

A Meditation

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When his hospice worker mentioned a study providing biweekly meditation or massage, Frank eagerly enrolled, willing to help hospice and research in any way he could. Randomized to the meditation arm of the study, I began working with Frank a few weeks before he passed away. Like most of the patients I met during this study, Frank had no experience with meditation. I found Frank lying in a hospital bed in his bedroom, with a nasal oxygen tube. Due to intractable fatigue and exhaustion, difficulty breathing and anxiety, he spoke little, yet was affable and amiable. Our first session was rather typical as far as study standards are concerned. After collecting some basic data, I explained the protocol and fundamentals of meditation, and then we settled down to meditate. Although variations occur depending upon the issues and needs of the patient, the protocol remains fairly constant, and consists of a three-part guided meditation totaling about thirty minutes.

At times, it can be difficult to determine if someone is awake with so many of the study participants prescribed powerful narcotics for pain; faces soften and mouths slacken the minute eyes close. When I gently rang my bell to signify the end of the meditation, Frank opened his eyes and recounted his experience. He was pleasantly surprised to discover how “relaxed” he felt simply by listening to my words. With his curiosity and interest piqued, we scheduled our next session.

During our second visit, we chatted for several minutes about his childhood and family life before I lead him through the same guided meditation. Once again, I witnessed his muscles softening and his body settling into the bed. Thirty minutes later, after

summoning him back to the present and into the room with the chime of my bell, Frank opened his eyes and exclaimed, “My anxiety is gone. It just left.” This was quite a shock, as Frank had been consistently taking medication to treat his ever-present anxiety. Neither medication schedule or dosage nor stress level changed that day; the meditation was the only factor he could identify for this sudden alleviation.

Due to Frank’s illness, breathing was laborious; his rapid, shallow breaths came in fits and starts. Somewhere during our fourth visit, his breathing grew dramatically slower, gentler and deeper. Again, Frank was amazed. How could this be? A simple thirty-minute meditation significantly impacted his health. Enthusiastic about the benefits, Frank urged his daughter, his primary care giver, to join him. Lying on the futon adjacent to his bed, she meditated with her father for our remaining three sessions before he passed away.

I am always pleased when caregivers participate. For most, it is one of the only times they allow themselves to stop and settle; to take a breather and let go. While this can restore and rejuvenate the caregiver, it has an added benefit as well. Having witnessed first hand the effects of the meditation, caregivers can remind the patient how the experience of pain, tension or anxiety diminished or vanished, albeit temporarily, during meditation. Therefore, they can encourage them to practice these techniques whenever such symptoms present themselves again.

Frank’s response to distressing thoughts, emotions or physical sensations was typical: to push them away, which only succeeds in empowering them even more. When he surrendered and stopped fight-



ABOUT THE AUTHOR

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ing the anxious thoughts, witnessed them as floating clouds across the vast sky that was his mind, he could experience himself more fully; rather than feeling anxious, afraid, or overcome with dread, he could perceive his momentary state as one where *anxiety is simply present*. This concept is vital to grasp. When we are mindful, we do not have to associate ourselves with our experience. We do not need to follow each sensation or idea that arises by ruminating on them or evaluating, justifying or defending their existence. When mindful, we no longer need to label ourselves as depressive, manic, anxious, lonely or shy. Nor do we need to describe ourselves by our symptoms or diagnoses, such as *my stomach hurts, my throat is sore, I've got a sciatica*, etc. The language is modified to more accurately reflect the momentary experience rather than the identification of self. Such statements are replaced with phrases such as *the sensation of pain is present, the sensation of stiffness is present, the sensation of burning is present*. This is more than mere semantics.

Creating this wholeness, this sense of inclusion, involves more than meditating or watching the breath. Paul experienced this form of healing when he was able to be with present with himself and own his thoughts and feelings, rather than react to them as wrong, and hence dissect and treat them. Paul began seeing me in my private practice after meeting me on a specialty shift I supervised for people with HIV and AIDS. Paul's medical history was extraordinarily complicated. He was fatigued, frail and walked slowly with the use of a cane. When he handed me his list of medications, I stifled the urge to gasp. Several years ago, Paul had his first bout of CMV (cytomegalovirus) retinitis, for which his doctors prescribed the potent medication foscarnet. Foscarnet is nephrotoxic and Paul's kidneys revolted by ceas-

ing to perform some vital functions; as a result, he had to take massive quantities of sodium bicarbonate throughout the day to ensure his blood levels maintained a consistent equilibrium lest he experience a seizure or a host of other symptoms. In addition, Paul was taking over 50 medications on a daily basis.

There is more; the foscarnet kept the CMV at bay, but his eyes were not spared, and Paul was partially blind in both eyes. He was also taking three antiretroviral (or HIV) medications, which, by his doctor's account were working beautifully since his viral load (the amount of HIV measured in the bloodstream) was below detectable levels and his CD4 cells (one of the major immune cells in the body that are attacked and killed by the virus) were up. However, as a result of these drugs, his liver enzymes were elevated, indicative of liver damage. A further side effect of this particular HIV regimen was the potential for lipoatrophy, a syndrome where the fat is redistributed from one area, such as the face, arms, legs and buttocks, and re-deposited in the abdomen, neck and upper back. Terrified of disfiguring physiological changes, Paul heeded his doctor's advice for exercise and got on a treadmill three times a week for thirty minutes, despite the fact that he could hardly see, had precarious balance and was exhausted.

Activities of daily living were a chore for Paul. Due to his visual impairment, he was unable to engage in his previous pleasures like reading or working on model trains. Because walking was difficult and driving impossible, Paul found himself primarily homebound, except, of course, for those times his partner, Russ, who had become his full-time caregiver, had to shuttle him to his multitude of weekly appointments. Furthermore, an overwhelming medication schedule and the small print on bottles demanded further assistance in managing his medicines and supplements.



When reviewing his extensive medication list, we arrived at his antidepressants. Paul was very disheartened by his meetings with his psychiatrist. Each weekly visit lasted only ten minutes, at which time he asked Paul a few pointed questions and told him to maintain his course. Looking down at the ground, Paul said to me, "I guess I am a bit depressed." In an unedited moment, I blurted out without thinking, "Why the hell wouldn't you be depressed!" Immediately, Paul lifted his head and looked in my eyes; with a strong and powerful voice he said, "Thank you. Thank you for saying that."

From that point on, the tone of the visit changed and Paul's mood brightened. Although originally motivated to discuss supplements, we did so only minimally. Paul was able to own an aspect of himself, accept his feelings without needing to treat, remove, minimize or justify them. Our encounter was a meditation; a healing. When he was able to embrace the fact that depression was present, and that there was nothing wrong with feeling the loss of his abilities, a new mood arose. We ended the appointment with Paul smiling, thanking me, and agreeing to call to schedule another session when ready.

I saw Paul a few more times before he passed away one year later. During our last visit, Paul looked more fragile and withered, and there was trepidation in every step. Still worried about lipoatrophy, he toiled to get on the treadmill as often as possible. A few months earlier, Paul's doctor made a comment that led him to believe that he was a candidate for both a kidney and liver transplant. When he later learned that his HIV status made him ineligible, he grew quite despondent. Now, his pancreatic enzymes were on the rise, and while the probable culprits were the HIV medications, his doctors urged him to stay the course out of concern his viral load would rise and the HIV would replicate. With three (four, if you include both kidneys) major organs failing, Paul looked at me with mournful eyes, and asked, "How serious is this? No one will tell me. They keep sending me to one specialist after another."

Acute pancreatitis can be life threatening, but add to the mix Paul's list of other issues, and the situation can be critical. How do you tell a person that their condition is dire without taking away hope? I have witnessed patients die as a result of pancreatitis, yet I have also seen others recover from immense obstacles when the medical community has given up.

This time I paused. I had a choice. I could provide the standard query, "What do you think?" or I could address his question directly. Usually, I am a fan of the former approach, as I believe in the inherent wisdom that lies within each of us. Seeking external val-

idation or approval above all else, we cut ourselves off from that inner knowledge. However, this time I said, "This is very serious. Your major organs are shutting down." There was another pause, and then I smiled as I said, "On the other hand, I have not met anyone else in your situation, half blind, walking with a cane, and with pancreatitis, who is going to the gym and walking on the treadmill. This is a testament to your vital force, your life force. To me, this is remarkable. You are remarkable."

In practice, I stray from diagnoses. I am careful about projecting my belief about a patient's condition, let alone the meaning they ascribe to it. A consummate patient, Paul followed the advice of his doctors to the letter. Ostensibly, he had come to see me to discover other alternatives his doctors may have overlooked or did not know. I believe, however, that what Paul was looking for was healing. Paul yearned to hear what he himself could not verbalize aloud, whether regarding depression or the viability of his organs. This was a meditation; an awareness of the moment with unflinching presence.

We spoke for another hour about life and its meaning. Paul said he knew he would not die of an opportunistic infection. He longed to stop taking his HIV medications, yet he also wanted the approval of his doctors. Then Paul admitted he was ready to die. His life was one big struggle filled with pills, appointments and lab tests. If it weren't for Russ, he would have given up years ago. Here it was: his hope, his reason to live. Paul grew quieter and said that he worried about Russ. On the one hand he regretted



monopolizing his time, becoming the center of his partner's world; on the other hand, he didn't want Russ to grieve.

At the end of our session, Paul let out a deep sigh, and thanked me again for the opportunity to talk. This was my last conversation with Paul. The very next day, I received a voice message from him telling me of his decision to discontinue his HIV medication. At this stage in the game, he said, they just cause more harm than good. When he called his infectious disease specialist to inform him of this decision, his doctor agreed. Paul took a step to live by his own sense of internal validation. Is this it?

Paul slipped into a coma the next week. Due to his advanced directives, no food or water were administered, yet he continued to live and breathe for another five days to the amazement of his hospice care team. On the sixth day, Russ phoned me. Was there anything I could suggest, he wondered? Russ had been speaking to Paul this entire time, telling him how much he loved Paul, how he will miss him, yet he would survive. He encouraged Paul to rest and not to worry about him. I asked if he had told Paul that he felt no anger or animosity about caring for Paul for all these years? This took Russ by surprise, as such thoughts had never occurred to him. He was pained to think that Paul harbored any of these thoughts, and was eager to share these sentiments with Paul.

Russ phoned the next day to share that Paul died two hours after that final conversation. Healing comes in many forms.

Time after time, I witness people with intractable pain, fear, grief, insomnia and a host of other symptoms find relief during our meditations. I welcome and am blessed by these opportunities to sit with

patients, guide them through the process and hold the space. Although I talk for a majority of the session, this is also my meditation; my time to be present to my breath, my voice, my body, as well as my surroundings, including the people and energies around me. This is my definition of healing. If the word **health** is derived from the word **halen**, meaning **wholeness**, then to *heal* means to *make whole*. To make whole is a process of inclusion where we embrace all that is occurring, all that we are experiencing. When pain (whether physical, emotional, mental or spiritual) overwhelms us, the tendency is to dissociate, distance, fragment and separate. We do not wish to own this experience, let alone step into it or hold it. Yet, how do we separate ourselves from ourselves when we are the ones experiencing the pain? To push it away is to push away an aspect of our very selves, thereby creating and supporting the very conditions of dis-ease. This is not an endorsement of pain. In no way does wholeness suggest condoning or condemning, enjoying or disliking. I can experience my pain, be with it, while yet preferring my pain be gone, or at least lessened.

When mindful we glimpse the reality of things; thoughts and sensations, as well as all else in life, are impermanent and will change. Distancing, dissociating and fragmenting are part of the fight or flight response, the stress response, or the sympathetic nervous system. When we cease the compulsion to distance ourselves from our pain, the muscles we have been using to contract against, to push away, can now release, leading to a lessening of the pain. Wholeness is about being present to it all; wholeness is about healing.

