

# BODHI TIMES

FOUNDING PATRON: HIS HOLINESS XIV DALAI LAMA

Public Health Adviser: Dr. Maurice King

DECEMBER, 1993 NO. 5

Environmental Adviser: Dr. Bob Brown

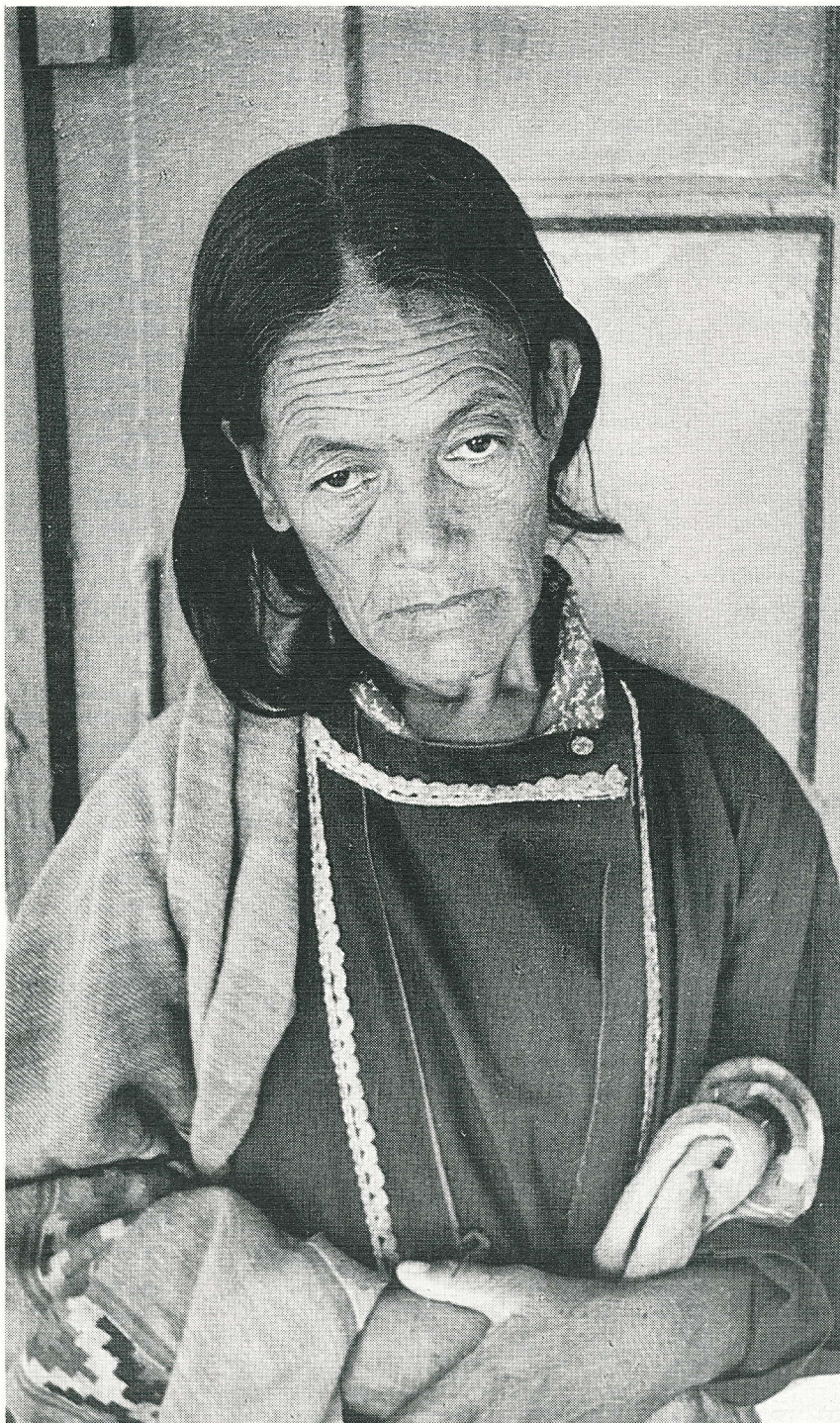
## A TRIBUTE

"Her name was Dekyi. She was about 50 years of age when I saw her on 12/5/87. She was brought to my home by her husband. I don't now remember whether it was a Sunday or a holiday and why it was that she was brought to me at my home rather than at my office in the hospital. Her husband R.N. was two years younger than she and was working as a primary school teacher in village P. in K. District, where they had lived for many years. They originally belonged to a small village west of Lahaul and Spiti.

### HUSBAND LEAVES

"She had not been keeping well for 4-5 years. She would complain of discomfort in the chest and abdomen or heaviness of the head. She was shown to some doctors and investigated for common diseases. No significant abnormality was detected. After some time, it seems that her husband got tired of her illness and started living with some other woman at his place of work.

"Our patient had two children, a son studying in Class 8 and a daughter in Class 5. Her father had died a few years previously at the age of about 60 years. Her mother, apparently older in age



*Dekyi, caught between tradition and change.*

than the father, was alive and about 80. She had no brothers. One sister was aged 55 and the younger, also a teacher, was unmarried and living with her.

"Dekyi had then started feeling depressed. She felt afraid that something bad was going to happen, the police were going to take her, her children were being tortured in the jungle. She complained of pain in the heart and cried incessantly. Her husband told me that the idea of suicide preoccupied her. Once she had jumped from the upper storey of her house to kill herself, but she survived. Later on 4/8/87 I learned that she had put an end to her life by jumping into the Beas River.

### FACE OF DESPAIR

"For me this woman represents another face of despair one sees so commonly in today's world, a woman caught between tradition and change in a man's world. It was pathetic to see her wrapped up in her misery. I thought I could detect a tenuous link between her world and mine. But the link, unfortunately, could not survive her sadness, which claimed her. She still haunts me, and the photograph is a sad and treasured reminder of sorrow so overwhelming that life had little chance before it." □

*Text and photograph by psychiatrist Dr. B.C. Khanna, M.B.B.S., longtime BODHI friend and Medical Officer at the Dharamsala Civil Hospital in India.*



## From The Medical Director's Desk:

### THE QUEEN OF LADAKH & THE MAN FROM GHANA

People in the Third World are the same as those in the West. All human beings are prone to physical diseases and to psychological distresses such as loss, fear, depression and mental illness. Although it is sometimes said that constant and frequent deprivation hardens people to loss, there is little evidence that this is so. For instance, in some Third World cultures children are not named until they are several months old. Rather than be viewed as evidence of callous indifference to young human life, could not this behavior be seen as a way to cope with the too-frequent phenomenon of infant mortality? Perhaps the babies die nameless because full experience of their loss might overwhelm their families.

While radio and television news bombard us constantly with stories about the suffering of children in Bosnia and other Western trouble spots, a fraction of the suffering of Malaysia's Penan people and tribal people in the path of India's enormous Narmada Dam filters through the Western press. How many other lesser-known tragedies occur? Estimates say that at least 250,000 Third World children die every week, mostly of preventable or curable illnesses such as diarrhea and pneumonia. This carnage is rarely reported. The associated suffering of the families experiencing these losses is not reported at all.

Nor are mental illnesses such as depression and psychosis unknown in the Third World. But treatment is generally worse. Dr. B.C. Khanna (see page 1) states that depression is quite common among the Indians and Tibetans he treats in Himalayan India. In a squalid refugee

camp in New Delhi we met an unfortunate teenage girl who was convinced that she was the Queen of Ladakh. She begged us to use her picture to "get a lot of money." We have published her photograph below in accordance with her wishes. How much of her story was real and how much of it was secondary to the stress of being uprooted from her culture we could not find out. Certainly, though, her suffering is not unique.

#### POOR BUT HAPPY?

"Poor but happy" is a Western romanticism. While a consciously chosen path of poverty may lead to bliss, forced poverty is not a path to happiness. One of the most pathetic and moving human beings I have ever met worked in an Irish Catholic guesthouse in the Nigerian city of Ilorin. This man was born in Ghana and had separated from his family and village. Although he spoke English poorly, he was desperate to emigrate to the US, even if he had to do so illegally. Was he so miserable because he had been "contaminated" by exposure to the modest Western comforts of these Irish brothers? Would he have been better off without "salvation"?

Some people believe that educating such people opens a Pandora's box of unfulfillable desires, as may have happened with my Ghanaian acquaintance. Others argue that all foreign aid is wasted, and that the poor should be left to their fate. Thankfully, I have never met a person holding this belief who has spent any time in the Third World.

BODHI continues to grow slowly. Thank you for your contributions, letters of encouragement and support. Please continue! □



The Queen of Ladakh in Majnu ka Tilla, Delhi, 1993.

## HOPE

Hope is seen by some as the driving force behind progress, the source of life and vitality, the light at the end of the tunnel. For others, hope is the tyrannical expectations of others, the basis for cruel disappointment, the painful and forlorn awakening of the never-to-be-realized.

Christopher was a boy from a family where father physically abused the children and mother was paralysed with depression. He found relief at school. He was intelligent, and as he studied he knew that he could please, achieve and provide solace for his mother and income for his father. He did all these things and much more. As the years went on his father died, his mother recovered and his life was successful, but he had had no childhood. He was "locked" into providing for everyone but himself. Slowly the buttresses to the hope of his youth became the prison of his despair in middle age.

To those for whom hope is a friend and supportive companion, reality is not a given and utopia is not the pejorative description of feeble-minded pious sentiment. To those for whom hope has been an iron cage or an empty well after a long journey, the constraints of reality are all too tangible and the call of utopia is the shrill cry of a need-not-able-to-be-met.

Jenny is an angry teenage girl who lets nobody near. She was sexually abused earlier in her life and now takes out her rage on her mother. She is doing badly at school despite her intelligence, and has attempted suicide by overdose twice. Jenny always gets angry and "blows it" when things go well for her. She is afraid of disappointment, of being "let down." Jenny has been disappointed with her life, her parents and most of all herself. She cannot stand to disappoint or to be disappointed any longer. She will regain control of her helplessness and destroy her life herself rather than wait for destiny to destroy her yearnings once again.

#### NURSING BROAD VISIONS

When the vision of our task is too great, we feel our powerlessness acutely. Visions must be broad to begin with, but they must be held to us like small babies to their parents' sides. Hopes must be fed and nurtured for a long time before they are allowed to wander freely. Small hopes are do-able and extremely resilient to obstacles. The large vision, the grand hope, guides us in the choice of small hopes, but the small hopes form part of the soon-to-be-possible.

Mary was diagnosed with carcinoma of the breast at the age of 28 years, during her second pregnancy. She was immobilized emotionally for months after her mastectomy, but death would not come as she had half wished. Slowly, her husband, Gerry, spoke to her of daily events outside

cont. on p. 3



# TIBETAN PSYCHOLOGY

When people hear of Tibetan psychology or meditation, the image of Shangri-la comes to mind: serenity, remoteness and people disengaged from the troubles of the "real world." Dramatizations such as that of James Hilton's novel, *Lost Horizons*, fuel the misconception. In spite of being surrounded by folklore and myths, the Tibetan meditational system rests neither on magic nor superstition; rather, it combines more than 2,000 years of scientific observation and study of the human mind with the effects of various meditations upon it.

Similarities exist between modern Western psychology and Tibetan psychology. Both postulate the existence of unconscious mental processes which powerfully influence the conscious mind. Both break down the psyche into understandable, discrete components which function and interact in a cause-and-effect relationship.

One of the unique aspects of Tibetan psychology is the concept that we are *all* delusional. To most of us, this conjures up images of people our culture commonly refers to as crazy. However, from the Tibetan point of view, our so-called normal mind—which is tirelessly weaving our reality from the tapestry of events in our lives—is just as delusional as that of the person who feels that spaceships are following him. This mind of ours, which tends to blame others for our unhappiness and seek happiness in material objects, disregards the true source of both suffering and joy: the mind that creates the meeting of events which happen to us, not the events themselves.

## UNCOVERING WONDER

Meditational practices found within the Tibetan system of psychology can help us by enabling us to uncover how our minds work and how our conditioned responses lead to depression and anxiety. Tibetans' sophisticated meditation techniques are aimed at correcting imbalances in the various mind factors seen as the causes of mental disturbance.

The Tibetan form of concentrated awareness meditation is called Lam Rim, or the Graded Path to Enlightenment. This system is as relevant today as when first postulated nearly 1,000 years ago. Its subject matter includes vital, timeless psychological issues, such as the potential and rarity of this precious human birth (rebirth); the kindness and compassion of our mothers; the law of psychic consequences (karma); the self-cherishing attitude (egoism); the nature of suffering; and the inevitability of death.

Meditating upon the Lam Rim enables us to become aware of and examine our most deeply-held attitudes and beliefs—beliefs which were drummed into us in childhood. Each specific meditation in the Lam Rim creates psychological insights for us in the quest of understanding how our minds work. By meditating on all the subjects in the Lam

Rim, we can create a powerful and balanced view of our psyche from which we can reconstruct a meaningful, life-affirming and awareness-focussed reality.

Tibetan psychology is as complex and valid as any the West can offer. Its study and practice have helped many of us in the West to discover that. Its study and practice have helped many of us in the West to discover that, beyond the harsh mountains of our psychological defences and the cold winds of our delusional attitudes and expectations, there lies a pristine valley of human awareness and tranquil wonder.

*Martin N. Rubin, M.D., is a BODHI US board member and Medical Director of Sonoma County Department of Mental Health in Santa Rosa, California.* □



## HOPE, cont. from p. 2

the home. Slowly he let her know that he was awaiting her return from the Underworld of Despair. He came home one day to find her planting a new bed of flowers. She had begun to nourish her hopes again, even if they were only "annuals."

Hopes are personal. Who will stand by us? Who will *we* stand by? If we fight for principles and ideologies in a way that dehumanizes, then our hope may become a tyranny.

Hopes are active. We continually confront reality with our hopes. Each thing we do leaves the world around us a little different; as we change it little by little, we try to build the sort of world we long for. Activity that mindlessly repeats the actions of the past is the activity of despair. But activity that reflectively takes hold of the current possibility, however microscopic, becomes the mechanism of hope.

## HARNESSING HOPE

Hopes are aware. Denial is the failure to be aware of a negative reality. Hope is an openness to, and awareness of, the positive possibilities within the future—not an anesthetic. It does not preclude pain, does not vitiate protest and does not accommodate to the distortion of a preferred mindset. Hope and reality are not Titans locked in mortal combat. Rather, they are rivalrous and bickering siblings who often disagree but are permanently related and committed to one another. Hope married to denial is a much more bizarre relationship than most might at first imagine.

Hopes then must be small, diverse, personal, active and aware if they are to survive and flourish. We must be aware of hopes that become too great, too demanding of conformity, too impersonal, too passive and unconscious. In short we must beware of those hopes that form the mental infrastructure of totalitarianism. Such hopes cease to be Hope. Although they look strong, united, transcendent and unfettered

by the limits of the human condition, they coalesce to form the politics of despair.

*Kenneth Numm, M.B.B.S. (Hons), F.R.A.N.Z.C.P., M.R.C. Psych., is the Head of the Department of Psychiatry at the Royal Alexandra Hospital for Children in Sydney, Australia.* □

## NEXT BODHI TIMES

The next edition of BODHI Times will feature reports from the field.

## NEW NUNNERY

BODHI hopes to work with the Tibetan Women's Association (TWA) in India and Friends of TWA (FOTWA) in the US to fundraise for Dolma Ling, a new nunnery planned for Sidhpur, half an hour's drive from Dharamsala. Dolma Ling is the dream of Kalon Rinchen Khando, TWA's guiding light for many years. She feels that starting from scratch is the only way to give a modern education to the nuns, who continue to pour out of Tibet in increasing numbers. BODHI hopes to help stock the dispensary and pay the salary of a nurse who will train selected nuns to be health care workers.

## HORSE IN THE WIND

Support BODHI's work by purchasing prayer flags featuring a wind horse which, when hung outside, spreads good luck and happiness for all sentient beings to the five directions. Tibetans string hundreds of them in rows outside their homes and monasteries, and in the forest. \$10 each or set of 5 for \$45. Specify white, yellow, blue, red or green.

BODHI TIMES is the periodic newsletter of Benevolent Organisation for Development, Health & Insight (BODHI).

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## WHAT IS BODHI?

Benevolent Organisation for Development, Health & Insight (BODHI) crystallized in 1989. Bodhi is a Sanskrit word meaning enlightenment, the wish to benefit all. Founded on the Buddhist principle of compassionate action, BODHI focuses upon sustainable ways of improving conditions of health, education and the environment—particularly in the Third World—which are inextricably linked.

Our founding patron, His Holiness XIV Dalai Lama, is the winner of the 1989 Nobel Prize for Peace. Our public health adviser, Dr. Maurice King, is one of the fathers of Third World primary health care. Our environmental adviser, Dr. Bob Brown, is Australia's leading environmentalist.

We have no evangelical role, nor is any religious affiliation necessary to work with us. We ask only for a kind heart. For many of us modern life is demanding, draining and sometimes demoralizing. It takes all we've got just to make it through the day. But it is in our own enlightened, or bodhi, self-interest to realize the interdependence of all beings. We must stand together to extirpate the world's much-discussed problems. If we don't do it, then who will?

BODHI beneficiaries are not limited by race or religion. BODHI's first projects are with Tibetan refugees in India. We are developing projects with other communities as well.



## BODHI SUPPORTERS TO DHARAMSALA

Longtime BODHI supporter, Vermont psychiatrist Dr. Matt Winer and his bride, Margaret, will visit India, including Dharamsala, in late 1993. They have kindly offered to help with different BODHI projects.

## HERE AND THERE

*The Lancet*, May 8, 1993:

Eight years after the Union Carbide factory explosion in Bhopal, India, which so far has claimed 15,000 lives and affected another 60,000 people, not a single surviving victim has received compensation. This is despite the Indian Government's receiving US\$470 million in compensation. So far, just under 3,000 death claims have been processed, with victims' families receiving IR100,000 (approximately US\$4,000).

Meanwhile Professor Malcolm Potts told his audience at the recent triannual meeting of the International Epidemiology Association, held in Sydney, that the equivalent of five jumbo jets full of women die every day of pregnancy-related complications. Most of these pregnancies are probably unwanted. As requested in BODHI Times No. 2, the U.S. Government has reversed the Reagan and Bush administrations' decision and reinstated aid for family planning in the Third World.

## THANK YOU

Here are more loyal supporters. Many thanks to you all. More next time.

Drs. Julie Adamson & Greg Barnes, Australia  
Senator Robert Bell, Australia  
Charles Chadwick, Australia  
Marjorie Chan, USA  
Chua Phap Van, USA  
Drs. K. Collins & R. Boughton, Australia  
Paul Currie, New Zealand  
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Judith Sundaram, USA  
Bruce J. Von Alten, USA  
Clive Walden, USA  
Clayton Whitney, USA  
Barbara Vickers, USA  
Jigme Yugay, USA  
Special thanks to SmithKlein Beecham for providing meningitis and hepatitis vaccines.

## BODHI TEAM TO KOLLEGAL

Tasmanian nurse Wendy Birley and her son, Kim, will work in the Tibetan settlement at Kollegal in South India. Kim will work with the children at T.E.A.C.H. and help Dawa Dhondup build a new dormitory so that T.E.A.C.H. may expand its ability to reach the settlement's most underprivileged children. Wendy will work at the hospital (which, at this writing, still has no doctor), do research for BODHI's upcoming TB trial, teach health education classes and do whatever else the settlement officer requests.

## BODHI PROJECTS

Here's what your donations do:

**HEALTH EDUCATION VIDEOS** Help to fund a series of health education videotapes on subjects such as TB.

**TB ERADICATION** Enable us to conduct a trial using an innovative immunotherapy technique.

**BOWSER** Help to prevent rabies, relieve the suffering of wild dogs and create a Tibetan animal husbandry infrastructure.  
**T.E.A.C.H.** Provide computers, a science lab including a microscope, tape recorders to dis- and reassemble and books for a library. The science lab costs US\$2,000 (A\$3250).

**DOLMA LING** Help to stock the dispensary and pay the salary of a nurse to train selected nuns as health care workers.

**GADEN SHARTSE** Help to fund health education and sanitation projects for monks.

## PLEASE—

### WE NEED YOUR HELP

BODHI has been able to begin some exciting and innovative programs to benefit Tibetan refugees in India. We need your donations to continue these efforts. We can do so much more if you'll support us with a contribution.

Please send us your check, payable in U.S. dollars to:

BODHI  
Box 7000-GRD  
Redondo Beach, CA 90277 USA

or in Australian dollars to:

BODHI  
4 Queen St.  
Campbell Town  
Tasmania 7210, Australia

## FIELD REPORT DAMIEN MORGAN

In November and December, 1992, BODHI Australia board member Damien Morgan went to India to survey Tibetan health initiatives in McLeod Ganj in Himalayan India and Sera Je Monastery in South India. A specific area of interest was The Reception Centre, a temporary residence in McLeod Ganj for Tibetans escaping Chinese domination in Tibet. Damien reports:

"At the time of my visit there were over 400 people in a large four-storey concrete building originally designed for under 200 people. Hygiene and sanitation facilities were very poor, consisting of four toilets and just one tap, which was actually on the street outside the building, for all residents. Such facilities were hardly adequate to enable the residents to use good preventive health measures such as practicing personal hygiene. As a result, the incidence of infected sores and diarrheal diseases was very high amongst the newcomers. In the dormitories all the beds were pushed together to maximize the number that would fit in the available space. This also enhanced the spread of infection, not only of diarrheal diseases, but also of scabies and TB."

Damien goes on to say that initial health assessment was cursory, while follow-up health care and health education for the newcomers were very poor.

Damien is working to improve conditions at The Reception Centre and plans to return to India next year.

## NEW FIELD REPRESENTATIVE

BODHI is pleased to announce that Tenpa T.K. has been chosen as India Field Representative. Tenpa T.K. trained as a pharmacist and worked as a hospital administrator in the Tibetan settlement of Hunsur for many years. He is now running the hospital in Mundgod, also in South India. Tenpa T.K. escaped from Tibet as a child. He is married to a practitioner of traditional Tibetan medicine, and has a two-year-old son and a newborn daughter.

Thanks to everyone who applied.