Book Reviews


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Keywords
Buddhist Wisdom, interventions, meditation, mental disorders

Philip Martin (2009), in this book The Zen Path through Depression, shares his personal “re-awakening” (148) journey: how he has coped with severe depression, with which he was diagnosed at age thirty-seven, through Buddhist wisdom. Although he had himself received a psychiatric education, he was apparently unable to tackle his own mental illness through traditional psychopathological methods. However, inspired by Buddhist philosophy, and in particular Zen, he gained alternative views regarding the effective management of his mental disorder, as well as the accompanying emotional problems.

The book provides those affected by depression, whether Buddhists or not, with Buddhist teachings and practices, in order to deal with this “illness of heart” (xiii, 8), in a self-healing mode. Of particular importance is his elaboration on and interpretation of how explicitly Buddhist ideas can be applied to mental health care without religious barriers, which provides his account with a degree of relevance for students of Implicit Religion. This sort of “religion-free approach” (cp. Bailey 1997, 51–128; de Botton 2012; Halmos 1965; Murphy 1968), as a source of non-medical and non-intrusive interventions, opens a possible door for those eager to recover from emotional disorders. In this respect, the means by which the depressive symptoms can themselves be transformed into a realisation of meaning in life, is the most distinctive feature of this book.

Consisting of 46 mini-chapters, each covering two to six pages, a variety of topics are scattered throughout the book. It could thus be suggested that it might be re-structured along thematic lines. For example, the chapters might be grouped into diverse foci: links between depression and Buddhist practices (including “stopping to listen,” “exploring the territory,” and “a path through depression”); coping with depressive symptoms (such as “fear,” “pain,” “doubt,” “desire,” “escape,” and “anger”); Buddhist world-views and life-views (for instance, “death,” “impermanence,” “a larger meadow,” and
Buddhist values and virtues (involving “the truth of joy,” “seeing without blame,” “selflessness,” “value of uselessness,” “gratitude,” “compassion and action,” and “no expectations”); practices (including “sit down,” “attention,” “breaking open your heart,” “the middle way,” “embedded in life,” and “community”); and fruition (such as “the end of suffering,” “freedom,” “healing life of nature,” and “the final authority”). If the book had been more systematically arranged, in this way for instance, it would have presented a clearer roadmap to its readers, especially for those who have little prior knowledge of Buddhism.

Meaning in life, attained through suffering from this “spiritual illness” (8) called depression, as the author presents it, leads him to actualise his personal and spiritual growth, gaining an in-depth knowledge of the true self and its relationships with the world and other people. During the period of his ailment, depression produced both physical and mental exhaustion in Martin, accompanied by such grey emotions as doubt, feelings of emptiness, fear, indifference, grief, sorrow, anger and hopelessness, and a decrease in energy, memory and attention, which deteriorated both his body and mind.

Unlike most other sufferers, he did not seek to evade this affliction. Instead, his examination of such distress through meditation, as an ongoing treatment, offers him a chance to rethink what life and death really are. By this practice, he can observe his incoming and outgoing thoughts, emotional reactions, and sensations, experiencing the impermanent and uncertain nature of internal and external phenomena. Since then, he has cultivated an “ordinary” mind in order to accept uncontainable transience and life challenges, and to live in the present moment at every moment, which significantly enables him to attain a peaceful mind and so cure his mental illness. Attaining an awareness of the “beauty” (15, 20) of his vicissitudes, Martin not only feels free from the pain of depression, which he treasures as “preciousness” (20), but he has also dedicated himself to sharing this awareness with people who have gone through or are going through similar experiences; and, more critically, he senses hope, due to the possibility of positive change and an optimism for the future.

The key to healing this “disease of self-centeredness” (39), in light of Martin’s experience, is to detach from self, resulting in reducing judgments made of others. Judgement leads to a magnification of self, and encourages complaints, blame, and discomfort, falsely increasing the desire for control. Conversely, learning to accept powerlessness, one’s inherent non-autonomy and limitations in life, is a means of exploring the true
existence of self—a phenomenal self; that is, of a volatile self (including body and mind) formed by a cluster of necessary and contributing causes. This volatility is largely uncontrollable, but the mind is capable of being managed. When the author began to understand the nature of self, he learned to let go of self, judgement, and desire more easily; signifying that the key process, of removing the dichotomy between selfishness and selflessness, had begun. This is an important mind-training method.

The removal of this dichotomy, akin to the middle way in Buddhism, allows Martin to extend his vision, view the world differently and manage his mind flexibly, without fear of depression. It also calls for listening patiently to and caring tenderly for self (cp. Bailey 1997, 88), which reminds Martin of his termination of the struggle with his affliction—when he began to co-exist with it. Paradoxically, the affliction has now begun to fade away. From that moment on, he has lived calmly with depression, because he has released himself from the imprisonment of his depressive symptoms psychologically, and from the suffering resulting from his prior mis-perception of self. This allows him to exercise self-determination regarding his own life, and to re-gain the freedom of being himself. This emphasis on self-attachment, differing from other religions, is a result of a core Buddhist doctrine, explicating a major cause of suffering, which deviates from the concept of the self in Western psychotherapeutic traditions. Where psychiatrists strive to strengthen the self-identity of clients during the therapeutic process, Buddhism urges sentient beings to reduce self-centredness. This may be difficult for the Western mind to accept fully, however, and unfortunately this book provides little detail on how to facilitate it.

Having absorbed and assimilated Buddhist doctrines, Martin is able to explain in simple language how to use these concepts in mental health interventions and daily life. This precise presentation is indispensable for disseminating core Buddhist teachings related to health care, since the target readers include the mass public. Furthermore, the section on “Further Exploration,” at the end of most of the chapters, offers practical clues, focusing on the details of how to ameliorate these practices through a deeper understanding of ethical conduct, concentration, and wisdom from the Buddhist perspective. Supplying additional value in this section, which is largely associated with meditation, through which he quietly and compassionately looks into his inner universe, Martin raises subtle questions in order to help his readers to be able to follow the recommended steps and achieve better awareness of their personal feelings and emotions during the practice. This crucially enhances the readability of the book, and
transmits the message to those who are making the effort to better practise meditation.

Martin also illustrates these Buddhist theories with the help of different methods, including Buddhist stories (for example, of the Arrow Sutra, and of mustard seeds), canonical excerpts, classical literature, verses, citations of Western and Eastern scholars, mottoes from the Dalai Lama and other masters, and even quotations from Chuang Tzu (Zhuang Zi). This not only extends the dimensions of conceptual interpretation, providing references that facilitate the understanding of Buddhism, but also enriches the scope of the book. Readers, observing the similarities between Eastern and Western philosophies, may then feel more comfortable in applying Buddhist thought to overcoming their difficulties.

The Zen Path through Depression, as “a guide to growth, insight, and realisation” (x), illustrates, by a living example, how Martin has applied Buddhist philosophy in the form of “spiritual mining” (74) in order to tackle depression. The turnaround is “to stop fighting the depression, and to stop consciously surrendering to it” (129), but instead to watch the manifestations of its nature with a tranquil mind. Instead of explaining more profound notions, the author unveils the inspiration he has gained through Buddhist world-views and life-views, which have enabled him to dissolve the negative emotions and reactions arising from mental problems. In the process he has also rediscovered such of his innate own resources as gratitude, compassion, and commitment, opening a new chapter when encountering such life challenges again in his own life.

Martin’s reflections may indeed be applicable to the dissipation of suffering from other emotional disorders; however, he never discourages receiving medical intervention for mental illnesses. Meanwhile, as the book is pocket sized, it is portable enough for readers to be able to spend a few minutes going through one or two short texts whenever they have time, whether for leisure or for practical purposes.

In conclusion, the book is recommended for a diverse group of readers, including people with emotional disorders, caregivers, researchers, and helping professionals (such as social workers, psychiatrists, counsellors, occupational therapists, nursing, and medical service practitioners) who are committed to developing a more extensive spectrum of therapeutic skills and techniques.

Acknowledgements

I thank Dr Samson Tse for his support of this book review.

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References


