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A Talk by Dr. Mark Unno (UBC, March 21,
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On March 21, 2016, the Robert H. N. Ho Family Foundation Program in Buddhism and Contemporary Society at the University of British Columbia welcomed Dr. Mark Unno from the University of Oregon, with his guest lecture titled “Madness and Buddhist Compassion.” In his lecture, Dr. Unno examined various definitions of “madness” in both Western and Japanese contexts, its social impact on individuals, as well as its relation to Buddhist compassion, with the goal to re-frame the understanding of the human mind by emphasizing the combination of the factors such as pharmacology, methodology, and human involvement.

Dr. Unno’s research interests lie in medieval Japanese Buddhism, specifically in the relationship between intellectual history and social practices. He has also published extensively on topics such as modern Japanese religious thought, comparative religion, and Buddhism and psychotherapy. This was the first talk of the Tung Lin Kok Yuen Canada Foundation Distinguished Speaker Series 2015/2016 organized by The Robert H.N. Ho Family Foundation Program in Buddhism and Contemporary Society.

Dr. Unno began by discussing the definitions of “madness” in relation to “subjective awareness and objective study.” Subjective awareness refers to any concepts that trouble one’s mind, while objective study relies on a conceptual framework, within which one’s troubles and state of mind is elucidated and against which they are measured. Without understanding the limitations of technical proficiency, people tend to categorize and study mental illness based on textbook learning and treat those with mental illness as objects. Dr. Unno made reference to *Madness and Insanity: History of Madness in the Classical Age* by Michel Foucault, and noted that Western society in the medieval era dealt with madness by “warehousing” people with mental diseases, and treated them as medical cases to be studied in contrast to offering help and treatment in the later seventeenth and eighteenth centuries. Even in our modern society, mental illnesses are often contained in yet another type of “warehousing.”

In comparison, traditional Japanese treatment of mental disorders has focused on individual human experience, rather than systematic diagnoses. Today, Japanese terms for “madness” are translations of Western terms. For example, *seishin shikkan* 精神疾患 (psychiatric disorder), *shinkei shō* 神経症 (neurosis), and *seishin byō* 精神病 (psychosis). In olden times, however, “madness” was described by words such as *kyōki* 狂気 (wild spirit) and *kichigai* 気狂い (different spirit), suggesting that mental disorder was understood as a suffering associated with “spirit,” rather than moral or mental dysfunction. Consequently, the Japanese traditional treatment regarded “madness” as individual difference rather than abnormal behaviour. Local shamans and Buddhist priests played the role of psychotherapists, and the temples often became medical centres, all as an extension of the Medicine Buddha. To illustrate the traditional Japanese approach to mental illness, Dr. Unno gave an example of Dr. Kiyoshi Kato, Director of Kyoto National Hospital, who was also a longtime Buddhist practitioner and a shaman. He described an instance

where Dr. Kato treated catatonic schizophrenic patients, who can become physically immobile with a highly active mind and can remain in a physically contorted position for hours, by sitting next to them in the same state of contortion for four to six hours. The shared experience encouraged some patients to eventually come out of their catatonic state and talk, and some even became fully functional. Dr. Unno pointed out that this approach could not have been derived from lessons in conventional medical schools, but was the result of a combination of medical expertise, Asian religious background, shamanic practices, and most importantly, a tremendous respect and humility towards the mystery of the human mind.

Dr. Unno then talked about how the early teaching of the Buddha was also related to spiritual and religious healing, citing the famous story of Kisa Gotami. In the story, the Buddha guided Kisa Gotami who, after losing her last child, was desperate to experience and realize the universal existence of death among others. Without receiving any Buddhist doctrines, Kisa Gotami was healed by integrating her individual experience with basic and profound human suffering. The story of Gotami embodies an idea of “the power underfoot,” a borrowed term from traditional Japanese architecture. It refers to the firm stone-based foundation of a Japanese building which, in psychology, alludes to the power of the human mind. In psychotherapy, the power of healing is the deep awareness of human suffering as an embodied experience, rather than as intellectual and conceptual frameworks, which may actually obscure our view of suffering in the mind and body. This early Buddhist teaching later became the seed of the great compassion in Mahayana Buddhism.

On the topic of individual and society, Dr. Unno highlighted the importance of socio-economic and cultural factors in mental health. For example, although schizophrenia is often viewed as an organic brain disorder and/or psychogenic illness, social adaptability is a crucial yet ne-

glected factor in understanding the illness. Some theorists and therapists have noted that hypersensitive people tend to suffer more from the trauma and violence in society. With the assumption that the way our society functions is normal, these individuals are typically labeled as fragile and incapable. Accordingly, those who act differently from mainstream expectations will likely be treated as pathological beings, which in turn may increase their self-isolation and worsen their mental health.

After demonstrating that individual suffering cannot be separated from social forces and collective responsibility, Dr. Unno emphasized an integration of pharmacology, methodology, and human factors for the current model of mental illnesses. He suggested that, while medications may be useful for some, they should not be the primary form of treatment for everyone. Methodologies and therapies are important, but many are pseudoscience or being taught as techniques with manuals. The human factor, which is inspired by Buddhist compassion, can balance this model by redirecting the focus to the healing impact of embodied awareness.

After Dr. Unno's lecture, audience members asked several questions, including some concerning female roles in Buddhist religious traditions, the diverse aspects of Hinduism as a healing method, and the relationship between deep listening as a therapy and Zen Buddhist meditation. The lecture was followed by a book signing. He joined Dr. Dzong X. Vo and Professor Emerita Carole Christensen in an informal discussion of Buddhist practices and mental health on March 22, 2016.