

Buddhism: Will It Lead Us to a Happier Life?

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I was asked by the editor (Dr. Christopher Lai) to write a short essay on Buddhism and happiness as I had recently completed a two-year Masters degree in Buddhist Studies in the University of Hong Kong. Although I understand that there are many medical colleagues who are more knowledgeable and more advanced in their practice and hence are more qualified to write on this subject, I shall attempt to write something.

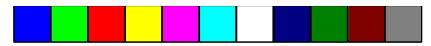
In life, we all search for some kind of happiness and a sense of fulfillment. While certain factors like good health, wealth and friendship are sources of and are conducive to happiness, they are not absolute guarantee of genuine and sustained happiness. Dalai Lama, on his trip to Portugal noticed there was a lot of construction work going on and made a comment that although the penthouses of these high-rise residential blocks were the envy of many people, they merely represented high windows from which to jump for someone with a very deluded and depressed mind. We have all come across people who are very happy and satisfied although they have very little material possessions and may be even in poor health, and yet some are still very unhappy even with fame, power and great material abundance. It is therefore not difficult to see that lasting and genuine happiness is not dependent so much on external factors but rather more on a stable, peaceful, controlled and positive state of the mind that is more attuned to the realities of life. It is imperative for us therefore to look internally into our mind for here lay the antidotes to our unhappiness (if any).

Buddhism adopts a very pragmatic approach in showing us in concrete steps how we can transform ourselves by removing the negative mental afflictions and simultaneously cultivating and developing the positive aspects of our mind in order to live a happier life. The Buddha, in his first sermon, made it quite clear that in order to achieve happiness one must first try to understand the antithesis of happiness, i.e. suffering itself, like sickness must be understood first before one can have a better idea of what health and healing are about. The Buddha, in what is known as the Four Noble Truths (四聖諦) in Buddhism, first addressed our existential problems of birth, old age, sickness and death and acknowledged that suffering and imperfection are universal and pervasive in human life. He then meticulously analysed the underlying causes of our suffering. Like a competent physician having made a correct diagnosis and knowing all the underlying causes and nature of the disease, the Buddha then reassured us that liberation from suffering is possible and pointed us the way and methods by which we can attain

genuine and lasting happiness (the Eightfold Noble Path 八正道). Various other methods were also taught, e.g. the Six Paramitas (六度) in Mahayana Buddhism (大乘佛法) and the Seven-Point Mind Training in Tibetan Buddhism. Common to all schools of Buddhism, these methods are all aimed at transforming our cognitive and perceptive error in bringing an end to our misery. Such a mental transformation is brought about by a gradual and life-long process of learning, contemplation, self-reflection and most important of all, daily practices in our life. Through self-discipline, meditative concentration, and mindfulness in our thoughts and behaviour, mental poisons of craving, anger, attachment and clinging are slowly eliminated while positive thoughts and behavioural habits like generosity, patience, compassion and loving-kindness are cultivated and developed. Wisdom and insight into the true nature of existence, of impermanence and insubstantiality of phenomena will slowly emerge, enabling one to lead a more peaceful and happier life. This is unique since the practice does not depend on faith or God's grace or mercy as in other theistic religions but rather focuses on an individual's endeavour, discipline, effort and perseverance in achieving happiness.

One method extensively mentioned in Buddhist scriptures is mindfulness (正念). Although the concept of mindfulness is primarily Buddhist its application is universal and it transcends religious diversities. Mindfulness simply means a moment to moment awareness and paying attention, a complete owning of each moment, the present moment. With mindfulness one is less likely to be overwhelmed by unfavourable situations and less likely to over-react (as a result of one's habitual mode of behaviour that is frequently tainted with bias, prejudice, anger or even hatred) and engage in activities that might aggravate the situation and compound the suffering. With mindfulness one is able to live in the present moment, to live in the present action. Real life is the present moment. We should not waste it by spending it on regretting the past and anticipating the future. In Zen Buddhism, the present is the future. With mindfulness, one is more likely to appreciate the surroundings, more open and receptive to one's resources and more contented with what one already has here and now. If we are mindful an ordinary thing that we tend to ignore in our hectic schedule can bring tremendous joy and life seems to be more wonderful. For example, even a simple act of eating a bowl of rice which everyone takes for granted can bring much more enjoyment if we are mindful of how much sunshine, rain and effort had gone into growing, harvesting, refining etc. to bring the rice into our bowl.





Therefore, one who lives in the present moment lives life to the fullest and is the happiest. In the west, the concept of mindfulness has been utilised and assimilated into stress reduction and cognitive therapy in the past few decades. Mindfulness-based stress reduction programmes, first pioneered by Dr. Jon Kabat-Zinn (who was recently invited to speak in the University of Hong Kong) at the University of Massachusetts Medical Centre back in 1979 to help a heterogeneous group of patients suffering from a variety of medical diseases have over the years benefited over tens of thousands of participants in bringing relief to their sufferings, uncovering their own nature and transcending their own limitations to move toward greater levels of health and well-being and living a fuller, happier life.

Buddhism, as in other humanities and religions places a heavy emphasis on loving-kindness (慈) and compassion (悲). These two sublime qualities, meaning (in Buddhist context) a readiness to help and bring happiness to others and the intention and capacity to relieve the suffering of others are inextricably linked with happiness. Happy people are more willing to help and show compassion, and it works the other way round as well. Buddhism truly believes that if one is less attached to one's self and cherishes and embraces others more, one is less likely to be upset and agitated by personal adversities. A spoonful of salt in a small cup of water will taste very salty, whereas the same amount put in a big container of water will have less effect. The link between an intellectual understanding of compassion and altruism and actual action in daily life is through meditation. Meditation is a form of deliberate mental training through which one's outlook, attitude, disposition and emotional response will be slowly transformed. In other words, like an athlete training for a marathon or a pianist training for a recital, one can **train** the mind to become a happier person. Recent scientific research has actually lent support to this concept of 'neuroplasticity', where mental training through meditation and other disciplines can change the inner workings and circuitry of the brain. In an article published in the Proceedings of the National Academy of Sciences in November 2004, Richard Davidson and his group in the

University of Wisconsin-Madison reported his findings of an experiment conducted under the auspices of the Mind and Life Institute which is a collaboration between Dalai Lama and his team of senior Buddhist scholars and a group of top international neuroscientists and academics from renowned centres from Harvard, Princeton and others. In this experiment, neuroactivity (measured by EEG) amongst a group of accomplished meditators (Tibetan monks) was compared with controls when both groups are asked to meditate on unconditioned and unreferential loving-kindness and compassion. Unusually powerful gamma waves in far better synchrony were recorded among the monks, whereas no such response was observed among the lay-volunteers. These waves were concentrated in the left prefrontal cortex, an area that was found by previous studies using functional MRI to be associated with happiness and positive thoughts and emotions. A higher baseline activity was also recorded among the monks before they started their meditation, suggesting that the workings of the brain may have already undergone permanent changes. These changes of course took years of dedicated practice and will not happen overnight. However the good news is that we do not need to be monks or nuns to work towards a purposeful life filled with genuine happiness no matter what the world may throw at us. According to Buddhism, this is possible for all of us and there are ways and means we can train and tame our mind. On that note may I wish you all a

HAPPY New Year!

Suggested readings:

1. The Art of Happiness, by Dalai Lama
2. The Full Catastrophe Living and Coming to our Senses, by Dr. Jon Kabat-Zinn
3. PNAS, Nov 16 2004 vol 101 no.46 : Long-term meditators self-induce high-amplitude gamma synchrony during mental practice
4. Mind and Life Institute : www.mindandlife.org
5. Centre for Mindfulness in Medicine, Healthcare and Society (CFM) : www.umassmed.edu/cfm/

Answer to Clinical Quiz

Radiological findings:

CT thorax showed a cystic lesion without contrast enhancement at right side of the trachea, and is behind the great vessels.

Diagnosis :

Bronchogenic cyst

Discussion:

Bronchogenic cyst is the most common type of congenital lung cyst. It is a developmental anomaly which probably results from defective growth of lung bud or mesenchymal cells growing near the lung bud.

A bronchogenic cyst may either be intrapulmonary or mediastinal. Most mediastinal bronchogenic cysts are situated near the carina, and are often attached by a stalk or common wall to one of the major airways. Intrapulmonary cyst is unilocular and about two thirds of the time occurs in the lower lobes.

Radiographs show a round or oval, either fluid or air-filled cyst with a wide range of sizes. If air-filled, the cyst wall is thin and smooth. DDX included round pneumonia, primary or metastatic pulmonary neoplasm, interlobar effusion, and plasma cell granuloma.

CT is helpful to determine the nature and extent of a suspected bronchogenic cyst. It is usually not calcified on XR, some cysts have CT numbers much higher than water. Contrast enhancement reveals the true avascular, cystic nature of the mass.

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