

FACING DEATH WITH DIGNITY: BUDDHISM'S MIDDLE WAY

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A number of significant features of the Buddhist approach to death were illustrated by the severe illness of Thailand's most celebrated monk, Buddhadasa, in October 1991 and his eventual passing in July 1993. In the initial illness the eighty-six year old Buddhist scholar and reformist monk who lived in a remote forest monastery in southern Thailand suffered a combination of lung infection and heart failure. Everyone, including His Majesty the King, became immediately concerned, and the best doctors were sent to see the monk. Three choices were open to them. They could treat Buddhadasa to the best of their ability in his monastery. They could move him to the local provincial hospital, or they could treat him at the Siriraj hospital in Bangkok—one of the finest in Southeast Asia.

The monk's answer to the option of moving was always no. He told the doctors that death is natural and that he wanted to face it in his familiar forest monastery. The doctors then approached Dr. Prawase Wasi, director of the Siriraj Hospital and a leading Buddhist scholar, to request him to persuade the monk to move. Dr. Prawase agreed to explain the pros and cons of the three options, but no more:

I don't think doctors should put pressure on their patients. Phra Buddhadasa is a great man. We cannot subject his body to our will, putting all kinds of tubes and needles into it. It is important [to use technology] to save life. But there exists another dimension we should also consider, namely a human being's dignity. We should respect a patient's wishes. A person should be allowed to die with dignity. That is why I chose not to put any pressure on him, only [giving an] explanation of the various choices. (quoted in Santimetaneedol 1991)

One leading doctor was asked to convey a message from the King, requesting the monk "not to leave his body so that he can help maintaining the religion," a plea reflecting the belief that he had already achieved the high level of spiritual liberation that enables a person to determine the precise time of death.

"You can ask," responded Buddhadasa, "but all depends on causal conditions. If there are factors that enable the body to live, it will. If not, it won't. Don't try to carry the body away to escape death."

The monk recovered from the October illness, attributing his ill health to a combination of overwork (a two-hour lecture each day for six consecutive days) plus seasonal weather changes.

This episode illustrates several significant features of the Buddhist approach to death: it is natural and occurs when the conditions are right, it must be faced with dignity and preferably in a location where one feels at home.

But what, according to Buddhism, happens at death, and how can the notion of rebirth be maintained in the face of our modern understanding of human metabolism? To answer these questions, we must steer a careful path—in fact a Buddhist "middle way"—between the two extremes of the endurance of an immortal soul and annihilation at death.

According to Buddhist teaching, human appearance is the aggregation or coalescing of five *khandhas* (Pāli), the five components of the human form of appearance. These are (in Pāli) *rūpa*, the basic materials of construction; *vedanā*, sensation, involving six organs of sense (the sixth is interior perception); *saññā*, perceptions, the means to receive and organize sensations; *sarikkhāra*, the composition of mental states; and *viññāna*, persistent consciousness or unattached sensation without content. The person (*puggala*) is described as *nāma-rūpa* (i.e. name and form), which stands for the single form of human appearance with its various functions and potentialities, and there is no continuing "I", self or soul.

Death occurs when the *khandhas* fall apart. Since self is denied (the Buddhist doctrine of *anattā*), nothing survives and there is no soul capable of being reborn. What, then, continues? It is karmic (Sanskrit) or kammic (Pāli) consequence which flows on from life to life:

Brethren, of deeds done and accumulated with deliberate intent I declare there is no wiping out. That wiping

out has to come to pass either in this life or in some other life at its proper occasion. Without experiencing the result of deeds so done, I declare there is no making an end of *dukkha*. (*Anguttara Nikāya* 5, 292)

DEPENDENT ORIGINATION

The fully developed exposition of *kamma* is known as the doctrine of *paṭicca samuppāda* or dependent origination. This is governed primarily by our minds, and determines why and when things happen in this life and beyond it.

A *citta* is a mental state that falls away as soon as it arises. All *cittas* are either *kusala*, wholesome, or *akusala*, unwholesome. The former are characterized by one or more of the following: *alobha*, non-attachment; *adosa*, kindness; and *amoha*, insight or wisdom. The latter are rooted in their opposites: *lobha*, attachment; *dosa*, ill will; and *moha*, ignorance.

With each *citta*, *kamma* arises and falls away. *Kamma* is significant only if accompanied by volition (*samkhāra*). The consequence is *vipākacitta*, and it may be wholesome or unwholesome. It will occur only when the conditions are exactly right. Thus a volitional unwholesome thought (*akusala citta*) rooted in attachment (*lobha*)—the intention to steal something, for example—will produce an unwholesome consequence (*akusala vipākacitta*): e.g. theft, and all the accompanying unpleasantness.

Wholesome *kamma* is generated by following the Noble Eightfold Path and observing the Precepts (five for a lay Buddhist, more for a monk, novice or nun). The process carries over naturally from this life into the next and from previous existences into the present one. This is why the Buddha (and others) could remember previous existences even though the consciousness which was remembering was not present as the same consciousness in that previous life. Hence continuity between lives is maintained which avoids both complete annihilation at death and the need for an enduring soul. This is the Buddhist Middle Way.

The Buddha communicated this doctrine using a variety of metaphors, of which that of a light being transferred from one candle to another is perhaps the most vivid. The doctrine is most skilfully set out in the later discourses between Nāgasena and the Greek King Milinda, and in the following discussion between the Buddha and a monk called Citta:

If people should ask you, Citta, thus: "Were you in the past, or not? Will you be in the future, or not? Are you now, or not?" – How would you answer?

I should say that I was in the past, and not not; that I shall be in the future, and not not; that I am now, and not not.

Then if they rejoined: "Well! that past personality that you had, is that real to you; and the future personality, and the present, unreal? The future personality that you will have, is that real to you; and the past personality, and the future, unreal?" – How would you answer?

I should say that the past personality that I had was real to me at the time when I had it; and the others unreal. And so also in the other two cases.

Well! Just so, Citta, when any one of the three modes of personality is going on, then it does not come under the category of either of the other two. (*Potthapada Sutta*)

The transfer of karmic manifestations from one life to another came to be associated with *viññāna*, the aggregation of overall consciousness, and described as *ālaya viññāna*, or "storehouse consciousness." Advocates of this school of thought were known as Yogācārins, because they believed that salvation could be achieved by exhausting the store of consciousness by Yoga. They influenced the development of Mahāyāna Buddhism from about 500 C. E. onwards.

Other Buddhists felt that *viññāna* went too far in the direction of an enduring soul or self, preferring the notion of *citta*, which they understood to mean not just thought but the core of human personality. In the sixth century C. E. Buddhaghosa equated *viññāna* with *bhavaṅga*, the entire stream of being, the cause, reason and condition of our being regarded subjectively as continuous.

DEATH AND DYING

According to Buddhist teaching death can occur for four reasons: because the continuity of the five *khandhas* has reached its natural conclusion (*kamma* is neutral); because the *kamma* which has maintained the continuity of the five *khandhas* up to this point has run out; because both the previous reasons pertain; and because destructive *kamma* demands the consequence of death.

During the dying process only such *kamma* as is capable of producing a new outcome presents itself. The moment of death is important because *kamma* brings into consciousness an image of whatever in past experience is bringing about reappearance in the next life.

This much is broadly shared by the major schools of Buddhist thought and can be deduced from the Pāli Canon. In fact the Pāli Canon, although the basis of Theravāda Buddhism, can be used to justify forms of karmic continuity which are more familiar to Mahāyānists. There are, however, many divergent views, of which perhaps the most important relates to the role of *bodhisattvas* in assisting devotees with their ongoing journey. Not only these celestial beings, but the dead themselves (*kami* in Japanese religion, including power-possessed objects such as mountains or rivers) can facilitate our passage.

The end of the process is *nibbāna*, a complex notion the precise meaning of which is a matter of continuing debate. The Buddha attained *nibbāna* in one sense at his Enlightenment; at his final departure his appearance ceased into the state of *nibbāna* without the substratum of existence: "Sure is my release. This is my last birth. There is no more birth for me" (*Majjhima Nikāya*, 1, 166; see also Bowker 1991, ch 6).

THAI ACCOMMODATION

What has been described so far represents the central core of Buddhist teaching about death and some historic variants. But there are also more complex variants which reflect accommodation between Buddhism and local Hindu and animistic beliefs which exercise considerable influence on the dominant Theravāda or Mahāyānist tradition. Thai Buddhism is such a case.

Although Buddhism explicitly rejects the Hindu notion of soul or *ātman*, most Thais believe in soul-like entities which are derived either from pre-Buddhist brahmanism or spirit cults to be found predominantly in the northeast. Ironically, one of the most popular of these, the *winyān* (Thai), is named after the last of the five *khandhas* developed to counter the persistent Hindu dualistic body/soul dichotomy.

The Thais generally recognize three components for each person: a material body (*kaṃ*) brought into existence by *kamma* so that the consequences of merit (*bun*) and demerit can be fulfilled; a free soul (*khwan*) which can reside inside or outside the body; and an "ego" or "I" soul (*winyān*) which is the essence of consciousness, endowing each person with thought, will, perception and consciousness.

The distinctions between *khwan* and *winyān* are not always clear. Inside the body the *khwan* acts as a life soul and guarantees life, health, success, etc.; it usually resides in the head. If the *khwan* leaves the body the person becomes sick and may die. An easily frightened person is said to have a tender *khwan*. Sick children may have their wrists tied with a piece of unspun thread to "bind in the *khwan*." *Winyān* is more abstract and is referred to more often by urban and more educated Thais.

Violent death or death in which mother and child die during childbirth can release dangerous spirits (*phii*) which must be appeased or avoided; the corpse must be taken immediately to the temple. But a peaceful death releases a contented spirit, and the body can remain at home for between one day and a week—three days is fairly normal. Cremation is usually followed by merit-making ceremonies in which monks are fed in the belief that food is transmitted to the dead person's *winyān*. Unlike members of other Asian societies Thais are not encouraged to show grief: "Never cry when a loved one dies; the spirit will have to struggle and swim through your tears."

THE ROLE OF MONKS

Monks differ considerably with regard to the extent to which they subscribe to such popular notions. Some accept them uncritically, others perform the role expected of them without necessarily accepting the underlying beliefs. Some—increasingly the young scholar monks at the two Buddhist universities—adhere rigidly to Buddhist orthodoxy. Buddhadasa himself totally rejected belief in spirits and reinterpreted Buddhist spirit mythology in terms of psychological states of mind. In this he was in line with the much venerated nineteenth century scholar king, Mongkut, who reformed the Sangha and paved the way for a rational and scientific interpretation of Buddhist

texts. Buddhadasa also believed that the *anattā* or no-soul doctrine can be interpreted to describe the process whereby we move from "I" or "ego" centeredness towards *nibbāna* in our present existence. Thus we are reborn in this life from moment to moment.

Pastoral support by monks for people near death and in life-threatening situations continues to be very much under discussion in Thailand. During the past several decades, monks, and to a lesser extent nuns (*mae chii*), have shown themselves capable of assuming a variety of community and development roles in poor rural areas (Gosling 1980, 411). Increasingly they have also taken on paramedical roles pioneered by Dr. Prawase Wasi and his colleagues (Gosling 1992, 31). But such new functions on the part of monks have been adopted slowly, and it has been necessary to demonstrate their compatibility with scripture, tradition, and public opinion.

Among possible paramedical roles for monks and *mae chii*, for example, is support for people with AIDS and their families. By virtually any estimate available, the number of HIV-infected Thais greatly exceeds the number of hospital beds currently available or likely to be forthcoming. But if Thailand's monks, novices and *mae chii* could be induced to offer even a proportion of the country's more than 30,000 temples as hospice facilities for people with AIDS, then a major resource would become available.

Some monks currently take in sick people with problems which they feel able to treat and they visit hospital patients whom they already know. But it is not really appropriate for a monk to speak to an unknown patient in a hospital, and it becomes even more difficult in the case of a woman. *Mae chii* are less restricted, but their potential role has only very recently begun to be appreciated.

It is apparent that the Buddhist view of death and of the best way to approach it is psychologically sound and philosophically consistent. Thailand's monks, *mae chii* and novices represent a huge untapped resource which may play a considerable role in improving the quality of health care and overcoming the harmful effects of some of the most serious life-threatening diseases.

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