

Contribution

Optimizing Interactions between Mind and Body to Develop the Resilience to Overcome the Challenges of Sickness and Death

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Introduction

MEDICINE often focuses on the physical body in its search for the source of illness and its treatment. Such an approach is based on the notion that the body and the mind are completely separate entities. This has led to the unfortunate situation in which physicians, trained in modern medicine, though possessing extensive knowledge about pathological conditions, regard illness and the diseased organ as separate from the human being afflicted by the disease.

Felix Unger, president of the European Academy of Sciences and Arts, who is also a cardiac surgeon, comments on the state of medical science today as follows: “Its strong inclination towards the natural sciences has caused medicine unintentionally to regard patients as peculiar cases describable in natural-scientific terms.”¹

A more holistic approach that takes into consideration the interactions between mind and body, as well as the impact of external influences, is essential to enable people faced with the challenges of birth, ageing, sickness and death to develop the resilience and strength to overcome these challenges.

Fortunately, there is now a trend to view the state of a person’s mental health as an essential determinant of their overall health and well-being. The World Health Organization constitution defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.²

There is likely to be increasing recognition of the significance of the interaction between mind and body in the years to come. The way the relationship between mind and body is viewed fundamentally affects how medicine is practised, the manner in which research is conducted and the priorities healthcare professionals have when managing their patients. It determines whether a biopsychosocial approach is adopted in preference to a purely biomedical one.

This article begins with a discussion of the concepts of “mind” and “body”, followed by a brief historical overview of the different perspectives on the relationship between mind and body, showing how these perspectives have given rise to various concepts of healthcare and approaches to the promotion of health. Following this, the biopsychosocial approach to illness and health promotion is discussed. The article concludes with a discussion of actual cases which illustrate the importance of bringing out positive aspects of the human spirit such as hope, optimism and resilience, when confronting illness and death.

Concepts of “Mind” and “Body”

“Body” refers to all matter and physical phenomena, including the human body. “Mind” refers to the unseen, spiritual, psychological aspects of life, including reason, intellect, memory, attention, will and emotion. It is that aspect of a person that enables them to be aware of the world, to think and to feel.

The relationship between the mind and the body has been the subject of much discussion. There are various ideas about the nature of this relationship, but they generally fall into one of two opposite categories: materialistic and spiritualistic.

In the 1970s, a dialogue between Arnold Toynbee and Daisaku Ikeda examined how both approaches have contributed to human development.³ For example, those who emphasize the spiritual or “mind” aspects have contributed to making society more humane by expounding love and moral standards. The material or “body” approach, on the other hand, has enabled us to lay the foundation of modern science.

Toynbee and Ikeda concurred that problems arise when there is overemphasis on one approach to the exclusion of the other. Thus, the materialists, by regarding the physical body as the original source of being, tend to view life as essentially material in nature. They hold that the only “reality” is the physical or material world which can be seen, measured and touched. The spiritualists, at the other extreme, fall into the trap of disregarding and even despising the physical aspects of life. They regard the physical world as an illusion. It can be said that many of the dilemmas of human society today can be traced back to such a separation and imbalance.

Toynbee and Ikeda continued to discuss another perspective that views the two elements of “mind” and “body” as at the same time separate and united. The same entity of life manifests both mind and body. Neither is more important or more fundamental than the other,

but both interact in a very intimate way. There is accumulating evidence to support this view and, in the field of medicine, appreciation of the interaction between mind and body has important practical implications for healthcare and medical practice.

A Historical Overview of Perspectives on the Interaction between Mind and Body

In ancient society, dating back as far as 10000 BCE, people feared disease as something brought on by spiritual forces beyond their understanding and that could only be treated by spiritual means such as prayers, rituals and exorcism. The emphasis was almost exclusively on the mind or spirit with very little, if any, consideration of pathological processes in the physical body. In some societies to this day, such belief is still predominant and there is a dangerous lack of recognition of medical science.

Nevertheless, even in ancient civilizations like the Babylonian-Assyrian civilizations (2500–500 BCE), although the treatment of illness was still dominated by religion, myths and legends, there is evidence of the existence of physicians who treated patients based on a study of human anatomy.

As an example of early attempts to harmonize approaches based on the mind and those based on a study of the body, the ancient Greek physician, Hippocrates, who lived around 460 BCE to 370 BCE, wrote in a work entitled ‘Tradition in Medicine’, that “no one can understand the science of medicine unless he knows what man is”⁴.

With time, there was more interest in the scientific study of the physiology of the human body. Over the following hundreds of years (400–100 BCE), various theories about the causation of disease were proposed, such as Galen’s humoral theory that disease was the result of disorders in the balance of body fluids.

However, emphasis on spiritual causes and therapies continued to prevail over approaches based on an understanding of the physical body. For example, in the Middle and Dark Ages in Europe (around 500–1450), mysticism dominated medicine and sinning was believed to be the root cause of all illness.

During the Renaissance (1450–1650), there was revival of interest in the natural sciences as well as advances in the study of anatomy, the conduct of autopsies and the use of microscopy. As the scientific study of medicine continued to progress, it started to focus more on the physical body as the source of disease.

Gradually, as this trend grew, recognition of the role played by the mind began to pale into insignificance. This was exemplified around the 17th century by Descartes's concept of the "dualism" or separation of body and mind which had a profound influence on western thinking. Especially in the past three to four centuries, there had been a tendency to reject the interrelationship of mind and body as unscientific, relegating matters related to the mind entirely to the realms of religion, philosophy and even superstition. The pendulum had swung completely in the opposite direction from the situation in ancient times where illness was attributed wholly to spiritual forces.

In the 19th century, advances in laboratory-based scientific studies ushered in a new era in medicine. This further strengthened the belief that all disease had its origin in structural or physiological disorders of the cell and that the "mind" had little, if any, role to play. Thus, many doctors even today, though possessing adequate knowledge of pathophysiology, often treat the diseased organ as separate from the human being suffering from the disease.

In Descartes's dualism model, there is clear separation of the mind and the machine-like body, and illness is defined as a malfunctioning of the machine. Such a view is the basis of the biomedical model where disease is an organic disorder and a result of deviations from the norm of measurable biological or somatic variables. According to this model, all biological phenomena can be explained by chemistry and physics, and disease is independent of psychological functioning. This model has been dominant for at least 300 years and even today, it remains the basis for many medical school curricula and the foundation on which healthcare systems in many modern societies are based.

Psychological issues are considered as a completely different group of problems. The result of classifying illnesses into two separate groups — physical and psychological — is a tendency among healthcare providers and their patients to approach illnesses in a fragmented way rather than from a holistic perspective. Diseases are considered either as being just a disruption of the physical body with no influence of the mind or as being purely psychological with no changes in the physical body.

The psychosomatic model became popular in the 20th century. In this model, bodily symptoms are thought to be of psychic, emotional or mental origin. Evidence of bodily reactions caused by psychological factors was shown by Pavlov's famous experiments on his dogs in which repeated combinations of bell ringing and the provision of food caused the dogs to salivate when the bell was rung even in the absence

of food. Doctors began to differentiate disorders of psychosomatic origin from purely physical or purely psychological disorders.

Physical and Psychological Disorders: Is There a Fundamental Difference?

The recognition of the existence of psychosomatic disorders is an important step forward but the intimate interaction between mind and body is not limited to these psychosomatic disorders. There is increasing recognition that interaction between mind and body occurs in all diseases.

There are also theoretical limitations of having separate models of illness causation. A purely psychological or a purely physical model each has limitations. They are unidirectional models that are unable to account for the complex interaction of physical, psychological and environmental factors that impact a person's health.

Over the years, evidence has accumulated to show that the division between physical, psychological and psychosomatic disorders is not clear-cut.

Depression, generally regarded as a problem of the mind, has been found to be associated with the pathological process termed as inflammation, as evidenced by the finding of increased levels of substances such as C-reactive protein in the body.⁵ Increased TNF-alpha levels⁶ and coagulation factors⁷ have also been shown to be present in depression. Animal studies show that mice subjected to maternal deprivation develop a behavioural pattern reminiscent of depression and are more susceptible to inflammation.⁸

Depression has been found to be associated with autonomic imbalance and cardiac pathology. Some of the abnormalities that have been found include impaired parasympathomimetic functions⁹ and a dominant sympathetic drive.¹⁰

In patients with irritable bowel syndrome, a condition traditionally regarded as psychosomatic in nature, definite pathological changes such as mucosal inflammation has been found with the presence of increased numbers in the lamina propria of cells called T lymphocytes and mast cells.¹¹ In another study where rectal biopsies were stained for serotonin and serotonin selective reuptake transporter, significant statistical differences were found in the immunoreactivity intensity between controls and patients with irritable bowel syndrome.¹²

Studies have shown that various life events can be significant contributing factors in recurrent childhood abdominal pain. In one

study, where the prevalence of recurrent abdominal pain among about 1500 schoolchildren was 9.6 per cent, five life events were found to be significant risk factors: hospitalization of a family member, the child's own hospitalization, occupation change of an immediate family member, examination failure and bullying at school.¹³ This study shows that factors in the environment that affect children's mental state can have a major impact on the physical symptoms experienced by them.

During the Great East Japan Earthquake, in 2011, life-event stress was associated with relapse in ulcerative colitis, traditionally regarded as a physical disorder. In the study, the relapse rate was twice that of the corresponding period in the previous year.¹⁴ Changes in dietary intake and anxiety about family finances were significantly associated with the relapse.

The cases cited above are examples of an increasing body of evidence that strongly suggests that when considering the causation of disease, it is a fallacy to draw a rigid line between the "mind" and the "body", separating physical from psychological factors.

Biopsychosocial Model of Medicine

A major flaw of modern civilization is the sense of isolation and fragmentation in all areas of life and society. The impact of fragmentation is acutely felt in the field of medicine. The separation of illnesses into the physical and psychological models can be regarded as a manifestation of this problem. This has led to over subspecialization and the loss of a holistic approach to healthcare.

In an article published in 1977 in the journal *Science*, Dr George Engel proposed the need for a biopsychosocial model to provide a blueprint for research, a framework for teaching and a design for action in the real world of healthcare.¹⁵

The term "biopsychosocial" refers to an interplay of three major domains: biological (genetic, physiological and pathological factors); psychological (stress, fears, expectations, emotion); and social / environmental (family, life events, pollution, diet, infections).

In the biopsychosocial model, the interaction of multiple factors such as genetics, early and late life experiences, sociocultural issues and coping mechanisms affects patients at different stages of their lives, leading to the development of various illnesses and symptoms. At the same time, the importance of this interaction in the management of illness is emphasized in the biopsychosocial model.

For example, researchers have discovered that children with inflammatory bowel disease were very concerned about the following issues and that discussion played a major role in helping them deal with their illness:

- The unknown aetiology of inflammatory bowel disease
- The unpredictable course of the illness
- Embarrassment due to bathroom-related symptoms
- Fear of painful tests and procedures
- Treatment-related stresses such as medication side effects, restricted diets¹⁶

Based on a biopsychosocial model, optimum management of patients requires a model of healthcare that is centred on close doctor-patient communication and cooperation.

In a dialogue on ethics and medicine between René Simard, Guy Bourgeault and Daisaku Ikeda, the importance of partnership as a model for the relationship between physician and patient is stressed. This model places the professional and their actions in a conscious, deliberate partnership dynamics that orchestrates diverse, complementary efforts.¹⁷

In the process, patients are encouraged not to give in to their illness. The courage that arises from such interaction gives rise to hope and optimism, which have increasingly been recognized to be important factors in the healing process.

The Healing Power of Hope and Optimism

Oriental philosophy such as Buddhism views the two elements of mind and body as at the same time separate and united. The Buddhist principle of “oneness of body and mind” (*shikishin-funi*) means that the physical aspect and mental or spiritual aspect are two facets of a single entity — literally “two but not two”. Buddhism goes further to explain that as the body and spirit influence each other so extensively, the resultant effect is that positive sentiments such as joy and hope activate physiological mechanisms and strengthen the body’s immune system, while negative emotions like pessimism and despair weaken them.

The late Dr Norman Cousins (1915–90), formerly an adjunct professor at the School of Medicine, University of California, Los Angeles (UCLA), was dedicated to exploring the mind-body connection in health and healing.

In the 1920s, when Dr Cousins himself was diagnosed with tuberculosis, he was sent away to a sanatorium where he noticed that although two patients might have similar medical conditions, the one who was hopeful and optimistic was far more likely to recover faster. Years later, he himself survived a life-threatening connective-tissue disease at the age of 50 and recovered from cardiac infarction at the age of 65. While cooperating fully with his physicians, Dr Cousins also realized that a crucial factor in his recovery was his own powerful determination to beat his illness. He subsequently became convinced that a positive determination to overcome illness could actually stimulate our organs and even individual cells towards health.

In an article published in 1976 in the *New England Journal of Medicine*, Dr Cousins commented on his experience as follows:

The will to live is not a theoretical abstraction, but a physiologic reality with therapeutic characteristics.

I have learned never to underestimate the capacity of the human mind and body to regenerate—even when the prospects seem most wretched. The life force may be the least understood force on earth.... Human beings tend to live too far within self-imposed limits. It is possible that these limits will recede when we respect more fully the natural drive of the human mind and body toward perfectibility and regeneration. Protecting and cherishing that natural drive may well represent the finest exercise of human freedom.¹⁸

Over a hundred years ago in 1910, Dr William Osler, Regius Professor of Medicine at Oxford University, made a similar observation in the *British Medical Journal*:

Nothing in life is more wonderful than faith—the one great moving force which we can neither weigh in the balance nor test in the crucible. Intangible as the ether, ineluctable as gravitation, the radium of the moral and mental spheres, mysterious, indefinable, known only by its effects, faith pours out an unfailling stream of energy....¹⁹

As a result of an appreciation of the interaction between mind and body, there is increasing recognition of the tremendous potential that exists in the life of each individual. It is essential to fully engage the patients' own ability to activate the forces of mind and body in their battle against illness. It is the bond of trust between doctor and patient, between family

members and the patient, between one human being and another, that has an important role in helping the patient strengthen the power of the mind.

Resilience and Brain Science

Resilience is a term that describes the capacity of a person to respond positively to challenges and adverse circumstances, while maintaining psychological and physical well-being. In recent years, much work has been carried out to study the various changes in the brain and nervous system as the body responds to stress.

Studies in rats, for example, have shown that rats that have learnt to cope with a stressor such as tail shocks develop resilience to many other unrelated stressors.²⁰ Such rats that develop resilience to a stressor have been shown to have reduced activity in two parts of the brain that are usually involved in the response to fear: the medial prefrontal cortex and the serotonergic neurons of the dorsal raphe nucleus.²¹

Other studies have revealed that various neurotransmitters, neuropeptides and hormones are linked to the human psychobiological response to stress.²² For example, raised levels of neuropeptide Y (NPY), an amino acid peptide, in special operations soldiers, had been found to be associated with better performance during extreme training stress.²³

Another example, dehydroepiandrosterone (DHEA) from the adrenal gland, appears to facilitate recovery from severe stress. A study of war veterans recovering from post-traumatic stress disorder showed that a higher plasma DHEA level was positively associated with symptom improvement and effective coping.²⁴

There are many other examples of the relationship between psychobiological processes and factors of resilience but a detailed discussion of each one is beyond the scope of this article. Further progress in the understanding of the biological and psychological bases of resilience will lead to better management of those at risk of developing stress-related psychopathology.

Mental Strength and Resilience: Experiences of Friends with Religious Faith

A colleague of mine who is a medical doctor developed breast cancer several years ago and had to undergo surgery followed by repeated courses of chemotherapy. However, I am moved by the fact that she continues to this day to be always cheerful. When I asked her about the source of her cheerfulness and resilience, she said that, as a devout

Muslim, she felt a strong sense of purpose and duty towards her patients which made her forget about her own illness and enabled her to be strong. She also said she was encouraged by the presence of many caring friends around her who warmly supported her.

Another person I know had lost three of her younger brothers to liver cancer. Suffering from profound grief and pain, she initially experienced severe shortness of breath and body stiffness every night when she went to sleep. Her grief made her search earnestly for a solution, which she found in the practice of Buddhism. She said, “I quickly learnt that it is one thing to understand intellectually the theoretical concepts of Buddhism such as karma and the eternity of life, but quite another when you have to grapple with them directly in your own reality.” Her earnest practice of Buddhism finally enabled her to develop a resilient state of life in which she could say confidently that “being victorious means learning to feel joy even in the midst of great suffering”.

A young woman, who was a friend of mine for many years, was diagnosed with an autoimmune disease called Systemic Lupus Erythematosus during her teens. She experienced frequent episodes of severe exacerbation throughout her life. Towards the end of 2007, she suffered a particularly bad attack lasting several months. During this time, she experienced anaemia, daily fever, excruciating headaches, kidney failure and depression. Her anaemia was the result of autoantibodies attacking her own red blood cells and she needed a blood transfusion almost every month. She often wished for death to put an end to her misery.

In December 2007, she was greatly moved and encouraged when Dr Daisaku Ikeda introduced a *waka* poem written by his mentor, Josei Toda, during his speech at a monthly leaders meeting of the Soka Gakkai.

恐るるな
 仏の力は
 偉大なり
 若き血潮に
 たぎらせて立て²⁵

Do not be afraid
 The power of the Buddha is immense,
 So stand tall, burning with youthful passion

She prayed earnestly to draw out life force from her entire body, from every single cell, especially from her blood. She realized that in order to

live her life to the full, she needed to strengthen her belief that she had the power of a Buddha in her.

She was always cheerful and positive, frequently encouraging fellow patients in her ward. One day, she even encouraged her doctor who was feeling disappointed at the poor results of his medical treatment. She told him, “Doctor, please do not give up. Your patient has not given up and is continuing to challenge her illness with all her might.” Deeply encouraged, the doctor renewed his determination to look for better cures.

After several months of various treatments given by the doctor, she managed to break the cycle of monthly blood transfusions and made a remarkable recovery from her illness, pleasantly surprising her doctor and fellow patients.

The experiences above show how a strong life force stimulates life’s inherent healing powers and resilience, demonstrating the close interactions between mind and body.

Adversity is an Opportunity to Strengthen One’s Life Condition: Lessons on the Role of Religion from the Buddhist Teacher Nichiren Daishonin

The Chinese character “機” of “危機” (crisis) actually conveys the meaning of “opportunity”. Thus, a life-threatening illness can potentially serve as a good opportunity for fundamentally transforming one’s life condition.

It is not easy for a sick person to have such a resilient state of mind and so the warm encouragement of those around them is very important. Nichiren Daishonin, a Buddhist teacher who lived in 13th-century Japan, was a good example of someone who constantly gave such encouragement to his followers.

He once wrote to a female disciple whose husband was severely ill, “[A] person’s death is not determined by illness.... [C]ould not this illness of your husband’s be the Buddha’s design, because the Vimalakirti and Nirvana sutras both teach that sick people will surely attain Buddhahood? Illness gives rise to the resolve to attain the way.”²⁶

When his young disciple, Nanjo Tokimitsu, was desperately ill, Nichiren Daishonin said to him, “Never be even the least bit afraid!”²⁷

To inspire his disciple further, Nichiren Daishonin wrote the following words to encourage him to rouse the courageous spirit of challenging and attacking the demon of illness instead of succumbing to it:

And you demons, by making this man suffer, are you trying to swallow a sword point first, or embrace a raging fire, or become the archenemy of the Buddhas of the ten directions in the three existences? How terrible this will be for you! Should you not cure this man's illness immediately, act rather as his protectors, and escape from the grievous sufferings that are the lot of demons?²⁸

No doubt, Nichiren Daishonin wished to convey his own powerful conviction to Tokimitsu. At the same time, he was urging Tokimitsu to have absolute confidence that he would gain an enlightened and resilient life state through challenging his illness. Encouraged by Nichiren Daishonin, Nanjo Tokimitsu in fact overcame his illness and lived for another 50 years.

Philosophy and religion have the important role of enabling people to bring forth the power inherent in their lives to overcome and conquer illness. A true religion, unlike mysticism or superstition, should have as its basis a concrete philosophy of life. It should not reject medical science but serve to support the workings of modern medicine, making full use of what medicine has to offer.

Religion is on a completely different plane from medicine. What is urgently required of religion in the 21st century is the capacity to direct people towards health from the inner realm of life, while complementing medical science.

The Experiences of My Own Patients

I will illustrate further the importance of a holistic approach to medical care that takes into consideration both the mind and the body by relating three episodes from my encounters with patients.

The late Dr Norman Cousins, whom I quoted earlier, stated in his book *Human Options*, "One of the main functions of the doctor is to engage to the fullest the patient's own ability to mobilize the forces of mind and body in turning back disease."²⁹ In the same book, he also declared, "The good physician is not only a scientist but a philosopher."³⁰

Dr Cousins was firmly convinced that hope, confidence and the will to live are essential in maximizing the healing powers of the body.

The accounts that follow are examples of the many cases I have seen that have convinced me of the truth of Dr Cousins's statements.

Episode 1

A 10-year-old boy presented with recurrent episodes of severe vomiting, resulting in electrolyte disturbances. Hospital investigations did not reveal any physical cause for the symptoms.

The only child of well-educated parents, there were no obvious precipitating factors at first. However, a more detailed history revealed that there was a profound feeling of guilt in the family originating in the grandfather and transmitted also to his father. The grandfather was a soldier who had killed during war and unresolved feelings of profound guilt had led to his committing suicide a number of years earlier.

The family did not discuss this matter openly. However, it was a severe shock to the sensitive young boy and suppressing it all was undoubtedly an important cause of his symptoms.

Once the problem was recognized and the whole family was gradually encouraged to talk about it, the episodes of vomiting started to reduce.

Episode 2

A 25-year-old woman lived some two to three hours away by car from the city hospital where I was once working. She had suffered from depression since childhood. As a result, she had become socially withdrawn.

One snowy February morning, she did not turn up for clinic but the father came alone instead. He brought depressing news that the patient was getting worse and had written a suicidal note.

Not being a psychiatrist myself, initially I just listened as my psychiatric colleague went all out to counsel the father. Just before the father left the clinic, I felt that as one human being reaching out to another, I had to do something concrete. So I wrote a short impromptu note to the patient and requested the father to deliver it.

It consisted of only four sentences and went as follows:

There is something higher than the sky.

That is your life.

Please treasure your life.

I wish you a bright future.

The father was quite delighted as the relationship between him and his daughter had become very tense of late, and it was not possible for him to communicate directly with her. However, bringing a message from another person was a chance for him to improve the relationship and he looked forward to doing so.

My message had a strong effect on the patient, more than I could imagine. The patient wrote back a week later as follows:

Thank you very much for your wonderful letter. I must say that I was taken by surprise, but was extremely happy. I was refreshed.

Today, I had been feeling low-spirited and had been sleeping most of the day. When I saw the message in your letter, my eyes moistened and I started to cry. You see, I had been feeling particularly depressed lately and thinking that I would like to die as soon as possible. So, when I read your message that there was something higher than the sky and that was my life, tears started to flow from my eyes though I could not explain why. I felt very happy, as though something bright had entered my heart. I truly and truly thank you very much.

If ever our paths should cross, I really wish to meet you.

I was very moved by her response. A week later, I travelled to where the family lived to do a home visit and follow-up. It was a beautiful rural area. Travelling by car through the snow, it took more than two hours to reach it.

While I was there, the patient kept asking me what the father had told me about her when he came alone to the clinic and whether he had said anything bad about her. I could sense the tension and distrust between father and daughter, and emphatically told the patient that nothing negative was said about her. On the contrary, I told her, I was actually very moved by the father travelling all the way to the city in the snow out of love and concern for her.

I emphasized over and over again, “Your father was really worried about you. He did not say anything bad about you. He travelled so far in the snow just for you. He only expressed concern about you.” At this point, both father and daughter broke into tears and embraced each other. I was touched to see that the icy relationship between them had started to thaw. It was a most moving and rewarding encounter for both the family and for me.

Episode 3

A 13-year-old girl died of leukaemia a number of years ago.

She had received specialized treatment in the city far from her hometown. It was not easy for her to adapt to living away from home, while at the same time having to come to terms with the reality of her diagnosis. Initially, she fell into a state of depression and shut herself off from other people except her parents.

From the beginning, she was aware just how critical her condition was. In an effort to relieve her anxieties about death, she began to read widely and from one of the books she read, she learned that the degree of fulfilment one experiences in life is determined by how one has lived. She realized that the quality and significance of one's life are not necessarily dependent only on its length, but increase in proportion to the depth with which one lives one's life and the value one creates.

During the last year of her short life, she determined to do something useful with it. She decided to challenge herself to do well in her primary school examinations. Although her illness resulted in her missing a lot of school, her determination was strong and she gave everything she had to her studies.

Her parents and many friends around her age were greatly moved and encouraged when she managed to perform well in the examination in spite of her illness. It was not the examination result itself but rather the tenacity of her spirit and the determination not to be defeated by her illness that really inspired others.

But her illness returned soon after. Nevertheless, her fighting spirit burned ever brighter. The hospital doctors and nurses were all deeply moved by her positive, cheerful attitude.

Just before she died, she expressed the wish to attend university. Although some may consider this an unrealistic wish, I cannot help but marvel at the resilience and positivity of her spirit in the face of terminal illness. My young friend eventually grew weaker and finally passed away. Right to the end she was courageously encouraging her parents and those around her in the hospital not to be depressed.

Although weak and ill, she had a peaceful countenance in death. I am reminded that one's appearance at the time of death is a good indicator of one's state of mind. I believe strongly that my patient had achieved a great victory over death in her last moments of life.

It was naturally not easy for the parents who had lost their beloved child. During a dialogue on sickness and death with Dr Daisaku Ikeda, whom I regard as my mentor, I shared the story of this patient with him and I was deeply moved by the great effort he made to encourage the bereaved parents whom he had never met, using quotes from the writings of Nichiren Daishonin.

Firstly, Dr Ikeda warmly reassured the parents, who were practitioners of Buddhism, saying:

The Daishonin praises the lay priest Ishikawa no Hyoe's daughter (Nanjo Tokimitsu's niece), who died from an illness at an early age.

Noting how she had remained steadfast in her faith to the very end, he lauds her, saying, “How admirable, how worthy!” (WND [I], 903) He also observes that among his disciples, it is those who think themselves well versed in Buddhism who make errors, and he hails this young woman as a model for all to emulate.... The lives of those who have dedicated themselves to upholding the Mystic Law shine with the life state of Buddhahood not only in this existence but after death as well. Encouraging Nanjo Tokimitsu’s mother on the death of her husband, the Daishonin writes, “When he was alive, he was a Buddha in life, and now he is a Buddha in death. He is a Buddha in both life and death” (WND [I], 456).

Death is a phase of recharging in preparation for a new life. It’s a kind of sleep. If you fall asleep as a Buddha, you will awaken in your new life as a Buddha. There is no sadness or misery on the eternal journey of those who passed away. Their life is filled with hope and so is their death. According to the Daishonin’s writings, they will be quickly reborn close to us, with a new life.³¹

Then, referring to the deep sorrow experienced by the parents, he said with great empathy:

That feeling of emptiness is not quickly relieved. It does indeed take time for the wound to heal. That period of grieving is very sorrowful and painful. The Daishonin sent the following encouragement to Nanjo Tokimitsu’s mother when she lost her beloved son Shichiro Goro (Tokimitsu’s younger brother), “It was this splendid sutra that the late Shichiro Goro put his faith in and through which he attained Buddhahood. And today, on the forty-ninth day following his passing, all the Buddhas have surely gathered about him in the pure land of Eagle Peak, seating him on their palms, patting his head, embracing him, and rejoicing, welcoming him with affection as one would welcome a moon that has just risen, or blossoms that have just burst into bloom.” (WND [I], 1075)

The life of her deceased child, the Daishonin assures her, has fused with the Buddhahood of the universe, where it is embraced, protected, and cared for by all the Buddhas. Since he has achieved such a state of life, there is no reason to worry about him. This is truly what it means to savor joy in both life and death.³²

Finally, encouraging the bereaved family to live on courageously, Dr Ikeda continued:

Since this is the case, the families of those who have passed away should continue leading their lives with strength, optimism, and courage. They should become happy no matter what. Living this way is proof of the attainment of Buddhahood of their deceased loved ones, and it sends waves of joy to their beings.³³

When I related these words of sincere encouragement to the parents of my deceased patient, they were deeply touched and, with tears of gratitude and resolve, made a strong determination to never be defeated. I myself am grateful to have learnt a great deal from Dr Ikeda's response how to look after the bereaved family.

Conclusion

For the 21st century to become a century in which humanism flourishes, it is essential for humankind to directly confront and win over the perennial challenges of birth, old age, sickness and death. In rising to this challenge, we cannot avoid seriously considering many issues such as the correct relationship between mind and body.

Consideration of these issues cannot just remain theoretical speculation and intellectual analysis, but must serve as the basis for activating the forces of mind and body, thereby developing strength and resilience in the face of sickness and death.

Healthcare workers in particular need to strive to impart to their patients hope, confidence and the will to live which are essential in optimizing resilience and the healing powers of the patient's body.

Philosophy and religion, working on a completely different plane from medicine, have the important role of complementing medical science by enabling people to draw forth the power inherent in their lives to conquer illness and overcome the suffering of death.

Notes

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