# **Buddhist Perspectives on Mental Illness**

### **EMP 2010HF**

#### Fall 2016

Seminars: Tuesday 6:30 to 8:30 PM

Office Hours: Tuesday 5:00 to 6:00 PM or by appointment

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# **Course Description**

From the Buddhist Perspective, wellbeing and non-well being are states of being taking place in a continuum. Though dis-ease suggests an absence of ease, the classical perspective sees it less as an illness than as a consequence of ignorance, attachment to the ego-self, and delusion, which is failing to see reality as it is. The Buddhist response is first and foremost spiritual and designed to release a suffering person from his burning state of mind and bring about a thorough transformation of consciousness using multiple techniques and approaches. The natural healthy state of mind is arrived at through cultivation of the mind, ethics, and wisdom. In the state of non-well being, the symptoms might manifest as loss of control, restlessness, and, in extreme cases, mental breakdowns and inability to function in society, many of which might be identified by modern clinicians as anxiety, stress, trauma, and evidence of psychopathology. The task of clinical psychology is to map out the mind with labels for every aberration of the mind from what it deems as the norm, however that is defined. The two traditions have, however, a common goal, and that is to take away suffering. To that end, clinical psychotherapists and mind scientists have begun to mine Buddhist techniques and teachings for healing patients. Techniques such as mindfulness as in Mindfulness Based Stress Reductions (MBSR), teachings of compassion and self-emptying, as in Mindfulness Based Cognitive Therapy (MBCT), and being present and accepting things as they are (Acceptance and Commitment Therapy) are just some examples of simulating the Buddhist model of well-being by appropriating aspects of it. This course will have two components: it will consider the Buddhist perspective on mental wellbeing by exploring the Buddhist concept of non-self and considering the exemplary figure of the Bodhisattva (awakened being). Using this model, we will attempt to understand what constitutes delusion from the Buddhist perspective. In the second part of the course, we will look at several therapeutic paradigms and take up case studies where clinicians have incorporated Buddhist teachings and the different techniques in secular ways and settings.

Students entering this course are expected to have prior background in Buddhism or have previously taken at least one or two courses in Buddhist studies.

#### **Course Outcomes**

• Religious Faith and Heritage: Students develop knowledge of the complexity in

- which Buddhist teachings had entered the West and the on-going dialogues between psychology and Buddhism.
- Culture and Context: Students are better prepared to engage in inter-faith dialogues, Buddhist chaplaincy and ministry works within secular and interreligious communities.
- Practices of Area of Specialization: Students are better enabled to make appropriate and contextual application of Buddhist teachings in their professional life by becoming aware of the clinical approaches to mental illness and their use of Buddhist techniques.
- Spiritual and Vocational Formation: Students will give evidence of critical selfawareness with regard to their own and other faith perspectives and practices of pastoral ministry in a variety of contexts.

CRPO Competencies (see handout: Competency Profile)

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1.4c, 1.4d
1.5a, 1.5c, 1.5e
2.1a, b, c, d, e, f, g
2.2a, b
2.3b
3.4.a
5.1
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# Methodology

- Close reading of primary and secondary sources.
- Analysis of material
- Participation in class based on careful readings. Students' thoughtful reflection
  and generosity in sharing it with the rest of the class account will contribute to the
  success of the class. As such students' presence in the full sense of the word is
  mandatory.

### **Learning Outcomes**

At the end of the course students are expected to be able to:

- demonstrate understanding and articulate the key Buddhist teachings of non-self and dependent origination
- select and integrate information from the course and various sources to respond to their chosen area of inquiry in their written work
- evaluate the scope and limits of the application of Buddhist teachings to healing in mental illness
- gain greater confidence in their understanding of Buddhist teachings by building on what they had learned before in other courses
- better judge how they could apply what they have learned to their own respective fields.

#### **Evaluations:**

The final grade for the course will be based on evaluations in three areas.

Preparation, participation and reading (20%)

<u>A short seminar paper</u> (35%) – Students will integrate learning in this essay of six to eight pages.

<u>Final essay</u> (45%) – an integrative paper that would attempt to apply learning to their own profession (twelve pages). Students will give a five-minute oral presentation based on their paper to the class at the end of the semester.

**Required Reading** All readings will be posted on the Blackboard. Please refer to schedule for selected chapters or page numbers.

Alan Wallace. Meditations of a Buddhist Skeptic. A Manifesto for the Mind Sciences and Contemplative Practice. (New York: Columbia University Press, 2012)

Chris Mace. Mindfulness and mental disorder, Mindfulness and Mental Health. Therapy, Theory and Science., Taylor and Francis, 2007.

Dhammapada, (selected pages)

Germer, ed. Wisdom and Compassion in Psychotherapy. New York: Guilford Press, 2012, 2014.

Jon Kabat-Zinn & Richard J. Davidson with Zara Houshmand, editors. The Mind's Own Physician. A Scientific Dialogue with the Dalai Lama on the Healing Power of Meditation. Mind & Life Institute. New Harbinger Publications, Inc.

Judith Herman, M.D., Trauma and Recovery, The Aftermath of Violence, BasicBooks, 1997.

Paul Williams, Mahayana Buddhism, NY: Routledge, 1989.

Rahula Walpola, What the Buddha Taught, New York: Grove Press, 1959.

Rupert Gethin, Foundations of Buddhism, Oxford: OUP, 1998.

Ryo Imamura. Buddhist and Western Psychotherapies: An Asian American Perspective in Faces of Buddhism in America, 228-237

Santideva, The Way of the Bodhisattva (selected chapters only). Translated by V. Wallace and A. Wallace. Snow Lion, 1997. Other translations by the Padmakara Translation Gorup.

Seung Sahn, The Compass of Zen, Boston: Shambhala, 1997.

Seung Sahn, Only Don't Know, Selected Letters. Shambhala, 1977.

Selections from Sayings of the Buddha. New translations by Rupert Gethin from the Pali Nikayas. Oxford World's Classics, 2008

Selections from Buddhism and Psychology Across Cultures, Edited by Mark Unno, Boston: Wisdom Publications, 2006.

Other journal articles (accessed via Black Board)

## Schedule\*

### September 13 A Buddhist Understanding of Self and Nonself

**Reading**: Introduction, syllabus

Walpola, 51 -66

http://www.accesstoinsight.org/tipitaka/an/an04/an04.049.olen.html

September 20 "I, my, me"

**Reading**: Dependent Origination (Gethin, 133-162); Compass of Zen, 85-93

Dhammapada, chapters 3, 11, 12, 14, 15, 20

## September 27 The Mahayana Perspective

Reading: Williams, selected pages.

Compass of Zen, 115-123

The Way of the Bodhisattva, 34-37, chapter 5

## Oct 4. Cultivating the Bodhisattva Way

**Reading**: The Way of Bodhisattva, chapter 6

Oldmeadow, Bodhisattva Ideal

Wisdom and Compassion, 7-34

# October 11 Transforming Consciousness

Reading: Compass of Zen 61-67; 164-178

Wallace, A Buddhist Model of Optimal Health

Buddhist Approach to Addiction Recovery

Blumenthal, Defining Mental Illness

#### October 18 Intersections between mind sciences and Buddhism

**Reading**: Shonin, Gordon, Griffiths, The Emerging Role of Buddhism in Clinical Psychology: Toward Effective integration

The Mind's Own Physician, 21-63

Yasunobu, Psychotherapy and Buddhism: Attending to Sand

Unno, Naikan Therapy and Shin Buddhism

Polly Young-Eisendrath, The Transformation of Human Suffering: A Perspective from Psychotherapy and Buddhism.

## October 25 Buddhism Applied to Clinical therapies

**Reading**: Mace, chapters 3, 4, 6

Twohig, The Application of Acceptance and Commitment Therapy to Obsessive-Compulsive Disorder.

Marino et al, Cognitive Behavior Therapy With Mindfulness and Acceptance Skills for the Treatment of Older Adults.

#### **NOV 8 READING WEEK**

# **Nov 15 Mindfulness-based Therapeutic tools**

**Readings:** Bowen, Witkievitz. Depression, Craving, and Substance Use Following Randomized Trial of Mindfulness-Based Relapse Prevention.

Gkika, Wells, How to Deal with Negative Thoughts? A Preliminary Comparison of Detached Mindfulness and Thought Evaluation in Socially Anxious Individuals.

Juarascio et al, Acceptance and Commitment Therapy as a Novel Treatment for Eating Disorders: An Initial Test of Efficacy and Mediation

Goss; Allen, The development and application of compassion-focused therapy for eating disorders.

# **Mid-term Essay Due**

## Nov 22 Post Traumatic Stress Disorder

**Reading**: Herman Judith M.D., Excerpts from Trauma and Recovery, The Aftermath of Violence.

Batten, Orsillo, Walser, Acceptance and Mindfulness-based Approaches to the Treatment of Post Traumatic Stress Disorder.

Kelly, Trauma-Informed Mindfulness-Based Stress Reduction: A Promising New Model for Working with Survivors of Interpersonal Violence.

Harvey, An Ecological View of Trauma and Recovery.

# November 29 Voices in the Mind Landscape

**Reading**: Hyland, Terry, Mindfulness and the Myth of Mental Illness

Christina Feldman, "Compassion in the Landscape of Suffering."

Compassion, Wisdom, and Suicidal Clients

The Mind's Own Physician, 207-222

### December 6 Review

# Final Essay Due on last day of Exams

\* I am trying to confirm the attendance of a speaker and this might affect the schedule.

### **Recommended Reading**

Bien, Thomas, Mindful Therapy. A guide for Therapist and Helping Professionals. Wisdom Publications, 2006.

Buddhist Recovery Network. Available online: http://buddhistrecovery.org (accessed on 27 July, 2014).

Bowen S, Neha C, G. Marlatt. A. Mindfulness-based relapse prevention for addictive behaviors: a clinician's guide / New York: Guilford Press, 2011.

Chikako Ozawa-de Silva. Psychotherapy and religion in Japan: the Japanese Introspection practice of naikan / New York, NY: Routledge, c2006.

Dogen, 1200-1253, How to Cook Your Life. From the Zen Kitchen to Enlightenment. Translated by Thomas Wright. Commentary by Kosho Uchiyama Roshi. Boston: Shambhala, 2005.

Dalai Lama, For the Benefit of all Beings, A commentary on the Way of the Bodhisattva Boston: Shambhala, 2009.

Germer, Christopher, et al. (Eds). Mindfulness and Psychotherapy. Guildford Press, 2005.

Germer, Siegel, Wisdom and Compassion in Psychotherapy: deepening mindfulness in clinical practice. New York: The Guilford Press, 2014

Hofmann Stefan; Asmundson, Gordon. Acceptance and mindfulness-based therapy: New wave or old hat? September, 2007. Clinical Psych ology Review 28 (2008)1-16

Hanh, Thich Nhat. The Miracle of Mindfulness: A Manual on Meditation. Beacon Press, 1999.

Herman Judith M.D., Excerpts from Trauma and Recovery, The Aftermath of Violence-from domestic abuse to political terror. BasicBooks, 1992.

Kabat-Zinn, Jon. Coming to Our Senses: Healing Ourselves and the World through

Mindfulness. Hyperion, 2005

Kornfield, Jack. A Path with Heart. Bantam, 1993

Lopez, Donald S. (2012). The Scientific Buddha. His Short and Happy Life, Yale University Press, New Haven.

Mace, Chris. Mindfulness and Mental Health, Therapy, Theory and Science. Routledge, 2007.

Mruk J. Christopher with Joan Hartzell. Zen and Psychotherapy. Integrating Traditional and nontraditional approaches. Springer, 2003.

Levine, Noah. Refuge Recovery: A Buddhist Path to Recovering from Addiction. New

York: HarperCollins, 2014.

Salzberg, Sharon. Loving Kindness: The Revolutionary Art of Happiness. Shambhala, 1995.

Sheng Yen. Hoofprints of the Ox: Principles of the Chan Buddhist Path as Taught by a Modern Chinese Master, Oxford University Press, 2002. (pg tba)

Saffron, Jeffrey, ed. Psychoanalysis and Buddhism, An Unfolding Dialogue. Wisdom Publications, 1995.

Unno, M. (Ed.). (2006). Buddhism and psychotherapy across cultures. Wisdom Publications: Boston.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3433807/

https://www.washingtonpost.com/national/health-science/mindfulness-and-meditation-training-could-ease-ptsd-symptoms-researchers-say/2013/02/16/a296a52a-4ad2-11e2-b709-667035ff9029\_print.html

Zen Master Seung Sahn. The Compass of Zen. Boston: Shambhala, 1997

Valerie Mason-John, and Paramabandhu Groves. Eight-Step Recovery: Using the Buddha's Teachings to Overcome Addiction. Cambridge: Windhorse Publications, 2014.

### **Course Policies**

Policies for courses are contained in the TST and Emmanuel College Basic Degree Handbooks.

- 1) <u>Late Policy</u>: no penalty if acceptable reason is provided prior to the due date. Otherwise a penalty of 5% per day will be applied.
- 2) Completion of Course Work: All course work (including any late work) must be completed by the end of term, the last day of exams. Only in the case of illness (with a note from a doctor), bereavement or other unusual circumstances will an extension be considered and this must be authorized by the Basic Degree Committee and the Faculty.
- 3) Assignments: Essays and assignments to be submitted on Blackboard or class.
- 4) Consultation: Please do not hesitate to consult with me about any questions you may have.

Academic Integrity:

Students should read carefully the academic discipline policy on, and severe penalties for,

plagiarism and cheating. These are set out in the University of Toronto's Code of Behaviour on Academic Matters available through the Office of the TST Director (cf. TST Basic Degree Handbook, p. 45) and on the web (http://www.governingcouncil.utoronto.ca/policies/behaveac.htm).

# **Grading Scheme:**

The grading scheme for this course, as with all TST courses, is as follows:

A+ 90-100 profound and creative

A 85-89 outstanding

A- 80-84 excellent: clear evidence of original thinking, of analytic and synthetic ability; sound critical evaluations, broad knowledge base

B+ 75-79 very good

B 73-76 good: good critical capacity and analytic ability; reasonable understanding of relevant issues, good familiarity with the literature

B- 70-72 satisfactory: adequate critical capacity and analytic ability; some understanding of relevant issues and with the literature

FZ 0-69 failure: failure to meet the above criteria

<u>Course grades</u>. Consistently with the policy of the University of Toronto, course grades submitted by an instructor are reviewed by a committee of the instructor's college before being posted. Course grades may be adjusted where they do not comply with University grading policy (http://www.soverningcouncil.utoronto.calpolicies/grading.htm) or college grading policy.

#### **Policies**

**Accessibility**. Students with a disability or health consideration are entitled to accommodation. Students must register at the University of Toronto's Accessibility Services offices (information is available at http://www.accessibility.utoronto.ca). The sooner a student seeks accommodation, the quicker we can assist.

**Plagiarism.** Students submitting written material in courses are expected to provide full documentation for sources of both words and ideas in footnotes or endnotes. Direct quotations should be placed within quotation marks (if small changes are made in the quotation, they should be indicated by appropriate punctuation such as brackets and ellipses, but the quotation still-counts as a direct quotation.) Failure to document

borrowed material constitutes plagiarism, which is a serious breach of academic, professional, and Christian ethics. An instructor who discovers evidence of student plagiarism is not permitted to deal with the situation individually but is required to report it to his or her head of college or delegate according to the TST Basic Degree Handbook and the University of Toronto Code of Behaviour on Academic Matters.