

Buddhist Community Care Bulletin

佛教社區關懷計劃

加拿大佛教教育基金會/安省佛學聯社合刊

Co-Published by:
Buddhist Education Foundation of Canada & Buddhist Education Network of Ontario
第四期 / 二零一六年九月 Issue #4, September 2016

話劇: 弘一法師

中國著名演員

游本昌

領銜主演

10月7日和8日

多倫多中華文化中心何伯釗劇院
5183 Sheppard Ave.
Scarborough

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中華寺 647-729-6660

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\$58

「在生看死的長鏡」

從佛教角度看臨終關懷

卑詩省寶林學佛會住持 上行下傑法師 粵語主講

衍傑法師多年來積極向不同族裔及社群弘法度眾，
包括臨終關懷、監獄及學校禪修等。

法師慈悲法語及足跡遍佈加拿大不同省份、美國、
香港、中國大陸等地。

今次難得法師親臨多倫多分享，
機會難逢，歡迎大家蒞臨，共沾法喜。

時間: 10月16日 星期日 下午2:30至5:30

地點: 多倫多正覺寺 300 Bathurst Street, Toronto

主辦: 安省佛學聯社 Buddhist Education Network of Ontario

協辦: 多倫多正覺寺

查詢: 416-910-4858

Dr. Albert Allen, MD, FRCP(C) was awarded the 2016-2017 Buddhist Education Foundation of Canada Fellowship in Buddhism and Psychiatry

It is with great honour and pleasure that I announce Dr. Albert Allen, a Toronto psychiatrist, as the recipient of the 2016 BEFC Fellowship in Buddhism and Psychiatry. This Fellowship is created in the Department of Psychiatry in the Faculty of Medicine at the University of Toronto. It may very well be the first ever in western medicine in the west, if not in the world. I hope that this Fellowship will be the beginning of a wave of interest in the research of Buddhism applied in Psychiatry.

Upon hearing this good news, I caught up with Dr. Allen to offer my congratulations and welcome and took the opportunity to interview him for the members, supporters and donors of BEFC without whom this Fellowship would not have become a reality, and to whom I express my deep gratitude.

Ms. Chris Ng: Why did you choose the field of psychiatry as your medical practice specialty?

Dr. Albert Allen: I was in medical school in my very early 20s when I became interested in psychiatry. Prior to that I always thought I would do surgery or internal medicine. What I appreciated most was the importance placed in this field on personal wellness and self-understanding. I had gone into medicine with the hopes that it would make me into a wise person, and of all the specialties psychiatry seemed to be the

best fit in that respect. It turns out it has aligned nicely with my tendency towards navel-gazing!

Chris: What are the reasons for your interest in Buddhism, and in the application of Buddhism in Psychiatry?

Dr. Allen: Again, the interest in Buddhism had a lot to do with a desire to understand myself and my place in the world. Quite early on in my life I wondered why people suffer and what we can do about it, because I felt quite helpless to alleviate the suffering of people right in front of me, and that attracted me to medicine. When I went through an illness scare during medical school it became a lot more personal - why do I suffer, and if I am so vulnerable and life is so precarious, what is the point of it? I had some encounters with Buddhism as a child and it seemed like a good place to look for answers.

Early on in my residency I thought that ideas from Buddhism might be applied to medical practice because we are all concerned with the alleviation of suffering. However, in many ways, physicians have tried too much to correct things we suffer about, rather than investigating suffering directly. The Buddha did the latter and what he found is very attractive because it offers an apparently universal solution to the human condition. Over the years, seeing the transformation in my own life from practicing the Buddha's teachings has made me more confident that these ideas can also help other people.

Chris: What are your learning and research expectations from this year-long Fellowship which perhaps is the first such fellowship of its kind in the western world?

Dr. Allen: What is most exciting for me about this fellowship is that it is such an opportunity to do creative work with friends and colleagues I deeply respect - one of my supervisors from residency, my colleagues at the ADHD Clinic where I work, and perhaps even some of my spiritual friends from my

mindfulness practice. We have an opportunity to use our talents and collective wisdom / knowledge to go further than any of us can go alone. I suspect there will be many people doing this fellowship together with me. Hopefully we can create programming based on Buddhist ideas to help people with ADHD and other sources of mental suffering. I hope to learn some research skills to evaluate this programming in addition to gaining a deeper understanding of Buddhist philosophy that would be used in both patient care and in my practice of meditation and contributing to my spiritual community.

Chris: What do you see as the potential for the application of Buddhism in Psychiatry?

Dr. Allen: Buddhism is interesting for psychiatry, and medicine in general, in that it seems to offer a way of thinking about and addressing suffering directly, in a simple and universal way - by direct investigation of life and freeing ourselves of incorrect perceptions

about reality, we can be free from suffering. This is attractive as a sort of "broad-spectrum" approach that can be applicable to many kinds of symptoms and syndromes.

On the other hand, paradoxically, Buddhism also seems to bring a level of sophistication and complexity to psychiatry. Numerous levels of consciousness, meditative states, helpful and unhelpful states of mind, ethical conduct, and methods of practice are catalogued. Every individual has their own unique circumstances, the teachings of Buddhism apply to them in a unique way, and the means of teaching them must also be different. Also, the individual would need to personally put the teachings into practice in order to benefit the most from them. I believe that Buddhism, applied to Psychiatry, would challenge psychiatrists to develop personal familiarity with the complexities of the mind and also to approach each case as though for the first time and look very deeply at the subtleties. This

would not be a manualized therapy that could be administered after a few training sessions.

At the same time, I believe application of Buddhism to Psychiatry would challenge patients to take ultimate responsibility in their personal journey, to the point that the psychiatrist / guide would diminish in importance relative to the broader community of people on the same path of practice (the sangha). The Buddhist idea of sangha and personally practicing the dharma may offer our society a way to deal with our mental issues when we do not have enough "experts" to treat everybody.

Chris: Do you find significant differences in how people with western and eastern cultural backgrounds view mental health and illness? How would these differences play a role in understanding the Buddhist teachings on the alleviation of human suffering?

Dr. Allen: I'm not sure if I could make many generalizations for certain about "east" vs "west". There are probably many from traditional eastern and western cultures who would not view mental illness as a disorder in the way we see it in modern western society, perhaps viewing it as a moral failing or a personal weakness. As psychiatrists we wouldn't be seeing many of these people in our offices. From a modern western perspective, mental illness is seen as a manifestation of abnormal functioning in biology, interpersonal relationships, thoughts, or social functioning. Whatever the cause is seen to be, there is something wrong and returning that parameter to a "normal" state is seen as returning to health. In that sense, even mindfulness can be seen as a tool to correct over-identification with thoughts that occurs in clinical disorders.

Another model of human life that might be seen in eastern traditions I am familiar with (but perhaps western traditions as well) is certain setbacks or hardships simply need to be accepted as a fact of life, or consequences of previous actions. By becoming wiser we can better align ourselves with the optimal path in any given situation and reduce the potential for suffering. Therefore we should not be trying to escape from our short-term suffering as much as we should be trying to learn from it in order to become wiser and more ethical.

The differences in world-view might have some effect on how we understand Buddhist teachings and apply them. Using a very stereotypical reductionist, "Western" model, we might seek to extract tools from Buddhist traditions and use them as remedies to correct our immediate problems. This might not actually be that much different from the original spirit of the teaching - as a specific tool to produce freedom from suffering. Perhaps taking the "Eastern" perspective puts things into a larger context - we are not just trying to improve our present circumstances but also taking a more long-term view towards liberation from all suffering. Maybe we can have a little bit of both, however - fix what we can in the short term, and accept what we cannot with a view towards suffering less in the long term.

<<to be continued...>>

2016年10月16日

加拿大佛教教育基金會 百萬行

歡迎參加『弘法隊』為佛教教育基金會百萬行籌款
籌得款項全部用於多倫多大學佛學課程

ScotiaBank Toronto Waterfront Marathon/5K Charity
Challenge Fundraiser for Buddhist Studies at U of T
<http://www.torontowaterfrontmarathon.com/en/charity/befc.htm> 聯絡: 吳淑瑜 416-910-4858

「慈心關懷大使」

2016年10月義工訓練課程

培訓義工探訪老弱、病患或臨終者

上課時間及內容

十月一日 (星期六) 1. 導言互動 2. 醫療護理

十月八日 (星期六) 3. 心靈護理 4. 溝通技巧

十月十六日 (星期日) 5. 信仰關顧

十月廿二日 (星期六) 6. 喪親過渡 7. 個人實踐照顧

十月廿三日 (星期日) 8. 義工分享

◆ 本課程乃參考「安省善終服務」(HPCO) 指引編制

上課地點: 多倫多正覺寺 300 Bathurst Street

費用: \$60 (完成所有課程者可獲退款\$30)

報名/查詢: 416-910-4858

主辦機構: 安省佛學聯社

Buddhist Education Network of Ontario

協辦機構: 卑斯省寶林學佛會屬下之華康病患關懷中心

2016年應用佛學學術論壇

多倫多大學伊曼紐爾學院
促進應用佛學發展計劃首屆論壇

華語研討講座 (免費入場)

- 僧伽邁向全球化 (10月15日 星期六 下午 3:00)

講者:

無上法師 聯合國世界佛教僧伽青年會秘書長, 淨慧叢林道場、聖德報恩寺住持

法藏法師 台南僧伽教育院院長, 千華寺、萬佛寺住持

常華法師 (博士) 法鼓山紐約東初禪寺監院

主持人: **見宗法師** 多倫多正覺寺住持

- 人間佛教 (10月15日 星期六 下午 4:45)

講者:

淨因法師 (博士) 香港寶蓮寺住持, 香港大學佛學研究中心教授及前任總監

永固法師 多倫多佛光山住持

照續法師 多倫多靈巖山中華寺住持

主持人: **見宗法師** 多倫多正覺寺住持

今次論壇的重點, 乃就兩個應用佛學主題作深入探索。其一為以佛教為主流宗教的國家, 現今如何應對於本土和外地社會對佛教的改變、沖擊、挑戰和需求。其二為傳統非以佛教為主流宗教的國家, 如何探索應用當代佛教理念來解決現今社會的不同問題和需求。例如從前在亞洲地區是以禪修和佛法為主體引導發展, 之後即演變為在亞洲以外地區以佛教思想和修行的實際應用。兩種都是以佛教理論為主體, 賦予不同闡述和應用方法來解決戰爭與和平、生態、司法、宗教間對話, 並提倡把佛教融入於教育、醫療、社會工作、心理學、心理治療、臨終關懷護理、院牧、和監獄懲教工作等。

地點:

Northrop Frye Hall, Rm 003, 73 Queen's Park Cres. E.

領取免費華語講座入場票, 請聯絡吳女士 416-910-4858
wisdom.tor@rogers.com

APPLIED BUDDHISM CONFERENCE

*Inaugural Conference of the Applied
Buddhist Studies Initiative 2016*

**Emmanuel College
University of Toronto**

KEYNOTE ADDRESS (7 pm, Friday Oct. 14)

Applied Buddhism: Past & Present

by Dr. John Makransky,

Associate Professor, Boston College

PANEL PRESENTATIONS: 18 Speakers

(Fri. & Sat. Oct. 14 & 15)

- Future Directions for the Integration of Buddhist Psychology & Psychotherapy
- Buddhist Prison Chaplaincy in Canada
- Buddhist Education: From Past to Present, East to West
- End-of-life Care

Two Chinese Panels (Open to Public - Free Admission) simultaneous translation available to Conference Registrants

- Globalization of the Buddhist Sangha
- Humanistic Buddhism from the Perspectives of Temple Leadership

This Conference will focus on the exploration of two current streams of Applied Buddhism, one in Buddhist countries that have responded to changes, challenges, and needs that have arisen in their homelands and abroad, and the other in traditionally non-Buddhist countries that have explored contemporary Buddhist applications to address current issues or to meet various social needs.

WORKSHOP (Sun. Oct. 16)

CPD Accreditation: by U of T Faculty of Medicine & CONO

Empowering Those Who Care For Others:
Sustainable Compassion Training Workshop
Conducted by Prof. John Makransky

Fri. & Sat.: \$150 / \$75 for Students

Sun.: \$175 or \$150 (Register by Sept. 30)

Further Information: www.wisdomtoronto.com

Inquiry: 416-910-4858 / wisdom.tor@rogers.com

Registration & Payment: [http://](http://www.emmanuel.utoronto.ca/coned/)

www.emmanuel.utoronto.ca/coned/

[appliedbuddhist_studiesinitiative/absconference/
registrationappliedbuddhismstandpresent.htm](http://www.emmanuel.utoronto.ca/coned/appliedbuddhist_studiesinitiative/absconference/registrationappliedbuddhismstandpresent.htm)

Emmanuel College: 75 Queen's Park Crescent

