

*5<sup>th</sup> Annual Tung Lin Kok Yuen Canada Foundation Conference:*

## **Buddhism and Wellbeing: Therapeutic Approaches to Human Flourishing**

*Hosted by the University of British Columbia's Robert H.N. Ho Family Foundation Program in Buddhism and Contemporary Society at UBC's Point Grey Campus, May 28-30, 2015.*

Throughout its history, Buddhism has been a resource for practices, ideas, and worldviews that relate to wellbeing—whether this is understood as flourishing in the physical, mental, or soteriological sense. Beginning with the physical, Buddhism has served as a repository for therapeutic and pharmaceutical knowledge, and its clerics, have served as doctors, healers, and nurses. Buddhist stories tell of the exploits of the famous Doctor Jivaka. The Buddha was often given the epithet, “Great Physician,” as one who liberates all beings from disease. And, the four noble truths were often given a medical spin: (1) symptom; (2) etiology; (3) cure; and, (4) course of treatment. Buddhism has produced institutions that engaged with local medical traditions. This was true in ancient India, medieval China, early modern Japan, and in contemporary Thailand, among many other places and historical periods.

Continuing with the mental, the sheer wealth of contemplative techniques believed to have therapeutic value is staggering. Today, there is excitement over the potential of Buddhist-derived meditation practices to contribute to cognitive therapeutic outcomes such as stress reduction, impulse control, and mood regulation, and a growing literature on Buddhism and mental health. The field of Buddhism and psychology is burgeoning and, according to Roger Walsh and Shauna Shapiro, “Meditation is now one of the most enduring, widespread, and researched of all psychotherapeutic methods” (*American Psychologist* 61 (2006): 227).

Medicine, however, is only one kind of therapeutic approach to the human person. If our current embodied existence is itself a kind of disease, then do enlightenment and salvation constitute a cure? If so, in what way? Can these notions of sickness and health extend to Buddhist communities, societies, and the world as a whole? For example, what interventions, ascetic or dietary, are necessary to prepare for death? And how do ideas of wellbeing and health relate to more extreme practices, such as religious self-willed death? Broad visions of what constitutes wellbeing and health might inform a wide range of practices, from daily maintenance to undertakings that a human body can experience only once.

We are pleased to welcome Professor Pierce Salguero as this year’s keynote speaker. Dr. Salguero teaches Asian history, religion, and culture at Penn State University’s Abington College and studies the intersection of religion and medicine. His recent book, *Translating Buddhist Medicine in Medieval China* (Philadelphia: University of Pennsylvania Press, 2014), analyzes the ways Chinese Buddhist writers adapted Indian medical knowledge and healing practices for local audiences.

Jessica L. Main, Assistant Professor, UBC  
Robert H.N. Ho Family Foundation Chair in  
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## Keynote Address:

**C. Pierce Salguero** (Penn State University / Abington College) “Toward a Global History of Buddhism & Medicine”

Today’s emphasis on the health benefits of mindfulness is the latest incarnation of a longstanding symbiotic relationship between Buddhism and medicine. Pierce Salguero is an interdisciplinary humanities scholar interested in the role of Buddhism in the crosscultural exchange of healing knowledge and practices. Focusing on first millennium CE Asia, his paper is part of his current work on the global history of Buddhist healing “from Sarnath to Silicone Valley.”

## Individual Paper Abstracts (Alphabetical Order):

**Susan Andrews** (Mount Allison University) “Gathering Medicines among the Cypress: The Relationship between Healing and Place in the Earliest Records of Mount Wutai”

What is the relationship between healing and place? This paper pursues an answer to this question in the context of Tang period (618-907) Mount Wutai 五臺山. Long celebrated as the dwelling place of Mañjuśrī (Wenshu 文殊), Mount Wutai emerged as an object of regional, dynasty-wide, and international devotion in the seventh century. While the earliest extant gazetteer compiled about the site, Huixiang’s 慧祥 (seventh-century) *Gu Qingliang zhuan* 古清涼傳 (*Ancient Chronicle of Mount Clear and Cool*), largely roots the locale’s importance in its connection to the Bodhisattva of Wisdom, a number of narratives preserved in the text describe these peaks as a place where potent curatives and substances promoting longevity can be obtained. Taking as my starting point the *Gu Qingliang zhuan* account of Wang Xianger 王相兒 who journeyed to the mountain to collect medicines (T. 2098 1100c), in this paper I will explore the role healing played in the construction of the sacred center and the role the sacred center was purported to play in healing. An investigation of this topic should help us to understand connections between Buddhism and wellbeing in the Tang, as well as the process through which Buddhist sites of practice were grafted on to pre-existing holy sites including those associated with healing.

**Eyal Aviv** (George Washington University) “Toward a Buddhist Theory of Wellbeing”

Recently, Christopher Gowans noted that the category of well-being in Buddhist thought received relatively little scholarly attention. I will argue that while Buddhist teaching is concerned with well-being, the four prevalent theories currently held by philosophers and psychologists do not explain the Buddhist conception of well-being. More attention to the unique terms that are translated as wellbeing is needed. In addition, more attention should be given to underlying metaphysical assumption of both the Western and Buddhist traditions. For example, the four theories under discussion imply a notion of a substance self, separate from other selves or objects. In Buddhist theory, well-being must be rooted in the interdependence of “well-beings” and the theory of no-self. I will address both the challenges of such a theory as well as its contribution to the contemporary discussion drawing on discussion by scholars such as Christopher Gowans, Owen Flanagan and Daniel Kahneman.

**Cody Bahir** (Leiden University) “The Dharmakāya’s Personal Physician: Wuguang’s (1918-2000) Hermeneutic of Healing and Resurrection of Zhenyan”

Contemporary Chinese Zhenyan is a global Buddhist revival movement that has only recently attracted scholarly attention. It originated as the apogee of a single Taiwanese monk’s quest for supernatural healing powers. That monk, Wuguang, was a folk healer and exorcist who studied alchemy, biology, Esoteric Buddhism and Yoga in search of the Golden Elixir after having been stricken ill and subsequently cured by the Divine Husbandman. Believing he found the Elixir, he distilled it within his teachings that portray the universe as one cosmotheistic organism. His students—who include Shinzen Young—continue to shape Buddhism worldwide. This paper advances our understanding of modern Buddhism and its association with health by analyzing Wuguang’s narrative and his “hermeneutic of healing” which interprets religious practices as psychophysical medication and evaluates them according to their curative capabilities. I assert that Wuguang’s resurrection of Zhenyan was intended to heal Chinese Buddhism, the universe and himself.

**Jinhua Chen** (University of British Columbia) “Zhiyi as a Meditation Master and Physician”

As the de facto founder of the Tiantai Buddhism in China, Zhiyi 智顓 (538-597) is celebrated today as a Buddhist exegete (*yixue seng* 義學僧) of a specific and exclusive sectarian tradition. Among his contemporaries, however, Zhiyi was better known as a meditation master (*chanshi* 禪師), and evidence shows that he drew ecumenically from different traditions to promote the physical and mental wellbeing of his followers. This presentation surveys the writings of Zhiyi which outline his efforts to create a medico-meditative system on the basis of the Chinese indigenous framework known as wuxing 五行 (five phases). Zhiyi drew purely Buddhist contemplative methods, as well as Daoist ideas (greatly influenced by his mentor Huisi 慧思 (515-577), whose fascination with Daoist ideas and practices is well known) into this framework to create a highly-structured medico-meditative system. He recommended this to disciples afflicted by the diseases caused by year-long retreat life in isolated mountain areas.

**Ming Chen** (Peking University) “Ancient Indian Remedies in Chinese Medical and Buddhist Manuscripts from Dunhuang and Turfan”

It’s well known that there was a close relationship of Sino-Indian cultural interactions during medieval China. The transmission of Indian medicine into China at that time also has been already noticed by a lot of scholars. The importance of related records of Indian medicine in Chinese materia medica, dispensaries, books of natural history and Buddhist translations to the cosmopolitan identity of Chinese medical culture has long been acknowledged. However, it also is important to be aware of that there are many records of Indian medicine in the Chinese medical and Buddhist manuscripts from Dunhuang and Turfan. This paper develops that understanding for the medical context by examining the usages of Indian remedies in these manuscripts along the Silk Road. The original etymology of some Chinese transliterated words of exotic remedies should be revealed. On the other hand, this paper will deepen a understanding of the usages of Indian remedies by comparative research on relative manuscripts or fragments with handed-down Chinese-

Indian materials. It will be useful to structure a full historic image of transmission of Indian medicine into medieval China.

**Clark Chilson** (University of Pittsburgh) “Contemplation over Compulsion: Naikan as an Analytical Meditation for Treating Addiction”

Buddhist meditative practices are commonly categorized into one of two types: calming meditation or analytical meditation. Mindfulness meditation, which derives from calming meditative practices in Buddhism, has received extensive attention among medical researchers in North America as a practice to relieve stress and to prevent addicts from relapsing into addictive behaviors. The medical uses of analytical types of meditation, however, are hardly known outside Asia. This paper introduces Naikan as an analytical meditation practice that originated among Pure Land Buddhists. Then it shows how Naikan has been used in Japan since the late 1960s at medical institutions and Naikan training centers to treat alcoholism. Overall it argues that the reasons Naikan practitioners give for Naikan’s efficacy for treating alcoholics complement, but do not echo, common ideas in addiction medicine.

**Celine Coderey** (National University of Singapore) “Buddhism and Indigenous Medicine in Myanmar”

Based on the fieldworks I have conducted in Myanmar since 2005, I intend to show the essential role played by Buddhism within the local pluralistic health field and particularly in the sector of indigenous medicine. Myanmar indigenous medicine is originated from the Indian Ayurveda and the Buddhist medical knowledge. The Buddhist principle of impermanence and the concept of karma play a central role in the etiological system and Buddhist practices (and particularly meditation and the respect of the main precepts) are considered particularly powerful; the recourse to them is necessary to guarantee the efficacy of other practices. Moreover, the high respect people have for the Buddhist principles of compassion (*myitta*) and generosity (*saytana*) largely impacts on how healers present themselves and on how people choose to which healer to turn.

**Melissa Anne-Marie Curley** (University of Iowa) “A Special Faculty of Taste: Diet and Asceticism in Western Buddhism”

Buddhist traditions have always paid careful attention to how eating habits shape the practitioner’s body, drawing little distinction between food and medicine; the monastic is encouraged to develop a particularly catholic appetite, or “a mouth like a furnace.” Much of the contemporary conversation around Buddhism and health revolves around mindfulness as a technique for improving emotional well-being, but mindfulness is also deployed as a tool for monitoring the appetite and controlling the body in ways that both recall and transform the ascetic tradition. This paper examines two kinds of contemporary Buddhist texts: recipe books produced in the context of American Buddhist monasteries and books on mindful eating and weight loss. It asks what kinds of bodies emerge from these texts as

exemplifying physical health and moral virtue and how these eating regimes reflect or resist the logic of capitalism.

**Susannah Deane** (Cardiff University) “Sadness, Faith, and Healing: A Case Study of Buddhism and Madness in a Tibetan Exile”

Much of the research on Buddhism and mental illness and its healing has focused on the role of the ‘afflictive mental factors’ and Buddhist approaches to wellbeing. In contrast, my research on mental illness in a Tibetan Buddhist community found that lay Tibetans’ views on the causation and treatment of mental illness are often very broader, taking in a number of Buddhist notions of the mind and body, health and healing. A return to health may involve the intervention of Buddhist lamas and the bestowing of blessings, and/or the conducting of particular Buddhist practices. Here, ‘belief’ or ‘faith’ in the practitioner and his ability to heal may be paramount. This paper, based upon ethnographic research conducted within a Tibetan exile community in Darjeeling, Northeast India during 2011 and 2012, uses a case study of ‘madness’ to illustrate some of these broader Tibetan notions of the healing of mental illness.

**Douglas Duckworth** (Temple University) “Three Types of Healing Practice in the Kagyü Tradition of Tibet”

This paper explores a confluence of Buddhist healing practices from the Kagyü (*bka’ rgyud*) tradition of Tibet. I draw upon a threefold typology of practices from Rangjung Dorjé’s (1284-1339) short treatise, *The Essential Points of Breath and Mind*. The first involves subduing negative emotions, which are linked to disease, and collectively represent the “outer” disciplines of preventative medicine. The second involves the proactive disciplines of a *bodhisattva*, cultivating positive mental states. Additionally, these practices include esoteric techniques of mental imagery and the subtle body. The third method is known as a panacea, “the single, self-sufficient remedy” (*dkar po cig thub*). This is the method of mental non-deliberation, the “innermost” practice of *mahāmudrā*. These three healing techniques are distinct, but intertwined, and shape the contours of a syncretic tradition that stems from the works of Gampopa (1079-1153), the founder of the Dakpo Kagyü tradition who was trained as a Tibetan doctor (*lha rje*) before he became a Buddhist monk. This paper discusses the background of these three healing techniques, and their place in the Kagyü tradition.

**Frances Garrett** (University of Toronto) “Therapeutic Technologies for Creating Children”

This paper explores how Tibetan texts on caring for children intermix a range of therapeutic technologies, suggesting that the topic of “pediatrics” is an especially rich arena for investigating how medical and religious concerns and practices are intertwined throughout history and still today. In Tibetan texts, children may be healed or protected by feeding their mothers, deities, or themselves; children’s bodies may be physically manipulated by practices such as bloodletting, washing, anointing, fumigating or massaging; children are adorned with protective and therapeutic amulets, talismans, strings, papers, ointments, or

letters; children's ears are filled with mantras, and replicas of their bodies play roles in the staging of hospitality or ransom dramas. The texts examined for this paper make evident what a variety of therapeutic and protective technologies were available to the Tibetan healer, and how fluidly the healer might combine "herbal" and what we today might call "religious" or even "magical" remedies. These practices also reveal how these technologies work to create children empowered against danger as they are socialized into a world of appropriate relationships with sentient and non-sentient environments.

**Ann Gleig** (University of Central Florida) "Synaptic Dharma, Secure (Non)-Attachment, and Healing Trauma: From Textual Analysis to Lived Religion in the Buddhist-Psychoanalytic Encounter"

Much recent research has been devoted to exploring the incorporating of Buddhist meditative techniques, particularly mindfulness, into psychotherapy. This paper approaches the cross-fertilization of Buddhist and therapeutic notions of wellness from the other side by exploring how an American Buddhist community is drawing on the insights of psychoanalytic developmental theory to enrich its own understanding of contemporary Buddhist practice. Through a case study of Dharma Punx NYC, an American Buddhist Vipassana/Insight group, this paper will explore questions such as (i) what gaps in Buddhist thought and practice is psychoanalytic theory seen as filling; (ii) How are tensions between Buddhism and psychoanalysis negotiated?; and (iii) is this dialogue producing a distinctly new Western Buddhist soteriology? Dharma Punx NYC also makes an interesting case study because of the overlap of many of its members with the Buddhist addiction recovery movement. Methodologically, the paper draws from discourse analysis and ethnography, particularly participant-observation.

**Giuliano Giustarini** (Mahidol University) "The Philosophy of Health in Pali Buddhist Texts"

This paper addresses the apparent paradox, found in Pali Buddhist literature, between the emphasis on the 'uncompounded' (*asaṅkhata*) over what is compounded (*saṅkhata*), and the importance given to healing the human body. Mind is the object of a thorough work meant to lead to final liberation from mental affliction and from the cycle of existence, whereas the body is seen as impure, limited, and per se unsatisfactory. Nonetheless, a disciple of the Buddha is supposed to take care of one's and others' physical wellbeing, and monastic equipment includes a set of medicines. 'Ultimate health' is the final goal, but relative (or physical) health is important too, as it is conducive to nibbāna and represents a value per se. In both perspectives, physical health is interrelated with crucial factors of the Buddhist path, and the present paper aims at exploring the intricate connection between attention to physical health and the quest for ultimate liberation.

**Stephen Harris** (Leiden University) "Buddhism, Suffering and Philosophical Accounts of Well-Being"

In this talk, I explore the philosophical significance of Indian Buddhist conceptions of suffering (*duḥkha*) in relation to theories of well-being. I begin by differentiating philosophical approaches to well-being from other related approaches, including

psychological, economic and physical health. I do this by referencing Robert Nozick's famous experience machine argument against hedonism. I argue that attention to Nozick's argument helps illustrate two ways that Buddhist treatments of well-being are explicitly philosophical: they claim that persons can be deluded at a deep conceptual level about the elements of well-being, and they provide arguments to justify this position. I illustrate how Buddhist explorations of the suffering of change (*viparinama duḥkha*) and conditioned suffering (*samskāra-duḥkha*) perform this philosophical work. I close by considering how these theoretical achievements relate to Buddhist practical goals such as ending suffering and establishing mental balance.

**Wakoh Shannon Hickey** (Notre Dame of Maryland University) "Meditation as Medicine: A History and Critique"

Efforts to promote "mindfulness" for wellbeing are ubiquitous—and profitable. Most observers trace their origins the 1970s. In fact, they began almost a century earlier, when reform-minded Asian Buddhist and Hindu missionaries began teaching meditation to leaders of the "New Thought" movement, who promoted it widely for healing. Early leaders were mostly women and African Americans, who also believed that by changing their minds, they could change oppressive circumstances. Quickly, New Thought and its sibling, Christian Science, exerted enormous pressure on the religious and medical establishment, which began to absorb their methods, jettisoning their social-justice agendas. Eventually, mainstream psychologists and doctors, inspired by a second wave of Asian missionaries, began medical research on TM and "mindfulness." By characterizing stress and illness as individual problems, however, they erased the ethical foundations of meditation; undermine communities that enhance civil society; and avoid addressing systemic factors that fuel disease: racism, sexism, and poverty.

**Kenta Kasai** (Center for Information on Religion) "Buddhism and Addiction Recovery"

I will compare Buddhism and the Twelve-Step program in terms of their ideas on happiness in recent literature. The Twelve-Step program, a well-known solution-method for addictions compiled by the Alcoholics Anonymous fellowship, is originally inspired by the Christian idea of confession. However, we find it resembles Buddhist paths as well. For instance, the first step suggests insightful acceptance. The moral inventory in tenth step corresponds to *sila* or precepts. The eleventh step suggests *samadhi* or meditation. In the twelfth step we are reminded of awakening such as in *prajna* or wisdom. Being asked about the supreme happiness, Gotama Buddha admonish people against drinking in *Mahamangala-sutta*. He does not define exclusively the *nirvana* as the final Buddhist goal but rather appreciate the process of daily enjoyment of moderation in the *sutta*, including temperance. The Twelve-Step practitioner also considers recovery not as the permanent status but as a habit maintained by daily practice.

**M. A. Mujeeb Khan** (University of Cambridge) "Buddhist Medicine in Ancient Japan: *Ishinpō* and Its Sources"

Buddhist works and medical knowledge were transmitted during Japan's adoption of Chinese culture. The current narrative of Buddhist medicine in Japan only cursorily considers its place in larger Japanese medical textual culture such as in *Ishinpō*. *Ishinpō* is the earliest extant Sino-Japanese medical compiled in 984 by Tanba no Yasuyori. Yasuyori's compilation, which spans thirty volumes covering all topics of medicine, became an influential work in Japan and on the continent. With over 3000 quotations, Yasuyori composed *Ishinpō* almost wholly of excerpts from earlier medical works. Yasuyori cites treatments from Buddhist medical works numerous. However, the nature of these citations has never been studied: neither in consideration of therapeutic treatments nor in how Yasuyori collated remedies from Buddhist medical works. This paper outlines how Buddhist medicine factors into Yasuyori's compilation of *Ishinpō*, investigating Yasuyori's use of these works and their therapies to shed light on Buddhist medicine in ancient Japan.

**Rao Lide (Yanzheng)** (University of Hong Kong) "Buddhist Stories of Healing Based on the Section of Benefactors in the Five Biographies of Eminent Monks"

Medical knowledge, one of the five branches of learning referred to as *panca-vidya* in Buddhism, had been a compulsory subject for Buddhists to study since ancient India. When Buddhism brought it into China in the Han Dynasty, it gradually blended with the Chinese traditional medicine, which helped not only the development of Chinese medicine but also the propagation of Buddhism owing to its healing power. This article will present a comprehensive study of the Buddhist way of healing people based on the stories recorded in the section of "Benefactors" in five *Biographies of Eminent Monks*, individually composed by Huijiao, Daoxuan, Zanning, Minghe and Yuqian. Through an in-depth examination of the historical background and the medical knowledge involved, this study will demonstrate the features and meanings that lie in the Buddhist healing stories, indicating its guiding significance for the practice of Buddhist medicine and Buddhist meritorious work in modern society.

**Hsin Yi Lin** (Columbia University) "Dealing with Childbirth in Medieval Chinese Buddhism: Healing Resources in the Medieval Buddhist Texts"

This paper begins with the reconsideration of a famous Chinese Buddhist text, *Blood Bowl Sutra*. It states that women are bound to be suffered in the blood hell due to their reproductive blood polluting the earth when giving birth. Instead of viewing the text from the angle of underworld punishment and Buddhist self propagation by combining its repentance ritual with Chinese filial piety, my paper suggests another way of reading it. Situating this text in the context of medieval Buddhist gynecological healing resources, I find that medieval Chinese Buddhism actually provides numerous resources for addressing various female reproductive issues that few scholars have touched upon previously. This paper investigates four aspects of these issues in translated and indigenous Buddhist scriptures: 1) seeking pregnancy, 2) difficult childbirth, 3) postnatal care, and 4) abortion and underworld punishment. I argue that the content and the nature of *Blood Bowl Sutra* is not so different from these texts in that they all offer a kind of "solution" for tackling reproduction and issues surrounding it, ranging from therapeutic assistance in this world to



the settlement of underworld punishment. This also lead us to further reflect on the notion of blood pollution, which may have been a matter of medical issue as much as a religious one for the people in medieval China.

**Sara Lytle** (University of Chicago Divinity School and the University of Chicago School of Social Service Administration) "Walking the Path Together, Crossing Alone: The Practice of Care in Buddhist Hospices"

This paper analyzes ethnographic research conducted in the summer of 2012 at two Buddhist hospice institutions, one affiliated with the Pure Land tradition (Penang, Malaysia) and the other originally connected to the Soto Zen tradition (San Francisco, California). Focusing on the ways in which Buddhist teachings and practices support caregivers' experiences, I analyze two specific realities that individual caregivers must confront: (1) their own mortality, and (2) the ultimate inability to accompany a patient through the final stages of dying. Insights from Paul Ricoeur's *Living Up to Death* inform the productive similarities between the two cases, introducing language for how witnessing the end of life process involves an empathic imagining of one's own death. The thesis concludes that these acts of care can be seen simultaneously as spiritual practices and as moral actions, ones potentially therapeutic for the caregiver.

**Jessica L. Main** (University of British Columbia) "Shin Buddhism and the National Campaign to Eradicate Leprosy in the 20th Century: Repurposing the Symbol of Empress Kōmyō Nursing a Leper"

From the Meiji period to the end of the Fifteen Years War (1931-1945), modernizing Japanese Buddhist sects became involved in social work. They played an active role in the charitable offering of medical care, training of nurses and doctors, and the deployment of medical professionals in the aftermath of natural disasters. Moreover, Buddhist sects cooperated with national public health campaigns aimed at the elimination of specific diseases, such as trachoma, tuberculosis, and leprosy. I focus on the Ōtani sect affiliated "Society of Light" (Kōmyōkai 光明会) founded in 1931, analyzing its use of Pure Land imagery to support institutionalization of patients in leprosaria, and its symbolic gesture towards the Buddhist story of Empress Kōmyō. With the 1996 repeal of the Leprosy Prevention Law, this cooperation has been harshly critiqued, representing a shift from paternalism to patient advocacy.

**Charles Oliphant** (University of Oxford) "Ancient Tibetan Formulas for Life Enhancement: The Tibetan Tradition of *bcud len* (essence extraction)"

A distinctively Tibetan method of life enhancement, the practice of *bcud len* dates from the 11th century. Emphasizing both spiritual and medical aims and using indigenous remedies, its goal is 'extracting the essence' through not only ritually empowered pills and elixirs, but also ritual, respiratory and yogic exercises (some involving a consort), complex mantras, visualizations and invocations, and contemplation. The sources include plants, flowers, barks, roots and rocks, while some texts mention sperm, blood, human and other flesh, and

less tangible substances, such as 'space' and the stars. In more esoteric *bcud len* teachings, the practitioner transmutes the extracted essence into a 'nectar' *bdud rtsi*, for sustenance in the pursuit of meditative aims. Debates on the multiple influences on *bcud len* are outlined and recent research summarized, with particular reference to very recently translated texts relevant to studies on both the history and contemporary practice of Tibetan ritual and medicine.

**Chikako Ozawa-de Silva** (Emory University) "Exploring the Wider Ethical and Cognitive Resources of Buddhism for Psychotherapy: The Case of Japanese Naikan Practice and CBCT (Cognitively-Based Compassion Training)"

This paper presents original ethnographic research on resources within Buddhism for psychotherapeutic and psycho-educational interventions through cognitive and subjective transformation by focusing on two "secularized" contemplative practices that remove overtly Buddhist references but have their conceptual and ethical foundation in Buddhism. Both Naikan and CBCT operate on an existential level and employ cognitive techniques that remain efficacious outside a Buddhist context. Naikan, a Japanese practice derived from True Pure Land Buddhism, focuses on the recollection of the kindness of others and appears to enhance psychological well-being both inside and outside of Japan. CBCT is an analytical meditation practice with a growing empirical body of support. Derived from the Tibetan lojong tradition, its effectiveness has been explored in numerous populations including children and foster-care. Using interview, survey and ethnographic data, this paper explores what aspects of Buddhism appear most effective for mental wellbeing in a cross-cultural context.

**Brendan R. Ozawa-de Silva** (Life University) "Healing through Compassion: The Implementation of Buddhism-Derived Compassion Training in Schools and Other Contexts"

Social neuroscience, psychoneuroimmunology, and other disciplines are increasingly showing that as fundamentally social animals our health is not only individual, but also social, helping to explain scientific research on the benefits of compassion psychological and physical health. This paper presents original research on implementing Cognitively-Based Compassion Training (CBCT) in elementary schools. CBCT is drawn from the Indian and Tibetan Buddhist "mind training" tradition and its models of mind, mental states and meditation, to help individuals systematically cultivate compassion through the steps of mindfulness, self-compassion, impartiality, gratitude, empathy and compassion. Since 2009 the author and colleagues have adapted CBCT for elementary school children and their teachers. Our studies suggest that compassion meditation strengthens social networks, enhances the development of moral reasoning, and improves conditions for teachers. This suggests that the Buddhist tradition has rich resources for social health beyond mindfulness alone that can be brought into education in a secular way.

**Tyler Phan** (University College London) "Buddhism and Traditional Vietnamese Medicine: An Account of Buddhist Medicine in Secularized Viet Nam at Quang Pagoda (Chùa Tường Quang)"

What do Ho Chi Minh, Amitābha, and needles have in common? Healing. This paper will examine the complex relationship of two underdeveloped areas of research, Traditional Vietnamese Medicine (TVM) and Vietnamese Buddhism. Based on an ethnography of a pagoda-clinic (Quang Pagoda) in Ho Chi Minh City, Viet Nam, I will utilize Bruno Latour's Actor-Network Theory to navigate the terrain between the religious and the secular through encounters of human and nonhuman 'actors.' In particular the analysis of Vietnamese Buddhism will focus on Vietnamese Pure Land Buddhism (Tịnh độ tông), a more predominant Buddhist sect in mainland Viet Nam and Vietnamese diaspora. My research of Quang Pagoda investigates three aspects: the significance of Buddhism with TVM, syncretization of Pure Land Buddhism and the Socialist Republic of Vietnam, and the role of TVM in resolving tensions between secularization and religion.

**Bryan Phillips** (Sedona Sacred REST) "Floatation REST and Buddhist Perspectives: Reconsidering Calm Abiding (Samatha), Single-pointed Concentration (Samadhi), and Inner Clarity (Nang-gsal) In a Novel Practice Context"

REST is a circulating acronym denoting Restricted Environmental Stimulation Therapy. The most widely used present-day REST technique is floatation REST performed in a float tank. Quite a bit of research has been conducted on the psychological and physiological benefits of REST (see Lilly, Suedfeld, Kjellgren, etc.). Buddhist traditions have long advocated "retreat" practices that involve both geospacial and sensory restrictions, as well. One of the most intense and choreographed of these is the Tibetan practice of the dark retreat (*mun mtshams*). In this presentation, I will offer some overview of the current state of REST research and discuss the benefits that the addition of particular Buddhist contemplative practices (mindfulness of breath and bodily sensations, narratives for cultivating compassion, and Tibetan Tantric practices of dream yoga and resting within the dynamic presence of innate awareness) can provide for both expanding and informing the efficacy of REST therapies.

**Antje Richter** (University of Colorado at Boulder) "Making Sense of Illness and Healing: The *Vimalakīrti Sūtra* in Medieval Chinese Literature"

The *Vimalakīrti Nirdeśa Sūtra* famously revolves around the householder Vimalakīrti pretending to be sick in order to create an occasion for the discussion and propagation of Mahāyāna Buddhist ideas among those who would flock to his sickbed. The *sūtra* became influential in medieval China, not the least because it helped to establish the ideal of the lay Buddhist among Chinese gentry. My talk is going to introduce how Chinese literati responded to the text's central conceit, illness, and to one of the *sūtra*'s most celebrated passages, the householder's disquisition on the impermanence of the human body (the "Ten Similes" of Vimalakīrti). Focusing on poems that were "written while lying sick" (*wo ji/bing* 臥疾/病), I am going to explore how poets describe the experience of illness and healing and how they relate it to the Vimalakīrti Sūtra's teachings and literary form.

**Geoffrey Samuel** (Cardiff University (Professor Emeritus) University of Sydney) “Aspects of Health within the Tibetan Long-Life Practice of Amitāyus”

Within Tibetan Buddhism, the preservation of life and health is regarded as an important objective, and a wide variety of techniques exist from the primarily pharmacological approach of traditional Tibetan medicine (*gso ba rig pa*), through the mercury-based alchemical preparations known as Precious Pills (*rin chen ril bu*) to the Tantric procedures such as the practice of the various long-life deities (Amitāyus, White Tārā and Uṣṇīṣavijayā; Tshe dpag med, Sgrol dkar and Rnam rgyal ma in Tibetan). After a brief introduction to this range of approaches, and to the deity practices of long life in particular, I introduce the Tantric practices of the long-life deity Amitāyus, and the various aspects of health upon which these are intended to work. These aspects vary somewhat between different forms of the practice, but might typically include *tshe* (‘life-duration’), *srog* (‘vitality’), *bla* (‘protective energy’) and *dbugs* (‘breath’). I discuss the meanings of these various aspects of good health, and the ways in which they function within the practice, and analyse the role of the practice in relation to health and healing.

**Hin-Tak Sik** (University of Hong Kong) “Ancient Indian Medicine in the *Bhaiṣajya-skandhaka* of the *Dharmaguptaka-vinaya*”

Ancient Indian medical knowledge is found in the Buddhist scriptures. In the *Vinayapiṭaka*, numerous medicinal substances and remedies for certain diseases are recorded. Amongst the extant Vinayapiṭakas, the *Dharmaguptaka-vinaya* (*Sifenlü* 四分律) is the dominant monastic tradition in the East Asian Buddhism. However, this *Vinaya* is seldom studied by modern scholars, and medical information in this *Vinaya* is rarely researched. This paper examines the medical data found in the *Bhaiṣajya-skandhaka* of this *Vinaya*, where most of the medical material is collected. The medical facts of this text are interpreted with the help of Āyurvedic and modern medical knowledge. Among the drugs and treatments recorded in this text, some of them are distinctive in this tradition, compared with those in other *Vinayas*. These findings demonstrate the ancient Indian medical lore kept in the Dharmaguptaka school, and contribute to the medical history of northwestern India where this school was established.

**Pemarthana Soorakkulame** (University of Pittsburgh) “Ritual Worship of the Buddha and Psychological Wellbeing”

This paper explores how the ritual worship of the Buddha performed regularly by Buddhists in Sri Lanka is related to their ideas about psychological wellbeing. Based on 6 months of ethnographic research, this paper examines how various Buddhists in Sri Lanka such as housewives, laborers, school teachers, prisoners, patients, and nurses relate this practice to their psychological wellbeing. My fieldwork reveal that these ritual practitioners variously see this daily worshiping of the Buddha as a way of achieving peace of mind, relieving stress at work, managing anger, preventing unwholesome thoughts from arising and developing confidence in life. Such an exploration will highlight the therapeutic significance of Buddhist ritual practices, which are practiced by many Buddhists more frequently than meditation, and will help us to expand our focus beyond silent meditation.

Furthermore, it will also indicate how Buddhist practices can be related to psychological health other than treating psychological disorders.

**Upali Sraman** (Harvard University) “Healing through Spiritual Care: Arts and Ethics of Chaplaincy as Gleaned from Some Buddhist Narratives”

In this paper I closely examine some Buddhist narratives, with special attention to the Mulasarvastivada Avadanas, that illustrate instances/models of providing spiritual care to the sick, the psychologically stressed, the poor and even those who were subject to social injustices or violence. These narratives illuminate us on some of the excellent qualities, such as non-discriminative compassion, to be inculcated by chaplains. They also teach some important arts of spiritual care such as skillfully elevating the human dignity of the patients affected by fatal diseases or victims of brutal violence. This paper will also engage critically with the selected narratives and existing scholarship addressing the issues of defining “Buddhist chaplaincy” in multi-faith environments in an increasingly globalized world.

**Robban Toleno** (University of British Columbia) “Non-Cartesian Nourishment? Four-Foods Doctrine in Chinese Buddhism”

The Buddhist doctrine of Four Foods 四食 posits food as a general category of nourishment that sustains sentient beings at different levels: ingestible materials, sensations, cognition, and consciousness. On the surface, this Buddhist theory of nourishment cuts across a Cartesian mind-body division. But does it ultimately privilege mental over somatic nourishment and produce a Cartesian division? Surveying a set of Chinese Buddhist encyclopedias, I find that the Four Foods carry a negative valence and that alternative forms of nourishment, such as joy in meditation 禪悅, constitute a related but separate schema of foods with positive valence. Nonetheless, I argue that these theories of nourishment are non-Cartesian, because they treat the mind as integral to the body. They place spiritual transcendence not in the mind per se, but in attitude—a quality of mind. In short, despite the appearance of mind-body dualism in this doctrine, Chinese Buddhist statements suggest that the seat of soteriological potential is in attitude and not in a disembodied mind.