


Beyond the Color Line:

CULTIVATING FEARLESSNESS IN CONTEMPLATIVE CARE

Cheryl Giles

 MY SEVENTY-FIVE-YEAR-OLD MOTHER lay dying in a Catholic hospital from complications arising from diabetes.

My mother is black and working class, and she lived in an urban neighborhood. Throughout her life, my mother endured long bouts of debilitating depression related to untreated childhood sexual trauma, punctuated by good times that were too few and far between. She celebrated brief periods of joy—the birth of her grandchildren, graduations, weddings, and birthdays. But she spent most of her life hiding in the recesses of her mind—a tiny closet with a dim light—too fearful to come out.

There in the Catholic hospital, my mother tearfully apologized to me for not being a good enough mother. She reminded me yet again how much she had always loved me, something she never gave me reason to doubt, and assured me she would be fine now. Her words pierced my heart.

Somehow, I thought I was caring for my mother while she was dying, but she was caring for me. By accepting her suffering and gently guiding

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me to see her dying as another part of life, she was taking care of me. She was showing me how to go on without her and that she was not afraid of dying. It was a profound time.

On the other hand, I remember feeling alone and at sea with this experience. I longed for a “compassionate other” to sit with my mother and me—someone to help me process this deeply painful, gradual loss of the woman who gave me life and taught me to care about others, even while debilitated by her crippling depression. The hospital chaplain was a frequent visitor to many of the patients on the floor, but even though my mother was dying, he never found enough time to visit with my mother and me.

My mother was raised a devout Christian who long ago abandoned practicing any religious tradition, though her faith in God was strong. Days passed with no sign of the chaplain, not even a passing glance.

As my mother’s vital organs began to fail and her body filled up with fluid, the doctor in charge recommended surgery to control the bleeding. Since every contact with a patient in a teaching hospital is an opportunity to learn, the doctor made a reasonable case for this procedure to his eager group of residents. But surely surgery on my dying mother would not save her and could not be reasonable. The doctor and I knew she was at the end of her life and even ready to let go. I wondered, did the fact that she was black, working class, and suffering from depression influence his standard of care? I cannot help wondering if having a “compassionate other” at my side, an understanding chaplain, for instance, would have made a difference.

Spiritual care practices are important to the decision-making and health of patients and their families by creating a space for them to express their thoughts and feelings about the pain and suffering they experience. Many studies now indicate that spiritual support is critical to our institutions. In one study, patients and their families reported they were more satisfied when a chaplain met with them. MJ Balboni and his colleagues reported in a recent article “It Depends: Viewpoints of Patients, Physicians, and Nurses on Patient-Practitioner Prayer in the setting of Advanced Cancer,” which appeared in the *Journal of Symptom and Pain Management*, that most patients and practitioners view prayer between patient and practitioners “in some specific settings at least occasionally appropriate.”

And yet despite evidence supporting the need, most hospitals do not have

enough spiritual support.

Even with all my training as a psychologist, one of the most difficult challenges of my life was being present to my mother while she was dying, and at the same time, witnessing the insidious racism that is so endemic to many of our institutions. While I wanted to simply be present to my mother during this profound rite of passage from living to dying—to focus on this loss—I was forced to cope with the additional pain of a doctor who saw my mother as a teaching opportunity and a chaplain who didn't see her at all. It was not difficult to recognize that she would have received better care if she was white and lived on the other side of the city.

After my mother died, the feeling of emptiness I struggled with left holes in my heart that refused to heal. As a black lesbian, I was trying to keep my life “on point” in the face of racism and homophobia. But the experience of my mother's death left me shaken and inconsolable. When my father died five years later, my depression and sense of loss deepened. I felt orphaned and bereft, with no grounding. Death shattered the reality I had created in my mind, believing I was content living my countercultural life and pursuing my own dreams, far removed by education and geography from the working-class neighborhood and racism I grew up with. The death of my parents caught me in an undertow, and I suddenly lacked the emotional resources and resiliency I had always taken for granted.

As a disaffected Catholic, I no longer believed in the theology that informed my faith for more than thirty years: that by being compassionate and loving to others, like Jesus, we are promised eternal life in heaven with God, free from suffering. Seeing me unhinged, a few close friends reached out to me and encouraged me to go on retreat, to “sit” with my anger, fear, and deep sadness. I desperately wanted to be free of suffering, so I followed their advice to attend a seven-day silent retreat at Insight Meditation Center in Barre, Massachusetts. That was my introduction to Buddhism.

WESTERN BUDDHISM

Our roles as caregivers do not always follow strict rules of engagement. What happens when patients, families, or even colleagues are different

from us? How do we peel back the layers of race, culture, and social class that can cause our compassionate care to miss the mark, no matter how pure our intentions? What if the patient, whose race, culture, or social class is different from our own, perceives our compassionate effort as invasive or inauthentic?

The rapid spread of Western Buddhism has been an exciting development, but efforts to adapt Buddhist practice to Western culture have largely overlooked some of the most challenging issues. As more people of color practice Buddhism, one of the most significant among these issues is the importance of paying attention to race and diversity.

Several years ago, Hilda Gutiérrez Baldoquín, a Soto Zen priest and activist, published a provocative collection, *Dharma, Color, and Culture: New Voices in Western Buddhism*, about the dramatic impact of Buddhism in the US and the ensuing racial and cultural challenges that have developed:

When we speak of Buddhism in the United States, we are speaking of a cultural movement that has brought to this continent ancient Indian, East and Southeast Asian, and Tibetan spiritual teachings and practices. For the first time in history, these teachings have arrived in a land that is racially heterogeneous. At the same time, they are taking root in a society that was founded by a white majority, on the unwholesome seeds of colonialism, genocide and slavery. In this meeting, the values of community, interdependence, and collaboration come face-to-face with the values of the pursuit of individualism, self-interest and competition. Deep bow meets handshake.

Gutiérrez Baldoquín tells us these “unwholesome seeds of colonialism, genocide and slavery” are rooted in our history, and they have become part of our identity as Americans, even though we’d rather not remember. To remember is to struggle with accepting blame and feeling a responsibility to do something to unburden ourselves of the guilt we feel.

We need to recognize that as the sangha meets with a teaching that

professes equal access to enlightenment, it still wrestles with the fruits of “unwholesome seeds,” a continuing legacy of power and oppression that infects our lives. It would be nice to think that we preclude power and oppression from entering our own Buddhist centers. But experience shows us that prejudices, discrimination, and racism held by the wider society does influence our own Buddhist communities, even while our members have the best intentions. Sangha is, after all, made up of individuals.

One of the challenges to American Buddhism is to acknowledge and bear witness that racism is real and dangerous, like the three poisons (grasping, hatred, and ignorance)—a toxin that creates suffering. Despite the long and sorrowful history of racism in the US, many of us would rather avoid dealing with it than be present to the ugliness that taints our capacity to be compassionate and caring. We have conditioned ourselves to deny the existence of racism, perhaps because when we experience it, fear overwhelms us—fear of our own racism and guilt, fear of our inadequacy to address it in others, and even fear of the offender.

We become hollow in the face of suffering and injustice, not realizing that through our silence, we stand with the offender. Rather than practicing being present with our fear, we react to what we are experiencing, working to free ourselves by whatever means necessary from what we imagine to be unbearable. In the end, our avoidance is strengthened by our inability to deal with our fear. But we simply do not want to be reminded.

The denial of racism is a major obstacle to cultivating compassion and reinforces our conditioned state of fear. It is an enormous psychological and spiritual burden to live a distracted life, caught up in our thoughts and feelings. By not choosing to see and acknowledge what we experience, we are choosing to live with blinders in a cozy conditioned state of ignorance. Gutiérrez Baldoquín’s reflections urge us to recognize that the values that spring from the “unwholesome seeds” work to keep them rooted in place and foreclose on the opportunity for racial diversity and the richness of Buddhist practice. We can acknowledge the terrible suffering that comes from oppression and work to end it through our practice of cultivating a fully inclusive compassion and the diligent application of that practice to our work as caregivers.

LEARNING TO CULTIVATE A FULLY INCLUSIVE COMPASSION

Pema Chodron, an American Buddhist nun and Dharma teacher in the lineage of Chogyam Trungpa, encourages us to work with strong emotions to cultivate compassion for ourselves and others. In *The Fearless Heart: The Practice of Living with Courage and Compassion*, Chodron reminds us that we all have a limitless capacity to be open and to love free of prejudice and bias, but we are only able to do this in small doses. Most of the time, we are stuck with holding on to strong emotions that distance us from ourselves, others, and the world around us. Our deepest longing is to be connected and free of the emotions that form barriers and limit our ability to be openhearted:

Fear is the fundamental emotion. Fear manifest as prejudice. Fear manifest as aversion. Fear manifest as craving and addiction. We're afraid of something and therefore it starts to blossom in these various strong emotions of all kinds. Fear is the underlying thing. Fear obscures this open, clear quality of life. In order to free ourselves from being caught up in strong emotions, we need to work with our fear.

Chodron recalls the story of Machig Lapdronma, a twelfth-century Tibetan woman, who told her teacher Phadampa Sangye that after seeing so much suffering, she wanted to know how to wake up to help others and herself be free of suffering. In response to this request, Phadampa Sangye gave Machig instructions to work with five slogans to cultivate fearlessness:

- ▶ Reveal your hidden faults.
- ▶ Approach what you find repulsive.
- ▶ Help those you think you cannot help.
- ▶ Anything that you are attached to, give that away or let it go.
- ▶ Go to the places that scare you.

Let us explore these powerful teachings that can help us shift from living with fear to living with an open heart, beginning with our own

Buddhist practice and with our work as caregivers. Starting from a place of emotional distress (in this case, fear) should never be an obstacle to meditation. Adopting these teachings in our practice, both on and off the cushion, teaches us the skill of being present to our feelings about ourselves and to the compassion we feel for others. This is a doorway to enlightenment. Our challenge is to work with the ways that we close down and limit our capacity to cultivate compassion.

Reveal your hidden faults. To reveal our hidden faults is to uncover them, to bring them to light. That starts with noticing. When we perceive difference as negative, quite possibly we are unconsciously judging others for being different, and that can lead to shame. We may react to internal feelings that others who are not like us are not worthy of our compassion. Then we may feel guilty and ashamed of such thinking. After that, we decide we are unworthy for having these negative thoughts. When we become entrenched in this battle of pride, guilt, shame, and negativity, our world narrows and we get so distracted by the noise, we become mired in pettiness, leaving no room for compassion. Certainly, we are aware of the hidden faults of others—friends, neighbors, colleagues, and family. We see so clearly their blind spots, their ignorance and their messiness. We tolerate their hidden faults, and we try to accept them just as they are. But we cannot learn to cultivate compassion for others until we practice it on ourselves. By acknowledging our prejudice and racism and facing our fear of them with compassion, we learn to accept our own humanity. This means that we learn to work with the discomfort of the feelings that arise and carefully observe how they work on us. If we can tap into the power of this understanding we can open up and learn, heal, and grow from our experience rather than habitually react from conditioning.

Our memory of the stories and narratives that shape our lives is constantly changing. Beyond the memory of my grief when my mother was dying, it is surprising that I have no memory of why I did not reach out to the chaplain instead of waiting passively for him to come to us. Was he really ignoring us, or was he overwhelmed with more patients and families than he could attend? Maybe a dying child was consuming his efforts. Perhaps my own anger, resentment, or frustration became an obstacle

to making the chaplain's acquaintance or even asking a nurse or doctor to send him to us. Perhaps my assumption of racism precluded me from looking at other possibilities. Or perhaps not. The point is that if I had been fully present to my experience and to the situation around me, I may have seen an opportunity to be open rather than shutting down.

Approach what you find repulsive. More than a hundred years ago, nearly forty years after the Civil War, W.E.B. Du Bois, an African American scholar and social activist, wrote *The Soul of Black Folks* to call attention to the heavy toll of slavery on blacks in America. In this treatise he recounts his deep concern for their well-being:

Herein lie buried many things which if read with patience may show the strange meaning of being black here in the dawning of the twentieth century. This meaning is not without interest to you, gentle reader; for the problem of the twentieth century is the problem of the color-line.

These reflections were prescient comments on the enduring legacy of race in America. Today, the "folks" who find themselves behind the "color line" not only are black, but brown, yellow, red, gay, poor, very young and very old, and people with disabilities. When we participate in structural violence, e.g., systemic discrimination based on age, race, class, sexual difference, and ability, whether or not we are aware of it, our actions and attitudes prevent us from fully engaging and cultivating compassion. Can we engage with our practice to awaken and stay awake to the ways in which we foster racism by refusing to see what is in our midst? Or are we too repulsed by the notion of ourselves as racist and what we must do to change ourselves and, just as important, be willing to confront racism in others?

There are numerous examples of how race plays a major factor in how we relate to one another. Many difficult interactions exacerbated by racism, like my mother's death, are personal and remain private. Others involve public figures or large segments of the population and grab our attention when they become sound bites for the evening news.

Racist reactions in ourselves and in others deprive patients and their

families of the fair and just treatment afforded to those who look and act like us. Our capacity for compassion suffers, and the care we give as a result is simply not good enough. Unless we remain present to our experience, refusing to let fear distract us from confronting our biases, we miss the most wonderful opportunities to be transparent and compassionate in our caregiving. Worse, we maintain the illusions that allow us to perpetuate racism, even when we do so unknowingly.

Help those you think you cannot help. When we give compassionate care, willingly and without reservation, we are helping, and the simple act of reaching out to another human being in need with kindness and love is a small step closer to healing the world. If a patient and her family do not welcome our best efforts, does this mean we are not helping? We might think so if we take her response personally. Indeed, it may be our own fear of failing that tells us we cannot help the person who rejects us when, in fact, she may be too frightened herself to allow us to connect with her. The Fourteenth Dalai Lama, teaching about compassion said:

The more we care for the happiness of others, the greater our own sense of well-being becomes. Cultivating a close, warmhearted feeling for others automatically puts the mind at ease. This helps remove whatever fears or insecurities we may have and gives us the strength to cope with any obstacles we encounter. It is the ultimate source of success in life.

The Dalai Lama does not say that we have to make others happy, only that we have to care for the happiness of others, their well-being. When we sincerely try to help others by giving compassionate care, our success does not rest on whether or not we believe we can help. Success comes from the act of caring. We need not trouble ourselves deciding who we can or cannot help.

Our practice is to be of benefit to others and to give compassionate care freely and without judgment. When we question whether we can help someone or not, we get caught up in afflictive emotions that get in the way of compassionate care. We struggle with confronting our vulnerability and brokenness. When we lose touch with ourselves, we become overwhelmed, distant, and fearful. Imagine working with a patient like

my mother, who was burdened with physical and emotional issues. This situation presents enormous turbulence for the patient (my mother) and the chaplain. Despite this, by being present in this moment there is an opportunity for the chaplain to establish trust and a deeper connection with the patient. Joan Halifax, a Zen priest and pioneer in the field of end-of-life care, reminds us in her book *Being with Dying: Cultivating Compassion and Fearlessness in the Presence of Death* that our caregiving requires us to have a “strong back, soft front.” In this equation, a “strong back” means being in a place of equanimity or holding things in an equal way and a “soft front” means offering compassion. Both are necessary to cultivate compassion.

Anything that you are attached to, give that away or let it go. As the famous song from the Broadway musical *South Pacific* went, “You’ve got to be taught to hate and fear . . . You’ve got to be carefully taught.” It was a song about learning “who to hate and who to love” and passing racism from generation to generation. We become attached to things. We also become attached to feelings, conceptions, and ideas. For many of us, conditioning to racism is so inbred, we have become attached to it. And yet, how many people who harbor racist feelings or biases against others, whether overt or covert, can articulate why they hold those biases? How many can justify their feelings, beyond citing stereotypes? And caregivers, in particular, are not supposed to have those biases. After all, aren’t caregivers gentle, loving, and kind to everyone and anyone who needs them? Isn’t it that kindness that motivates them to become caregivers and chaplains in the first place? How scary, then, to accept that we feel the way we do because of what we were taught to believe and because so often we are surrounded by others whose behaviors perpetuate and affirm those biases. Consider this: No one, no child, is born racist. They have to be “carefully taught.” We do not have to accept that attachment. We can step across the color line.

Implicitly racist conditioning is a part of discontinuous arising of thought patterns that we picked up through growing up in this culture. As children, we did not choose to take this on. We merely absorbed from the environment, from our parents, peers, media, nursery rhymes, language, stereotypes, stories. This conditioning is how the white cul-

tural ego defends itself against difference. Racism is not necessarily about believing in the stereotypes. It is being steeped in the cultural ego's fear of other, without even being aware how deeply it is in us.

Go to the places that scare you. For many of us, the challenge is not so much whether we go to places that scare us, but how we get there. When Machig Lapdronma received her instructions from Phadampa Sangye about how to live her life to benefit others, she had the willingness to train to see her blind spots, ignorance, and fears. Every day presents us with many opportunities to practice. But often we get trapped in our past by reacting in old, familiar ways. We latch on to the stories and judgments that we tell ourselves to find comfort, but in the end we find ourselves twisting in habitual patterns. Pema Chodron offers us insight into the practice of fearlessness:

Through continual practice we find out how to cross over the boundary between stuckness and waking up. It depends on our willingness to experience directly feelings we've been avoiding for many years. This willingness to stay open to what scares us weakens our habits of avoidance. It's the way that ego clinging becomes ventilated and begins to fade. The Buddha taught us that suffering is the result of grasping and fixation. If we can sit with our uneasiness, discomfort, and uncertainty, rather than relying on tired old misconceptions that sustained us in the past, we can train to be open and relax in spaciousness. This is our natural state. But do we have the willingness? The story of Machig Lapdronma serves as a powerful example of what we can do if we make a commitment to our practice. Like many of us, she became weary being surrounded by suffering and could not see how to end it.

By training with her teacher, Machig was able to gain insight about the need to do her own work, before trying to help others. In this case, one of the critical challenges to American Buddhism is to encourage Dharma teachers to focus on antiracism work in their sanghas: By speaking out in Dharma teachings about the root causes of racism, encouraging sangha

members to deal with strong emotions that come up in their practice, and providing space in the sangha to reflect on racism we can begin to alleviate suffering and oppression. Our practice becomes one of cultivating fearlessness in all that we do. We bring this attitude to our meditation, work, and interaction with others.

CONCLUSION

When I set out to write this chapter, my goal was to expose the ways in which we withhold compassion in caregiving out of fear, in particular, racism—arising from our fear of difference. Paying attention to our own fears can help us feel compassion for others.

My dear friend and mentor, Nancy Richardson, is a southern white woman, who for many years conducted antiracism workshops in her ministry and as professor at Harvard Divinity School. One of Nancy's most important teachings was that all white people are racist. The most one can ever hope to be is "antiracist racist." None of us will ever be perfect, nor can we expect to live without fear. But we can aspire to be open to the unfolding present moment. We can help in this small way to make a real impact: we can vow to practice fearlessness every day for ourselves and others to help alleviate suffering. We can stay true to a strong intention while opening to our own vulnerability and that of others: strong back, soft front.