

Attending to Suffering

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One Heals Suffering only by Experiencing it to the Full

Marcel Proust

He doesn't love me! Why doesn't he pay more attention to me? Tanya cried. An energetic, articulate and bright graduate student referred to me by a fellow naturopath, Tanya suffered from obsessive thoughts, mostly about her new boyfriend. For all intents and purposes, this budding romance was sailing along smoothly; that is, until jealousy, suspicion and anxiety reared their ugly heads and toyed with Tanya's peace of mind. If he spent time with a female student, glanced, or worse yet, smiled at another woman, Tanya's world fell apart - the end of the relationship was neigh, since such behavior signified a lack of affection and commitment. Immediately a mood would overcome her, and sweep her out to a sea of despair.

Within a couple of weeks, this all began to shift. Tanya learned to stay present to the experiences she so hastily had struggled to ignore. Blaming her distress on irrational thoughts or dysfunctional brain chemistry left her feeling powerless, a victim to her emotions. Like most of us, she didn't have time for anxiety or sadness; she had to *do* something to them. As she began to pause, take a breath, listen – really listen – to provide the space to sit and attend to what was arising within herself – body, heart, mind and soul – a new set of fears bubbled up. Uncertainty and doubt about herself, on a more fundamental level than the relationship itself, surfaced. Was she loveable? Did she deserve affection? No longer able to misdirect her criticism onto her boyfriend or his questionable commitment, she had to examine her commitment to herself. How well did she value, prize or love herself? Sitting with these unpleasant questions was novel and unnerving; yet also provided some relief. For once, she had nothing to prove. She could rest, be still and observe the fluctuations of her mind and mood. Nothing needed to be done, and slowly the waves of despair retreated back out to sea.

Sometime between our sessions, Tanya had a regular check-up with the referring naturopath. Imagine my surprise when Tanya announced that she started taking antidepressants. Puzzled, I asked what had happened to warrant not only this prescription, but a sense that she needed to comply with this recommendation. As the story goes, the evening

before that appointment, Tanya's boyfriend *chose* to attend a party rather than stay home with her, one at which he knew his ex-girlfriend would also be present. After a much heated discussion, he told her to "get over" her jealousy and stormed off. For the remainder of the evening, Tanya stayed home, alone, replaying the conversation over and over in her mind. Unable to sleep, she texted him every half hour to no avail. Upon his return in the early hours of the morning, she immediately accused him of cheating on her, which he staunchly denied. Recounting the details to her naturopath later that morning, she was visibly shaken, having not slept most of the night. It was then that her naturopath suggested a course of SSRIs (selective serotonin uptake inhibitors) to help her through the next few weeks. Not St. John's Wort. Not passiflora. Not GABA or glycine. Not rescue remedy, flower essences or homeopathy. Not craniosacral or hydrotherapy. Not even a massage. Prescription medication. This coming from the naturopath who referred Tanya to me in the first place.

Scenarios like this often come to me simultaneously; around the same time, I happened to be co-managing another graduate student. Leslie had been diagnosed with generalized anxiety disorder and had a long-standing history with prescription anti-anxiolytic agents. Like Tanya, within a few weeks of working together, she was experiencing noticeable improvement. Afraid of public speaking or any confrontation, Leslie began to address her fears and turn her situation around, thereby lessening anxiety. One day, however, after a rather stressful class, Leslie had a meltdown. Unable to see me on that particular day, she met with another naturopath who managed her general health issues. Leslie left that visit with a prescription for a potent anti-anxiety drug. Again, no herbs, homeopathy or physical medicine. What interests me about both these stories is not only the swift rush to the synthetic medications and the faith in these treatments (a theme I covered in my last article) but rather how uncomfortable we are, providers and patients, with strong emotions and suffering.

Both naturopaths were well aware that I was working with these women on an ongoing basis. However, neither inquired as to the nature or benefit of our work. For Leslie, the ramifi-



about the author

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cations of this prescription were far more monumental than for Tanya, and in my opinion, undermined the progress she had made thus far. Ten years earlier, while in her teens, Leslie's doctors declared her unable to live a stable life without pharmaceuticals. This concretized for her the belief that she was broken and unfixable, a message continually reinforced at every monthly fifteen-minute visit with her psychiatrists. During those years, she had been prescribed Ativan, Klonopin, Buspar, Xanax and Lexapro. At the time of our visit, she had been managing her life without synthetic medications for six months, having weaned off of them through the use of botanicals. She had learned how to identify, confront and manage her anxiety producing thoughts during our sessions, thereby reducing the frequency and duration of her panic attacks. Did she experience bumps along the way? Most definitely. With that one prescription, however, all progress vanished, as Leslie mistook this as an endorsement of her deficiency. She left the naturopath's office resigned, telling herself, and later me, that *the MDs were right all along. I will never get over my anxiety.*

My intent with both of these women was not to get them off the medication; that may not have been in their best interest. Instead, I wanted to examine their level of empowerment, their sense of participation in their mental, emotional and physical well-being. After a brief discussion, Tanya recognized how her choices were motivated by fear, the dread that her thoughts and feelings would endure forever. Having only taken three doses, she discontinued the SSRIs without incident.

At this point, Leslie was more fragile. Remaining curious and inquisitive, I asked about the details of her visit and the resultant emotions. By her account, she arrived in a panic, yet left feeling relieved and settled. The visit itself, she claimed, calmed her nerves. *If the cause of her anxiety is biochemical, I mused aloud, what could account for the sudden turnaround, especially when she had yet to take any medication?* Could it be the space to ventilate, discuss and share? And what of the attention and care of her provider; could these have put her at ease, and helped her shift her mood? What might be the take-home message about anxiety and her own ability to heal?

Leslie's reaction was preventable and by far more troubling to me than the prescription itself. Let me be clear – my issue is not with pharmaceutical medication; my issue concerns attitude. All too often, we in the healthcare field long to solve the problem, fix the disorder and cure the patient – what can affectionately be called the “righting reflex.” Providers, with a world of good intentions, want so desperately to make it right; we offer advice, elixirs and pills, frantically trying to cure the patient of their suffering, yet do not have the fortitude to face, let alone confront through dialogue, the suffering already present in the room. What then do we think we are curing? How comfortable are we with distress – our patients' or our own? Death, loss, change and pain are inevitable, just as much as grief, melancholy, agony and despair are companions along life's journey; are these emotions to be fixed? If we cannot acknowledge our own pain, how are we to attend to that of others?

I believe it's time to embrace discomfort, our own and that of others. Anything less is an act of death; we deny experience, thus cutting ourselves off from life itself – for it is through feeling that we come alive. Before we may interpret and assign meaning, we must perceive. In order to perceive

we must experience. How quick are we to ignore, dull or eradicate our feelings? Can we befriend them, psychic or physical? Can we abide in the stirrings of our soul, with all their yearning, aching, longing and passion? Can we sit with ourselves, free from distractions, and squarely confront our own thoughts, emotions and sensations without turning away? And is it our suffering that overwhelms, that we find so unbearable? Or could it be that if we heeded its pleas, examined the impetus for its seemingly spontaneous arising, that we might find ourselves needing to change – to reconstruct the image we hold of ourselves and the world at large.

I do not believe for a moment that any healthcare provider wishes to see their patients suffer. Yet I find that for many, holding the space, providing a container for the patient's distress, is either frightening or emasculating. Regardless of discipline, our training tends to underscore *doing* – the action of treatment. Is it any wonder we feel powerless when medicine bags are emptied and we find no tools to provide solace? Stripped of our tricks of the trade, we are left with only ourselves as the medicine.

Yesterday, Joseph Pizzorno, ND and founding president of Bastyr University, shared with the first-year students that he views the body as a machine. Give it the right stuff, the right fuel, and it runs efficiently. Feed it low quality or bad stuff and it breaks down. He then reminded everyone that tending to the spirit, nurturing the soul, is vital food for this machine, the human body. Tending to suffering is tending to the soul... is tending to the body. Searching for the “right remedy,” be it herbal, homeopathic, synthetic, or even word or phrase, is to look outside ourselves as agents of care and compassion. One of the hallmarks of suffering is that it leaves us feeling isolated and alone, cut off from other people, from nature and spirit, from our own souls. I wish for no one to suffer. And still, dare I say, attending to suffering and treating the cause is not mutually exclusive. We do both.

