Health and Human Happiness

A HEALTHY LIFE  Guy Bourgeault

TREATMENT FROM THE HEART  Felix Unger

A NEW MEASURE OF WELL-BEING  Hazel Henderson
The SGI Quarterly aims to highlight initiatives and perspectives on peace, education and culture and to provide information about the Soka Gakkai International’s activities around the world. The views expressed in the SGI Quarterly are not necessarily those of the SGI. The editorial team (see above) welcomes ideas and comments from readers. For permission to reprint material from this magazine, please contact info@sgiquarterly.org.
The Roman saying, “A healthy mind in a healthy body,” expresses the need for both physical and mental well-being. The human quest for a healthy way of life, despite increased life expectancy, is ongoing. Health is usually seen as the natural condition of life, and when sickness occurs, this is seen as a sign that our nature has gone off course because of a physical or mental imbalance.

The advances of modern medicine mean that more diseases are treatable, yet in developed countries, for instance, mental disease seems to be on the rise with the incidence of depression now outstripping heart disease.

In the modern approach to medicine, illness is seen as an aberration, but in other approaches, sickness and wellness are seen as part of a continuum, and good health is gained by balanced interactions between life and its environment.

As illness will never be eradicated, even by medical science, what is the role of the physician? American journalist Norman Cousins noted that a physician should also be a philosopher—someone who helps activate what he described as our innate healing system and system of conviction, which work together to solve illness. Rather than aiming to conquer illness, the physician therefore strives to restore and strengthen this balance.

The experience of illness and the attendant desire to recover can bring about a change in the human heart, a deeper understanding of our own mortality, our connection with others and with life itself.

Martin Luther King Jr. recognized that our quest for individual health cannot be seen in isolation from the broader question of society’s health. He wrote: “We are caught in an inescapable garment of mutuality; tied in a single garment of destiny . . . As long as there is poverty in the world, no man can be totally rich even if he has a billion dollars. As long as diseases are rampant and millions of people cannot be expected to live more than 20 or 30 years, no man can be totally healthy even if he just got the cleanest bill of health from the finest clinics in America.”

This issue of the SGI Quarterly looks at health in relation to both life and death, showing how a healthy life is rooted in a strong sense of purpose and energy, or life force. This way of living cannot simply be evaluated by a statistical analysis of the numbers of years we are alive, our economic output or the number of diseases we encounter during the course of our lives.

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At the age of nine, I was struck by the abundance and variety of life: gathering red and gold autumn leaves, it occurred to me that not one leaf was identical to another and there are so many trees and forests! As I approach 80, still not yet able to take stock of my life to date and unable to foresee what is to come, I am struck by that same feeling. Through all the years of my life (which is like water, sometimes calm and sometimes gushing), there have been so many twists and turns that I am surprised palm readers or psychologists can talk of one’s “life line.” The life we are living—and which we can’t observe as an external reality—is so full of influences of all kinds. We don’t take into account the extravagance of our life if we reduce it to a linear, one-dimensional journey. The idea that life could be a preordained journey that conforms to a set path comes from our inability to experience the richness and the incredible sense of fullness that comes from living rather than just observing.

Life is a tapestry of unforeseen surprises and grim losses. Georges Canguilhem (1904–95) defined health as a bond with life—a real living bond, not just in the mind—felt by all living beings, and more specifically the human being and everyone in his or her life; as the capacity of the living being, and especially that of the human, to face the demands of life whilst continuously exposed to the risk of loss, and ultimately death.

Death In Life
Two years ago, the woman with whom I had the fortune and privilege to share my life for 35 years received a sudden diagnosis from a doctor who was also a friend: a verdict, delivered with gentle and respectful tenderness, of incurable cancer of the pancreas. Devastatingly, the cancer was to take her life within 10 weeks. My partner did not express any of the denial, revolt, begging, even anger really, that is expected and virtually decreed by psychologists and other specialists. There was sadness, yes, and there were tears for two nights, then a mutual decision to refuse...
to let death inhibit the life that was still there for us to experience together. “What do I have to complain about?” she said. “You are here, and the children too. I have everyone around me, while so many women in the world die every day on their own, under bombs, after suffering rape.” Dare I say that I learned a lot during those 10 weeks, during which she serenely mourned her life, and I mourned too? Who knows when it would be my turn to quit life or to be abandoned by it?

And now unforeseen encounters have once again changed the color of my life. Sunshine has returned, after so many passing moons that faithfully brought, without my really noticing, a certain warmth to me. My life goes on and no doubt will go on for months and perhaps years to come, as it did in the past, bringing tenderness and jubilation as well as anxieties and sometimes real anguish from which my insurance contributions cannot protect me. Such is the risk of life: we cannot live without there being the risk of losing life. Our life, inevitably subject to risk, is simultaneously “enchantment and sorrow,” as expressed in the title of the beautiful book by the Quebec author and novelist Gabrielle Roy (1909–83): Life is a gift, a project, a responsibility.

Savoring life

Life is a gift. No one has a right to life before being, without having ever decided it, alive. Cherished by life through no merit of my own, I sometimes have the feeling when meeting people—usually those younger than me who have had a tougher life—that I am taking advantage of life’s unfairness by having a taste of shameless happiness. I can savor it nonetheless. I say life is a gift, but I should perhaps say life is gifts, given that life—at least my own—is manifold. And I believe this to be the case for others, if not for everyone.

Life is a project. Again, I should use the plural here: projects, which are in the end just brave replies to life’s invitations. Brave in that we know that invitations can be retracted or even erased by illness or death. But why should this unhappy consciousness curb the desire that is but an anticipation of the pleasure life will bring us? The same brave attitude allows us also to embrace the challenge of the unexpected, despite the inherent risks in doing so.

Life is a responsibility to the extent that we can gain a grasp on it, however weak and limited. Some friends told me that I am in good health because I do the right things: I don’t smoke, I am active, and I eat well. It is however more likely that I have simply won the genetic lottery. One of my brothers was afflicted at the age of nine by polio, which I appear to have warded off. He was badly affected by it, suffering the consequences until his death in his early 50s. This was certainly not a consequence of him not looking after himself—though this does not mean that we should leave everything up to fate and adopt a careless attitude to life.

We can have two attitudes to life, two “ways” of dealing with it and fulfilling our responsibilities: control vs. care. Care comes from respect and attention. I do feel we place too much emphasis on control and too little on care. In effect, this applies to all our social or institutional policies, all our plans and all our practices, notably in the field of health, education and social intervention. Since we are powerless to avoid all evil, we tend to increase our levels of prevention and control in order to relieve or compensate for unhappiness once it has arisen and to minimize the risk of accidents, illness, educational failure and so on happening in the future. In doing so, we seek only to control life, which, in the end, has the effect of hindering life; it stops it from blossoming.

Living, for us humans, is learning to face the challenges of life. When we have the power to decide and act, we should go for control and prevention since life is never without risk. But let us also build a relationship to life based on acceptance and attentiveness, on kindness and deference. Despite everything, let us trust in life, in its power, which can—little by little—live within us and become our power. Let us concern ourselves with sustaining and fostering life—our own and that of others. This doesn’t make life any easier, just richer.

“We cannot live without there being the risk of losing life. Our life, inevitably subject to risk, is simultaneously ‘enchantment and sorrow.’”
Medicine has always stood in the center of all our endeavors and interests and is driven by the wish to live as long and healthily as possible. The role of doctors is to help patients realize this desire through the treatment they offer. Another task of doctors, however, is to guide the patient.

Medicine of course deals with a very large spectrum of maladies, from mild disturbances such as headaches, stomach upsets and so on, through to serious diseases. Because the range of diseases is so large, it is sometimes very difficult for doctors to ascertain the real severity and extent of the symptoms.

In our modern, mechanistic society, people generally do not expect that the onset of an illness might alter their lives. Most people believe that a disease can be evaluated clearly in a mechanistic way and controlled much as one would control a machine. The expectation is simply that a proper diagnosis will be made, followed by the proper therapy. But in fact illness is as much a part of our life as night is complementary to day. And all days find an end, as we will too.

The simplest contribution to leading a healthy life is to correct our lifestyle. This is particularly so with our aging population. Effective medicine can help people be healthy, but lifestyle plays a major role.

Our society, which includes patients and doctors, shares the same time paradigm. In consequence it is how we deal with man. Today we have a mechanistic, materialistic view of the world, a paradigm of constant change known as “progress.” We believe, as a result, that we can control nature too. A disease is seen as nothing more than a temporary disturbance to be managed immediately by doctors. After finding the disturbance and cure, people often believe they can continue an excessive lifestyle as they have done before.

Another problem for medicine is misleading information. There are constant reports of how medicine fights cancer and cardiac arrest successfully. We read in the newspapers that medicine can manage all. In reality, while our medicine is very effective, it has certain limits. This causes disappointment for patients and their relatives. Ultimately, death cannot be avoided.

Europe has a very efficient health care system. Most people are cared for very rapidly. Because of the advancements in medicine, medical care has become very expensive. In terms of how we deal with people, health care is seen as a market, and the health-care system thus creates a new financial burden. Medicine cannot be evaluated in terms of costs and benefits. In fact the benefit is the quality of life of a patient. Highly efficient patient care makes the system costly. The recent debate in the United States over health-care reform is a prime example of how controversial the health system has become.

Despite all this, a doctor has to set life at the highest value. When life itself is perceived as the highest value, then doctors have the right basis for a doctor-patient relationship. The doctor cares for his or her patients and tries to return them to health and back into society, or to accompany them on their final journey.

In my professional life as doctor and cardiac

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**Treatment from the Heart**

By Felix Unger

Felix Unger M.D. is director of the University Clinic of Heart Surgery at the Paracelsus Private Medical University of Salzburg in Austria. He is a cardiac surgeon and has published over 400 papers and 17 books. He implanted the first artificial heart in Europe in 1986, and in 1990 he founded with Cardinal Franz König and Prof. Nikolaus Lobkowicz the European Academy of Sciences and Arts, which today has 1,300 members (www.euro-acad.eu).
from 2003 to 2005, I documented people's experiences of living with and alongside HIV/AIDS in Okhahlamba, a rural sub-district within KwaZulu-Natal, South Africa—a country that has the invidious distinction of having one of the highest rates of HIV infection in the world. The outcome of the research was a book that traces the ways in which people came to draw on local cultural repertoires in the face of mourning and multiple deaths at a time when the state had not yet committed itself to the provision of free antiretroviral treatments through the public health system. The research therefore straddles a period in which antiretroviral therapies were not readily available, thereafter becoming gradually introduced. It charts a social process in which a layering of grief and mourning was mitigated by hope for survival.

A praise poet from the region, Roman Khumalo, who also acted as a voluntary counseling and testing (VCT) official at a local clinic, wrote and performed many poems about the effects of the epidemic. I quote here a few extracts from one of his poems, as it captures the horror of being confronted by the premature deaths of many young people. He addresses the affliction, AIDS, as if it were a monstrous person, in line with the nature of praise poetry. In Okhahlamba, HIV/AIDS was generally referred to as The Great Destroyer or Mashaya Bhuqe, and more prosaically as “This illness.” In Roman’s words:

Alas! There is this affliction, Ngculazi (AIDS). Alas, The-One-That-Annihilates-All. What kind of illness are you that you are unlike all others? All illnesses have cures. You do not . . . The girls’ strength, the young men’s strength, boys and girls not yet in love. They fall down like ears of corn and grass seeds. They are eaten by the Great Destroyer . . . Oh, the flowers of the nation. They perfume the earth with their abundance. Today they droop, orphans remain . . .

surgeon over the past 40 years, it is my experience that good patient care is based on an honest doctor-patient relationship. This bond begins with looking into the eyes of the patients when you tell them you will care for them, and what therapy you propose will help them regain their health, with a specific course of treatment to follow. The patients are immediately ready to follow the proposed treatment when they feel this trust. I experience this consent in the eyes, like a spark between patient and doctor. After finding the proper trust you can treat a patient successfully. This relationship of trust and honesty makes the life of a medical doctor wonderful.

All patients are fearful, especially when they have heart operations. I tell them they can overcome their fear with trust and belief in their own future. Then I experience this spark, which is a basic consent for big operations with, one hopes, a successful outcome.

In our modern society we detect a lack of a real doctor-patient bond, due to many influences in society. I believe we have an enormous deficit in terms of the way doctors are educated in our medical schools.

We have to consider man as an entity of body, soul and spirit and not as a machine. Health is a balance of these three entities. My criticism of medical schools is the strong focus placed on the body to the exclusion of the soul and spirit. My recommendation would be to design a new curriculum for medicine. Students need to be trained to respect life and consider proper therapy aimed at the benefit of the patient in the broadest sense. Doctors are now also placed under a terrible burden by awful administration systems that are a result of poor financing and overreliance on information technology.

A doctor dedicated to his patients sees them only for a short period in their life. While treating the patients, he also has to respect life at its highest value. The doctor is not only treating the patient; through his findings, he is serving life as an ultimate goal.
Many people who survived would not have done so without the generous support of others, and in particular of home-based carers—volunteers, who looked after the ill and dying in their homesteads without any form of remuneration. My research explores the notion of what it means to accompany an extremely ill person in pursuit of health. I explore the ethics of care and the multiple forms of care that individuals offered one another, including exchanges between those who were ill and those who cared for them. Without relatively well persons lending their bodily forces to the ill—who often could not walk or care for themselves—many more persons would have died. At one time, successful journeys to gain access to antiretroviral medication required catching five minibus taxis in one direction to a distant hospital that had begun an antiretroviral program through research collaboration with a foreign university. Before public hospitals in South Africa were in a position to distribute the medicine, such journeys had been necessary, and were initiated by the home-based carers themselves. Accompanying people who were ill required great determination and staying power when little help was forthcoming from the state.

An important aspect of everyday life in Okhahlamba was how people had to face the devastating physical effects of the illness in themselves, or in the people for whom they cared—effects that stripped away bodily flesh. As the local saying went, when afflicted with full-blown AIDS, you are “left with bones” (Usala ’ngathambo). My book opens with an account of a mother who accompanied her daughter in her journey toward death. Before she died, the daughter thanked her mother for having touched her bones. The mother had carried her daughter on her back to relevant government departments to try to accrue the required documentation for her daughter’s children, so that they could receive certain state benefits after her death. It was a story that captured the painful and tender aspects of human exchange in the face of devastation.

To conclude, the research documented many detailed stories about people’s journeys in pursuit of care, including the stories of healers, children, lovers and home-based carers. It traced the stories of some who survived and some who died. The terrifying scale of death is captured in the way an old woman once greeted me at a funeral. She said: “Oh, my child, there is dying! We are being attacked from both sides, and from above and below.”

The ways in which hope became gradually more manifest through access to appropriate therapies are captured in what another woman told me. She said that with correct medication, people began to see the return of bodies they could once again recognize as their own. 

Patricia Henderson PhD, a senior lecturer in the anthropology department at Rhodes University, South Africa, has undertaken anthropological research in a number of rural regions of the country and in Botswana. She has lectured at the Universities of Cape Town and Stellenbosch. Her book AIDS, Intimacy and Care in Rural KwaZulu-Natal: A Kinship of Bones is published by the University of KwaZulu-Natal Press (2012) and Amsterdam University Press (2011). She is a member of SGI-South Africa.
Approximately 10 million people in the UK have some sort of hearing loss, while 70,000, according to the *Lancet* magazine, are profoundly deaf. Many of these people have never been taught to use sign language. Often parents with deaf children don’t know what to do when they discover a child is deaf. Children, teachers and parents need help with attempting to transcend the barriers to communication they face.

In health care, deaf people are often at a disadvantage because there are very few signing interpreters within the health service. The NGO Action on Hearing Loss reported that 50 percent of deaf people in the UK left the doctor’s surgery confused about their condition and medication. Usually adult patients are expected to bring family members with them to act as interpreters. Recently there has been a greater degree of awareness of the difficulties experienced by deaf people who have not learned to sign and who may well be isolated both at home and at school. In this written interview, Sharon Hutton describes the difficulties of communication for people who have been diagnosed as profoundly deaf since birth.

**Communication, Health and Hearing Loss**

*An interview with Sharon Hutton*

**SGI Quarterly:** What was your experience of growing up with hearing loss?

**Sharon Hutton:** I was born in 1962 in Canada, and moved to the UK in 1969. I have been deaf from birth, and have had a hearing aid from the age of three. During my school years both in Canada and the UK, I was not taught sign language either at primary school or secondary school. At my secondary school I was taught in a deaf unit where we were taught to lip-read, but the lack of interaction with other pupils led me to be withdrawn and anxious.

**SGIQ:** Have you ever had any health issues that could have been better solved with better communication?

**SH:** At the age of 18, I spent seven months in hospital and picked up a limited use of sign language with patients and staff. I can lip-read close family members and a few people I have known for many years. I struggle to communicate with outsiders.

**SGIQ:** Have you ever had any health issues that could have been better solved with better communication?

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**SGIQ:** How does receiving one-to-one or group support help you with your life and health?

**SH:** Recently I have received support from a social worker who has helped me become much more independent—to travel on my own by public transport and to pay for things myself. I have been attending art therapy classes recently and have been able to improve my communicative abilities a lot. I mix well with many others now; for instance, I was able to work with a friend to write the answers to this interview.

“I do feel there needs to be better education for deaf people, as well as ongoing communication classes.”

Since leaving hospital, I have received medication for some mental health issues and have had regular appointments with the doctor. I am always accompanied by my mother to these appointments as I cannot always lip-read what the doctor is telling us. I did receive some speech therapy sessions at the Royal Victoria Infirmary in Newcastle-upon-Tyne 10 years ago, but the struggle to communicate with nonfamily members is ongoing. I have not been given any one-to-one support from any care workers over the long term. The only people who have offered me long-term support have been my parents. Due to their support I am able to cope a lot better.
SGIQ Quarterly: What is your view of health care?
Hazel Henderson: My lifelong interest has been in the prevention of health problems. This really is the only way to go. Living in the US, one is barraged every day by all sorts of goods and services of the medical-industrial complex. The medical system in America is driven by profit. At least 90,000 people per year die from medical mistakes. This is a symptom of a medical system that has overshot the mark because it has the wrong incentives. I grew up in Britain under the National Health Service (NHS), an inclusive system of caring that is not driven by profit. What people seemed to appreciate there is that you didn’t have to feel guilty about your fellow citizens not receiving the care they need. At least we felt a sense of “we are all in it together.”

SGIQ: Could you briefly outline what first spurred you to measure alternative models of success and well-being other than Gross Domestic Product (GDP) and Gross National Product (GNP)?
HH: This relates very much to the medical sector. Most of the time, the drugs and surgeries that are being prescribed or recommended are to deal with problems that could have been avoided by better education and better preventive care. The costs of these medicines and procedures are included in the GDP, as if they are useful. GDP is usually calculated as the monetary value of all goods and services during one year, as an indicator of a country’s standard of living. So what is actually a negative cost looks as if it is something positive. This problem of not being able to separate the “bads” from the “goods” highlights the contradictions inherent in the whole way of using money to try to measure health care or any other aspect of a country’s progress.

Our current economic models are blind to the social and environmental costs, which then get left out of the economic equation. However, these costs are felt in terms of health problems, pollution and all kinds of social pathologies such as unemployment and inequality. I try to point out the crises that our financial system gets us into. The Wall Street crash of 2008 caused terrible hardship to millions of people and happened because the financial system blinds itself to what they call “externalities.” Unless companies are forced to “internalize” all those costs and put them on the balance sheet, you can’t have a proper accounting system.

In terms of the health sector, consider the incredible costs in the US of childhood obesity, which stems from allowing soft drink and fast food companies to place dispensers in schools. We have to connect the dots: our problems are a mirror held up to our own limited consciousness.

SGIQ: Please explain the Quality of Life Indicators, which you pioneered in an attempt to enable people to see the underlying realities often obscured by simply considering progress in terms of GDP.
HH: We were one of the first groups to go beyond economics. We use a set of 12 indicators—measuring education, employment, energy, environment, health, human rights, income, infrastructure, national security, public safety, recreation, shelter—which all have their own metrics. You don’t measure them in money terms. In the area of health, we measure infant mortality, life expectancy and self-reported health.

Macroeconomics would take all those apples and oranges of the 12 different aspects of quality of life and turn them all into money coefficients, and aggregate them into one number, which is what...
GDP does. It’s like flying across a country at 50,000 feet; your view does not in any way reflect what is happening on the ground.

Most editors and journalists are used to picking up a press release and then writing a story without ever asking what GDP is and how it is arrived at. The big battle is to get economists to subtract those external costs from GDP and come up with a truer net number. Half of all a country’s productive work is unpaid: women raising children and taking care of elders, people building their own houses and growing their own food.

I would like to add that there is a new movement for sharing. When we get the numbers together, the unpaid sectors of a country’s economy are larger than the money-denominated sectors that are officially counted in the GDP.

SGIQ: Could you tell us what components of well-being might be better measured through your indicators?

HH: Abraham Maslow did a lot of work on the hierarchy of human needs, and what I would identify is not that different from his ideas, starting from basic physical needs and progressing to more intellectual and spiritual ones. There is an institute called the Human Givens Institute in London whose focus is very similar to what Maslow talks about. They are taking this model and translating it into social policy. We now know a lot more about what makes people happy through psychology, brain science and endocrinology. Almost every one of these studies seems to agree that if a child is loved, cared for and indeed recognized by at least one adult in their lives, they can survive a lot of other factors that may be suboptimal. That is fundamental. From that, you go through the life cycle of the individual, including properly funding social policies, education and public health.

It is commonly accepted knowledge that public health includes the question of whether there is clean water, proper sanitation and good infrastructure, but in fact it is wealth or poverty that is the underlying variable. Most ill health is due to poverty. But there again, it is about connecting the dots.

SGIQ: Do you see a trend toward reintegration, seeing issues in relation to each other at last?

HH: In the last 300 years, we had this compartmentalization of knowledge: the reductionism of trying to understand the whole by examining the parts. This produced a lot of brilliant technologies, but they are not well related to one another. The big task now, which I saw being undertaken at Rio+20 in 2012, is the reintegration of knowledge. This is the basis for going forward with more coherent policies in the future.

All these problems out there, from climate change to desertification; everything from poverty to inequality to ill health are reflections of our own limited consciousness. Cooperation, sustainability, green economy, equality, justice were key words at that conference. We humans have the amazing capability in our brains to both zoom the lens of our minds and focus in on the details—the capability to care for the immediate—as well as the capability to pull back and take a wide view and to realize we are all children of the cosmos.
As a mother, it’s very important to be mentally and physically healthy. If the mother is well, then the baby will be well too.

I was in hospital for about five days when my son, Rumi, was born 14 months ago. He was a Caesarean baby and had lost more weight than expected; my milk flow didn’t come so fast. Although he was very hungry, I was not able to express any milk; we therefore had to breast-feed and formula-feed at the same time.

There are health benefits to exclusively breast-feeding your baby and I truly wanted to bond with Rumi, so that he could feel secure. All kinds of thoughts occur to you. You think, “Maybe I did something wrong, maybe I’m being punished, maybe someone has cursed me.” It’s when the fear of death comes in, and that is what makes you go and seek a cure.

From my experience of working in a hospital, I believe education and prevention are certainly better than cure. I found our psychology plays a big part, and when you don’t take care of the psychological aspects of illness, it’s much more difficult to recover well.

There is nothing better than being healthy. When you are sick, the only thing you can think about is getting better. And at the same time, you think that you might not get better. There is nothing that is more important than to be healthy; it’s the best thing in life.

Johnny Bambila, Democratic Republic of the Congo (currently living in South Africa)
Nurse

I believe health is a state of well-being: It doesn’t just mean the absence of disease.

Some months ago, I became ill, but the doctors were not able to diagnose the problem. The medication they prescribed seemed only to make things worse. Eventually, I stopped taking that medication and started taking herbal medication, which helped. I now feel like I am almost 100 percent myself.

When you’re ill, it affects you psychologically as well as physically, and you ask yourself a lot of questions—if I don’t get well, what will happen to me? How will this affect me financially? It becomes a stress. All kinds of thoughts occur to you. You think, “Maybe I did something wrong, maybe I’m being punished, maybe someone has cursed me.” It’s when the fear of death comes in, and that is what makes you go and seek a cure.

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Muslin Abdul Hamid, Malaysia (currently living in France)
Lawyer

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There are health benefits to exclusively breast-feeding your baby and I truly wanted to bond with Rumi, so that he could feel secure. But even after my breast milk came in, Rumi experienced a lot of discomfort, especially after feeding and prior to sleeping.

We had to find him all sorts of bottles that wouldn’t give him too much air. His intestines were not very mature as a baby, so he could not process the milk very well.

The health visitor came to suggest all kinds of remedies and possible solutions, and we found a massage therapist who came to teach us how to massage Rumi to prevent so much air being in his tummy.

It was a very stressful time for me. But once he reached the age of four months, he was much better. Since then, Rumi’s health has been quite good.

Because a mother and her baby’s well-being are so linked, the health visitor wanted to know if ever I was feeling upset or bored or missing work, feeling helpless or hopeless. Rumi needs a lot of attention, but for me, keeping in touch with the outside world is also very important.
Growing up with digestive issues, becoming a wife and mother and learning about all of the many reasons people seek health from holistic practitioners has inspired me in my work. Health is something that is all encompassing. To have optimum health, we have to examine our body, our mental stability, our relationships and our spiritual self. Being healthy means we have to be connected to ourselves in many ways. Sometimes this requires new experiences to allow us to feel things we have never felt.

There is always more to learn about nutrition and exercise, more foods to try, more tweaking to be done; and regarding relationships, mental clarity and stress, we have to allow ourselves to find outlets and resources to support us in times of need. All of these factors evolve as we age, so we have to constantly reevaluate our needs. We have to look at ourselves as whole beings and not allow ourselves to be processed into something we are not.

It can be very difficult to keep up with the demands of work, parenting, caring for others, friendships, relationships and simply finding a place in this world that allows us to feel accomplished but also allows us to care for ourselves. I myself enjoy the process of discovering ways to feel and function at my best, it is what lets me do all of the things I want to do, and the possibilities seem endless. Staying healthy is a constant effort, but as it becomes a part of our lives it becomes effortless, and for many it becomes a hobby or a passion. Encouraging and guiding others through this process is what I see as the future of health.

Erin DeLucia-Benson, USA
Health Coach, Pilates Instructor, Dancer

I took up jogging nine years ago. The year before, I had felt a sudden sharp pain in my abdomen and was taken to the hospital. I was diagnosed with gallbladder disease and underwent surgery to remove my gallbladder. This was a result of stress and neglecting my health. I had given it my all at work, but after years of eating high-calorie meals while entertaining clients and eating out with coworkers, my weight reached about 80 kilograms. The excess cholesterol hardened and became gallstones.

After becoming ill, I started thinking seriously about health for the first time in my life. Following my surgery, I stopped eating high-calorie foods and my weight dropped to around 60 kilograms. To help regain my strength, I started jogging together with my wife. Even though my wife began jogging to support my health, she actually became more enthusiastic about it than me, and even began participating in marathons. Initially, I had been jogging at my own pace after work and on my days off; however, with my wife’s encouragement, I, too, began participating in marathons.

Ever since I’ve started jogging, I don’t get tired as easily and I hardly ever get sick. I haven’t even caught a cold. My wife has also recovered from shoulder pain and is happy she’s been able to improve her figure and look more youthful.

Jogging not only leads to gaining muscle strength but also allows oxygen to reach every corner of the body, which has a positive effect on one’s health. In addition, jogging can help reduce stress by signaling the brain to secrete hormones that remove fatigue-causing substances such as lactic acid from the body.

Jogging is becoming increasingly popular among Japanese men, and every person has his or her own reason for jogging. Some want to gain a sense of accomplishment by improving their time, others want to make new friends, and some simply enjoy it. My reason is to help maintain my health and enjoy a happy life with my family.

Takahiro Omata, Japan
Businessman
Treasuring the Dignity of Life
An interview with Chung Cheng Lee

**SGI Quarterly:** When you treat a patient, what is the first thing you take into consideration? How might this differ from Western perspectives?

**Chung Cheng Lee:** Eastern medicine emphasizes the concept of maintaining overall balance. Both Eastern and Western medicine have their own strengths and weaknesses. They can complement each other.

When treating first-visit patients, I will give them enough time to fully describe their symptoms and medical history. Listening attentively to my patients enables me to empathize with them. SGI President Daisaku Ikeda has said that one should respond to sincerity with sincerity; therefore, I think the most important factor in treating a patient lies in the patient’s complete trust in the doctor who exerts him- or herself to cure the patient.

Eighteen years ago, my wife was pregnant with our third baby. However, the baby had severe thalassemia [an inherited autosomal recessive blood disorder], so we sought every possible treatment. Although the baby passed away soon after birth, it made me deeply realize the true meaning of a Chinese proverb: “Treat your patients as if they are your children.” Since then, whenever I am providing treatment, I spur myself on by thinking of these two mottos: “Respect the dignity of life” and “See patients as your own family.”

I currently run a Chinese herbal clinic in a local community. My patients are just as familiar to me as are my own family members. As their family doctor, I try my best to provide my patients with any treatment so long as it benefits them.

I am also willing to transfer my patients to a hospital of Western medicine for precise checkups and treatments. Sometimes I work as a counselor, and, through having dialogues with my patients, I not only build stronger bonds with them but also grow as a person.

**SGIQ:** What is the key to maintaining good health?

**CCL:** First and foremost, spiritual contentment—a richness of the heart—is imperative. Nichiren Daishonin [the 13th-century founder of Nichiren Buddhism] states in one of his writings: “More valuable than treasures in a storehouse are the treasures of the body, and the treasures of the heart are the most valuable of all.” Physical illness will not be a source of limitation to a person who is spiritually rich, nor will it be a cause for becoming pessimistic.

In order to maintain a good, healthy condition, it is necessary to live a regular life, have a balanced diet, exercise adequately, and so on. Having a vigorous life force helps prevent illness and heal the body. It is the key to leading a healthy life.
A few months ago, a 40-year-old woman came to an emergency room in a hospital close to where I live, and she was brought in confused. Her blood pressure was an alarming 230 over 170. Within a few minutes, she went into cardiac collapse. She was resuscitated, stabilized and whisked over to a CAT scan suite right next to the emergency room, because they were concerned about blood clots in the lung. And the CAT scan revealed no blood clots in the lung, but it showed bilateral, visible, palpable breast masses, breast tumors, that had metastasized widely all over the body. And the real tragedy was, if you look through her records, she had been seen in four or five other health-care institutions in the preceding two years. Four or five opportunities to see the breast masses, touch the breast mass and intervene at a much earlier stage than when we saw her.

That is not an unusual story. I joke, but I only half joke, that, if you come to one of our hospitals missing a limb, no one will believe you till they get a CAT scan, MRI or orthopedic consultation.

I am not a Luddite. I’m a physician practicing with cutting-edge technology. But I’d like to make the case that when we shortcut the physical exam, when we lean toward ordering tests instead of talking to and examining the patient, we not only overlook simple diagnoses at a treatable, early stage, but we’re losing much more than that. We’re losing a ritual that I believe is transformative, transcendent, and is at the heart of the patient-physician relationship.

A friend of mine had a small breast cancer detected and had her lumpectomy in the town in which I lived. She then spent a lot of time researching to find the best cancer center in the world to get her subsequent care. She found the place and went there, which is why I was surprised a few months later to see her back in our own town, getting her subsequent care with her private oncologist. I asked her, “Why did you come back and get your care here?”

She said, “The cancer center was wonderful. It had a beautiful facility . . . But,” she said, “they did not touch my breasts.” Now, you could argue that they probably did not need to touch her breasts. They had her scanned inside out. They understood her breast cancer at the molecular level; they had no need to touch her breasts. But to her, it mattered deeply. It was enough for her to make the decision to get her subsequent care with her private oncologist who, every time she went, examined both breasts and did a thorough exam. And to her, that spoke of a kind of attentiveness that she needed.

Rituals are terribly important. They’re all about transformation. The ritual of one individual coming to another and telling them things that they would not tell their preacher or rabbi, and

“**I will always, always, always be there. I will see you through this. I will never abandon you. I will be with you through the end.**}
then, incredibly on top of that, disrobing and allowing touch—I would submit that that is a ritual of exceeding importance. And if you shortchange that ritual by not undressing the patient, by listening with your stethoscope on top of the nightgown, by not doing a complete exam, you have bypassed on the opportunity to seal the patient-physician relationship.

I’m an infectious disease physician, and in the early days of HIV, before we had our medications, every time I went to a patient’s deathbed, whether in the hospital or at home, I remember my sense of failure—the feeling of “I don’t know what I have to say; I don’t know what I can say; I don’t know what I’m supposed to do.” And out of that sense of failure, I would always examine the patient. I would pull down the eyelids. I would look at the tongue. I would percuss the chest. I would listen to the heart. I would feel the abdomen. I remember so many patients, their names still vivid on my tongue, their faces still so clear. I remember so many huge, hollowed-out, haunted eyes staring up at me as I performed this ritual. And then the next day, I would come, and I would do it again.

I recall one patient who was at that point no more than a skeleton encased in shrinking skin, unable to speak, his mouth crusted with candida that was resistant to the usual medications. When he saw me as it was necessary for him. Neither of us could skip this ritual, which had nothing to do with detecting rales in the lung or finding the gallop rhythm of heart failure. No, this ritual was about the one message that physicians have needed to convey to their patients. Although, God knows, of late, in our hubris, we seem to have drifted away—we seem to have forgotten—as though, with the explosion of knowledge, the whole human genome mapped out at our feet, we are lulled into inattention, forgetting that the ritual has meaning and a singular message to convey to the patient. And the message, even as I delivered it, which I didn’t fully understand then and which I understand better now, is this: “I will always, always, always be there. I will see you through this. I will never abandon you. I will be with you through the end.”

For the original talk, see www.ted.com

From an interview with H.N. Mallick

I am a founder member of the Indian Society for Sleep Research and have been working in different capacities at the society since 1992. We encourage sleep research, and we promote the importance of sleep and sleep medicine throughout the country through members’ courses and meetings.

Humans need to sleep 7 to 8 hours per day; sleeping more or less than this will have a harmful effect on us. The less we sleep, the less effective we are, and lack of sleep can have a long-term impact on our health. If we are going to sleep late at night, it will create problems in day-to-day living, decreasing our concentration, having an effect on our decision-making, and compromising our motor functions. Being tired during the day can create problems while driving. A good amount of sleep is very important for our health. It should be mentioned that although sleeping 7 to 8 hours is the guideline for most of our life, when we are children, we sleep 16 to 18 hours, and then when we are older, we sleep less.

In India, there are now many sleep centers, which include sleep clinics where people with sleep disorders can pursue treatment for their condition, as well as facilities called sleep laboratories that conduct standard sleep studies. These are growing in number mainly in the metropolitan...
areas. In our contemporary lifestyle of having a television and a computer, we live in a 24/7 society where we start the day early. In the last 30 years, we have been sleeping less, which has a harmful effect. This is a big problem now.

Many high achievers who work very hard dismiss the idea that sleep is important, which is not true. Various accidents and disasters, including nuclear disasters and fatal train and car crashes, are attributed to lack of sleep. We are not asking people to sleep for 24 hours, only 7 hours per day. Sleep has a vital role, not only in terms of health.

In terms of the benefits of sleep treatment, recently we know more about the pathologies of sleep and have developed new drugs. We have many options we can offer the patients.

Most sleep disorders, including insomnia, can be treated. However, patients can also make changes to their daily routine to enhance their sleep. Sleep hygiene—good habits for a good night's sleep—includes such things as going to bed at a specific time, not exercising for 4 hours before sleeping, taking a hot shower before going to bed, not watching television before going to bed and not cluttering up the bedroom with extra items. There should be no external disturbance, and in a modern society we need to be aware of external light pollution, which can interfere with sleep.

For example, a 45-year-old patient from Delhi says, “About eight years ago, for one and a half years, I was not able to sleep at night, and I was very uncomfortable. I had fatigue, and I also had a thyroid problem. I was very agitated, and I used to shout at my children. Dr. Mallick advised me that when I am in bed, I should not watch TV or read too much, as I should keep the association between the bed and sleep. I was also advised not to exercise or eat a heavy meal before going to bed. Even though I have recovered from my inability to sleep, I still follow these guidelines in my daily life.”

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The Science of Sleep

The Negative Effects of Lack of Sleep

Sleep deprivation is often due to unrecognized sleep disorders. The effects of untreated sleep disorders could be:

- Decreased performance and alertness
- Excessive sleepiness during the day that can impair your memory and cognitive ability
- Disruption of sleep can reduce your quality of life
- Excessive drowsiness makes people twice as likely to sustain an injury at work and significantly increases the chances of a traffic accident
- The long-term effects of lack of sleep are: increased likelihood of high blood pressure, heart attack, heart failure, stroke, obesity, attention deficit disorder, fetal and childhood growth retardation and relationship stress
Health is a universal desire of human beings. No matter how wealthy or powerful one is, health, after all, is the most precious thing.

Buddhism recognizes illness as one of the most basic sufferings that human beings experience—as we can see from its inclusion in the four sufferings of birth, old age, sickness and death. In seeking to free people from this suffering, both Buddhism and medicine share a common goal.

The links between the mind and disease, the mind and health, are points where Buddhism and medicine converge.

Buddhism is not simply a kind of spiritualism or an abstract theory. Buddhists throughout the ages have focused squarely on the reality of physical and mental illnesses and sought to relieve the suffering of illness from the dual perspective of Buddhism and medicine.

Still, it is only natural that Buddhism concern itself primarily with the role of the mind. And as stress-related illnesses increase in the future, the relationship between the mind and health in general will be spotlighted all the more.

Health is not simply a matter of absence of illness. Health means constant challenge. Constant creativity. A prolific life always moving forward, opening up fresh new vistas—that is a life of true health.

An unbeatable spirit is what supplies the power to keep pressing ahead.

Second Soka Gakkai president Josei Toda once said that there are two fundamental problems with people today. One is the confusion of knowledge with wisdom, and the other is the confusion of sickness with death.

Knowledge and wisdom are not the same thing. There is much that can be said about the relationship between the two. With regard to Buddhism and medical science, we can say, very generally, that medicine fights illness with scientific knowledge. Buddhism, on the other hand, develops human wisdom, so that we may find our own rhythm and strengthen our life force. This assists the efficacy of medical treatment and also helps us conquer illness through our own natural healing powers.

But it is foolish to ignore or deny the contribution of medicine. Otherwise faith descends into fanaticism. We must use medical resources wisely in fighting illness. Buddhism gives us the wisdom to use medicine properly.

Wisdom is the basic ingredient to health, to long life, and to happiness.

Sickness does not necessarily lead to death. Sickness can force us to examine ourselves, our existence and our lives. It can be a very important and precious motivator. Someone has said that a person who has never been ill only understands half of life.

Buddhism and a Healthy Life

By Daisaku Ikeda
The Swiss philosopher Carl Hilty (1833–1909) writes: “Just as the flooding river stirs the soil and enriches the fields, sickness stirs and enriches all people’s hearts. One who truly understands illness and endures it is made deeper, stronger and greater, and grasps ideas and beliefs that were incomprehensible before.”

The struggle with illness leads us to understand human life fully and forges in us an indomitable spirit. I myself suffered from a weak constitution from the time I was a child. I had tuberculosis and, for that and other reasons, I was not expected to live past 30.

But that experience helped me understand others who are ill. And that is why every single moment is so valuable to me, why I have determined to accomplish what I can while I am alive without wasting a minute, and why I have lived full-out all these years.

There are many whose bodies are healthy but whose inner being is ill. And there are also those who suffer some physical disease but whose inner life force is very healthy. All of us will experience some sickness during our lives. That is why it is important to acquire the wisdom to deal with illness properly.

Though it may seem contradictory, from the Buddhist perspective health and illness are not separate. Nor are life and death. They are part of a single whole. For that reason, the Buddhist perspective on health is not limited to this single life. Its basic focus is a healthy life throughout the three existences of past, present and future.

Daisaku Ikeda is the president of the SGI. This article is excerpted from the series A New Century of Health: Buddhism and the Art of Medicine originally carried in the Soka Gakkai’s Seikyo Shimbun newspaper in 1996.

A Dynamic Equilibrium

Since Buddhism is a “Law of Life,” issues like health and longevity are fundamental to it. Shakyamuni himself gave considerable thought to medical techniques. Buddhist scriptures incorporate the essence of Indian medicine (set forth in the Sacrificial Prayer Veda or Yajur Veda), which was the most advanced in the world in its day. At a later stage, Buddhist wisdom on the art of healing was compiled to form what is called Buddhist medicine. The sutras refer to Shakyamuni as the Great Healer . . .

As everyone knows from experience, we only appreciate how wonderful good health is once we lose it . . . According to the Indian Buddhist sutra The Wanderer’s Collection (Caraka Samhita), freedom from sickness is fundamental to human life and the basis of good works, success, sexual desire and liberation from the bonds of illusion and suffering in the three worlds. “Freedom from sickness” means more than the absence of illness. Good health is judged not only on the basis of physiological diagnosis of abnormalities, but also on a holistic view of life that includes spiritual elements.

According to the constitution of the World Health Organization (WHO), health is a state of complete physical, mental and social well-being, not simply the absence of disease or infirmity. In other words, the concept of good health is not limited to the physical but extends to the spiritual and social as well . . .

Nichiren Daishonin taught that “The four sufferings of birth, old age, sickness and death are the nature of the threefold world.” In other words, since all living things must pass through birth, old age, sickness and death, illness is a natural component of the life cycle. It does not necessarily mean the defeat of life. On the contrary, the struggle to confront illness enables us to celebrate the victory of the human experience. Efforts toward fulfillment are the dynamic of life, and this struggle is [a] constant equilibrium . . .

Nichiren Daishonin also said, “Illness gives rise to the resolve to attain the way.” Sickness helps people pioneer a more fulfilled way of living by reflecting on the meaning and dignity of life. The very process of overcoming illness tempers body and mind and enables us to create a still broader equilibrium. This is the source of the radiance of good health.
What is real happiness? Through my illness, I’ve come to understand that happiness is actually something very close at hand. It is not defined by status, prestige or money. It is just being alive now, in this very moment.

When I was in the sixth grade, I was told I had osteosarcoma, a type of bone cancer, and I battled with this illness for about a year and a half. I was told by the doctor that losing to this illness would mean death and that they would have to amputate my right leg from the thigh down. At first, I was shocked. However, I resolved to win no matter what; with hope in my heart, I faced my illness head-on. As a result, I won over the illness, and even though I did end up having surgery on my leg, it was spared from amputation.

During the course of my battle with cancer, however, I had to watch 15 dear friends who were hospitalized with me die one after the other. From a young baby to an old grandpa and grandma—the ages and illnesses varied. From all the intense treatments and various tests, our hearts and bodies were at their wits’ end, but we fought with all our might to continue living.

The reality, however, was harsh. Every one of them passed away in an instant, and each time, I was reminded of how incredibly difficult yet amazing it is to continue living. Each of us would dream about the day when we would be healthy. We were giving it our best toward this goal in high spirits, no matter how tough things became.

How disappointing it must have been to not be able to continue living despite trying so hard. I really believe, though, that those who are fighting illness are the most radiant. I also came to realize how truly fortunate it is to be healthy and attend school and spend time with family and friends every day as if it was a matter of course.

No matter what kind of obstacle you may bump up against that causes you to worry and struggle, if you are alive, you can move forward, without a doubt. This is the very important lesson I learned from my friends who fought for their lives but could not continue living, and I feel it is my mission to spread this message to people all around the world.

In the world today, there are wars where people kill each other, stories of people who take the lives of others without any hesitation, or people who commit suicide as a result of being bullied. Every time I see such sad news my heart is filled with anger. For those who take life lightly, I’d like to show them those who are battling illness and allow them to realize just how precious life is.

None of us knows what will happen to us at any given moment. That is why we must treasure each and every day. It is thanks to my illness that I was able to understand the most important thing in life. I can now say from the bottom of my heart that I truly appreciate having become ill. In order to fulfill my life’s mission, I am determined to live my life to the fullest for the sake of all those who could not. It is my hope that all of you, too, can appreciate the fact that you are alive and live your lives without any regret.
Music therapy has an ancient tradition, going back to Hippocrates, who, it is said, played music for his mentally ill patients. It also owes a debt to shamanic traditions where medicine men employ chants and dances as a way of healing patients. Similarly, in the United Kingdom after World Wars I and II, musicians would travel to hospitals to play music to soldiers suffering from war-related emotional and physical trauma. Nowadays, music therapy uses the components of rhythm, melody and tonality to provide a means of relating within a therapeutic context. In music therapy, people work with a wide range of instruments and voices to create a musical language that reflects their emotional and physical condition, which enables them to build connections with their inner selves and with others around them. I myself am a trained classical pianist, but I decided to devote the last 20 years of my career to establishing music therapy in Brazil.

Music is one of the greatest cultural expressions of Latin American people. Brazil especially has a rich and vibrant musical culture. The roots of Brazilian music are very diverse, and each subculture has its own typical musical identity. The strong influence of African rhythms and the way music and dance combine is characteristic of Brazilian music. Song lyrics relate the history, suffering, love and happiness of the everyday life of our peoples.

Music therapy was first applied to public health programs in Latin America at the end of the 1960s. At the Federal University of Minas Gerais in Brazil, the Music Therapy program brings in lecturers from biology, psychology, anatomy, neurology, psychiatry, pediatrics and geriatrics, as well as from the humanities. The program gives accreditation to musicians from around the world.

One early modern recognition of the efficacy of music in medical treatment was in relation to the relief of pain. During World War II when there were shortages of medication, music was used to soothe patients’ pain because music can distract patients from pain and put the brain into a different state. Neurologists have since recognized the efficacy of music in controlling pain and aiding the rehabilitation of patients with various neurological problems.

Music can also be used in the treatment of mental health problems, helping patients express emotions nonverbally; it has the ability to elicit a range of different emotions and to enable people to set aside their worries.

In Brazil there are music therapy research programs in public hospitals and philanthropic institutions for treating children with cerebral palsy and a variety of neuro-developmental syndromes. Music therapy can help with neuroplasticity and brain development and is therefore useful for children who are not able to concentrate or who have not developed in the usual way.

As therapists, we learn patients’ musical preferences to be able to apply these to different therapeutic objectives, such as working on memory with Alzheimer’s patients, working with rhythm to offer symptomatic relief to Parkinson’s disease patients or helping patients with cerebrovascular and traumatic brain disease patients to relearn.

Music is part of our experience at each stage of life—as babies, children, adolescents, adults or older people. Music therapy can therefore find effective application at each stage of the life cycle. I believe that music contributes to our well-being right to the end of our lives.
Illness and the Middle Way
By Meri Everitt, UK

I
n 2004, I was diagnosed with fibromyalgia, a condition characterized by chronic pain and fatigue.

I had always had a very active life—I worked long hours in tough jobs and had a very active social life. When I became ill, it was almost impossible to change the way I lived. I was in complete denial and therefore could not seek appropriate help. I lost friends, jobs and money.

I had started practicing Nichiren Daishonin’s Buddhism two years earlier, and through all of this, I continued to chant Nam-myoho-renge-kyo to receive the best health care. I saw many different doctors and tried nearly all the alternative therapies available. As a result of my prayer and action, I have now found the right specialists. I had been referred to similar specialists previously yet had not been ready for me to face my illness. Chanting is crucial for me to be able to bring forth and use wisdom, courage and compassion for the sake of improving my health every day.

As with many other medically unexplained syndromes, there is no universally accepted cure or treatment. Although I never give up hope that I will recover, I have also learned how important it is to face my daily reality. The Buddhist concept of “the fusion of reality and wisdom” enables me to accept and respect my body while maintaining a spirit of never giving up hope and effort toward making my dreams a reality. In my experience, the most crucial (and most difficult) things to hold onto during any illness—especially a long-term one—are determination and hope. My Buddhist practice is second to none in terms of honing my interests and enabling a hopeful future.

Being ill has taught me to create balance in my life. This is of utmost importance in maintaining my health and reducing the length and depth of my flare-ups. The Buddhist concept of “the Middle Way” is brought to life when I chant; I naturally find myself taking more positive, balanced actions over time. I eat healthily most of the time and cannot go a day without green vegetables or an apple! I try to sleep when my body tells me it is tired and have begun to make that more of a priority. I see clearly how common sense and balance in life are a precursor to good health. I have also realized how important relaxation is. I used to be so driven that I never stopped, but now I accept that relaxation is a crucial factor in leading a creative life.

It is hard for close friends and family to understand and accept my illness. It takes time for understanding to grow, and I sometimes meet people who judge and comment and do not refrain from giving me inappropriate advice.

However, my illness has taught me to become stronger because it leads to a deeper understanding of life that would otherwise be difficult to reach. Certainly at times, I have been in despair because of this illness. At other times, however, I see it as something positive that has enhanced my life and that my experience can help others who have become ill. Illness leads to a deep compassion and understanding of others. Many people who become ill are not easily understood by those around them, so a level of understanding from another person with health struggles is beyond valuable.

My Buddhist practice has enabled me to see illness in a more positive light, and my definition of good health is never losing one’s determination in life and hope for the future. It is possible to be happy despite illness and to lead a life of value creation.
I began practicing Buddhism in 1991. It helped me harmonize my life and see that any problems I faced were mine to resolve. Several years ago, I began experiencing headaches regularly as well as visual impairment. I had recently begun working as a nurse. At first, I thought these symptoms were due to my sinusitis, but I noticed that they became more frequent during my nighttime shifts.

On one occasion, the pain lasted for five days—I tried painkillers to ease the symptoms, but they didn’t work. Then, it was as if a bomb exploded. In addition to the pain, I began experiencing acute nausea and dizziness—everything became blurry. I was taken to the emergency room, and a tomography revealed that I had a huge tumor in the front part of my brain. I was told I needed surgery as soon as possible. It would be a complicated operation. The brain tumor was pressing the right-side optical nerve; the doctors really didn’t know what to expect. I knew that even if I survived the surgery, I could end up suffering from recurrent seizures. I was scared but managed to remain calm.

The surgery lasted 13 hours, but it ended in success. I was fortunate to have one of the best neurosurgeons in the country. My head and face had swelled up to about twice the normal size. When I was released from the hospital several days later, my immediate concern was for my daughter and son. They were both nervous and sad—I was shocked when my son couldn’t recognize me. I worried what effect all this would have on them. My concern for them helped me think less about my own problems.

When the swelling decreased, I realized that I couldn’t see with my right eye. Also, my forehead was deformed, and I needed reconstructive surgery.

At this point I realized I had a choice. I could be defeated by my suffering, or I could resolve to “change poison into medicine” and transform this negative and painful situation into something positive. I chose the latter and, with my Buddhist practice, that became my focus.

My family, friends and fellow SGI members were incredibly supportive throughout all of this. Whenever I felt like giving in, they continued to encourage me. Moreover, I realized that I was able to encourage others through my experience of battling cancer.

Two months later, with my doctor’s approval, I went back to school to continue my nursing studies and earned my bachelor’s degree. Although I’ve lost complete vision in my right eye, I am working as a clinical clerk at the same hospital I worked at previously and am also involved in a geriatric medical program where we offer food, medication and assistance to elderly people in need. I find deep satisfaction in exploring humanistic approaches to patient care together with my coworkers.

After everything I have gone through, I have profound appreciation for the fact that I am alive, and I feel a deep sense of satisfaction that I am able to contribute to the well-being of others through my work. I also feel huge gratitude for the support and encouragement I received throughout my ordeal. Without it, things would have been so much more difficult. My children are well and bring me great joy, which I derive also from my determination to raise them so that they will grow into individuals who can contribute to the development and peace of our country.

“"I could be defeated by my suffering, or I could resolve to ‘change poison into medicine’ and transform this negative and painful situation into something positive.”"

In this year’s proposal, Mr. Ikeda stresses the centrality of the dignity of life and calls for action toward abolition of nuclear weapons, the need to address poverty as a human rights issue and ways of improving relations between China and Japan.

To make respect for the dignity of life a reality, he proposes three broad guidelines: sharing the joys and sufferings of others, having faith in the limitless possibilities of life and consistently defending and celebrating diversity. Specifically, Mr. Ikeda emphasizes dialogue and self-reflection as means for spreading empathy and fostering a culture of peace. He notes that, because of the multilayered nature of human identity, “there is always the possibility of finding in one-to-one human interchanges points of confluence and mutual resonance.”

In terms of concrete measures, he welcomes efforts led by Norway and Switzerland to highlight the potentially devastating humanitarian impact of nuclear weapons, and urges Japan, the only country to have been the target of these weapons, to support this endeavor. He repeats his call for the drafting and adoption of a Nuclear Weapons Convention to comprehensively ban these weapons of mass destruction. To this end, he also proposes that an expanded G8 Summit be held in Hiroshima or Nagasaki in 2015, the 70th anniversary of the atomic bombings of those cities, to encourage renewed commitment among world leaders to nuclear weapons abolition.

Noting that this year marks the 65th anniversary of the Universal Declaration of Human Rights, Mr. Ikeda calls for urgent attention to poverty as a human rights issue. He urges implementation of a Social Protection Floor in every country to enable those living in extreme poverty to regain a sense of dignity. He also calls for human rights education and training on a global scale, and cites the new educational DVD “A Path to Dignity: the Power of Human Rights Education” coproduced by the SGI, Human Rights Education Associates and the UN Office of the High Commissioner for Human Rights as a contribution to this effort.

Having championed China-Japan friendship for over 45 years since his first proposal in 1968 for the normalization of relations between the two countries, Mr. Ikeda laments the recent deterioration in relations, but rejects pessimism on this issue, noting that deep friendship has been cultivated through countless exchanges over the years. He calls on both countries to reconfirm their commitment to the two key pledges in the 1978 Treaty of Peace and Friendship: to refrain from the use or threat of force and not to seek regional hegemony. He proposes a high-level forum for dialogue between China and Japan together with a freeze on any provocative actions. Efforts to frankly analyze the roots of the current confrontation may produce heated debate, he acknowledges, but they are needed to identify the underlying concerns and aspirations of the parties. Trust can only be rebuilt through joint efforts to resolve common problems, and Mr. Ikeda therefore proposes that China and Japan launch an organization for environmental cooperation in East Asia that would create opportunities for young people from China and Japan to work together toward a common goal. He states, “The time has come to . . . develop more concrete models of cooperation across a range of new fields. I am convinced that it is through such sustained and determined efforts that the bonds of friendship between China and Japan will develop into something indestructible, something that will be passed down with pride from generation to generation.”

Mr. Ikeda concludes the proposal with the determination that the members of the SGI around the world will continue to foster human solidarity together with all those committed to creating a global society of peace and coexistence, toward the year 2030, which will mark the 100th anniversary of the founding of the Soka Gakkai.
Bharat Soka Gakkai held a series of peace symposiums between October and December 2012, celebrating the 40th anniversary of the dialogue held between SGI President Daisaku Ikeda and British historian Dr. Arnold J. Toynbee. The dialogue was first published in English in 1976 as the book, Choose Life. The events were held throughout India in Delhi, Chennai and Kolkata, and featured prominent speakers representing a broad spectrum of social engagement.

One university student who attended the symposium held at the Indian Institute of Technology Madras in Chennai commented, “Through this symposium, I learned that the purpose of education does not lie in material pursuits alone. Rather, education exists for the sake of creating value in society, amidst the people. And it is education with this purpose that directly connects to people’s happiness.”

To date, Choose Life has been translated into 28 languages including Hindi, Bengali, Urdu, French, German, Spanish, Chinese, Polish, Turkish, Swahili, Russian and Serbian.

The 10th International Calligraphy Exhibition and Convention in Kuala Lumpur was held at the Soka Gakkai Malaysia (SGM) Wisma Kebudayaan center from December 8 to 16, 2012. The event was organized by the International Calligraphers’ Federation, the Calligraphy Society of Malaysia and SGM, and supported by the Negeri Sembilan Chin Woo Athletic Association.

On display were 363 calligraphic works by artists from 21 countries. Following the opening ceremony at Wisma Kebudayaan on December 8, calligraphy demonstrations were held where guests could freely ask questions and interact with the calligraphers.

Commenting on the exhibition, guest of honor Minister of Health Y. B. Dato’ Sri Liow Tiong Lai said that calligraphy is an art form which gives a sense of tranquillity and happiness and can elevate one’s thoughts. He expressed his hope that young people will take an interest in calligraphy.

The SGI-USA Culture of Peace Resource Center in Santa Monica, California, cosponsored the First Annual Special Assembly of the Greater Los Angeles Chapter of the US National Committee for UN Women on December 8, 2012. The theme of the assembly, “Women, Climate Change and Human Rights,” brought together local NGOs, representatives from sustainability businesses, academics and artists.

The Greater Los Angeles Chapter of the Committee was formed in February 2012 to support the aims of the United Nations Entity for Gender Equality and the Empowerment of Women, known as UN Women. In her opening speech, Cathy Hillman, the chapter’s founder and president, described how underserved women suffer most from ecosystem degradation because they are often responsible for securing food, fuel, water and shelter for their families. She noted the power of grassroots efforts to raise awareness of gender inequality.

Speaking via a video linkup from the UN Climate Change negotiations in Doha, Qatar, Cate Owren, executive director of the Women’s Environment & Development Organization, described climate change as the most critical human rights issue of our time and noted that women and men are impacted by climate change differently.

A panel discussion and Q&A session focused on both local and global concerns such as the lack of infrastructure and disaster preparedness highlighted by Hurricane Sandy that swept the Caribbean and East Coast of the US in October 2012.

Following the panel discussion, a fashion show of costumes made from plastic found on the beach by designer Marina DeBrir highlighted the effects of plastic pollution on the environment and oceans.

The SGI-USA Culture of Peace Resource Center opened in 2005 to serve as a hub for expanding an informational network and nonformal education to support the UN’s efforts to promote a Culture of Peace based on the UN International Decade for a Culture of Peace and Non-Violence for Children of the World (2001–2010).
SGI Hosts First Native American Intertribal Meeting

SGI-USA hosted the first intertribal meeting for its Native American membership on November 30, 2012, at the Florida Nature and Culture Center (FNCC). The meeting was part of a conference on Changing Karma into Mission held at the center from November 30 to December 3.

The participants formed a talking circle, a Native American tradition in which all members are committed to speaking freely and listening without judgment. They discussed the transformative power of their Buddhist practice and the shared challenges in their respective communities—extreme poverty, isolation and the nation’s highest suicide rate, especially among young people.

Michelle Bird-Wheatley, a conference facilitator and a member of the Assiniboine, Mandan/Hidatsa and Winnebago tribes, said the goal of the gathering was to unite Native American members to enable them to better support each other and people in their communities who are suffering. Ms. Bird-Wheatley commented, “This process of healing begins with talking and relating to others who share the trauma we, the First Peoples, have endured, hidden and unspoken, for so long.”

In traditional dress, the Native American members also helped bring the FNCC conference to a close with cultural activities that included a blessing in the four directions and musical performances.

Celebrating Martin Luther King Day

On January 19 and 20, an event celebrating Martin Luther King Jr. Day (January 21) and the nonviolence movement was held at the SGI-USA World Peace Ikeda Auditorium in Santa Monica, California. The event on January 19, titled “Redeem the Dream,” featured inspirational readings, speakers, dance and music. Guests included former mayor Nat Trives, the first African American mayor of Santa Monica. On January 20, a music concert was held, drawing an attendance of 900 people.

For more news about SGI activities around the world, visit www.sgi.org.

The Tavola Doria Painting Donated to Italy

The Tokyo Fuji Art Museum (TFAM) and the Italian Ministry of Cultural Heritage and Activities announced in a joint statement on November 27, 2012, TFAM’s donation to the Italian Republic of a major 16th-century painting known as the “Tavola Doria.” The two parties also agreed to reciprocate on showings of acclaimed Italian artworks in Japan and of TFAM’s collection of premier Japanese art in Italy, paving the way to a broader, more diverse range of cultural exchanges in the future.

The Tavola Doria, an oil-on-panel painting (86 x 115 cm), depicts a key scene of the design for the wall painting of the Battle of Anghiari that Leonardo da Vinci was commissioned to paint for the Palazzo Vecchio’s Hall of the Five Hundred in Florence, Italy.

Dr. Roberto Cecchi, Under-Secretary of the Ministry of Cultural Heritage and Activities, declared that his ministry was thrilled by the work’s return to Italy. “We are immensely grateful to the Tokyo Fuji Art Museum for their most generous donation and look forward to our cooperation with the Museum” in the years to come, he said. “Japan is a country of great culture, and we are pleased that we will be able to exhibit Italian paintings there and Japanese art here in Italy.”

In a statement, TFAM Director Akira Gokita commented: “We are proud and pleased that we were able to donate the Tavola Doria to Italy. We believe the return of the painting to its country of origin, as well as research on the work and its exhibition to the general public, to be highly meaningful.”

Under the direction of the Florence-based Opificio delle Pietre Dure, a global authority on art restoration and conservation, experts will conduct further scientific research and critical evaluation of the work and the manifold questions that surround it, including the nature of its connection to da Vinci himself.

TFAM was founded in 1983 by SGI President Daisaku Ikeda to bring the treasures of the world’s cultural heritage to Japan. The museum also engages in cultural exchange, making its own collection available to museums throughout the world.

Photo credits: (top to bottom) © Seikyo Shimbun; © SGI-USA
In November and December, SGI members in Kenya, Denmark and other countries took Buddhist study exams as a way to deepen their understanding of Nichiren Buddhism and its core philosophy. The main purpose of these exams is to help people apply what they have learned to their daily lives, thereby enabling them to develop a solid foundation of faith.

Topics covered included Buddhist concepts and key passages from The Writings of Nichiren Daishonin, many of which are letters from the 13th-century Japanese priest Nichiren to his disciples containing encouragement and specific guidance regarding an array of topics. One such letter is titled “On Attaining Buddhahood in This Lifetime” which expounds that all people possess the life-state of Buddhahood and that one should not seek happiness outside oneself.

In December 2012, the Soka Gakkai in Japan donated books and bookshelves to several schools throughout the country which were affected by natural disasters such as earthquakes, typhoons and flooding. Each school was presented with some 300 books on various subjects.

In Nagano Prefecture, book donations were made to Sakae Elementary and Junior High Schools as well as the public library in Sakae village, which were all severely affected by a large earthquake centered on the village on March 12, 2011, the day following the Great East Japan Earthquake.

In Nara Prefecture, donations were made to several schools affected by a typhoon that swept across the region in September 2011. Oto Elementary School was one such school which was damaged by a landslide caused by heavy rains. Several other schools experienced flooding.

Additional books are scheduled to be donated annually to each of the schools in Nara Prefecture for the next five years.

Taiwan Hosts Korean Performance Troupe

The Chin-Shuan Cultural and Educational Foundation, an affiliate of Taiwan Soka Association (TSA), hosted the Seoul Performing Arts Company on a musical tour across Taiwan from November 10 to 19.

Titled “The Splendor of Traditional Korean Culture,” the performance featured Korean folk songs and dances such as “A Game of Four Instruments,” a traditional harvest prayer and “Music from the Farming Masses.” The troupe performed to a full house in Yuanlin township in Changhua County and in the cities of Hsinchu, Kaohsiung and Taipei.

The Chin-Shuan Cultural and Educational Foundation was established by TSA in 1988 to promote international cultural exchange in Taiwan.
Why did you choose a career in physiotherapy?

Andressa Maria: I’ve always been very fascinated by physiotherapy. It deals with the most basic aspects of being human, because it’s about helping people regain the ability to move freely. That was the key factor that convinced me to pursue this field.

Sang Hoon: After I completed my studies in biomedical science, I realized I was looking for jobs that would help people maintain their health. I found out about physiotherapy and learned that physiotherapists work to assist people with impaired abilities, such as the disabled and aged, to improve their quality of life, and that appealed to me a lot.

What are the most challenging and rewarding aspects of your work?

Sang Hoon: Occasionally, patients who have been making good progress suddenly develop new symptoms such as pain in a different part of the body. That’s very challenging, especially as a junior physiotherapist. On the other hand, it’s very rewarding seeing patients make a full recovery. I feel like I have contributed to their happiness.

Andressa Maria: In my work, I incorporate an approach called the Global Postural Re-education method. When the posture of a patient is off balance, it’s often an expression of emotions such as sadness or embarrassment. When I interact cheerfully with my patients during therapy sessions, it seems to have an emotional healing effect, and this affects their recovery. It makes me very happy when my patients are able to leave the facility standing up straight, full of joy. I feel proud to be a physiotherapist and inspired to continue.

What are the keys to being a good physiotherapist?

Sang Hoon: First is good communication skills. Physiotherapists see a wide variety of patients, and if we don’t understand each other, it’s difficult to provide correct diagnosis and appropriate treatment. I always try to explain things simply and to use visual materials such as information sheets and pictures of the exercises. The other key is constant professional development. New technology and research mean that the field of physiotherapy is developing faster than ever. I’m constantly trying to update my technique by attending workshops and searching for scientific proof of new treatments.

Andressa Maria: I believe that what is most important in being a good physiotherapist is maintaining the desire to serve others. Also, it is important to enjoy interacting with people and to be a good listener. And it is essential that one continue to improve one’s therapy skills. In that sense, I feel that the SGI organization serves as a good “training ground” for me.

Andressa Maria Paterlini was born and raised in Ribeirão Preto, Brazil. She studied at Universidade de Ribeirão Preto where she earned her bachelor’s degree in Physiotherapy. She is currently studying to earn her postdoctorate degree in orthopedic trauma.

Sang Hoon Lee was born in Busan, South Korea, and currently lives in Springfield, Australia. He earned a Bachelor of Applied Science in Physiotherapy from the University of Sydney and is a member of the Australian Physiotherapy Association.
to improve myself in all aspects of my work. I used to be very shy around people and was not very good at speaking with people or even listening to what others had to say. SGI activities challenged me to overcome those weaknesses. As a result, many of my patients return just to have a conversation with me or enjoy some tea together, even after they have recovered.

**How does your Buddhist practice impact your approach on a day-to-day basis?**

**Andressa Maria:** Naturally, I always put a wholehearted effort into working with my patients, but I can’t perform at my best unless their state of life, our lives also expand. Actions to benefit others are not separate from actions to benefit oneself. Our lives and the lives of others are ultimately inseparable."

**Andressa Maria:** When I am working one-on-one with my patients, I interact with them in the same way I encourage my fellow members in the SGI or share Buddhism with my friends: I engage with them wholeheartedly and cheerfully. I try to maintain a positive attitude during each hour-long therapy session so that I can provide constant motivation and inspiration to my patients.

**Sang Hoon:** Sometimes patients feel they are useless after their functioning or mobility has been limited by an illness or accident, and their self-esteem suffers. This makes them passive and less confident in regaining their functional ability. As a result, they show very slow progress or even do not want to undergo rehabilitation. To assist patients to regain confidence, I usually set a goal for them to achieve. I start with small, easily achievable goals and gradually build on those, giving them positive feedback as they progress. When they see this progress, their negativity starts to dissipate and they begin to believe in their ability to recover.

**What influence has your Buddhist practice had on your understanding of physical health?**

**Sang Hoon:** I think the Buddhist concept of the oneness of body and mind is very relevant to maintaining physical health. We achieve health when there is a harmony between body and mind, or spirit. I’ve found that patients in an unhealthy spiritual state, such as those who are depressed or thinking very negatively, often make slow progress in their physical recovery. However, when patients have a positive attitude, they recover well and can be discharged early. That’s why I believe that true health depends on healing the spiritual and physical aspects together.

**Andressa Maria:** I have learned that an inner transformation is manifested in a transformation in one’s outward appearance. Taking action to support others has a great impact on our health. I try to convey this perspective to my patients. I apply what I have learned from studying Buddhism when I encourage my patients on a psychological level, and I put into practice what I have learned academically when I’m giving them physical therapy.
Buddhism teaches that the law of cause and effect underlies the workings of all phenomena. Positive thoughts, words and actions create positive effects in the lives of individuals, leading to happiness. Negative thoughts, words and actions on the other hand—those that in some way undermine the dignity of life—lead to unhappiness. This is the general principle of karma.

In Buddhist teachings other than the Lotus Sutra, Buddhist practice is understood as a gradual journey of transformation. This is a process in which, over the course of many lifetimes, the essentially flawed and imperfect common mortal gradually molds and transforms him- or herself into a state of perfection—Buddhahood—through painstaking efforts to accumulate positive causes while avoiding negative ones.

In Nichiren Buddhism, however, the attainment of Buddhahood is governed by a more profound principle of causality revealed in the Lotus Sutra.

The Lotus Sutra offers a radically different view of the human being and of the attainment of Buddhahood. In the perspective of the Lotus Sutra, delusion and enlightenment—the common mortal and the Buddha—are the two equally inherent aspects of life, which itself is neutral. While the “default” condition of humanity may be that of delusion, manifesting our Buddhahood does not require a fundamental change in our nature. In fact, the idea that Buddhahood is somehow remote from our ordinary reality is itself a delusion.

This difference between the pre-Lotus Sutra and Lotus Sutra views of enlightenment can also be explained with reference to the concept of the Ten Worlds. This concept describes our inner state of life at any moment in terms of ten “worlds,” from hell to Buddhahood, that we move between constantly depending on how we direct our life and respond to our environment. In the pre-Lotus Sutra view, common mortals carry out Buddhist practice in the nine worlds (cause) and eventually attain Buddhahood (effect). The nine worlds disappear, replaced by the world of Buddhahood. The Lotus Sutra, on the other hand, clarifies that Buddhahood and the other nine worlds are both eternally inherent possibilities of life at each moment, and that the world of Buddhahood is brought forth by faith and practice.

The practice of Nichiren Buddhism is one of manifesting the potential of Buddhahood here and now. Chanting Nam-myoho-renge-kyo with faith in one’s inherent Buddhahood could be compared to activating the “code” that unlocks this potential.

Bringing forth one’s enlightened nature—characterized by courage, wisdom, compassion and life force—one is then equipped to engage fully with the problems of life, change reality for the better and make enlightenment an actuality.

Problems and challenges, in this sense, serve as a means for us to demonstrate the strength and reality of our enlightened nature and to inspire others to do the same. Buddhism is about living confidently and expansively here and now. The key component in this is faith in our inherently enlightened nature.

This revolutionary perspective on “attaining” Buddhahood is expressed in the concept of the simultaneity of cause and effect. The nine worlds, representing cause, and the world of Buddhahood, representing effect, exist simultaneously in our lives. This is symbolized by the lotus plant, which bears flowers (symbolizing the common mortal) and fruit (symbolizing Buddhahood) at the same time.

When we have full confidence in our Buddha nature and our ability to transform and triumph over any kind of suffering, problems become challenges to be welcomed rather than avoided. This sustained sense of confidence and determination in the face of difficulties is itself a manifestation of our Buddha nature and, in accordance with the principle of the simultaneity of cause and effect, assures our success in life.
Soka eBook Store Launched

A selection of Soka Gakkai International (SGI) President Daisaku Ikeda’s foreign-language writings along with SGI-related books is now available in digital format from the Soka eBook Store.

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The Soka Gakkai International (SGI) is a worldwide association of 90 constituent organizations with membership in 192 countries and territories. In the service of its members and of society at large, the SGI centers its activities on developing positive human potentialities for hope, courage and altruistic action. Rooted in the life-affirming philosophy of Nichiren Buddhism, members of the SGI share a commitment to the promotion of peace, culture and education. The scope and nature of the activities conducted in each country vary in accordance with the culture and characteristics of that society. They all grow, however, from a shared understanding of the inseparable linkages that exist between individual happiness and the peace and development of all humanity.

As a nongovernmental organization (NGO) with formal ties to the United Nations, the SGI is active in the fields of humanitarian relief and public education, with a focus on peace, sustainable development and human rights.