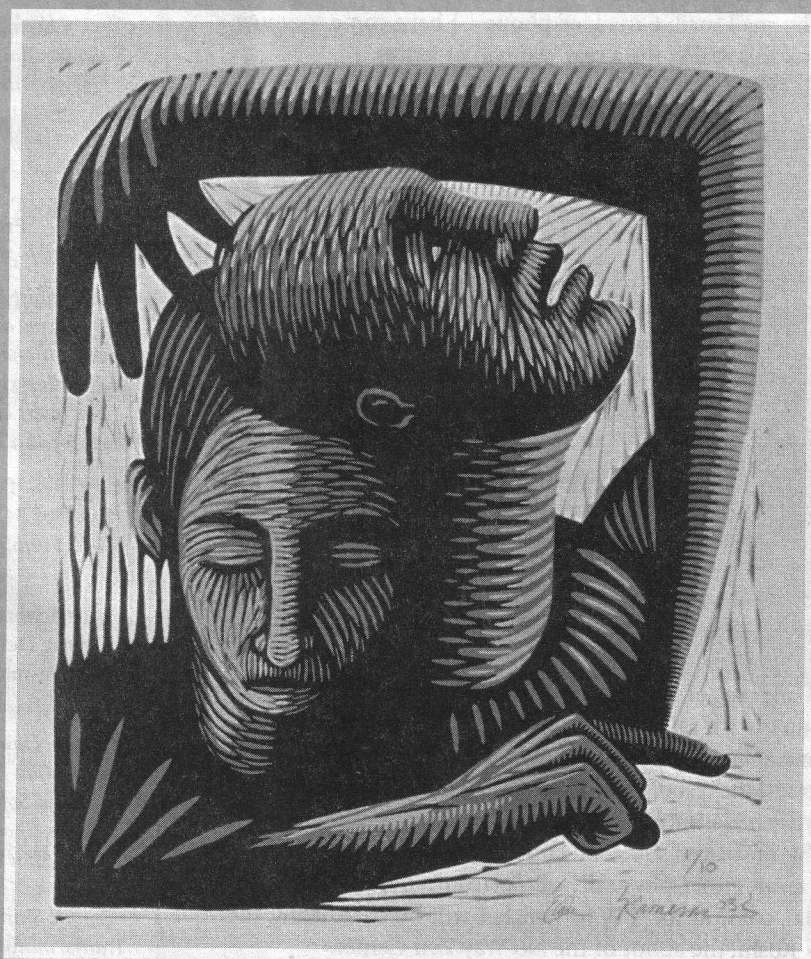
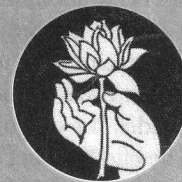


TURNING WHEEL

The Journal of Socially Engaged Buddhism



Exchanging Self and Other

**Robert Aitken • Victoria Austin • Norman Fischer •
Joseph Goldstein • Jack Kornfield • Earthlyn Manuel *and more...***



Contents

Departments

- | | |
|-------------------------|-----------------|
| Letters/5 | History/12 |
| Tribute to Susan Moon/6 | Ecology/13 |
| Indra's Net/7 | Staff News/52 |
| Family Practice/11 | BPF Chapters/55 |

Exchanging Self and Other

- Beyond Trauma*, by Annette Herskovits/14
The New Mahayana, by Robert Aitken/18
Grandmother Mind, by Susan Moon/21
Chrysanthemums and Black Battleships, by Ken Jones/24
Daughters of the Buddha Rising Up, by Sandy Boucher/26

Allies

- Four Jewish Dharma Teachers Talk About Being Allies—*
Norman Fischer, Victoria Austin,
Joseph Goldstein, Jack Kornfield/30
The Freedom to Sit, by Will Hall/34
Widening Our Circle, by Diana Lion/37
Allying, by Zenju Earthlyn Manuel/41
Crossing the Tracks, by Stephen Pickard/42

Book Reviews

- John Whalen-Bridge on Maxine Hong Kingston/44
Alan Senauke on Edith Mirante/45
Everett Wilson on Ken Jones/45
Katje Richstatter on Mark Coleman/46
Bill Williams on Sonia Nazario/47
Jan Eldridge on Pema Chödrön/48
Tova Green on Bettina Aptheker and
Delphine Hirasuna/48
C. S. Soong on Laurie Lawlor/50
Books in Brief/51

Poetry

- Kisha Lewellyn Schlegel/17
Ellery Akers/23, 49



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Art

- Elan Kamesar/cover, this page
Lisa Kokin/15
John Yoyogi Fortes/21
Jan Eldridge/34
Tiffany Sankary/37, 38, 39
Lawrence Watson/41
Hamlet Mateo/43

The Freedom to Sit

Welcoming People with Psychiatric Disabilities at Buddhist Retreats

by Will Hall

In 1992 I was committed to psychiatric hospitals, suffering from voices, fear, isolation, and visions that led to a diagnosis of schizoaffective disorder schizophrenia. Since then, these same experiences have guided me to the deeper questions of self and reality addressed by the dharma, and meditation practice has become an essential part of my life. The methods and outlook of the Buddha not only deepen my understanding of who I am and the “madness” I go through, but also, by focusing my mind and awakening my body, help to soothe and overcome the forces that threaten at times to destroy me.

When I am flooded with terrifying images and voices, stillness clears a pathway for choice and control. Sensory awareness helps me regain a sense of safety in the world. Overwhelming fears become more manageable with observation, and dreamlike coincidences, telepathy, and omens lose their dangerous and seductive fascination when understood as expressions of the timeless unity of mind. Most importantly of all, when I am visited by seemingly demonic forces, I greet them as an opportunity to look more deeply at the trauma inside myself. Western medicine has labeled my experiences “mental illness,” but for me they have been an invitation to a richer and more spiritual understanding of life.

Meditation retreats are important to my practice, a place to reduce the clamor of daily life and increase the

opportunity for discovery. But some of these retreats have policies that would exclude people like me. With the intention of protecting my own safety and the safety of their centers, retreats around the world regularly deny attendance to anyone labeled with severe mental illnesses such as schizophrenia or bipolar disorder, and ask detailed and intrusive questions about psychiatric history, diagnosis, medication, and current medical care. Without realizing what they are doing, these retreat centers are stigmatizing and discriminating.

A friend called me recently from Northern California, in tears that his hospitalization as a teenager meant being banned from a retreat, when he knew that others, with far less experience and dedication in their practices, were welcomed. I have spoken to many meditators with mental illness labels who share similar feelings of shame and violation as a result of these policies. Retreats claim to be acting for our own good, but this is no comfort—the painful history of society’s treatment of people labeled “mentally ill” shows that the worst of abuses can be done in the name of a person’s own good.

Meditation center policies do have honorable motives. Retreats often involve great psychological and physical stress and can stir up powerful emotions. Sitting for hours, living in silence, and breaking familiar routines of food, sleep, and work can be overwhelming. From time to time a retreat participant will go into an emotional crisis or need additional attention



Fear, by Jan Eldridge

Jan Eldridge is an artist who lives in Vallejo, California.

and care, which is disruptive to other participants and can, on rare occasions, lead to hospitalization. There are fears of insurance liability as well. Retreats therefore try to screen applicants for their suitability to the rigors of the retreat and their ability to complete the program successfully, hoping to prevent any problems.

I understand that meditation retreats, like any difficult program such as wilderness survival or sports training, need to screen applicants. But you can't predict someone's ability to complete a stressful retreat by asking them intrusive questions about treatments, hospitalization history, or whether they've been labeled with a severe mental illness. Such questions invade privacy and are based on stereotypes about what people can and cannot do, stereotypes the disability rights movement is working to end. Being deaf, in a wheelchair, or blind doesn't necessarily mean you can't complete a meditation retreat, and neither does having a psychiatric history, diagnosis, or treatment. To believe people must be less capable just because of a disability, any disability, is to make assumptions that lead to discrimination.

U.S. law has already reached the same conclusion. Passed in 1990, the Americans with Disabilities Act is a comprehensive civil rights measure that protects from discrimination people who are, have been, or are perceived to be disabled. The ADA is historic legislation that has spawned revisions of international law and is looked to worldwide as a guide to fair treatment of people with disabilities, including people labeled with mental illnesses. I don't endorse the idea of "disabilities," and prefer instead to see them as "diverse-abilities," but the ADA does set a basic standard for protecting people's rights.

Under the ADA, employers, businesses, schools, and other institutions are not allowed to ask about the specific disabilities of prospective participants, employees, or students. This includes questions such as whether the person is deaf, in a chair, has been in a psychiatric hospital, or is on medication. Asking whether they can complete a specific task is allowed, but asking for personal information about any disability itself is considered discriminatory.

Meditation retreats usually fall under the ADA exemption allowed for religious organizations, even though they offer public services. That is to say, religious organizations are free to deny deaf interpreters, have no wheelchair ramps, or ban service dogs without fear of civil liability and being sued. (A religious organization would in certain specific instances still be bound to the ADA, for example in its hiring practices, or if it were using a federally funded facility such as a public school for its public programs, or were receiving federal funds.)

Any meditation retreat that asks about the psychiatric histories of participants is therefore not technically in violation of the letter of the ADA, but it is cer-

tainly in violation of the spirit.

Given that retreat centers do have a legitimate need to screen people for their ability to participate, the question becomes, Can retreats accomplish this and remain within the spirit of the ADA? Can retreats screen applicants without being intrusive or relying on assumptions about what people with psychiatric diagnoses are capable of?

The answer is definitely yes. There are many Buddhist retreat centers around the world, from a variety of traditions, that are already doing this. They don't ask intrusive questions or exclude people based on their diagnostic label or psychiatric histories. These retreats either describe the challenges of their programs and let participants decide for themselves, or they have found neutral, nondiscriminatory questions to ask applicants, questions that, in compliance with the ADA, focus on what a person can do without making assumptions about who they are. Such questions can even be very detailed. Examples might be, Have you successfully spent extended time meditating before? Have you endured extended periods of silence

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and stillness in the past? What is your susceptibility to stress? Are you emotionally fragile and vulnerable at this time in your life? Can you do without your daily routine? Are there any vital personal needs that you will be unable to meet during this retreat? Do you think you will be unable to complete this retreat for any physical, emotional, or psychological reasons? Do you have any questions about your capacities that you would like to discuss in further detail?

Many people who have had harrowing experiences going off the deep end of madness, landing in psychiatric hospitals and labeled bipolar, schizophrenic, or borderline, have nonetheless gone on to become perfectly capable of completing rigorous meditation retreats. And many people with no psychiatric history at all have found themselves unable to complete the same challenging retreats. We are not necessarily more fragile, vulnerable, or unstable than others just because of our mental health experiences. Given the growth of mental illness labeling (thanks in part to pharmaceutical company marketing), and given the inaccuracy of psychiatry as a science in general, for many people a psychiatric label might mean nothing more than that one doctor decided to give one diagnosis or prescribe a particular drug where another might have disagreed.

Those of us who have been through a breakdown or a "psychotic episode" (which many traditions

understand in positive and spiritual terms, instead of the pathologies of Western medicine) may sometimes be *more* open to benefit from meditation, and more equipped to deal with strong feelings and emotions when they arise. People often recover from past crisis and emerge stronger than ever. When I began to meditate regularly, my emotional well-being improved so much that dedication and insights came quickly. If sitting for many days unravels familiar patterns of mind and I start to encounter terrifying traumatic memories, distortions of time and space, voices, or other psychic phenomena, I know how to deal with these states because I have met them many times before outside of retreats. Many of us have discovered that our so-called "illness" is actually intimately connected with spiritual awakening and can even be our initiation into practice. Meditation, including on retreat, is a valuable recovery and healing tool, and what is called "madness" can itself be part of a spiritual path.

Buddhist teachings are intended for all. The ADA

Those of us who have been through a "psychotic episode" may be more equipped to deal with strong feelings and emotions when they arise.

and the disability rights movement are working to ensure that people who are different from the mainstream are not segregated and excluded based on assumptions, misunderstandings, and stereotypes. If we are on the side of social justice and compassion in the world, we should be on the side of social justice and compassion in our own communities.

I know firsthand how important dharma practice is and the vital role that retreats and sanghas have played for my spirit and my health. I am also diagnosed with schizophrenia, and I know how painful, shaming, and humiliating some retreat policies can be. In the face of admissions discrimination, I have, like many people who go to retreats, kept my psychiatric details hidden. But participants like me shouldn't be put in the position of hiding who we are. Fortunately many retreats are truly welcoming to those of us with psychiatric labels. I look forward to the day when all retreats are. ❖

Will Hall is a cofounder of the Western Massachusetts Freedom Center (www.freedom-center.org), a support, advocacy, and activist community run by and for people labeled with severe mental illnesses, and he is a collective staff member of the Icarus Project (www.theicarusproject.net), an international network of people looking beyond the disease model of mental illness to include artistic, spiritual, and holistic perspectives. In 2004 Will was the recipient of the Disability Rights Award from the Center for Independent Living. You can contact him at <will@freedom-center.org>.

My Way-Seeking Mind

by Roberta Werdinger

When I served as head student at Tassajara Zen Mountain Monastery recently, my first talk to the community was, as tradition dictates, an autobiographical "way-seeking mind" talk. I told the story of my life, focusing especially on the circumstances that had come together to prompt me, a middle-class suburban Jewish girl, to become a Zen monk. After the talk, one sangha member said to me: "I appreciated hearing about your life so much, and I was so touched when you talked about going back to Mauthausen with your father for the reunion, and how much that changed your life and your relationship with him." (Mauthausen was the concentration camp in northern Austria where my father had been incarcerated. In May of 1995 we went together to an international gathering to celebrate the 50-year anniversary of its liberation.)

I instantly felt a sense of profound relief. I had talked before about my father's being a Holocaust survivor and its impact on the rest of the family. I was used to people's reactions—averted eyes, frozen faces, and nervous gestures followed by a change of subject. While others had been quick to say how much they liked my talk, I had been left wondering what they made of such a tremendous topic as the Holocaust and the suffering it implied. The accuracy with which this woman was able to reflect me and the courage with which she expressed it left a deep impression upon me.

Being an ally to a person of color requires the same kind of courage from a white person. The twin tools of wisdom and compassion must be developed in order to overcome the deep chasm that American society has put between us. One of the ways that healing can happen is when a person from an oppressed background feels that his or her experience is truly acknowledged.

What if we white people sat down with our brothers and sisters of color and were willing to not know what was happening? What if we dropped our defenses and just listened? ❖

Roberta Werdinger, a Soto Zen priest, trained at San Francisco Zen Center and served as co-chair of its Diversity and Multiculturalism Committee. She now lives and practices with the Arcata Zen Group in Northern California, where she is a freelance editor.

Seeking happiness outside ourselves is like waiting for sunshine in a cave facing north.

—Tibetan saying, from *1325 Buddhist Ways to be Happy* (Ulysses Press)