
Spirituality and Healing

WHAT IS A spiritual approach to healing, and why does it matter? Consider some examples.

- Psoriasis is a painful and disfiguring condition in which large patches of skin turn red and are covered with gray scales. It is thought to be caused by an autoimmune system disorder that leads to the overproduction of skin cells and produces extreme itching and discomfort. One treatment for psoriasis is exposure to ultraviolet light. For brief but frequent periods, patients in a hospital setting are stripped naked, except for protective goggles, and exposed to special lamps. Treatment side effects include drying the skin, burns, nausea, headache, itching, and even skin cancer.¹ Jon Kabat-Zinn of the University of Massachusetts Medical Center, one of the pioneers of the medical use of mindfulness meditation, wondered if psoriasis patients might be helped by learning how to meditate while undergoing the treatment. Initially, the goal was simply to enable patients to face the difficult process in a more relaxed and focused way. Yet what Kabat-Zinn and his colleagues found was that for patients who had learned the basics of meditation and who practiced it during their treatment, their “skin cleared on the average much more rapidly than in the case of non-meditators—in many cases as much as four times as rapidly.”²
- Many army veterans returning from Iraq and Afghanistan suffer from a variety of stress-related psychological and physical problems. Often grouped under the heading of posttraumatic stress disorder (PTSD), these problems may include insomnia, sudden and uncontrolled anxiety, disorienting flashbacks, and physical pain. In the face of this serious problem, Air Force Major Jon Greuel, a flying instructor and certified yoga teacher, teaches yoga to active-duty military personnel in Iraq. The goal, Greuel says, is to develop proactive stress management to avoid developing posttraumatic stress disorder: to teach effective strategies to enable our troops to transition more easily from battle-ready, in preparation or response to a threat, back to a normal state of arousal once the requirement for vigilance has passed. Yoga has also been

employed in programs for vets in Florida, Massachusetts, and Wisconsin. The “Yoga Warrior” method, says its creator from central Massachusetts, “integrates concepts from yoga therapy, traditional yoga philosophy, psychology, and sensory integration theory with current scientific knowledge of the body and mind to promote health and well-being.” Many of the vets who have been through the postwar yoga program report less physical pain, emotional reactivity, and insomnia.³ Sue Lynch, vet and yoga teacher in the There and Back Again yoga for veterans program in Charlestown, Massachusetts, claims that “Yoga is calming. . . . You develop the ability to feel safe and in control, to be aware of what’s going on. If you feel an intensity of sensation in your body, you can work with it. You don’t have to take it on if it’s overwhelming.” Paul Zipes, an experienced Navy diver, has been teaching yoga to veterans in Florida. One of his first students was a returned soldier who had seen multiple deployments in Iraq. “He saw bad stuff,” said Zipes, and “had been in therapy for injuries and stress, physical pain and insomnia.” A week after his first class, the vet told Zipes that “he had the best night of sleep in a couple of years.” Despite a slew of medications for sleep and anxiety, “nothing made him feel as good as yoga.”⁴ “Real men, combat-weary guys,” says a Vietnam vet and counselor, learn from yoga that “to be aware and to be mindful is the solution to many of their problems.”⁵

- Sat Bir Khalsa, assistant professor at Harvard Medical School and director of research at the western Massachusetts yoga retreat center Kripalu, believes that yoga “may contribute to benefits above and beyond those provided by traditional therapies.” The Department of Defense has taken claims of people like Lynch and Khalsa seriously, funding a 10-week study of the effect of yoga on veterans.⁶
- A female cancer patient, diagnosed in her mid-50s, spends months frantically searching for a cure. Despite her best efforts, it eventually becomes clear that the illness is terminal. Yet one day she turns up at her therapist’s office, her face expressing a dramatically different emotional state than her earlier desperation and fear. “I’m going to die pretty soon,” she tells her therapist. “But I’m okay. I’m better than I have ever been in my life. I’m healed.” The therapist reflects: “I have often seen people go through a similar series of phases: shock, a mad search for a cure, and the acceptance. More than that, the illness does something positive for them. They find strength and a depth they never had before. People,” he suggests “are sometimes *healed by their illness.*”⁷
- A couple’s 11-year old daughter suffers from a host of medical problems: developmental delay, partial deafness, loose ligaments and joints, muscle weakness, metabolic and emotional disorders, asthma. Worst of all, she has a severe and

worsening case of scoliosis, a curvature of the spine so great that if unchecked it could eventually destroy her ability to breathe. The orthopedist has all but insisted on surgery to fuse the vertebrae of the spine, but the potential consequences of unsuccessful surgery include paralysis and death, and the surgery's outcome is questionable in any case. So the family has taken on a complicated and demanding alternative program of nutritional supplements, exercises, wearing a back brace 23 hours a day, extensive chiropractic care, and electrical stimulation of the spinal muscles. The father (along with his work) is frantically managing the program, while his wife is taken up with endless phone calls to doctors, therapists, and insurance companies, managing the daughter's activities at her special school, earning a living, and parenting their other child. At times, the daughter is actively engaged in the back program, but after a while, the stress, discomfort, and out-and-out pain become too much. The father becomes increasingly demanding, pushing his daughter to comply with the regimen. Periodically, the two of them dissolve into screaming conflict. The mother takes her husband aside. "What are you doing?" she asks, compassionately but firmly. "I have to get her to do the program, or else," he replies grimly. "Or else, what?" "Or else we'll have to do the operation—and from that, she could die." "Well," his wife answers, looking directly into his eyes, her love for her daughter and for him shining in her face, "then she will die."⁸

These examples reveal three different dimensions of healing. First, the problem of illness itself: physical or mental malfunctioning or abnormalities in conditions such as cancer, arthritis, diabetes, substance abuse, and Alzheimer's.

Second, there is the question of a person's understanding of and response to her illness. Is there any way to stave off the anger, grief, and depression that would seem to be the natural response to chronic pain, incapacity, and untimely death?

Third, there is the role of the caretakers who are serving the sick and trying to help them heal. While this category includes everyone from hospital staff to the daughter caring for her aging mother to the daughter's (hopefully) nurturing psychotherapist, I focus here on parents of children with special needs. Of all caretaking relationships, the parent-child relation is the one where the idea that as parent I must guarantee the well-being of another person is often taken not as pretentious overreaching, but as a basic norm.

Let us look at each of these contexts in turn to see if spirituality in the form of practices like Hatha Yoga and meditation and attitudes such as mindfulness, acceptance, gratitude, and compassion can help us heal. We will also ask: To the extent that they help, are they still spiritual? And when they are part of the healing process, do they change the meaning of healing itself?

Spirituality in Integrative Medicine

There are many names for it: complementary, mind-body, alternative. The one that seems to be sticking now is “integrative medicine,” defined by a consortium of 46 of the nation’s most prestigious (Harvard, Johns Hopkins, Duke, Columbia, Vanderbilt, etc.) medical schools as “healing-oriented medicine that takes account of the whole person (body, mind, and spirit), including all aspects of lifestyle. It emphasizes the therapeutic relationship and makes use of all appropriate therapies, both conventional and alternative.”⁹ For example, along with medical treatment and advice, Duke University’s Integrative Medicine offers “mindfulness meditation, nutrition, supplements, acupuncture, movement and exercise, therapeutic massage, and mind body techniques.” Their staff includes teachers of mindfulness-based stress reduction, yoga and massage therapists, and an exercise therapist who believes that “understanding the complexities of motivation, emotion, and spirit are critical in order to achieve optimal health.”¹⁰

Such offerings are widely repeated elsewhere. Mindfulness-based stress reduction, in which Buddhist vipassana meditation is used to aid patients suffering from everything from high blood pressure to diabetes to depression, is taught in more than 250 hospital settings. Hundreds of clinical studies of the effects of yoga and meditation have been undertaken—and many more are underway. Some insurance plans support yoga classes and meditation as tools of illness prevention or wellness. Even teams of the National Football League, whose players routinely go from magnificent physical specimens to limping patients, have hired yoga teachers for prevention and rehabilitation.

Why do yoga and meditation help us heal?¹¹ If I have high blood pressure, which puts me at risk for heart disease, if my immune system doesn’t function very well and I get a lot of colds, if I have poor digestion, chronic neck pain, or suffer from the effects of chemotherapy to treat my cancer or medications for AIDS, why would sitting in a cross-legged position on the floor (or in a straight-backed chair) and focusing my attention on my breath do anything for me?

A too simple answer is that my ego is making me sick, or my ego is making me sicker than I need be and is limiting my recovery. Anxiety, selfishness, constant anger, unexpressed grief, and despair, together with a lack of awareness of these, are bad for my health. Sometimes, indeed, they can be lethal.

Yet for a long time most of western medicine and much of the common sense of our culture was predicated on the idea that beliefs, emotions, and physical health were unrelated. We assumed that it is the mind that believes, wants, and experiences emotions and that our bodies digest food, move around, and have beating hearts and painful bunions. To better understand the dynamics of illness and healing, this presupposition that cognitive, emotional realities and physical ones are separate has been reexamined. Now we know

that there is an intimate and powerful connection between the mind and the rest of who we are.

Sometimes the connection is comparatively unimportant. If I have a toothache, blisters from too-tight hiking boots, or a skin infection, I can probably do just fine without altering my mental processes at all. A competent root canal specialist, bigger boots, Band-Aids, and antibiotics often do the trick. In contexts like infectious diseases, emergency medicine, dental restoration, and orthopedic surgery, western medicine has had remarkable success, often without paying any attention to our beliefs or feelings.

Yet in other contexts, the model of body-mind separation is dramatically limiting. The track record of standardized medical treatments for back pain, insomnia, depression, allergies, and high blood pressure, to name but a few, is problematic at best. Some symptoms are resolved for some people, many symptoms are not resolved for many, and the standard medications often have dangerous side effects. It is here that we may speak of the need for “treating the whole person,” “holistic health care,” “mind-body medicine,” “participatory health care,” and “integrative medicine.” It is here that changing the way we think and feel can dramatically impact the course of an illness.

As we have seen, meditating can significantly improve as simple and seemingly mechanical a treatment as sitting in front of UVA lights for psoriasis treatment. A growing body of research also suggests “meditation may be an effective intervention for cardiovascular disease, chronic pain, anxiety and panic disorder, substance abuse, dermatological disorders, reduction of psychological distress and symptoms of distress for cancer patients; and reduction of medical symptoms in both clinical and nonclinical populations.”¹²

Yoga, taught as a combination of asanas, breath control (*pranayama*), and meditation has had positive effects in countless conditions, including anxiety, arthritis, asthma, back pain, depression, fibromyalgia, hypertension, insomnia, and irritable bowel syndrome.¹³ To take one remarkable example, yoga is now being integrated into the management of the degenerative nerve disease multiple sclerosis. Benefits may include “increased body awareness, release of muscular tension (thus relieving spasticity), increased coordination and balance, increased flexibility and strength, control over fatigue, increased tolerance to heat, improved circulation and breathing, improved organ function (including bowel and bladder), enhanced alertness, better management of stress and an overall feeling of well-being.”¹⁴

Over the last 30 years, researchers have investigated several ways in which what we think and feel has direct effects on physiological processes. The most well-known example of this connection is in the fight-or-flight response. “Facing what we perceive to be a dangerous situation, an ancient physiological response kicks in. Up to 80 percent of the blood leaves our forebrain, stress chemicals pour

into our bloodstream, primitive stress response emotions sweep over us, and we proceed through another day in the modern civilized world with the biochemistry of an early ancestor in mortal danger.”¹⁵ Fight or flight is valuable. It prepares you for extraordinary physical exertion, selfless heroism, and tasks that would ordinarily be far beyond you, but at a price. Although the price may be right for immediate physical threats, it is way too steep for today’s long-term, repetitive stress that simply wears us out.

Stress is costly because there are direct connections between our understanding and experience of the world and a complex network of bodily responses. As we see a loved one and feel affection, get the news we’ve been fired, or remember being raped, our love or fear, anger or depression includes physiological changes: muscles tighten or loosen, heart rate goes up or down, and cells throughout our body respond to particular chemicals that are being released by the nervous system. It is the whole person, not just her thoughts, “saying”: “this is important to me and every part of me has to respond.” And the world to which we are responding can be a remembered past (as in PTSD) or an anxiety-inducing future.

For example, the experience of emotion connects to our immune system’s production of the white blood cells that defend against bacteria, viruses, and other foreign bodies.

All our leukocytes (white blood cells)—which fight off infection from bacteria, viruses, and foreign proteins—have receptors located on their outer surface specific for certain peptides. These peptides are molecules released from the brain that tell the rest of the body (and specifically our immune cells) how we are “feeling.”... When we are feeling happy, we secrete higher concentrations of endorphins than when we are depressed.... If you’re sad or depressed there’s less stimulation of white cells than normal and you literally become immunosuppressed.¹⁶

As a result, too much stress lessens the immune system’s ability to defend the body. This means, among other things, more susceptibility to infectious diseases like the flu, slower recovery from injuries, and greater difficulty in handling the side effects of cancer or AIDS treatments. Also, consider that cancerous cells are generally found in countless places throughout the body. We generally have microscopic tumors all over the place, but they do not develop because our immune system eliminates them. A weakened immune system is less able to perform this essential preventive care. Overall, a stressed-out person is more likely to experience a variety of emotional, behavioral, and even physical symptoms, such as insomnia, headaches, digestive problems, fatigue, and overly tight muscles leading to injury and chronic back pain. Anxiety, depression, and other mood changes are common. And too often people who can find no healthy way to deal with stress

make their health worse by medicating themselves with drugs, alcohol, or extreme risk-taking behavior.

It goes on. The bodily systems that respond to stress and the immune system interact. Immune cells dampen the effect of stress, slowing down the production of stress hormones. And in a healthy equilibrium, stress hormones keep the immune system from too much activity. But chronic stress can lead to the opposite of the stress response: the inability to mobilize a stress response because the key glands—the adrenals—have been overworked by chronic stress already. The result is an out-of-control immune system that starts to attack its own body, thus leading to immune system diseases like arthritis, psoriasis, asthma, allergies, and hives.¹⁷

This is just one pattern of mind-body connections. There are others. For example, depression, hostility, stress, and loneliness, it turns out, condition the functioning of the heart. High stress levels in general, responded to by an overactive sympathetic limb of the nervous system, can stress the heart dramatically enough to cause death and in less dramatic long-term ways increase the likelihood of cardiovascular illness or lessen the ability of the body to recover from it.

Some researchers believe the correlate is likely: “While specific mechanisms are still under study, a growing body of evidence suggests that certain brain-heart signals can be influenced by intangible factors that are typically part of the yoga practice, such as relaxation, mindfulness, prayerfulness, meditation, and group support.”¹⁸

Like negative emotional states, positive emotional states are associated with particular physiological responses. These responses arise in the brain and in the vagus nerve complex running from the brain stem to several central organs and can have beneficial physiological effects. To illustrate, the forced exhalation that is part of laughter eases the stress response and allows a kind of brief detachment from the social connections that make stress-inducing demands on us. In one study, people who were taught a six-week program of mindfulness meditation, including loving-kindness toward others, “showed enhanced immune function.”¹⁹ In stimulating the vagus nerve, compassion opens receptors on that nerve for oxytocin, which is an internally produced chemical associated with equanimity and pleasure, and slows down the rapid breathing that fuels the stress response. Some researchers have found that cooperative behavior in general prompts release of the feel-good chemical dopamine and that “giving or helping offers deep psychological benefits.”²⁰

The general principle of both the negative and positive cycles is summed up by Candace Pert (whose research into neuropeptides helped fuel the detailed knowledge on which mind-body medicine is based). She defines *emotions* as essentially both physiological and experiential: “emotions exist in the body as informational chemicals, the neuropeptides and receptors...and they also exist in another

realm, the one we experience as feeling, inspiration, love.”²¹ In short, emotions are neither physical nor mental; they are both.

In these ways, there is a positive feedback loop of compassion that is the counterpart of the negative one of stress. Instead of more emotional upset leading to more health problems and more stress, we have a positive, generous, trusting emotional state leading to a better functioning immune system, a dampened-down stress system, and a further increase of feelings of love and trust.²² There is an observable, structural basis to this pattern. Studies have shown that meditation practice changes the brain so that the part responsible for feelings of ease, happiness, and optimism lights up more often than the part that holds worry and unhappiness. And this pattern is not only experiential and temporarily biochemical. Even after a comparatively short period of meditation practice, differences in the left frontal regions of the cerebral cortex can be measured. In highly experienced, long-term meditators, this part of the brain is unusually developed.²³

Finally, there is recent evidence that spiritual practices like meditation or focused prayer, invoking what pioneer body-mind researcher Herbert Benson has long called the relaxation response, can alter our body on the most basic levels. In one remarkable example, they affected the actual function of our DNA. Genes, the coded instructions for bodily construction and ongoing physiological processes, are greatly influenced by information from both their external and internal environment. Recent advances in laboratory detection allow us to analyze a person’s entire genetic makeup and see which genes are operating and which are not and even to make preliminary judgments about how well or ill they are functioning for our overall health. Initial results suggest that use of meditative techniques alter the behavior of the 200 or so genes responsible for the stress-immune connection and that both “short and long-term practitioners” can benefit from a “genetic expression” that is more balanced and health preserving.²⁴

How It works

A mind that leads the self to suffering, emotions we cannot tolerate or manage—these manifest in our cells as well as in our consciousness. Because they are both physical and experiential realities, they are, in ways that are increasingly physically measurable, bad for our health. Spiritual practices and values help in healing because they help manage and balance our emotional patterns and help us find a critical distance on the beliefs that may be stimulating our emotional overreaction. Having an active meditation practice can focus the mind and temper our emotions. Following the paradoxically straightforward and no nonsense counsel to accept our limitations, look on the bright side and feel grateful for what we have, choose love and compassion over envy or contempt, and feel at home in the universe rather than isolated and alienated helps us to be healthy.

There are a number of reasons that Hatha Yoga can be beneficial as well. For one thing, our emotional state can be directly influenced by what the body is doing. As stress leads to a raised heart rate, tensed muscles, and sweaty palms, so a lowered heart rate and relaxed muscles can calm us down emotionally. Studies have shown that as simple a fact as whether we are standing, sitting, or lying down can increase or lessen anger and hostility. Along with other cues, bodily states are interpreted by the mind as a signal of how we feel. This is probably one reason veterans suffering from PTSD, insomnia, depression, and rage at the Center for Investigating Healthy Minds at the University of Wisconsin reported better sleep, less anxiety, and more positive emotions after practicing yoga.²⁵

But as we have seen, yoga is more than a particularly balanced and constructive set of physical exercises. When you teach yoga, says Carol Krucoff, certified nurse and yoga instructor at Duke Integrative Medicine, there is something else. People may come “just to stretch and strengthen,” but “the first thing is the breath—which is really a form of our Spirit. By deepening, and consciously using the breath one comes into the present moment—and learns to let go of doing, planning, organizing, of all the chatter that we live with all the time, to hear the messages of the heart.” It is the combination of asanas, *pranayama*, and meditation that promotes our awareness, and this awareness, Krucoff believes, is a foundation for spirituality. Yoga therapy, she says, is based in the belief that physical problems have emotional and spiritual components. “If you come in with back pain, it is not just a problem of your disc, but of how that disc is affected by your attitudes, your response to stress, the tension you carry in your back muscles. It’s all connected.”²⁶

Harvard Medical School instructor and researcher Sat Bir Singh Khalsa, who has investigated the positive role of yoga in the treatment of insomnia, offers a related view. He believes that the spiritual dimension of yoga can lead to a more profound state of consciousness, a unitive mystical experience of our connection to the rest of the universe. Along the way, it increases our ability to respond to stress and supports particular organs (e.g., yogic breathing increases lung functions). Further, the bodily awareness so central to the practice of yoga, which tends to be ignored or short-changed in conventional exercise (especially competitive sports), helps make us aware of both the negative effects of unhealthy habits and the more positive experience of wellness. Yoga can therefore generate a greater appreciation for the person’s own role in maintaining health and can lead to greater compliance with doctors’ recommendations for medication and lifestyle change.²⁷

To underline the difference between spiritual practices and more conventional medical techniques, I asked Krucoff, Khalsa, and Jean Van Gemert (a psychotherapist colleague of Krucoff who teaches mindfulness-based stress reduction) a simple question: “Suppose we develop a pill that treats the problem for which you are using yoga asanas, *pranayama*, and meditation. The new medication takes

care of back pain, insomnia, or high blood pressure” (conditions with which they are all familiar). “Do we still need yoga and meditation? Would anything be lost without it?”

All three responded in a way consistent with the basic premises of mind-body medicine. If they just took a pill, “they would be losing a lot,” Van Gemert said. “Conditions like hypertension happen for a reason, a reason that connects to the rest of your life. If you develop your mindfulness, there’s a chance you can see what that reason is. Elevated blood pressure or cardiac difficulty is your body trying to communicate, and it behooves you to listen now so the body doesn’t have to speak more loudly.”²⁸

Khalsa agreed: “You would not be treating the underlying cause, which is liable to come back and haunt you in other ways. With the pill, without the yoga, you simply don’t get the skill set that yoga provides: how to manage stress, how to be aware of your body and mind. You also don’t get the experience of self-efficacy and empowerment. Yoga training provides a sense of mastery and confidence in relation to your own health.”

“If you just had a pill,” Krucoff added, “you would lose the opportunity to learn about yourself. Yoga is a practice of self-discovery. A form of self-action. Instead of being dependent on a pill you can learn to prevent problems in the future.”

At this point we need to ask: “It may be *healthy*—but is it *spiritual*?”

Take mindfulness based stress reduction (MBSR) as an example. First developed at the University of Massachusetts and now offered in hundreds of other health centers, the program defines itself by basic Buddhist practices and teachings. The meditation technique offered is standard vipassana meditation—more or less the same technique used by the Dhamma brothers, a basic Buddhist tool for centuries. The beliefs underlying the technique are familiar Buddhist fare: grasping and attachment breed unhappiness, it is essential to develop our capacity for detachment from destructive mental patterns, and mindfulness is the key to that detachment. Those who teach in the program are instructed to learn to “meet our own suffering and that of others with attention, resilience, transparency, and compassion” and advised to develop a “daily practice of mindfulness meditation and on-going participation in silent, teacher-led retreats.” Strong emphasis is given to education in Theravadan Buddhism “because the spirit, practices, and attitudes of MBSR are reflective of this tradition.”²⁹

But are they? Is this blend of goal-oriented (end the addiction, lower the blood pressure, heal from psoriasis faster) medicine with techniques originally aimed at overcoming all attachments really an authentic appropriation of these techniques? Is this “Buddhist spirituality in action” or just the opportunistic use of one part of Buddhist teaching for a goal—health—that has no necessary relation to any religion?³⁰ We could, after all, be using our health for a large number of activities, none of which are necessarily connected to the Buddhist purpose of stringently

moral enlightenment. We could seek to be healthier dishonest politicians, insider traders, or bank robbers. Can the spiritual insights that created meditation and that direct us to a fundamental personal change be limited to simply making life a little healthier and less painful while we maintain our same long-term goals? After people go through the mindfulness training, lower their blood pressure, recover from chemotherapy more quickly, and have less anxiety and better digestion, does it make any difference what they do with their lives? Have they truly undergone a *spiritual* healing if they are still pursuing self-centered, even socially destructive goals—but doing so now with better self-care? How Theravadan is that?

To make the question starker: Pete, an army major from the U.S. Special Forces who is a veteran of Iraq and Afghanistan, tells us: “Yoga, at its best, not only improves performance as a soldier, but facilitates your life as a whole.”³¹

What does it mean to be an improved soldier—that one is better at killing people and breaking things, for is that not the purpose of a soldier? Can this be the unitive consciousness of which Khalsa speaks or even approximate the nonviolence that is part of yoga’s traditional moral teachings?

These questions about the ultimate meaning of spiritual practices used in (seemingly) nonspiritual contexts are difficult ones. Even raising them presupposes a set of moral judgments that many may find alienating. Who am I, after all, to say that someone’s work life or identity as a soldier is a violation of spirituality? If people are less tense, more aware of themselves, and more balanced, if their stress response is not playing havoc with their immune system and their mental activity is less obsessive, isn’t that enough?

From the standpoint of most (though not all) spiritual perspectives, it is not. Theravadan Buddhism’s eightfold path includes a category of “right livelihood,” traditionally defined as nonviolent, nondestructive work. One is instructed very clearly not to leave the meditation hall and go back to immoral work in the world. Similar ideas can be found in other religious traditions and in the ideas put forward by the vast majority of eclectic spiritual teachers.

Spiritual development may certainly include the kind of calm and focused energy yoga helps produce or the mental relief offered by a steady meditation practice. And certainly self-awareness and extended periods when we are not tense, overly excited, or obsessed with our desires is essential to spiritual life. But ultimately what we are after is not just such experiences but a life defined by awareness, gratitude, compassion, and loving connection. There is a problem when spiritual practices are used simply to make it easier for us to get what we want, rather than changing the basic pattern of wanting altogether.

However, there is another way to think about this dilemma. If there are to be warriors in the world, and there can be no doubt that there will be for a very long time, it is better that those warriors be “peaceful.” If yoga improves the “performance” of a soldier (as Major Pete said), that might mean more accurate shooting

or better use of explosives, but it might also mean less panic leading to unnecessary violence, fewer civilian deaths, and a more humane attitude toward prisoners. If meditation does not automatically make people kinder or more socially responsible, it may at least allow us to turn down the noise in our heads so that the possibility of kindness and social responsibility arises. There is, after all, no guarantee that any practice, belief, or teaching will make us moral. It is not guarantees that we seek, but ideas and practices that are more or less likely to gently nudge us in the right direction.

As I suggested in chapter 2, spirituality is not and can never be an absolute state of being. Whether a practice, teaching, attitude, or belief is spiritual for a particular person depends on the wider context of their lives. A Wall Street insider trader, a bomber pilot, a prison inmate, an abusive spouse—any of them may move a little bit toward greater spirituality by seriously practicing yoga and meditation. They will, in all likelihood, be a little less out of control, a little less reactive, a little more aware of their own physical and mental patterns and of the difference between healthy and self-destructive forms of life. And whether they are vice president of Goldman Sachs or an Army sharpshooter, they are likely to do that job a little more calmly, gently, and with a little less damage than they would have before. At the very least, they are likely to be more open to such a change in the future. They will have developed something of an awareness of the effects of destructive passions like greed, anger, and arrogance. Of course, they may not significantly act on that awareness. But just having the awareness is a step in the right direction. In an analogy offered by yoga teacher and scholar Gary Kraftsow: yoga can be a launching pad, propelling us to a fundamentally different experiential and spiritual form of life, or it can be a life raft that simply keeps us from drowning. Clearly, one is closer to the launching pad if one is *not* drowning, even if the life raft simply takes you back to the way you've been living.³²

The point is not that any form of life in which you meditate and do yoga is spiritual, but that any form of life in which you go from not doing them to doing them is at least likely to become more spiritual than it was before. Of course, we can wall off everything we do on the meditation cushion and the yoga mat, forgetting their lessons as soon as we go back to work, family, or community. But this kind of contradiction can arise for any religion, secular moral code, and political ideology. We can always say one thing and do another, limit our application of the teachings when they make real demands on us, or find convenient reasons not to take any of this too seriously.

How did traditional societies, lacking scientific research methods, double-blind clinical trials, and knowledge of bodily processes based in microscopes and molecular biology develop such powerful and effective tools for health? It is clear that they did not know many things, so what is it that they did know?

First, Indian yoga, Buddhist meditation, and comparable practices drawn from China such as tai chi and chi gong are rooted in premodern understandings of the self in which body, emotions, beliefs, and spiritual attainments are interconnected. The *nadis* (pathways) and *chakras* (energy centers) referred to in Ayurvedic (traditional Indian) medicine and yoga, like meridians and energy centers in Chinese medicine, link physical structures, organ functions, and emotional states. To act on any of these physically—for example, by shaping the breath and adopting a physical posture—is from a traditional point of view simultaneously to affect how we feel, how we think, and how well our bodies function. Medicine in these settings was always integrative, since it was part of cultures that always had integrated conceptions of the self.

Second, these integrated conceptions of the self reflect religious perspectives that tend to lack the body-soul dualism of the western religious tradition. In monotheism, we tend to identify the soul with the mind and thus make a categorical distinction between mind and body. In eastern traditions, by contrast, the mind is just a subtler version of the body. While yoga, for example, is not without its own dualism—distinguishing between *purusha*, the ultimate, true or divine self, and *prakriti*, the manifest world—for yoga, the mind is part of *prakriti*. This difference may explain why Judaism, Christianity, and Islam have not created the kind of fusion of physical discipline, meditation, and spiritual aspiration that one finds in yoga or chi gong. Insofar as Hinduism, Buddhism, and Taoism sought a kind of ultimate well-being for their adherents, they would necessarily seek practices that simultaneously promoted that well-being for body, emotions, and mind.

Third, when medical practices are rooted in a spiritual understanding of health, they are tied to a critical perspective on the goals, passions, and compulsions of ordinary life. Such practices seek to interrupt the ego's—and the surrounding society's—usual messages of what we are supposed to do and be to bring us a countermesssage from the perspective of enlightenment, spirit, or God. Whatever we may think about the objective truth of the metaphysics of Hinduism or Taoism, they serve a vital purpose in the context of health: a rest from the ego's usual drivenness. Physically and emotionally, such a rest is often precisely what we need.

Living with Illness

All too frequently medical treatments of whatever kind do not work. If, as Job said (5:7), people are “born to trouble as the sparks fly upward,” we are also born to get sick, lose functions as we age, have accidents, develop incurable degenerative diseases, and die before our time.

So far I have emphasized practices that affect things like heart rate, breathing patterns, glandular secretions, and genetic expression. Now the emphasis shifts to

understanding reality in a new way rather than changing it, on values rather than practices. These values offer a framework to help us face our pain and nevertheless find some comfort. Since our society so values autonomous accomplishment and pleasure, can spiritual teachings help us see the life of a sick person as anything other than suffering and untimely death?³³

Overall, a spiritual understanding of illness has two sides, seemingly opposed but in reality no more in conflict than the fact that sometimes we are awake and sometimes we sleep. There is an integrated clinical approach combining medical expertise and self-care in the form of practices like yoga and meditation. At the same time, however, we are also taught to make peace with a fundamentally new life reality. It is about controlling what can be controlled and letting go of what cannot.

When we get seriously sick or injured, we may be so deeply changed that we hardly recognize ourselves. We can no longer run five miles, earn a living, read a newspaper, digest our food, or hug our children. These losses can lead to denial, rage, depression, and crippling fear, but they can also provoke a response in which the mysterious malleability of the self is a springboard to spiritual freedom. As religion scholar Mircea Eliade put it, illness can be a kind of “initiation”—a process that breaks our established boundaries. Inevitably altering the definition of the self, it allows something previously unknown to come into existence.³⁴ The process will almost surely be marked by pain, distress, and loss, but a new life is possible at the other end.

In a way, the spiritual task of facing illness is not essentially different from other difficult life situations. But now the stakes are much higher, the tasks that much more difficult, and the results potentially more life enhancing. The aim is to develop our awareness and acceptance of our situation, have compassion on ourselves and our caretakers, and find joy, or at least appreciation, in whatever life has left us.

Talking of mental illness but potentially referring to any illness, a Zen Buddhist psychotherapist suggests: “Depression offers us an opportunity to deepen our spirit, our lives, and our hearts.”³⁵ Illness can require that we alter old habits, help us rise to challenges we would have thought were beyond us, and show us that life can have meaning even though we do not have things we thought were essential. Because of what it teaches us and despite what it takes away, we can become more whole. Or in the words of a neurosurgeon: “Every major surgery or illness is filled with moments of potential and even actual spiritual transformation. Health-related crises produce windows of vulnerability and susceptibility. They call into question everything we’ve achieved, pursued, or dreamt. . . . When the air is knocked out of us, we grasp the meaning of breathing.”³⁶

Medical professionals of all types often distinguish between curing and healing. In the first, says Dr. Nedda Hobbs of Boston’s Children’s Hospital, whatever

problem you are facing is either solved or managed. Cancer is in remission, the heart now works fine, and the broken arm has knit. Or at least the previously unchecked diabetes, asthma, or seizures are now reasonably controlled, and you can more or less return to life as before. Healing, by contrast, has to do with making meaning of your suffering, accepting the changes in your life, learning whatever lessons it has to teach you, and connecting to the bigger picture of existence.³⁷ Buddhist teacher Stephen Levine, who has spent decades comforting people with fatal illnesses, describes it as learning “to touch with compassion that which before we faced with fear and aversion.”³⁸

One critical spiritual lesson of illness is the simple truth that human life is based in dependence. Everything we think we are—successful professionals, great skiers, political activists, spiritual writers, carpenters—is rooted in countless factors over which we have no control. From the sun’s energy to the nitrogen-fixing bacteria that enable plants to grow, from the evolution of culture that provides us with language, art, and science to the countless workers who build our houses, grow our food, produce our energy, and make our clothes, from each of our cells and organs doing its appointed job to the hundreds of millions of bacteria that live within us and do what our cells cannot, we depend on others.

It is a great illusion of liberal political thought in general, and modern technologically driven capitalism in particular, to think of dependence as something we are free to choose, a matter of smart contracts and rational calculations of best advantage. The illusion that dependence is always a matter of choice is shattered by illness. We discover how dependent on this organ or that physiological process we have always been and how much we now need a hospital, a respected specialist, a network of alternative healers, kind friends, expensive medications, and accommodations mandated by the Americans with Disabilities Act.

Further, illness can be a powerful reminder of the spiritual lesson that life is change. Today, we may feel pretty good. Tomorrow, we may be in a car crash or develop a cough that just won’t go away. Today, we can run and dance. Tomorrow, next week, or next year, the legs stiffen, the knees ache, and our heels simply can’t take the impact. Today, we have health; tomorrow, or next year, we won’t. Whatever the condition of our body and mind now, the only certainty is that it will not last.

And now another spiritual paradox arises. On the one hand, spiritual wisdom instructs us to celebrate whatever good fortune we have. If we didn’t get the dream job or the love of our life just married our best friend, we can still appreciate the gifts of eyesight, being able to walk, hear, and reason. If we have simple health, we can delight in it. Yet, here is the tough part: can we both celebrate these simple and precious gifts and face their deterioration and loss? The spiritual teachings of traditional religions have been clear that, as Solomon tells us (Ecclesiastes 3:2): “There is a time to be born, and a time to die.” Students of Buddhism have long been instructed to meditate on corpses or on what their own body will look like

in a hundred years. Every traditional Jewish prayer service includes a prayer to be said by mourners. And there is a wonderful story in which a famous rabbi tells his followers that repentance, which traditionally one is supposed to do for more than a month before the critical holiday of Yom Kippur, must be done for one day only, the day before one's death. "But Rabbi," asked a confused disciple, "how are we to know which day it will be?" "That," the rabbi replied quietly, "is the point."³⁹

Finally, illness is a teacher because if we respond to it spiritually, we realize a powerful and probably undreamed-of freedom: the ability to know enjoyment of life, gratitude, and compassion even as we suffer. We might remember the fictional Ivan Ilych, in his last moments able to think of others with compassion for perhaps the first time in his adult life. And we can find corroborating reports from people who have grappled spiritually as well as medically with illness that some kind of breakthrough—if only for a few minutes at a time—is possible. In this breakthrough, they tell us, the sick find themselves grateful for life, overwhelmed with compassion for their loved ones who are suffering by their side, and able to generate flashes of humor and delight.

It is natural for people to think at this point: "For God's sake, I have cancer (or heart disease, or steadily worsening glaucoma, or the early signs of dementia), and I have a right to be angry at this awful fate." Surely they are right. And surely no spiritual teacher, no teacher worth his or her salt in any event, would say they do not.

But a spiritual teacher might ask: what is the good of such a response? Will the rage dissipate, leaving us cleansed, or turn to hostility and bitterness? Will self-pity, fear, or a sense of deep loss over what is slipping away turn into calm or simply leave us in anguish? Indeed, no spiritual teacher wishes to take away your right to feel as lousy as you want—if that is indeed what you want. But is it? Or is it what you think is the only possible response to your condition? Reflecting on the fate of the Tibetan people, the Dalai Lama once said: "The Chinese have taken so much from me, I will not also give them my peace of mind."⁴⁰ Replace *Chinese* with the name of your ailment, and you find the heart of a spiritual response to illness.

This response offers an alternative way of perceiving the situation, a gestalt switch in which realities like pain and heightened dependence add up to something other than despair. While the negatives remain, there is now a sense of possibility: finding what is absolutely essential in life, connecting directly and honestly to people now that conventional roles and responsibilities have been shaken, finding as much pleasure in the tiniest aspects of life rather than (as is so often the case) getting as much as you can and still looking for more. In this way, spirituality offers not just practices like meditation and emotionally oriented values like compassion, but a radically different way of thinking about the ineluctable realities we face.

In *Speak the Language of Healing*, a book about how to face cancer “without going to war,” a woman writes: “It is the very transience of life that makes it precious. If we all expected to live forever, life would not amount to much. It would become very cheap. . . . Given the reality of death, how do I find peace of mind? . . . Knowing that I will die—perhaps in a year or two, perhaps this afternoon—is exactly what makes me savor life.”⁴¹ A richly spiritual engagement with a life-shortening illness may change it from life-shortening to, strangely, life-enhancing. For one thing, many spiritual writers have suggested that time is an illusion, or at least a product of mental perspectives. The future is a mental construct based in the assumption that things will continue. One can have a shorter life only if the mind constructs an image of some other life and compares it to this one. In fact, the only time we actually have is the present. If we can engage in the present fully, neither past nor future will exist, because we no longer compare the *reality* of what we have with the *thought* of something else. In a present unmarked by comparison or limit, it is possible to find a deep sense of peace no matter what the state of our health.

Reaching that state of mind is not easy. All the pressing demands of ordinary life militate against it. Yet illness can be a spiritual teacher precisely because it makes ordinary life impossible. Like a meditation retreat on steroids (or chemotherapy), illness makes the old routine and the old attachments almost impossible to maintain. Another author of *Speak the Language of Healing* says: “I believe we arrive in this life as spiritual beings, and one of our tasks here is to learn to be human. For me, cancer has been my greatest teacher and my greatest gift. In four difficult years following the diagnosis, my heart embraced a life lesson that breast cancer survivor Adrienne Rich shared in her poetry: I came to see the damage that was done and the treasures that prevail”⁴² Another author lists her “treasures”: learning to accept the reality of her limits and imperfections; to face her fear; to fulfill her own need for nurturance. Having learned these lessons, she can tell us that the “real measure of my healing would not be about a cure in my body. No, healing would happen in my heart and soul.” When that happens, she is ready to say, “I do not yearn for the old breast, the old life. If cancer was the price I had to pay to make the transition to a place of peace, I would do it again in a heartbeat.”⁴³ Such personal accounts of people undergoing all sorts of dire illnesses abound. It is not the party line of people writing books on spirituality, but sincere self-descriptions from people who may have been secular, conventionally religious, or at best only mildly interested in spiritual ideas before their illness began.

“What are these stories from breast cancer victims,” a skeptic might retort, “but people damaged by environmental pollutants, cancer-susceptible genes, and bad luck who are clutching at illusions?” It is always possible that people are claiming a spiritual peace they do not really feel. Yet note that the kinds of response shown do not depend on traditional *religious* comforts. These women are not basing their sense of healing in faith-oriented claims like “God has a plan” or “Soon I’ll be in

heaven with Jesus.” If they are bound in illusion, it is not the illusion of a reality that is, for us on earth, always elsewhere and for which there is, all things considered, not much evidence. Rather, a spiritually oriented response to illness allows them to tell a different story about their lives, to find comfort smack in the middle of their suffering. This may remind us that *everyone* is telling a story about the meaning of their lives, and all we can do is decide which ones we prefer. Saying that breast cancer is *only* a tragedy, a loss, and a defeat is just as much a story as saying that it is a teacher. Each account is equally compatible with the facts; neither can be proved as more rational than the other. However, it is not hard to see which one will give us a meaning that we can live and die with and which one is more likely to leave us bitter. These women are not denying the reality of their pain. They are saying they have found ways to think about their experiences that allow them some real happiness despite it. A paralyzed victim of neurological degeneration declares simply: it is “better to know and grow from the experience than to remain aloof and have no basis for wisdom.”⁴⁴

If such achievements are illusions, they work too well to be cast aside. These illusions allow us to resist our culture’s typical understanding of illness: that it is only pain, loss, and helplessness. Susan Wendell, a philosopher suffering from extreme chronic fatigue syndrome, maintains: “In the societies where Western science and medicine are powerful,” people with disabling conditions “are constant reminders...of the inability of science and medicine to protect everyone from illness, disability, and death. They are ‘the Others’ that science would like to forget”⁴⁵ Wendell, like the women struggling with breast cancer, must work through despair if she is to make sense of her life. This she does by valuing what she has, rather than simply missing what is gone forever.

When I look back on the beginning of my illness, I still think of it, as I did then, as an involuntary violation of my body. But I now feel that such violations are sometimes the beginning of a better life... The state of my body limited the possibilities in new ways, but it also presented new kinds of understanding, new interests, new passions, and projects. In this sense, my experience of illness has been profoundly meaningful.⁴⁶

Esthers

One Friday evening at the Reform Jewish temple I attend, instead of the usual rabbi’s sermon, my family got up to talk about our experience of having a child with severe disabilities. My then 14-year-old daughter Esther, who suffers from cognitive limitations, weak muscles, partial deafness, anxiety disorder, severe scoliosis, and a metabolic disorder, spoke last. At one point, she raised her head from her carefully prepared text, looked directly at the 500 or so people gathered for the

service, and said: "To you parents who have kids with special needs, I have one thing to say. Don't blame yourselves; it's not your fault."

If parents of handicapped children don't feel it is our fault, as Esther suggested we might, very often we feel that it is our responsibility to fix it. And if we can't, we wonder how it is possible for us to live a life of anything but anguish when our children are in pain, terribly limited, socially isolated, endlessly frustrated, or dying. Spirituality properly teaches us to find the good in life by being detached from our desires. But what does it mean to detach from the suffering of others, especially if the other is my child?

In conventional terms, disability is simply a profound failure. As a friend said to me soon after Esther was born—actually trying to be supportive!—having a child like Esther is "every parent's worst nightmare." Occasionally, of course, we see a TV drama in which there is a heroic triumph over all odds: the one-legged girl who runs the marathon, the charming boy with Down syndrome. These images only emphasize how bereft are all the others who are not special, who do not beat the odds, who are not at all cute. When acquaintances casually talked about how I will feel "when your kids finally go away to college," it was a small but painful matter to remind them that college was not in Esther's future. The awkward silence that followed only emphasized that those of us with disabled children inhabit a different country, a different universe, than the norm. When youth, physical beauty, career success, and a well-ordered portfolio are the ideal, children who cannot read or walk seem simply to be a loss. As the mother of a developmentally delayed son in the poignant documentary *Best Boy* says: "If you want to know heartache, have a retarded child."

The negatives of disability are all too obvious: thousands of hours spent in doctors' offices, searching online for alternative treatments, meeting with special teachers, and interviewing home health aides; lost sleep, friends, money, vacations, and career possibilities; and witnessing our children's suffering. And there is a kind of stigma. In a culture with a profound inability to tolerate pain, suggests theologian Stanley Hauerwas, the disabled will be shunned.⁴⁷

Is there anything else? Can parents of children with disabilities find a spiritual rewrite of the dominant social narrative when miraculous cures do not materialize? Even with the best medical attention, 25 holistic healers, home study programs, encouraging her to exercise before she gets to watch TV, purchasing 37 overpriced computer learning programs, and doing *Hooked on Phonics* together, Esther has remained Esther. She is sweet, emotionally wise far beyond her IQ, a surprisingly not bad shot with a basketball from seven feet out, and in many ways very, very impaired.

A spiritual reinterpretation of the value of Esther's life, can, I believe, begin with a spiritual reinterpretation of my own as Esther's father. This will first of all be rooted in an honest acknowledgment of what is possible. Who, after all, told me that I had the power to heal everything that is broken in the world? At the same time, I

cannot walk away from the obligations that have been placed before me. I must do what can be done, even while knowing that a good deal of what I do may accomplish little. Many of the world's traditional spiritual teachings focus on this dilemma. The warrior prince Arjuna, hero of the Hindu religious poem *Bagavad Gita*, is instructed by the God Krishna to fulfill his social duty but release his attachment to the results of his actions. Buddhists counsel us to realize that the problem is not that the world is uncontrollable, but that we do not accept this fundamental truth. They emphasize it is essential that we show compassion for all who suffer, no matter what else we cannot do. Kierkegaard said flatly that to avoid despair, we need to give up our attachment to "world-historical" accomplishments and concentrate on living principled ethical lives. The Talmud, stressing the intention rather than the accomplishments of love, teaches us that "to save one person is like saving the whole world." It suggests that even if we cannot save the one person, our efforts make a difference in "other realms."⁴⁸ Countless traditional and nontraditional spiritual voices have said that whatever healing, helping, and social improvement we perform is God working through us, not the fruits of our own individual abilities or powers. Even without a belief in God, this is a realistic assessment of the effects of our action, so much of which depend on countless factors over which we have no control.

We cannot *cure* the Esthers. But we can *love* them because they, too, are made in the image of God, because they suffer and deserve compassion, because they were given to us, because we can see how hard they are working at life, and because they have their own gifts. We can train ourselves to convey to them that we believe in the meaning of their lives, no matter how restricted those lives are. We can have faith, not necessarily in an all-powerful God who has hidden plans, but in the value of what is right before our eyes: a smile, a laugh, and children who crawl because they cannot walk, coo at us because they cannot talk, and will themselves to keep going day after day despite everything. With such a spiritually rather than religiously oriented faith, my parental responsibility has a clear purpose. A mother of a deaf child says, "Having a child with a disability makes you slow down and enjoy him or her, perhaps more than most parents whose children are not disabled. I'm not saying I am a better parent, just that I am more appreciative of this little creature of God."⁴⁹ If this is not easy, and a good deal of the time feels nearly impossible, this is another reminder that the extreme rewards of spiritual life come at an extreme cost.

If we can love our limited children, perhaps we can also find some well-deserved self-acceptance as well. For don't all of us have limitations, disabilities? Aren't there many things others can do that we cannot? Many lessons we just don't seem to be able to learn, insights that don't stick, bad habits we can't shake? Thus in learning to appreciate my disabled child, I can perhaps learn to appreciate the disabled father that I am—my plethora of physical limits, emotional immaturities, and spiritual shortcomings notwithstanding. Esther is far from perfect. So am I. If

learning to accept Esther teaches me to do the same for myself and other people, is that not a precious gift? If I can be accepting and compassionate to Esther even though she has multiple disabilities, perhaps I can do the same for myself, even though sometimes I am nasty, not as successful as I'd hoped, or just plain dumb.

A spiritual response to cancer or heart disease is twofold: actively use all possible resources, including meditative practices and spiritual attitudes, to support recovery and also accept what cannot be cured and find a spiritual meaning for pain and loss. The same is true for any parent of a handicapped child. Typically, there is much to be done that will help our children function better, enjoy life more, or at least be in less pain. But in the end, the only aspect of Esther's life that I can really control with any degree of certainty is the part in which I offer her love and give up my desperate attachment to "results." In this dimension, the task is not to cure her, but to accept the value of my own love, even if it won't cure her.

And there can be surprising moments of grace. A mother tells us that having an autistic child means both a "bleak realization that a mother's love isn't always enough" and an "unexpected joy at the smallest of life's mercies: a crooked smile, a shirt buttoned, a word remembered, a name scrawled uncertainly on a piece of paper."⁵⁰ Philosopher Eva Kittay writes that Sessa (her multiply handicapped daughter who cannot walk or speak) is a "teacher of love."⁵¹ Michael Berube argues that the ultimate value of having his son with Down syndrome mainstreamed is that the other children will learn to understand and value difference and approach their own differences with less fear or shame. In this sense, his son has as much to offer the normal school setting as it has to offer him.⁵² Esther herself can be funny, caring, and emotionally insightful. When asked what she thought the secret of life was, she replied without hesitation: "To love people."

In several collections of writings by parents of children with disabilities, this basic spiritual response to disability is repeated.⁵³ The pain is not erased, but it has a different meaning, and this meaning is not hopelessness. "The most important things I have learned since having a disabled child," says the mother of a cognitively limited, severely epileptic daughter, "is that the whole purpose of our existence is to love and be loved."⁵⁴

Thus love is the one sure ticket out of the cul-de-sac of despair that disabilities can cause. It is only love, in the end, that we can control. From Rumi to Jesus, from the Bodhisattva to Gandhi, is this not the quintessential spiritual lesson? If we are to find a way out of despair, says Miriam Greenspan, it can only be through listening to its insistent message that we need to change our expectations and attachments.⁵⁵ The father of a child with autism assures us: "The sorrow, although unwelcome, can be a pathway to an unconditional love that grows from a realization of the intrinsic beauty of each child's existence. We parents of children with disabilities can feel fine about ourselves when we grasp this and give up superficial achievement-based values."⁵⁶ This process is complex and multifaceted,

marked by pain that cannot be discounted. From the mother of a child with multiple handicaps:

Sometimes I feel burned out, other times, completely inspired. . . . I realize that I am a better person for having gone through this struggle. But I also know that my lost innocence was the price I paid for this enrichment as a human being. This is not to say “I would have chosen illness, or a disabled child.” After all, I didn’t have a choice. It is to say, “I can use this for good and not just for ill.”⁵⁷

“All the things taking place,” Chogyam Trungpa reminds us, no matter how disturbing, “are helpful. As long as we have a sense ‘that we are treading on the path.’”⁵⁸ With that sense we can live with our pain, rather than fearing that it will destroy us.

This need to undergo and understand our suffering and to change toward new values is a basic narrative core of world spirituality. The Jewish experience of slavery and liberation, the crucifixion of Jesus, the ascetic wanderings of the Buddha, Muhammed’s flight through the desert—in a spiritual sense, all these are about a kind of death and rebirth, about a profound anguish that makes possible a life deepened by love, broadened by compassion, and illuminated by appreciation for the beauties of daily existence. These stories are most emphatically not about a life in which nothing is lost. Jesus had his moments of despair on the cross. Joseph had to be sold into slavery before he could become Pharaoh’s assistant. “Suffering,” C. S. Lewis declared after his wife died of cancer, “is God’s wake up call.”⁵⁹ But what is it we are to wake up to? To accepting that a life that we cannot control, that may be enormously painful, is still a life worth living.

From a spiritual point of view, each person is of infinite value, because each person, if looked at properly, can help us with the infinite important task of finding our true nature, loving God, or reaching enlightenment. Unlike the SATs, baseball games, or Wall Street, in this context disability is no handicap. If we pay attention, *anyone* can be our teacher. That is one reason human beings deserve love—and the respect and care that love entails. And if despite fatigue, frustration, and disappointment, we can raise ourselves to answer that call, we can heal.

One summer afternoon, Esther is practicing basketball with our portable hoop, taking shot after shot, which I rebound for her in our driveway. Bright sun, 85 degrees, and Esther is sweating and red-faced in her special undershirt, thick plastic back brace, and T-shirt. For a moment she stops, looks up at the cloudless sky, and shakes her fist. “God,” she yells, “I am really angry at you. Why did you give me these special needs? Why did you give me so much pain? I’m sick of it. I just want to be normal.” She shakes her fist one more time, motions for me to pass her the ball, and shoots again: swish! She gets it in. Now her arms are raised in joy.

16. For a general account of the compatibility of religion and left politics, see my *Joining Hands: Politics and Religion Together for Social Change* (Cambridge, MA: Westview, 2002).
17. See the work of religious writer-activists like Rabbi Michael Lerner and Protestant Jim Wallis.
18. Robert Wuthnow, *America and the Challenges of Religious Diversity* (Princeton, NJ: Princeton University Press, 2005), 150. See Peter Berger on the insight that “pluralism undermines the taken-for-grantedness of beliefs and values” in “Protestantism and the Quest for Certainty,” *Christian Century*, August 26–September 2, 1998, 782. Also Edwin Gaustad and Leigh Schmidt, *The Religious History of America: The Heart of the American Story from Colonial Times to Today* (New York: HarperCollins, 2002), 426.
19. Robert Wuthnow, *After Heaven: Spirituality in America since the 1950s* (Berkeley: University of California Press, 1998). Other scholars (e.g. Gaustad and Schmidt, *Religious History*, 425–426) echo Wuthnow, describing ours as a “quest” culture in search of “wholeness” and “meaning.” Wade Clark Roof reflects the critical, searching attitude of baby boom spiritual seekers in a chapter titled “It’s Hard to Find a Religion You Can Totally Believe In,” in *A Generation of Seekers: The Spiritual Journeys of the Baby Boom Generation* (San Francisco, CA: HarperSanFrancisco, 1993).
20. Heelas and Woodhead, *Spiritual Revolution*, 61, 67.

CHAPTER 8

1. MayoClinic.com, “Psoriasis”: www.mayoclinic.com/health/psoriasis/DS00193/DSECTION=treatments-and-drugs.
2. Kabat-Zinn, *Coming to Our Senses*, 363.
3. Yoga for Vets: <http://www.yogaforvets.com/testimonials>.
4. Paul Zipes, interview, December 9, 2010.
5. Tom Boyle, quoted at Central Mass Yoga: www.centralmassyoga.com/veterans.htm.
6. Neal Pollack, “Warriors at Peace,” *Yoga Journal*, August 2010.
7. Thomas Moore, *Care of the Soul in Medicine: Healing Guidance for Patients, Families, and the People Who Care for Them* (Carlsbad, CA: Hay House, 2010), 182.
8. I am the husband in this story.
9. Consortium of Academic Centers for Integrative Medicine. “Curriculum in Integrative Medicine: A Guide for Educators”: www.imconsortium.org/prod/groups/ahc/@pub/@ahc/documents/asset/ahc_58948.pdf.
10. Noah St. John, Duke Integrative Medicine: www.dukeintegrativemedicine.org/index.php/2009011919/about-us/our-physicians-providers-and-staff.html#st_john.

11. I will avoid the complicated question of whether techniques like acupuncture, message, or chiropractic are more spiritual than surgery or prescribed medications. In practice, patients of these techniques may be as passive about and ignorant of what is going on, and the practitioner as detached, distant, and authoritarian, as anything in conventional western medicine.
12. Shauna L. Shapiro, Roger Walsh, "Meditation: Exploring the Farther Reaches," in Thomas G. Plante and Carl E. Thoresen, eds., *Spirit, Science, and Health: How the Spiritual Mind Fuels Physical Wellness* (Westport CT: Praeger, 2007), 60. For a detailed list of mind-body interventions, listed by condition, see Herbert Benson and William Proctor, *Relaxation Revolution: Enhancing Your Personal Health through the Science and Genetics of Mind Body Healing* (New York: Scribner, 2010).
13. See the overview in Timothy McCall, *Yoga as Medicine: The Yogic Prescription for Health and Healing* (New York: Bantam, 2007); and J. Vogel and M. Krucoff, "ACC CAM Consensus Statement," *Journal of the American College of Cardiology* 46 (2005):184–221. Recent studies have also looked at chronic low-back pain, chronic obstructive pulmonary disease, diabetes risk, HIV, immune function, inflammatory arthritis and knee osteoarthritis, multiple sclerosis, and smoking cessation. See National Institute of Health, National Center for Complementary and Alternative Medicine: <http://nccam.nih.gov/health/yoga/introduction.htm#keypoints>. For another detailed summary, including physiological effects in terms of heart rate and biochemical shifts in the blood, see Trish Lamb, "Health Benefits of Yoga," International Association of Yoga Therapists: www.iayt.org/site_Vx2/publications/articles/hlthbenefits.aspx.
14. The author is a yoga therapist who treats MS patients. Roger Nolan, "Yoga for MS": www.yogasite.com/ms.htm.
15. Donna Eden, *Energy Medicine: Balance Your Body's Energies for Optimum Health, Joy, and Vitality* (New York: Putnam, 1998), 88.
16. Allen Hamilton, *The Scalpel and the Soul: Encounters with Surgery, the Supernatural and the Healing Power of Hope* (New York: Tarcher/Putnam, 2009), 229–230.
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19. Dacher Keltner, *Born to Be Good: The Science of a Meaningful Life* (New York: Norton, 2009), 249.
20. Helen Riess, director of empathy research at Massachusetts General Hospital, quoted in Karen Weintraub, "Giving to Others Just Might Help People in the Treatment of Their Own Aches and Anxieties," *Boston Globe*, November 29, 2010.

21. Candace Pert, *Molecules of Emotion: Why You Feel the Way You Feel* (New York: Scribner, 1997), 307.
22. Pert, *Molecules*, 230.
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28. Jean van Gemert, interview, December 21, 2010.
29. Center for Mindfulness in Medicine, Health Care, and Society: www.umassmed.edu/cfm/oasis/index.aspx
30. The same question has been posed about yoga therapy's application of asanas to specific illnesses or injuries. See Julie Deife, "Is Yoga Medicine? Yoga Therapy Enters the Arena," *LA Yoga, Ayurveda and Health*, March 2007. Deife asks: When yoga becomes "medicine" do we necessarily ignore the overall goal of connecting the personal soul to God which is the theme of traditional yoga? Common Ground Yoga: <http://commongroundyoga.com/wp-content/uploads/2008/12/is-1.pdf>. Or see this comment by the head of the Himalayan Institute yoga center: "The lack of a grounding Yoga philosophy has shrunk Yoga practices to asana. People who regard asana practice as a beautiful set of exercises are definitely benefiting, but only in proportion to what they think asana is all about. . . . Yoga Philosophy . . . tells them that a human being . . . is body and mind together and that our core is pure consciousness and. . . . Yoga practices are designed to lead us to that core." Natalya Podgorny, "Inward Bound: An Interview with Pandit Rajmani Tigunait," *Yoga International*, Fall 2010, 34.
31. Yoga for Vets: www.yogaforvets.org/testimonials.
32. Interview in *Yoga International*, April–May 2002.
33. Some material in this and the following section is based in chapter 8 of Gottlieb, *Joining Hands*.
34. Mircea Eliade, *Journals*, vol. 3, 1970–1978 (Chicago: University of Chicago Press, 1989), 178.
35. Philip Martin, *The Zen Path through Depression* (San Francisco, CA: HarperSanFrancisco, 2000), xii.
36. Hamilton, *Scalpel*, 213.
37. Nedda Hobbs, interview, December 20, 2010.

38. Quoted at Good Reads: www.goodreads.com/author/quotes/4169.Stephen_Levine.
39. Another story whose source I cannot remember.
40. I have no idea where I heard this.
41. Susan Kenner, Carol Osborn, Linda Quigley, and Karen Stroup, *Speak the Language of Healing: Living with Breast Cancer without Going to War* (Berkeley, CA: Conari, 1999), 157–159.
42. Kenner et al., *Speak*, 40.
43. Kenner et al., *Speak*, 165–167.
44. Michael Ignatieff, quoted in Vardey, *God in All Worlds*, 347.
45. Susan Wendell, *The Rejected Body* (New York: Routledge, 1996), 63.
46. Wendell, *Rejected*, 175.
47. For a useful selection of Hauerwas's writings on this topic, as well as several interesting responses, see John Swinton, ed., *Critical Reflections on Stanley Hauerwas' Theology of Disability: Disabling Society, Enabling Theology* (Binghamton, NY: Haworth Pastoral, 2004).
48. Kierkegaard, *Postscript*, 115–159. Talmud: Sanhedrin 37a.
49. Paula Ickes, "Grandma Knows Best," in C. Dowling, N. Nicoll, and B. Thomas, eds., *A Different Kind of Perfect: Writings by Parents on Raising a Child with Special Needs* (Boston: Shambhala, 2004), 39.
50. Cindy Dowling, "Everything and Nothing at All," in Dowling et al., *Different Kind of Perfect*, 8.
51. Kittay, *Labor*, 147–161.
52. Michael Berube, *Life as We Know It: A Father, a Family, and an Exceptional Child* (New York: Pantheon, 1996).
53. Dowling et al., *Different Kind of Perfect*; Stanley D. Klein and Kim Schive, eds., *You Will Dream New Dreams* (New York: Kensington, 1999).
54. Kimberly Nava, "To Love and Be Loved," in Dowling et al., *A Different Kind of Perfect*, 217.
55. Greenspan (Esther's mother), *Healing*.
56. Robert A. Naseef, "The Rudest Awakening," in Klein and Schive, *You Will Dream New Dreams*, 209.
57. Jillian K. Welch, "The Journey," in Klein and Schive, *You Will Dream New Dreams*, 198–199.
58. Trungpa, *Training the Mind*, 89–90.
59. C. S. Lewis, *A Grief Observed* (San Francisco, CA: Harper San Francisco, 1994).

CHAPTER 9

1. Dennis Wall and Virgil Masayeva, "People of the Corn: Teachings in Hopi Traditional Agriculture Spirituality and Sustainability," in Roger S. Gottlieb, ed., *Religion and the Environment* (New York: Routledge, 2010), 2:310.
2. Chapter 5 of *Walden*.