional life around the topic for the evening—or a story from your own experience of illness as a patient or a family member, or a poem or a story about the topic from the world literature. Story is one of the most potent containers for meaning. We tell these stories, and this creates an opening that allows everyone to remember what matters to them, to honestly share what has personal meaning for them. The discussions run deep. People talk about things they have never talked to another doctor about before—not diagnosis and treatment, but areas of deep connection—issues that usually are not discussed in professional circles.

I've had a group of doctors telling stories and listening generously to one another in my living room for 9 years now. And hundreds of these self-led, no-cost groups are meeting around the country, sometimes in homes, sometimes in hospitals—groups of clinicians, or residents or students. It helps us remember that we are not alone and that we are part of a very old community founded on integrity and service. In Judaism, such communities are called havarah—communities of soul-friends who keep intent and commitment alive in one another.

The principle behind FMM groups is very simple, but the outcomes are profound. Over time, people in these groups have experienced the lifting of depression and numbness and the recovery of the love of this work. It is a little like Pygmalion. We help each other come back to life.

AT: What excites you as you look into the future?

Dr Remen: What gets me excited is what we’re discussing—that the soul of medicine is still alive in people. It’s just gone underground. We are finding what is unchanged in people, giving it a voice, giving it a community, and strengthening it in order to preserve the integrity of our profession, not only for ourselves, but also for those who are coming after us. The only satisfaction we have is knowing that our work has meaning and that we can experience that meaning every day despite everything. And integrative medicine excites me. I think medicine itself is in need of healing into its innate wholeness and power, its direction and meaning and purpose. I think that integrative medicine is the major force in contemporary medicine that could do this—that could lead to the healing of medicine itself.

AT: Do you consider the work that you do to be a part of integrative medicine?

Dr Remen: Yes, in the largest sense of the word, I feel very much a part of integrative medicine: the integration of the potential for healing with the expertise and technology of curing. I see integrative medicine as having 2 dimensions. There is the integration of techniques, the combining of various healing modalities with the approaches of allopathic medicine—a sort of horizontal integration that expands the range of treatment choices and offers people the best chance to find their healing. Then there is also a vertical dimension to integrative medicine—the re-integration of mind, body, heart, and spirit into the cause of illness and the power to recover from illness, a broadening of the concept of health and illness to include more than the body. The vertical dimension of this field is also about whole people caring for whole people. It is an opportunity for healing not only for the patient but for the health professional as well. It expands the current idea of professionalism to include the heart, the intuition, and the spirit, and it legitimizes such concerns as meaning and purpose in the care of patients and the pursuit of health. I work in this vertical dimension.

But, actually, I don’t identify myself as an alternative practitioner or even as an integrative practitioner. What I teach and talk about is Hippocratic medicine, Hippocratic values in medicine. This is not new. It is the very heart and soul of medicine and is what has held it together as a profession for thousands of years. In a way, I tell people the story of medicine, much in the same way that you tell children their own story so that they can remember who they are and to whom they belong.

We are in danger of losing the story of medicine, and that it is a way of life. Our story is about compassion, service, and integrity. About kindness to all and a reverence for all life. About love. It is a very important story for our time. We are trading that story for the story of science. That’s not a good trade. It is not a trade that can sustain us and our commitment to the world in which we live. Just as people with cancer need to know their story in order to find meaning in their struggle to be whole, we need our story in order to find meaning in ours. We need to stay connected with who we are and what matters.

The story of every doctor is the story of medicine. This is not just a job; it is a calling. We need to reconnect with that story in order to strengthen the integrity of medicine and transform our present healthcare system into a system of healing.