Little Boxes

Brad Lichtenstein, ND

As a child of the universe, imagine the size of your background.

Helen Castonguay

I was stuck in traffic along Juanita Boulevard, on my way home from an afternoon of teaching. Music filled the car at decibels questionable for the health of my ears as my body swayed to the beat. Suddenly, a loud knock on my window jolted me from my rhythm-induced trance. Surrounding my car were four naturopathic medical students laughing and pointing at me. As I rolled down my window, one woman said in a tone somewhere between confused and condescending, "You are *SO not* a doctor." Before I could ask what she meant, they retreated back to their car. The traffic began to move and I proceeded on my music-filled way, yet her comment had me ruminating.

You are SO not a doctor. On several levels, I take pleasure in that statement. It could suggest that I am viewed as a whole person rather than a one-dimensional being, whose identity is not based solely on education, degree or job title. On the other hand, I wonder, *In what ways am I SO not a doctor? How am I supposed to act? And what does it mean to be a doctor, anyway?* Am I to infer that doctors don't listen to music (or at least, not at volumes pedestrians can hear)? With a medical license do you lose your ability to hear tempo? Persisting with this line of inquiry, I find myself questioning my very existence, *Who am I and how am I to live?* All this from a seemingly innocuous comment.

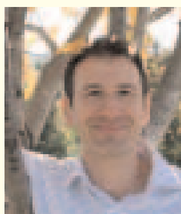
I spend my days talking with people suffering due to a self-constructed laundry list of expectation and demands, often unconscious to the set of rules and guidelines by which they live. A growing awareness brings them to my door; an unsettling feeling that something, somewhere, is not right in their lives. They've been forging ahead, struggling to live in accordance with some predetermined set of commandments that direct (and perhaps constrict or contort) their behavior. Can we live an authentic life conforming to assumed rules? How do we find our true nature, our true self, when confined to little boxes? What are the rules by which we live? Are they ours - standards we chose - or did we unwittingly adopt them?

I've heard remarks of similar ilk to the one my student spoke outside my car. *Doctors behave this way. Professors act like this. Men over 40 don't do that.* It's disorienting; where is this set of instructions or rulebook? It seems everyone has expectations of how I should speak, move, interact, be. I am an over-40–gay-male-naturopathic-professor-living in Seattle; is my path preordained? I guess I *should* have tried harder to find the manual for an over-40–gay-male-naturopathic-professor-living in Seattle.

Doctors should be this way. What way is that exactly? My student may have been referring to my personal commuting habits failing to align with her stereotypical fantasy of stoic, even keeled, Zen-driving befitting a naturopathic physician. There's truth in jest, however, and her comments speak to the larger issue – *how are we to live and whose rules do we follow?* When we compartmentalize existence into set behaviors, acceptance and value becomes measured by the adherence to dogma. When we evaluate how well the rules of conduct are being applied, we invite the notion of power into the equation. Shoving identity (others and our own) into a box, narrowly calculates worth and existence and is a form of domination and control. How, then, are we to ever embrace others – or ourselves - with understanding and grace?

Even without the assistance of others, many of us are fairly competent at stifling our creative life force. A few years ago, I led a workshop just outside Anchorage for people living with HIV and AIDS. Many of these men and women were suffering from multiple issues in addition to their HIV status, such as co-infections, post-traumatic stress, history of abuse, homelessness and poverty. I recall sitting at the edge of a serene, motionless lake on an early May morning with a gentleman struggling with his identity. Frail and ravaged by not only his disease, but his medications as well, he was depressed, dejected and losing hope. *Why should I go on? What good am I? I don't have a job, I have state housing, I live on federal assistance, my medications cost thousands of dollars a month. What good am I?* Pausing at times to cry or catch his breath, he compartmentalized his existence into a neat little package, equating worth with performance and output.

Always a bit of an instigator, I poked at his sense of proportion and the value of human life. After a silence, I asked this gentle soul if he had noticed the homeless people sleeping in the rear of the shopping center from where we departed a few days earlier for the retreat. He had, so I spoke of how I felt a bit uncomfortable by their presence, a bit nervous and unwary. Gaining intensity, I said how the homeless were a blight to the city and a burden to taxpayers. The police must constantly handle complaints about them, shuttle them away from public areas, or even take them to jail. Time and effort spent on such social services as medical care, food or shelter could be best applied to



about the author

Calling Seattle, WA his home, Brad S. Lichtenstein, ND spends his time practicing as a naturopath, yoga and meditation therapist, and core faculty at Bastyr University in the Counseling and Health Psychology Department. His approach to care emphasizes the cultivation of mindfulness and embodiment of the present without judgement. Brad continues to faciliate yoga classes and his *PranaPlay* workshops exploring the dynamic and conscious play of energy as it manifests in body, breath, thought, intention and action (www.pranaplay.com).

those who would appreciate it. And what about the unending pleas for money? Why don't they just get a job? Why don't we follow in the footsteps of some other countries and move them to another place far from the city? What good are they anyway?

My companion gazed at me in disbelief. Then I asked, *Do you think these homeless people have value? How are they contributing to society?* To this he emphatically replied, *They're people. All people have value.* Without missing a beat, I looked directly in his eyes and asked, *So how are you any different?* Tears streamed down his face, followed moments later by a huge smile. What prisons do we put ourselves into? How small do we make our boxes?

Later that afternoon, I led the group through one of my favorite practices. Each person numbered a blank piece of paper from one to ten. Swiftly, and without much consideration, ten times they completed the following statement: **I am** _____. They then reviewed and reflected on the list, renumbering each response in order of personal importance. Common lists for this group included: *I am HIV, I am sick, I am diseased, I am useless, I am hungry, I am tired, I am poor, I am unlovable, I am disabled, I am unemployed,* etc. While this was the tone of the majority of responses, some were more positive or value neutral.

The group was then invited to meditate on their list. Starting with number ten and working their way up to their most important statement, they were to cross off each item when they were ready to let it go. While the first part of the practice had taken about three minutes, this section was progressively longer, and incited conversation. The gentleman with whom I had my morning dialogue grasped the significance of this exercise immediately. Several were struck by the awareness that they did not write *I am HIV **positive**, but wrote I am HIV,* as if they were the disease itself. How many of us distill our identity down to feelings, sensations or symptoms, as if that is the basis of our identity? Do we *feel* and *experience* sadness, anger, frustration, fear and lack of motivation, or *are* we sadness, angry, frustration, fear and lack of motivation? What is our identity?

One woman had easily released every statement on her list until she arrived at her number one, *I am a woman*. As she spoke about this, she would repeat, *But I am a woman.* Finally, she added, *In fact, I am the only woman here. Why doesn't anyone appreciate that? It is difficult being an HIV positive woman. I have to constantly fight…* At that point she stopped, held her breath, then heartily laughed. *My identity is wrapped up in being a woman rather than being a human. Sure, some people see me as a woman first, and a person second, but that is the box they are trying to fit me into. That's about them, not me. I don't have to participate.*

In my personal and professional life, I prefer to operate from an egalitarian approach to relationships where both parties, be it patient and practitioner, client and therapist, supervisor and employee or student and teacher, are considered partners in the co-creation of the experience. This is relational care, a meeting of equals, where power and domination never enter into the equation. The two forge a new relationship, create a new entity, never having existed before, and never to come again. In such a situation, the questions are not *what does this other person give/do for me or what do I get out of this interaction,* but rather, *how do I contribute to this new entity and how am I now a part of something unique?* From this perspective we strive each moment to see the person, and ourselves, unfolding without preconceived judgment. We are each constantly evolving, powerful and dynamic creatures from whom we can all learn. Such a perspective can be challenging, as people long to assign roles in order to gain some semblance of control. Hierarchy and status disrupt the balance, and power struggles prevail.

In the healthcare system, an egalitarian approach evokes empowerment and a level playing field where patient and practitioner meet as equals. While many claim to empower their patients, I wonder if reality might suggest something to the contrary. If the person before us is considered sick, broken, or in need of repair, how do we empower? If we feel the need to control, dominate or be the expert, where is the equality? At any given moment in time, the patient knows more about their lives than any practitioner could ever hope to learn; so who, then, is the expert? If we come from an authoritarian position, unable to embrace questions or dissention of patient or colleagues, are we being egalitarian? How do we encourage patients to be their authentic selves? According to studies, difficult patients are those who question authority; rather than complacently yield to every directive of their provider, they ask questions. In a system where ten minutes per patient is the norm, such questions and the people who ask them threaten the status quo and are deemed difficult. Is this empowerment?

An egalitarian approach is a way of being rather than a technique or set of rules, an attitude that is expansive rather than contractive, one that removes the lids from the boxes rather than seals them shut. I do recognize how certain situations, such as acute or emergency conditions, require a more authoritarian model of interaction. In these

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instances, when under duress, decisions are best left to those who are able to think rationally and logically. Surrendering autonomy in those moments is in one's best interest. However, in daily life and in chronic conditions, people can and do think for themselves, regardless of whether we agree with them or not, or how misguided we might believe their decisions to be.

In contrast to the egalitarian approach we find the authoritarian model. Authority conveys competency, while the term authoritarian involves domination, control and power. Experience, whether through formal training or life in general, is necessary to establish authority, or skill in a particular area, and provides the basis from which to state expert opinion. Anxious that personal autonomy and authority will be stripped away, we often condemn those with expertise, inaccurately equating competence with command.

We listen to the patient, and thus, by example, teach him to listen to himself. We care for the patient and thus teach him to care for himself. We have hopes for the patient and thereby teach him to have hopes for himself. We respect the patient and thereby teach him to respect himself.

Lawrence LeShan

On the other hand, some of us elevate those with authority to the status of guru or god, invalidating personal worth by citing our inadequacies. Such a view of authority rocks the balance and immediately surrenders power into the hands of another. For this reason, the Buddha told to his disciples, Place no head above your own; he is instructing them to refrain from blindly adopting his teaching without first accessing their own inner wisdom, their own inner authority. In an egalitarian model, both parties, buddha and disciple, have authority. I may have training and experience working with people and naturopathy, while you are the best authority on you. No matter how well another knows you, no matter how well friends and family can read your mood, interpret your disposition, no one else knows your inner world, your subjective experience better than you.

Sitting lakeside that early May morning, my companion had looked at me, as if waiting for an answer. I had none to offer. We were two individuals trying to make sense of this thing called life. We were equals, and as such, his worth was undeniable. My job was not to convince him of his value, to rationally argue his intrinsic goodness. All I could do was treat him with the compassion indicative of equality. Through a way of being rather than force, through love not power, we created something new and authentically demonstrated respect.

During my shifts in the teaching clinic, I asked the students to refrain from giving advice. They can inform and educate, but advice is verboten. I explained how offering suggestions, even from the pure intention of longing to help, absolves the patient of personal responsibility, and subjugates the patient's experience to that of the provider. Information, on the other hand, provides the knowledge with which the patient can form their own decisions. My students quickly told me that most of our patients want to be told what to do. But is that true?

A survey conducted in the early 1990s posed a question to both medical doctors and patients. When asked, "What are your patients seeking when they come in to see you?" over 90% of MDs responded by saying their patients wanted a pill to cure their ills. When asked of the patients, "What are you seeking when you visit your doctor?" over 70% stated they wanted information. I have conducted my own informal survey of students and colleagues over the years. Sadly, a majority have echoed the sentiments of our MD colleagues – patients want something to take, whether herb, dietary plan, homeopathic remedy or supplement. Such a notion confines patients into little boxes, and places providers on the defense. I know of patients who have left the offices of NDs with bags of supplements, never having been asked how their prescribed regimen factors into their lives. Without such an exploration, we are conveying to the patient that their lives are inconsequential, and that they need to follow our plan without fail. Hardly an attitude of equality. When we educate them about the effects of a certain treatment on their condition, we allow them to make the final decision, placing the power back into their hands.

While speaking of the clinical encounter primarily, I believe Lawrence LeShan best summed up this approach in his book *Beyond Technique*, where he wrote:

> *We listen to the patient, and thus, by example, teach him to listen to himself. We care for the patient and thus teach him to care for himself. We have hopes for the patient and thereby teach him to have hopes for himself. We respect the patient and thereby teach him to respect himself.*

This sentiment does not apply to psychotherapy or healthcare alone; it informs how to be with anyone. When we listen, care for, have hopes for and respect everyone, we are on even ground; we take the lid off the boxes, invite the myriad of dimensions and personalities into the room, and play with possibility and potential. Then, *I am SO not a doctor,* but I am a dancer, a singer, an astronomer, a star…