



**MINDFULLY FACING
DISEASE AND DEATH**

compassionate advice from early Buddhist texts

ANĀLAYO

Windhorse Publications
169 Mill Road
Cambridge
CB1 3AN
UK

info@windhorsepublications.com
www.windhorsepublications.com

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CONTENTS

[ABOUT THE AUTHOR](#)

[ACKNOWLEDGEMENT](#)

[PUBLISHER'S ACKNOWLEDGEMENTS](#)

[DOCTRINAL TOPICS INTRODUCED IN EACH CHAPTER](#)

[FOREWORD](#)

[INTRODUCTION](#)

[Chapter I](#) [THE BUDDHA AS A SUPREME PHYSICIAN](#)

1 [INTRODUCTION](#)

2 [TRANSLATION](#)

3 [DISCUSSION](#)

[Chapter II](#) [SICK BODY AND HEALTHY MIND](#)

1 [INTRODUCTION](#)

2 [TRANSLATION](#)

3 [DISCUSSION](#)

[Chapter III](#) [THE ARROW OF PAIN](#)

1 [INTRODUCTION](#)

2 [TRANSLATION](#)

3 [DISCUSSION](#)

[Chapter IV](#) [QUALITIES OF A PATIENT AND A NURSE](#)

1 [INTRODUCTION](#)

2 [TRANSLATION \(1\)](#)

3 [TRANSLATION \(2\)](#)

4 [DISCUSSION](#)

<i>Chapter V</i>	THE HEALING POTENTIAL OF THE AWAKENING FACTORS
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter VI</i>	MINDFUL PAIN REDUCTION
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter VII</i>	ENDURING PAIN WITH MINDFULNESS
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter VIII</i>	MINDFULLY FACING DISEASE
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter IX</i>	FEARLESSNESS WHEN SICK
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter X</i>	THE MEDICINE OF INSIGHT
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter XI</i>	LIBERATING TEACHINGS FROM A PATIENT
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION

<i>Chapter XII</i>	A CURATIVE MEDITATION PROGRAMME
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter XIII</i>	THE INEVITABILITY OF DEATH
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter XIV</i>	MINDFUL FREEDOM FROM GRIEF
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter XV</i>	DYING AND THE DIVINE ABODES
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter XVI</i>	DEATHBED INSTRUCTIONS
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter XVII</i>	NON-ATTACHMENT AND TERMINAL DISEASE
1	INTRODUCTION
2	TRANSLATION
3	DISCUSSION
<i>Chapter XVIII</i>	ADVICE ON PALLIATIVE CARE
1	INTRODUCTION
2	TRANSLATION

3 DISCUSSION

Chapter XIX MINDFUL DYING

1 INTRODUCTION

2 TRANSLATION

3 DISCUSSION

Chapter XX THE LIBERATING POTENTIAL OF DEATH

1 INTRODUCTION

2 TRANSLATION

3 DISCUSSION

Chapter XXI THE POWER OF INSIGHT AT THE TIME OF DYING

1 INTRODUCTION

2 TRANSLATION

3 DISCUSSION

Chapter XXII THE LAST WORDS OF AN ACCOMPLISHED LAY DISCIPLE

1 INTRODUCTION

2 TRANSLATION

3 DISCUSSION

Chapter XXIII THE BUDDHA'S MEDITATIVE PASSING AWAY

1 INTRODUCTION

2 TRANSLATION (1)

3 TRANSLATION (2)

4 DISCUSSION

Chapter XXIV RECOLLECTION OF DEATH

1 INTRODUCTION

2 TRANSLATION

3 DISCUSSION

CONCLUSION AND MEDITATION INSTRUCTIONS

INTRODUCTION

THE MEDITATION INSTRUCTIONS TO GIRIMĀNANDA

THE PERCEPTION OF IMPERMANENCE (1)

THE PERCEPTION OF NOT-SELF (2)

THE PERCEPTION OF THE LACK OF BEAUTY (3)

THE PERCEPTION OF DANGER (4)

THE PERCEPTION OF ABANDONING (5)

THE PERCEPTION OF DISPASSION (6)

THE PERCEPTION OF CESSATION (7)

THE PERCEPTION OF NOT DELIGHTING IN THE WHOLE WORLD (8)

THE PERCEPTION OF IMPERMANENCE IN ALL FORMATIONS (9)

MINDFULNESS OF BREATHING (10)

APPENDIX ON MINDFULNESS OF BREATHING

POSTSCRIPT BY AMING TU

REFERENCES

LIST OF ABBREVIATIONS

INDEX LOCORUM

ABOUT THE AUTHOR

Born in 1962 in Germany, Bhikkhu Anālayo was ordained in 1995 in Sri Lanka, and completed a PhD on the *Satipaṭṭhāna-sutta* at the University of Peradeniya, Sri Lanka, in 2000 – published in 2003 by Windhorse Publications under the title *Satipaṭṭhāna: The Direct Path to Realization*.

Anālayo is a professor at the University of Hamburg; his main research area is early Buddhism and in particular the topics of the Chinese *Āgamas*, meditation, and women in Buddhism. Besides his academic pursuits, he spends about half of his time in meditation under retreat conditions and regularly teaches meditation.

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DOCTRINAL TOPICS INTRODUCED IN EACH CHAPTER

Chapter 1:	The four noble truths and the eightfold path, the epithet Tathāgata
Chapter 2:	The five aggregates of clinging, their gratification and danger
Chapter 3:	The seven underlying tendencies and the three feelings
Chapter 4:	The four divine abodes (<i>brahmavihāra</i>)
Chapter 5:	The five hindrances, the seven awakening factors and their cultivation
Chapter 6:	The four <i>satipaṭṭhānas</i> , the divine eye, and the attainment of cessation
Chapter 7:	The significance of <i>devas</i>
Chapter 8:	The four levels of awakening, the five lower fetters, and the three trainings
Chapter 9:	The four limbs of stream-entry and the five precepts
Chapter 10:	The twenty personality views and the three influxes (<i>āsava</i>)
Chapter 11:	Not-self and the difference between stream-entry and full awakening
Chapter 12:	The four distortions (<i>vipallāsa</i>)
Chapter 13:	The Paccekabuddha and the Tathāgata's ten powers and four intrepidities
Chapter 14:	The five aggregates of liberation and the thirty-seven qualities on the side of awakening
Chapter 15:	The role of celestial realms
Chapter 16:	The three jewels and the path to stream-entry
Chapter 17:	The three characteristics and the four nutriments
Chapter 18:	The gradual refinement of happiness
Chapter 19:	Dependent arising (<i>paṭicca samuppāda</i>)
Chapter 20:	Right view at the time of death
Chapter 21:	The six sense-spheres
Chapter 22:	The significance of the wheel-turning king
Chapter 23:	The four absorptions and the four immaterial attainments
Chapter 24:	Recollection of death

FOREWORD

The Dharma world owes a debt of gratitude to Bhikkhu Anālayo for his meticulous, prolific, and surpassingly clear scholarly work over the past decades translating and elucidating important Buddhist texts and bringing the richness of the early Buddhist canon to life, particularly where it concerns the teachings on *satipaṭṭhāna* (mindfulness) and *karuṇā* (compassion). In addition to being a renowned scholar and translator, Bhikkhu Anālayo has been an ardent practitioner of mindfulness for decades. The fact that he lives and practices as a renunciant monk in accordance with rigorous monastic precepts infuses an additional dimension of authenticity, dedication, and relevance into his remarkable body of work. His first-person experience with meditation practice saturates this offering, which is dedicated to explaining in practical detail how various ancient texts, many translated into English by the author for the first time and selected because of their focus on the subjects of ill health and death, present the Buddha's and his disciples' explicit teachings on how to wisely and compassionately approach the challenges inherent in these inevitable dimensions of human experience. This book is a practice manual both for individuals facing sickness and death and for those motivated to assist others in those circumstances. The subject takes on a broader global relevance at this time on the planet, given the fact that mindfulness as a meditation practice and as a way of being has become progressively integrated into the mainstream of modern medicine, psychology, and health care over the past four decades,¹ and there is a growing scientific literature on its effects.²

I take Anālayo's invitation to write the foreword to this book as emblematic of his openness and commitment to catalyzing a wider receptivity to the dharma and its wisdom on the part of the world, with all its endemic suffering and the global urgency of our human and planetary predicament. It is also clear from his writings here and elsewhere that Anālayo is taking on the task of articulating these early Buddhist teachings in new and imaginative ways³ that, while completely congruent with the texts themselves, reveal new ways of working with them that might make their wisdom accessible to a wider range of people. He also clearly recognizes that the rigor and depths of Buddhist wisdom reside in the living practice of those who are inspired by it, and who are touched by the intrinsic universality of these teachings about the nature of the mind and body, and

the nature of suffering, and who also recognize the importance of the ethical foundations of these teachings and their promise in the face of seemingly endless greed, hatred, and delusion in the age in which we find ourselves. This book is an invitation to systematically deepen our own lived understanding of mindfulness in relationship to human wellbeing and health, to wisdom and compassion embodied, or, as Anālayo puts it in this book, “to learn to face one’s own being subject to disease and death, in order to be able to assist others in the same task”. Easy to say. Not so easy to live. That is why this book is so welcome, and so necessary at this point in time.

When I decided, in the late 1970s, to see if it might be possible to introduce the practice of mindfulness into the mainstream of medicine and health care in a major academic medical center and hospital, it was in part because of my own direct experience of physical pain years earlier on a two-week-long *vipassanā* meditation retreat conducted in the Burmese tradition of Sayagyi U Ba Khin --- and the direct discovery, out of necessity, that there were practical ways of working with what felt unbearable without moving my body or trying to escape the discomfort. Although in my case, shifting my posture (we were taking vows of not moving voluntarily for up to several hours at a time) would have ended the experience of intense bodily pain and its attendant suffering, it struck me that for people for whom their suffering due to chronic pain conditions was constant and not so easily dispelled, what I was learning about pain and the body and the mind through the systematic cultivation of *samatha* and *vipassanā* under the umbrella of “mindfulness” could have potentially profound and liberative benefits in medical settings. I came to see that hospitals and medical centers function in society as what we might call *dukkha magnets*, drawing virtually all of us to them once our symptoms, level of pain, disease, or injury reach a certain point. What better place then to offer a relatively intensive systematic exposure over a period of time to what the Buddha discovered through his own arduous and rigorous investigations but in a form and language that was not classically Buddhist but nevertheless designed and calibrated to teach the meditative cultivation of open-hearted awareness while igniting strong motivation to practice in the face of all aspects of the human condition and human suffering?

The synergies are evident, and compelling. Recall, as Anālayo points out in the opening chapter, that the Buddha is sometimes referred to as the physician of the world, and that the four noble truths were articulated in a classical medical form that pertains to this day: (1) diagnosis; (2) etiology; (3) prognosis; (4) treatment plan. While in a mainstream medical setting such as a hospital, “mindfulness” could not and should not be offered as Buddhism or as philosophy, it was definitely within the realm of possibility, I thought, to take a cue from the non-dual Chan traditions and let the universal essence of the Dharma and its elucidation unfold out of the practice of the meditation itself.⁴ This insight came on a two-week retreat at the Insight Meditation Society in Barre, Massachusetts, a place that is dear to Anālayo’s

heart and where he teaches regularly. The vision was to articulate the practice of mindfulness in ways that any ordinary person could understand, as a way to cultivate and strengthen innate qualities and capacities, rather than the imposition of a framework based on texts of any kind, whether it be the four noble truths, the eightfold path, the four establishments of mindfulness, the seven factors of awakening, or any other teachings we might as committed meditation practitioners be drawing on to support and deepen our own practice. As “mindfulness instructors” within modern medicine and health care, we would have to teach out of our own experience rather than citing authoritative Buddhist sources or texts, or, for that matter, drawing on inspiring or endearing Buddhist stories. Nevertheless, we ourselves would have to be grounded in our own dharma practice based on classical teachings from various Buddhist traditions, while continuing to learn from and practice with recognized Buddhist Dharma teachers. That meant we would be *translators* of Dharma and Dharma practice in a universal idiom that would nevertheless be as congruent with those classical teachings as we could manage to live up to in our own lives. In MBSR and the other mindfulness-based interventions that have proliferated over the past decades, this is referred to as “teaching out of our own practice and experience”. But this does not mean teaching whatever one likes, or making up your own private version of the Dharma. It means immersing yourself in the classical teachings to undergird and reinforce your own commitment to living an awakened life via the practice of mindfulness/heartfulness.⁵

In the early days of MBSR, the book I found most helpful and supportive in deepening my own first-person understanding of mindfulness and its cultivation, and how such practices fit into the larger framework of Buddhadharma, was Nyanaponika Thera’s *The Heart of Buddhist Meditation*,⁶ a systematic explication of the *Satipaṭṭhāna-sutta* and the only one readily available at that time. I also found Nyanaponika’s book invaluable in another way. It helped clarify and deepen my own intuitions and experience, based on years of practice and study both in the Chan/Zen/Sōn tradition and in the Theravāda *vipassanā* tradition, regarding the potential value of a disciplined daily cultivation of mindfulness in everyday life in the face of stress, pain, and illness. The challenge was to discern how such meditative practices might be presented and described in ways that would appeal to Westerners with no particular interest in Buddhism or classical Buddhist teachings, but who were suffering greatly and might benefit from taking up the practice of mindfulness in their own lives, especially if it could be engaged in wholeheartedly and consistently over time. The idea was to make mindfulness as a disciplined meditation practice and a way of living completely commonsensical and worth engaging in as an experiment, especially for people with chronic medical problems who were falling through the cracks of the health-care system and not getting the benefits from traditional treatments that they had hoped for. Of course, the challenge is always that of not losing or denaturing the essence and depth as one

explores new ways of presenting and languaging the dharma in its most universal manifestations. I see this as an ongoing evolutionary challenge, for Buddhism, for the world, and for those who love and live and teach the dharma, as mindfulness – for better or for worse – enters the mainstream of society globally, as is presently happening at an exponential rate.

Now, with this book, more than fifty years after Nyanaponika's offering, Bhikkhu Anālayo, who was born in Germany, as was Nyanaponika – in their times both deeply rooted to monastic life in Sri Lanka – offers us a much higher-resolution microscope with which to investigate how a mindfulness-based wisdom approach might be cultivated in the face of sickness, pain conditions, disease, and death. It taps early Buddhist textual sources mostly from the Chinese, carefully selected and sequenced here for their explicit focus on these specific concerns, and translated for the first time by the author. Each introduction and discussion, bookending a central text, invites deep reflection. The instructions for dealing with sickness, pain, and/or death, one's own and others', in all twenty-four selections, contain clear, uncompromising, and practical advice for any practitioner. They are concise, precise, and at the same time challenging even to long-time practitioners, even as they are also straightforward and intimately accessible. If enacted in practice, they provide profound step-by-step instruction in the cultivation of insight, wisdom, and healing. Above all, these teachings invite us to integrate their guidance directly into the laboratory of our own meditation practice and life, in the spirit of deep investigation and inquiry. As committed meditation practitioners know first hand, there is no more worthy or meaningful introspective undertaking in the world, nor a more difficult challenge for human beings to adopt and sustain throughout life.

For just these reasons, and the fact that this book is in a Buddhist idiom and vocabulary based on classical Buddhist texts, it will probably not be of great interest or practical utility to the general public, nor to the people we see every day in MBSR programs, no matter how severe their suffering. The barriers for most will simply be too high. However, these texts and Anālayo's commentaries can and hopefully will serve as a powerful resource for those of us, worldwide, who are MBSR instructors and instructors-in-training, or instructors of other mindfulness-based interventions, in supporting our own meditation practices, understanding, and teaching, just as Nyanaponika's book was for me at the beginning of MBSR. Anālayo's book will certainly challenge us to look more deeply into our own relationship to these classical dharma teachings and to our own experiences of suffering within the framework of our meditation practice and of life itself unfolding – and hopefully recognize over and over again that these are essentially one and the same. While the material itself may not be directly applicable in teaching mindfulness in mainstream settings, the insights and transformations it might catalyze in those of us who study these texts and commentaries may lead to new ways of highlighting and bringing

out in class discussions some of these deep teachings in ways that can be very much heard and adopted by medical patients and others suffering ill health.⁷

This work will, of course, also and primarily be welcomed and hopefully celebrated widely by Buddhist scholars and by Buddhist meditation teachers and practitioners across all traditions who might be looking for new opportunities to explore and deepen their understanding of Dharma in their own lives and work, and, more specifically, its implications in regard to health and healing, writ large in the form of unbounded wakefulness and a constitutive intimacy with the *brahmavihāras*. Anālayo eschews orthodoxy throughout, and his humility shines through in his explicit acknowledgement that the perspective he offers here is only *one* perspective on these texts, not *the* perspective.

Tying together and unifying the twenty-four texts and major themes Anālayo has selected for exploration and exegesis in a logical and compelling sequence is a final chapter with a skillful and encompassing summary, accompanied by his powerful meditation instructions, commentary, and recommendations. Anchored in the *Girimānanda-sutta*, these instructions encapsulate and distill the essence of all the topics covered in the selected texts, basically offering a rigorous and overarching condensed curriculum of what has come before. This concluding section maps the liberative dimensions of mindfulness as a practice, and how to optimize its potential for healing, here used in the sense of *coming to terms with things as they are*,⁸ at the level of both body and mind.⁹ These practice recommendations invite careful study and exploratory enacting in one's own life. Mindfulness of breathing, in Anālayo's words, "functions as a culmination point of practice". Explicitly scanning the body and isolating awareness of different groupings (skin, flesh, bones), as he recommends, is one more instance of the strong overlap with mindfulness-based approaches in medicine, although, when it comes to body scans, we emphasize the virtues of lying-down meditations (in the *corpse* pose)¹⁰ for falling awake and for befriending the life and constant flux of the body,¹¹ as well as a more conventional sequence of body regions. Anālayo also strongly encourages awareness of the body as a whole, and aptly describes it as *proprioceptive awareness*. He goes on to make skillful use of it to explore the five aggregates and highlight impermanence, with the invitation to ultimately, in his words, "rest in awareness of all aggregates in combination as a mere flux". This is similar to the practice we call *choiceless awareness* in MBSR, and others term *shikantaza*,¹² *silent illumination*,¹³ or *present fresh wakefulness*.¹⁴

I am struck by some deep synergies in these texts with Mahāyāna teachings. The *Heart-sūtra* comes to mind, with its radical non-dual treatment of the five aggregates, the senses, even the four noble truths,¹⁵ as does the radical non-dualism of the *Xīnxīn Míng* (*Verses on the Faith Mind*) by Sēngcàn, the third Chan patriarch.¹⁶ Also, in a different vein, the *Vimalakīrti-sūtra*,¹⁷ in which the Buddha asks person after person in his retinue to go

and inquire after the health of the layman Vimalakīrti, who is reported to be sick.¹⁸ However, so great is Vimalakīrti's prowess in non-dual Dharma that all are intimidated and decline to deliver the Buddha's message until Mañjuśrī, the wisest of the bodhisattvas, assents to go. At that point, all 500 of the Buddha's closest disciples and 8,000 bodhisattvas who are present tag along to listen in on the conversation and benefit from Vimalakīrti's unparalleled Dharma wisdom. What follows is a series of teachings very similar to those offered in the early Buddhist texts Anālayo presents for us here: on impermanence, emptiness, equanimity, and selflessness, and our potential for full awakening through the cultivation of mindfulness.

A Chinese Chan master aged ninety-seven once said to me:¹⁹ "There are an infinite number of ways in which people suffer. Therefore, there have to be an infinite number of ways in which the Dharma is made available to them." This book provides a new and welcome way to familiarize ourselves with and understand the Buddha's explicit teachings on how to approach the inevitability of stress, pain, disease, dying, and death, in others and in ourselves. May we all be its beneficiaries. And may it be instrumental in pointing the way to bring greater solace, peace, and wisdom for all.

Jon Kabat-Zinn, Ph.D.
Northampton, Massachusetts
30 March, 2016

Professor of Medicine emeritus
Founder, Center for Mindfulness in
Medicine, Health Care, and Society
University of Massachusetts Medical School

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- 1 Anālayo mentions this phenomenon in a scholarly paper on healing in early Buddhism which cites some of the early work on Mindfulness-Based Stress Reduction (MBSR) for people with chronic pain conditions; see Anālayo 2015c.
 - 2 Kabat-Zinn 1982, Kabat-Zinn et al. 1985 and 1986, and Zeidan et al. 2015 and 2016.
 - 3 Anālayo 2014c.
 - 4 Kabat-Zinn 2013.
 - 5 Kabat-Zinn 1990/2013, 2005, and 2010.
 - 6 Nyanaponika 1962.
 - 7 For instance, as concerns the four establishments of mindfulness, they are never taught as such in MBSR. However, in our experience, the essence emerges on its own in class discussions as we share and discuss our experiences with the body, with pleasant and unpleasant experience, and with awareness of thoughts and emotions. This is a natural progression. It often feels in teaching this way as if the deep dharma wisdom emerges on its own, most often in conversation and dialogue among the class participants, when the ground is prepared in practice, and when the instructor is practiced enough to draw out these themes from the actual

reported experiences of the participants in their formal cultivation of mindfulness and in its moment-to-moment extension into everyday life.

- 8 Kabat-Zinn 2013, p.27.
- 9 See Aming Tu's postscript below here, in which he uses the phrase to "come to terms" in regard to facing his own life and death.
- 10 The name itself invites investigation of dying, as in "dying to the past and the future", for instance, and dying to who one thinks one is, as well as inquiring into "Who dies?"
- 11 This is especially valuable for people with chronic pain or other conditions that make sitting for extended periods of time difficult.
- 12 Kapleau 1967.
- 13 Sheng Yen 2012.
- 14 Chokyi Nyima 2002.
- 15 Tanahashi 2014.
- 16 Mu Soeng 2004.
- 17 Thurman 1976.
- 18 See below here on the lay disciple Citta, who can be seen as a forerunner of Vimalakīrti.
- 19 Ven. Ben Huang, Shenzhen, China, 2004.

Suppose a person comes and, standing to one side, sees that a traveller on an extended journey along a long road has become sick halfway, is exhausted and suffering extremely. He is alone and without a companion. The village behind is far away and he has not yet reached the village ahead. [The person thinks]: "If he were to get an attendant, emerge from being in the wilderness far away and reach a village or town, and were to be given excellent medicine and be fed with nourishing and delicious food, be well cared for, then in this way this person's sickness would certainly subside." So that person has extremely compassionate, sympathetic, and kind thoughts in the mind towards this sick person.

INTRODUCTION

Disease and death are undeniably integral parts of human life. Yet, when they manifest one is easily caught unprepared. To prepare oneself for what one will certainly encounter at some time, there is a definite need to learn how to face the time of illness and passing away skilfully. In support of such learning, a source of practical wisdom can be found in the early discourses that record the teachings given by the Buddha and his disciples.

The chief aim of this book is to provide a collection of passages from the early discourses that provide guidance for facing disease and death. The present anthology thereby continues the theme of compassion, whose meditative cultivation as part of the four divine abodes I studied in a monograph on *Compassion and Emptiness in Early Buddhist Meditation*.¹ Whereas in that study my focus was on the meditative cultivation of compassion, *karuṇā*, the present study is concerned with its complement in *anukampā*, compassion as the underlying motivation in altruistic action.²

A discourse passage illustrating how compassion can arise, with which I started my other study,³ describes seeing a person who is sick. I have placed this same passage at the outset of the present book, since it similarly serves as the starting point of my study of disease and death. Precisely such compassionate, sympathetic, and kind thoughts on seeing someone else afflicted are what motivates one's wish to assist those who are sick or on the verge of death. In order to be able to do so, however, it is indispensable that one also learns to face one's own sicknesses and mortality. This will be a recurrent theme of my exploration throughout this book.

The passages translated below at times explicitly mention compassion, *anukampā*, as part of an invitation to the Buddha or one of his disciples to come and visit someone who is sick or on the verge of death. When the Buddha or his disciples pay such visits without prompting, the same motivation is implicit. Those motivated by such compassionate concern are monastic disciples who are arahants or who are still in training, as well as lay disciples. In early Buddhist thought the compassionate concern to assist those who are sick or on the verge of death is common to these different types of disciples.

The four noble truths, which according to tradition correspond to the first teaching given by the recently awakened Buddha, provide the framework for the early Buddhist perspective on disease and death. The presentation of

these four noble truths in this first teaching takes the form of “twelve turnings”, a count that results from analysing the realization of each of the four truths into three distinct aspects. For the ground plan of this study I have adopted the same number twelve,⁴ allocating twelve chapters to the topic of disease and another twelve chapters to the topic of death. Each of these two sets of twelve starts with a discussion of the four noble truths and culminates in a discourse on meditation practice. The two sets together are followed by a conclusion that offers practical meditation instructions. These bring together the chief themes explored in the preceding chapters in actual meditative practice, thereby catering to the need mentioned above to learn to face one’s own being subject to disease and death, in order to be able to assist others in the same task.

Chapter 1 takes up a comparison between the Buddha teaching the four noble truths and a physician, thereby underlining the pragmatic orientation of this central doctrine in Buddhist thought that serves as the basic framework for facing disease and death. Chapters 2 and 3 draw attention to the need to protect the mind from being afflicted by bodily pain. Chapter 4 presents a listing of qualities of a patient and a nurse that enable speedy recovery. The qualities that bring about mental health through awakening are the topic of Chapter 5, followed by a focus on the role of mindfulness in facing pain in Chapters 6, 7, and 8.

Chapter 9 explores the theme of one’s virtue leading to fearlessness when ill and Chapter 10 turns to concentration and insight at the time of sickness. Chapter 11 features instructions given by a patient to those who had enquired about his health. A whole meditation programme emerges from instructions to a sick monk in Chapter 12, whose practical implementation I explore in detail in the conclusion to this book.

Grief for dear ones is the theme of Chapters 13 and 14, with which my exploration turns from the theme of disease, explored in the first twelve chapters, to the topic of death studied in the remaining twelve chapters. The divine abodes as a way of passing away peacefully feature in Chapter 15; Chapter 16 presents deathbed instructions on insight. Chapter 17 takes up the impact of family relationships at the time of death; instructions on palliative care can be found in Chapter 18.

Chapter 19 provides instructions on mindful dying, and Chapters 20 and 21 record instances when the moment of death led to high realizations. An account of the exemplary passing away of an accomplished lay disciple can be found in Chapter 22. Chapter 23 turns to the Buddha’s meditative passing away, and Chapter 24 shows how to cultivate recollection of death with diligence and offers practical instructions.

Following these two sets of twelve chapters, the conclusion presents detailed meditation instructions based on the discourse translated in Chapter 12. This is followed by an appendix with translations of the sixteen steps of mindfulness of breathing in two *Vinayas*, which by way of inculcating continuous awareness of impermanence is a meditation practice

of considerable importance to the topics covered in this book. In this way, besides completing my study of the meditative cultivation of compassion (*karuṇā*) with an exploration of active expressions of compassion (*anukampā*), the present book also complements my early surveys of mindfulness of breathing from the viewpoint of *satipaṭṭhāna* meditation.⁵

As a general pattern, in each of the twenty-four chapters a whole discourse, or at least substantial parts of it, is translated, preceded by an introduction and followed by a discussion. The introduction and discussion parts are only meant to provide a starting point for readers to develop their own reflections and do not claim to offer full coverage of the various implications and nuances of the translated discourse. The majority of the passages chosen are based on Chinese originals and, with a few exceptions, are here translated into English for the first time. The choice of relying on passages from the Chinese *Āgamas* reflects the fact that several English translations already exist of the corresponding Pāli versions. By translating their Chinese counterparts, my intention is to allow the reader to compare the parallel versions in English translation and get a first-hand impression, beyond the selected observations that I provide regarding variations between them.

The bulk of discourses relevant to the topic of disease and death are from the *Samyukta-āgama* and thereby from a textual lineage transmitted by a Buddhist school known as Mūlasarvāstivāda.⁶ The Mūlasarvāstivāda *Vinaya* is still followed nowadays by monastics in the Tibetan tradition. Although Tibetan and Theravāda Buddhism take at times quite distinct positions, when it comes to the issue of facing disease and death the teachings recorded in the early discourses of these two traditions show close agreement alongside interesting variations in details.

In the discourses translated in this book, often the original gives the full exposition only for the first and perhaps last item in a list, and the rest is abbreviated. At times whole descriptions are abbreviated, and an indication is given regarding what other discourses the full treatment should be supplemented from. In my translations I replace such abbreviations with the full passage, marking the fact that this part has been supplemented by putting it into italics.⁷ In this way I intend to enable those who wish to approach the translated text in a more contemplative spirit to do a full reading and thereby let the instruction sink in with each of the items in such a list in turn. At the same time I hope the use of italics will facilitate reading for those more inclined to read for information, making it easy to jump to the end of the supplemented part in italics and continue reading where the translation from the original sets in again. In the case of supplementations that are my own choice, adopted in order to enable a better understanding of a somewhat cryptic Chinese passage, I use square brackets [] instead of italics, and for emendations I employ angle brackets < >.

So as to avoid gendered terminology and to ensure that my presentation does not give the impression that it is meant for male practitioners only, I

translate equivalents of the term *bhikkhu* with “monastic”.⁸ I have not been able to avoid the fact that the passages presented are predominantly populated by male characters. In texts of this time and culture, women generally feature more rarely as participants in discussions and as recipients of teachings. In the case of the early Buddhist texts, of the few instances related to disease and death that do involve females, several have no parallel in other textual traditions and for this reason have fallen outside of the scope of my selection.⁹

In order to present the early Buddhist perspective on disease and death in a way that goes beyond the confines of one particular Buddhist tradition, I have endeavoured to include only texts that are extant from more than a single lineage of transmission. Three special cases are the discourse chosen for Chapter 1, which is unknown in Pāli but found in a range of sources that clearly fall into two distinct transmission lineages, and two discourses translated from a Tibetan original in Chapters 5 and 11. These two discourses are not part of the Mūlasarvāstivāda textual tradition, but rather have their origin in Theravāda texts that were brought to Tibet and translated there.¹⁰ Both differ in several respects from their Pāli counterpart, making them representatives of different transmission lineages within the same Theravāda tradition.

In my translations I employ Pāli terms for the sake of ease of comparison, without thereby intending to take a position on the language of the original that formed the basis for the translation into Chinese. Exceptions are terms like Dharma and Nirvāṇa, both of which are now commonly used in Western publications.

In the hope of making my presentation easily accessible to readers who may not necessarily be familiar with some of the intricate details of early Buddhist doctrine, I give brief introductions to chief doctrinal terms or aspects of early Buddhist thought in each chapter, inasmuch as these are relevant to the discourse taken up. For ease of cross-reference, a list of these terms and aspects according to chapter can be found above, here.

I owe the inspiration to compile this book to my friend and colleague Aming Tu of Dharma Drum Mountain. As a professor of Buddhist informatics and a dedicated practitioner of Chan meditation, Aming Tu found the discourses on disease and death in the Chinese *Āgamas* to be an immense resource when having to live with the gradual deterioration caused to his body by cancer. In awareness of the benefit he derived from these texts, he had the compassionate wish for these teachings to be made more widely available to the general reader through being translated and explained. When he shared his idea with me, I was only too happy to follow it up, and the present book is the result of putting into practice the basic plan we developed together. In a postscript to this book he shares his personal experience, describing how he found the discourses from the Chinese *Āgamas* helped him to face disease and death.¹¹

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- 1 Anālayo 2015b.
 - 2 On the two terms see in more detail Anālayo 2015b: 13.
 - 3 MĀ 25 at T I 454b20 to 454b25, quoted in Anālayo 2015b: 5f.
 - 4 On the symbolic significance of the number twelve in ancient India in general see Spellman 1962.
 - 5 Anālayo 2003: 125–36 and 2013b: 227–40.
 - 6 This *Samyukta-āgama*, found in the Taishō edition as entry 99, shows ample evidence of the influence of a general penchant among Chinese translators for introducing some variation in their renderings of what in the Indic original must have been the same formulations or expressions. Even quotes of a sentence found just a few lines earlier are often given in slightly different wording, and standard expressions are at times rendered in a different way.
 - 7 In order for this to work, in translated passages throughout Indic terms are not in italics.
 - 8 See also here and here.
 - 9 In the case of the story of Nakulamātā attending to her dying husband in AN 6.16 at AN III 295,12 (translated Bodhi 2012: 871), no parallel is known. The tales of the long pregnancy of Suppavāsa and of Visākhā mourning the death of a grandchild, Ud 2.8 at Ud 15,6 and Ud 8.8 at Ud 91,12 (translated Ireland 1990: 28 and 121), are without a counterpart in T 212, the only *Udāna* collection preserved in Chinese that does accompany *udānas* with prose narrations, similar to the case of the Pāli *Udāna* collection; see in more detail Anālayo 2009a.
 - 10 On the transmission of these texts see Skilling 1993.
 - 11 See below here.

I

THE BUDDHA AS A SUPREME PHYSICIAN

I.1 INTRODUCTION

The discourse translated in the present chapter, which forms the starting point for this whole book, presents a comparison between the Buddha and a physician. This comparison is significant in so far as it involves a central teaching in Buddhist thought: the four noble truths. These are concerned with *dukkha*, a term whose meaning ranges from what is outright painful to what is of an unsatisfactory nature. Elsewhere I have argued that the standard translation “suffering” can be misleading.¹ Instead of imposing what in my view is a preferable translation on the reader, in what follows I simply use the Pāli term *dukkha*. The four noble truths are as follows:

- the noble truth of *dukkha*,
- the noble truth of the arising of *dukkha*,
- the noble truth of the cessation of *dukkha*,
- the noble truth of the path leading to the cessation of *dukkha*.

According to tradition, this is the teaching which the recently awakened Buddha disclosed to his first disciples.² This teaching appears to be modelled on an ancient Indian scheme of medical diagnosis. Although we do not have incontrovertible proof that ancient Indian medicine had such a scheme,³ the absence of such proof needs to be considered in light of the fact that extant ancient Indian medical treatises in general stem from a later period than the early Buddhist discourses. The presentation in the discourse translated in this chapter and other relevant early discourses makes it fairly probable that some such diagnostic scheme was in existence at the popular level.⁴ The correlation between this medical diagnosis and what is perhaps the most central Buddhist doctrine can be visualized as follows:

- disease: *dukkha*,
- pathogen: arising of *dukkha*,
- health: cessation of *dukkha*,
- cure: eightfold path.

The correlation of the four noble truths with a fourfold medical diagnosis and the comparison between the Buddha and a physician are found in several discourses. In addition to the discourse from the *Samyukta-āgama* which I translate below, another two discourse versions are extant in Chinese translation.⁵ Partial discourse quotations are preserved in works in Sanskrit,⁶ and a complete discourse quotation exists in Tibetan.⁷ In addition, yet another version has been preserved in fragments in Uighur, an ancient Turkish language, presumably having been translated from Chinese translations in turn.⁸ From the viewpoint of textual transmission, these different versions fall into two main groups, making it clear that the basic presentation of the Buddha as a physician is not just a case of a single version being preserved in different languages. Instead, there are clearly at least two distinct transmission lineages attesting to the present discourse.

Even though no direct Pāli parallel to the present discourse is known, other Pāli discourses regularly refer to the Buddha as a physician. A discourse in the *Aṅguttara-nikāya*, moreover, illustrates the dispelling of one's sorrow and grief through hearing the Buddha's teaching with the example of being quickly relieved from a disease by a skilled doctor.⁹ In short, comparing the Buddha to a physician and his teaching to a medical cure is a common theme in the early discourses.

The chief teaching of the four noble truths provides the foundation and framework within which a solution to the pressing problem of disease and death can be found. It not only does so in the sense of providing a framework for assisting others and oneself in facing sickness and loss of life, but also offers a perspective that goes beyond all types of affliction caused by illness and mortality. This is the perspective of the final goal of practice being a condition of total mental health through awakening.

In the discourse below the Buddha refers to himself as the Tathāgata, thereby employing a term in common use in the ancient Indian setting for someone who had reached full realization.¹⁰ The term itself could be understood in two ways, as describing an accomplished one either as being "thus gone" or as "thus come". Both senses converge on conveying the sense of a thorough transcendence of worldly limitations by the one designated as Tathāgata.

I.2 TRANSLATION¹¹

Thus have I heard. At one time the Buddha was staying at Benares in the Deer Park at Isipatana. At that time the Blessed One told the monastics:

"By accomplishing four principles one is reckoned a great royal physician, worthy of being the possession of a king and of being a member of the king's [retinue]. What are the four?

"One: being skilled in understanding a disease; two: being skilled in understanding the source of a disease; three: being skilled in understanding the

cure for a disease; four: being skilled in understanding when a disease has been cured and will not appear again.

“How is someone reckoned to be a good doctor who is skilled in understanding a disease? That is, a good doctor is skilled in understanding various types of disease as they are; this is reckoned to be a good doctor who is skilled in understanding a disease.

“How is someone a good doctor who is skilled in understanding the source of a disease? That is, a good doctor is skilled in understanding that this disease has arisen because of wind, this has arisen due to phlegm,¹² this has arisen due to mucus, this has arisen due to various colds, this has arisen because of an actual event,¹³ this has arisen due to seasonal [influence]; this is reckoned to be a good doctor who is skilled in understanding the source of a disease.

“How is someone a good doctor who is skilled in understanding the cure of a disease? That is, a good doctor is skilled in understanding that for various types of disease one should administer medication, or should [bring about] vomiting, or should [administer] a laxative, or should [undertake] nasal instillations, or should [administer] fumigation, or should bring about perspiration; on [administering] in this manner various cures, one is reckoned a good doctor who is skilled in understanding the cure of a disease.

“How is someone a good doctor who is skilled in understanding when a disease has been cured and will never appear again in the future? That is, a good doctor is skilled in curing various types of disease so that they are completely eliminated and will never arise again in the future; this is reckoned to be a good doctor who is skilled in understanding how to cure a disease so that it will not appear again.¹⁴

“A Tathāgata, who is an arahant and fully awakened, is also just like that, being a great royal physician who has accomplished four qualities to cure the disease of living beings. What are the four?

“That is, the Tathāgata understands that this is the noble truth of dukkha, knowing it as it really is; that this is the noble truth of the arising of dukkha, knowing it as it really is; that this is the noble truth of the cessation of dukkha, knowing it as it really is; and that this is the noble truth of the way to the cessation of dukkha, knowing it as it really is.

“Monastics, the secular good doctor does not understand as it really is the fundamental cure for birth, *does not understand as it really is the fundamental cure* for old age, *does not understand as it really is the fundamental cure* for disease, *does not understand as it really is the fundamental cure* for death, *does not understand as it really is the fundamental cure* for sadness, *does not understand as it really is the fundamental cure* for sorrow, *does not understand as it really is the fundamental cure* for vexation, and does not understand as it really is the fundamental cure for dukkha.¹⁵

“The Tathāgata, who is an arahant and fully awakened, being a great royal physician, does understand as it really is the fundamental cure for birth, *does understand as it really is the fundamental cure* for old age, *does understand as it really is the fundamental cure* for disease, *does understand as it really is the fundamental cure* for death, *does understand as it really is the fundamental cure* for sadness, *does*

understand as it really is the fundamental cure for sorrow, does understand as it really is the fundamental cure for vexation, and does understand as it really is the fundamental cure for dukkha. For this reason the Tathāgata, who is an arahant and fully awakened, is reckoned a great royal physician.”¹⁶

When the Buddha had spoken this discourse, hearing what the Buddha had said the monastics were delighted and received it respectfully.

1.3 DISCUSSION

The correlation between the four noble truths and a diagnostic scheme taken from the realm of medicine adds a pragmatic flavour to what tradition reckons the central teaching delivered by the recently awakened Buddha. This teaching begins by clearly acknowledging that there is “dis-ease” in life. That this is indeed the case becomes quite plain when one falls ill or ages, and even more so when one has to face death, be it one’s own or another’s.

But even at other times there is a continuous “dis-ease”, since, however pleasurable an experience may be at present, it will not last. Sooner or later it will cease; therefore it is incapable of providing lasting satisfaction. One will not always get what one wishes, but instead will often experience the frustration of unwanted experiences. At times one will have to leave the company of those one likes and be with those with whom one would rather not be associating. The early Buddhist teaching of the first noble truth sums up all these problems under a single term: *dukkha*.

Whereas the first of the four noble truths involves the honest recognition of the fact of *dukkha*, the second noble truth points out that one contributes to *dukkha* oneself. Even though everyone wants to be happy and at ease, the way many go about trying to achieve this can be rather unskilful. One clings and craves, and as a result is bound to suffer, precisely because of craving and clinging.

Following the disconcerting realization that one’s own craving makes a substantial contribution to the actual experience of *dukkha*, the third noble truth discloses an alternative to this predicament. It does so by announcing that there is a condition that is entirely free from craving, where the mind has become totally “healthy” in all respects by completely leaving behind the influence of what is unwholesome. With all the parallels to medicine, this third noble truth makes it clear that the early Buddhist conception of mental health goes far beyond what modern psychology would consider a healthy condition of the mind.

The fourth noble truth delineates the practical path to be undertaken to reach this condition of mental health. This path is presented as eightfold, in the sense that it covers eight complementary aspects of development:

- right view,
- right intention,
- right speech,

- right action,
- right livelihood,
- right effort,
- right mindfulness,
- right concentration.

Based on a preliminary appreciation of the four noble truths, one establishes right *view*, in the sense of a perspective on one's own predicament as well as that of others that has the potential to lead out of this predicament. This is what makes such view "right" or "correct". Implementing such rightness or correctness of view runs counter to being obsessed with the wrongdoings of others or the unfairness of adverse circumstances. Instead the focus provided by right view is on what one can do oneself within circumstances as they are at present, in particular in terms of lessening one's own clinging and attachment.

Applied to the actual situation of being confronted with a distressing or painful experience, one begins with the frank recognition that this is indeed a manifestation of *dukkha*. Next comes the question of the extent to which one contributes oneself, in whatever way this may be, to the distressful and painful nature of this experience. This type of enquiry takes courage and honesty. The reward is immediate, though, since taking responsibility for what one has done or is doing oneself in turn empowers one to "undo", to change and find an alternative approach to this same situation. The adjustments needed for this alternative to have a substantial impact on the situation at hand do at times require a gradual approach, a path of practice. Yet, as long as the basic perspective is brought into being and maintained, based on realizing how one has become an unwitting accomplice in the genesis of one's own *dukkha*, every step taken leads forward in the right direction. How all this relates to pain will be explored in the next chapters.

In this way the curative perspective afforded by right view informs one's *intentions*, the way one *speaks* and *acts*, and even the way one earns one's *livelihood*. The same perspective also underpins a systematic cultivation of the mind, which requires the *effort* to emerge out of defiled mental conditions, the *mindfulness* to know one's own mental situation, and the calmness of the mind that comes with the development of *concentration*.

Out of these, it is in particular right mindfulness in the form of practice of the four establishments of mindfulness, the four *satipaṭṭhānas*, that is of considerable relevance to facing disease and death. The significance of mindfulness in this respect is a topic to which I will come back repeatedly in the next chapters, which show that the potential of the practice of mindfulness to bring about actual healing and help in facing pain was clearly recognized in early Buddhist thought. At the same time, however, the function of right mindfulness as an integral aspect of the noble eightfold path goes further. Its aim is to bring about the achievement of total mental health by eradicating all defilements in the mind through full awakening.

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- 1 Anālayo 2003: 243–5.
 - 2 For a detailed study of the various accounts of this first teaching see Anālayo 2012a and 2013a.
 - 3 See Har Dayal 1932/1970: 159, Filliozat 1934: 301, and Wezler 1984: 312–24.
 - 4 See in more detail Anālayo 2011b.
 - 5 SĀ² 254 at T II 462c9 and T 219 at T IV 802a16; for a translation of both see Bingenheimer forthcoming.
 - 6 These are found in the *Abhidharmakośavyākhyā*, Wogihara 1936: 514,27, and in a commentary on the *Arthaviniścaya-sūtra*, Samtani 1971: 159,6.
 - 7 D 4094 *nyu* 1b1 or Q 5595 *thu* 32b6.
 - 8 Kudara and Zieme 1995: 47–52.
 - 9 AN 5.194 at AN III 238,5 (translated Bodhi 2012: 811).
 - 10 On the term see in more detail Anālayo 2008b.
 - 11 The translated discourse is SĀ 389 at T II 105a24 to 105b20, which I have already translated in Anālayo 2011b: 23f.
 - 12 The translation “phlegm” is based on adopting a variant; see also Yinshùn 1983b: 115 note 2.
 - 13 I suppose this means an accident.
 - 14 The above detailed exposition of the four principles is absent from the discourse parallel SĀ² 254, which after enumerating these four principles in short at T II 462c13 directly proceeds to the comparison with the Tathāgata. The discourse quotations in the *Abhidharmakośavyākhyā* and the *Arthaviniścaya-sūtra*, Wogihara 1936: 514,31 and Samtani 1971: 160,3, also do not go into the details regarding what the four qualities of a skilled doctor imply. T 219 at T IV 802a26 and D 4094 *nyu* 1b5 or Q 5595 *thu* 33a2, however, do have such a detailed exposition.
 - 15 SĀ² 254 at T II 462c17 compares the predicament of the first truth to a poisoned arrow, a simile also found in the Uighur version, Kudara and Zieme 1995: 48; see also Samtani 1971: 160,1.
 - 16 SĀ² 254 at T II 462c26 and the Uighur version, Kudara and Zieme 1995: 48–52, continue by reporting that a monastic by the name of Vaṅṅīsa proclaimed a set of stanzas in praise of the Buddha, paralleling SĀ 1220 at T II 332c16.

II

SICK BODY AND HEALTHY MIND

II.1 INTRODUCTION

Based on the diagnostic perspective provided by the four noble truths, different possible approaches emerge for handling the condition of being sick and in pain. The discourse taken up below distinguishes the body and the mind as related but not necessarily conjoined components of the experience of being in pain. In the present instance the Buddha teaches this distinction to an ageing lay disciple. According to this teaching, even though the body is sick, the mind need not be sick as well. Consequently one should make an effort to avoid as much as possible that the mind suffers along with the body.

This provides a practical application of the curative perspective afforded by right view, discussed in the last chapter, and at the same time is where much of what comes in subsequent chapters of this book falls into place. In addition to looking after the body with the help of modern or traditional forms of medical care, there is considerable scope for training the mind so that it will not also fall sick. Such training not only alleviates any mental distress, but also stands considerable chance of supporting physical recovery.

The discourse translated below stems from the *Samyukta-āgama*, with counterparts in the *Samyutta-nikāya* and in the *Ekottarika-āgama*.¹ The three versions agree that, after the Buddha had delivered the enigmatic instruction that one should prevent the mind from becoming sick along with the body, a chief disciple of the Buddha by the name of Sāriputta gave a more detailed explanation of this statement.

Elsewhere the early discourses assign to Sāriputta the role of keeping the wheel of Dharma rolling that had been set in motion by the Buddha.² The idea of rolling the wheel of Dharma refers back to the Buddha's first teaching of the four noble truths, mentioned in the previous chapter. The present instance provides a fitting illustration of Sāriputta's role in keeping the wheel of the Buddha's instruction rolling, since he skilfully expands on what the Buddha had taught in brief, showing how this can be applied to the predicament of being in physical pain. The one who receives the brief instruction by the Buddha and its detailed exegesis by Sāriputta is the

ageing lay disciple Nakula, known in Pāli discourses as “father Nakula”, Nakulapitā. According to the Pāli commentarial tradition he had been the Buddha’s father in many past lives.³

II.2 TRANSLATION⁴

Thus have I heard. At one time the Buddha was staying among the Bhaggas at Suṃsumāragira in the Deer Park, the Bhesakaḷā Grove. At that time the householder Nakula was one hundred and twenty years old, and his faculties were ripe with age. [Although] being weak and suffering from disease, he still wished to meet the Blessed One and the senior and esteemed monastics who were his good friends.⁵ He approached the Buddha, paid respect with his head at the Buddha’s feet, withdrew to sit to one side, and said to the Buddha:

“Blessed One, I am feeble from old age, I am weak and suffer from disease, [yet] with my own strength I make the effort to meet the Blessed One and the senior and esteemed monastics who are my good friends. May the Blessed One give me a teaching so that it will be for my peace for a long time.”⁶

At that time the Blessed One said to the householder Nakula: “It is well, householder. You are really ripe with age, weak and suffering from disease, yet you are able with your own strength to meet the Tathāgata and the other senior and esteemed monastics who are your good friends.

“Householder you should know,⁷ [when] the body is suffering from disease, you should constantly train so that the ⟨mind⟩ does not suffer from disease.”⁸

At that time the Blessed One, having ⟨instructed⟩,⁹ taught, illuminated, and delighted the householder Nakula, remained silent. The householder Nakula, hearing what the Buddha had said, rejoiced in it and was delighted. He paid respect to the Buddha and left. The venerable Sāriputta was then seated under a tree not far from the Buddha.¹⁰ The householder Nakula approached the venerable Sāriputta, paid respect with his head at [Sāriputta’s] feet, and withdrew to sit to one side.

Then the venerable Sāriputta asked the householder: “Your faculties are now joyfully relaxed, the colour of your complexion is bright. Have you been able to hear a profound teaching from the Blessed One?”

The householder Nakula said to Sāriputta: “Today the Blessed One has given me a teaching, instructing, teaching, illuminating, and delighting me [as if] anointing my body and mind with the ambrosia of the Dharma. For this reason my faculties are now joyfully relaxed and my complexion is bright.”

The venerable Sāriputta asked the householder: “How has the Blessed One taught you the Dharma, instructing, teaching, illuminating, and delighting you [as if] anointing you with ambrosia?”

The householder Nakula said to Sāriputta: “I approached the Blessed One and said to the Blessed One: ‘I am feeble from old age, weak, and suffer from disease, yet with my own strength I come to meet the Blessed One and the senior and esteemed monastics who are my good friends.’

“The Buddha said to me: ‘It is well, householder. You are really ripe with age,

weak and suffering from disease, yet you are able with your own strength to approach me and the senior and esteemed monastics. Now that your body is suffering from disease, you should constantly train so that your ⟨mind⟩ does not suffer from disease.’ Giving me a teaching in this way, the Blessed One has instructed, taught, illuminated, and delighted me [as if] anointing me with ambrosia.”

The venerable Sāriputta asked the householder: “Did you not proceed to ask the Blessed One again: ‘How does the body suffer from disease and the mind [also] suffer from disease? How does the body suffer from disease and the mind not suffer from disease?’”

The householder replied: “I have approached the venerable one because of the meaning [of this]. May he explain to me in brief the import of the teaching.”¹¹

The venerable Sāriputta said to the householder: “It is well, householder. Now listen to what I shall tell you.

“A foolish unlearned worldling does not understand as it really is the arising of bodily form, the cessation of bodily form, the gratification in bodily form,¹² the danger in bodily form, and the escape from bodily form.¹³ Because of not understanding it as it really is, [the worldling] craves with delight for bodily form, declaring bodily form to be the self or to belong to the self, clinging and taking hold of it.

“If bodily form is ruined, if it becomes otherwise, [the foolish unlearned worldling’s] mind and consciousness follow it in turn, giving rise to vexation and pain. Vexation and pain having arisen, [the foolish unlearned worldling] is frightened, obstructed, worried, distressed, and passionately bound.

“A foolish unlearned worldling does not understand as it really is the arising of feeling, the cessation of feeling, the gratification in feeling, the danger in feeling, and the escape from feeling. Because of not understanding it as it really is, the foolish unlearned worldling craves with delight for feeling, declaring feeling to be the self or to belong to the self, clinging and taking hold of it.

“If feeling is ruined, if it becomes otherwise, the foolish unlearned worldling’s mind and consciousness follow it in turn, giving rise to vexation and pain. Vexation and pain having arisen, the foolish unlearned worldling is frightened, obstructed, worried, distressed, and passionately bound.

“A foolish unlearned worldling does not understand as it really is the arising of perception, the cessation of perception, the gratification in perception, the danger in perception, and the escape from perception. Because of not understanding it as it really is, the foolish unlearned worldling craves with delight for perception, declaring perception to be the self or to belong to the self, clinging and taking hold of it.

“If perception is ruined, if it becomes otherwise, the foolish unlearned worldling’s mind and consciousness follow it in turn, giving rise to vexation and pain. Vexation and pain having arisen, the foolish unlearned worldling is frightened, obstructed, worried, distressed, and passionately bound.

“A foolish unlearned worldling does not understand as it really is the arising of formations, the cessation of formations, the gratification in formations, the danger in formations, and the escape from formations. Because of not understanding them as they really are, the foolish unlearned worldling craves with delight for formations, declaring

formations to be the self or to belong to the self, clinging and taking hold of them.

“If formations are ruined, if they become otherwise, the foolish unlearned worldling’s mind and consciousness follow them in turn, giving rise to vexation and pain. Vexation and pain having arisen, the foolish unlearned worldling is frightened, obstructed, worried, distressed, and passionately bound.

“A foolish unlearned worldling does not understand as it really is the arising of consciousness, the cessation of consciousness, the gratification in consciousness, the danger in consciousness, and the escape from consciousness. Because of not understanding it as it really is, the foolish unlearned worldling craves with delight for consciousness, declaring consciousness to be the self or to belong to the self, clinging and taking hold of it.

“If consciousness is ruined, if it becomes otherwise, the foolish unlearned worldling’s mind and consciousness follow it in turn, giving rise to vexation and pain.¹⁴ Vexation and pain having arisen, the foolish unlearned worldling is frightened, obstructed, worried, distressed, and passionately bound.

“This is called body and mind suffering from disease. How does the body suffer from disease and the mind not suffer from disease?

“A learned noble disciple understands as it really is the arising of bodily form, the cessation of bodily form, the gratification in bodily form, the danger in bodily form, and the escape from bodily form. Having understood it as it really is, [the learned noble disciple] does not give rise to craving with delight, seeing bodily form as the self or as belonging to the self.

“If bodily form changes, if it becomes otherwise, [the learned noble disciple’s] mind does not follow it in turn, giving rise to vexation and pain. The mind not having followed it in turn and given rise to vexation and pain, [the learned noble disciple] does not get frightened, obstructed, worried, [distressed], and passionately bound.

“A learned noble disciple understands as it really is the arising of feeling, the cessation of feeling, the gratification in feeling, the danger in feeling, and the escape from feeling. Having understood it as it really is, the learned noble disciple does not give rise to craving with delight, seeing feeling as the self or as belonging to the self.

“If feeling changes, if it becomes otherwise, the learned noble disciple’s mind does not follow it in turn, giving rise to vexation and pain. The mind not having followed it in turn and given rise to vexation and pain, the learned noble disciple does not get frightened, obstructed, worried, distressed, and passionately bound.

“A learned noble disciple understands as it really is the arising of perception, the cessation of perception, the gratification in perception, the danger in perception, and the escape from perception. Having understood it as it really is, the learned noble disciple does not give rise to craving with delight, seeing perception as the self or as belonging to the self.

“If perception changes, if it becomes otherwise, the learned noble disciple’s mind does not follow it in turn, giving rise to vexation and pain. The mind not having followed it in turn and given rise to vexation and pain, the learned noble disciple does not get frightened, obstructed, worried, distressed, and passionately bound.

“A learned noble disciple understands as it really is the arising of formations, the cessation of formations, the gratification in formations, the danger in formations, and the

escape from formations. Having understood them as they really are, the learned noble disciple does not give rise to craving with delight, seeing formations as the self or as belonging to the self.

“If formations change, if they become otherwise, the learned noble disciple’s mind does not follow them in turn, giving rise to vexation and pain. The mind not having followed them in turn and given rise to vexation and pain, the learned noble disciple does not get frightened, obstructed, worried, distressed, and passionately bound.

“A learned noble disciple understands as it really is the arising of consciousness, the cessation of consciousness, the gratification in consciousness, the danger in consciousness, and the escape from consciousness. Having understood it as it really is, the learned noble disciple does not give rise to craving with delight, seeing consciousness as the self or as belonging to the self.

“If consciousness changes, if it becomes otherwise, the learned noble disciple’s mind does not follow it in turn, giving rise to vexation and pain. The mind not having followed it in turn and given rise to vexation and pain, the learned noble disciple does not get frightened, obstructed, worried, distressed, and passionately bound.

“This is called the body suffering from disease and the mind not suffering from disease.”

When the venerable Sāriputta spoke this teaching, the householder Nakula attained the pure eye of Dharma.¹⁵ At that time the householder Nakula saw the Dharma, attained the Dharma, understood the Dharma, entered the Dharma, crossing beyond all doubt, not needing to rely on others, and his mind attained fearlessness in the right Dharma.

He rose from his seat, adjusted his clothes, paid respect, and, with his palms held together [in respect] towards the venerable Sāriputta, said:

“I have gone beyond, I have crossed over. I now take refuge in the jewels of the Buddha, the Dharma, and the Saṅgha as a lay disciple. Be my witness that from today until the end of my life I take refuge in the three jewels.”¹⁶

At that time the householder Nakula, hearing what Sāriputta had said, rejoiced in it and was delighted. He paid respect and left.

II.3 DISCUSSION

The three versions disagree regarding the outcome of this instruction. Only the *Samyukta-āgama* discourse translated above reports that Nakula attained the eye of Dharma, an expression referring to the attainment of stream-entry. This is the first of the four levels of awakening recognized in early Buddhist thought, to which I will come back in Chapter 8.

Whatever the final outcome of the instruction Nakula received, the explanation given by Sāriputta in the present discourse and its parallels involves the “five aggregates of clinging”, which are:

- bodily form,
- feeling,
- perception,

- formations,
- consciousness.

These five aggregates of clinging represent the different components of what one tends to cling to as “I” or “myself”. In addition to the physical *body* as the location of “where I am”, *feeling* pleasant, painful, or neutral sensations is responsible for “how I am”. *Perceptions* as different cognitions, combining the input of sense data with recognition based on past experiences and one’s accumulated knowledge, make up a considerable part of “what I am”. *Formations* represent volitions and intentions, the way one reacts to what happens now based on one’s conditioning from the past, and thereby provide the “why I am” acting in a certain way. Finally *consciousness* represents the act of experiencing and being conscious, which furnishes the “whereby I am”.

Clinging to the sense of “I am”, which so naturally arises in relation to each of these five aggregates, is bound to lead to frustration and conflict as soon as things do not go the way one wants. Undeniably there is pleasure to be derived from this sense of “I am” when the body is healthy, feelings are pleasant, perceptions are welcome and interesting, formations result in accomplishing what one wants, and consciousness knows agreeable experiences. This is what the early discourses reckon the “gratification” (*assāda*) that can be found in relation to each of these five aggregates.

Yet this “gratification” comes together with a “danger” (*ādinava*). This danger is based on the simple fact that everything is bound to change. Things arise and sooner or later cease again; they are impermanent. When what is pleasant and agreeable ceases, what arises next will be different, and the chances are that it will be less pleasant and less agreeable. To the extent to which one has been clinging to the five aggregates when they were gratifying, to that extent one will be upset and suffer when they change and become otherwise.

To emerge from this predicament calls for an understanding of each of these five aggregates as it really is. This is the basic contrast described in the discourse above between the foolish unlearned worldling and the learned noble disciple. Worldlings are unlearned in so far as they have no acquaintance with liberating teachings of the type provided in the present discourse. Lacking such directives, and thereby the means to acquire true wisdom, they remain immersed in ignorance and consequently react foolishly when confronted with the vicissitudes of life.

In contrast, disciples who have become learned through receiving instructions, comparable to those given in the present case to Nakula, are able to ennoble themselves by cultivating wisdom and emerging from the foolishness caused by ignorance. In particular they learn to see clearly that body, feeling, perception, formations, and consciousness are impermanent phenomena. Therefore the gratification they can provide comes inexorably bound to the danger of clinging and attachment, resulting in *dukkha* once

conditions change and become otherwise. The resultant understanding is the fertile soil within which freedom from attachment and a lessening of identification can grow, leading to the ability to remain with a healthily non-attached mind even when experiencing strong pain and serious disease.

In practical terms, when strong pain arises, instead of succumbing to the natural tendency to own this as “mine”, giving rise to all sorts of apprehensions about what this pain is doing to “me” now and going to do to “my” future, one might try just to be aware of the fluctuating physical sensations of pain. By remaining in present-moment awareness of painful sensations, without appropriating them as “mine” and reacting to them mentally, much of the mental affliction caused by physical pain can be avoided. This is how the mind can gradually learn not to suffer along with the body.

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- 1 SN 22.1 at SN III 1,1 (translated Bodhi 2000: 853) and EĀ 13.4 at T II 573a1.
 - 2 Sn 557, a qualification found also in the *Divyāvadāna*, Cowell and Neil 1886: 394,23.
 - 3 Mp I 400,16; see in more detail Malalasekera 1938/1998: 3f as well as Nyanaponika and Hecker 1997: 375–8.
 - 4 The translated discourse is SĀ 107 at T II 33a6 to 33b27, which I already translated in Anālayo 2014h: 27–31.
 - 5 The introductory narrations in SN 22.1 and EĀ 13.4 do not provide information about the householder’s age and his wish to meet the Buddha and the monastics.
 - 6 In SN 22.1 at SN III 1,8 he instead points out that he does not always get a chance to come for a visit.
 - 7 SN 22.1 at SN III 1,14 and EĀ 13.4 at T II 573a8 precede this injunction with a reference to fools who claim to be healthy for a moment (SN 22.1) or who rely on the body to be happy for a moment (EĀ 13.4).
 - 8 My rendering here and in the next passage is based on emending “body” to “mind”. This emendation is based on the formulation used by Sāriputta in his explanation later in SĀ 107 and by the context. SN 22.1 at SN III 1,16 confirms that it is the mind which should not be sick; see also the *Vastusaṃgrahaṇī*, T 1579 at T XXX 799a7. A comparable error appears to have occurred in EĀ 13.4 at T II 573a9, in that, just as SĀ 107 erroneously speaks of the body in both cases, EĀ 13.4 has the mind for both cases, although with a variant reading preserving the correct reference to the body for the first instance.
 - 9 My rendering follows an emendation suggested by Yinshùn 1983a: 195 note 2.
 - 10 Whereas SN 22.1 does not provide such an indication, EĀ 13.4 at T II 573a13 also reports that Sāriputta was seated close by.
 - 11 In SĀ 107 Nakula seems to have come on purpose to receive a more detailed explanation from Sāriputta. SN 22.1 at SN III 3,1 instead gives the impression that he had at first not thought of the possibility of receiving further explanations, but, once Sāriputta mentioned this possibility, he happily took up the opportunity, stating that he would come a long way to get such explanations. EĀ 13.4 at T II

573a12, however, explicitly records the householder reflecting that he would now approach Sāriputta to ask about this matter.

- 12 In the original text, the danger comes before the gratification. I have adjusted this to keep in line with the standard formulation, which is also found in SĀ 107 when it comes to expounding the case of the learned noble disciple.
- 13 In SN 22.1 at SN III 3,15 and EĀ 13.4 at T II 573b10 the worldling's lack of insight manifests in construing a self according to the twenty modes of identity view (*sakkāyadiṭṭhi*), on which see below here.
- 14 I take it that this refers to one's present mind experiencing vexation in relation to past states of consciousness.
- 15 SN 22.1 and EĀ 13.4 do not report any attainment
- 16 SN 22.1 and EĀ 13.4 do not report that he took refuge. For him to take refuge in the way described in SĀ 107 does in fact not fit the narrative context too well: the way he acts before suggests he must already have done so earlier.

III

THE ARROW OF PAIN

III.1 INTRODUCTION

This chapter continues the theme broached in the discourse in the last chapter, which made it clear that the mind can avoid being sick when the body is afflicted by disease. In that discourse a succinct instruction by the Buddha on this topic led to an exposition of the five aggregates by Sāriputta.

The second of these five aggregates, feeling, is of particular relevance to learning how to avoid bodily pain affecting the mind. This is the theme of the discourse taken up in the present chapter, which illustrates this task with the help of a simile that describes being shot by one or two arrows.

The discourse translated below stems from the *Samyukta-āgama*, which has a parallel in the *Samyutta-nikāya*.¹ Both versions show how physical pain can lead on to defilements that obstruct the path to mental freedom. These defilements are presented in terms of three underlying tendencies, *anusaya*. Early Buddhist thought recognizes seven such underlying tendencies, which are proclivities of the mind to be influenced in a way that is usually not consciously noted. These hidden driving forces in the mind tend to trigger the arising of the following defiled mental conditions:

- sensual passion,
- aversion,
- speculative views,
- doubt,
- conceit,
- craving for existence,
- ignorance.

The present discourse takes up three of these: the underlying tendencies to sensual passion, aversion, and ignorance. These three directly relate to the three types of feeling. Pleasant feeling can activate the tendency to sensual passion, painful feeling the tendency to aversion, and neutral feeling the tendency to ignorance. The resultant correlations are as follows:

- pleasant – sensual passion,

SĀ 760 ref1n20
SĀ 809 ref1n4, ref2n5
SĀ 810 ref1n11, ref2n13
SĀ 1023 ref1n2, ref2n7
SĀ 1024 ref1n6
SĀ 1025 ref1n1, ref2n2, ref3n4, ref4n6, ref5n8
SĀ 1026 ref1n1, ref2n6
SĀ 1028 ref1n2
SĀ 1030 ref1n7
SĀ 1031 ref1n5, ref2n7, ref3n4
SĀ 1032 ref1n4, ref2n6, ref3n8, ref4n10, ref5n17, ref6n18, ref7n20
SĀ 1034 ref1n2, ref2n4
SĀ 1038 ref1n3, ref2n5, ref3n8
SĀ 1122 ref1n3, ref2n7, ref3n16
SĀ 1220 ref1n16
SĀ 1227 ref1n3, ref2n6, ref3n11, ref4n19
SĀ 1240 ref1n18
SĀ 1265 ref1n6
SĀ 1289 ref1n3, ref2n11, ref3n14, ref4n16
SĀ² 54 ref1n2
SĀ² 67 ref1n17
SĀ² 186 ref1n2, ref2n3
SĀ² 254 ref1n5, ref2n14, ref3n15, ref4n16
SĀ² 287 ref1n4

Samyutta-nikāya

SN [1.38](#) ref1n3, ref2n5, ref3n6, ref4n7, ref5n8, ref6n9, ref7n10, ref8n11, ref9n12, ref10n13,
ref11n14, ref12n16
SN 3.22 ref1n2, ref2n26, ref3n7, ref4n8, ref5n9, ref6n10, ref7n11
SN 3.3 ref1n17, ref2n19
SN 6.15 ref1n9
SN 10.8 ref1n2, ref2n3
SN 12.63 ref1n8
SN 17.23 ref1n2
SN [22.1](#) ref1n1, ref2n5, ref3n6, ref4n7, ref5n8, ref6n10, ref7n11, ref8n13, ref9n15,
ref10n16
SN 22.59 ref1n2
SN 22.88 ref1n1, ref2n2, ref3n4, ref4n7, ref5n8, ref6n9, ref7n10, ref8n11, ref9n12,
ref10n14