Beyond Mindfulness: Buddhism & Health in the US

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This article describes an unprecedented survey of a wide swathe of American Buddhists of diverse racial, cultural, socioeconomic, and sectarian backgrounds about their attitudes toward health and healing. The final section describes a follow-up study investigating how a segment of the survey respondents benefited from their practice of Buddhism during the Covid-19 pandemic. The most important overall finding is that American Buddhists see their participation in a wide range of Buddhist activities as a source of mental, physical, emotional, and social wellbeing. In light of this result, I argue that Buddhism is playing a larger than appreciated role in shaping Americans' attitudes about health, and that the entire range of Buddhist approaches needs to be taken into account beyond simply meditation.

Keywords: American Buddhism, health, Covid-19, survey, US

Buddhism and health have been inseparably intertwined since the very origins of the tradition 2500 years ago. Since Buddhism began to spread across Asia in the first centuries CE, medical ideas and practices have been at the center of its multidirectional processes of

1. Valuable research assistance for this project was provided by Tian-Tian Alice He, Sriya Kakarla, Patrick Kim, Sungsim Kim, Alicia W. Leong, Surabhi Sahay, and Katherine P. Wu. Research assistants were funded through Penn State's Abington College Undergraduate Research Activities as well as the Chao Center for Asian Studies at Rice University. I am also very grateful to Lan A. Li for coordinating the Rice University team, in addition to collaborating on the Jivaka Project for many years.

crosscultural exchange.[2] Buddhists around the world today continue to draw upon the religion for ideas and practices that promote wellbeing.[3] In the US, the most prominent connection between Buddhism and health in the last few decades has been the effort to scientifically prove the medical benefits of meditation.[4] However, American Buddhist attitudes toward health are influenced by a much wider range of ideas and practices.

Given its complexity and fascinating potential as a field of research, it is perhaps surprising that scholars in the humanities have not paid more attention to the broader range of health-seeking practices, beliefs, and attitudes of American Buddhists. This essay begins by providing a brief overview of the existing literature on that topic. The bulk of the article then describes a recent survey of a wide swath of American Buddhists of diverse racial, cultural, socioeconomic, and sectarian backgrounds about their attitudes toward health and healing. The final section describes a follow-up study investigating how a segment of the survey respondents benefited from their practice of Buddhism during the Covid-19 pandemic. The most important finding is that American Buddhists see their participation in a wide range of Buddhist activities as a source of mental, physical, emotional, and social wellbeing. In light of this result, I argue that Buddhism is playing a larger than appreciated role in shaping Americans' attitudes about health, and that the entire range of Buddhist approaches needs to be taken into account beyond simply meditation.

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2. C. Pierce Salguero, *Translating Buddhist Medicine in Medieval China* (Philadelphia: University of Pennsylvania Press, 2014); C. Pierce Salguero, ed., *Buddhism & Medicine: An Anthology of Premodern Sources* (New York: Columbia University Press, 2017); C. Pierce Salguero, *A Global History of Buddhism & Medicine* (New York: Columbia University Press, 2022), 89–158.

3. C. Pierce Salguero, ed., *Buddhism & Medicine: An Anthology of Modern and Contemporary Sources* (New York: Columbia University Press, 2020); Salguero, *A Global History of Buddhism & Medicine*, 159–182.

4. See discussion and critique in Jeff Wilson, *Mindful America: The Mutual Transformation of Buddhist Meditation and American Culture* (New York: Oxford University Press, 2014); David McMahan and Erik Braun, *Meditation, Buddhism, and Science* (Oxford: Oxford University Press, 2017); Wakoh Shannon Hickey, *Mind Cure: How Meditation Became Medicine* (Oxford: Oxford University Press, 2019).

LITERATURE REVIEW

Despite a prolific amount of research on mindfulness and other meditation-based interventions, Buddhism per se has not been a major area of concern for researchers in health-related fields. At the time of this writing, the PubMed database compiled by the US National Institutes of Health contains 5,299 items with the keyword "mindfulness" in the title, but only 122 titles mentioning "Buddhism."[5] A 2019 bibliometric survey of scholarly literature on Buddhism and health found only 485 titles on that subject in all languages.[6] Of these, only a tiny percentage focused on the US.

Within this meager corpus, the vast majority of studies have been prescriptive rather than descriptive, for example urging public health workers to integrate Buddhist ideas into HIV prevention messages targeted at Americans of Southeast Asian descent,[7] or helping social workers understand how religious values can play a role in end-of-life care for American Buddhists.[8] The most important descriptive study published to date is an online questionnaire by Wiist et al., which was described at the time as "the largest, and possibly only, population-based, health survey of Buddhists and Buddhist practitioners ever conducted."[9] This study surveyed 641 Americans who expressed some

5. PubMed, Bethesda, MD: US National Library of Medicine, https://pubmed.ncbi.nlm.nih.gov, searches conducted June 23, 2021.

6. Engin Şenel, "Dharmic Religions and Health: A Holistic Analysis of Global Health Literature Related to Hinduism, Buddhism, Sikhism and Jainism," *Journal of Religion and Health* 58, no. 4 (2019), https://doi.org/10.1007/s10943-018-0699-7.

7. S. Loue, S.D. Lane, L.S. Lloyd, and L. Loh, "Integrating Buddhism and HIV Prevention in U.S. Southeast Asian Communities," *Journal of Health Care for the Poor and Underserved* 10, no. 1 (1999): 100–121, https://doi.org/10.1353/hpu.2010.0749.

8. Andrew J. McCormick, "Buddhist Ethics and End-of-Life Care Decisions," *Journal of Social Work in End-of-Life & Palliative Care* 9, nos. 2–3 (2013): 209–225, https://doi.org/10.1080/15524256.2013.794060.

9. W.H. Wiist, B.M. Sullivan, H.A. Wayment, and M. Warren, "A Web-Based Survey of the Relationship between Buddhist Religious Practices, Health, and Psychological Characteristics: Research Methods and Preliminary Results," *Journal of Religion and Health* 49 (2010): 25, https://doi.org/10.1007/s10943-008-9228-4; see also W.H. Wiist, B.M. Sullivan, D.M. St. George, and H.A. Wayment, "Buddhists' Religious and Health Practices," *Journal of Religion and Health* 51 (2012): 132–147, https://doi.org/10.1007/s10943-010-9348-5.

degree of belief in or practice of Buddhism. Focused on conventional health-related data such as body-mass index, frequency of physical exercise, and prevalence of smoking, the study found that Buddhist practice is correlated with "general good health."

Scholars trained in the humanities and social sciences have provided some qualitative detail about American Buddhist practices related to health and medicine. Again, the majority of these works have focused primarily on meditation or mental health.[10] Only a handful of publications have considered Buddhism's relationship with health and medicine more broadly. For example, Wu Hongyu (2002) conducted a survey of nineteen members of the Greater Boston Buddhist Cultural Center, an organization with links to the Taiwanese organization Foguang Shan.[11] This essay asked interviewees questions such as "Is Buddhism good for one's health?" and "Why do people get sick?," and analyzed the community's repertoire of health-seeking practices. A more culturally inclusive, though still small, study by Paul D. Numrich (2005) conducted thirty interviews with what he called "culture" and "convert" Buddhists (the former consisting of Chinese, Japanese, Korean, Thai, Tibetan, and Vietnamese Americans; the latter mostly of European descent). This study focused on differences between how these two categories of practitioner orient toward conventional and complementary/alternative medicine.[12]

10. See, inter alia, J. Mark G. Williams and Jon Kabat-Zinn, eds., "Mindfulness: Diverse Perspectives on Its Meaning, Origins, and Multiple Applications at the Intersection of Science and Dharma," special issue, *Contemporary Buddhism* 12, no. 1 (2011); Ronald E. Purser, David Forbes, and Adam Burke, eds., *Handbook of Mindfulness: Culture, Context, and Social Engagement* (n.p.: Springer, 2016); Ira Helderman, *Prescribing the Dharma: Psychotherapists, Buddhist Traditions, and Defining Religion* (Chapel Hill: University of North Carolina Press, 2019); Hickey, *Mind Cure*.

11. Hongyu Wu, "Buddhism, Health, and Healing in a Chinese Community," Pluralism Project, http://pluralism.org/wp-content/uploads/2015/08/Wu.pdf, accessed February 10, 2018. This article, produced in association with Harvard's Pluralism Project (https://pluralism.org), appears to have gone missing from that website but is still available in various online archives at the time of this writing.

12. Paul D. Numrich, "Complementary and Alternative Medicine in America's 'Two Buddhisms,'" in *Religion and Healing in America*, ed. Linda L. Barnes and Susan S. Sered, 343–358 (Oxford and New York: Oxford University Press, 2005).

My own previous work on American Buddhism has explored the transnationally interconnected nature of Buddhist healing in the US today,[13] as well as how connections between Buddhism and medicine shape the healthcare landscape among Asian immigrant and refugee communities specifically in Greater Philadelphia.[14] In addition, I have undertaken a series of in-depth interviews with American practitioners of Buddhist healing.[15] As part of that project, I have published transcripts of interviews with a Cantonese-speaking healer in Brooklyn, NY, about his eclectic Buddho-Daoist healing techniques[16] and with a northern California "spiritual channel" about the integration of Guanyin into her New Age healing sessions.[17] The current essay builds on my previous work, providing a more comprehensive picture of American Buddhist attitudes toward health and healing based on a broad survey conducted between 2015 and 2020 and follow-ups conducted in 2020–2021 during the Covid-19 pandemic. My intention here is to summarize the data, while including excerpts of the responses in order to represent the diverse opinions and voices of American Buddhists.

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13. Salguero, *A Global History of Buddhism & Medicine,* 159–176.

14. Research results are reported in Salguero, *Buddhism & Medicine*, 317–328; and C. Pierce Salguero, "Varieties of Buddhist Healing in Multiethnic Philadelphia," *Religions* 10, no. 48 (2019), https://doi.org/10.3390/rel10010048; methods are described in C. Pierce Salguero, "Buddhist Healthcare in Philadelphia: An Ethnographic Experiment in Student-Centered, Engaged, and Inclusive Pedagogy," *Religions* 12, no. 6 (2021), https://doi.org/10.3390/rel12060420. Ethnographic materials from this project as well as six short documentary films highlighting various intersections between Buddhism and medicine in Philadelphia are available at the project website, http://www.jivaka.net/philly.

15. Those results are summarized in C. Pierce Salguero, "Beyond Mindfulness: Surveying American Buddhist Healers," in *The Oxford Handbook of American Buddhism*, ed. Ann Gleig and Scott A. Mitchell (New York: Oxford University Press, forthcoming).

16. Kin Cheung and C. Pierce Salguero, "Interview with a Contemporary Chinese American Healer," in *Buddhism & Medicine: An Anthology of Modern and Contemporary Sources*, ed. C. Pierce Salguero, 241–251 (New York: Columbia University Press, 2019). Cheung also has several forthcoming works further detailing this case study.

17. Salguero, *Buddhism & Medicine*, 264–272.

SURVEY RESPONDENTS

The "Buddhism and Health" survey asked a number of multiple choice questions as well as open-ended ones designed to elucidate qualitative information concerning connections between Buddhism and health. It began by asking respondents what particular Buddhist practices they see as being connected with mental health, what those specific benefits are, and what experiences they have had with these interventions in their own lives. It next asked the same set of questions about physical health.[18]

The online survey was distributed between 2015 and 2020 via multiple public Facebook groups related to Buddhism. In order to capture responses from immigrant communities, it was also handed out in paper form at several locations in Philadelphia. (The latter responses were transcribed, and in 16 cases translated into English, by research assistants.)

Of the 333 respondents who completed the survey, 141 individuals self-identified as both Buddhist and residents of the US, and only these are included in the analysis below.[19] These American Buddhists were well distributed in terms of gender and age (see table 1). They reported zip codes across the US, although 40% were located in the Philadelphia

18. I am well aware that this boundary does not make sense in the context of Buddhism, where a non-dual approach to the body and mind (Skt. *nāmarūpa*; often translated as "bodymind") is the norm. For details, see Peter Harvey, "The Mind-Body Relationship in Pāli Buddhism: A Philosophical Investigation," *Asian Philosophy* 3, no. 1 (1993): 29–41; Sue Hamilton, *Identity and Experience: The Constitution of the Human Being according to Early Buddhism* (London: Luzac Oriental, 1996); Chikako Ozawa-De Silva and Brendan R. Ozawa-De Silva, "Mind/Body Theory and Practice in Tibetan Medicine and Buddhism," *Body & Society* 17, no. 1 (2011): 95–119. Our questionnaire was designed in part to measure whether or not American Buddhists saw strong distinctions between mental and physical health. See comparison of results in table 2.

19. For discussion of the methodological issues involved in counting Buddhists, see Jørn Borup, "Who Are These Buddhists and How Many of Them Are There? Theoretical and Methodological Challenges in Counting Immigrant Buddhists: A Danish Case Study," *Journal of Contemporary Religion* 31, no. 1 (2016): 85–100. The current essay only focuses on individuals who self-identified as Buddhists when asked what their religion is in a question that allowed respondents to check multiple responses as well as to write in any other religious affiliation.

TABLE 1. General demographic information

Gender (n=141)
- Female, 52%
- Male, 48%
- Other, 0%

Age (n=141)
- 18–24, 3%
- 25–34, 14%
- 35–44, 17%
- 45–54, 24%
- 55–64, 28%
- Over 65, 14%

Zip code range (n=141)
- Philadelphia area, 40%
- Northeast, 20%
- West coast, 20%
- Midwest, 9%
- Rockies and Southwest, 7%
- Southeast, 4%

Household income (n=126)
- Under $25K, 17%
- $25–50K, 23%
- $50–100K, 30%
- Over $100K, 19%
- No response, 11%

Race/Ethnicity (n=140)
- White, 62%
- Asian, 23%
- Black, 3%
- Hispanic, 3%
- Mixed race, 9%
- Other, 2%

Primary types of Buddhism most familiar [respondents could choose more than one answer] (n=134)
- Won Buddhist, 29%
- Chinese Buddhism, 12%
- Tibetan, 25%
- Zen, 25%
- Theravāda, 14%
- Japanese, 5%
- Non-sectarian meditation centers, 6%
- Other, 4%

Second religion mentioned alongside Buddhism (n=39)
- Christianity, 33%
- "Spiritual Not Religious," 23%
- Jewish, 18%
- Pagan or Wiccan, 8%
- Atheist, 5%
- Other (Taoist, Sufi, Animist, Bön, etc.), 13%

Familiarity with Buddhism (n=95)
- Long-standing convert, 63%
- Recent convert, 21%
- "Grew up with Buddhism," 14%
- "Not really part of a Buddhist tradition," 2%

Frequency of practice (n=96)
- Daily, 80%
- Weekly, 15%
- Less frequently, 5%

area and another 20% in the Northeast (defined here as Maine through Washington, DC).[20]

The respondents were also diverse in terms of income distribution, race, and ethnicity. When asked what type of Buddhism they were most familiar with, respondents indicated a wide range of cultural and sectarian traditions. Notably, there were a larger number of Won Buddhists and a smaller number of respondents who chose "nonsectarian meditation centers" than anticipated. When asked about their religious affiliation, 28% of all respondents mentioned a second or third religion aside from Buddhism, indicating that our sample includes people with an eclectic range of religious backgrounds and interests. Eighty individuals, representing 56% of the total, identified as converts to Buddhism (60 long term, 20 recent), but almost a third of respondents did not reply to this question, so it is not clear what the actual percentages might be. Finally, the respondents to this survey appear to be frequently engaged in Buddhist practices, with 80% reporting daily practice.

It is unlikely that this survey is perfectly statistically representative of American Buddhism. Nevertheless, it does capture a diverse cross-section of self-identified American Buddhists from a wide range of backgrounds and positionalities that can be useful for making some observations about their experiences and opinions concerning health and healing.

THE HEALING REPERTOIRE

In general terms, the most important observation to make is that respondents overwhelmingly expressed the notion that Buddhism is relevant for their mental and physical health and reported that they are actively engaging in health-seeking and health-related activities through Buddhist organizations and communities (table 2). This finding is consistent with the results of my Philadelphia ethnographic project mentioned in the previous section, where spokespeople at 43 out of 45 institutions said that the practice of Buddhism had a beneficial effect on health. It is also consistent with Wu's 2002 study, which

20. On regional characteristics of American Buddhism, see Jeff Wilson, "Mapping the American Buddhist Terrain: Paths Taken and Possible Itineraries," *Religion Compass* 3, no. 5 (2009): 836–846.

found 100% of respondents agreeing with that sentiment.[21] The notion that Buddhism is good for your health is evidently supported across broad swaths of contemporary American Buddhists.[22]

Another general observation to make is that, by a wide margin, the most common practice identified by participants as being beneficial to both mental and physical health was meditation. (In fact, textual analysis showed that the word "meditation" was the most common keyword in the open-ended responses, appearing 197 times in total.) Upon further investigation, however, it became apparent that the single term "meditation" was being used by respondents to refer to a wide range of practices from different cultural and sectarian backgrounds. Specific types of meditation that were named included mindfulness, *śamatha*, *vipassanā*, *zazen*, *mettā*, *tonglen*, and *danjeon*, as well as several movement-based contemplative practices such as "walking meditation," "moving meditation," Tibetan yoga, and *shipsang*.

As shown in table 2, respondents expressed enthusiasm for many other traditional Buddhist health interventions aside from meditation. When asked for detail about these, they mentioned chanting the *Heart Sutra* or *Lotus Sutra*, repeating the name of Amitābha Buddha, reciting various mantras, *gongyo* practice, bowing or prostrations, prayer, guru yoga, *nāda* yoga, Siddha tradition energy-work, visualization of *ḍākinīs*, Medicine Buddha *sādhana*, and vegetarianism among others. Many respondents also mentioned that they attended Buddhist rituals, classes, events, or other opportunities specifically related to health and medicine. Examples of the latter that were mentioned included yoga, tai-chi, qigong, herbs, and acupuncture.

Surprisingly, given what the secondary literature had led us to believe, we found some slight preferences but no strong correlations between race, gender, age, or income level and which general types of activities respondents reported as being connected with health.[23] On

21. Wu, "Buddhism, Health, and Healing in a Chinese Community."

22. Buddhists who responded negatively to the questions about connections between Buddhism and mental or physical health were scattered across various demographic and sectarian groupings, although Won Buddhists were favored in both cases, making up 67% of those who denied mental health benefits and 56% of those who denied physical health benefits.

23. This contrasts with Numrich, "Complementary and Alternative Medicine," which paints rather starker picture of division between "culture" and "convert" Buddhists. I will not repeat them here, but elsewhere I have

TABLE 2. Connections between Buddhism and health

"Do you think that your tradition of Buddhism has a connection with mental health?" (n=138)

- Strong or very strong, 59%
- Yes or some, 30%
- Little or none, 11%

"What particular practices do you see as being connected with mental health? (Check all that apply.)" (n=138)

- Meditation, 86%
- Buddhist groups, cultural activities, or social gatherings, 51%
- Chanting, 49%
- Attending specific healing rituals/classes/activities, 36%
- Visualization, 30%
- Vegetarianism, 15%

"Do you think that your tradition of Buddhism has a connection with physical health?" (n=137)

- Strong or very strong, 38%
- Yes or some, 38%
- Little or none, 31%

"What particular practices do you see as being connected with physical health? (Check all that apply.)" (n=134)

- Meditation, 73%
- Attending specific healing rituals/classes/activities, 41%
- Chanting, 34%
- Buddhist groups, cultural activities, or social gatherings, 29%
- Vegetarianism, 26%
- Visualization, 24%

TABLE 3. Common themes in open-ended responses (n=127)

- Emotion regulation (e.g., management of stress, anger, etc.), 61%
- Mind-body connection or body awareness, 52%
- Social connection, 51%
- Chronic and acute physical health conditions, 30%
- Focus (i.e., mental concentration, stability, control, clarity, centeredness), 29%
- Integration (i.e., blending Buddhism into daily life), 29%
- Hybridity (i.e., mixing together different spiritual and healing practices), 26%
- Body awareness, 24%
- Agency (i.e., willpower, self-cultivation, decision-making), 21%
- Dietary changes, 19%
- Compassion, 18%
- Intentionality (i.e., willpower, self-cultivation, decision-making), 17%
- Increased introspection (i.e., self-reflexivity, self-awareness, self-monitoring), 17%
- Consistency (i.e., importance of regularity of practice), 16%
- Coping with physical pain, 15%
- Optimism, 14%

the other hand, when it came to specific practices, sectarian affiliation did seem to matter, as practitioners understandably tended to mention those practices that fit within their own sectarian contexts. (For example, only practitioners of Korean Buddhism mentioned *danjeon* or *shipsang*, only Tibetan Buddhists mentioned *ḍākinīs*, etc.)

OPEN-ENDED RESPONSES

A team of research assistants and I performed thematic analysis of the open-ended responses in order to identify common themes (see table 3).[24] Given the popularity of meditation and its well-known benefits, it is not surprising to see that "emotional regulation"—in which we included the management of stress, anger, and other unpleasant mental states—was the most commonly reported benefit of engaging in Buddhist practice. "Mind-body connection or body awareness," also closely related to meditation, emerged as the second most common theme.

Twenty-two percent of respondents mentioned meditation's positive effects on anxiety, depression, or another clinical mental illness. Respondents also talked about the physical benefits of meditation. For example, a Hispanic female non-sectarian Buddhist pointed to the power of mind over matter in the case of pain:

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critiqued Numrich's approach for essentializing "two Buddhisms" on the basis of racial, ethnic, or convert status (Salguero, "Varieties of Buddhist Healing in Multiethnic Philadelphia"), and the current survey is yet another reason to conclude that this model is flawed. See further critiques of "two Buddhisms" and proposals for more productive models in Wilson, "Mapping the American Buddhist Terrain"; Joseph Cheah, *Race and Religion in American Buddhism: White Supremacy and Immigrant Adaptation* (New York: Oxford University Press, 2011); Wakoh Shannon Hickey, "Two Buddhisms, Three Buddhisms, and Racism," in *Buddhism Beyond Borders: New Perspectives on Buddhism in the United States*, ed. Scott A. Mitchell and Natalie E.F. Quli, 35–56 (Albany: SUNY Press, 2015); Chenxing Han, *Be the Refuge: Raising the Voices of Asian American Buddhists* (Berkeley, CA: North Atlantic Books, 2021).

24. These assistants were headed by Alicia W. Leong. The methodology employed is described in Virginia Braun and Victoria Clarke, "Using Thematic Analysis in Psychology," *Qualitative Research in Psychology* 3, no. 2 (2006): 77–101, and was suggested to me by Surabhi Sahay, for which I am grateful.

> Mindful[ness] meditation helped me a lot when I was healing from surgery. I found that going into the pain helped with the painful healing process.[25]

A white practitioner of Tibetan Buddhism specifically mentioned using meditation to control the pain and itching of a jellyfish sting.

More common than short-term pain relief was for respondents to attribute better health outcomes to the emotional balance, self-awareness, and self-control gained through long-term meditation practice. For example, one white male practitioner of Tibetan and Thai Buddhism wrote that

> practices that support mental [health]—like responding effectively to stress and other emotional difficulties—prevent the body from getting caught up in unhealthy patterns that are physical responses to those mental difficulties.

Similarly, an Asian-American male practitioner of Chinese Buddhism wrote that

> open monitoring and focused attention meditations aid in developing discerning wisdom, which in turn leads to making better life decisions, which in turn generally improves well-being. [Meditation] decreases stress with beneficial effects in terms of the immune system, autonomic arousal, etc.

Given that Buddhism in the West is so frequently equated with the individualized practice of meditation, it may come as a surprise that over half of the respondents identified the social nature of Buddhist activities as a positive influence on their health (see table 2). This theme was expressed in the open-ended responses in different ways. For example, a mixed-race female practitioner of Nichiren Buddhism reflected that

> group activities in general promote a counter-balance to our hyper-individualistic modernist culture in the West.

A white female Jōdo Shinshū practitioner noted her appreciation for the social aspect of Buddhism thus:

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25. Quotes from the survey have been edited to correct typos, spelling errors, and punctuation. Text in brackets has been added for clarity, and capitalization has been modified for consistent usage. I have not added missing diacritical marks.

> My Jodo Shinshu community provides me with a rich and diverse set of friends.... Having a strong social network has been shown to improve longevity and health.

A white male practitioner of Zen and South Asian Buddhism concurred with this viewpoint, while adding the detail that the need to "harmonize with the group" when chanting was one of the reasons this practice was beneficial for mental health. He went on to say:

> I do think participating in spiritual/religious group activities and getting out of isolation in general promotes a healthy outlook, lifestyle and physical health.[26]

Interestingly, the survey respondents did not give much attention to the material culture of healing, with only four respondents mentioning objects commonly used in healing rituals (e.g., altars, statues, mandalas, amulets, bells, incense, and offerings) and only two mentioning herbs. However, across the survey, one-third of respondents (n=47) talked about specific physical health benefits they had gained from their Buddhist practice. These included flexibility, increased physical mobility, healthier diet, better sleep, quitting smoking, and so forth. For example, a Black male Tibetan Buddhist let us know that meditation helped him "focus and maximize" his martial arts workouts, a Hispanic Thai Buddhist mentioned that kneeling in prayer for extended amounts of time had significantly increased the flexibility of her legs and feet, and a white female Zen practitioner simply noted that "bowing is good for the body." In addition to these general health considerations, 13% of the responses credited Buddhist practice with successfully managing, treating, or curing specific medical conditions (see table 4).

Thirteen survey respondents mentioned that they were influenced by leaders or other members of their Buddhist community in matters of health. They named specific individuals ("my mentor," "my center's lama," "the Dalai Lama," "an acupuncturist in my sangha," etc.) as well as more general groups ("my peers," "meditators with more experience than me," and "books written by teachers," etc.) among these influences. For example, a white female member of Soka Gakkai International (SGI) gave the following explanation:

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26. This was written before the Covid-19 pandemic, so "isolation" in this response simply means solitude.

TABLE 4. Specific medical conditions treated with Buddhist methods

Condition and number of respondents who mentioned it

- Anxiety (19)
- Depression (11)
- Chronic pain (6)
- Blood pressure (4)
- Brain tumor (3)
- Digestion problems (2)
- Skin problems (2)
- Allergic bronchitis (1)
- Diabetes (1)
- Fevers and colds (1)
- High blood sugar (1)
- High cholesterol (1)
- High cortisol levels (1)
- Kidney disease (1)
- Lupus flares (1)
- Pancreatic cancer (1)
- Stroke (1)
- Surgery (1)
- Tremors (1)
- Weak immune system (1)

> As with any other community, there is a networking component to ours. We will be aware of practitioners in our community who [we] are able to use. I currently use a licensed acupuncturist who is a member of SGI. As a therapist myself, I receive referrals from members as well.... Leaders such as our region leader, area leader, chapter leaders and district leaders ... have made a specific referral to a practitioner.

All thirteen said they had followed advice they received from their Buddhist leaders or peers. They listed a wide range of interventions as having been recommended—most commonly various types of meditation, but also *bardo* practice, *mettā* practice, vegetarianism, and other therapies. Also among the recommended interventions were New Age or alternative medicine practices (e.g., self-massage, Reiki, acupuncture, yoga, and herbal supplements) and conventional psychological

or physical therapies (e.g., hypnosis, EMDR, walking or other forms of exercise, and psychotherapy).[27]

A final theme we did not specifically ask about, but which emerged from the open-ended section of the survey, was the warning from several respondents that Buddhist practice itself can be potentially detrimental to one's health. For example, a white male Zen practitioner noted the potential for Buddhist leaders to harm devotees' health through unethical behavior:

> I have experienced abusive behavior from a lama which harmed my mental health. Some Tibetan Buddhist groups and teachers are harmful to one's mental and psychological health—this needs to be recognized and dealt with.

Meanwhile, other practitioners recognized that certain kinds of adverse experiences are an expected consequence of intensive Buddhist practice.[28] As one mixed-race female practitioner of Nichiren noted:

> Sit zazen or vipassana/mindfulness practice long enough and your psycho-emotional processes will come up ("dark night," "Zen sickness," "the storm")…. My emotional difficulties "come and get me" during intensive meditation retreats, and things heal.

On a similar note, a white male Zen practitioner opined:

> I think it's worth noting that in some cases, meditation might not be considered "good" for mental health; it can be destabilizing to the nervous system to have the sense of self stripped away. I ultimately view that as a healthy process, but in the middle of it, it can look pretty dark.

When we correlated the themes from the open-ended responses with the demographic data we collected, certain suggestive patterns emerged. For example, women comprised 76% of the people mentioning mental health issues, 73% of those mentioning physical health issues, and 100% of those mentioning addiction. A gender contrast

27. Given the small sample size, I would hesitate to use this survey to make generalizations about connections between Buddhism and these other forms of healing. However, it is notable that the patterns in our survey did not match the correlations with convert status reported by Numrich, "Complementary and Alternative Medicine."

28. These issues are discussed more fully, and the scholarship summarized, in Anna Lutkajtis, *The Dark Side of Dharma: Meditation, Madness, and Other Maladies on the Contemplative Path* (London: Aeon, 2021).

was also notable between those emphasizing balance (80% female) and those emphasizing impermanence (73% male). Differences in household income were seen between those emphasizing impermanence (64% reported income less than $50,000) and compassion (43% reported income greater than $100,000). Respondents who mentioned the importance of social connections were older (61% identified as age 55+) and whiter (78%) than the data pool as a whole. Further research on these kinds of correlations is warranted in order to reach any definitive conclusions about their significance.

BUDDHIST EXPERIENCES OF COVID-19

Just as I was finishing up the survey in early 2020, Covid-19 escalated into a pandemic. Tracking Buddhist responses to these developments became a priority for me.[29] The most visible Buddhist reactions to the crisis were statements by Buddhist leaders in popular American media urging mindfulness, compassion, and equanimity.[30] While receiving less attention from mainstream media, Buddhist organizations such as Soka Gakkai International, Tzu Chi USA, and countless local temples

29. I published two pieces for the general public in 2020 summarizing Buddhist responses to the crisis: "How Do Buddhists Handle Coronavirus? The Answer Is Not Just Meditation," *The Conversation.* May 15, 2020, https://theconversation.com/how-do-buddhists-handle-coronavirus-the-answer-is-not-just-meditation-137966; and "Buddhist Responses to the COVID-19 Pandemic in Historical Perspective," *Buddhistdoor Global*, August 20, 2020, https://www.buddhistdoor.net/features/buddhist-responses-to-the-covid-19-pandemic-in-historical-perspective.

30. See, e.g., Dalai Lama, "'Prayer Is Not Enough.' The Dalai Lama on Why We Need to Fight Coronavirus with Compassion," *Time*, April 14, 2020, https://time.com/5820613/dalai-lama-coronavirus-compassion; Thich Nhat Hanh, "A Zen Master's Tips for Staying Sane in Challenging Times," *Plum Village*, March 20, 2020, https://plumvillage.org/articles/a-zen-masters-tips-for-staying-sane-in-challenging-times; Gary Gach, "Practicing Equanimity in a State of Emergency," *Lion's Roar*, March 19, 2020, https://www.lionsroar.com/practicing-equanimity-in-a-state-of-emergency. An annotated list of popular media writings related to the pandemic collected by Jeff Wilson is available here: http://www.jivaka.net/buddhism-in-the-pandemic-primary-sources.

and sanghas were involved in fundraising, donations of protective equipment to front-line healthcare workers, and other relief efforts.[31]

In an attempt to get a more intimate picture of how everyday Buddhists were experiencing the pandemic, I decided to take the opportunity to follow up with survey respondents. One hundred twelve participants had opted into sharing their contact information in case follow-up was desired. This subset was contacted three times between March 2020 and June 2021, and asked the following question:

> How has Buddhism played a role in your experience of Coronavirus/Covid-19? Please reflect on any ways that Buddhism has helped you (or not helped you) to manage stress, anxiety, isolation, unpredictability, family situations, specific symptoms of illness, providing care for others, client/patient interactions, or any other aspect of the crisis.

Eventually, 65 responses were received, including some individuals who responded more than once to provide additional details as their situations continued to unfold. Compared with the pool of respondents to the survey more generally, this group was whiter, wealthier, and more likely to think Buddhism has a strong connection with mental and physical health. While the respondents to this section of the survey are less diverse than the original pool, their responses are still valuable as rare instances of first-hand perspectives collected from American Buddhists during the height of the pandemic.

In response to the Covid-19 question, few specific Buddhist healing practices were mentioned other than meditation. But various types of meditation, Buddhist doctrines or values, and engagement with sanghas or temples remained prominent. The most common theme across these responses was forbearance, or the ability for Buddhist practice to bring some degree of comfort or courage in the face of crisis. A white male Zen practitioner expressed himself thus:

> While Buddhist teachings and meditation practices are enormously valuable in our everyday lives and existence, they seem to be especially

31. See, e.g., "Flatten the Curve with Tzu Chi USA," *Tzu Chi USA*, April 7, 2020, http://tzuchi.us/blog/flatten-the-curve-press-release; "Coronavirus: City of Ten Thousand Buddhas in Mendocino County Donates Medical Supplies to Hospitals," *Ukiah Daily Journal*, April 30, 2020, http://www.ukiahdailyjournal.com/2020/04/30/coronavirus-city-of-ten-thousand-buddhas-in-mendocino-county-donates-medical-supplies-to-hospitals.

> useful and supportive in times of crisis. We take refuge in the Buddha, Dharma and Sangha, and find we have all we need to weather the storm or meet the challenges of living and dying with a measure of courage and clarity.

Many respondents specifically focused on how their Buddhist practice increased their ability to manage emotions and stress caused by the pandemic and its fallout. A mixed-race white and Native American Tibetan Buddhist woman talked about how she used meditation to handle feelings of "isolation," "disconnection," and "depression." A white female non-sectarian Buddhist spoke about the comfort she received from her meditation practice in these terms:

> Before the virus started to spread I had established a one hour, twice a day vipassana meditation practice. I have been able to keep this going and have found it has been extremely helpful in managing my anxiety throughout this time. Since then, the organization where I attend 10 day vipassana courses has started to do virtual group sittings twice a day. I have attended those a few times and the teachers answer questions at the end of the sitting. It has been really comforting and helpful to hear their guidance on how to deal with strong emotions as well as ways to continue practicing. My meditation practice feels grounding and is able to give me a sense of normalcy and also comfort.

The importance of a "sense of normalcy" was echoed in the report of an Asian American male Chinese Buddhist. In his case, this feeling was not a result of meditation but of the ability to continue participating in the activities of his local temple:

> Coronavirus created a major obstacle in connecting with my local temple. Because public services were too dangerous, the temple has been essentially closed since last March. Despite this, though, I still show up in a volunteer capacity and that involvement has helped me work through the pandemic. It provided a sense of normalcy.

Many respondents credited specific Buddhist doctrines or viewpoints—such as interdependence (Skt. *pratītyasamutpāda*), impermanence (Skt. *anitya*), and the inevitability of suffering (Skt. *duḥkha*)—with helping them to accept the realities of the pandemic.[32] A white

32. The relevance of these concepts in Buddhist thought about health and medicine is discussed in C. Pierce Salguero, "'This Fathom-Long Body': Bodily Materiality & Ascetic Ideology in Medieval Chinese Buddhist Scriptures,"

female adherent of Jōdo Shinshū captured all three of these ideas in the following comment:

> I have found my overall Buddhist worldview—that all things are interconnected, that all things are impermanent, and that suffering is a normal part of human life—has, at least so far, made it quite easy to accept what is happening as "just another day in samsara." I feel quite at ease with the circumstances because, I guess, they seem relatively unremarkable in the grand scheme of human history.

Multiple responses specifically focused on Buddhism's teachings on equanimity in the face of death. A white female Tibetan Buddhist expressed that her acceptance of death had led her to find some positive ways of thinking about the grim situation:

> I've contemplated impermanence and death as a part of my daily practice for years. This has allowed me to see myself as a part of an interdependent body, not separate, which makes it much more poignant to recognize the opportunity we have globally to confront the impact of our actions/inactions. It allows me to take a wider angle on my personal experiences, to explore these with questions and curiosity.

Several responses emphasized the intentional cultivation of compassion. For example, a white female practitioner of Thai Buddhism and Wicca reflected on the importance of actively practicing the *brahmavihāras* (kindness, compassion, joy, and equanimity) in order to overcome her frustration with other people's selfish behavior:

> It's very easy right now to get upset with people. People who I perceive as not being careful enough with others, as taking risks that put us all in danger, or spreading rumors and conspiracy theories that I perceive as harmful. So extra attention to the brahmaviharas is helping me to stay kind and less reactive to these things.

Meanwhile, a mixed-race white and Asian female Zen Buddhist reported having created an ad hoc ritual to transform her fear of infection into a feeling of compassion for a vast web of interconnected people:

> I tried to re-focus my fear about seeing everything as a potential threat and enemy out to get me into thinking of each object I touched as an opportunity to reflect on our interconnectedness. Who might

Bulletin of the History of Medicine 92 (2018): 237–260; and Salguero, *A Global History of Buddhism & Medicine*.

> touch this doorknob next became a chance to care for them by disinfecting it. Washing my hands thoroughly after I touched something became an act of compassion for myself and my family.... The pandemic has intensified the visceral awareness of global interconnection, and making it abundantly clear that we are all in this together. No one is alone.

A number of respondents spoke about how Buddhism was instrumental in their ability to care for others during the pandemic—whether spiritually or medically. For example, a white female Zen priest wrote about her service to her community:

> Central to the practice of Soto Zen Buddhism is responding to what is in front of us, each moment, each situation is a dharma gate. So my personal practice is deepened by this, and as a priest and teacher it is deeply satisfying to be able to serve the members of our temple by shifting from in person activities to having Zoom zazen and service, dharma talks, a class, and a weekly tea check-in.

Likewise, a white male practitioner of Tibetan Buddhism and Zen reported that Buddhist practice was assisting him in his work as a therapist:

> Buddhist practice has enabled my ability to be in the present moment. It continues to provide inner peace and strength. In my interactions with others, especially as a therapist, it has provided tools that can be shared with others for managing the stress and feelings of isolation. In caring for others, it also enables me to be present, which is of course necessary in the therapeutic process.

A female practitioner of Buddhism and Zen, who identifies as having mixed white and indigenous heritage, described her feelings about confronting the pandemic thus:

> I work in nursing. The teachings of the Buddha have helped me process the incredible suffering happening in my community. The empathy taught in Buddhism helps me every day to don my mask, not just for myself, but for others. To wash my hands to break the chain of infection. Processing grief when I lose a patient. Buddhism has allowed me to change in so many ways.

While participants did not mention using Buddhist interventions to prevent or treat infection with the coronavirus, several of the responses quoted above suggest that Buddhist ideas about interconnectedness and compassion may have played a role in influencing individuals to more assiduously disinfect surfaces, wash hands, and wear

protective masks. A mixed-race female Tibetan Buddhist reflecting on her Buddhist values said that she "made the decision to get vaccinated partly because it helps protect other people." Further study of a larger population would be needed to more definitively determine the relationship between Buddhism and compliance with medical and public health recommendations. However, the responses collected as part of this survey suggest that there may indeed be some connections between Buddhist beliefs and prosocial behavior.

CONCLUSIONS

What are the most salient points from this survey? What are its implications for our understanding of Buddhism and health in the US more broadly? First and foremost, we can see that there is a widespread feeling among American Buddhists across demographic categories and sectarian affiliations that Buddhist practice has a positive influence on their wellbeing. American Buddhists engage in many different kinds of meditation and see the long-term increase in introspection and self-awareness gained from these practices as directly relevant to their physical and mental health. However, American Buddhists are also telling us loud and clear that there is a multifaceted relationship between Buddhism and health that goes far beyond meditation practice.

American Buddhist communities of all kinds and persuasions provide members with the opportunity to participate in a wide range of health-related rituals, teachings, exercises, group classes, and other health-seeking measures. A large percentage of American Buddhists across demographic categories perceive these activities to be generally beneficial for physical health, and many also see them as highly efficacious therapies for specific chronic and acute ailments. These activities take place in social settings, militating against the stereotype of the silent individual meditation practice as the focus of Buddhist healing. Additionally, a non-negligible percentage of American Buddhists report that they are seeking, receiving, and following medical advice from trusted Buddhist leaders and peers. American Buddhists across the gamut report having benefited from Buddhist meditations, doctrines, and social connections during the Covid-19 pandemic. Engagement with Buddhism appears to have soothed anxieties, helped people to find meaning, inspired people to care for one another, and encouraged prosocial health-seeking behavior during this crisis.

All of these points make the intersections between American Buddhism and healthcare an imperative area for further study for scholars across the spectrum of social sciences and humanities. It is hoped that the results reported here will stimulate future researchers to explore and appreciate the wider range of American Buddhist engagements with health and healing.