Mindfulness in Cultural Context

Recent years have seen the enthusiastic embrace of mindfulness meditation and other techniques drawn from Buddhism as therapeutic interventions in psychiatry. Buddhism is portrayed as a psychology closely akin to cognitive psychology. However, in the societies where it originated, Buddhism is a system of practice that has strong ethical and moral dimensions. How does extracting techniques like meditation from the tradition and social context in which they originate change the nature and effects of the practice? What is the relationship of these practices to everyday Buddhism as lived in Asian countries or by migrants to the West? How has the Westernization and psychologization of Buddhism and other contemplative traditions altered their meaning. What does contemporary cognitive neuroscience tell us about the nature of meditation and allied techniques? What are the implications of a cultural/contextual view for the continued dialogue between Buddhist thought and psychiatry? This workshop and conference will explore the nature of mindfulness meditation in culture context. Sessions will address: (1) the varieties of mindfulness and its location in religious, spiritual and moral traditions including Buddhist philosophy and psychology; (2) cognitive neuroscientific research on meditation and mindfulness; (3) the meanings of mindfulness, meditation and related practices in cultural contexts both globally and in migrant populations; and (4) the uses of mindfulness as a therapeutic intervention in contemporary psychiatry and psychology.

The format will be a one-day conference (July 3) oriented toward mental health practitioners followed by a two-day workshop (June 4-5) for researchers in culture and mindfulness.

Guest Faculty
Sushrut Jadhav, Brendan Ozawa-De Silva, Chikako Ozawa-De Silva, Geoffrey Samuel, Evan Thompson

McGill Faculty
Suparna Choudhury, Ian Gold, Thubten Jinpa, Laurence J. Kirmayer, Amir Raz, Allan Young

There will be a poster session on June 3, 2013. To submit a poster, please complete the form on the next page and send with your application for the ASI Conference. You can also find the dynamic electronic version of this form on our web page: www.mcgill.ca/tcpsych/training/summer/
Mindfulness in Cultural Context

APPLICATION FOR CONFERENCE POSTER SESSION PRESENTATION

<table>
<thead>
<tr>
<th><strong>TITLE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>AUTHORS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>INSTITUTION:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ABSTRACT (150 WORDS)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Deadline for abstract submission: April 30, 2013. Registration for the conference must accompany submission of application for poster presentation. Applicants will be notified of acceptance within a few days after the receipt of the abstract.
McGill Summer Program in Social & Cultural Psychiatry
2013 REGISTRATION FOR CME CREDITS & PROFESSIONAL INTEREST*

Enrolment is limited. Early registration is advised to ensure a place. Registration must be accompanied by an up-to-date curriculum vitae and a $50.00 (CAD) non-refundable registration fee, by cheque payable to McGill University or by credit card (see verso). The balance of fees must be paid by the first day of classes. The department reserves the right to cancel under-subscribed courses in the Summer Program. In this case, all fees will be refunded to the applicant.

Return this completed form to:
Division of Social & Transcultural Psychiatry
Department of Psychiatry
McGill University
1033 Pine Avenue West
Montréal (Québec)
Canada H3A 1A1
Fax: 514-375-1459
E-mail: tc.psych@mcgill.ca

Name: ____________________________    ________________________________
    family name    /    given name

Address: ____________________________    ________________________________
    street number    /    street name    /    apartment

    ______    /    ______    /    ______    /    ______

    city    /    state or province    /    country    /    postal code

Home Tel: _____________ Office Tel: _____________ Fax: _____________ E-mail: ______________

Courses
Cultural Psychiatry (May 7-31) $600.00 $ _________    □    □
Psychiatric Epidemiology (May 6-31) $600.00 $ _________    □    □

Workshops
Working with Culture (May 7-30) $600.00 $ _________    □    □
Qualitative Research Methods (May 6-29) $350.00 $ _________    □    □
Community-Based Participatory Research (June 20) $150.00 $ _________    □    □
Global Mental Health Research (June 17-19) $300.00 $ _________    □    □
Critical Neuroscience (June 24-27) $300.00 $ _________    □    □
Advanced Study Institute Conference (June 3) $100.00 $ _________    □    □
Advanced Study Institute Workshop (June 4-5) $200.00 $ _________    □    □

Application Processing Fee (non-refundable) $50.00 $ _________
TOTAL COURSE & WORKSHOP FEES $ _________
Fees to be remitted in Canadian funds Balance due $ _________

Signature of Applicant ____________________________    Date ____________________________

* Please select the appropriate box if you are registering for CME credits or professional interest.

Notes: For eligibility requirements or for academic credit, see the section on Registration Information (p. 4-6).
If paying by credit card, please use the form on the back of this page.

Academic credit has additional registration procedures, see the section on Registration Information (p. 4-6)
CREDIT CARD PAYMENT

Authorization Form

I, ____________________________________ (print name clearly), authorize the Division of Social and Transcultural Psychiatry of McGill University to use my credit card to pay for registration for the summer program.

Credit Card: ___ MasterCard ___ Visa  Amount: ____________ (Canadian Funds)

Card #: ___________________________ Expiry Date: ________________

Month/Year

Cardholder: ____________________________________________

(Name as it appears on credit card)

Billing Address: ____________________________________________

___________________________________________________________________________

Signature: ___________________________ Date: ________________

Day/Month/Year

Return completed form by:
Fax: 514-375-1459
E-mail: tc.psych@mcgill.ca

Note: You can find the electronic dynamic version of this form on our web page:
http://www.mcgill.ca/tcpsych/training/summer/