## THE ART OF CARING

## **Compassion from the Body**

Gordon M. Greene, PhD



One of the iconic images of Buddhism well known in the United States is that of Kannon (in Japanese) or Kuan-vin (in Mandarin), the Bodhisattva of Compassion. This figure is most often depicted as a woman, with a gentle posture and a half-smile. To the degree that any of us associate compassion with our own mother-the loving embrace, the forgiving smile-this depiction brings a great deal of comfort to Buddhists

and non-Buddhists alike. As a Zen Buddhist teacher, I'd like to go deeper into the ideal of compassion to show a visceral meaning to the term, which is highly relevant to my work as a hospital chaplain.

As I write, I'm thinking of a rail-thin mother I worked with for many hours as her daughter lay brain-dead in a local intensive care unit. This daughter had overdosed on heroin several times over the past year since her father committed suicide, always surviving until this last time. She was now indeed dead but still warm to the touch as her chest moved up and down from her ventilator, waiting for the organ transplant team to determine if there was any part of her that could be used to help another patient.

To understand the role of compassion with this mother, let's start with a definition of a bodhisattva such as Kannon: "...a being who seeks Buddhahood through the systematic practice of the perfect virtues but renounces complete entry into nirvana until all beings are saved." Basically, a bodhisattva says, "I'm not OK until all beings are OK." Or "I'm willing to suffer if it will ease your suffering."

But that practice or renunciation doesn't readily speak to the physicality of compassion. For that, we need to look into the Sanskrit name of this bodhisattva of compassion, "Avalokiteshvara." The literal translation of this name is sometimes rendered as "regarder of the cries of the world." This phrasing means a great deal to me, because compassion can be described as a visceral

experience—the sensory ability and physical strength to hear the person in front of you—and not as an abstract virtue. When I want to listen to a patient under the most difficult of conditions, my senses are most sharp and deep when I adjust my breath and posture in the fashion in which I trained in my lineage of Zen and martial arts. This listening is hard manual labor.

So, for me, this translation means that Kannon perceives all human beings simply as we are, hearing the sounds we make as we face our own suffering. "To hear all"—no different from feeling all, witnessing all—to me is a far more profound view of compassion than the more abstract "pay attention." In addition, the Buddhist sutra that describes the work of Kannon also says that Kannon "makes fearless those in anxiety and distress."

This gift of fearlessness is a direct result of the simultaneous perception of all suffering—meaning the perception of the natural state of all living beings. In other words, this gift of fearlessness is not a virtue but the simply physical result that comes when breath and posture have been refined to the degree described for Kannon, one capable of hearing all the cries in the world. Given all of this, when asked "What is the meaning of compassion?" I answer as deeply as I can, "The gift of fearlessness."

Now back to that mother in the ICU. I've been off with another patient and am now returning, finding her seated in the ICU waiting room. She is ending a phone call as I stand in front of her. She says in a flat voice, "That was the District Attorney. L\_\_\_\_\_'s boyfriend is being charged with her murder." It takes everything I have to let this news wash through me and not rock back on my heels. What mother should ever have to hear that her daughter's boyfriend might be responsible for her daughter's death? No mother ever! And yet she had to hear this news, and I had to keep filling her with strength and to be completely present to her without being caught by my own anger at this boyfriend. This is what I call "facing suffering"—the physical act of letting someone's suffering flood through you and feeling it fully, but not letting it wash you away.

This woman was incredibly thin. It was not a sickly thinness or a diet-based thinness, but a rigid kind of thinness. There was a stiffness to her movements that made her seem like a shell. But it was a shell with very little room inside. The walls of the shell were very close together, as if life had been sucked out of her. She also

held her body such that her torso, head, and neck were tilted about 15 degrees off of a vertical axis, bent toward her right side. And there was very little resonance in her voice, because sounds were being produced more in her throat than in her abdomen, meaning that the muscles of her chest and abdomen were not relaxed.

My sense was that this was a woman with very little resilience who was being physically twisted by her suffering over many years. Given this state, her capacity for absorbing all the emotions and feelings surrounding her daughter were very limited. I felt respectful of that, knowing how I myself have sought numbness when I first encountered some great pain, letting that numbness

protect me until something in me was ready to begin feeling again. But I was worried that she might not be able to come out of her numbness spontaneously—it might last a long time. So, my work with her was to breathe life into her. Not too much, but just enough so that she would have a sense of her own body again, ready to feel again when the right time comes.

Gordon M. Greene, PhD, is the head priest at the Spring Green Dojo, a Rinzai Zen Buddhist temple; a PRN Chaplain at St. Mary's Hospital, Madison, WI; and a clinical adjunct professor of Family Medicine at the University of Wisconsin School of Medicine and Public Health, Madison, WI. He can be reached at gmgreene@wisc.edu.



### PHILADELPHIA was once the capital of the United States.



# Oncology Supportive Care Clinician

Starting Date is July 2015

The Section of Palliative Care and Medical Ethics and the Division of Hematology-Oncology are seeking a palliative care medical oncologist either as an educator or researcher. Primary clinical responsibilities include attending in hospital-based consult services and ambulatory oncology supportive care clinics. Teaching responsibilities include developing curricula and teaching palliative care at all levels of medical education, particularly in medical oncology. Board certification in Hematology-Oncology/Medical Oncology and Palliative Medicine is strongly preferred.

Academic rank and salary will be commensurate with qualifications. Review of applications will begin immediately and will continue until the position is filled.

### SEND LETTER OF INTEREST AND C.V. TO

ROBERT M. ARNOLD, MD, UNIVERSITY OF PITTSBURGH, 933W-MUH, 200 LOTHROP STREET, PITTSBURGH, PA 15213,

(Fax #: 412-692-4315) or e-mail rabob@pitt.edu.

The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.



## **Clinician Investigator**

Starting Date is July 2015

The Section of Palliative Care and Medical Ethics, Division of General Internal Medicine, University of Pittsburgh, is seeking a Clinician Investigator to join a large and vibrant Division with a strong interest in promoting palliative care research. Successful applicants will have fellowship training in health services research and an interest in pursuing priority palliative care research topics, such as pain and symptom management, communication, or models of healthcare delivery for patients with serious illness. The University of Pittsburgh houses premier research training and development programs, including a multidisciplinary Clinical Research Scholars Program. Clinical opportunities exist in either general internal medicine or palliative care, and in both hospital and ambulatory settings. Academic rank will be Assistant Professor in the tenure stream, with salary and appointment commensurate with qualifications.

#### SEND LETTER OF INTEREST AND CV TO

Robert M. Arnold, MD, UNIVERSITY OF PITTSBURGH, 933 West MUH, 200 Lothrop Street, Pittsburgh, PA 15213

(fax 412 692-4315 or e-mail rabob@pitt.edu).

The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.