Buddhism

In 2009, to further the progress of faith communities in preventing suicide, the national Suicide Prevention Resource Center (SPRC) convened an Interfaith Suicide Prevention Dialogue, which was supported by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). Participants included representatives of the five largest faith groups in the United States: Christian, Jewish, Islamic, Buddhist, and Hindu. The final report of this meeting can be found at: http://www.sprc.org/sites/sprc.org/files/library/faith_dialogue.pdf

Mr. Lee Wolfson, a psychologist and lecturer at the University of Pittsburgh Medical School represented Buddhism at this meeting. Among his key comments were the following.

Buddhism began in about 600 B.C. with one human being, Siddhartha, who came to be called the Buddha. The Buddha asked the question many have struggled with: "Why do we suffer, and how do we end the suffering?" The first teachings that the Buddha espoused were the Four Noble Truths. In popular culture, there is a lot of misunderstanding about what he was really talking about. For example, the Pali word *dukkha* was translated into English as *suffering*, so people commonly say that the Buddha's first truth is "All life is suffering." But a more accurate translation of *dukkha* is *unsatisfactoriness*, and the first truth is better translated as "All life is unsatisfactory." This moment is just never good enough. It is an idea that expresses the unsatisfactory nature of human existence.

As a good physician, the Buddha wanted to diagnose the problem. He said the cause of suffering or dissatisfaction is desires. However, this is not to be understood to mean that we must eradicate desires. The Buddha was much more specific. This moment is unsatisfactory because of cravings for pleasant experiences and an aversion to unpleasant experiences. This moment is unsatisfying because we want to be anywhere but where we are.

Buddhists believe that the solution to the unsatisfactory nature of life is *nirvana*. *Nirvana* does not necessarily mean the absence of desire. Rather, when someone achieves *nirvana*, they experience a state of liberation where he can be at peace and in harmony with their aversions and desires. They are not ruled by or attached to them.

In communicating with people already on the edge who are considering suicide, we have to carefully frame our message. Many who contemplate or attempt suicide think they know what they should be doing with their life but have decided they will never live up to the scriptures and beliefs of their faith. They believe they are "just not good enough" and that they don't have enough control to be better. It is these subtleties that religious leaders need to be sensitive to when trying to counsel someone in a suicidal frame of mind. They need to stress that Buddhism teaches virtuous precepts; it does not issue commandments. The precepts are something to aspire to, knowing we may never fully achieve them. For example, despite our teachings against not taking a life, including the life of an animal, not all Buddhists are vegetarians, but that does not mean they are "failures."

The predominant views with regard to suicide among Buddhists are twofold: the historical view grounded in Buddhist teachings and the more contemporary view, neither of which condone suicide, although there

is some academic discussion about circumstances where the Buddha may have condoned suicide. Buddhism teaches that one should not take a life, and it is a delusion to think that suffering will end with suicide. We suffer because we are deluded about the true nature of ourselves, our life, and our inner connectedness with all living beings and the world at large.

When someone attempts suicide, the Buddhist attitude is that every life event is an opportunity for the individual, the community, and the family to grow and heal. There is sensitivity within my Buddhist community to make sure that the individual and his/her family are not shunned or condemned. Rather, they are embraced within a wonderful Buddhist concept of "changing poison into medicine." When someone dies by suicide, the outcome cannot be changed, but the survivors can transform the tragedy from a negative into a positive by creating a meaningful narrative.

A suicide creates many doubts within a Buddhist community. Very often, no one can explain satisfactorily why an individual would take their life, but the community still rallies around the family members and helps them find a deeper meaning in the tragedy. One doctrine in the Buddhist belief system is that obstacles will appear as the practitioner advances along his life's path. One of these is the obstacle of death (*mrityu-mara*), the hindrance arising from the premature death of oneself or another practitioner. This doctrine helps to inoculate the Buddhist community from a sudden death and to maintain their commitment to their own awakening.

In addition, the Buddhist community is now open to being educated and informed about depression and suicide prevention, but there is still work to be done to overcome the stigma of mental illness.

Regarding *the spiritual consequences of suicide,* some Buddhist traditions embrace the idea of reincarnation, perhaps not as literally as in Hinduism, but they do conclude that you are not going to resolve your suffering by taking your life. A wonderful psychologist, Dr. David Rosen, who has written numerous books on depression and suicide, will say to someone who is suicidal, "Something needs to die, but maybe it is not you." That is a very Buddhist way of thinking; there is some suffering here that needs to go away, but it is not "I" who needs to go away.

By and large, most Buddhists, at least in America, *believe suicide is preventable.* Interestingly, mental health practitioners have begun to embrace the Buddhist practice of mindfulness meditation. There is a growing body of literature to support the notion that mindfulness practices are efficacious in reducing stress, depression and anxiety. In addition more Buddhists are now able to say that, because of their practice of Buddhism, they knew enough to know they needed help and were able to reach out and ask for it. More Buddhists are also willing to acknowledge that they have mental health problems and see a convergence between the compatibility of their Buddhist faith and practices and their seeking professional medical help. In the context of this complementary relationship, their faith and religion impelled them to seek help.

Regarding the Buddhist faith community's engaging with the community at large to prevent suicide, I must admit that Buddhist temples in America are no more organized than the Hindu temples. Moreover, the U.S. Buddhist community is small and highly fragmented.

Buddhist temples may not actively engage in suicide prevention efforts, but at the grassroots level, there would be a lot of acknowledgement of the need and interest in doing something. For example, Buddhist community centers around the country do outreach, and they may offer opportunities for working in suicide prevention.

Other opportunities for community involvement include the Internet, Zen publications, and through the Dalai Lama. There are also opportunities to reach out to communities of recent immigrants from countries that have large Buddhist populations. For example, the Lowell Community Health Center in Lowell, Massachusetts, that serves a large Cambodian community with many refugees suffering from post-traumatic stress disorder, has partnered with the local Buddhist center to develop programs to deal with violence and gang problems. Meditation rooms in the health center are used to teach meditation and help people develop non-violent coping skills.