



# Medicine Buddha: A Transdual Self-model Meditation to Support Healthcare Practitioners

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## Abstract

There is increasing awareness of the deleterious effect of the current work demands on a wide range of health professionals and of the benefits of contemplative understandings and practices in modern, secular settings, and healthcare environments. Here, we examine the theory and practice of a traditional Buddhist practice, Medicine Buddha, within a framework of *transduality* as a way to illuminate and empower core mechanisms of healing to support healthcare practitioners in both self-care and patient care. By fostering appreciation of innate health and connection to others, this practice can support compassion, inspiration, resilience, and joy in life.

**Keywords** Burnout · Transduality · Mindfulness · Nondual · Spiritual

There is increasing awareness of the deleterious effect of current work demands on a wide range of health professionals. Recent reports show high rates of burnout in nurses, medical students, and mental health workers (Ishak et al. 2013; Papathanasiou et al. 2017). Up to 60% of physicians in the USA report depression or burnout, with up to 400 suicides per year (Nakagawa and Yellowlees 2019). Other findings suggest that overlooking the key role of spirituality in health may have contributed to the reported burnout (Kim and Yeom 2018; Koenig 2015; Wilson 2010). Thus, it seems vital for health professionals to find ways, including those that may be spiritual, to cope with their increasing stress.

It is clear that meditation benefits health (Sampaio et al. 2017). This article seeks to provide an overview of how meditation may also enhance coping with these demands and how, in particular, Medicine Buddha, can be learned, practiced, and applied by health professionals to support them in their work. Their personal well-being, in turn, has the potential of benefiting the recipients of their care.

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Medicine Buddha appears in many Buddhist traditions. The specific canonical details of the practice examined here are based upon the instructions offered in the Kagyu lineage of Tibetan Buddhism. This practice combines taming the mind with compassion in meditation on an embodied form of wakefulness that may be seen as an internal or self-model. Internal models have been shown to represent key features of self image, motivation, and a view of human life, together constituting a life-shaping mode of operative awareness (Drowick 2017; King 2014; Metzinger 2003).

Medicine Buddha, also known as *Menla* or *Bhaisajyaguru*, is about health in all its many dimensions. A key element in understanding the scope and practice of Medicine Buddha is a shift in awareness and focus through and past a basic but problematic mind process known as dualistic fixation. There are two approaches to dualism. In ordinary life, dualism can be seen as an investment in distinguishing things from what seem to be their categorical opposites—left versus right, good versus bad, etc., distinctions that are clearly necessary for ordinary life. In contrast, mystics of many spiritual traditions discuss a nonduality, beyond all dividedness. One way to understand Medicine Buddha is to see how working with that practice can take us to an overall view beyond the notion of ordinary-life duality as entirely separate from a more esoteric, spiritual nonduality.

It may help to approach Medicine Buddha from within the framework of duality. Dualistic processing of experience can be seen as a fundamental view of mental operation independent of but foundational to many religious paths and life perspectives (Theise and Kafatos 2016). The topic of dualism is also a core element of the Buddhist teachings. Thus, discoveries arising in the Buddhist tradition but framed within the context of dualism may be more easily seen as being in line with a basic view of psychology and acceptable to other traditions. Along with duality, we find its opposite, nonduality, as a way to frame the goal of many spiritual paths. In this paper, we will see how a natural relatedness of duality and nonduality, called, *transduality*, can help us understand Medicine Buddha and, with that, spiritual aspects of healing in many forms.

Transduality may be considered as a metacognitive perspective or state of awareness whereby one is both cognizant of dual and nondual views of experience and yet able to see beyond their separation to a life-enhancing, functional union of the two. For example, when one is in contact with another person whom one holds in deep compassion, one is aware of boundaries while at the same time one can feel a sense of benevolent unity. Transdual awareness in this same way can support a vibrant compassion without inappropriate attachment.

This paper will explore how a health-focused transdual model and awareness may be achieved and put to use in Medicine Buddha practice, and how doing so can benefit health practitioners and, in turn, their clients. We will present a brief view of the philosophy supporting this practice, an introduction to the practice itself, and a potential way to evaluate its possible benefits. Further, framing a traditional spiritual practice in terms of basic human mind operations around duality may support the appreciation of other spiritual health practices.

## The Philosophical Basis of Buddhist Meditation

A full examination of the historical development of Buddhism as a philosophy is beyond the scope of this paper. However, an overview of a few key principles can help in understanding the foundational practice of meditation in the Buddhist tradition.

### Non-theism

As a non-theistic tradition, Buddhism does not affirm or deny the existence of a higher being, but rather focuses on the work humans need to do to realize an unconditional health, or enlightenment, described as a state of being fully awake and present in a total awareness that includes boundless compassion for all (Knitter 2009). In this wakefulness, one is aware of all experience, but without a self-focused agenda, and one realizes how, by overlooking that pure awareness, one can misinterpret and thereby distort experience in ways that can lead to considerable “suffering.”

One path to being more fully awake is the practice of mindfulness meditation, often involving sitting in silence, to calm and clarify mental processes (Thrangun 1993). Other approaches can include practices of compassion or “loving-kindness” (Thondup 2015), while still others aim directly at the goal of a nondual awareness (Thrangun 2004). Medicine Buddha meditation incorporates all these by working with models called *deities* or *yidams* (Thrangun 2003; Trungpa 2013). Here, the term deity describes not a higher power, but a model of the health and wisdom already within the practitioner. In non-theism, finding a wisdom path is based on direct examination of one’s own experience, and formal teachings are intended to support one’s search rather than to provide predetermined answers. Mentors, including the Buddha, serve not as ultimate authorities, but as guides and inspiration for the journey.

### The Four Noble Truths

The basic teaching of the Four Noble Truths, or themes of investigation, is the epistemological and ontological foundation of Buddhist philosophy, supporting work with the difficulties in life: the fact of suffering, the cause, the core remedy, and a formula for living with the aspiration to attain a state of awakening that surpasses suffering (Armstrong 2001). All of these depend on starting where we are, in the realm of ordinary, dualistic human experience. Seeing life through the lens of dual/nondual understanding can be one way to frame the Four Noble Truths of traditional Buddhist teaching, as follows (Armstrong 2001; Trungpa 1987):

1. The truth of suffering (*dukkha*): We suffer because our experiences, including aspects of our own existence, are impermanent and changeable and because in dualism we cling to some experiences (attachment) and reject others (aversion).

2. The truth of the cause of suffering (*samudaya*): The underlying cause of suffering is our ignorant attachment to the notion of duality known as *dualistic fixation*. The problem is not dualism per se, but the fixation thereon.
3. The truth of the end of suffering (*nirhodha*): We sense that we can awaken to and transcend the ultimate cause of suffering and thus end the cycle of dualistic delusion.
4. The truth of the path that frees us from suffering (*magga*): Through wakeful practice, we can cultivate the mindfulness (equanimity), compassion, and wisdom within as antidotes to the causes of suffering. One of the practices offered in the Vajrayana Buddhist path is that of deity meditation.

Holding all experience in the view of impermanence is crucial to understanding how our and others' experiences, including painful thoughts and feelings, are transient (Trungpa 2013). Suffering arises as we grasp or try to engage with experiences in our minds after the experience has passed. Appreciating impermanence allows us to observe the process of reliving experiences and relinquishing all suffering by staying fully awake in the present. Recognizing for oneself that within dualism, all experiences are transient, and fixation on any aspect of experience will inevitably fail, unlocks the pleasure/pain cycle. Doing so opens the mind to the treasure of wisdom within that can only be discovered when there are no preconditions and one is present with only what is.

### Dualism, Nonduality, and Transduality

A key to this view of working with the Four Noble Truths, and to understanding how working with the model of Medicine Buddha in this way can take us through this journey to awakening, lies in understanding the central role of dualism in our mental processes and the common factor of fixation.

Dualism here can refer to not only the self/other divide, but also to the entire process of binary thinking (Bruce et al. 2011; Del Collins 2005; Trungpa 2016) or dividing any experience into opposing aspects and then fixating on the oppositional relationship so created. This process of dividing experience seems basic to our mental process and even to human brain structure (Alper 2006). Binary thinking might take the form of a self/other split, but can also be male/female, good/bad, us/them, now/then, etc. We need to keep our thinking clear, but fixating on this binary process, as humans tend to do under stress, can make our thinking, and from that our lives, rigid and thus an arena of endless conflict and suffering (Del Collins 2005).

Dualistic thinking or states of being are important to empirical philosophy and scientific thought. Notions of the separation of self and other, body and mind, and so forth are pervasive in society and underpin much of scientific and philosophical thinking through history. However, Eastern philosophy and religions, along with mystical traditions of the West (Scarborough 2009; Smith 1992), have explored the notion of nonduality as an alternate way of considering reality and how the application of nondualistic awareness fosters appreciation for a pervasive, basic wisdom, and the connection between all beings (Dierkes

2010; Teasdale 1999). Nonduality appears in current literature not only as a spiritual goal, but also as background support for living a good life independent of religious doctrine (Nixon 2010).

Nonduality might be misconstrued as sameness or nothingness. However, a Buddhist understanding of nonduality includes an appreciation of a pervasive, self-existing luminosity in all experience beyond concept and the requisite openness within which we may appreciate luminosity without fixation upon it (Hulser 2012; Trungpa 2013). Thus, we can appreciate the mind's tendency to separate and oppose ideas, functions, and objects in the world, and yet see these separations as also manifestations of habitual binary mind processes rather than true and full distinctions. Once we have a sense of a nondual view of experience, our notions of reality—including our ideas, feelings, and our sense of our own being—are seen as existing within the network of interdependent interactions with others and the environment (Thrangü 2001). Separation, appropriately softened, then supports not suffering but instead a state of open, vivid awareness.

Thus, it is important to go beyond even the dichotomy of dual versus nondual as Medicine Buddha does through joining this realization of nondual awareness with a natural compassion for others still lost in the realm of duality, all this in an ultimately healing way. That is, the goal is working in and with duality as an opportunity to express wakefulness for the benefit of others. As Trungpa Rinpoche said, “dissolving all boundaries... duality is no longer a problem; it is an expression of wisdom.” Later, he states, “when the phenomenal world is seen as empty, there is a quality of complete unity, but you can still have greater duality along with the dissolving of boundaries. They work together” (2013, pp. 674–675). This is transduality.

While a seemingly new concept in health care or at least a new term, transduality may represent an ancient and widely appreciated aspect of human life in spirituality and in healing. Examples abound. Religious rites and symbols may represent transdual ways humans reach out to and connect with their own sense of ultimate reality (Rappaport 1999). In the Catholic Church, bread and wine become the body and blood of Jesus Christ. Other traditions have shamans, prayers, sacred objects, costumes, dances, holy places, and texts as bridges to their sense of an “absolute.” Any appreciative interaction with another sentient being may be a transdual operation (Ngbiem 2014). Walks in nature, the arts, moments that touch the heart, all these, fully appreciated, may be transdual. A parent-to-child hug can express transduality (Trevorthen 2016). A dying person's prayer will likely have a yearning into transduality, and importantly, any health care offered with real heart might evoke the holy in the seemingly ordinary and reveal transduality (Carson and Koenig 2004; Jacobs 2018).

It has been said that we humans are all mystics at heart and, on some level, looking for ways to connect with and express that heart of wisdom in ordinary life (Scarborough 2009; Teasdale 1999). Key to this is that it is not the experience that counts, but the attitude with which we hold it (Trungpa 2016). We may or may not be able to change our experience, but we can change our attitude and, from that, how we live.

## History of Menla and How Menla Helps

Tibetan Buddhism describes three paths, or *yanas*, of working with and through dualism that, while seemingly separate, are mutually supportive. The *Hinayana* or narrow path, focuses on helping each person resolve his or her personal issues in dualism by means of mindfulness or other methods to settle the mind and make it workable. The *Mahayana*, or broad or social path, focuses on helping the mind open effectively to help others. And the *Vajrayana*, or tantric, or energy path, among other methods, uses identification with models to bring out the nondual base in these first two paths and to unite them into an active, healing force in the world (Trungpa 2013). There are three similar ways to understand the story and healing power of Menla in helping others (Thrangu 2001, 2003).

In a primarily dualist mode of experience, the idea of a Medicine Buddha is reported to have arisen from the evolving role of monastics in early Buddhist societies. At first, all students were male and all were asked to spend most of their time investigating their mind and experience. The only contact they had with the outside world was in begging for food, an activity considered unacceptable for women. If a monk became ill, he could seek help from fellow monks, but monks could not engage in healing practice outside the monastery. Over time, however, this narrow approach broadened and as monks became very skilled at health care, it became customary for them to treat their supporting communities. With this, at least one (or more) would become so proficient that he was seen as setting the standard for healing and thus called Medicine Buddha (Birnbaum 1979).

In the transdual mode, Menla emerges as an emblematic model of all healing. He is said to have started as an ordinary human—perhaps a monk as described—who lived very long ago, in a place similar to but far from our own. In time his commitment to helping others broadened beyond the confines of ordinary concept, as did his form (Thrangu 2001). Henceforth, Menla increasingly expresses his true nature, which while evocable in the form of a model, is beyond a limited or binary idea of gender (K. Thrangu, personal communication, June 24, 2018). Thus, Menla will be referred to as *they*. Further, as an archetype of healing energy, they are no longer limited to any one body, time, or place. They can appear in any and all places and times how ever the need arises.

At some point in their development, Menla realized a path similar to Siddhartha in recognizing the problem of dualism and fixation thereon and, at the same time, an inherent nonduality within. Understanding this, they committed to a nondual practice as the means to end their own suffering. Menla could have stopped at that, but instead of resting within a nondual state, like Siddhartha, they recognized their heart connection to the multitude of others still suffering in duality, and committed to providing the support they needed for transcending both the problems in duality and the promise of an isolated peace in nonduality. They turned the energy of suffering into compassion and the commitment to help all beings find a path to a state of full and active enlightenment beyond concept (Thrangu 2001).

Menla offers help in many forms. First, whatever problem a person has—physical, mental, or social—Menla vows to relieve the problem in any way

possible, either directly or by enlisting an appropriate remedy. If neither of these approaches is effective, they vow to support that being in working through the underlying causes of the problem so that it can be resolved on a foundational level over time. And finally, their example inspires the understanding that all ordinary health is temporary and that the ultimate goal is to be well enough to both live a reasonable human life and to do what is needed to attain full realization on one's spiritual path for the benefit of all. Menla offers all this together in a model that is limitless yet very present, promotes a bigger vision of life, reduces rigidity, and supports workability of all problems (Thrangou 2001).

In this transdual form, health seekers can perform the practice of Menla for help as described later in this article if they wish. And as healthcare providers identify with Menla in their practice, those same qualities of healing energy can permeate the atmosphere of the healing relationship. Here, the care-seeker asks the caregiver for help, while the caregiver may ask transdual Menla for help in helping or may simply recall a sense of being Menla on the spot. Coming from a deep understanding of life, this request can enable the healing relationship to embody a greater sense of presence, compassion, and meaning, benefiting both parties over time. In this transdual view, Menla could seem almost mythic—not as being fiction, but as a primal symbol joining the world of ordinary human history with the inner world of an innate wish to promote health in compassion for all (Kirmayer 1993). Here, Menla can be seen as manifesting in any healing agent offered, in the healing relationship, or in any opening into nonduality. They embody compassion in even the most difficult aspects of life, and from that, joy. The capacity to nurture compassion into an appreciative joy is a core element of Menla practice and of caregiver support (Kwee 2013; Pooler et al. 2014a, b).

The nondual history of Menla is simply that every single being is now and has always been, on a deep level, Menla, and this aspect of our being is indestructible and beyond time (Thrangou 2001). While we may appear to be stuck in relative reality, our stuckness always opens to the brilliance of being fully awake with boundless compassion for self and all others. Here, problems are seen as less real than the health they seem to obscure, and requests for help, rather than being made, are honored with confidence in transduality. Thus, one is grateful to problems for how they open a path to ultimate awakening. Finally, the progression of Menla from at first being limited to a specific person, time, and place, and then being a healing energy available in any and all times and places, to being beyond all concept of time and place is consistent with how mind expands inborn awareness to full awakening (Thrangou 2002).

## Meeting Menla Today

Traditionally, the practice of the Medicine Buddha is introduced to the practitioner in an empowerment—*Abhisheka* in Sanskrit or *Wang* in Tibetan—a ceremony in which an established Vajrayana spiritual authority, or lineage holder, gives his or her blessings to participants to study and practice a particular Vajrayana practice. This ceremony confirms that the nondual Menla is always within each participant, and



thus practicing Medicine Buddha does not create something new; it brings out the wisdom already within. Menla had been considered an advanced practice and was usually only offered to experienced students who had a relationship with a particular teacher. However, with the increasing challenges, we as a society are now facing, the Ven. Thrangu Rinpoche, a preeminent lineage holder in the Karma Kagyu tradition, stated that while it is beneficial to attend an empowerment, it is also good for all who feel so inspired to do this practice (Thrangu 2001).

Thus, in 1999, the Ven. Thrangu Rinpoche gave a public Medicine Buddha empowerment at a camp in Mt. Rainier Park, attended by about 150 people. The empowerment was presented in the context of a week-long study and practice program in which Thrangu Rinpoche gave teachings on Menla each day and students practiced meditation at other times. The lectures were transcribed and assembled as a book, *Medicine Buddha Teachings* (Thrangu 2001), which gives a thorough explanation of the practice and which is available to all. These teachings form the core of the understanding of Medicine Buddha presented in this work.

The following is a recounting of the personal experience of the first author, having attended this retreat: Three ideas stand out for me at this teaching. First is that this practice is a way of aligning with and calling on a pervasive health in the universe. Second is that the vicissitudes of human life are part of how I, at this time, see luminosity, and thus the people I try to help in my practice help me as much as I would like to help them. Third is that even with this practice, obstacles will appear, but we can be confident everything that arises, no matter how difficult is workable and nothing can stop our progress to awakening. I have found these ideas extremely helpful, and from that, Menla has become a profound part of my professional and spiritual path.

## Medicine Buddha Practice

The practice begins with appreciating our heartfelt desire to be awake and present, recalling our own benefactors in any way we can, and from that, our heart commitment to helping others. We then visualize the healing model of Menla and invoke their power by reciting a mantra that calls to Menla in Sanskrit, the language in which this version of this teaching first appeared (Thrangu 2001). These transdual forms join mind and body and link one's current situation with the wisdom of this tradition. The formal practice is called a *sadhana*, which one can do as one wishes. The practitioner can then recall the sense of Menla to rekindle inspiration during one's workday as needed.

By evoking an awareness of a primordial health in the universe and within the practitioner, this practice fosters identification with the qualities Menla models, supporting the practitioner in embodying steadiness of mind, unconditional compassion, and a sense of wakefulness in life (Thrangu 2001). Over time, these qualities are recognized as natural, pleasing, and effective in the healing encounter. By replacing fear-based self-modeling with this model of awareness and compassion, one's mind processes evolve to a greater sense of overall confidence with time. The practice of Medicine Buddha fosters the recognition of the health within, appreciation of others,



and a commitment to support wakefulness and health in the face of whatever obstacles arise (Thrangou 2001).

The visual representations of Medicine Buddha include aspects of the qualities they embody. For example, combining luminosity and openness, Menla is luminous sky blue and yet hollow. Smiling, they hold a begging bowl in their left hand at their lap, a symbol of accepting whatever life brings as a gift, as monks did years ago. They hold an arura, or myrobalan, flower, a basic ingredient in all ayurvedic healing remedies in their right hand, resting palm forward on their right leg, a symbol of offering whatever is needed to whomever needs it. On a deeper level, Menla embodies fundamental qualities of clarity, steadiness, interest, and awakened energy, all held in open awareness, as core elements of the healing processes—all together in their heart. Thus, contemplating and identifying with Menla offers the practitioner three primal healing forces—mindfulness, compassion, and a sense of transcendent wisdom—that often lie dormant but are inherent in humans and, with practice, can come to action in life (Thrangou 2001).

### Medicine Buddha in the Healthcare Environment

While benefits of intercessory prayer for others are not proven, the lack of correlation may be because such benefits have been investigated primarily in the realm of dualistic experience. There may be significant attitudinal benefits, however. It has been shown that mindfulness is helpful to physicians (Regehr et al. 2014); compassion helps both the cared-for and caregiver (Renzenbrink 2011); praying for others can lower one's own C-reactive protein, a marker of inflammation (Krause et al. 2016). Thus, caring deeply brings benefits in both directions.

Some recent healthcare approaches can be seen as manifesting some version of the wisdom that Menla embodies, though not claiming any connection to it. One example may be acceptance and commitment therapy (Hayes 2005). There, one accepts whatever problems one has in life and devotes one's energy to living according to one's true values. Another has been with training engineering students to be good citizens. There, students practice exercises that seem aligned with basic principles of Buddhist teaching and that help them transform challenges to social and global health into inspirations to act in socially responsible ways (Vanasupa et al. 2006).

Mantra practices have been shown to benefit veterans with PTSD (Oman 2015) and healthcare workers in stress management and spiritual wellbeing (Bormann et al. 2006; Bormann et al. 2017). Visualization has also been shown to benefit practitioners through a program called Best Self Visualization (Schussel and Miller 2013).

We are now coming to an understanding of the anatomy and physiology that may be involved in how these practices may work. Hölzel et al. (2011) have shown functional and structural brain changes associated with participation in Mindfulness-Based Stress Reduction. Returning to the idea of fixation in duality, spiritual practices may foster more flexibility in one's approach to life (Hinton and Kirmayer 2017).

As the practitioner becomes familiar with the Medicine Buddha model and acquires a sense of identification with it, he or she may experience a personal appreciation for the qualities the model embodies (Sacamano 2018). The practitioner may develop increasing confidence in accepting whatever life brings as a gift and using those gifts of life experience as fuel to support him or her in serving others (Faver 2010). The practice may sustain a more supportive, encouraging atmosphere in the therapeutic encounter, often called “healing presence” (Perez 2004), again benefitting the healing encounter (Dunn et al. 2013).

## Transcendent Health and the Value of Problems

At some point, the problems both the practitioner and the client bring to the therapeutic encounter may be experienced as inspiration, opening to a sense of self- and other-compassion and a greater sense of meaning going beyond simple symptom relief. This may include a broader view of life, or a sense of connection to a “higher power” or an opening into a more inclusive, transformative awareness. And, as has been shown, a meaningful life is a healthy life (Hooker et al. 2018; Jacobs 2018). Thus, spirituality and health care can be mutually reinforcing.

The health that is engendered in this way may be more in accord with the current view of the World Health Organization, called *The Wellness Model*, in which health is seen as a resource for living. In the older *Medical Model*, the idea of health was the absence of disease (Williamson and Carr 2009). Being problem-free, if such a state is possible, might be fine if one can appreciate it at the time. With Menla, the practitioner and client may still have problems, but no matter how difficult things may seem, both may reclaim a sense of good heart, and from that, a good life.

Throughout history societies have maintained a mutually reinforcing spirituality–health connection in forms such as shamanism and other basic human methods (Cobb et al. 2012). In the Christian tradition, among many possibilities, one may pray directly to Jesus Christ, who is considered divine, human, and an acclaimed healer, or to patron saints of healing as supplements to standard health practices. Similar possibilities may occur in other traditions, as well as in walks in nature (Hansen et al. 2017), and even spontaneously in difficult circumstances (Renz et al. 2015).

With Medicine Buddha, the essence of health is recognized as being within each person from the beginning and available as a basic target of meditation for everyone. The image of Menla can be seen as representing the features of the inborn health common to all human beings. In this way, Menla may highlight the transduality in all health care, inspire confidence in ultimate health and be more compatible with differing traditions than usually thought (Knitter 2009; Makransky 2003; Massoudi 2009). Thus, this practice might resonate with those holding to other traditions, or none, and serve as an inspirational theme and support for their work and their life. And inspiration in the face of challenge can bring resilience and joy (Thrangu 2001).

## Conclusion

Medicine Buddha offers a human model of a unified, basic approach to health care, including mindfulness and compassion, and a sense of fundamental health embodiment open to all. As practitioners use it and identify with what the model evokes, experience suggests that obstacles may serve as fuel for inspiration, and from that, healthcare practitioners may realize a greater sense of meaning and joy in both their work and their lives. It may be time to conduct scientific studies on the potential benefits of this practice in modern healthcare settings (Troekel et al. 2018).

## Compliance with Ethical Standards

**Conflicts of interest** There are no financial aspects to this paper and no conflicts of interest in that regard.

**Human and Animal Rights** There were no experimental subjects, human or animal, and thus no issues around consent.

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