

## Stress as Suffering

by Gordon L. Fung, *School of Medicine, University of California, San Francisco*  
and Gregory Fung, *San Francisco, CA*

It is the fundamental role of the physician to care for people in distress. On the one hand is the physical reality of the distress as expressed in a specific diagnosis like cancer or heart disease, as confirmed by objective testing like blood tests and x-rays, as treated by specific therapies like medicine or surgery, and as followed up over time with repeat visits and studies. On the other hand is the resulting patient's personal and emotional toll that can ultimately affect the severity, course, and prognosis of that condition. The interaction of patient, disease manifestations, and the patient's response to the sum of the manifestations and the therapies contribute to an alteration in well-being that is called illness. Investigating these changes and being able to restore well-being is at the core of the physician's responsibility. Upon reflection, the practice of medicine becomes a foundation for understanding the stress of the human condition, which has been the subject of philosophical and religious investigation for thousands of years.

Stress is defined in *Webster's New Collegiate Dictionary*<sup>1</sup> as (a) "a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation," and (b) "a state resulting from a stress: especially one of bodily or mental tension resulting from factors that tend to alter an existent equilibrium." This definition delineates the four components of stress: (1) the causal factors, (2) the existing equilibrium, (3) the interaction between the causal factors and the existing equilibrium, and (4) the resultant imbalance. In medicine the causal factors are the etiologic agents, *i.e.*, viruses, bacteria, excess or lack of hormones, or malfunctions in normal body activities. The existing equilibrium

represents the state of health at that particular time. A patient can be in good health or already critically ill. The interaction is the process by which the factor dynamically affects a living organism to change the body from the existing state to a new and different state. Finally, the resultant imbalance is the manifestation of the disease within the specific individual. How each person manifests the disease, either overtly or subclinically, is directly related to the nature of the factors, the existing equilibrium of the patient, and the process of the various interactions.

In a recent edition of *New Dimensions*, stress was called "The Health Crisis of the '90s."<sup>2</sup> In this special report the basic components of stress leading to "stress-related illness" were described in detail. The new category of stress-related illness was defined as "disease directly or indirectly resulting from stress." Examples of these were mental illness, personality disorders, coronary heart disease with recurring chest pain, hay fever, and ulcers. But the reaction of the individual to the causal factors is at the source of stress, and it is here where our concerns should be directed. The Buddhist literature directly parallels this analysis of the elements of stress and its resolution.

A general perusal of Buddhist literature<sup>3-12</sup> finds fundamental discussions on each of these four components of stress. In this article we hope to look at the modern medical phenomena of stress through the looking glass of the Buddhist teachings of 2500 years ago. Just as physicians try to help all patients get well and stay well, the Buddha directed his energies towards freeing everyone from the "illness" of the human condition. The Buddha taught that causal factors are the feelings,

thoughts, and actions that arise from desire and attachment. The existing equilibrium is one's present state of suffering inclusive of the constant production of new causal factors from the continuing state of desires and attachments. Most people do not recognize this condition and therefore believe it to be an acceptable condition. This complacent acceptance of suffering, the Buddha taught, was in fact, the active clinging to one's desires and insatiable cravings. The Buddha further explained that delusions were the methods by which one hid the true nature of reality from oneself. The resultant imbalance is one's new state of suffering after having suffered once again as a consequence of one's own actions. Finally, the Buddha taught that birth, life, disease, and death is the cycle of suffering. The solution, *i.e.*, the treatment, is the awareness of this condition and the seeking of equanimity that is nirvana, Void, or *sūnyatā*.

From a medical standpoint the existing equilibrium is the homeostatic condition termed health. Rather than being a well defined entity, good health is more a description of the lack of measurable abnormalities. To incorporate the wide range of individual variations, all normal values are expressed in ranges. These apply to the important parameters of vital signs and to the specific blood tests of kidney or liver function. Physiologists teach us of the balance between the renewing processes of cell division and cell maintenance versus the ongoing damage that occurs because of wear and tear. This dynamic ongoing process is the steady state of change that is called the delicate balance of health. Given the dynamic nature of the human body, the existing equilibrium is only a moment in time.

In the First Noble Truth, the Buddha explains that the existing equilibrium is in fact a state of suffering:

Birth is attended with pain, decay is painful, disease is painful, death is painful. Union with the unpleasant is painful, painful is separation

from the pleasant; and any craving that is unsatisfied, that too is painful.<sup>13</sup>

Included within this is the sum total of human experience inclusive of physical pain and mental anguish. The point is also made that pleasure, too, is painful because of its inherently transient nature.<sup>14</sup>

In medicine the causal factors arise from the external and internal environment. Infectious agents, noxious exposures, genetic predispositions, and personal interactions are a partial listing of these factors. Buddhism specifies that these factors come from desire. The Second Noble Truth states:

Verily, it is that thirst (or craving), causing the renewal of existence, accompanied by sensual delight, seeking satisfaction now here, now there — that is to say, the craving for the gratification of the passions, or the craving for (a future) life or the craving for success (in this present life).<sup>15</sup>

This truth explains that the origin of suffering is a consequence of the Law of Karma — also known as the law of causation and fruition. From the fountainhead of craving comes the motivations, thoughts, and actions that lead to further suffering. This endless cycle is then created whereby the actions to satisfy desire lead to suffering which leads to greater desire and consequently greater acts of desire that lead to more suffering.

In medicine the interaction between these causal factors and the existing equilibrium determines the ultimate manifestation of the disease. This complex relationship has previously been alluded to. It is the process of the continuing interplay between the unique characteristics of one's own existing equilibrium with the multiplicity of components that make up the causal factors. For example, the interaction may be between an explosive causal factor like a head on collision and

the otherwise healthy young man. The medical assessment of this trauma tries to determine the effect upon all of the body's systems, *i.e.*, head trauma, bone and joint damage, internal injuries. Or the interaction between a slowly progressive cancer that insinuates itself into every organ of the body, *i.e.*, brain, bone, liver. In each case the exact interaction between the causal factor and the existing equilibrium determines the nature of the individual's suffering. In Buddhism this is reflected in the Law of Karma<sup>16</sup> — or the law of causations and fruitions. The specific nature of the feelings, thoughts, and actions that one uses to satisfy one's cravings will determine one's karma. This karma then returns as the determinant for suffering in the present existing equilibrium. Therefore one's present suffering must be a reflection of past misdeeds. This interaction in Buddhism is the interplay between past actions causing present suffering.

The final component in this model of stress is the resultant imbalance that arises from this interaction between causal factors and existing equilibrium. In medicine it is the new delicate balance after the patient has stabilized. This stabilization may be over time as the patient must adjust to taking blood pressure medicines on a daily basis, or relatively rapid as the patient recovers from surgery. In the larger context it may include the physical, mental, emotional, social, and lifestyle adjustments that are made after a major heart attack. The Buddha taught that this resultant imbalance is a continuation on the cycle of constant suffering. Whether it coincides with the time frame of medicine, *i.e.*, after a specific disease, or is seen in the context of a rebirth, one constantly produces and responds to causal factors that result in a new imbalance — the existing equilibrium for the next causal factor.

With so many similarities between the medical interpretation of stress and the Buddhist view of the human condition there remains a fundamental difference. It is that the existing equilibrium in medicine is the current health of the

individual while in Buddhism it is suffering. Buddhism would carry this further to state that because the *status quo* is suffering, it is the source of further suffering. Upon reflection there are echoes of this point of view in medicine as well. Through birth, growth, development, disease, and death the human body is constantly changing until it can no longer continue to respond to the "wear and tear" of everyday living. In this context disease becomes a simple reflection of the inability of the body to maintain even a semblance of equilibrium any longer. As these physiologic and psychologic control and maintenance systems break down the façade that was health breaks down to reveal the true nature of the human body — that it is unstable and an eminent source of personal pain and suffering. Health in the Buddhist sense becomes the degree of denial that one has about the true nature of his own being.

Using this model to understand stress demonstrates striking concordance with the Buddha's description of the human condition. It strongly suggests that the Buddha's teachings concerning freeing oneself from the cycle of suffering may be applicable to patient care. The first lesson is to cultivate the awareness that life — this existing equilibrium, is suffering in one of its many guises. The second lesson is to destroy those desires that lead to the production of more karmic causal factors. In the Third Noble Truth the Buddha states:

Verily, it is the destruction, in which no passion remains, of this very thirst; the laying aside of, the getting rid of, the being free from, the harbouring no longer of this thirst.<sup>17</sup>

Without discussing the methods presented by the Buddha to resolve suffering (*i.e.*, The Eightfold Path), the goal of its practice was to seek the bliss of Nirvana, the Void between attachment and detachment, and the equanimity of *sūnyatā*. This he described as the permanent state of happiness and joy. We as physicians, in managing stress,

must then be aware that addressing only the causal factors is insufficient. We must find ways to address each of the components of stress — eliminating causal factors such as worry and anxiety by education; analyzing with intent to correct destructive patterns of response and interaction; altering the resultant imbalance through encouraging determined effort towards personal improvement; and most importantly to make people constantly aware that the existing equilibrium requires careful scrutiny of habits and behaviours to prevent the production of new causal factors. In this way our overall efforts will reduce stress through promoting the calm, quiet serenity of equanimity .

#### FOOTNOTES

1. *Webster's New Collegiate Dictionary*. Springfield, MA: G. and C. Merriam Co., 1974.
2. "The Health Crises of the '90s. STRESS: A Special Report." *New Dimensions*, February 1990, pp 19 - 51.
3. Mizuno, Kogen. *Basic Buddhist Concepts*, Charles S. Terry and Richard L. Gage, trans. Tokyo: Dosei Publishing Company, 1968.
4. Dharmasiri, Gunapala. *Fundamentals of Buddhist Ethics*. Golden Leaves Publishing Company, 1969.
5. Lamotte, Etienne. *History of Indian Buddhism*. Sara Webb-Boin, trans. Louvain-Paris: Peeters Press, 1988.
6. Mizuno, Kogen. *Primitive Buddhism*. Kōshō Yamamoto, trans. Ube, Japan: Karinbunko, 1969.
7. Poussin, Louis de La Vallee. *Abhidharmakosabhasyam*. Leo M. Pruden, trans., Berkeley, CA: Asian Humanities Press, 1988.
8. Kanakura, Yenshō. *Hindu-Buddhist Thought in India*. Shōtarō Iida and Neal Donner, trans., Takao Maruyama and Thomas Quinn, ed. Yokohama: Hokke Journal, Inc., 1980.
9. Thurman, Robert A. F., trans.. *The Holy Teaching of Vimalakirti, A Mahayana Scripture*. University Park: The Pennsylvania State University Press, 1976.
10. Carus, Paul. *The Gospel of Buddha*. La Salle, Illinois: The Open Court Publishing Co., 1973.
11. Prebish, Charles. *Buddhist Monastic Discipline: The Sanskrit Pratimoksa Sutras of the Mahasanghikas and Mulasarvastivadins*. University Park: The Pennsylvania State University Press, 1975.
12. Davids, T.W. Rhys. "The Questions of King Milinda, Part I and II." *The Sacred Books of the East Series*, Vol. XXXV and Vol. XXXVI. F. Max Muller, ed. New Delhi: Motilal Banarsidass, 1894.
13. "Dhamma-Kakka-Ppavattana-Sutta; The Foundation of Kingdom of Righteousness." *The Sacred Books of the East Series*, Vol. XI. F. Max Muller, ed. p. 148.
14. Mizuno, Kōgen. *Primitive Buddhism*. Kōshō Yamamoto, trans. Ube, Japan: Karinbunko, 1969, pp. 98-100.
15. *Dhamma-Kakka-Ppavattana-Sutta*, p. 148.
16. Upadhyaya, Kashi Nath. *Early Buddhism and the Bhagavadgita*. New Delhi : Motilal Banarsidass, 1971.
17. *Dhamma-Kakka-Ppavattana-Sutta*, p. 149.