

SUBJECT OUTLINE

SECTION 1 – SUBJECT SUMMARY

Subject code and name	ABS723 Health as Buddhist Practice		
Program	Applied Buddhist Studies	Credit points	6
Subject coordinator	Dr Suzanne Cochrane	Duration	5 weeks
List of courses that will offer this subject	Cross Institutional		
Level	AQF 7 – Undergraduate		
Indicate core or elective	<input type="checkbox"/> Core <input checked="" type="checkbox"/> Elective <input type="checkbox"/>		
Prerequisites	Nil		
Equivalent subject	NA		
Student workload	No of timetabled hours:	40	
	No of personal study hours:	120	
	Total workload hours:	160	
Mode of delivery	<input checked="" type="checkbox"/> Face to face <input type="checkbox"/> E-learning (online) <input type="checkbox"/> Work-integrated learning activity <input type="checkbox"/> Distance/independent learning(un-timetabled) <input checked="" type="checkbox"/> Intensive. Provide details below		

The subject is delivered over 5 weeks of full-time study.

Week 1 is preliminary reading; week 2 is intensive face-to-face lectures and other teaching and learning activities on campus; weeks 3 - 5 are self-study and assessment supported by the Course Coordinator/Lecturer through email and consultation as required and by online teaching resources. Total hours of face-to-face classes exceed the standard scheduled teaching hours of a typical semester-length subject offered in this discipline by universities.

SECTION 2 – SUBJECT INFORMATION

2.1 Subject Description

Provide a summary of approximately 100 words that gives a concise outline of the subject

In this subject, you will explore the meaning of health and illness and how different traditions - especially the Greek-origin European 'science' tradition, Indian-origin Buddhist understandings, and traditional Chinese medical approaches - conceive of and act on mind-body health and ill health. The subject content will include the philosophy, history and political economy of health practices as they have developed within different cultural and environmental contexts. You will be introduced to a range of different medical approaches including indigenous Australian, Ayurveda and traditional Chinese as well as examining the reality of mainstream science-based medicine as it exists in Western societies.

You will be taught a range of practices that are said to influence health. You will be asked to adopt and critically examine the impact of one practice on your own health. How does your own experience compare to the reported expected outcomes and evidence base for this practice? What does the practice tell us about the ideas that are the implicit underpinnings of such a practice? It is hoped that the mix of theoretical input and student experiences will allow us to explore health and illness in depth and in new ways.

2.2 Learning Outcomes

Provide the key knowledge and skills which student would be expected to attain by successfully completing this subject (numbered list)

- 1) Demonstrate a critical understanding of the concepts, beliefs and world-views underlying mainstream, indigenous and Asian healthcare practices
- 2) Identify Buddhist approaches to both health and disease.
- 3) Critically analyse fundamental issues involved in health, illness and healing practices
- 4) Understand and situate the health practices within a Buddhist framework as well as within biomedicine and traditional medicines
- 5) Critically evaluate and reflect on the historical construction of health practices, including what is considered healthy, how illness is conceived and the ways in which healing is said to be achieved.
- 6) Develop an ability to recognise and evaluate what is chosen as evidence in evidence-based medicine
- 7) Experience and reflect on the application of specific health practices and their impact on wellbeing

2.3 Content and Structure

Provide details in the table below, the subject content and how it is structured, including practical components such as laboratory, studio and work – based placements

This subject critically examines the systems of health care and the underlying philosophies that account for and are displayed through our care institutions. Through examining biomedicine historically and against/with traditional medical frameworks you will be asked to reflect on what is health and disease? Who decides what matters in relation to our bodies? How have conceptions of our bodies (and our illnesses) changed over time? The subject places emphasis both on theory and on practice: apart from the study and critical examination of research and theoretical material, you will also explore several techniques and exercises that contribute to health practice. You will be expected to devote time each day to a specific health practice and record and reflect on your experiences. The theoretical framework, which is accompanied by practical sessions, encompasses the following structure:

1. Introduction: basic concepts - health, disease/illness, treatment (3 hrs)
2. The social determinants of health and the impact of equality (4 hrs)
3. Foucault, biopower and medicalisation (4 hrs)
4. The body – Buddhist concepts of the body contrasted with those of other different medical traditions (4 hrs)
5. Dualisms – the mind/body split (3 hrs)
6. Gender matters in health care (3 hrs)
7. Health behaviours (4 hrs)
8. A case study of diabetes (Anne-Marie Mol +) (3 hrs)
9. A case study of the social construction of mental health (3 hrs)
10. The rise & rise of neuroscience (3 hrs)
11. Evidence-base, placebo and what heals (3 hrs)
12. An overview of Ayurveda, Chinese medicine and indigenous medicine (6 hrs)
13. Buddhist health practices (3 hrs)
14. What has food and diet have to do with health? (2 hrs)
15. Application of health exercises as a daily practice (5 hrs)

Readings for the topics listed above:

- General readings: Brier, 2000; Illich, 1975, 1986, 1995; Kaptchuk & Miller, 2005; Leder, 2005; Mathews, 2015; Somerville, 2015; Wilkinson & Pickett, 2011
- Overview of Health – how do we define health: Barad, 2015; Cohen, 2009; Haraway, 2016; Jullien, 2007; Ratanakul, 2004; Rose, 2012; Unschuld, 2009; Zivkovic, 2010
- Disease - How do we understand disease and pathogenic processes: Hofmann, 2017
- Social determinants of health – what causes health and ill health? Allen, Balfour, Bell, & Marmot, 2014; Cockerham, 2013; Franco, Álvarez-Dardet, & Ruiz, 2004; Liamputtong, Fanany, & Verrinder, 2012; Mansyur, Amick, Harris, & Franzini, 2008; Marmot, 2015, 2016, 2017; Marmot & Wilkinson, 1999; Primrose & Broom, 2014; Wilkinson, 2006; Wilkinson & Pickett, 2009; Wilkinson & Pickett, 2011
- Buddhist practices and ideas – what do Buddhist practices and concepts contribute to health & disease: Bohlmeijer, Prenger, Taal, & Cuijpers, 2010; Chiesa & Serretti, 2010; Coffey, Hartman, & Fredrickson, 2010; Grossman, Niemann, Schmidt, & Walach, 2004; Mace, 2007; Sauer, Lynch, Walach, & Kohls, 2011; Shapiro & Carlson, 2009; Tanabe, 2016; Wiwanitkit, 2017
- Care & caregiving – What is good care: Pichelstorfer, 2012

- Biomedicalisation: Clarke, Shim, Mamo, Fosket, & Fishman, 2003; Takagi, 2016; Cochrane, 2016; Despret, 2013; Gherardi & Rodeschini, 2016; McAuley, 2013; Mol, 2002, 2008; Mol & Law, 2004; Maria Puig de la Bellacasa, 2011; Maria Puig de la Bellacasa, 2012; Stange, 2016
- Best practice or best practitioners: Scheid, 2012
- Neuroscience – rise & rise: Barash, 2013; Bulkeley, 2005; Doidge, 2007; Hanson & Mendius, 2009
- Food & diet: Robertson, Brunner, & Sheiham, 2006

2.4 Assessment

Assessment Task			Learning outcomes for subject related to assessment task. (Use number from Learning Outcomes table)
Type	When assessed- Year, session and week	Weighting (% of total marks for subject)	
Review essay on short article (500 words)	Week 1	10%	(1), (4), (5)
Summary of reflective journal (500 words)	Week 2	10%	(3), (6)
Assignment on issues related to health practice (1,000 words)	Week 3	30%	(2), (5), (6)
Research paper (1500 words)	Week 5	50%	(1), (2), (3), (4), (5)

2.5 Prescribed and Recommended Readings

Provide below, in formal reference format, a list of the prescribed and recommended readings for the subject

Prescribed Texts:

The lecturer will provide guided readings and supplementary references to academic and professional articles of current interest in the study guide.

Recommended Texts:

Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *International Review of Psychiatry, 2014, Vol.26(4), p.392-407, 26(4), 392-407.* doi:10.3109/09540261.2014.928270

Barad, K. (2015). TransMaterialities:Trans*/Matter/Realities and Queer Political Imaginings. *GLQ: A Journal of Lesbian and Gay Studies, 21(2-3), 387-422.* doi:10.1215/10642684-2843239

Barash, D. P. (2013). *Buddhist Biology: Ancient Eastern wisdom meets modern Western science.* Oxford and New York: Oxford University Press.

Bohlmeijer, E., Prenger, R., Taal, E., & Cuijpers, P. (2010). The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: a meta-analysis. *Journal of Psychosomatic Research, 68(6), 539-544.*

- Brier, S. (2000). Trans-scientific frameworks of knowing: complementarity views of the different types of human knowledge. *Systems Research and Behavioral Science*, 17(5), 433–458. doi:DOI: 10.1002/1099-1743(200009/10)17:5<433::AID-SRES369>3.0.CO;2-7
- Bulkeley, K. (2005). *The Wondering Brain: Rethinking about religion with and beyond cognitive neuroscience*. New York and London: Routledge.
- Chiesa, A., & Serretti, A. (2010). A systematic review of neurobiological and clinical features of mindfulness meditations. *Psychological Medicine*, 40, 1239–1252. doi:doi:10.1017/S0033291709991747
- Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., & Fishman, J. R. (2003). Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine. *American Sociological Review*, 68(2), 161-194.
- Cochrane, S. (2016). Emptiness and the Medical Encounter: The interior spatial requirements of encountering. Retrieved from <http://somatosphere.net/2016/03/emptiness-and-the-medical-encounter-the-interior-spatial-requirements-of-encountering.html>
- Cockerham, W. C. (2013). *Social Causes of Health and Disease* (2nd ed.). Cambridge, UK & Malden, US: Polity Press.
- Coffey, K. A., Hartman, M., & Fredrickson, B. L. (2010). Deconstructing mindfulness and constructing mental health: Understanding mindfulness and its mechanisms of action. *Mindfulness*, 1(4), 235-253.
- Cohen, E. (2009). *A Body Worth Defending: Immunity, biopolitics, and the apotheosis of the modern body*. Durham & London: Duke University Press.
- Despret, V. (2013). Responding Bodies and Partial Affinities in Human–Animal Worlds. *Theory, Culture & Society*, 30(7-8), 51-76. doi:10.1177/0263276413496852
- Doidge, N. (2007). *The Brain that Changes Itself: Stories of personal triumph from the frontiers of brain science*. New York and Toronto: Penguin Books.
- Franco, Á., Álvarez-Dardet, C., & Ruiz, M. T. (2004). Effect of democracy on health: ecological study. *British Medical Journal*, 329, 1421–1424.
- Gherardi, S., & Rodeschini, G. (2016). Caring as a collective knowledgeable doing: About concern and being concerned. *Management Learning*, 47(3), 266–284. doi:DOI: 10.1177/1350507615610030
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research*, 57(1), 35-43.
- Hanson, R., & Mendius, R. (2009). *Buddha's Brain: the practical neuroscience of happiness, love and wisdom*. Oakland: New Harbinger Publications.
- Haraway, D. (2016). *Staying with the trouble: Making kin in the Chthulucene*. Durham and London: Duke University Press.
- Hofmann, B. (2017). Do health professionals have a prototype concept of disease? The answer is no. *Philosophy, Ethics, and Humanities in Medicine*, 12(6). doi:DOI 10.1186/s13010-017-0047-7
- Illich, I. (1975). *Medical Nemesis*. London: Calder and Bryers.
- Illich, I. (1986). Body history. *Lancet*, ii, 1325–1327.
- Illich, I. (1995). Death undefeated: From medicine to medicalisation to systematisation. *British Medical Journal*, 311.
- Jullien, F. (2007). *Vital Nourishment: Departing from Happiness* (A. Goldhammer, Trans.). Brooklyn, NY: Zone Books.

Kaptchuk, T. J., & Miller, F. (2005). Viewpoint: What is the Best and Most Ethical Model for the Relationship Between Mainstream and Alternative Medicine: Opposition, Integration, or Pluralism? *Academic Medicine*, 80(3), 286-290.

Leder, D. (2005). Moving beyond "Mind" and "Body". *PPP*, 12(2).

Liamputtong, P., Fanany, R., & Verrinder, G. (Eds.). (2012). *Health, Illness and Wellbeing: Perspectives and Social Determinants*. Melbourne: Oxford University Press.

Mace, C. (2007). *Mindfulness and mental health: Therapy, theory and science*: Routledge.

Mansyur, C., Amick, B. C., Harris, R. B., & Franzini, L. (2008). Social capital, income inequality, and self-rated health in 45 countries. *Social Science & Medicine*, 66(1), 43-56.

Marmot, M. (2015). *The Health Gap: The challenge of an unequal world*. London, Oxford, New York, New Delhi, Sydney: Bloomsbury Publishing.

Marmot, M. (Writer). (2016). Fair Australia: Social Justice and the Health Gap [Radio]. In *Boyer Lectures*. Sydney: Australian Broadcasting Corporation.

Marmot, M. (2017). Social justice, epidemiology and health inequalities. *European Journal of Epidemiology*. doi:DOI 10.1007/s10654-017-0286-3

Marmot, M., & Wilkinson, R. G. (Eds.). (1999). *Social determinants of health*. Oxford: Oxford University Press.

Mathews, F. (2015). Strategia: Thinking with or accommodating the world. In K. Gibson, D. B. Rose, & R. Fincher (Eds.), *Manifesto for living in the Anthropocene*. Brooklyn NY: Punctum Books.

McAuley, I. (2013). Illness v wellness models of health care. *Dissent*.

Mol, A. (2002). *The body multiple: ontology in medical practice*. Durham: Duke University Press.

Mol, A. (2008). *The Logic of Care: Health and the Problem of Patient Choice*. London: Routledge.

Mol, A., & Law, J. (2004). Embodied action, enacted bodies: the example of hypoglycaemia. *Body Society*, 10(2-3), 43-62. doi:10.1177/1357034x04042932

Pichelstorfer, A. (2012). Thematic Review of Annemarie Mol's The Logic of Care and Care in Practice. *Culture Unbound*, 4, 533-535.

Primrose, D., & Broom, D. (2014). Editorial introduction: Renewing the political economy of health and health care in Australia. *The Journal of Australian Political Economy*(73), 5-17.

Puig de la Bellacasa, M. (2011). Matters of care in technoscience: Assembling neglected things. *Social Studies of Science*, 41(85).

Puig de la Bellacasa, M. (2012). 'Nothing comes without its world': thinking with care. *The Sociological Review*, 60(2). doi:DOI: 10.1111/j.1467-954X.2012.02070.x

Ratanakul, P. (2004). Buddhism, Health and Disease. *Eubios Journal of Asian and International Bioethics*, 15, 162-164.

Robertson, A., Brunner, E., & Sheiham, A. (2006). Food is a political issue. In M. Marmot & R. G. Wilkinson (Eds.), *The Social Determinants of Health* (2nd ed., pp. 172-195). Oxford and New York: Oxford University Press.

Rose, N. (2012). The Human Sciences in a Biological Age *Institute for Culture and Society University of Western Sydney*, 3(1).

Sauer, S., Lynch, S., Walach, H., & Kohls, N. (2011). Dialectics of mindfulness: implications for western medicine.(Research). *Philosophy, Ethics, and Humanities in Medicine*, 6, 10.

Scheid, V. (2012). Defining best practice or cultivating best practitioners. In V. Scheid & H. MacPherson (Eds.), *Integrating East Asian Medicine into contemporary healthcare*. (pp. 13-37). Edinburgh: Churchill Livingstone.

- Shapiro, S. L., & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*: American Psychological Association.
- Somerville, M. (2015). Deep mapping connections to country. In K. Gibson, D. B. Rose, & R. Fincher (Eds.), *Manifesto for living in the Anthropocene*. Brooklyn, NY: Punctum Books.
- Stange, K. (2016). *The Paradox of Primary Care* Adelaide: University of Adelaide.
- Takagi, M. (2016). Ethical issues in medical and health care innovation. *Eubios Journal of Asian and International Bioethics*, 26(6), 210-214.
- Tanabe, J. (2016). A Buddhist philosophy of the human mind for a sustainable future. *Eubios Journal of Asian and International Bioethics*, 26(2), 39-45.
- Unschuld, P. (2009). *What is Medicine?: Western and Eastern Approaches to Healing* (K. Reimers, Trans.). Berkeley: University of California Press.
- Wilkinson, R. G. (2006). Ourselves and others - for better or worse: social vulnerability and inequality. In M. Marmot & R. G. Wilkinson (Eds.), *The Social Determinants of Health* (2nd ed., pp. 341-357). Oxford and New York: Oxford University Press.
- Wilkinson, R. G., & Pickett, K. E. (2009). Income inequality and social dysfunction. *Annual Review of Sociology*, 35, 493-511.
- Wilkinson, R. G., & Pickett, K. E. (2011). *The Spirit Level: why equality is better for everyone*. (Revised ed.). London/ New York: Penguin Books/ Bloomsbury Publishing.
- Wiwanitkit, V. (2017). Health implications of some precepts from Buddhist eight precepts: A religious public health concept. *Annals of Tropical Medicine and Public Health*, 10(2), 469.
- Zivkovic, T. M. (2010). Tibetan Buddhist embodiment: The religious bodies of a deceased Lama. *Body & Society*, 16(2), 119-142.

Online resources