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DHARMA WORLD

For Living Buddhism and Interfaith Dialogue

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DHARMA WORLD presents Buddhism as a practical living religion and promotes interreligious dialogue for world peace. It espouses views that emphasize the dignity of life, seeks to rediscover our inner nature and bring our lives more in accord with it, and investigates causes of human suffering. It tries to show how religious principles help solve problems in daily life and how the least application of such principles has wholesome effects on the world around us. It seeks to demonstrate truths that are fundamental to all religions, truths on which all people can act.

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The Role of Religion in Providing Total Health Care

by Moichiro Hayashi

Just what is health? According to the definition of the World Health Organization (WHO), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (from the Preamble to the Constitution of the WHO).

It would seem, however, that most people generally think of health as being the absence of disease or infirmity. The sense I get from contact with most of the patients in our hospital, the Kosei General Hospital in Tokyo, is that many people who are ailing physically are also troubled in their hearts and minds. Surely anyone who has ever been ill can remember feeling this way.

Or if we turn this around, a person who is physically frail but is blessed with good human relationships and lives cheerfully without cares may be healthier than someone who is physically fit but lives each day under stress.

I often think it might be better to change the concept of health to wholesomeness. True good health is a state of physical, mental, and social wholesomeness. This conforms to the WHO definition.

With that premise in mind, what then should be the role and mission of hospitals? It would seem that hospitals naturally should not simply be facilities for treating diseases of the body only; they must be places for dealing with ailments of both mind and body.

When Rev. Nikkyo Niwano, the founder of Rissho Kosei-kai, established Kosei General Hospital, he employed the Buddhist term *shinkan* (true regard) as the founding spirit of the hospital. *Shinkan* is a term found in chapter 25 of the Lotus Sutra, "The All-Sidedness of the Bodhisattva Regarder of the Cries of the World," which means knowing fully and in detail the aspects and forms of the suffering faced by people in this world, and at the same time seeing through to the essence of that suffering (the wisdom of a bodhisattva).

It is on the basis of this doctrine that we are endeavoring, at the point of providing a wide range of health care services, to offer patient-centered care that aims through treating each illness to harmonize the mind and the body. In other words, we are not merely treating disease, but providing holistic care by carefully observing the patient, listening to the patient's concerns, and remaining in close contact with the patient.

Kosei General Hospital has a terminal care ward called the Kosei Vihara, the first such hospice facility to be established by a religious organization in Japan. It is an inpatient facility for patients seeking to ease the physical and emotional pain of terminal cancer. Here, steps can be taken to alleviate the patient's physical suffering through the administration of painkillers such as morphine. But no matter how much one alleviates physical pain, if the patient has family or household problems the treatment cannot reach the mental and emotional pain the patient may be suffering. On the contrary, it is not uncommon for the easing of physical pain to cause a patient to recall troubles that may have been forgotten, or to experience an increase in emotional distress. For that very reason, the doctors, nurses, and spiritual care workers make every effort to stay close to the patient, with a determination to listen carefully to them.

If one asks, however, if the medical care in the hospice is perfect, the answer is that that is far from the case. This is because a wide range of mental and spiritual concerns can afflict each patient, so although doctors can write a prescription to treat a disease, they cannot so easily prescribe for the mind.

In European and American hospices a deeper religious approach is usually possible because the same religious faith is often shared by both the medical care staff and the patient. In a Japanese hospice, however, there is no common religious base on the staff side and the patient side, so it is difficult to engage in a religious approach. Just because Kosei General Hospital is affiliated with Rissho Kosei-kai, a Buddhist organization, does not mean that it provides direct, Buddhist-based care to patients. There are not a few patients who do not wish for such care.

Consequently, any discussion of the mental and spiritual issues of patients comes back to what the central government, which administers the national health insurance system, and those concerned with hospital administration think about a spiritual approach to patients. We hear the term "healing" a lot, and perhaps the root problem in Japanese medical care is that it is not clear just who should attempt to provide spiritual healing for the patient.

I personally believe that spiritual and religious medical practitioners with different assigned roles from those of doctors and nurses are essential, but more importantly I believe that the time has come for all those associated with Japanese religions to seriously think about the situation of those who are close to death, and how to help them, starting with how to care for them on a daily basis, as their lives approach their natural end. ❑

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Religion and HIV/AIDS—A Changing Relationship

by Gunnar Stålsett

AIDS and religion have been a discordant couple, but most religions have a clear humanitarian agenda. The HIV/AIDS pandemic is one of today's leading humanitarian challenges.

When I started this job, I saw religion as one of the biggest obstacles to our work, particularly in the area of prevention. But I have seen some great examples of treatment and care that came from the religious community and lately in the area of prevention." These words from Dr. Peter Piot, executive director of UNAIDS from its creation in 1995 until the end of 2008, signal the changing attitudes of key leaders on the world scene toward the roles of faith communities in combating the HIV and AIDS pandemic.

In the words of another global leader, Dr. Margaret Chan of the World Health Organization: "AIDS is the most complex, the most challenging, and probably the most devastating infectious disease humanity has ever had to face. It is an unforgiving epidemic that can strike back in surprising, sometimes startling ways."

In discussing ways in which AIDS and religion are linked, we must recall that the pandemic is first and foremost a scientific, social, psychological, medical, economic, and political challenge; it is not primarily about religion. Nevertheless, AIDS and religion have been a discordant couple.

We should accept the fact that health officials, the scientific community, and the many organizations working for people living with HIV have had uneasy relationships with organized religion. Religious leaders were rarely seen as genuine coworkers in the global strategy to halt the spread of HIV and address the plight of those living with AIDS. A deep-seated suspicion permeated the HIV and AIDS community that "religion is against us." From religious groups, the criticism has been that those who advocate the case of those living with HIV and AIDS are taking moral issues lightly in defending lifestyles that spread the pandemic.

Why this gap between science and faith if religion is fundamentally about protection of life and care for the living? If faith is about relationships and human wholeness, should one not expect an open and embracing attitude of religious institutions to the community of those living with the virus and dying from its effects? If religions preach the dignity of every human being, should one not rightly expect that this God-given uniqueness would be affirmed and upheld? A spirituality that is mainly inward looking, or focused on salvation of the soul, will have little understanding of, or even interest in, the social issues around HIV and AIDS, nor in a holistic approach to human suffering. A theological anthropology, however, which regards a person both as an integral identity, with body, soul, and mind, and as a social being who exists in relationship to God, man, and nature, has a far better potential to recognize the HIV/AIDS agenda as congenial to the spiritual challenge.

My reflections on the relationship between faith and the pandemic are shaped by engagement on the national and international scene and by participation both in secular and sacred responses to this urgent human need. In August 2008, I participated in the seventeenth International AIDS Conference in Mexico City. This biennial conference is the world summit for people concerned about HIV and AIDS. This was my third such meeting (the first was in Bangkok in 2004, the second in Toronto in 2006, which I cochaired). I have advised the Norwegian government on HIV/AIDS for several years. Through this journey, I have witnessed the need for a theology of AIDS and a spirituality of care.

The International AIDS Conference brings together people from all over the world; the prevalence of the pandemic differs widely from region to region, but the human suffering

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creates the same urgency. All were there in Mexico City: scientists, health workers, civil servants and bureaucrats, pharmaceutical companies, world leaders and leaders of faiths, Asians, Africans, Europeans, North and South Americans, people of every color, every faith, and every culture.

And most significantly, "the community" was there—this multifaceted group of thousands of young and old, men and women, who are infected with and affected by HIV and AIDS. No other social issue has created a broad popular movement like this. This galvanizing of a community of people against this modern plague is linked to the nature of the pandemic, so deeply related to personal identities, individual lifestyles, and intimate relationships. The world of HIV and AIDS is a classless society in many respects; the virus does not differentiate by social status. It is an equalizer, on life's downside, but also a mobilizer, joining worlds of victims.

The Ecumenical Advocacy Alliance organizes preconferences linked to the International AIDS Conference, drawing up to five hundred people from all over the world. These leaders, health professionals, and activists work to mobilize a genuine response from faith-based organizations to the awesome challenges posed by the pandemic—no mean challenge.

The 2008 Mexico conference marked the first time the international AIDS summit had come to Latin America. As in Bangkok, the cultural and religious environment and context were palpable. The prevailing Roman Catholic tradition and the strong showing of the continent's conservative evangelical churches colored discussion of controversial issues such as prevention. This is, however, a continent where a pre-Christian, indigenous spirituality permeates official religion. In Brazil, for example, 90 percent of the people say they adhere to some religion but they blend their practices and beliefs. This mix opens people to a more accepting attitude about human sexuality. Basically, the question is how established religious institutions, more than individuals, come to terms with human realities.

Most religions have a clear humanitarian agenda. The HIV/AIDS pandemic is one of today's leading humanitarian challenges. It wreaks untold suffering on the 33 million people who now live with the disease, their families, their communities, and their countries. Every fifteen seconds, someone in the world dies of AIDS-related illnesses, most often because they lack medicine.

The global pandemic thus has an important place in the political and economic agenda of most nations. It affects humanitarian and development programs. It is a central human rights issue. The United Nations has dealt with HIV/AIDS as a matter of national security and survival. In many countries of Africa, large segments of the population are infected, leading to near breakdown of public services, schools, medical institutions, police, and army. AIDS carries the face of a cross section of the population, including political, civil society, and religious leaders.

Thus the pandemic has, paradoxically, become a great equalizer. It affects people from all sectors in society. It hits men and women in almost equal numbers. Neither young nor old go free. A huge number of victims are infants and children. It is a family affair both when it kills and when it heals.

At the opening ceremony in Mexico City, Ban Ki Moon, secretary-general of the United Nations, made special reference to people of faith: "I call on politicians around the world to speak out against discrimination and protect the rights of people living with or affected by HIV, for schools to teach respect, for religious leaders to preach tolerance, and for media to condemn prejudice in all its forms."

The challenge to all religious institutions that recognize a social agenda was also voiced by Dr. Margaret Chan in her opening speech: "In the interest of facilitating a sustained AIDS response, we must look for every opportunity to improve operational efficiency. One way to do this is to make linkages between existing health care services—for example, for youth, mothers, and children; for sexual and reproductive health; and for reaching out to men who have sex with men, sex workers, and injecting drug users."

Religious communities are responding in various ways with social services, education, and prayers, according to their spiritual profile. Every year on World AIDS day, December 1, the pain and suffering and lost lives of beloved ones are remembered. People whose lives have been shattered seek spiritual consolation, often outside the structures of established religion. Churches, temples, and synagogues open their doors for rituals and rites of remembrance and prayers.

Spirituality is about hope and persistence. The hope that we can have medicines that can offer a nearly normal life to people living with HIV only underscores the tragedy that so many are still dying. That one day there will be a cure to end the virus's reign finds too little nurture in science but is the fervent hope of millions affected. The hope of universal access to medicines that prolong life and enhance its quality is vibrant.

This hunger for hope beyond the human capacity of healing was clearly witnessed at the Mexico International AIDS Conference, which for the first time published religious events in its official program. A prayer room and religious facilities were advertised, and regular liturgies were celebrated according to different traditions.

In the struggles to overcome the scourge of HIV and AIDS, many have come to see that "to go it alone" as a faith group is no longer an option. Crosscutting human issues, such as war, hunger, poverty, and disease, must be addressed both within every religion and by different religions acting together. We must recognize the validity of the spiritual tradition of "the other."

One evening in Mexico, I joined a group for interfaith worship in a Methodist church in the city's center. Muslims, Jews, Christians, Buddhists, and Sikhs came together with members of indigenous spiritual movements to pray for healing and wholeness.

The seventeenth International AIDS Conference held in Mexico City in August 2008.

For several participants, even to enter the sacred space of another religion represented a dramatic crossing of boundaries. But the pandemic has opened hearts and doors and revealed new spiritual depths as it touches the deepest levels of a shared humanity. Thus it has moved people from different worlds of faith to a new understanding of solidarity. Like the tsunami that hit the countries in Southeast Asia some years ago, HIV has unleashed unprecedented acts of care across religious, ethnic, and cultural faultlines. In this sense the curse has also brought blessings.

The congregation that evening in downtown Mexico City epitomized this reality. They were young and old; some came alone, others with family and friends. This scene is familiar in many places of worship around the world, where drugs, prostitution, and unsafe sexual practices take a deadly toll, and where poverty and illiteracy multiply the odds against survival.

The haggard face of a man sitting by himself, almost hidden behind a pillar, reminded me of a piece I had read that day, penned by Aroosa Masroor, a Pakistani journalist. I was deeply moved by the way he agonized over the fate of the "unseen, unheard, unmourned, those whose lives already have excluded them from society and whose despair leads to death." The Edhi morgue in Karachi receives fifty nameless bodies every day, he wrote. "When buried there is nothing inscribed on their tombstone either. They die the most unfortunate death."

The simple liturgy, the music and songs, and the words spoken by people from different faiths made this a deeply moving event. Prayers were offered, greetings exchanged, candles lit, and money was collected for local outreach to people in the neighbourhood living with HIV and AIDS, many on the margins of society. This encounter epitomized the vital role of spirituality and worship within the world of AIDS.

As I listened to the open and direct way the religious leaders spoke that evening, I recalled a time when the existence of the dreaded disease was only whispered. In Africa it was called "the slim disease," in the United States the "gay cancer." Indeed, religious institutions and people of faith have come a long way since medicine first named the disease in 1981.

Looking around at my fellow worshipers, I wondered at how they had been changed, that their faith drew them to share an interfaith worship service in a Christian church. And I remembered the first interfaith conference in Africa on AIDS organized by the World Conference of Religions for Peace in Nairobi, Kenya, in 2002. During one session, a religious leader stood up and confessed that in his community they did not bury a person who was suspected of having died of this "unclean cause." "We do not want to contaminate the soil." As we reacted with shock, he paused and added: "I have now learned differently and I am going home to change our ways."

And indeed there is a changing of ways. Today—thirty years after the disease got a proper scientific diagnosis and a medical name—parts of religious establishments have followed the human path of those who live the pandemic. The path has led from hidden corners to the open, from stigma and shame to acceptance. Many religious leaders and communities have moved from silence and rejection to advocacy and inclusion.

No other issue has—to the same degree in a relatively short period of time—so deeply affected the way religious people relate to the diversity of human sexuality. Today there is growing support among well-informed religious leaders and activists for the goal of universal access to HIV prevention, treatment, care, and education. Religious leaders, more and more, see them all as necessary elements in an integrated and viable strategy to respond.

To appreciate fully the significance of this change, one must be conscious of the taboos inherent in many religious traditions. Religious leaders have paradoxically been uncomfortable in speaking about one of the most fundamental features of human existence, that of sexuality. And contrary to their professed love and care, religious institutions, teachings, and attitudes have stigmatized victims of HIV/AIDS.

Put with stark simplicity, religious leaders and communities perceive that AIDS equals sex, which equals sin, which equals death. In the most primitive form, it comes out as a judgment: you deserve this punishment for your wicked life. Today there is greater recognition that HIV/AIDS is an illness, not a sin. It is a virus, not a temptation. This understanding does not deny the fact that the virus is frequently spread by risky and irresponsible and therefore immoral behavior.

If a spiritual message of care and hope is to be communicated, religious leaders, pastors, bishops, and teachers must associate actively with all vulnerable groups. One must be fully informed about the nature of the virus. Especially, teachers of young people should be able to discuss all issues related to the various ways the virus is transmitted. This raises complex issues related to human sexuality, issues like prevention, prostitution, promiscuity, gender-based violence, rape, and incest. Homophobia, often nurtured by religious and cultural traditions, needs to be addressed, especially in religious teaching about the nature of man. Moral codes should not be obstacles for communication about the realities of life.

Many outstanding and innovative initiatives to confront HIV/AIDSs have come through people who themselves, or whose family members, have been infected. Such individuals have often led the way and worked to change the way religious communities react to the pandemic. They are Buddhist monks, Muslim imams, Jewish rabbis, Hindu priests, who with compassion and courage have followed their spiritual calling to side with the vulnerable and the oppressed.

One such outstanding religious leader is Canon Gideon Byamugisha. This Ugandan Anglican cleric lost his first wife to AIDS and then found that he himself was also infected. His bishop did not reject him but encouraged him to turn his fate into a blessing for others. He began to speak openly about his HIV status, drawing strength from his Christian beliefs.

Canon Gideon Byamugisha speaking at a religious leaders' conference in January 2008.

In the process he found many religious leaders in the same situation. He started a network for religious leaders living with or personally affected by HIV and AIDS, called ANERELA+ (*A*frican *Ne*twork of HIV-affected *Re*ligious *L*eaders living with or personally *A*ffected by HIV and AIDS). Soon this organization counted more than three thousand members from all faiths on the African continent. In 2008 it expanded to become a global network, INERELA+. This truly interfaith work empowers religious leaders to be agents of hope and change in their own communities and beyond.

This transforming vision is reflected in the words of the Episcopal Conference of Africa and Madagascar (December 2003), which might serve as a clarion call to people of faith in every corner of the world: "Facing the serious threat of AIDS, . . . we are committed to promote changes of mentality, attitude and behaviour necessary for confronting the challenge of the pandemic; work tirelessly to eradicate stigma and discrimination and to challenge any social, religious, cultural and political norm and practices which perpetuate such stigma and discrimination; and play a major role in eradicating the damaging myths of stigma and discrimination." ❑

Poverty and Human Health: Strategic Challenges

by Katherine Marshall

Many religious approaches to health focus on the world's least favored citizens, especially those who are desperately poor or face exclusion, discrimination, and displacement.

Religion, health, and poverty are interlinked in complex ways. Health of the body and mind are inseparable in many faith traditions, an integral part of their teachings; so is the call to care for the sick and suffering. The imperative to minister to those most in need is imbued in scripture and teaching, philosophy and practice. Religion contributes in many ways to health norms and to behaviors that underlie health (from the highly practical, such as hand washing and diet, to the more esoteric, such as handling life's stress). Links between physical, mental, and spiritual health are the subject of active research and reflection today.

Formal health systems are an important part of the story. Religious communities own, run, or inspire substantial parts of health care systems in many countries and communities. Like religious faiths themselves, these systems vary widely in approach and organization. Religiously linked health facilities and approaches can be remarkably akin to secular practice, with some being among world leaders in quality of service and investigation. Others focus far more on spiritual health rooted in daily life and faith practice in communities. Religious links to traditional medicine add another strand to this complex story. Ties between religion and health may begin with caring for the sick, but they go well beyond formal health systems.

Many religious approaches to health focus, as do the traditions themselves, on the world's least favored citizens, especially those who are desperately poor or face exclusion, discrimination, and displacement. The burden of illness on those without means is greater, as is the suffering and loneliness that accompanies it. Faith communities and organizations provide relief, caring for those in urgent need through health interventions and facilities. After natural and man-made disasters, faith communities are often first on the scene. They are central players in humanitarian relief, a vital element in addressing poverty and suffering. Faith institutions train disproportionate numbers of nurses and doctors. They actively seek ways to raise health care standards among poor communities or, put differently, to address the egregious inequities in health outcomes and services that starkly divide rich and poor.

Many quite different initiatives at the global level recognize faith communities as essential partners in antipoverty programs; without their support the Millennium Development Goals (MDGs) defined by world leaders in 2000 at the United Nations (with a deadline of 2015 and elaborate monitoring mechanisms to assess progress and results) cannot be achieved. Of the eight goals that are the backbone of the MDGs, three center on health: goal 4, to reduce child mortality; goal 5, to improve maternal health; and goal 6, to combat HIV/AIDS, malaria, and other diseases. Other goals also have clear links to health, notably ending hunger, promoting gender equality, and working for environmental sustainability. The covenant of partnerships embodied in the eighth goal highlights the need for better and deeper understanding and cooperation among different actors. Increasingly, this global partnership is understood to include faith communities and institutions.

Faith-linked organizations such as Catholic Relief Services and Islamic Relief are engaged in several global initiatives that are the action face of the global commitments and goals. So are faith-run hospitals, clinics, and movements. But the

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Alamy / PPS

A marble sculpture with a medical symbol that marks the location of an ancient healing center of Asclepion, in the present-day Turkey, named after the Greek god of healing, Asclepius.

potential for engagement in classic health services is far from fully exploited. What is least appreciated and explored is the engagement of community-level leaders and services.

Faith communities should thus be actively engaged in high-level and community reflections on health strategies and program implementation. However, significant obstacles stand in the way. Three among them stand out: (a) we know far too little about how faith health systems function, their coverage, their impact, and relative strengths and weaknesses; (b) faith approaches to health tend to bring out underlying ethical dimensions that can present important barriers (tense controversies around abortion, abstinence focus in HIV/AIDS programs, issues concerning cloning, end-of-life treatment, and research protocols among them), yet avenues for thoughtful and productive dialogue are lacking; and (c) broader societal policies and attitudes toward the role of religion keep secular and faith communities at arm's length when they need to work in tandem. This complicates underlying financial challenges and potential partnerships.

Ancient Roots

The intertwined histories of religion and medicine underscore the fallacy of viewing them as belonging to separate spheres. They also offer insights into potential ways to build dialogue and institutional partnerships that promise to enhance delivery of decent health care to poor people.

As early as 4000 BCE, religions identified certain deities with healing. The temples of Saturn, and later Asclepius in Asia Minor were seen as healing centers. Hindu Brahmanic hospitals operated in Sri Lanka as early as 431 BCE, and King Ashoka established a chain of hospitals in Hindustan about 230 BCE. Roman hospitals (*valetudinaria*) had religious ties, while state-supported, faith-inspired hospitals appeared in China during the first millennium CE. Monastic orders of different faiths and in widely different regions operated facilities for the sick.

Christian health care history and its contemporary profile tend to be the best documented but are not more significant than counterparts in other faiths. Muslim hospitals developed high standards of care between the eighth and twelfth centuries. Baghdad's hospitals in the ninth and tenth centuries were precursors of the modern hospital. Jewish institutions have led health policy and practice in many parts of the world. Buddhist practice has innumerable lessons for approach and practice. Historically, only faith institutions reached out to rural, marginalized populations, especially outside Europe. They were in the vanguard in caring for ethnic minorities—whom majorities, or those who held money and power, sadly often regarded as less than human.

What We Know and What We Do Not Know

The contemporary global role of faith-run health facilities is poorly known and understood, despite their omnipresence and deep historic roots. Knowledge gaps are accentuated by the way these systems operate and by historical church-state tensions. The emergence of secular medical practices has exacerbated discontinuities. In Africa, countries such as Mozambique abruptly nationalized church-run facilities, then renegotiated church-state arrangements several times. The result is that many countries evolved either quite separate systems or complex hybrid systems. Changes in religious profiles as well as interfaith or interdenominational tensions

shape what are often highly decentralized and quite dynamic health systems. In short, there are many reasons for the complexities of faith-based health arrangements.

One observer aptly described contemporary faith-run health systems as a galaxy. Most are decentralized; day-to-day management—including fund-raising and financial administration—is centered in each institution. The largest single faith-run system—the Catholic Church—includes countless kinds of facilities, many run by religious orders, while others are initiated directly by bishops (who have ultimate responsibility within their diocese), Catholic NGOs (such as Caritas Internationalis, a confederation of relief, development, and social service groups), or movements (such as the Community of Saint Egidio, a lay Catholic group whose fundamental work is with the very poor).

Faith-run systems account for a significant part of health care facilities worldwide, but estimates of their share vary widely and lack specificity. There has been considerable recent focus on Africa, but the challenges of estimating the extent and share of faith-run systems at national, much less continental, levels illustrate the difficulty, with an extraordinarily wide range of estimates, from 30 to 70 percent of total health care provided. The Catholic Church publishes regular estimates of its health care system, with more than one hundred thousand different institutions worldwide, but even those estimates convey poorly how they fit within national or regional care networks. Information is often available only to those who know how to locate and read it, with no obvious single global repository. In conflict-prone areas, faith-run institutions are often virtually the only providers on the ground, but again the picture is patchy at best. Analyses of how these faith-based institutions work and interface with other health institutions is weak, particularly in developing countries.

The dearth of specific information is a major impediment to defining actual and potential roles for faith-based health institutions, and even to framing policy questions. Fortunately, several efforts to map the faith-based health care landscape are under way. One is the African Religious Health Assets Program—a joint venture of Emory University and the University of Cape Town—which is documenting health assets in several countries, with support from the World Health Organization. The Unions of Superiors General—composed of the heads of both male and female religious orders—is collecting information on HIV programs and services.

Apart from the raw statistics on access and service, the vital gap is evaluation and analysis. While individual studies assess efficiency and impact, they are partial and rare. Systematic evaluation has rarely been a central concern of faith-inspired systems, particularly those operating under stress in poor countries. A 2003 study by Ritva Reinikke and Jacob Svensson, "Working for God," comparing church-run and public health institutions in Uganda, stands out as an exception but also as an example of the kind of work that is needed. Its central finding—that church-run facilities are more efficient and effective by most measures—is hardly surprising to those who have observed these facilities in action, but the study barely scratches the surface of questions that need practical answers.

Faith institutions are powerful advocates for increased international support for health care, including through the MDGs. However, without clear agreement on how faith institutions can contribute to global efforts, disconnections between faith-based and secular institutions are as numerous as connections. The lack of analytic work impedes informed exploration of potential collaborative work. Most outside funders do not find anecdotal evidence on the wonderful work of faith-based institutions sufficiently convincing. Happily, recognition is growing within faith-based health circles that evaluation can help them provide care to those most in need more effectively.

Difficulties in the Path to Dialogue

Moral issues lie at the heart of many controversies about the health care roles of faith-inspired institutions, some provoking raging public exchange, others quieter concern. Contemporary questions about medical ethics, for example—including bioethics, stem cell research, and policy and practice at the beginning and end of life—are more acute when faith-run health care systems are involved.

Many faith leaders see themselves as providing a moral compass for health care. A senior Catholic official objected to what he termed "moral conditionality." That is, urgently needed public funding often comes with conditions that run counter to church teachings and thus are considered immoral and unacceptable.

However, alternative perspectives on similar moral questions also draw deeply on tradition and ethics. Most significant is the view that faith-run approaches breach core human rights principles in their unwillingness to accept women's rights to reproductive health care.

Thus different parties contest fiercely for the moral high ground, with positions polarized, perceptions drowning out facts, and emotions running high. Dialogue is blocked because of the perceived force of the respective moral principles. The irony is that passionate advocates often share powerful concerns about the imperatives of care for poor people and communities. Debates over reproductive rights help explain why many public health experts are deeply reluctant to engage faith leaders, although those are not the only sources of tension. Health care presents ethical dilemmas at every step, with stalemate if participants are unwilling to engage in respectful dialogue. Encouraging dialogue has enormous importance.

Separation of Faith and Public Service, Toward Partnerships

Many faith communities see caring for the sick as a profound mission that is not open to question. They presume

that health care is a continuing and fundamental part of their mission. This is rarely the perspective of public health professionals.

"The hospital is our cathedral," commented one prominent Catholic cardinal. Leaders from many faiths refer with pride to the long-term, sustainable nature of their engagement, integral parts of community life. They take issue with contemporary public health experts who might, if strongly secular in bent, tend to view faith-run facilities as something of an anachronism with limited relevance for their mission of developing public health systems.

Differences in perspective and medium- to long-term visions underlie the fractured and piecemeal engagement at a practical and policy level between faith-based and public institutions. The lack of literacy cuts both ways: public health and development officials often have scant or distorted understanding of religion, while many religious leaders who oversee health systems have little formal training in public health. Agreement on common ground, shared objectives, and respective roles is often needed. An underlying question is whether faith-run health systems are simply part of the not-for-profit sector or need or merit special consideration.

The MDG challenge calls these habits of separation into question. Faith communities need to be core partners in the global effort to fight poverty and disease. Engagement is increasing in many areas—childhood diarrhea, avian flu, and so on. The HIV/AIDS pandemic has profoundly challenged institutions to build new partnerships involving faith-run health institutions together with private companies, international organizations, and foundations. Humanitarian work is also seeing productive engagement between faith and secular institutions. The roles of Caritas Internationalis, World Vision, and Islamic Relief in responding to the Asian tsunami, the Pakistan earthquake, the Darfur conflict, and the Katrina catastrophe in New Orleans are contemporary cases. Faith traditions that place a high premium on meditation—notably Buddhism—are important to medical science. In Thailand, Ven. Dr. Mettanando Bhikkhu, a Buddhist leader, is a pioneer in health systems, advocating a deeply reformed, community-based national system that emphasizes elder and hospice care.

At the root of many challenges to faith-based health care systems and thus to new partnerships is money: How can they remain viable, especially when their core mission is to serve the poorest segments of the community? And who pays? Modern health care surely cannot, on a large scale, continue to run as a charity. Yet public funding for faith-based care is often provisional and precarious, with crises either occurring or looming. The theme of corruption arises constantly—on both sides. Faith institutions often view government systems as deeply corrupt and unreliable, while public officials often maintain that weak financial skills in faith-led institutions encourage waste and leakage.

Many faith providers would fiercely defend the premise that compassion and morality are integral to their approach, even as the issue of conversion sits uneasily. Others would argue, just as fiercely, that faith-run medicine is driven by a professional quest for excellence that cannot and should not be sharply distinguished from other health providers.

Young volunteers from a Japanese Buddhist association collaborate with Filipino villagers to dig a well in a village near Balanga, Bataan province, in the Philippines.

Looking Ahead

National, regional, and global health care projects and institutions have significant blind spots on roles of faith-inspired institutions. Gaps in awareness, knowledge, and collaborative work—stemming from lack of good data, habits of mind, and ethical concerns—have profound consequences. Commitment, openness to new perspectives, and goodwill can help overcome these barriers. Possible avenues for action include (a) supporting better information on faith-run health programs, assets, and policy, and integrating this information at community, national, regional, and global levels; (b) creating dialogue processes that lift barriers to common action; and (c) working from both development policy and faith leadership to enhance health delivery to poor countries and communities. With the enormous challenges facing both faith-run and national health systems, dialogue and engagement are urgent. ❑

Bodyworks: Body-Mind Health and Ascetic Practices

by Tullio Lobetti

There seems to be a certain continuity in the activities of ascetic practitioners that stems from a different understanding of one's body.

Asceticism and ascetic practices seem to suffer from a bad reputation in contemporary understanding. Modern stances about the preponderance of the mind as the element truly characterizing our identity as human beings, and a radically scientific approach to the body, have created a sort of irreconcilable dualism in the understanding of ourselves. In this kind of cultural environment, if we think about the generic expression *human body*, the notion that may instinctively arise in our minds is of an image somehow resembling a picture in a medical book: an organism, namely a set of biologically constituted parts that work together in virtue of a series of mechanical processes. A failure in one of these processes may result in disease or even death.

Healing thus means nothing more than fixing that bodily failure, the same way a mechanic may fix a broken engine. This idea of the body is analytical, the various organs are seen as semi-independent entities, and often the dysfunction of one part of the body is considered to be unrelated to the others. This basic stance has shaped the attitude of men and women toward their own bodies in the last two centuries. Still, the body is something that must be nurtured for one's own good. It must be healthy because otherwise the spirit residing in it would not be able to move or act according to its desires. It must be kept in fine condition because a dirty or badly maintained body may represent a major obstacle to social relationships.

In short, the body must be treated with care in order to employ it at its best, to fulfill the spirit's desires.[1] What we were not taught to think is that we *are* our bodies. The underlying assumption is that being a human being means something different from being merely a body, and more precisely it means to be something *more* than a body. If something more than the merely physical exists in the human being, that thing is implicitly supposed to be subtle, transcendental to its mere physical reality. The realm of the spirit is thus conceived of as having a parallel but clearly distinct ontology, because to the soul is advocated a set of durative qualities that the body seems to lack: perfection, purity, and permanency.

When the two terms are juxtaposed in the common expression *body and soul*, indeed, the feeling is that the phrase is trying to reconcile two opposites, two natural enemies. Something good for body and soul seems to be meant as something good for all the possible manifestations of the human being in a hierarchical, vertical order, from the lowest to the highest.

If we try to understand the figure of the ascetic practitioner using merely these conceptual tools, the only result is the image of a religious person aimed at nothing but a complete and destructive self-denial. Let us think for a moment about the following definition of asceticism:

> A variety of austere practices involving the renunciation or denial of ordinary bodily and sensual gratifications. These may include fasting, meditation, a life of solitude, the renunciation of possession, denial of sexual gratification, and, in the extreme, the mortification of the flesh.[2]

This sort of assumption of self-destruction seems to make any understanding of ascetic practices as beneficial to health utterly impossible. In fact, it is remarkable how a deeper and less-modern-biased analysis of the actual activities and

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beliefs of ascetic practitioners, pertaining to both Western and Eastern cultural environments, sharply contradicts this preliminary view. For example, Christian ascetics, such as Anthony[3] and Catherine of Siena,[4] were noted among their contemporaries exactly because of their capacity for remaining healthy and strong in spite of their ascetic efforts. On the same account, Taoist masters strove for a perfect and immortal body by employing a wide range of dangerous and physically demanding techniques.[5]

There seems then to be a certain continuity in the activities of ascetic practitioners that stems from a different understanding of one's body. The basic paradigm underlying this theme seems to be close to this equation: If the proper use of the body can benefit spiritual qualities, then the opposite must also be true. In other words, successful ascetic efforts should be beneficial for body and spirit at the same time, because these two entities are bound in a nondualistic and reciprocally synergetic way. In this sense it is thus not surprising to understand ascetic activities as beneficial to health, and indeed as a most natural effect of the proper training of one's body.

In Japan this form of understanding of one's physicality, and of the effect that ascetic activities—generally termed as *shugyō*—can have on one's bodily integrity and health, is so natural as to be almost at the point of being taken for granted. During my field research I had the opportunity to talk to a wide number of practitioners while sharing their practices with them, and I could not help noticing how the issue of health is one of the most recurring motivations urging even ordinary people to undertake ascetic exercises.

One of the most common examples of popular asceticism is the *suigyō* practices (sometimes also called *kangyō*—cold-water ablutions) undertaken by various devotee groups from a variety of denominations, such as Ontake *gyōja*, *yamabushi*, and groups gathering on the occasions of *matsuri* (festivals) and other collective celebrations, such as *kagura* (sacred music and dance) performances. In all of these cases, the etiology of the practice seems to follow closely the equation outlined above. The first effect of cold-water ablutions is to cleanse the body to both the physical and the more subtle levels, forcing the body itself to respond by tapping into unknown resources. As one of my interviewees put it: "The body reacts to that, you feel warmth coming from the inside of your body. After a few minutes it is not cold anymore!"

A potentially destructive action thus results in a positive outcome for the practitioner's body and health. The wish of many practitioners to increase the physical strain on their bodies by employing stricter and stricter forms of practice must then not be attributed to an irrational indulgence in pain but rather to a conscious strategy aimed at reaching the full of each individual's bodily potential. As someone remarked to me enthusiatically: "You see, this cold cleanses you, can you feel it?" while two nearby acquaintances were merrily discussing the fact that "it's cold, it's cold, isn't it?", "Yes it is! But the colder the better," and then burst into laughter that hinted at a sort of unexpressed mutual understanding.

Health is central to other, and far more demanding, ascetic efforts as well. One particular case, the *kaihōgyō* practice of Tendai monks, seems to be so harsh and extreme that, at first glance, it appears to constitute a sort of exception to the beneficial tendencies and intentions we have discussed so far. The well-known *sennichi kaihōgyō* mainly consists of one thousand days of walking practice on a route encircling Mount Hiei and occasionally including part of Kyoto. In order to fulfill the practice, the *gyōja* has to walk from forty to eighty kilometers per day, and by the end of the practice period, which usually lasts seven years, he would have walked more than forty thousand kilometers.

However, as demanding as it may seem, the walking practice does not represent the highest peak in the physical exertion of the ascetic. The climax of the effort is marked by a prolonged period of abstention from food, water, and sleep known as *dōiri*. The figures concerned with this extreme ascetic practice are stunning in themselves: nine days without any food, sleep, or rest, and even more impressive, without a single drop of water. Only from the fifth day is the *gyōja* permitted to rinse his mouth with a cup of water once per day. Not a single drop may be swallowed, however, and all the liquid must be spat back into the cup. The *gyōja* should also recite the Fudō Myōō mantra[6] a total of one million times throughout the nine days, which practically means an uninterrupted recitation all the time, adding also a complete recitation of the Lotus Sutra once a day.[7]

Practitioners say that this is a good exercise for maintaining concentration and staying awake, but I think that it also must require an unimaginable effort. Lastly, every day at 2:00 a.m. the *gyōja* is required to perform the *shusui*, the water-taking ritual at the Aka well, consisting of taking a bucket of water from a nearby well and then offering it to the statue of Fudō inside the Myōō-dō. The Aka well is no more than two hundred meters from the Myōō-dō, so on the first days the trip takes only a few minutes. However, as the prostration of the *gyōja* grows, the task requires a longer time to be performed, up to almost an hour in the final days.[8] On the ninth day, when the *gyōja* is literally on the brink of death, the fast ends and the *gyōja* receives a medicinal herb tea called *hō-no-yu* and an official document of completion from Enryakuji. The *dōiri* is over, and the *gyōja* is granted the title of *tōgyōman ajari*, the "master [Sanskrit, *ācārya*] who has fulfilled the practice."

In my work with ascetics in Japan I never encountered anything more exhausting and potentially dangerous for one's health than the *dōiri*, and it is hard to comprehend how such a distressing experience may have any positive influence on one's health. The words of the *ajari* about his experience, however, seem to give us a completely different picture. The longer the *dōiri* continues, we are told, the more the ascetic's perception becomes clearer. During the last part of the *dōiri*, as all the practitioners report, the sen-

An ascetic (left) stops to offer prayer during the one-thousand-day walking practice on a route encircling Mount Hiei, which includes part of Kyoto.

sations of the body are enormously enhanced and they become able to hear the most feeble sounds, such as the falling of the ashes from an incense stick located at the other side of the hall.[9]

Self-awareness is enhanced, and the *gyōja* becomes aware of the physiological processes in the body. The progressive cleansing brings stability to the already highly tested body of the *gyōja,* while the water he periodically uses to rinse his mouth, initially brownish-red, as time passes becomes clearer and clearer until it is "as clear as pure water."[10] After nine days of total fasting, the *gyōja* is radically transformed but not annihilated. The general impression that all the *gyōja* report is that everything completely left them; good and bad are now meaningless, and their perception of reality is absolutely clear.[11]

Accounts such as these seem to subvert once again the "modern" thinking underlying the contemporary understanding of body and health vis-à-vis physical exertion. Neurological and physiological interpretation will probably attribute the mutated awareness of the *gyōja* to neurological dysfunction caused by prolonged fasting. However, this is but one strategy of interpretation of the phenomenon and nothing more than a choice among a variety of possibilities of self-understanding. In contexts where the boundaries between body and mind are blurred and of reciprocal influence, the effects and consequences of pain and physical toil are subject to a much wider spectrum of possible interpretations.

In my own experience, fellow practitioners reminded me often of the beneficial effects of *shugyō* practice carried on in the proper way. Walking in the mountains with continuous awareness of the position of one's feet, legs, joints, and back, for instance, improves balance and concentration. Sitting in *zazen* maintaining the proper posture, while concentrating on one's breathing pattern, sets the practitioner's mind and body in harmonious continuity. The list of examples could go on, but in all cases we have to notice how body and mind are taken into account as a unity rather than as two separate—and perhaps antagonistic—entities.

And the second element we can notice is that always the ascetic practice is supposed to be carried on in the proper way. The term proper suggests a certain degree of ascetic orthodoxy, which indeed constitutes the significance of the practice as a strongly motivated, voluntary effort. Asceticism is then not an irrational urge for self-destruction but a consciously and systematically planned strategy to improve one's body and mind conditions inside a framework wherein mental health and bodily health are mutually dependent.

It is my hope that the fruitful interaction between different cultures can in the future bring back some of this holistic understanding of ourselves. The contributions of modern science to human health have certainly been extraordinary, but the results obtained should not prevent us from reexamining our traditions in search of answers to still open questions. In particular, the balance and relationship between mental and physical health should be reevaluated in order to provide efficacious responses to many issues, such as stress and depression, that seem to plague our otherwise well-fed and bodily healthy societies. ❑

Notes

1. Mary G. Winkler and Letha B. Cole, *The Good Body: Asceticism in Contemporary Culture* (New Haven: Yale University Press, 1994).

2. *The Cambridge Encyclopedia* (New York: Cambridge University Press, 1990), p. 75.

3. Athanasius of Alexandria, *The Life of Antony: The Coptic Life and the Greek Life* (Kalamazoo, Mich.: Cistercian Publications, 2003).

4. Rudolph M. Bell, *Holy Anorexia* (Chicago: University of Chicago Press, 1985).

5. Livia Kohn and Yoshinobu Sakade, *Taoist Meditation and Longevity Techniques* (Ann Arbor: Center for Chinese Studies, University of Michigan, 1989).

6. John Stevens, *The Marathon Monks of Mount Hiei* (Boston: Shambhala Publications, 1988), p. 72.

7. Ibid., p. 75.

8. The practitioner, however, is not alone in his effort. During the whole period of nine days, he has numerous assistants who help him to stay awake and to carry the bucket to and from the well. See the video footage from Keikichi Tabata, *Yomigaeru Tōtō* (1979).

9. Nobuya Wazaki, *Ajari Tanjō: Hieizan Sennichi Kaihōgyō, Aru Gyōja no Hansei* (Tokyo: Kōdansha, 1979), p. 189.

10. Stevens, *Marathon Monks,* pp. 75–76.

11. Wazaki, *Ajari Tanjō,* pp. 190–92.

Compassion, Health Care, and Buddhist Monks

by Pinit Ratanakul

Many Thai clerics are highly regarded by the public for their social work and deeply sympathetic attention to serious health issues.

In Buddhism, compassion is the central moral ideal that all are asked to practice toward people everywhere and at all times. Due to his special concern for the suffering, pain, and illness of his fellow human beings and animals, and because of his desire to relieve their suffering, the great Buddhist King Ashoka of the third century BCE decreed, "Let healing be brought to man and beast." By the beginning centuries of the common era, vast halls of medicine and medical universities had been established under Buddhist influence and patronage throughout India and Southeast Asia. The Buddha himself had manifested concern for the health of his followers. He said to his disciples, "If you will not take care of each other, who else, I ask, will do so? Brethren, he who would wait on me, let him wait on the sick." The Buddha also remarked on the qualities needed by those who would care for the sick. A good nurse or physician, he went on to say, is one capable of prescribing the proper remedies for sickness—one who can distinguish between which treatments are fit and which are unfit. Equally important, the good nurse is one who cares for the patient, not out of greed, but out of compassion, and is capable of cheering, encouraging, and comforting the sick. Medical knowledge and skill by itself, then, is insufficient; without proper motivation and the ability to form a caring relationship with the patient, the Buddha stated, one is "of no use as a nurse."

Out of his compassion for human suffering, the Buddha commissioned his disciples to "go forth for the well-being and happiness of all mankind." Since that time, compassion has been given a central place in Buddhist ethics. This spiritual ideal is of great importance, particularly in cases where people are the most vulnerable to pain and suffering—in infancy, in early childhood, in sickness, in disability, and near death. In these conditions people are least likely to be able to act for themselves, to be self-sufficient. They rely upon, are dependent on, are at the mercy of, other human beings to help them and care for them. This caring and assistance is sometimes a matter of life and death. Without the active concern and efforts of others, vulnerable people cannot survive or can live only a minimal existence. Compassion then has a special application in medicine, where one is dealing with vulnerable, weak, helpless, and dependent people.

Compassion and Health Care

In health care, compassion implies two obligations that health care providers have toward their patients. One is to do everything in their power to enhance the health and well-being of patients. The second is to do no further harm to those already experiencing the harm of pain and helplessness, disease, disability, and dying. In this case, compassion implies that one is to seek to prevent harm (ill health and death) if it is within one's power to do so; if one cannot prevent harm or pain and suffering, then one ought to seek to remove it (cure the disease, restore to health); and if one cannot remove it, one's obligation is to alleviate it or lessen it, that is, relieve the suffering, care for and comfort the dying, and maintain as best one can those beyond one's capacity to cure. This practice of compassion in health care can involve self-sacrifice on the part of health care providers. It means giving time and energy and reversing priorities, even at the expense of one's own comfort and benefit.

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This practice of compassion, however, has its limits in relation to the needs of patients. The limits are set when the expectations of patients go beyond the professional capacity of the health care providers or against their ethical convictions. For example, a request for open-heart surgery cannot be met by a physician who is not a heart surgeon. A physician may also refuse to act on a patient's request, for example, in the case of abortion or suicide, when such a request is against the physician's professional or personal ethics.

Similarly, in the case of a patient in a persistent vegetative state, health care providers may refuse to prolong the treatment indefinitely when such treatment is futile and inordinately overburdensome to the patient and the relatives. Provision of such services should be considered in terms of fairness to other patients' needs. Compassion embraces justice. To render justice is a social form of compassion by recognizing the other as a moral equal and giving and claiming what is due a fellow human being. Without justice, compassion is sentimental; without compassion, however, justice can be rigid and heartless.

In some cases, compassion may mean permitting patients to meet the end naturally without futile prolongation of treatment. This "allowing to die" is believed to be different from the act of killing, even if it is mercy killing. Whether this is against the first precept is still being debated among Buddhists. However, it is clear that Buddhism is against euthanasia—the quick, supposedly merciful ending of life to relieve pain. The Buddhist objection to the experience of unbearable pain as the reason for euthanasia is justified. The hospice movement has shown that we already possess the means to control suffering and the knowledge to maintain people without severe pain.

With regard to the argument that one is seeking to hasten the death of another in order to be merciful or to show loving-kindness, Buddhism considers it a form of paternalism and self-deception. People have different pain thresholds, and various psychological, emotional, and spiritual factors play a great part in how much pain or suffering people can endure. People can endure pain if they find meaning in it. We might think that another is suffering unendurable pain and therefore ought to die. In this, we are paternalistically imposing our values upon the other because we would not want to go on living in such circumstances. But this does not mean that this, even painful life is meaningless to them. In Buddhist psychology, the felt desire to end another's suffering may derive from our own inability to cope with it and our own anguish in watching another suffer.

Actually, we want to save ourselves from further suffering, not the other person. Instead of euthanasia, Buddhist compassion offers a different approach. Compassion toward the dying means giving them special care to enable them to live their last stage of life in the most meaningful way. This special care consists of reducing the pain of the dying without impairing their faculties or clouding their consciousness and assisting them to have wholesome thoughts. Such thoughts in their last moments will, according to the Buddhist view, help inaugurate a new life in an auspicious way.

Monks and Health Care Services

Theravada Buddhism, also known as Hinayana Buddhism, has been considered to be the core of Thai culture since the establishment of the first kingdom (Sukhodaya) in the thirteenth century. The present Thai sangha, the order of Buddhist monks, comprises two sects, namely, the older majority group, Mahanikaya, and the reformed order, Dharmayuttika, founded in the nineteenth century. Within these two groups, there are monks who are labeled "forest monks" or "town/village monks" in accordance with the specific vocation each is pursuing, that is, meditation practice or learning.

A common misunderstanding about Thai Buddhist monks is that they are solely concerned with renunciation of the world and are thus completely indifferent to the ebb and flow of life. In fact, the monks are known among the Thai people for their social work and compassionate service to laypeople. Even the forest monks, who dwell in deep forests practicing meditation for self-perfection, usually, after such spiritual conquest, come out of the forests with enlightenment and compassion, crisscrossing the country, making themselves freely accessible to laypeople of all walks of life. Apart from their actions serving as a "field of merit" in which to sow good karma to benefit their present life, the monks teach their adherents meditation to put them on the right path to total release from all miseries and the endless wheel of life and death. These enlightened monks also use donated money to build secular schools and hospitals or to provide state institutions, which suffer from inadequate budgetary allocation, with needed equipment.

Town/village monks, who reside at temples (*wats*) in the community, serve the laity as its moral mentor and psychological counselor as well as personal and social advisor, along with following the vocation of learning the Dharma and the ancient Pali language. They also perform various religious rites for people of all societal sectors and teach them the Dharma to stimulate spiritual development in Thai society. In rural areas, many of them are engaged in community development work to relieve the wretched lot of poor villagers. There the monks' social work includes road construction, well digging, and the establishment of village cooperatives. In urban areas, their work for the poor ranges from the giving of free lunches to schoolchildren to the establishment of drug rehabilitation centers and orphanages.

There are numerous monks who live and selflessly work for others, especially to contribute to the health and well-being of the poor and the disadvantaged. One monk, for example, in Nakorn Sridharmarat Province in the south, uses the skills and knowledge gained in his secular life to treat poor villagers' broken bones as well as diseases of the bones. In such healing, he uses the knowledge of herbal medicine gained from the study of ancient medical texts passed down through the ages. The patients who come for his help are

not only from villages in that province but also from other provinces, since they do not have enough money to meet the cost of healing at hospitals. Health care given by the monk is accessible, available at all times, and free, without any solicitation for donations.

When asked about his dedicated work, the monk said, "I am very glad to help people and to make myself available to them at all times. I am not tired of this work, even if there are too many patients each day. I have no special office because I like to sit where people can find me easily. I always treat the patients impartially, wanting to restore health to all of them. I am providing them not only free services but also simple food and lodging when needed and available, since these people are poor. Even though some advised me to keep a record of their names and addresses so that when donations are needed the temple may contact them, I refused to do this. This is because, as a Buddhist monk, I am obliged to help all those who are in suffering. Actually, the poor villagers have been providing me with food and other necessities. So why should I ask them to pay for the cost of healing? Besides, the lodging and food that I give them here, when available, are very simple in comparison with what hospitals are offering them.

People also like to come here with their necessities, such as mats, mosquito nets, and pots and pans. I do not want them to feel obligated to give something back to the temple in return. They already spend enough money on bus or boat fares. So I do not want them to spend more for donations. Of course, if I ask them for donations, certainly they will have to borrow money for such donations, and as a result be burdened with debts. That is the underlying reason that I do not want to ask their names and addresses. For me, they are just suffering people who need help, and I am very glad to be helpful to them."

As a result of the compassionate work of this monk, patients receiving treatment at the temple also display the tendency to share. One boy—from a poor village in one of the southern provinces—related his feelings and experiences after falling from a truck and breaking his hip and leg. He said, "I do not have enough money to go to the hospital in the city. I went first to a private clinic, where the doctor asked me whether I could pay for the treatment. I said I could not because I have no father and my widowed mother cannot work. When the doctor knew that I did not have enough money, he was reluctant to treat me. I came to the temple on the advice of some friends. Here I am receiving treatment free of charge. And my mother can also be with me and cook for me. Luang Poh [the monk] never asked for my name. He only wanted to know the cause of my pain and suffering. He visits me each day, both in the morning and evening. At the beginning, when my mother first brought me here, I could not move my body. But now I can move it, though slowly, and I am sure that very soon I will be all right. If I had gone to the hospital, my mother would have had to borrow money, and it would have taken months for us to repay it. Here Luang Poh does not ask for any money at all, and I am very happy to be here."

Another patient, a girl from a different province, fell from her house, which is built on stilts, and suffered a bone fracture that makes walking a painful experience. She is also poor,

Alamy / PPS

A Buddhist monk teaching English at an elementary school in Bangkok.

with no father and a mother who lives from hand to mouth. When asked about the reason for coming to the temple, the girl said, "My mother could not take me to the hospital, as we have no money. We cannot borrow money from our relatives, as they are also poor. Here at the temple there is no need for us to pay for treatment. I am now recovering through the help of Luang Poh."

The view of this patient is typical of others who seek help from the temple because they cannot afford health care at hospitals and clinics. It is also very easy for the patients to meet the monk because he is always at the temple to attend to their needs. Even though it is usual for lay Buddhists to pay respect to the monk by addressing him with special language, he does not require any ceremony at all. He only wants to know the cause and nature of the pain so that he can give the appropriate treatment.

There are many similar monks in other provinces around the country who, out of compassion, use their knowledge of herbal medicine to take care of poor sick people without any charge or for a nominal fee. Most of their patients are cured, and treatments are quite successful. Many of the diseases the monks treat are those that rural people regularly suffer from, such as respiratory diseases, bone fractures, allergies, glaucoma, ulcers, high blood pressure, diabetes, back pain, and snakebite. Treatments usually consist of herbal concoctions combined with religious rituals and the practice of meditation. Some monks, such as Phra Lek Pabhasara of Wat Klongsam in Pathumdhanee, even treat cancer patients. A few of these cases have been successfully treated, with the disease controlled or eliminated altogether. Even some physicians from hospitals recommended that their dying patients go to the temple for humane health care. In such cases, the patients are taught meditation to calm the mind and ultimately to accept death in tranquillity. They are also provided a chance to make merit to ensure a good rebirth.

Apart from cancer, another deadly disease in Thailand is AIDS. The Ministry of Public Health estimates that the number of Thais infected with the HIV virus is 750,000, nearly 20,000 of whom have developed full-blown AIDS. The problem AIDS patients have been encountering is that the government cannot provide adequate health care for them. An additional problem is that many health care personnel and members of the general public have hostile attitudes toward these sufferers. Accordingly, AIDS patients may find it difficult to procure treatment at hospitals, and their families and friends may shun them. In addition, when their infection is discovered, their employers usually dismiss them.

Such experiences of rejection make these AIDS sufferers very sad, some becoming depressed to the point of wanting to end their lives, or some reacting aggressively by intentionally seeking to spread the deadly virus. Like the rural poor we have discussed, AIDS sufferers usually turn to the temples as the last resort. The monks, unlike laypeople, cannot turn their backs on these sufferers and try their best to find ways and means to help them. For example, Phra Preecha of Wat Tam Sriwilai in Saraburi near Bangkok uses special herbal concoctions to boost the patient's immune system to resist the virus. The herbs, numbering thirty, used in these concoctions cannot be bought from the indigenous drugstores but have to be collected in the deep jungle.

Along with herbal treatments, the monk prescribes a vegetarian diet, merit making (such as helping others and observance of the precepts), and the practice of meditation. Merit making and meditation are components of the healing process, because the monk believes that healing has something to do with the spirit. Through merit making the patient develops an ability to give, while meditation enables the patient to develop self-control and let go of stresses caused by anger and anxiety.

Though this particular treatment is still experimental, there are at least two specific cases out of one hundred AIDS patients in the earlier stages who have been declared by hospital physicians to be completely cured. Other patients remain asymptomatic and either stabilize or increase their T-cell count.

Consequently, a large member of patients have come to the temple to seek help from the monk, who, in the absence of any government support, is quite overburdened, particularly when the resources of the temple are very limited. The monk has only two assistants, and he himself has not enough time to rest, having to treat the patients from dawn to dusk. This raises the question of the limits of compassion. "I am very tired," he says, "and my health is in deterioration. At times while treating patients, I have to rush to my lodging to throw up because of overwork and exhaustion. But I have great sympathy for these sufferers who have no other place to go. Of course, I treat them free of charge. But some of their relatives like to donate money to the temple. This enables me to buy more herbs from villagers and to help more patients. The temple has very limited space. I like to advise people to take the medicine home and to come back only if there is no improvement. If they follow my advice on diet, merit making, and meditation while taking the prescribed herbal concoctions, I expect the cure to be effected in one and a half years. Apart from treatment, I encourage all patients to have hope instead of despair, otherwise their condition will become worse. It is not important for me at all to know how they got AIDS and whether they are good people or not. All I know is that they are in great suffering and I have to help to relieve their suffering."

Wat Tam Sriwilai treats AIDS patients only in the earlier, curable, stages. There is another temple that takes care of those in the full-blown stages where no cure is possible. This temple is Wat Phrabat Namphu in Lopburi, another province near Bangkok, and the monk is Phra Alongkot. Moved by compassion for those AIDS sufferers who have nowhere to go for needed care, the monk has transformed his small temple into a hospice. Without professional knowledge about AIDS, he wears no protective clothing when

treating these patients. When AIDS patients were initially accepted into the temple, other monks fled, and villagers threatened to stop supporting the temple because of their fear of AIDS. Lacking proper knowledge about this deadly disease, the villagers believed (wrongly) that the disease could be spread easily, for example, through mosquito bites, and as a preventive measure, demanded that the monk keep the patients under mosquito nets at all times.

During this period, Phra Alongkot had to deal with the hostile attitudes of the villagers as well as procure adequate resources to provide proper health care for the AIDS patients. After three years of hard work, he managed to persuade the villagers to develop compassion for these patients and to support the temple's humanitarian work. Gradually the villagers began to follow him, even visiting the patients and helping to treat them. The treatment consisted mostly of traditional herbs, diet, and meditation. Apart from the medicinal treatment, patients are encouraged to form a support group and to enjoy life, however short it may be. At present, the temple has five volunteers from the villages. The monk is now receiving increasing assistance, including financial support from NGOs and the general public. Government agencies are also encouraging other temples to follow the example of Wat Phrabat Namphu.

Even though the patients cannot be cured, the temple is a refuge for them in their final days. At the temple, they are supported and cared for without any charge, and they often live longer. When they do pass away, they let go of their lives peacefully. The provision of free health care adds a burden for the temple, however. Few relatives visit the temple, and when the patients die, their bodies are cremated and their bones kept at the temple because relatives will not receive them for fear of contracting the HIV virus.

The Ministry of Public Health and some NGOs are assisting the temple to initiate a home-care project for AIDS sufferers that will provide a supportive community for them. To implement this project, Phra Alongkot has to work harder to persuade people in different villages to take care of AIDS patients in their own areas and not bring them to the temple. It is not important whether he succeeds, for he has already set an example of translating the high ideal of Buddhism into practice and has contributed, though in a limited way, to the alleviation of suffering in contemporary Thai society. When divorced from action, this moral ideal of compassion is nothing at all.

All of these monks represent only a small portion of Thai monks who do not totally withdraw from the world to pursue their main vocation of following the Buddha's way to liberation from this samsaric existence, or the endless cycle of life and death. Sympathizing with the miseries of the poor and the disadvantaged, these monks selflessly dedicate themselves to the alleviation of their suffering and the restoration of their health. This is an important way of helping people live a creative life, free from suffering caused by illness and disease, thus being able to practice the Dharma as well as follow the Buddha's way to be released from all miseries. Where would society be, where would Buddhism be, were it not for the examples of those who pursue the ideal of compassion by living and working not for themselves but for others? ❑

AP Images

Phra Alongkot plays with two small children on June 12, 1997, at Wat Phrabat Namphu. The children, who are brothers, were born with HIV and were abandoned at the temple.

The Great Turning for Global Healing

An Interview with Dr. Joanna Macy

Dr. Joanna Macy is an American Buddhist teacher, writer, and activist in the campaign for environmental and social justice. When Dr. Macy was in Tokyo in November to participate in the twenty-fourth General Conference of the World Fellowship of Buddhists, DHARMA WORLD *interviewed her on the significance of the Buddha's teachings for global healing.*

How can we cultivate our awareness of the reality of the world we live in?

So often people say, "What shall we do?" "Give me a solution." They want to have a solution before they look at the problem. In America President Johnson, when he was in office in the White House during the Vietnam War, is known to have said to his staff, "Do not bring me a problem unless you bring me the solution." And for many of us—and certainly in my country today—that is what we want. In systems-theory terms he was closing himself to the feedback loop, or to actuality. And that is happening, of course, in many political governing circles today, even if this is an uncomfortable truth.

We do not want the discomfort of looking at the problem. We want a ready-made solution. That attitude turns our attention away from the world. We cannot see what is going on in a period where suffering is accelerating: ecosystems are being disrupted, there is climate change, there are huge gaps between the rich and the poor, more and more of our resources are going to the military, and there is the loss of our resources and the extinction of species on every side. There are things that are hard to see. And many of us want to look away so that we will not have to feel sorrow, so that we will not have to feel fear. We want to protect ourselves from a broken heart. And so we close down, we divert ourselves; we turn to entertainments or distractions, consuming, or drugging our mind. Or we become very passive and try to persuade ourselves that we do not care very much or that the experts will take care of it.

How do we cultivate true awareness? To practice, see the power of mind. At the beginning of my workshops I say to people, "Tell me what you love about life." You love the sunrise, you love the sound of the waves of the ocean, you love the wind in the trees or in your face. Our bodies and

Dr. Joanna Macy, during the interview with DHARMA WORLD *in Tokyo.*

our senses can help us to pay attention, and if we can awaken our love for life, then it helps us pay attention to the beloved. This world is like our beloved one, and we can look. We do not turn away from our beloved because our loved one is sick; or if our loved one has a disease, we do not walk out and leave. To cultivate awareness, we must get in touch with the love of our heart for this world and also the love of our body. So, paying attention to the breath, paying attention to the rhythm of our heartbeat, all of these bring us into touch with what is going on in the moment.

The greatest gift that we can give to the world and our fellow beings is our attention—our full attentive presence, because as humans we have the capacity to choose. It is precisely that capacity to change karma that we need to be aware of right now, because the social systems, political systems, and ecological systems are becoming unstable; and when systems are unstable, they can change very quickly, and you need particular attention then so that you can intervene with your choices as a citizen, as a healer/teacher in any profession, as a consumer, as a reflective mind, and as an activist.

We have the choice not to turn away from the world. I find that the Buddha Dharma helps us with the teachings of the first Noble Truth. There is suffering. Do not pretend there is not. And it is also helpful to learn to watch what your mind is doing, how you are trying to turn away. When I teach my classes and graduate school seminars on the planetary crisis, I assign the students insight meditation practice, or *vipassana*. They do not need to believe in Buddhism, they do not need to adopt any belief system, but they learn a discipline of paying attention to what is in front of them. So I like to say to them, "This is the greatest gift you can give your world. Do not pretend to have the answers yet. The answers are groping in your hands, but you have the opportunity and the courage to see what is going on."

Have you been sharing ideas about how to transform the present, closed industrial society into a more life-sustaining civilization?

This shift, or what we call "the Great Turning," to a life-sustaining society begins with a sense of what our relationship is to each other and to the living earth. And I say "the living earth" because the great paradigm shift in our time is bringing us back to a realization that this world is alive.

In Japanese culture from the beginning, before Buddhism, there was always a sense of the presence of this living world. And that is reinforced by the central teaching of the Lord Buddha. Well, that is also central to this healing shift to a life-sustaining society. Let us see and engage in the new forms that are arising for active community development. Some of them are ancient, and some of them are new, and all bring us solidarity. That is necessary because we are facing a dark time. Economic and social systems are unraveling, coming apart. We cannot survive if we do not hold on to each other. Social and environmental activism gives us new ways for experiencing our solidarity, our mutual belonging in the web of life.

How do the Buddha's teachings apply to global healing?

The knowledge of our interconnectedness helps us to see the effects of every action—how we preserve our water, what we do with our trash, how we raise our children. All of those aspects reflect on each other, showing us that we are living in a web of relationships and that if we act with a clear intention for the healing of the whole, that has results far beyond our separate and individual capacities. We cannot see the results, so we just trust—we know we belong to each other. That gives us strength to act, to speak the truth about present conditions. Even small actions like writing a letter can affect the whole web.

Another of the Lord Buddha's teachings, of course, is self-restraint. Refraining from overconsumption fits well with traditional values of frugality. You know, people take pride in using things and keeping them. People can have a new

relationship with their belongings as they care for them, mend them, and develop an affection for them instead of just throwing them away.

Then, I find the Buddha Dharma gives us the courage, the strength, to be with what is. The practice of meditation helps us train in that; particularly, the mindfulness and insight practice of the Theravada tradition schools us to just be present, and we do not have to like something in order to be present to it. So that is very helpful.

Then there are methods like the Brahmaviharas, or the Four Immeasurables. I use them and guide people in all of my workshops, so that they can learn to see each other without fear and competitiveness. *Metta* [loving-kindness], *karuna* [compassion], *mudita* [rejoicing in others' joy], and *upekkha* [equanimity] are magical in terms of their immediate effectiveness in transforming relationships and worldviews.

You see, all you need to do is remember, and so we practice in the workshops. We call them "Learning to See Each Other." We learn to see each other without fear by practicing loving-kindness. We learn to keep our hearts open to the suffering of the world through the practice of the *karuna.*

The third immeasurable, *mudita,* helps people overcome competitiveness and envy and divisiveness. It helps people take pleasure in other people's accomplishments. This is a truly wonderful spiritual treasure, a psychological release, and then, of course, *upekkha*—equanimity. I share these practices with people irrespective of their own traditions. You do not need to be Buddhist to use them.

Some say that nuclear power is more effective and cleaner for sustaining people's daily life. But you have mentioned somewhere that going nuclear is not effective and is more expensive.

Well, it is a delusion to say that nuclear power is clean, and it is a delusion to think of it as economical. It is a big money-maker for the corporations that have decided to provide it. Unfortunately, they have been able to block information about the immense suffering caused by nuclear power stations. I continue to work with people who have suffered from nuclear accidents, particularly at Chernobyl, but that was not the only one; there are accidents very frequently elsewhere. The safe decommissioning of nuclear power plants is, like nuclear waste, an unsolved problem.

So that is an area that I continue to feel very passionate about, and my interest and concern about nuclear power and nuclear weapons—because they are inseparable—has been a great gift for me. It has opened my heart and mind to future generations, the scores of thousands of generations who will be crippled and stunted by the poisons that we leave behind. And while this breaks my heart, it has also stretched my heart and mind so that I now do quite a bit of active work in the workshops to help people feel a living connection with the beings of the future, to speak for them. And to feel the presence of the beings of the future is actually one of the gifts of this moment in time. Because our karma, which is the consequence of our actions, extends into a geological time-frame, the choices we make now will affect people for a long time. So we are given the responsibility, but it also gives us a sense of—yes, a moral power and moral imagination to feel the presence of the health and well-being of the future generations with us now. ❑

The Mainichi Newspapers

Temelín Nuclear Power Plant in the Czech Republic, located some fifty kilometers from the Austrian border, the operation of which has stirred a bitter controversy over safety.

Health and Poverty

by Rosalina Melendres-Valenton

Despite the ambitious development goals laid out by the government, church, and other nongovernment agencies, the Philippines has not been able to sustain the economic growth required to reduce poverty.

I would like to share with you some concrete thoughts about the extreme poverty and poor health conditions of our Alangan *mangyan* recipients in San Ignacio Banilad on Mindoro Island, the Philippines. But before I go on, please allow me to give you a brief description of Mindoro, my home province.

Mindoro is the seventh-largest island in the Philippines, with two provinces, Oriental and Occidental Mindoro. The total population is estimated at approximate one million, and 10 percent of that number, or one hundred thousand, constitutes the *mangyans.* Oriental Mindoro is located in Mimaropa Region IV-B in Luzon. Its capital is Calapan City, and it occupies the eastern half of the island of Mindoro, while Occidental Mindoro is on the western half. To the east of the province lies the Sibuyan Sea and Romblon. To the north is Batangas across the Verde Island Passage. The Semirara Islands of Antique are to the south.

Oriental Mindoro alone is composed of 1 component city, 36 municipalities, 426 *barangays* (smallest administrative division), and 2 congressional districts. We have a total population of 681,818 based on the National Statistics Office (NSO) survey of 2007. Ten percent of that number constitutes the *mangyans,* who are distributed all over the island, namely: Alangan, Iraya, Tadyawan, Tau-Buid, Buhid, Hanunuo, Ratagnon, and Bangon.

The word *mangyan* is a collective term for the above-mentioned eight indigenous groups in the province. Among them, the Alangans are believed to be the island's first inhabitants, living in the rugged interior of Mindoro Island, which is about 150 kilometers south of Manila. They make clothes out of tree bark, *pandan* leaves, rattan, and *nito* twine. Despite modern times, many of them still occupy the rugged uplands, preferring to have as little contact with lowlanders as possible. But as resources from the forest have dwindled, a good number of them have settled on the lower foothills of Mount Halcon (2,582 meters above sea level), Mindoro's highest peak. One of the *mangyan* settlements is in Sitio Banilad, San Ignacio, Dulangan 3 Baco, which is about a forty-five-minute jeepney ride from Calapan City. Based on our latest survey (November 2008), about one hundred families make up this community.

The San Lorenzo Ruiz Academy (SLRA; formerly Lorenzo Ruiz Formation and Learning Center) of Calapan City, a private school initially established for indigents of Calapan City in 1990, expanded and put up a school exclusively for the *mangyans* in Sitio Banilad in the latter part of 1991. The establishment was prompted by the sad experiences of the Alangan *mangyan* children attending school with the Tagalogs and other lowlanders. We started the education program in Sitio Banilad in 1992, using two classrooms and depending on the voluntary efforts of our two teachers. To date, we have 105 *mangyan* students, whom we are giving free education following a multigrade educational system.

Looking back, it was after a strong typhoon in 1991 when I first arrived in Sitio Banilad. The Reverend Bishop Warlito I. Cajandig assigned us to monitor the flood victims and flood situation in the area of Dulangan. That was when I met Pinoy Oscado, an Alangan *mangyan* leader, and other *mangyan* elders in Dulangan. They lived miserably under thick rain clouds and on a land pulled asunder by the weight of the mountain above them. I was deeply touched by the heart-breaking situation of the *mangyans* in that place. And when they requested educational assistance several months

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after the typhoon, I responded positively and did the best I could to cope with the requests, despite the lack of material resources.

With *nipa* as roof, *kakawate* logs mixed with bamboo as walls, and earth as floor, we started the education program for children aged nine to fifteen years old in June 1992. Those were the children who had stopped attending classes conducted in Tagalog in the public schools. Our first week of teaching was excellent. However, as days and months passed by, we encountered problems that greatly affected the teaching and learning process. To give you a concrete idea of the level of poverty that our *mangyan* brothers are suffering, it would be good to share with you the real situation in relation to this.

On a normal school day (Monday to Friday), during recess, the children left the classroom for snacks. After recess the children came back inside the classroom for the next subject. We teachers presumed that they were having good snacks, with boiled bananas or other root crops from the mountain. But we were wrong, because children went out at recess not to eat but to substitute snack time with play in order to forget the hunger they felt.

Because of the unavailability of food, the majority of the children left their homes without having anything in the morning and even throughout the day. The parents left the house as early as possible to hunt for food in the mountains and returned home only after finding something to eat for the family, such as nonpoisonous rats and frogs, sometimes being gone for two or three days. Others work for Tagalog lowlanders as tenants, citrus-fruit pickers, or grass cutters, and at other lowly jobs that earn them very little: fifty pesos, or if the Tagalog lowlander is generous enough, they could have one hundred pesos for a full day's work. That amount is not enough to meet even the most basic need of the family—food.

From the first social investigation done by us during June and July of 1992, we learned that some Alangan *mangyans* had been awarded a piece of land in the lowlands to till, under the agrarian reform program of the government. However, they lacked the necessary tools and supplies needed in farming, which meant that the land remained unproductive from the date of awarding. There were some who courageously farmed with their bare hands and hoes, but it took them a couple of months to plant *palay* seeds. Thus, the results were negative.

To survive, during the *palay* harvesting season of the Tagalogs from the neighboring town (Calapan) and other municipalities (Naujan, San Teodoro, Victoria), entire *mangyan* families, including the youngest child, which the mother carried on her back, went out and looked for newly harvested rice fields and took leftover grains from *palay* stalks or from winnowed crops. When they returned home in the evening, they pounded the mixed grains from different rice fields and set them aside for cooking. On the other hand, the chewing of betel nuts by children and adults was a daily necessity. According to the *mangyan,* they don't feel hunger as long as they chew betel nuts. Indeed, the chewing of betel nuts is popular among all the *mangyans* in the province, young and old. For adults, chewing betel nuts is also a sign of social acceptance.

Mangyan *tribal children pose for a commemorative photo with young Rissho Kosei-kai members when the latter visited the villages of Banilad and Tubigan of the* mangyan *tribe in February 2007.*

From the extreme poverty that the *mangyans* are suffering, you cannot expect good health, a good and decent life, or a good way of living. I could definitely say that the indigenous peoples are the poorest of the poor. They have the lowest income levels (below hand-to-mouth existence); many of them are unable to eat complete meals and have very limited access to basic education, health care, and other social services.

We know for a fact that the government, nongovernment organizations, and the church are doing their best to help the poor. However, we also cannot deny the fact that many remain helpless even now, and this includes not only the *mangyans* of Mindoro but also the tribal Filipinos and even the non-*mangyans* (Tagalog, Cebuano, Ilocano, and others) from different regions all over the Philippines. Poverty remains one of the hottest issues in the Philippines, and despite the ambitious development goals laid out by the

government, church, and other nongovernment agencies, the fact remains that the country has not been able to sustain the economic growth required to reduce poverty.

True antipoverty programs remain a dream for us. The politically driven nature of Philippine government programs almost ensures that the emphasis will continue to be on quick fixes or interventions that provide high visibility and political payoffs. This is truly very sad, given the seriousness of the situation and the implications for the country if concerted action is not taken.

Poverty and malnutrition are at alarming levels, not only in Banilad or the province of Mindoro, but throughout the country. Our rapid population growth is magnifying the strain on limited budgetary resources. The rapidly growing population is jeopardizing the quality of basic social services, contributing to the fast and ongoing decline in the quality of basic education; the poor, most especially the *mangyans,* have very limited access to primary health care, reproductive health programs, immunization, and feeding programs.

Poverty in the Philippines is most acute and widespread in rural areas like ours. Although Manila certainly has its share of urban poor, the National Capital Region has the lowest incidence of poverty in the country. Nationwide, one can compare the 2007 poverty incidence rates of 21.5 percent in urban areas with the 50.7 percent rate in rural areas. The rural poor tend to be self-employed, primarily in agriculture or casual labor.

Going back to our suffering brothers, the *mangyans* of Mindoro, needing help and assistance with education, the reduction of poverty, and the improvement of poor health conditions will remain a very big challenge for anyone with

Children catching snails.

Students making necklaces, rosaries, and bracelets out of beads.

big hands and hearts. Our *mangyan* brothers are not merely treated by us as beneficiaries. They are directly involved in planning, in identifying problems, and in the implementation of what we have planned.

We came to Banilad to give formal education to *mangyan* children and informal education to adults. And as a living educational institution, we accepted from the very start the fact that the whole matter of education was not the main priority for the *mangyans*—survival is. And thus, we cannot just close our eyes and sit quietly in front of our *mangyan* pupils. Despite the lack of material resources, we actively stay with them, work with them, and journey with them through thick and thin until such a time that together we might reach our dream of having a moral, healthy, decent, productive, and educated community.

In our country, there is so much that could help the poor, such as giving a share of taxes to the poor, stopping the culture of corruption, and putting an end to excessive politics. However, you and I know that until now, these have all been abstract hopes. Nonetheless, one with our *mangyan* brothers, we will never stop hoping and believing that positive changes are bound to happen as long as we remain vigilant and willing to speak openly with our minds.

The school's active response against poverty has been this: we have taught children not only academic subjects but also how to make themselves productive. In the above picture, the children are making necklaces, rosaries, and bracelets out of beads. This is our simple way of helping them fight hunger. Catching *kuhol* (edible, nonpoisonous snails) by our teachers and students is a way of combining survival skills and handicrafts. We can cook the delicious *kuhol* meat, which is good for the children's lunch, while also using the shells for good necklaces and bracelets or decorative wall frames. ❑

Religious Communities Take the Lead for Children

by Stephen Hanmer, Aaron Greenberg, and Ghazal Keshavarzian

Children constitute a large percentage of the world's poor. There is a strong consensus across most religious traditions about the importance of caring for and supporting them.

Support for children lies at the heart of human progress. Their care and protection serves as a barometer of society's development, well-being, priorities, and values. Religious communities play a key role in responding to poverty and promoting children's health and well-being and are important partners for international organizations such as UNICEF.[1] This essay critically examines some of the opportunities and challenges associated with the role of religious communities supporting children. It provides an overview of child poverty, concrete examples of positive engagement by religious communities to address child poverty, a discussion of a key problematic engagement on behalf of children by religious communities, and some concluding thoughts on how to build on the good work being done, while curbing harmful practices.

Poverty's Impact on Children

Children constitute a large percentage of the world's poor. Poverty is the main underlying cause of millions of preventable child deaths each year and is the cause of tens of millions of children going hungry, missing out on school, or being forced into child labor.[2] For children, and girls in particular, poverty means limited access to health care, adequate food, and basic education. It often means violence, abuse, exploitation, or separation from family without recourse to protection or justice. The consequences of poverty can span generations. Poor children often become poor adults, passing poverty along to the next generation in a vicious cycle that is difficult to break.

Since the foundation of an individual's health and well-being is laid during the first years of life, childhood is the most opportune time to break the cycle of poverty. Investing in children is not only a human rights imperative but also a sound economic decision and one of the surest ways for a country to set its course toward a better future.[3] Spending on a child's health; nutrition; education; and social, emotional, and cognitive development is an investment in a healthier, more literate, and ultimately, more productive and spiritually strong population.

The Millennium Development Goals (MDGs), a development blueprint agreed to by all the world's countries, reflect the importance of focusing on children, especially girls, to eradicate poverty. The eight MDGs—which range from halving extreme poverty to reducing child mortality and to providing universal primary education—relate directly to children.[4]

Religious Communities as Front-Line Actors

There is strong consensus across most religious traditions about the inherent dignity of every human being and the importance of caring for and supporting children.

With their extraordinary moral authority, religious communities are able to change mind-sets and set priorities for their communities. As leaders within their communities, and as the ones who are often the first to respond to problems, they typically have the trust and confidence of individuals and communities.

With almost five billion people belonging to religious communities, their capacity for action is substantial. From

Stephen Hanmer (left), a UNICEF partnerships manager, supports UNICEF's faith-based partnerships. Aaron Greenberg (right) is a UNICEF child-protection specialist, focusing on social welfare systems and alternative care. Ghazal Keshavarzian (center) is the senior coordinator of the Better Care Network, an interagency network that facilitates global exchange and technical guidance concerning children without adequate family care.

the smallest village to the largest city, through districts and provinces, to national and transnational levels, religious communities offer a large and enduring network for the care and protection of children. In Africa alone, there are an estimated nine hundred thousand religious communities, many of which support vulnerable families and children.[5]

The role of religious communities tends to be especially important at the family and community levels, which international organizations and governments are generally less able to reach effectively.

Positive Initiatives by Religious Communities

Throughout the developing world, religious communities are in the vanguard of promoting actions to ensure that children survive and thrive to adulthood. In clinics and schools; meeting places; youth groups; clubs; and of course temples, churches, mosques, and synagogues, religious communities provide health care for poor families, schooling for vulnerable children, love and support to children and young people affected by AIDS, and skills programs for adolescents. Many of these interventions take place in close collaboration with civil society, governments, and UN agencies such as UNICEF.

Here are a few examples reflecting the diversity of interventions and religious actors:

- During the civil war in El Salvador, the Catholic Church negotiated a ceasefire to allow children on both sides of the conflict to be immunized. Similar efforts have been replicated in other conflict-affected countries, such as Sri Lanka and Sudan.
- In Afghanistan, development and humanitarian agencies work closely with religious leaders to promote key programs, including girls' education and child health. Imams regularly promote girls' school enrollment, national immunization days, and other health campaigns through Friday worship across Afghanistan. In areas with limited school and medical facilities, mosques are used as classrooms and immunization centers.
- In the Philippines, the National Council of Churches has published Bible-based study guides on children's rights, with numerous parish priests and evangelical ministers integrating child rights into their Sunday homilies.
- Through its Regional Buddhist Leadership Initiative Sangha Metta (compassionate monks), UNICEF has involved a growing number of Buddhist monks, nuns, and lay teachers in the Mekong subregion and as far away as Bhutan in the Buddhist response to HIV/AIDS prevention and care. What began as a small number of committed monks and nuns has grown into an extensive outreach program. Buddhist leaders are employing ideas and skills they have gained through the initiative to carry out low-cost, sustainable prevention and care activities in their local communities. They have been involved in prevention programs for young people, spiritual counseling, and the support of vulnerable families and children affected by HIV/AIDS.
- In Kenya and Eritrea, development agencies work with religious leaders from different faiths to gain their support and define ways in which they can bring about the abandonment of female circumcision and genital mutilation through sensitization and community mobilization.
- In Egypt, UNICEF and Al-Azhar University jointly developed a manual, *Children in Islam: Their Care, Protection, and Development,* designed to underscore how the care, protection, and development of children is central to Islam. The manual includes research papers and extracts of Koranic verses and *hadiths,* and *sunnas* that provide useful guidance on children's rights concerning such things as health, education, and protection.
- In Iran, partnerships with academic institutions, including Mofid University in Qom, Kharazmi University, and Imam Sadegh University, have been devoted to research initiatives exploring the commonalities between Islamic religious teachings and the Convention on the Rights of the Child and have produced a training material on HIV/AIDS for religious leaders.

There are also many global health initiatives, such as the push to eradicate polio, that have benefited significantly from social mobilization activities by religious communities. Several years ago in Nigeria, which is one of the last battlegrounds in the fight against polio, unfounded rumors in northern Nigeria about the safety of the oral polio vaccine stopped the immunization campaign, threatening to undermine the entire global eradication effort. Religious leaders were instrumental in addressing and countering the rumors and getting the campaign back on track.

Orphanages: A Mixed Role of Religious Communities

As illustrated above, religious communities can play a critical role for children affected by poverty. However, despite the best intentions, religious communities can also have a negative impact on children. One particular area where some religious communities have played a mixed role, especially in relation to addressing poverty, is support of orphanages instead of family- and community-based alternatives for children.[6]

Religious communities are among the groups that have played a significant role in the proliferation of orphanages over the last few decades, particularly in sub-Saharan Africa. In 2003, a study by UNICEF and the World Conference of Religions for Peace of 686 faith-based organizations in Uganda, Kenya, Mozambique, Namibia, Malawi, and Swaziland found that institutional responses—supporting orphanages or shelters for street children—constituted nearly 20 percent of their activities for children.[7]

Like Africa, Asia has a large network of faith groups, some of which support orphanages. In Vietnam, for example, Buddhist nuns play an active role in running orphanages.[8] A study found that more than 14,575 Vietnamese children (or 11.5 percent of the total child population without parental care) are residing in several types of institutions in Vietnam.

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A health worker vaccinates a boy against measles, assisted by another man, at an Afghan mosque in Kabul.

Children in orphanages come from a wide range of backgrounds; lack of family is rarely the primary reason for admission. Children in orphanages may be street children; children in conflict with the law; or children and adolescents who use or have been using drugs, have been involved in sex work, have been trafficked, or have lost a caretaker.[9]

Religious communities in wealthier countries play an important role in funding orphanages in developing countries. For example, a recent assessment of orphanages by the Malawi Human Rights Commission, following complaints from local communities across the country, found that 70 percent of orphanages received funding from abroad. The misunderstanding of the word *orphan*, as explained below, might partially explain why faith-based groups in affluent countries send money for orphanages. Orphanages also present an easy way to "see where the money goes" and, if groups are inclined, to indoctrinate children in a particular faith.

Religious communities, among other proponents of orphanages, have been slow to accept what has become a standard, research-based position among development groups—including the UN, civil society, and governments—that supported and protective family care is the best environment for child development and should be the driving focus of any child-care initiative.

Research shows that family-based care promotes better physical health, stimulation, socialization, and cognitive and intellectual development. As compared with family-based care, orphanages perform much worse on key indicators, negatively impacting the educational, physical, and social development and well-being of children—especially the youngest.[10] Orphanages also tend to be more expensive than family-based alternatives.[11]

Religious communities, including those in wealthy countries that support initiatives to build and operate orphanages, are sometimes unaware that only a small fraction of the children living in orphanages have lost both parents, which is the common understanding of what it means to be an orphan. International development organizations, including UNICEF, use the term *orphan* to describe a child who has lost one or both parents. By this definition there are more than 132 million "orphans" in the world today, the vast majority of whom are living with their mother or father.

Organizations and individuals (including faith-based groups) might misinterpret these international statistics, concluding that 132 million children are in need of families and homes and that orphanages are an appropriate response to the "orphan crisis." In fact, the opposite is true. Only a small fraction of children living in orphanages fall into the category of "orphans" that looms so large in the public imagination. The vast majority of children in orphanages—in some cases more than 80 percent—have at least one surviving parent; many of these children do not need to be there.

A girl smiles, notebook and pencil in hand, at the Tunza Children's Centre, an orphanage and school in Kibera, a slum area of Nairobi.

Research has shown that poverty, not the absence of family, is the most common reason for placing children in orphanages. For example, 70 percent of children in orphanages in Afghanistan were placed because of the loss of a father, although the children still had a mother (the loss of the father generally leads to increased household poverty).[12] In the poorest communities—where families suffer from chronic hunger, lack of access to basic services, discrimination, and severe health problems, including HIV and AIDS—orphanages are, for the most part, responding to poverty and lack of services, not lack of family.

There are, of course, instances where families are not safe for children. When some form of non-family-based care is necessary (e.g., when older children prefer this option or, in exceptional situations, when there is truly no other option that is in the best interests of the child), residential care should be considered as a last, and temporary, resort and should be integrated with the surrounding community and as family-like as possible.[13]

Working to Support Family- and Community-Based Alternatives

Recognizing the role of faith in Africa and the need to highlight positive ways religious communities can help to alleviate poverty, more than twenty international organizations and faith groups from around the world have developed a guide for religious communities seeking to contribute their resources to support the needs of vulnerable children. The guide, *From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa,* outlines the many ways religious communities can effectively support communities in sub-Saharan Africa to ensure that children remain in family care and, where necessary, implement family- and community-based care interventions.[14]

From Faith to Action recognizes that residential care is sometimes needed as a temporary response or as a last resort for vulnerable children without proper care. The report highlights, for example, the Botshabelo Babies Home in South Africa. Botshabelo was established by the Covenant Life Church to provide services to the poor. Botshabelo operates a children's home for orphaned and abandoned children, many of whom are HIV-positive. The home works toward reuniting children with their families or finding foster families. Rooted in community-based programming, the home has integrated community members to volunteer their time and resources. The project successfully gives immediate care while providing each child with a family and support.

Given the important influence of religious communities and the focus on compassion and understanding in religious teachings, religious communities have the capacity and authority to raise awareness of the importance of keeping children in family care and to promote family-based alternatives when biological families are not willing or able to

provide care. Dialogue on family-based alternatives to orphanages is critical to ensure that religious communities have the full range of support and can link with community-based prevention efforts. Technical know-how on how to set up a good foster-care system and ways to effectively promote local adoption is also important.

Conclusion

As this essay has demonstrated, religious communities can play a key role for children. Through their vast networks and reach, they are at the forefront in responding to poverty and promoting children's well-being and are critical partners for civil society, governments, and UN agencies. At the same time, even with the best of intentions, religious communities can also have a negative impact on children. It is essential for organizations such as UNICEF to work with religious communities to increase their access to good practice and evidence-based approaches to support children effectively. The key is to harness one another's strengths to a common vision for supporting children. Such a common vision and partnership can lead to significant results for children, whether related to health care, education, or support for vulnerable children. ❑

Notes

1. In this essay, *religious communities* refers to all forms of faith-based actors (e.g., religious leaders, faith-based organizations, religious scholars, etc.). This essay takes a holistic approach to health to reflect DHARMA WORLD's use of WHO's definition for health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

2. UNICEF, *Poverty Reduction Begins with Children* (New York: UNICEF, 2000), http://www.unicef.org/nutrition/files/pub_poverty_reduction_en.pdf. A few statistics (From UNICEF, *The State of the World's Children 2009: Maternal and Newborn Health* [2009]):

- Every day more than 25,000 children under five die. Most of the 9.2 million children under the age of five who die every year are dying from preventable causes like diarrhea, pneumonia, and malaria.
- Some 148 million children under age five in the developing world are underweight for their age.
- Some 101 million children of primary school age are not in school.
- More than half a million women still die each year from preventable and treatable complications of pregnancy or childbirth.

3. UNICEF, *The State of the World's Children 2008: Child Survival* (2008).

4. The eight MDGs focus on poverty and hunger, education, gender equality, child mortality, maternal health, disease, environment, and global partnership for development. For more information go to http://www.unicef.org/mdg/index.html.

5. For example, a 2003 study by UNICEF and the World Conference of Religions for Peace in Uganda, Kenya, Mozambique, Namibia, Malawi, and Swaziland showed that 98 percent of the 686 faith-based organizations interviewed had some sort of programming for orphans and vulnerable children.

6. The word *orphanage* is used to describe any non-family-based care situation that acts as a short- or long-term placement option for vulnerable children. Other similar terms include *residential care, institutional care,* or *group care. Residential care* is the preferred term for the type of out-of-home care that conforms to good practice—that is, small, linked with the surrounding community, and situated within a broader child-care system that includes family support services, foster care, and other alternative care options.

7. Geoff Foster, "Study of the Responses by Faith-Based Organizations to Orphans and Vulnerable Children" [UNICEF, 2006], *Available at* http://www.crin.org/bcn/details.asp?id=8948&themeID=1002&topicID=1016.

8. Ibid.

9. Jan de Lind van Wijngaarden, "Assessment of HIV/AIDS Vulnerability, Responses, and STI/HIV Prevention, Care, and Support Needs of Institutionalized Children in Vietnam" [UNICEF, 2007], http://www.crin.org/bcn/details.asp?id=12691&themeID=1004&topicID=1025.

10. Charles H. Zeanah, Anna T. Smyke, Sebastian F. Koga, Elizabeth Carlson, "Attachment in Institutionalized and Community Children in Romania," *Child Development* 76, no. 5 [September–October 2005]: 1015–1028. One study on orphanages in Europe, for example, found that young children (newborn to three years old) placed in orphanages were at risk of harm in terms of attachment disorder, developmental delay (i.e., reaching developmental milestones and achieving gross and fine motor skills), and neural atrophy in the developing brain. See EU Daphne Programme 2002–3, "Mapping the Number and Characteristics of Children under Three in Institutions across Europe at Risk of Harm" (Copenhagen: World Health Organization, 2004).

11. In central and eastern Europe and the former Soviet Union, for example, orphanage care is twice as expensive as the priciest alternative (small group homes), three to five times more expensive than foster care, and approximately eight times more costly than providing family and community support services to vulnerable families (Save the Children UK, *Protection Fact Sheet: The Need for Family and Community-Based Alternatives to Children's Homes*). According to the World Bank, the annual cost for one child in residential care in the Kagera region of Tanzania is more than one thousand U.S. dollars,, almost six times the cost of supporting a child in a foster home (Mead Over, and Martha Ainsworth, World Bank, "Coping with the Impact of AIDS," in *Confronting AIDS: Public Priorities in a Global Epidemic* [New York: Oxford University Press, 1997, p. 221, and personal communication with Mead Over. The text actually reports that institutional care was ten times as expensive as foster care, but a subsequent review of the data indicated that the ratio was closer to six to one.

12. Westwater International Partnerships, *Children Deprived of Parental Care in Afghanistan: Whose Responsibility?* (UNICEF, 2004).

13. Out-of-home care is a complex issue; however, the vast majority of experts agree that: (1) residential care must be a small part of a range of alternatives and function within a broader child-care system, (2) good gatekeeping is needed to ensure that children do not come into residential care unnecessarily, and (3) all other options—family reunification, safe placement with kin, foster care—should be explored before placing a child in residential care and on a regular basis after the child is admitted.

14. The publication can be found at http://www.firelightfoundation.org/whats-F2A.htm.

Religion and Health

by Taye VanMerlin and Kazzrie Neval

The effect of having a strong religious foundation positively correlates with the ability to cope with and heal serious illness.

In the early 1970s nursing began focusing on total patient care, which included not just physical and mental care but also sociological and religious needs. It was in that decade that Elisabeth Kübler-Ross did her seminal research on death and dying, which looked at beliefs and the process of death and grief. Although including religious beliefs was a grand idea, it was not until the 1980s that true incorporation of religion and its benefits began to appear with the advent of holistic medicine and nursing, with its focus on alternative and complementary health care techniques. It was around this time that the journal *Religion and Health* made its appearance, along with numerous scholarly articles in professional publications about the benefits of certain religious practices. First, however, we must look at what health is.

> The World Health Organization (1948) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Health is powerfully influenced by cultural, social and philosophical factors, including the existence of meaning and purpose in life and the quality of intimate personal relationships.[1]

Therefore, religion as one of these aspects plays an important role in health promotion, but how does it work? One theorist has expressed the link between religious practice and health as follows:

> religious practice → finding positive meaning → positive emotions → broaden mind-sets → augmented personal resources → improved health and well-being.[2]

Positive emotions of themselves are motivators, and people seek them out and try to re-create the situations in which they occur in order to feel good again.[3]

When we look at the effects of religion on health care, the physical aspects are the easiest to quantify, so they initially are the ones to gain recognition. When Maharishi Mahesh Yogi brought Transcendental Meditation to the West, with its adoption by the Beatles as its most famous early practitioners, hundreds of people began benefiting from the practice of meditation. Today the benefits of meditation in stress reduction and cardiovascular disease are well documented in many studies. Other religious practices incorporated into health care include yoga, which is even more popular today. Unfortunately, the full religious significance of the practice in most cases has been lost to Western culture.

There are also reports of the psychological benefits of religious practice and meditation. The effect of having a strong religious foundation positively correlates with the ability to cope with and heal serious illness. Religious practice makes passing away more peaceful and less frightening for those with terminal illness. It provides a spiritual anchor and meaning to their lives. Religious practice has also helped with emotional problems. It helps mitigate some of the negative feelings created by issues such as depression by providing a source of social and personal affirmation, resources outside the home, and personal validation. It offers a means for afflicted individuals to look beyond the self by providing venues for helping others that raise their self-esteem and bring meaning and purpose to their lives.

So how does Buddhism, and in particular the practices of Rissho Kosei-kai, assist in health restoration and mainte-

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Taye VanMerlin (left) has a master's degree in nursing with a minor in human physiology. She is a retired nurse and former co-owner of The Uncommon Herb, an alternative health provider and herb store in Oklahoma City, Oklahoma. Kazzrie Neval (right) is a hereditary herbalist and also former co-owner of The Uncommon Herb, where she trained health professionals and the general public in the safe use of herbs and in other alternative therapies.

nance? To understand, we must first turn to the work of Abraham Maslow, who in 1943 published his paper "A Theory of Human Motivation." In this paper, he outlined a hierarchy of needs consisting of five levels, from physiological to self-actualization.[4]

Lower-level needs must be met first. Once met, growth occurs and an individual moves upward from one level to the next. So physiological needs must be met before safety needs, safety needs before social needs, and social needs before esteem needs, until finally, when esteem needs are met, the individual can move on to self-actualization and the related development of morality, creativity, spontaneity, problem solving, lack of prejudice, and acceptance. As needs on one level are met, there is upward movement to the next level; however, if for some reason a need is no longer met, there is a reprioritization of those needs and a focus again on the lower level until that need is again satisfied. One of the present writers learned this theory as part of her basic nursing education. It was crucial to understanding the motivation of clients as they moved from illness to the optimum level of health they could attain. During any given illness, individuals would cycle through the levels of Maslow's hierarchy of needs as they recovered from their illness. How does this relate to Buddhist practice?

Buddhism particularly lends itself to holistic health care with its focus on body, mind, and spirit. Buddhism in general teaches the following:

- A personal relationship with the transcendent (our inherent buddha-nature)
- Practice involving some type of meditation, prayer, or chanting (chanting the Lotus Sutra) and a physical practice to harmonize the body by diet, yoga, or other practice
- A social relationship with the community (membership in the sangha)[5]

Each of these plays an important role in health. To understand this, we must return to Maslow's hierarchy.

The lowest level of Maslow's hierarchy focuses on the physiological needs, for example, breathing, food, water, sleep, homeostasis, and excretion. A lack in this area means challenges on the most basic level of survival. A perceived or real deprivation of food or oxygen, or a disease that attacks the body's key organ systems associated with the maintenance of life, creates a threat to the well-being of the individual. Until this is resolved, the individual cannot move forward in any manner. For Buddhists, the use of meditation or chanting can lower the level of anxiety associated with this type of challenge. Chanting has known benefits in healing many diseases. It stimulates reflex points on the roof of the mouth that correspond to the various organ systems of the body. This can lead to a reduction in pain and blood pressure, increased circulation, and production of the

Maslow's hierarchy of needs

body's own endorphins. With the reduction of stress, the body can heal, breathing becomes easier, and pain is reduced, and now opportunities can develop to find the means to meet the physiological needs, freeing blocked creative thought. This can end a sense of paralysis that comes with stress, allowing an individual to move forward. Buddhists believe that much of our suffering comes from our transmigration through the Six Realms of Existence. In Rissho Kosei-kai, we chant the Lotus Sutra. Among its benefits, it raises us out of this cycle and brings our focus back to the teachings that make our sufferings disappear.[6] As our study of the Four Noble Truths (the truth of suffering, truth of cause, truth of extinction, and truth of the path) shows us,[7] all of our suffering is brought upon us by our own ignorance. We also learn through the great truths that all things are impermanent; so, too, our physical suffering will change.

The next level of Maslow's hierarchy is safety. This corresponds to the individual's desire for an orderly world. It relates to security of body, employment, resources, morality of the family, health, and property. No matter how much we try to impose order in our world, it is an elusive state. Religion, and in particular the practice of Buddhism, helps us to establish internal order through the Eightfold Path (right view, right thinking, right speech, right action, right living, right endeavor, right memory, and right meditation),[8] which leads to a feeling of safety. This guideline for

living and our understanding through the threefold truth that we are connected to all of humanity, nothing is permanent, and our suffering in the moment will end brings us an internal peace that enables us to weather any challenge we face.

When our world turns upside down, chaos erupts, we lose our job, or we experience a traumatic event, the basic teachings provide a solid framework that helps us regain stability and deal with our world. We create internal safety through our Rissho Kosei-kai practice, which is not disturbed by external forces. This internal structure reduces stress and helps us focus on meeting the challenges of this world of suffering. In return we do not suffer from the ill effects of the chaos, which otherwise might overwhelm us.

The third level of Maslow's hierarchy deals with love/belonging (social needs). Buddhist practice brings us membership in the sangha, the community of support and love. This membership connects all participants through the opportunity to practice the Six Perfections (donation, keeping the precepts, perseverance, assiduity, meditation, and wisdom)[9] within our community and to attend *hoza*, which helps us to practice the Six Perfections within our daily life. In *hoza*, sangha members sit together as a group to discuss problems they are experiencing in their daily lives and talk about the teachings. It provides the opportunity to share the implementation of our practice, ask for guidance from other sangha members, and learn how to use the basic teachings in situations we will experience in the future. Sangha membership brings a very close connection to others in the sangha, which in turn provides physical, emotional, and psychological support, particularly in times of trouble. This can influence the course of events in our lives. Those who feel supported do not feel alone, nor do they feel helpless, because there is the sangha to turn to for help.

Self-esteem is the fourth level of Maslow's hierarchy. Focusing on self-esteem, confidence, achievement, and respect from others, it speaks to the inner sense of happiness. Buddhist practice generates a sense of well-being though chanting, providing a framework for dealing with life, and through acceptance by the sangha. Those with a positive outlook are affected less by stress and will be happy and healthy. They in turn pass this positive attitude on to those around them by their presence and practice of the path in daily life. If illness does occur because of karma or practice-associated problems, people are willing to look at their actions in light of the teachings to find the key to their suffering. They know this is temporary and that with the help of the teachings they will move beyond their suffering. Therefore, patients with strong religious or spiritual practice tend to have a far better prognosis compared with others having little religious or spiritual support in their lives. A peaceful mind facilitates healing and acceptance of outcomes and is open to possibilities, which are the foundations of hope and grace.

Maslow's last level is that of self-actualization, where one reaches a level of morality, creativity, and problem solving. Here, also, there is a lack of prejudice, and there is acceptance of facts. This equates with the stage of Buddhist practice we sometimes refer to as wisdom, among the Six Perfections. In this stage, an individual can accept a diagnosis of terminal illness with calm. There is no fear, stress, or anguish. People move through the process of passing peacefully rather than struggling against death. They live life until it is gone because they have moved beyond the illusions that bring suffering.

Our health is a direct reflection of our ability to maintain our practice. As with all experiences, our health is a reflection of our practice, and our practice reflects on our health. As mentioned earlier, a strong, peaceful mind can overcome adversity and radiates out into the community. The laws of physics relating to harmonics state that when something vibrating at a certain rate is brought into the proximity of an object that is at rest, the resting object begins to vibrate at the same rate. This happens with chanting too; it brings up the vibration and enlivens the spirit, which in turn affects the vibration of all who connect directly or indirectly with this person. Masaru Emoto's study of water-crystal research documents this vibratory effect.[10] This effort supports the belief that only 1 percent of a population moving in a positive direction, emanating a new vibration, can shift any paradigm. This results in change on the microcosmic level, which in turn results in changes on the macrocosmic levels. We saw this happen constructively in the aftermath of the terrorist attacks of September 11, 2001 in the United States. The focus on help and support was enormous. While many would argue that the effects were temporary, the impact still resonates today. Our practice benefits not only our own health but also that of the world around us. ❑

Notes

1. Chan Ka Po, "Spirituality and Buddhism," http://kr.buddhism.org/~skb/down/papers/083.pdf, citing Dean Ornish, *Love and Survival: Eight Pathways to Intimacy and Health* (New York: HarperCollins, 1999).

2. Barbara L. Frederickson, "How Does Religion Benefit Health and Well-Being? Are Positive Emotions Active Ingredients?" http://www.unc.edu/peplab/publications/religion_health2002.pdf, pp. 209–13.

3. Ibid., p. 211.

4. Unknown, "Maslow's Hierarchy of Needs," http://en.wikipedia.org/wiki/Maslow's_hierarchy_of_needs.

5. Chan Ka Po, "Spirituality and Buddhism."

6. Nikkyo Niwano, *Buddhism for Today* (Tokyo: Kosei Publishing, 1976), pp. 8–9.

7. Ibid., pp. 26–27.

8. Ibid., pp. 33–34.

9. Ibid., pp. 35–38.

10. http://www.life-enthusiast.com/twilight/research_emoto.htm.

An Interspiritual Approach for Modern Medical Care

by Wataru Kaya

The author notes that he arrived at his approach through his relations with many psychologically disturbed patients and the psychoanalysis he himself has received.

In this essay I advocate the use of an interspiritual approach in medical care, illuminating this subject with what I can offer as a psychiatrist and a religious person.

Japan's Medical Care System Today

What people would like me to write about is not, I suppose, the Japanese system of medicine or the current situation of health care. Still, it is a fact that a mountain of serious problems has arisen in contemporary Japan, including a short supply of medical practitioners in emergency treatment, pediatrics, obstetrics, and in remote areas. Just in my own field of psychiatry, we find ourselves struggling with various thorny issues, such as an increasing trend toward depression, more than thirty thousand suicides per year, and despair among the young. These are major issues that need to be addressed through the combined efforts of people in many quarters, not just those of us engaged in medical care.

Luckily, Japan's system of universal health insurance is continuing to function as it should, even if just barely. Some doctors may not be satisfied with the way this system works, feeling it does not enable them to make full use of their skills, but it is nonetheless a precedent-setting system guaranteeing that everyone, regardless of income level, can receive standard medical care. No doubt it behooves us to hold this system up as a model for the world.

My Standpoint

Since my standpoint is somewhat unusual, allow me to introduce myself briefly. I am the chief priest of a Shinto shrine established in the thirteenth century. After graduating from medical school, I initially worked in pediatrics, later undergoing training in psychoanalysis and gaining credentials to practice as a psychiatrist. Until today, when I have reached the age of fifty-five, I have continued to undergo educational analysis (in which a psychiatrist or psychotherapist receives psychoanalysis from an expert in it), for reasons I describe below.

Needless to say, psychiatry and psychoanalysis arose out of Western culture. In particular, they were born in the context of modern rationalism dating from the time of René Descartes. These Western medical disciplines aim for universality, and treatment has come to be applied to the psychological health of people in the non-Western world. I am a supporter of Western learning, but there are aspects of it I am unable to accept, especially in the case of psychiatry. There seems to be no problem with the psychiatric medicines used, but even in the prescription of medicine, we must note that it takes place within the doctor-patient relationship, which is one of spiritual trust. So when prescribing medicines, the spiritual condition of both doctor and patient cannot be disregarded.

This is even truer in the case of psychotherapy. If we use the heart and mind of the Western individual as our standard, can we safely presume it to be universal and apply it as is to non-Western individuals, whether in psychoanalysis or in some other psychotherapeutic treatment? I have my doubts. For this reason, I wished to become a subject of psychoanalysis myself, to gain firsthand familiarity with its possibilities and limitations and to give the spirit deep thought. Then, if possible, I hoped to utilize my experience under psychoanalysis in the development of an improved methodology, one that as far as possible could be effectively applied to non-Westerners. To be sure, I readily acknowledge that

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psychoanalysis already has within it a certain degree of universality. But it also has aspects that appear to lack universal validity, and it is proper to subject them to a radical review.

Since 2005 I have frequently been involved with the indigenous people of Canada. In his 1981 work *Indian Healing: Shamanic Ceremonialism in the Pacific Northwest Today* and in other writings, Wolfgang G. Jilek at the University of British Columbia argues that it is exceedingly reckless and often injurious to treat native Canadians using the psychiatry developed in the West without modification. I quite agree. Naturally there is no reason for Western medications not to have some effect when prescribed for emotionally troubled non-Westerners, but when crude medical treatment is applied without regard for the traditional and cultural healing tools of these indigenous people, side effects may become more pronounced than intended effects. When the hearts of indigenous people are being treated, there is much that can be gained from dialogue with the medicine man—a shaman serving his people as a healer—and from prayer, healing dance, and other such practices.

A Shinto priest is like a medicine man in some ways. At the same time, I am also engaged in the clinical wards of Western medicine. My standpoint as a doctor is one of constant contradiction and conflict, and it is also one of harmonization.

Disease Cases

The hospital at which I am employed has psychiatric and internal medicine departments coupled with a ward. Conspicuous among the patients of the psychiatric department are schizophrenics in poor mental health, while the ward has large numbers of victims of severe dementia and terminal patients not far from death's door.

In relating with these patients, I approach them more as an individual than as a doctor, greeting them and saying a few words from my heart. In the beginning, of course, they do not respond. Take the case of Mr. A., a patient suffering from severe schizophrenia complicated by a developmental disorder. When I would say hello and give him a smile, he would make no response at all. Mr. B., who has an advanced case of dementia, similarly remained absolutely expressionless. Such an absence of reaction was by no means limited to Mr. A. and Mr. B. For the first few months after I began working at the hospital, I found in many cases that my greetings and other actions were ignored.

As time passed, however, there was a small but clear change in the response of Mr. A., and the nurses also noticed it. Mr. B., meanwhile, began somehow to appear more relaxed, and he would follow me with his eyes and return my greetings with a slight nod. I also sensed change in the reactions of other patients in the ward.

From the viewpoint of psychiatry, even a patient in very poor mental health will benefit from the repeated application of appropriate stimuli. Slowly but surely, healthy functioning of cerebral nerves will be invigorated, and the patient will begin to respond to others. The changes I witnessed, then, only stand to reason. I believe, however, that more was involved.

Kami and Buddhas

According to Japanese Buddhism, one can perceive a buddha deep within the heart of every human being. In Shinto, similarly, *kami,* the various divine beings considered to have come from something great, are seen as residing within the hearts of human beings, whatever kind of individuals they may be. Some people may be inclined to criticize such beliefs as unsophisticated, but I believe they contain a deep truth.

In the hospital, while greeting patients in a casual fashion, I am actually giving thanks and paying my respects to the *kami* or buddhas residing in their hearts. The patients may ignore me, but that does not matter. I just continue to extend greetings, patiently and pleasantly. When I behave in this way, in most but not all cases the patients begin to respond. The *kami* or buddhas within them return my greetings. This is a moving experience. So in my greetings, I express thanks with my whole heart.

To adherents of modern medicine who recognize no authority other than the natural sciences, no doubt my attitude and behavior seem stupid.

The Interspiritual Approach

Modern psychoanalysis has a methodology known as the intersubjective approach. It was the philosopher Edmund Husserl who initially introduced the term *intersubjectivity.* Simply expressed, it tells us that meaning is not comprehended by the subjectivity of the individual; rather, what is important is the understanding or agreement on meaning arrived at through the mutual coming together of subjects. Husserl's view of understanding was incorporated into psychiatry by the psychiatrist Harry Stack Sullivan, who in his 1953 work *Conceptions of Modern Psychiatry* introduced the notion of "participant observation." Subsequently, Robert D. Stolorow and others, who are carrying on the school of self-psychology in psychoanalysis, developed the concept as the intersubjective approach. A feature of this approach is the notion that therapeutic meaning comes into being and is comprehended in the interrelations between analyst and analysand. We need to note, however, that the theme of this approach is the mutual relationships among selves or subjects. In other words, this is a theory that exists within the framework of modern Western rationalism. Accordingly, it is somewhat insufficient as an explanatory concept for talking about *kami* and buddhas and treading into the dimension of spirituality, or for entering the realm between life and death.

Here, using the intersubjective approach as a foundation, I would offer the methodology or explanatory concept of the interspiritual approach. This is an approach I arrived at through my relations with the many psychologically dis-

The author performing a Shinto purification rite on the reservation of the Sooke tribe in Victoria, British Columbia, Canada. The Sooke Chief and Healer joined him with drums.

turbed patients I have been discussing and through the psychoanalysis I myself received. Above all, it is a way of thinking that arose naturally within me through my involvement in terminal care.

An interspiritual experience is not all that unusual. For instance, when Mr. C. was approaching death and going through an extended and intense delirium, he suddenly returned to a state of clarity and politely expressed his thanks to me and the other doctors, nurses, and caregivers at his bedside, then passed away. I can find no other expression than an *interspiritual experience* to describe the experience of Mr. C.

Again, the interspiritual approach is not that hard to understand. It refers to relationships that are a matter of course to religious leaders and believers. When engaged in meditation, religious leaders and believers come quite naturally into contact with their own *kami* or buddha, and they may encounter the *kami* or buddhas of others. Furthermore, it is hardly unusual for them to have moments when they sense the existence of some great presence.

It is to be admitted, however, that while this sort of talk is easy for religious devotees to understand, it does not readily get across to many medical practitioners. In this situation, using the definition of *spirituality* offered by Susumu Shimazono in the 2007 work *Supirichuaritii no Koryu* (The Rise of Spirituality), I would propose the use of *interspiritual experience* as a technical term for describing my distinctive experiences with mentally ill patients and with the terminally ill at the gateway between life and death. Furthermore, I would propose that we speak of "the method of the interspiritual approach" when referring to efforts to remove the impediments within our hearts to these spiritual encounters and to discover what these encounters tell us, each in his or her own way, about the meaning of life.

In Place of Concluding Remarks

Application of the interspiritual approach is by no means limited to situations involving families, volunteers, and people engaged in medical care. It can be applied to the natural world around us, pets we are fond of, and the community we live in, as well as to tradition, history, and culture. When one thinks about it, one can appreciate that nothing can make us richer than undergoing healing and facing the end of our days in the spiritual relationships of the home, the neighborhood, and the natural world rather than in spiritual encounters we may have with doctors and nurses in the enclosed space of the hospital.

Finally, let me cite the famous poem "Today Is a Very Good Day to Die" of native North Americans, who continue to sustain a healthy spiritual relationship with their community and Mother Earth.

> Today is a very good day to die.
> Every living thing is in harmony with me.
> Every voice sings a chorus within me.
> All beauty has come to rest in my eyes.
> All bad thoughts have departed from me.
> Today is a very good day to die.
> My land is peaceful around me.
> My fields have been turned for the last time.
> My house is filled with laughter.
> My children have come home.
> Yes, today is a very good day to die.

(Nancy C. Wood, *Many Winters: Prose and Poetry of the Pueblos* [Garden City, NY: Doubleday, 1974].)

In the foregoing, as a psychiatrist and a religious person, I have presented the case for use of the interspiritual approach to shed light on modern medical care. Although I developed my argument using mainly the perspectives of ancient Shinto and the beliefs of native North Americans, I have a great respect for Buddhism at the same time. It will be pleasing to me if you have read this essay as the earnest aspiration of such a psychiatrist for this kind of medical care. ❑

The Benefits of Buddhist Breathing Techniques

by Akikazu Takada

A renowned physiologist and Zen practitioner describes why breathing, which is something we are always doing anyway, should be so strongly connected with our minds.

When one begins training in Zen meditation, one is instructed rigorously in three activities—harmonizing the body, harmonizing the breath, and harmonizing the mind. One is taught the importance of having correct posture, of breathing properly, and of preparing the mind so that it is not unsettled.

The Correct Way to Breathe

So what, then, is correct breathing? And why should breathing, which is something we are always doing anyway, be so strongly connected with our minds?

The Zen master Somei Tsuji, who at first started Zen training as a lay practitioner, and then inherited the Dharma Lamp of Zen lineage, and who has given guidance to various lay practitioners, had a particular interest in the subject of breathing, and even published a book entitled *Kokyu no Kufu* (How to Breathe). In it, he teaches the importance of being able to slow down our breathing. He says that breathing slowly is of particular importance. Observing that most Zen monks, when practicing Zen meditation, allow more than a minute for each breath, he tells us to allow at least one minute per breath. But why is it so important to slow down our breathing? How is breathing connected with our minds?

Even Shakyamuni himself spoke of the importance of breathing. It is written as follows in the Samyuktagama, chapter 29, sutra 10:

"On one occasion, the Blessed One was at the Jetavana Monastery and spoke to the monks there. He said to them, 'Monks, it would be good for you to practice mindfulness of in-and-out breathing. Your bodies will not tire, your eyes will not ache, and you will be able to experience the pleasure of practicing observation meditation and learn to not become contaminated by ephemeral pleasures. Thus, when the technique for in-and-out breathing is pursued, it is of great fruit, of great benefit. Through it, one can advance to deep meditative concentration (*samadhi*), acquire a compassionate mind, silence all doubt, and enter a state of clear knowing (*satori*).'"

In other words, he says that if one breathes properly, the mind will become calm and will open up to enlightenment (*satori*).

Theravada Buddhist Breathing Technique

About breathing techniques, the same passage states, "Count your breaths with single-minded devotion, and patiently persevere in calming your breathing. Learn to breathe in and out by being mindful about counting breaths. Thus, just following this way, you will attain the cessation of your mind." Today the first thing one is taught when learning Zen meditation is the contemplation of counting one's breaths; Shakyamuni himself also stressed the importance of breath counting.

So then what did Shakyamuni teach about breathing in such a focused way, and about the importance of counting breaths? And how can modern medicine explain it? I would first like to discuss, from the standpoint of medicine, the meditation taught by Shakyamuni and preserved by Theravada Buddhism, as well as the importance of breathing in the practice of Mahayana Buddhism as well.

Among Shakyamuni's "Verses of Truth" (Dhammapada) is "He who has gone for refuge to the Buddha, the Teaching,

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and the Order penetrates with transcendental wisdom the Four Noble Truths." Shakyamuni also says that to eliminate suffering in the mind and body, to surely know the state of things, and to personally experience nirvana, one must practice four types of awareness (the "four fields of mindfulness").

The four fields of mindfulness are contemplation of the body, to be mindful of its impurity; of feeling, to be mindful that it is suffering; of the mind, to be mindful that it is impermanent; and of phenomena, to be mindful that they are devoid of self.

The way to truly practice these four fields of mindfulness is the meditation technique called *vipassana*. The "*passana*" part of "*vipassana*" means "to see," and "*vi-*" means "analytically." I would like to discuss how these things and breathing are related.

Breathing, the Body, and the Brain

When we tickle our own armpits we do not feel ticklish. If another person does the tickling, however, we feel ticklish. Why is this? Recently, it has become known that when we move our own bodies, the cerebellum, which is related to physical movement, suppresses emotions and feelings. We also now know that emotions and feelings are suppressed even at times when the results of the movement are anticipated.

When we tickle ourselves, it is done by moving our own fingers; since we know that we are doing this to ourselves, the sensation is blunted. On the other hand, if someone else does it, we can't anticipate it because it's not our action, and we feel it strongly.

In this way when we are aware of our bodies or move our bodies, it is not just our sensations, but also our feelings and emotions as well that become weaker. Put simply, it is difficult for someone to cry while running. When we're extremely sad or in pain, we stand still. Conversely, it's because of this mechanism that anxiety is thought to be alleviated by exercise.

In fact, it's the same for breathing. Putting one's whole mind into one's breaths means focusing one's senses on the activity of breathing. When we do this, a control stimulus goes out from the cerebellum, which governs respiratory movement, to the amygdala, the cingulate gyrus, and other structures of the limbic system, the brain's center for emotions; this in turn suppresses feelings of anxiety, distress, desire, and the like (Fig. 1).

In *vipassana* breathing, one is instructed to inhale air fully into the abdomen and then let it out. When this is done several times, we become aware of the sensations of the belly expanding with the inhalation and contracting with the exhalation.

Next is to practice focusing awareness on the area of the abdomen and the chest, so as to distinctly sense the expanding and contracting of the belly. Then our movements are self-reported. That is to say, we tell ourselves, "My belly is expanding, my belly is expanding" and "My belly is contracting, my belly is contracting."

In *vipassana* meditation one must self-report activities such as moving the chest or walking (this corresponds to the contemplation of the body, one of the four fields of mindfulness). Such as saying, "I'm now raising my right leg," "I'm moving forward" and "I'm lowering my leg." This is applied to breathing, to try to eliminate delusions and attachments.

Breathing Techniques for Zen and Other Meditation Practices of Mahayana Buddhism

From the viewpoint of Mahayana meditation, this could be seen as being like trying to drive away idle thoughts with idle thoughts. However, the contemplation of the body is used in Zen practice as well.

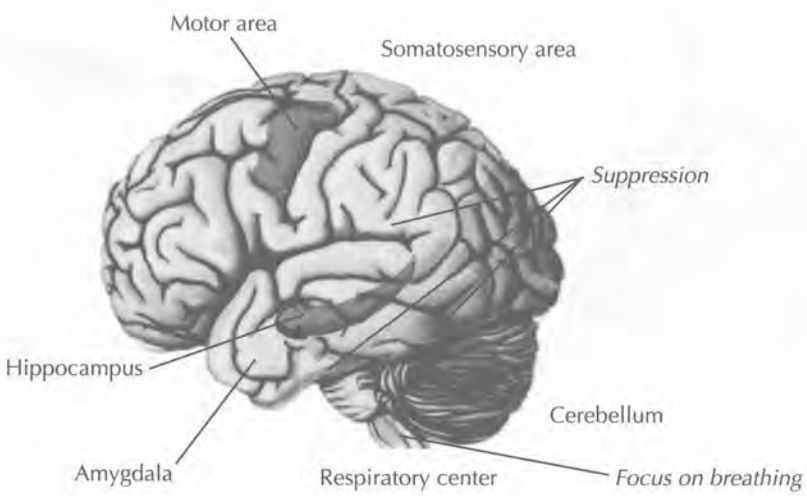

Fig. 1. Functional fields in the human brain. Senses and emotions are suppressed when the mind is focused on breathing.

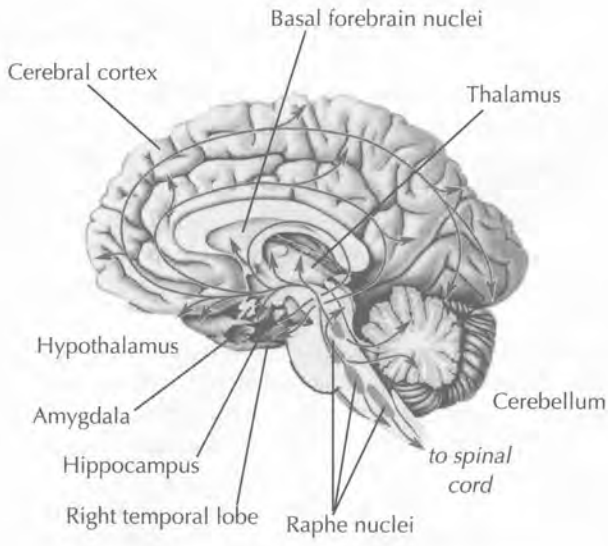

Fig. 2. The serotonin system. Serotonin neurons are located in the raphe nuclei of the brain stem and send neurites to the cerebrum, the cerebellum, the spinal cord, etc. Especially, they send strands to the hippocampus and the amygdala.

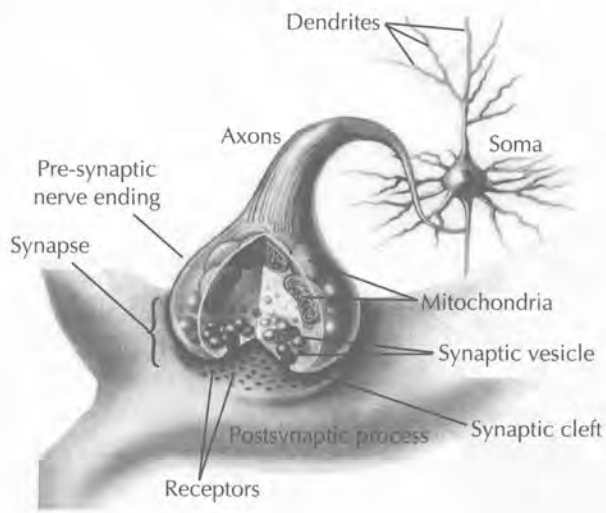

Fig. 3. The distribution of serotonin neurons.

The technique developed by the Zen master Hakuin, which he called *Nanso no Ho,* recommends an introspective (*naikan*) approach wherein the meditator visualizes a bolus-like object, approximately the size of an egg, balanced on the top of the head. It has a very beautiful fragrance and shape. The meditator visualizes it melting from his or her body heat, and the liquid slowly transferring into the body, flowing downward through the body and gradually pooling at the feet. As this is repeated, the "liquid" reaches every part of the body; the meditator visualizes it purifying the places in the body that are afflicted by illness.

Meanwhile, in the introspective technique, the meditator lies down facing the ceiling and breathes slowly, drawing the breath in slowly to fill the lower abdomen. Then the breath is slowly exhaled, while the meditator recites inwardly, "My mind is focused on my lower abdomen." It is taught that when this is repeated, the body will gradually become warmer and one can sleep well.

Another technique called *sokushin* breathing is exhorted in *Mo-ho Chih-kuan* (The Great Cessation-and-Contemplation) by T'ien-t'ai Chih-i, founder of the T'ien-t'ai school of Chinese Buddhism, which Zen Master Hakuin was also said to have read as well. According to this, on the sole of the foot, in the middle of the plantar arch, there is a zone, called the *sokushin,* that absorbs our inhalations. The theory is that our breaths enter and leave from there. When a breath is first taken in, it is inhaled slowly from the *sokushin* points on the sole of the feet. The breath first enters the *sokushin* points, then the ankles, the calves, the knees, the thighs, the waist, and the abdomen. Next, the breath is slowly exhaled. The exhalation travels downward through the waist, thighs, knees, calves, and ankles, and exits from the *sokushin.* If one experiences this flow with full awareness and repeats the in-breathing and out-breathing slowly, Great Master Chih-i says, "this will heal all ailments." But isn't this the same as the "contemplation of the body" meditation, using breathing? Hakuin's *Nanso no Ho* meditation has nothing to do with breathing. The meditator visualizes a beautiful, pure liquid flowing through the body to maintain the health of the mind and body. It certainly is contemplation of the body!

When practicing Zen meditation, one first breathes in slowly from the lower abdomen, a point about ten centimeters (four inches) below the navel. The meditation is practiced in as bright a room as possible. At night, it is done in a room that has the lights turned on.

In the morning, or during the day, a good spot for meditation is one where the sunlight penetrates a *shoji* paper door. As you meditate, visualize the light entering your lower abdomen and gradually filling the inside of your body cavity as you inhale, until the inside of the body is filled up. Then slowly let the breath out, but as you expel the breath from the lower abdomen to the outside, visualize the light cleansing impurities from inside your body.

When this is continued, the inside of the body is gradually

cleansed and you will feel like you are shining. Never close your eyes during this time. You should calmly lower your gaze to a point about 1.5 meters (five feet) in front of you.

Opening the eyes and lowering the gaze to a point in front of you is actually one method of contemplating the body. When one is having delusory thoughts, one is not looking at anything. It is altogether the same as if the eyes were closed. This is also referred to as "spacing out." Lowering your gaze to the *tatami* mat (or the floor) and neither looking nor not looking is what is referred to as directing one's mind to the spot, and is the same in *vipasanna* meditation.

Slow Breathing Makes the Mind Healthy

Next, what is the value of slow breathing? Our minds are influenced by substances. In particular, the monoamines—noradrenaline, dopamine, and serotonin—are substances that govern the emotions. When dopamine is released from the nerve endings, it causes a pleasant feeling of will power and accomplishment. Noradrenaline causes arousal and helps resist things like stress. Serotonin helps maintain psychological stability.

Monoamine neurons are located in the brain stem, and send neurotransmissions to the entire brain via long dendrites. When there is a stimulus, monoamines are released from the nerve endings and stimulate the next neuron (Fig. 2). These neurons have the functions of switching on pleasant feelings and fostering mental stability (Fig. 3, showing the distribution of serotonin neurons). Most of today's antidepressants increase the amount of serotonin in the brain.

It is known that in depression an insufficient amount of monoamines, particularly serotonin, is released. When serotonin and the others are released from nerve endings, they are sent to the synaptic cleft, and then bind to receptors in the next neuron, stimulating it (Fig. 4).

When we hold our breath, we become uncomfortable after a while. That is due to a buildup of carbon dioxide in the blood, which stimulates the brain's respiratory center. When you make yourself breathe in and out slowly, until you get used to it you will feel as if you have to inhale more quickly or exhale more quickly. This is because the level of carbon dioxide increases.

We have recently come to understand that when carbon dioxide increases in the bloodstream, the brain's serotonin neurons are stimulated, causing the release of lots of serotonin (Fig. 5). A large serotonin output results in settling the mind and canceling out feelings of depression. In other words, slowing the breathing causes more serotonin output and settles the mind.

This is a Buddhist breathing technique, as are the techniques of contemplation of counting breaths, *sokushin* breathing, and *Nanso no Ho;* with it, through concentrating one's mind on the state of one's breathing, the mind can be settled and distress alleviated, something that Shakyamuni and the others knew from personal experience. ❑

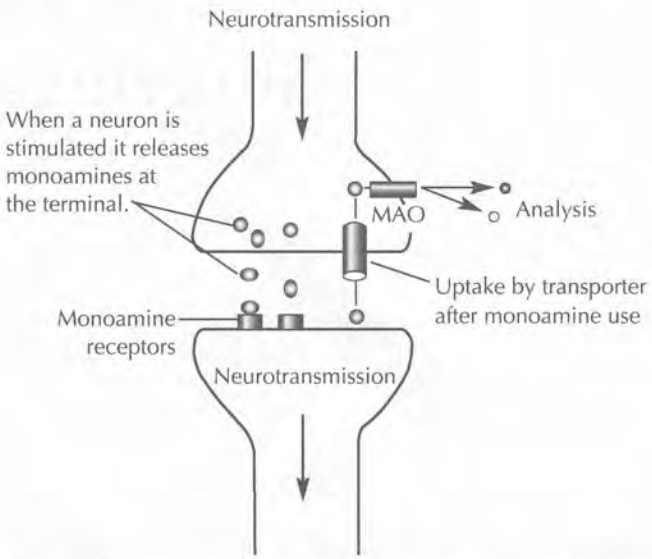

Fig. 4. The synaptic cleft. Today's anti-depressants inhibit monoamine reuptake, increasing monoamines in the synaptic cleft. The transporters by which the next neuron is stimulated when this binds with the receptors are monoamine, dopamine, serotonin, noradrenaline.

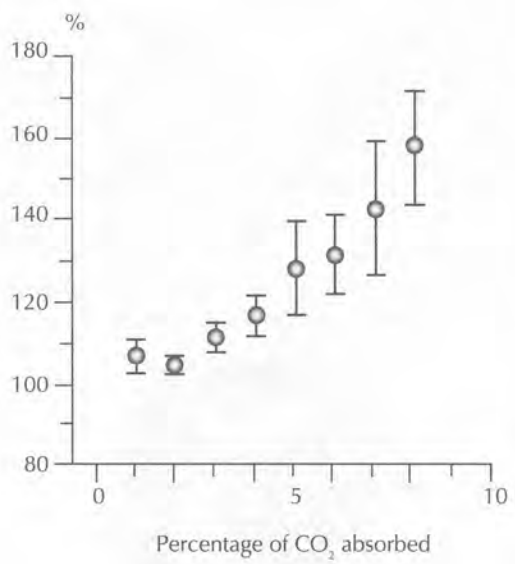

Fig. 5. Activity in serotonin neurons compared to a control. When the volume of carbon dioxide absorbed increases, activity in the raphe nuclei increases. (Severson, C. A., Nature Neuroscience *6: 1139, 2003)*

The Pleasure of Studying the Dharma

by Nichiko Niwano

Life inevitably brings with it various forms of suffering. Shakyamuni teaches us how to gain the wisdom to discern the causes of this suffering.

To mark Rissho Kosei-kai's seventieth anniversary, and in a spirit of gratitude for our salvation, last year we decided to initiate a project to install an icon of the Eternal Buddha Shakyamuni and the Dharma titles of Founder Nikkyo Niwano and Cofounder Myoko Naganuma at the home altar of each member, as a way of both looking back over the history of the organization and looking forward with a renewed determination to expand our dissemination work. This project also reflects how the growth of our organization over the last seventy years has reached the stage where the particular way we express our faith has very nearly achieved its mature form.

Installing an icon of the Eternal Buddha at one's home altar is something very fundamental to being a Buddhist, and living daily life with a Buddhist altar at the center of the household brings great happiness. Meanwhile, installing the Dharma titles of the founder and cofounder is a confirmation of the unique chain of events in which their encounter with the Lotus Sutra led them to set up the organization with which we all became involved, resulting in the particular way we pursue our devotion and express our faith.

The seeds sown by the founder, cofounder, and original leaders of the organization sprouted, put down roots, and grew up into large, beautiful trees. We of the present generation are enjoying their leaves, flowers, and fruit, and so we feel deeply grateful and exceedingly joyful.

Also, as we pursue this project, we have found that many of the faithful in Japan and other countries have expressed a deeply felt response to the project during their *hoza* sessions and seminars, and are now putting their hearts into helping promote it. This is the most encouraging development possible and greatly strengthens our feeling of solidarity as a sangha.

Area directors, division directors, heads of Dharma centers, and others have mentioned that many of the faithful have told them that they feel they now have the Eternal Buddha, founder and cofounder together with them at home. To further extend this happiness to others, we hope that we will continue to devote ourselves to the practice of the teachings without rushing, but also without resting, with a long-term view toward our centenary in 2038.

We are grateful that, through the efforts of our teachers, the founder and cofounder, we have encountered the teachings of Shakyamuni, and so this enshrinement project is a fitting symbol of our devotion to his teachings. The most important point is that we hope members will go beyond making these symbols mere objects of routine worship and instead take the opportunity to think seriously about what Shakyamuni meant to say to future generations such as our own.

The guidance of the founder and cofounder has brought us to the realization that the true spirit of Shakyamuni is to be found in wisdom and compassion as expounded in the Lotus Sutra.

Life inevitably brings with it various forms of suffering. Shakyamuni teaches us how to gain the wisdom to discern the causes of this suffering, and also identify where our own assumptions or understanding may be at fault. Chapter 2 of

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the Lotus Sutra, "Skillful Means," contains the verse "[But] those who will not learn / Are not able to discern it"; this shows that there is no substitute for studying the Dharma.

Studying the Dharma means gaining a correct understanding of the Buddha's teachings and comparing them with our own behavior in daily life, and continually repeating this process. In other words, it is the practice of exchanging your own personal outlook with the Buddha's.

The founder often taught us that "if one changes, others will change accordingly." When problems occur, people immediately start trying to change other people or the external situation. In fact, the first point of departure and main issue is how to change yourself.

When you take a Buddha-like point of view, the world around you starts to appear differently from how it appeared before. People who thought themselves unhappy realize how truly happy they already are and what a wonderful thing it is to be blessed with life. Where you used to think, "It's all someone else's fault," you start to think, "I should be grateful to that person." Even if the issue at hand has not actually changed, when you are released from attachment and achieve spiritual freedom you can approach it calmly and with tolerance. I think this is what the founder meant when he said that "if one changes, others will change accordingly."

In this way, accepting the wisdom of Shakyamuni swiftly frees our hearts, and we become tranquil and happy. Thus, studying the Dharma is intrinsically enjoyable. I expect many people have tended to consider doctrinal studies as rather stiff and dry. By completely forsaking such preconceived notions, we can together savor studying the Dharma with pleasure, taking it to heart as we continue to learn from one another in a fresh and lively way.

As you may know, in chapter 16 of the Lotus Sutra, "Revelation of the [Eternal] Life of the Tathagata," Shakyamuni describes his dearest wish in the following way: "Ever making this my thought: / 'How shall I cause all the living / To enter the Way supreme / And speedily accomplish their buddhahood?'"

Each one of us truly needs to firmly open ourselves to Shakyamuni's immeasurably compassionate heart and become people who share in the heart of the Buddha. The truest compassion we can show is to communicate Shakyamuni's wisdom to others.

People tend to assume that they will be completely satisfied when they themselves are happy. In reality, it does not work this way. I think many of you have experienced the supreme joy you feel in yourself when another person is saved. This feeling is said to be the "third instinct," which all people possess.

In Rissho Kosei-kai, we traditionally speak of this as "putting others first." We have always urged members to place great importance on familiar relationships, to put their own concerns to one side, to pray for the salvation of others and to extend a hand and communicate the teachings.

I think we can see in the phrase of chapter 16 of the Lotus Sutra, "Ever making this my thought," how important it is to relate with others with the constant and wholehearted intent of finding a way to help people near us who are suffering from trouble or sorrow. Though Shakyamuni's greatest desire was the salvation of all living things, he never ignored the people around him, but was kind to everyone, teaching them the Dharma without rest.

Shakyamuni also used a variety of parables to communicate the Dharma, so that all people could understand and accept it. The founder also used skillful means tailored to each individual in order to lead them toward the true path to salvation.

When I inherited the Lamp of the Dharma from the founder in 1991, I declared that I wanted to build an organization that is true to Shakyamuni. This was an expression of my hope that we would be able to correctly grasp and incorporate Shakyamuni's thought patterns and worldview. In today's context I would express this as a hope that all our prayers have ceased to be prayers of supplication, and instead have become prayers of gratitude resulting from the awareness, self-realization, and joy of salvation achieved from self-motivated study of the Dharma.

Even when we have this kind of achievement as a basis firmly underfoot and also have in hand comprehensible ways to communicate the teaching, we will still need to devise even more ways to exercise expedient means to bring others to true salvation as an expression of compassion.

Wisdom and compassion are the true spirit of Shakyamuni—we can symbolize wisdom as brightness and compassion as warmth. The proper aim of our organization should be to work toward a manner of existence in which every one of the faithful, every sangha, every Dharma center, and the organization itself is filled to overflowing with brightness and warmth.

In these times of worldwide financial crisis, I am sure that many of our faithful are being affected in various ways. However, it is precisely in times like these that we need to receive the Buddha's wisdom and continue our religious training with light hearts and hope for the future. At the same time, however, the application of warm compassion by the sangha is now the most important priority.

Now that we have passed our seventieth anniversary, let us take to heart the injunction "Make the self your light, make the Dharma your light" as we look forward to our centenary, with every member embracing the vital work of being saved and saving others by the virtues of wisdom and compassion learned through Dharma studies.

We do not intend to rush, nor do we intend to rest, in the work of installing the icon of the Eternal Buddha and Dharma titles of the founder and cofounder at the home altars of all members. We also plan to devote ourselves, with the help of all our members, to building new customs and traditions of pleasurable Dharma studies. ❑

The Sutra of the Lotus Flower of the Wonderful Law

Chapter 14
A Happy Life
(3)

This is the ninety-seventh installment of a detailed commentary on the Threefold Lotus Sutra by the founder of Rissho Kosei-kai, Rev. Nikkyo Niwano.

TEXT Manjushri! In countless countries even the name of this Law Flower Sutra cannot be heard; how much less can it be seen, received, and kept, read and recited.

COMMENTARY Why is it so difficult to come into contact with, and understand, the Lotus Sutra? To put it another way, why did Shakyamuni not expound the Lotus Sutra earlier? This is explained in a parable, the sixth of the seven parables in the Lotus Sutra, the Parable of the Gem in the Topknot.

TEXT Manjushri! It is like a powerful holy wheel-rolling king who desires by force to conquer other domains. When minor kings do not obey his command, the wheel-rolling king calls up his various armies and goes to punish them. The king, seeing his soldiers who distinguish themselves in the war, is greatly pleased and, according to their merit, bestows rewards, either giving fields, houses, villages, or cities, or giving garments or personal ornaments, or giving all kinds of treasures, gold, silver, lapis lazuli, moonstones, agates, coral, amber, elephants, horses, carriages, litters, male and female slaves, and people; only the [crown] jewel on his head he gives to none. Wherefore? Because only on the head of a king may this sole jewel [be worn], and if he gave it, all the king's retinue would be astounded. Manjushri! The Tathagata is also like this.

COMMENTARY *Head.* This refers to the topknot that some Indians still wear.

• *Only on the head of a king may this sole jewel [be worn].* Other treasures and jewels, though belonging to the king, are not worn by him, other than perhaps ornaments on the arms and legs. The only jewel the king wears is placed in his topknot. The significance of this I will explain below.

• *If he gave it, all the king's retinue would be astounded.* If the king unexpectedly gave someone the priceless jewel that he wore in his topknot, the recipient would not know its value or how it should be used, but would merely be confused. Other people would also be surprised and wonder suspiciously why the king had given away so magnanimously the precious jewel that he had hitherto kept hidden in his topknot.

The reference to giving slaves and people to soldiers reflects the social background of ancient India. We should not of course apply this literally to modern society. Buddhism does not recognize the existence of slaves, nor does it permit traffic in human beings, for it is above all else a teaching of ultimate equality. In the same vein, the fact that a military metaphor is used here does not mean that Buddhism sanctions war.

TEXT By his powers of meditation and wisdom he has taken possession of the domain of the Law and rules as king over the triple world. But the Mara kings are unwilling to submit. The Tathagata's wise and holy generals fight with them. With those who distinguish themselves he, too, is pleased, and in the midst of his four hosts preaches the sutras to them, causing them to rejoice, and bestows on them the meditations, the emancipations, the faultless roots and powers, and all the wealth of the Law. In addition, he gives them the city of nirvana, saying that they have attained extinction, and attracts their minds so that they all rejoice; yet he does not preach to them this Law Flower Sutra.

COMMENTARY The Buddha equips those courageous people who are willing to fight against the Mara kings of the defilements with the weapon of various teachings, and enables them to conquer the enemy. Even resolving to fight the defilements is a considerable achievement. Since people are said to have 108 defilements, smashing them one by one represents the accumulation of many meritorious deeds. The Buddha gave his disciples teachings suitable to vanquish

each defilement in turn; they are called "the Law preached as opportunity serves."

The reward for combating the defilements is the gifts of the Dharma: the state of meditation, the state of emancipation, and the state of having attained the faultless roots and powers. Buddhist scholars explain the third state in great detail, but it is enough for our purposes to know that it is the state of having attained the faith and the strength of practice to eradicate defilements. The greatest reward of all is the state of nirvana, the mental state of absolute peace. The parable calls this state "the city of nirvana." The Buddha let his disciples think of it as the human ideal state ("extinction") in order to attract the minds of his disciples. This was a manifestation of the Buddha's skillful means born of compassion; the true ideal state is far more profound, and is found in the teaching of the Lotus Sutra.

TEXT Manjushri! Just as the wheel-rolling king, seeing his soldiers who distinguish themselves, is so extremely pleased that now at last he gives them the incredible jewel so long worn on his head, which may not wantonly be given to anyone, so also is it with the Tathagata.

COMMENTARY *His soldiers who distinguish themselves.* This refers to vanquishing the demons of the mind that obstruct the attainment of the Buddha-way and to attaining a supreme stage, so that all teachings are understood perfectly.

• *The incredible jewel.* Even if someone receives the jewel that the great king values most highly, he will be confused, for he does not know its true worth or what to do with it. Of course the jewel is a metaphor for the Lotus Sutra: someone with only little training will not easily be able to believe in it.

TEXT As the great Law King of the triple world, teaching and converting all the living by the Law, when he sees his wise and holy army fighting with the Mara of the five aggregates, the Mara of earthly cares, and the Mara of death, and [doing so] with great exploits and merits, exterminating the three poisons, escaping from the triple world, and breaking [through] the nets of the Maras, then the Tathagata also is greatly pleased, and now [at last] preaches this Law Flower Sutra which has never before been preached, and which is able to cause all the living to reach perfect knowledge, though all the world greatly resents and has difficulty in believing it.

COMMENTARY *The Mara of the five aggregates.* The "five aggregates" are all the physical elements and mental functions of the phenomenal world. The Mara of the five aggregates is, simply, the illusions that arise concerning all that surrounds us.

• *The Mara of earthly cares.* This refers more to mental delusions; whereas the Mara of the five aggregates is the illusions arising from without, the Mara of earthly cares is the illusions emanating from the mind.

• *The triple world.* This is the illusory realm of transmigration.

• *Breaking [through] the nets of the Maras.* The nets of the defilements, which poison and delude human beings, can be seen stretching to every part of the world. To break free of these nets is to taste absolute freedom as a human being for the first time. There can be no greater liberation than this. The freedom that we commonly think of is only temporary and selfish.

• *Greatly resents.* The people resist the teachings and take no delight in them.

TEXT Manjushri! This Law Flower Sutra is the foremost teaching of the tathagatas and the most profound of all discourses. I give it to you last of all, just as that powerful king at last gives the brilliant jewel he has guarded for long. Manjushri! This Law Flower Sutra is the mysterious treasury of the buddha-tathagatas, which is supreme above all sutras. For long has it been guarded and not prematurely declared; today for the first time I proclaim it to you all."

COMMENTARY The Lotus Sutra is the highest of all the teachings, leading all living beings to the enlightenment of the Buddha. When heard unexpectedly, however, it is hard to believe and may cause people to act in a diametrically opposite way. Therefore the Buddha did not speak of it directly from the first but clothed his Dharma in the robe of skillful means, revealing the highest teaching little by little. Once his followers had reached a high level of attainment, though, he was able at last to speak of it.

The Parable of the Gem in the Topknot, read superficially, seems only to repeat that the Lotus Sutra is incomparably precious and noble. Wherever the sutra is taught, it has been praised. We have already seen that when Zen Master Hakuin read it for the first time at the age of sixteen, he had the impression it was like an onion, which when peeled is found to have no center (see the July/August 1999 issue of DHARMA WORLD). In the *Myomitsu Shonin Goshosoku* Nichiren wrote, "In the twenty-eight chapters that which is true is small, while words of praise are numerous." Nichiren's words, unlike Hakuin's, express vividly the essence of the Lotus Sutra. "That which is true" refers to the true teachings. "That which is true is small" therefore means that the true teachings seen only in the Lotus Sutra are small in number. This is only to be expected, for Shakyamuni had already expounded the 84,000 teachings during his more than forty years of ministry, and it is unlikely that there would now be many true teachings spoken for the very first time. Even the excellent truths expressed for the first time in the Lotus Sutra, such as the identity of the expedient teachings and the truth, the real aspect of all things, and the revelation that Shakyamuni is the Eternal Original Buddha who sustains all living beings, are in fact hidden in prior teachings.

The Lotus Sutra, a melting pot in which the teachings already taught by the Buddha are contained, reveals the truth hidden therein, just as pure gold lies within ore, waiting to be extracted. This is perhaps the most remarkable characteristic of the Lotus Sutra. The teachings prior to the Lotus Sutra were regarded in the same way that people might consider a twelve-carat coin, a fourteen-carat necklace, or an eighteen-carat bracelet to be pure gold. They are all certainly gold and therefore precious; but none is pure gold. In the Lotus Sutra Shakyamuni reveals to us the true nature of gold, extracting the pure gold from fusion of the teachings. He shows us too that all the golden treasure is made of pure gold, and teaches us how precious it is.

In this sense the Lotus Sutra is a dramatic discourse. It is not surprising that those who were present were completely taken aback and that some should have doubted it or reacted against it. That is why Shakyamuni interspersed his discourse with phrases praising the sutra and reiterating how exalted and precious it is so as to raise people's expectations and encourage their belief. What we of later times should not overlook is that these words of praise always contain important teachings. The Parable of the Gem in the Topknot is a good example of this, for it provides a lesson that is as valid in our religious as in our secular life. Let me explain the parable in a little more detail.

First, though the king gave his other jewels ungrudgingly, he retained his most precious jewel, that in his topknot. It is important to note that this jewel was placed on his head, unlike his other jewels, which he wore on his arms and legs and around his neck as adornments. Only the most precious jewel he wore on his head. This is significant. The head symbolizes the mind, which controls the body. It is the center of a human being's existence and there is nothing more exalted. The precious jewel is the very core and soul of all the teachings, and controls them all. It cannot be lightly given away.

Why is it that the Buddha, who never begrudged the Dharma to anyone, was loath to preach the Lotus Sutra? Let us consider this in terms of learning to play baseball. When children first begin to play, they are taught to throw and catch. Next they practice ground balls and flies and learn the basic techniques of batting. As they advance, they acquire more advanced pitching and fielding skills, depending on their particular strengths, learning, if pitchers, how to send curve and shoot balls and, if fielders, how to act together to achieve a double play and how to stop bunts. All the same, however good their basic play is, it does not mean they will win an actual game. What they now need to acquire is the mental game. The batter must learn to read the psychology of the pitcher, while the pitcher has to discern what the batter is actually going to do. Fielders too must learn the quirks of the other team's batters and be able to take up position in anticipation of their teammates' throws. There is no point in teaching children these fine points when they are just starting to learn the game; they can come only when physical skills have reached a sufficient level.

Let me take another example. I remember reading in a book by a master chef that the greatest secret of cooking is bringing out fully the individuality of the ingredients. Each carrot, each radish, has its own quality, differing in minute degrees from others, based for example on the type of soil and fertilizer, as well as on the time that has passed since the vegetable was picked. The chef, discerning the individuality of each item, decides on the most apt cooking method to bring it out. This is the very soul of cooking, the truth that governs all food preparation. It is useless, however, to confront people setting out to master the basics of cookery with such profundity. If a cookery school tried to teach them these things from the very beginning, they would almost certainly quit, because what they need to be told is simply how to peel, cut, and boil a vegetable. A good teacher must always guide a student from the starting point of basic techniques and knowledge.

People today, especially young people who have received higher education, want to advance immediately to the higher levels of training and tend to dislike being made to master fundamentals through physical practice. If they neglect the basics, though, they achieve no great success, either as human beings or as employees. All the same, a company that has the best interests of its employees at heart will have its trainee executives punch tickets or pack and send goods. Only those who have experienced work on all levels will become capable and understanding directors. This is why the king did not give the brilliant jewel to his soldiers until the very end.

There are many people who accept the Mahayana teachings with only a shallow understanding of their import, or in their own terms, interpreting the doctrine to suit their own needs. Some boast that they themselves are buddhas, because some sutras teach the attainment of buddhahood in this body. Others live selfishly, justifying themselves by saying that because the real essence of the defilements is the same as enlightenment it is perfectly acceptable for them to lust after money and possessions, to bear people hatred, and to lead a dissolute life. Such people think that merely by believing in the doctrines of buddhahood in this body and the identity of the defilements and enlightenment they will attain liberation.

They could not be more wrong. This is like wanting to play baseball without even having pitched a strike. In Buddhism as in baseball, fundamental training is essential for a believer; through knowledge of the Four Noble Truths, the Eightfold Path, and the Six Perfections, the believer is able to rectify the mind, polish the character, and act virtuously.

As we accomplish the various steps of our training, the Buddha invariably rewards us. Through him we attain the stages of unshaken mental calm, transcendence of suffering, and the ability to discern the nature of all the defilements. When we have at last climbed to the heights of religious practice and achieved all the various stages, the Buddha will ungrudgingly extend to us his most brilliant jewel, supreme enlightenment. This is the wondrous stage of perfect freedom

that is buddhahood in this body and the identity of the defilements and enlightenment.

Thus we must never be unwilling, in either our daily or our religious life, to obey the fundamental precepts and undertake basic training, for it is on this foundation alone that we can erect a structure that will eventually tower to the heights. This is how the Parable of the Gem in the Topknot should be understood.

TEXT At that time the World-honored One, desiring to proclaim this meaning over again, spoke thus in verse:

"Ever acting patiently, / Pitying all beings, / Such a one can proclaim / The sutra the Buddha extols. / In the last ages to come, / They who keep this sutra, / Whether laymen or monks / Or not [yet] bodhisattvas, / Must have [hearts of] compassion; / [For] those who do not hear / Nor believe this sutra / Suffer great loss. / I, attaining the Buddha-way, / By tactful methods / Preach this sutra to them / That they may abide in it. / It is like a powerful / Wheel-rolling king / Who to his war-distinguished soldiers / Presents many rewards, / Elephants, horses, carriages, litters, / Personal ornaments, / As well as fields and houses, / Villages and cities; / Or bestows garments, / Various kinds of jewels, / Slaves and wealth, / Bestowing all with joy. / [But] only for one heroic / And of rare exploits / Does the king take from his head / The [crown] jewel to give him. / Thus is it also with the Tathagata; / He is the king of the Law, / [Possessed of] great powers of patience / And the treasury of wisdom; / He, with great benevolence, / Transforms the world with his Law. / Seeing all human beings / Suffering from pains and distresses, / Seeking for deliverance, / Fighting against the Maras, / He to all these living beings / Has preached various laws, / And in great tactfulness / Has preached these [numerous] sutras; / Finally knowing the living beings / Have attained their [developed] powers, / At last he to them / Preaches this Law Flower, / As the king took from his head / The jewel and gave it. / This sutra is preeminent / Among all the sutras. / I have always guarded / And not prematurely revealed it. / Now indeed is the time / To preach it to you all. / After my extinction, / Whoever seeks the Buddha-way / And desires imperturbably / To proclaim this sutra / Should relate himself to / The four rules such as these.

COMMENTARY Here ends the instruction in the four pleasant practices of the body, the mouth, the mind, and the vow. The chapter concludes by recounting the merits received by perfecting the four pleasant practices and propagating the Lotus Sutra widely.

TEXT He who reads this sutra / Will be ever free from worry / And free from pain and disease; / His countenance will be fresh and white; / He will not be born poor, / Humble, or ugly.

COMMENTARY Though we understand that worry and anxiety will cease, it is a little more difficult to believe that physical pain and illness will disappear. The sutra indicates here that a person who has reached the stage described will be able to transcend all sickness and suffering. When something abnormal happens to the body, feeling pain and distress is a natural reaction, only to be expected. To realize that this is so means that we do not fall victim to pain; rather, we accept pain in a positive manner. Such is the understanding of one who has penetrated the profundity of faith.

A "fresh and white" countenance means that a person's virtues appear on his or her face. Since body and mind are inseparable, mental changes inevitably show themselves physically. Such changes do not occur overnight but appear very gradually. Changes in the believer come about by degrees. We should understand the phrase "he will not be born poor, humble, or ugly" as indicating the spiritual and physical changes that occur through faith.

TEXT Living beings will delight to see him / As a longed-for saint; / Heavenly cherubim / Will be his servants.

COMMENTARY *Saint* is a word fraught with difficulty for Buddhist scholarship. Here it is used in its most usual sense, that is, a wise and virtuous person, a person of such wisdom that he or she is highly regarded and is an exemplar for all.

• *Heavenly cherubim will be his servants.* This is the kind of wonderful experience that a person of true faith can attain. Everyday things go so well for us that we can hardly believe they depend on human ingenuity. It is to feel at a profound level the spontaneity of all things.

TEXT Swords and staves will not be laid on him; / Poison cannot harm him. / If anyone curses him, / [That man's] mouth will be closed.

COMMENTARY This is exactly what happened to Nichiren, as is well known. However much people persecute preachers of the Lotus Sutra, they are unable to stop it from spreading. In fact such persecution has the opposite effect, for the voices of the persecutors themselves are muffled and they are no longer able to utter words of disparagement about the sutra.

TEXT Fearlessly he will roam / Like a lion king. / The radiance of his wisdom / Will shine like the sun.

COMMENTARY *Roam.* This means to journey, especially to make religious journeys for the purpose of proselytization. Here a wider meaning is implied that wherever one goes, in whatever environment one finds oneself, the mind will always remain spontaneous and unfettered.

• *The radiance of his wisdom will shine like the sun.* Darkness has no substance. If a place is dark, all that means is that it lacks light. Once light pierces the dark, the darkness is dispelled. Similarly, when we become enlightened to the Buddha's wisdom, all mental darkness vanishes. The Buddha's

enlightenment does not imply a conflict with illusion. There is nothing relative about pushing away darkness; it is an absolute thing. Therefore to become enlightened means that darkness (illusion) has been dispelled.

TEXT If he should dream, / He will see only the wonderful, / Seeing the tathagatas / Seated on lion thrones. / Preaching the Law to hosts / Of surrounding bhikshus; / Seeing also dragon spirits, / Asuras, and others, / In number as the sands of the Ganges, / Who worship him with folded hands; / And he sees himself / Preaching the Law to them.

COMMENTARY In modern psychology, too, dreams are considered to be very important. In the simplest terms, dreams are the "remains of the day," our conscious experiences stored in the subconscious, which well up when we sleep. To see the exalted figure of the Buddha even in our dreams is proof that the deepest part of our mind has become purified, that we are deeply compassionate, and that we are always thinking of the Buddha. To interpret such dreams as the product of delirium or as nightmares reveals a subconscious that has yet to be perfectly purified. To gain the stage of being able to see the golden figure of the Buddha revered by all living things in our dreams is a measure of the depth of our religious belief. There is no other way such a state of mind can be attained.

TEXT He will also see the buddhas, / With the sign of the golden body, / Emitting boundless light, / Illuminating all beings, / And with Brahma voice / Expounding the laws. / [While] the Buddha to the four groups / Is preaching the supreme Law,

COMMENTARY *The supreme Law.* This refers to the teaching of the Lotus Sutra.

TEXT He will find himself in the midst, / Extolling the Buddha with folded hands; / He will hear the Law with joy, / Pay homage to him, / Attain the dharanis, / And prove the truth of never retreating. / The Buddha, knowing his mind / Has entered deep into the Buddha-way, / Will then predict that he will accomplish / Supreme, Perfect Enlightenment, / [Saying]: 'You, my good son, / Shall in the age to come / Obtain infinite wisdom, / The Great Way of the Buddha: / A domain splendidly pure, / Of extent incomparable, / And with [its] four hosts / With folded hands hearing the Law.'

COMMENTARY He will dream that the Buddha is predicting buddhahood for him.

• *Dharanis.* See the January/February 1992 issue.

TEXT He will also find himself / In mountain groves, / Exercising himself in the good Law, / Proving reality, / And deep in meditation / Seeing the universal buddhas.

COMMENTARY *Deep in meditation seeing the universal buddhas.* Once we have entered the state of profound spiritual unity, we will be able to experience a sense of oneness with all the buddhas.

TEXT Golden colored are those buddhas, / Adorned with a hundred blessed signs; / [He who] hears and preaches to others / Ever has good dreams like these.

COMMENTARY *A hundred blessed signs.* This refers to the characteristics of happiness and virtue.

TEXT Again he will dream he is a king / Who forsakes his palace and kinsfolk / And exquisite pleasures of the senses / To go to the wisdom throne; / At the foot of a Bodhi tree, / He sits on the lion throne; / After seeking the Way for seven days, / He attains the wisdom of buddhas; / Having attained the supreme Way, / He arises and, rolling the Law-wheel, / To the four hosts preaches the Law / For thousands of myriads of kotis of kalpas. / After preaching the faultless Wonderful Law / And saving innumerable living beings, / He shall then enter nirvana, / As a lamp is extinct when its smoke ends. / If anyone in the evil ages to come / Preaches this preeminent Law, / He will obtain the great blessing / Of such rewards as the above."

COMMENTARY He has dreamed that he has led the same life as Shakyamuni. The implication is that he has attained the same spiritual state as the Buddha. What a splendid realization that is.

The above passage concludes the first half of the Lotus Sutra. T'ien-t'ai Chih-i (538–97) defines the first half of the sutra as the realm of trace (*chi-men* in Chinese), focusing on both the Buddha of the manifest-body and the teachings from the perspective of the Eternal Original Buddha, the great life force of the universe, appearing (leaving a trace) in this world to bring about the liberation of all sentient beings. Put another way, in the realm of trace the Buddha is identified as the Shakyamuni who appeared in this world, and his teachings are explained as the wisdom gained by Shakyamuni through his own experience and meditation.

With chapter 15, "Springing Up Out of the Earth," we enter the second half of the sutra (*pen-men* in Chinese, meaning the realm of origin). Here the true form of the Buddha is revealed to be Thusness (absolute Truth), and the Eternal Original Buddha takes the stage.

To be continued

In this series, passages in the TEXT sections are quoted from *The Threefold Lotus Sutra,* Tokyo: Kosei Publishing Company, 1975, with slight revisions. The diacritical marks originally used for several Sanskrit terms in the TEXT sections are omitted here for easier reading.

Buddhist Thought Can Help to Solve the Environmental Crisis

by Nikkyo Niwano

This essay is part of a continuing series of translations from a volume of inspirational writings by the founder of Rissho Kosei-kai. DHARMA WORLD *will continue to publish these essays because of their lasting value as guidance for the practice of one's daily faith.*

Since the start of the industrial revolution in the late eighteenth century, humankind has been eagerly pursuing material progress. We see evidence of the meteoric rise of this development everywhere, from the worldwide growth of the manufacturing industry to the rapid developments in modern means of transport that support it. Machines have taken over most of our hard labor, and even housework now requires only half as much time and effort as it once did. But we must not for a moment believe that all of this equates with happiness.

The distribution of wealth is as unbalanced as ever, people around the world continue to suffer deprivation and die of hunger, and disputes stemming from materialistic interests continue to feed the flames of war. Even in Japan, which had never before seen the prosperity it experienced following World War II, many people are still not benefiting from it, and large numbers continue to lose their lives in traffic accidents and suffer the debilitating effects of environmental pollution. Society is plagued by eruptions of irrational violence, and more and more people experience vague feelings of dissatisfaction and irritation. Is this really a happy life for human beings?

Since the dawn of the human race we have constantly striven to find ways of improving the quality of our lives. Especially in our present age, we have chased after the notion of a higher standard of living leading to a happier life and have stopped at almost nothing to achieve it. Yet despite all of our sweat and toil, why is it that we have ended up with the sorry state of affairs we see around us today? Why are the fruits of all of our efforts so different from what we expected?

I am sure there are countless ways of approaching this difficult question, but personally I feel it has much to do with the fundamentally flawed belief that human beings can buy happiness based on the quantity and cost of the things we own.

Human beings most certainly cannot achieve true happiness on that basis. Rather, it is the quality of our way of life and the spiritual richness within our hearts from which we derive real happiness. After a long history of struggling through trial and error, it appears that more of us are finally coming close to understanding this. We have now reached a peak in attaching value to the number of things we possess and have begun to learn the futility of this. We are seeing that amassing possessions does not bring us happiness after all and are beginning to change our thinking about the way we should live.

Humankind is urgently in need of a spiritual revolution. It has been said that nuclear warfare would bring about the end of civilization, but it is now becoming clear that a more sinister threat to life on our planet is in the making, one that we are forging with our own hands. We are destroying the natural environment and hastening the dangers of climate change, and matters are getting worse and worse by the day.

Underlying this is the view that seems to be popular among many in the West that all things exist to be put into the service of human beings. What naturally arises from

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such an attitude is the belief that everything that is not human, whether living or not, can be limitlessly utilized and expended in the name of human progress and happiness. In turn this gives rise to the economic theory that we should strive mightily to avoid extreme labor, mass produce things at as little cost as possible, consume such things to our heart's content, and revel in our newfound prosperity. One result of this was the production of and long dependence on strong pesticides to support the mass cultivation of crops, but until almost too late we failed to heed the signs of the damage they were doing to insects and birds that are beneficial to human beings, and of their threat to human health.

We face a crisis of major magnitude, and now more than ever we need a spiritual revolution. This, I believe, has to involve the complete acceptance of the Buddhist tenet "All things are devoid of self." That is, in all the vastness of our universe, not one thing exists independently of any other; nothing has any separate self-nature. All things come into existence through an interplay of causes and conditions and are bound to one another in an immense chain of interdependence. In other words, everything exists sustaining and being sustained by everything else. To put this in human terms, we are living through the nourishment and support of everything else in the universe.

When we come to recognize this truth, when we humbly awaken to the fact that we are being "sustained to live," that is when the human race will take its first real step forward and appreciate the true value of life. That is how our spiritual revolution will begin, with that first step.

Consider the precious oxygen we breathe and depend on to live. The supply of the planet's oxygen would soon run out if trees and plants did not fortunately constantly keep producing it for us. In fact, just as we breathe the oxygen they exhale, so they live by breathing the carbon dioxide we expire. We need to realize that human beings are an intrinsic part of nature and that our continued existence depends on our being in harmony with it. That is why it is wrong to harbor such basically immoral concepts as that it is our role to conquer or master nature. Rather, we should recognize that we live as part of nature and under its auspices.

The Shinto tradition in Japan holds that myriad deities surround us. Just as there are the gods of stones and trees and rivers, there are gods for fire and wind to be revered. But until recently when we have spoken of these things to people from Western countries, who are only familiar with monotheistic beliefs, they have tended to laugh at the idea, regarding it as nonsense and mocking it as primitive.

However, since we have begun to realize that we are living in a world with strict finite limitations, we also have come to understand the firm principle that all things possess lives of their own and that it is possible to either increase or reduce their number depending on actions that we may take. Thus, we know from a scientific standpoint that if we continue polluting and otherwise harming the natural environment as we are now, we will hasten the destruction of our planet. As we begin to appreciate that we are close to the point of no return, we can start to fully understand the way in which all sentient beings in our universe share and value the great gift of life. An ongoing failure to recognize this fact can only lead to our world's ruin.

As I reflect on this situation of our times, I recall the Japanese adage "Even plants and natural things can become buddhas." This idea developed from the Buddha's teaching that all sentient beings are endowed with the buddha-nature, but it also incorporates a Japanese way of thinking. The Buddha's original idea can seem to some people as favoring human beings, whereas the modified Japanese saying emphasizes nature in its wide entirety, teaching us to treat all things with friendliness and fellow feeling.

Unless people throughout the world begin to embrace this type of thinking, there will be no end to our environmental problems, so unless we act against pollution and environmental destruction with the type of thought reflected in Japanese Buddhism, the threat to the continued existence of the human race will increase. It is in times like these, it seems to me, that the long-held Japanese belief in myriad deities can assume renewed importance. ❑