

SHYAM K. BHAT, M.D.

Dr. Bhat is Assistant Professor in the Medicine/Psychiatry Division, Department of Internal Medicine at the Southern Illinois University School of Medicine, Springfield (sbhat2@siu.edu).

The Death of a Buddha

Buddha (Sanskrit): "Awakened" or "that which has become aware"

Let us suppose that you, a psychiatrist from 21st-century America, are transported back in time to the 5th century B.C., to a prosperous kingdom in northern India.

You are a physician and, as is common in those times and in those parts, long before it becomes a cliché in the 21st century, there is no distinction between mind and body; you are in equal parts physician, sage, advisor, philosopher, and healer. After you finish treating your last patient, you are about to call out for your charioteer to carry you home, when a young lady bursts into your inner sanctum.

"Doctor!" she says. "I need your help. My husband has lost his mind."

He is young. In his late 20s, you estimate. He has a silk shawl draped over his shoulders and long hair fashionable among the nobility.

"Please, sit and I will see what I can do."

They sit down on the jute mat on the floor. Shadows of flickering lamps play on the walls as the soft smell of sandalwood incense fills the room. In the distance, you can hear the shouts of cowherds driving their cattle home. There is a long pause as you wait for them to speak. The woman composes herself, and the man, sitting in the lotus position, meets your gaze. You see a deep overwhelming sorrow, as if all the troubles of the world have pooled in his eyes. You notice that his palms are unmarked by the harshness of manual labor.

"My name is Siddhartha Gautama," the man says. "My father is King of Kapilavastu." You bow your head slightly, motion for him to continue. "I have not lost my mind, Doctor, but I will lose my soul, if I do not leave on a quest."

The wife bursts into tears. "He is going to leave me and our young son. He has a family to take care of, a kingdom that will be his. Please, talk some sense into him. He is forsaking his duty."

Siddhartha shakes his head. "My duty is to find out why we are born, and why we must live a life of suffering."

"What do you mean by that?" you ask.

"You know we are all going to grow old eventually, and die?"

This seems to be a rhetorical question, but you answer it nonetheless. "Yes."

"What is the point of existence then, O Doctor? My beautiful young wife will become a decrepit old woman, my body will eventually be reduced to ashes, and even great kingdoms will become rubble. Of what use are pleasures, and of what use is life, if everything is transient?"

You have seen these sorts of existential concerns before. Such concerns are often early indicators of an affective disorder: in your experience, people who are depressed frequently become introspective and begin to question the nature of life.

"These are good questions, Siddhartha," you reply. "But surely there are other ways to think through them, rather than leave your wife and child?"

"There is no other way, Doctor," he replies. "I have nothing to offer them unless I understand my own purpose in life."

Rather than get into a philosophical debate, you move on to a quick review of his symptoms. He seems to have them all: Anhedonia—"Nothing

is what it seems; how can you enjoy what you see, when all is transient?" Decreased appetite—"Our senses have to be conquered, O Doctor. I have no desire for food." Decreased sleep—his wife says, "Siddhartha has not slept well for the last few weeks. He thinks about these things all the time."

You make a note on your chart: *The patient, a 27-year-old Indian male, presents with a change in mood. Preoccupied by existential concerns. Presentation is consistent with a major depressive disorder.*

You have had the foresight to bring some samples of antidepressants with you from the 21st century. But how do you educate this young man from the 5th century B.C. about depression? How are you to explain that his disenchantment with life could be an illness? What language can you, a 21st-century clinician, use to help the man understand that his feelings are extrinsic to his normal self? You want him to understand that, when he is well, these concerns will seem irrelevant to him; that what he feels is extrinsic to his being. Or is it?

Suddenly, you begin to have doubts about your conceptualization of mental illness. In your own familiar cultural milieu, you would have unhesitatingly talked to him about serotonin and depression and stress, and the benefits of medications. But here, you struggle to find a common language to make the man understand what it is you see.

"Siddhartha, sometimes our energies weaken," you tell him. "Sadness can permeate our being, until it colors everything we see. It changes our perception of life and our ability to sustain the usual vagaries of existence. I have with me a remedy for such an ailment. I recommend you take it. You will feel better in a few weeks."

He is still for a moment, absorbing your words, and then he asks, "And will your medicines change the nature of life? Will they cease the pain of the transience of life? Will your medicines stop human suffering?"

His questions make it seem as if you are the naive one. His wife looks on with tears in her eyes, and you shake yourself. Remember your training, remember the facts, you tell yourself. You are thankful that the DSM is atheoretical and etiology free. His concerns about existence are not immediately relevant to his diagnosis, although, of course you would explore those issues in therapy. You fight to stay focused on the issue at hand, and not get dragged into a spiritual discussion.

"I have no answers for your questions, Siddhartha," you say. "But I can tell you this. You will sleep better, and you will feel less troubled if you try this medicine."

You know that the answer might work only in a culture that has accepted certain things as fact: that mental an-

guish is an illness, and a treatable one at that; that what we think of as our "self" can be affected by neurotransmitters; and that balance can be restored. But this makes no sense to Siddhartha. "It is not my troubles that need treatment, but the human condition itself."

Let us suppose Siddhartha did take your medicines after all. And let us say, the antidepressants changed the man's outlook on life. The medicines that you prescribed alleviated the young man's immediate suffering. The altered biology of his brain stopped his preoccupations.

The thoughts about life and death and existence stopped tormenting him. He returned to the mundane details of life—making a living, being a father and a husband and an active participant in society.

He became more functional in the sense that most people might use the term. He became, conventionally at least, a more productive member of society. He did not ever leave his home. He did not retreat to the forests to contemplate the meaning of existence. And he did not proclaim, 6 years later, that he had discovered the path to peace.

And therefore, the man who would be the Gautama Buddha never came to be.

Now that you are back from your brief excursion, back to the 21st century, you contemplate this encounter and its implications for your clinical practice. It is not that you ignore the spiritual benefits of suffering, but ultimately you are a psychiatrist, a scientist: relief of symptoms has more legitimacy than long philosophical discussions about the potential value of suffering. You are in a profession that, in some ways, has to be reductionistic in order to make sense of the chaos. One man's suffering is another man's spiritual transformation, and if psychiatric symptoms were not interpreted in the context of a relatively rigid paradigm and clustered into neat categories, you could be lost in an endless debate about the role and value of every one of those symptoms in a person's life.

Back in your office, let us say you see a young man anguished by life. Let us say you see a man who says that he wants to leave his family, leave his job, and isolate himself so he can think about the meaning of life.

If he refuses treatment, should he be committed involuntarily, perhaps treated against his will?

Can the treatment of psychological symptoms impede a person's growth?

When you reach for the prescription pad, do you ever wonder if your medication could be the death of a Buddha? ♦