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Kosuke Shimizu & Sei Noro

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# Political healing and Mahāyāna Buddhist medicine: a critical engagement with contemporary international relations

Kosuke Shimizu<sup>a</sup>  and Sei Noro<sup>b</sup> 

<sup>a</sup>Department of Global Studies, Ryukoku University, Kyoto, Japan; <sup>b</sup>Department of Buddhist Studies, Ryukoku University, Kyoto, Japan

## ABSTRACT

This paper introduces Mahāyāna Buddhist medicine into the contemporary international relations (IR) literature. In this paper, we will elucidate the perception towards subjectivity and relationality based upon the non-binary relationality of Mahāyāna Buddhist medicine, and strive to provide a refreshing understanding of the world. In order to achieve this goal, we start this article by focussing upon the way in which the essentialised subjectivity became the norm of contemporary IR even in non-Western regions. Second, we will provide a general introduction to Mahāyāna Buddhism. Here, we will explain the fluid subjectivity of this particular philosophical tradition, particularly its assumptions of subjectivity, relationality and temporality. Third, we will shift our focus to a practical application of this line of thought, Mahāyāna Buddhist medicine. We argue that Mahāyāna Buddhist medicine is extremely suggestive to contemporary colonial/postcolonial relations in the sense that it provides a practical way to cure those who are suffering from fear and anxiety generated by the assumptions of autonomy and independence. Last, we will return to the discourses of IR, in particular a recent discussion on temporality, relationality and ethics, to consider the possible contributions of Mahāyāna Buddhist medicine to IR.

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## Introduction

With the outbreak of the coronavirus pandemic (COVID-19) in the city of Wuhan in early 2020, a large number of private organisations and non-governmental organisations (NGOs) from Japan donated masks and medical equipment to China. What made this news intriguing was the words from an ancient poem attached to the boxes of the materials sent from an NGO to a university in China: ‘different river, mountains, areas, but wind and moon on the same sky’. This small show of sympathy and politeness sent with donated goods raised massive applause in China. In March, when the outbreak of COVID-19 took place in Japan after the peak in Wuhan, some Chinese citizens sent a million masks to Japan in return. Their donation was accompanied by another ancient poem, saying, ‘like mountains stretching

**CONTACT** Kosuke Shimizu  [shimizu@world.ryukoku.ac.jp](mailto:shimizu@world.ryukoku.ac.jp)

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before you and me, let us withstand the hardship together'.<sup>1</sup> Despite the historical and diplomatic difficulties between China and Japan, such exchanges of small acts of politeness in civil society can have a massive impact on the relationship between the nations by – at least momentarily – easing the political and diplomatic tension over the territorial dispute regarding the Senkaku/Diaoyu islands and antagonistic perceptions towards each other over the history of Japanese imperialism.

In this paper, we will focus on Buddhist subjectivity as well as the ontological sense of self to provide a methodology for political healing in the current era of division and confrontation. Unlike the common understanding of international relations (IR) in which subjectivity is presupposed with a firm belief in autonomy and independence, which often appears to be self-maximising and confrontational, the exchange of the ancient poems between the Japanese and Chinese seemed to unexpectedly have blurred the boundary between the nations' subjectivities, thus weakening the tension. This incident shows how the strict demarcation of IR subjectivities is temporarily suspended or eroded through the obscuration of the boundary.

Mahāyāna Buddhism tells us that autonomous and independent subjectivity is an illusion, and the acceptance of this ontological understanding is a part of the healing process. It is this healing process that the world of division desperately needs. Furthermore, Mahāyāna Buddhist medicine, which is an application of the principles of Mahāyāna Buddhism to medical practice, illustrates how we, as practitioners and researchers, could engage with 'others' who have been disregarded and marginalised in the confrontational world. Our goal is not to bring ideas from the medical world to the political world, for Mahāyāna Buddhism would not see medicine and politics as two autonomous separate fields. Rather, we aim to clarify the ethics, in the view of Mahāyāna Buddhism, of practitioners and researchers to engage with others. To clarify these points, we start this article by focussing upon how the essentialised subjectivity became the norm of contemporary IR, even in non-Western regions. We argue here that the understanding of subjectivity of this sort is one of the reasons for the division and confrontation. Secondly, we provide a general introduction to Mahāyāna Buddhism. In this context, we will explain the fluid subjectivity of this philosophical tradition, particularly its assumptions of subjectivity, relationality and temporality. Thirdly, we shift our focus to a practical application of this line of thought – that is, Mahāyāna Buddhist medicine, which suggests a way for IR practitioners and researchers to engage with those who have been marginalised by providing a way to heal their suffering from the division and confrontation. Finally, we focus on the recent discussion about temporality and relationality in IR, in order to consider the possible contributions of Mahāyāna Buddhist medicine to the discourse.

## **Essentialised subjectivities, linear temporality and the absence of ethics in IR**

In IR, we often espouse the idea of essentialised subjectivity with a strict demarcation of state boundaries, which performs a crucial role in our comprehension of world affairs. This essentialised subjectivity is often the consequence of uncritically accepting the widespread assumption of Cartesian subjectivity, of 'I think, therefore I am'.<sup>2</sup> Here, the subject is given, and the assumed continuation of the self guarantees this privileged status of the self. The

human action of thinking is backed by the existence of the faculty of reason using *logos*, and in this essentialised subjectivity, memories are accumulated in a logical – thus orderly – manner, and subjectivities are supposedly developed upon the memories.

Essentialised and rational subjectivity inevitably presupposes a linear temporality. Since *logos* has an intimate relationship with language, which ‘follows the syntactic system, the ordering of things by the *logos*, at its very least, has the essence of the “linearity” extending along the axis of time.’<sup>3</sup> Civilisations and growth are often supposed to be linear, and this may well be the consequence of rationalist subjectivity. It is a common presumption that contemporary societies are moving and developing towards a particular goal where everyone is safe and happy. In this temporality, the relationship between the Western ‘self’, who is running ahead and has a duty to promote civilisation worldwide, and the ‘other’, those who should be civilised under the guidance of the self, is presupposed. This temporality is, of course, based on another assumption that the subject and object are given and separated from the very beginning.

The construction and sustenance of the self are, by definition, fundamentally relational. Temporality and relationality are interwoven in generating the binary of the self and other. If there are no others, there would be no self. If there is no self, there are no others. Similarly, the ‘West’ was formed in the minds of Westerners as well as non-Westerners through continuous colonial relations between the two.<sup>4</sup> Without ‘non-West’, West does not have any foundation for its subjectivity. In other words, such concepts of spatial expressions of the West, non-West and Westernisation, as well as temporal expressions such as civilisation, modernisation and development, are interconnected. They form a relationality that generates the West/Rest dichotomy.<sup>5</sup>

The West/Rest dichotomy is, to a certain extent, a spatial expression of distance, and this spatial distance is converted into linear temporality. As Inayatullah and Blaney succinctly illustrate: ‘With the conversion of space into time, the constructed temporal backwardness of the savages is equated with the imagined temporal origins of the European self in antiquity and the spatially distinct other is thereby converted into a temporally prior self’.<sup>6</sup>

In many cases of colonial and postcolonial relations, others have been regarded as the self in the past. Friedberg’s famous dictum of ‘Asia’s future’ as ‘Europe’s past’ makes a typical example.<sup>7</sup> In this reading, the non-West, and therefore the ‘outside’, is closely associated with cyclicity, which is often equated with being stagnant and obsolete. This in turn guarantees the alleged advanced status of the West. In other words, connecting the inside/outside with the linear/cyclical is a practice of self-construction without which the self does not have a firm ideational ground on which to stand.<sup>8</sup>

Once the linear, progressive temporality is established in the minds of both Westerners and non-Westerners, and reiterated through the relational actions they conduct, the relationship between the West/Rest becomes fixed and embedded in linear temporality as a sort of a ‘structure’. The Western nations believed that their superiority over the rest rose from the more profound scientific knowledge, historical experience, reason, and the sophisticated democratic systems they seemingly monopolised. The West appears to be a goal to other nations and is projected accordingly. If the ‘rest’ was deemed to have some differences such as the absence of democratic political institutions and well-educated citizens, they were often regarded as causes of the illness – the illness being underdevelopment and a lack of civilisation.<sup>9</sup>

In this way, all the nations in the world are divided on the trajectory of the linear, progressive temporality, and the West retains the privileged status with essentialised subjectivity through the discourse of civilisation, modernisation, democratisation and, of course, Orientalism.<sup>10</sup> In some cases, those running behind – such as Japan – tried to catch up with the advanced nations and confronted the ‘West’ during World War II. Thus, a particular set of temporality and relationality is one of the important reasons for division and confrontation.

### Buddhist relationality, temporality and ethics

Buddhism is very much a philosophical discourse, unlike the disseminated comprehension of the discourse on religion.<sup>11</sup> In some ways, Buddhism is ontological as well as epistemological. It is ontological because it provides a particular comprehension of being, which is called *engi* (縁起) relationality.<sup>12</sup> It is epistemological in the sense that Buddhism is very sceptical of the function of language to describe beings. Thus, it is deeply concerned with how human perception is controlled and ushered by language. Jay Garfield explains the widely accepted notion of language in Buddhism: ‘Simply because the meanings of words in any language are fixed by their relations both to other terms and to philosophical or other ideological commitments in the culture to which those languages belong, there is bound to be slippage.’<sup>13</sup> Therefore, Buddhism mainly focuses on *engi* relationality, temporality and subjectivity, which supposedly promotes individuals to fully understand the reality without being influenced and ushered by language.<sup>14</sup>

Because of its ontological and epistemological position, Buddhism, like other Asian systems of thought such as Confucianism and Daoism, does not assume the complete segregation of any binary opposition. A subject is simultaneously an object, and an object is a subject. We are others, and others are us. Buddhism urges individuals to transcend the strict demarcation of one from the other by denying the exclusivity and autonomy of subjectivity. However, Buddhism goes even further to argue that there is no enduring subjectivity. For Buddhism, the world is never fixed but always in motion. Life is not a given fact, but a flow.<sup>15</sup> All beings are related to and create each other.

Life as a flow is articulated well by a contemporary biologist, Shinichi Fukuoka, who also specialises in Buddhism through the Kyoto School philosophy. Mahāyāna Buddhism was adopted by the Kyoto School philosophers and turned into an existentialist intellectual discourse in the interwar period.<sup>16</sup> Fukuoka adopted the discourse of existentialism and argued that life is a flow.<sup>17</sup> Life always resides in an exquisite balance between death and rebirth. A cell dies in two weeks, while another cell will be born to replace it.<sup>18</sup> Therefore, destruction and mortality are prerequisites for the renewal of the body. This refreshment only becomes possible by taking in energy such as food from outside, and this flow is called life.<sup>19</sup> Taking life as a flow is an ontological question. It may sound very Oriental, but it is not. There are some Western thinkers who see forms of life to be a flow. Henri Bergson is a good example. Bergson defines life as a flow in his theory of pure duration.<sup>20</sup> Similarly, William James argues that human consciousness is a flowing stream in which human beings cannot experience precisely the same idea more than once.<sup>21</sup> Alfred Whitehead also makes a similar argument with the concept of ‘flux’.<sup>22</sup>

In Buddhism, the main goal of life is to comprehend its reality of being a flow and to achieve the transcendental state of mind necessary for deliverance from worldly

attachments. Through this experience of awakening, one may be able to avert the circle of reincarnation, *samsara*, and move out to nirvana. We find two variants in this engagement. Theravādā Buddhism, mainly found in Southeast Asian nations, encourages monks to attain this virtuous state of mind by themselves. It is only the Buddhist practice of monks that makes them virtuous enough. Mahāyāna Buddhism, predominant in the East Asian region, conversely, argues that everyone, including laypeople, can achieve it. The key in Mahāyāna Buddhism is *Bodhisattva*. *Bodhisattva* is on the path to Buddha, which means those who follow it could achieve the Buddhahood but are intentionally staying in the world for the benefit of all other existences. Thus, Mahāyāna Buddhism provides a more appropriate methodology to engage with others, which is the main concern of this paper.

In Mahāyāna Buddhism, *ku* [空], or emptiness, refers to the Buddhist understanding that nothing is fixed or permanent.<sup>23</sup> *Ku* is formed on the basis of *engi*, and it is premised that this relationality takes place spontaneously and contingently. This relational ontology is deeply linked to its assumption of temporality. Unlike the modern idea of linear temporality, Mahāyāna Buddhism assumes both an uncertain future and an unestablished past. This specific temporality is because a future plan can only be composed in the present, and the past can only be understood in the present moment. Saint Augustine argued that there is no past or future, but only the present.<sup>24</sup> What differentiates Buddhist temporality from St. Augustine's understanding of time is the absence of subjectivity. While the latter assumes an established subjectivity, which is supposed to perceive time from the present, the former sees the subjectivity as generated through the action of perceiving the time.

Thus, Mahāyāna Buddhism ultimately relativises subjectivity further than any form of relationalist discourses of East Asia, such as the *yin/yang* dialectics of Daoism and Confucianism. Ethics here means not only to accept and act according to reality that is empty, but also to accept that one's self does not essentially exist. Therefore, the ultimate goal of Mahāyāna Buddhism is to materialise this understanding into our lives – that is, to become self-less.

## Mahāyāna Buddhist medicine

The world of Mahāyāna Buddhism is indeed full of suffering. The persistency of ego is understood as the cause of people's suffering in the world of impermanency. How could we, as practitioners of IR, engage with others in a world of Mahāyāna Buddhism? Mahāyāna Buddhist medicine seems to provide us with a clue.

According to Paul Unschuld, medicine is a part of healing. He defines healing as 'the endeavour to prevent abnormal states of the body and to treat them if they occur'.<sup>25</sup> Mahāyāna Buddhism aims, if we accept Unschuld's definition, to heal people by promoting the idea of negation of the self. For Unschuld, medicine, on the other hand, is a method that involves 'laws of nature'. In other words, 'healing becomes medicine only when its practitioners recognize laws of nature and use only these laws of nature to investigate possible explanation of the body's functions'.<sup>26</sup> It is

to understand the normal and abnormal states of the body and of X (eg soul, spirit, psyche, *qi*, and so forth) in their origins and development, to attain the knowledge that is required to promote the normal or healthy states, to prevent the abnormal or sick states, and if a sick state has arisen, to alleviate its effects or even to reverse them completely.<sup>27</sup>

Thus, medicine involves interpreting the laws of nature and treating illness on the basis of them.

In the Mahāyāna Buddhist understanding of relationality, temporality, and subjectivity, suffering primarily comes from the illusion that one exists. While this teaching of the illusory self is the primary starting point of Mahāyāna Buddhist medicine, it also provides more detailed methodologies of treatment.

It has been reported that Buddhism has had a medical aspect since the early days. It is not only about mental and spiritual aspects. It is written in ancient scripts that a doctor, named Jivaka, performed a wide variety of surgical practices.<sup>28</sup> The technology Jivaka used in the surgery was amazingly advanced, and it includes a range of operations, from tumour removal to cataract surgery to caesarean section.<sup>29</sup>

While the operations that doctor-monks performed before Western medicine were surprisingly almost equivalent to contemporary medicine, the principles underlying the medical treatment were quite different.<sup>30</sup> In the beginning, Mahāyāna Buddhist medicine presupposed four types of reasons for suffering: living, ageing, sickness, and death. For Buddhists, living is suffering. Even if one has pleasure, enjoyment, or happiness, it lasts only momentarily. When these feelings are absent, one suffers and feels an intense desire to get them back. Ageing is also a cause of suffering. One finds oneself getting old, and it causes a feeling of despair. Sickness is, of course, another cause of suffering. Losing one's health drives a desperate desire for a healthy life. Death is the last cause of suffering. No one, as a living being, can avoid death. Despite this apparent fact, or perhaps because of it, one craves eternal life. In this way, these forms of suffering constitute the other side of the same coin as the persistency of the self.<sup>31</sup> Losing persistency is, therefore, one of the main goals of Buddhist practice.

In Buddhist medicine, the human body is composed of four principal elements: wind, fire, water and earth. It is believed that people become sick when the balance of these four principal elements is lost.<sup>32</sup> Wind relates to breathing and metabolism, water to bodily fluids, fire to fever and digestion, and earth to muscles and bones.<sup>33</sup> Buddhist medicine also attends to 'five sensual organs' in practice – eyes, ears, nose, tongue and body – which sense colour, voice, smell, taste and touch.<sup>34</sup> These five senses and consciousness form a sort of operating system, and Buddhist doctor-monks try to find causes in the fluctuation of the system when they treat patients.<sup>35</sup>

As mentioned above, Buddhism takes the *engi* relationality seriously. The widely accepted understanding of *engi*, particularly in Theravāda Buddhism, consists of 12 consecutive relations called *juni* (12) *engi*. The 12 *engi* are ignorance, volitional impulses, sensual consciousness, name and form, six senses, contact, feeling, craving, clinging and grasping, becoming, birth and ageing, and death. Each concept is supposed to be the cause of the next.

This tradition of *engi* was radically transformed in Mahāyāna Buddhism by Nāgārjuna, an Indian monk from the second century, into the logic of *ku* (emptiness). Since then, the Mahāyāna Buddhist tradition took Nāgārjuna's logic of impermanency as the primary teaching. From this perspective, the leading cause of the chain of suffering is ignorance. Unless we transcend this state of mind, we are destined to stay in the circle of suffering. Therefore, the main aim of Mahāyāna Buddhism is to overcome the state of ignorance – that is, to understand and accept the truth that one does not essentially exist.<sup>36</sup>

In Buddhism in general and Mahāyāna Buddhism in particular, the main goal of life is to achieve the transcendental state of mind that allows for deliverance from worldly



attachments. The name Buddha represents a person who has attained this goal. Buddha is not the name of a particular person, but rather denotes a saint awakening in general in the Mahāyāna Buddhist tradition. As Buddha is supposed to have achieved the goal, thus moving outside of the circle of reincarnation, he/she does not exist in the world in which we live. Instead, what we see in this world are those who are on the path towards Buddhahood. Doctors and patients are all regarded as *Bodhisattva*, and this is the reason why they are seen to be colleagues and comrades in achieving a common goal – that is, reaching the Buddhahood.

Since doctor-monks have not achieved the goal and are still on the path of Buddhahood, the practice and treatment of patients were thought to be a part of their Buddhist practice. On the other hand, as patients also have yet to achieve Buddhahood, they are regarded as equal to doctor-monks. Therefore, the success of the medical practice is neither the doctor's sole responsibility nor the patient's. Medical treatment is regarded as a collaborative practice which only becomes possible by sharing the principles of Buddhist life.<sup>37</sup> As Kawada puts it:

In Buddhist medicine, not only [do] doctors devote themselves to the cure of the disease, but they also call for the patient's own positive efforts. The doctor behaves as a *Bodhisattva* him/herself, and also encourages the sick person to aim for a *Bodhisattva* life. ... the cure of the disease will be possible when the doctor and the patient work together to achieve the ideal health goal.<sup>38</sup>

In this practice, doctor-monks are supposed to not only understand the symptoms of patients but also be willing to learn the social and economic circumstances of the illness. This is because Mahāyāna Buddhist medicine sees the illness as caused by the broader context through *engi* relations. In other words, patients are not separable from their circumstances, and their bodies are by no means treated as ontologically independent and autonomous.<sup>39</sup>

This radical understanding of the self and suffering based on the relationality of *engi* makes a sharp contrast with the recent advent of mindfulness in the US and Europe. This term started to attract attention around the turn of the century to ease and release the psychological stress caused by the stress of an economy-driven society.<sup>40</sup> Mahāyāna Buddhist medicine is drastically different from the discourse of mindfulness in terms of its assumption of subjectivity. While the contemporary mindfulness discourse works very well to reduce stress by using meditation and deep breathing techniques, it does not explicitly encourage instructors or learners to engage with the practice of actively losing one's subjectivity.<sup>41</sup>

Conversely, Mahāyāna Buddhist doctors must always be aware that they are in the process of self-formation/dissolution. What is essential is not to cure parts of the body or to release the stress of patients. It is more about how one loses one's ego while encouraging the patients to do the same. Unlike the contemporary discourse of mindfulness, the aim of Mahāyāna Buddhism is to prompt doctors and patients to accept the reality of impermanence and lose their subjectivity by liberating themselves from the persisting ego attachment.<sup>42</sup>

As *Bodhisattvas* are regarded as being ahead of laypeople but still practising austerities, they are supposed to learn and practise. The practices are not limited to austerities, but also contribute to others. Moreover, the latter is a part of Buddhist practices and a duty as



*Bodhisattva*. The series of practices of *Bodhisattva* will last until all laypeople are saved and liberated. In this sense, doctor-monks and patients are fellow passengers on the same boat drifting around in the ocean of suffering. They are colleagues.

## Relationality, temporality and Mahāyāna Buddhist medicine

IR academics and practitioners can learn from Mahāyāna Buddhist medicine regarding IR subjectivity construction. This contribution emanates from the Mahāyāna Buddhist medicine's presumption of subjectivity as an illusion. By focussing on temporality and relationality in Mahāyāna Buddhist medicine, we can gain a full understanding of how actors of IR have been fabricated. It also provides us – practitioners and researchers of IR – information regarding how we can engage in the process of political healing.

Firstly, as is well known, IR has been dominated by realism and neorealism, which are supposedly based upon the abstract cyclical temporality of anarchy.<sup>43</sup> For Waltz, anarchy's preventive nature of war against enemy is even virtuous.<sup>44</sup> The virtue of anarchy in Waltz's contention is, needless to say, grounded in the idea of self-protection based on the persistency of selfdom. However, autonomous and independent subjectivity is not confined to neo-realist cyclicity. It is also connected to the linear temporality of liberalism and Marxism.<sup>45</sup> As R.B.J. Walker's famous criticism of inside/outside illuminates, the inside of the self is often characterised by modernity, civilisation, stability and democracy, while the other is characterised by the lack of them.<sup>46</sup> In this sense, the statement that IR has been dominated by neorealist cyclical temporality is somewhat misleading. To be precise, IR is dominated by the binary opposition of inside/outside, which is intimately connected to another binary linearity/cyclicity. The rational, civilised and modern self situated in the linear temporality is endorsed by the comparison with the anarchical other, which is also directly synchronised in colonial discourses with those living outside, who are regarded as barbaric, uncivilised and outdated.

Secondly, taking the self as an illusion also allows us to critically investigate another essential dimension of IR: the qualitative dimension of relationality. Relationalism is one of the most promising approaches to contemporary world affairs.<sup>47</sup> Patrick Jackson and Daniel Nexon's maxim of 'relationality before states' had a substantive impact on IR theory in 1999.<sup>48</sup> In their understanding, states do not exist prior to relations. States are constructed through interactions as processes. However, it becomes problematic when subjectivity in their argument stays with its properties and attributes after the relations are once constructed.<sup>49</sup> As Jackson and Nexon put it:

*Entities ... do not change in their constitutive properties; they remain states with the requisite attributes which define them as states. Rather, what changes are some of their variable attributes – how much power they have, the scope of their corporate identities, etc.*<sup>50</sup>

This understanding of states with properties and attributes primarily comes from their conflation of role and subjectivity. Confucianism-influenced scholars, such as Yaqing Qin, propose *guanxi* relationality instead. While Qin's *guanxi* relationalism still presupposes a fixed ontology, he provides a radically different framework in which relationality is reified in the form of roles instead of subjectivities. In the discourse of Confucian relationalism, relations take place between roles, not subjectivities or identities, which are embedded in the

Confucian hierarchy. The roles are generated and regenerated through interactions of actors, and it eventually 'builds the structure of roles in the system'.<sup>51</sup>

While Confucianism-inspired scholars take a big step towards relativising subjectivity, they still have not paid sufficient attention to the importance of the connection between relationality and time – that is, spatiality and temporality. In Mahāyāna Buddhism, spatiality is always intimately connected to temporality because, in the ultimate form of the present, temporality *is* spatiality in the sense that these two are never separable;<sup>52</sup> thus, there is no relationality without time in Mahāyāna Buddhist medicine: the present. When we disregard the connection of time and space, we are making an abstract system of thought. If this abstract system is applied to medical practice, doctors do not treat human beings but abstract bodies. In other words, the treatment becomes deductive and doctors would lose the insight that is only attainable at the here-and-now conjunction. The Confucianism-inspired relationality generates the same quandary from the other side: fixed roles also prevent us from tackling the problems that people suffer in the present.<sup>53</sup>

The third contribution of Mahāyāna Buddhist medicine to IR is the quantity of relationality. This point is detectable in the relationality of neorealism. For Waltz, the anarchy is composed of only a small number of actors. Thus, the relationality Waltz focuses on is a peculiar type of relations among a limited number of actors, and the relations among others are not worth attending to. As Waltz states:

The number of consequential states is small. From the Treaty of Westphalia to the present, eight major states at most have sought to coexist peacefully or have contended for mastery. Viewed as the politics of the powerful, international politics can be studied in terms of the logic of small-number systems.<sup>54</sup>

For Waltz, the target of IR is not all nations, let alone individual human beings. It is about the relations among the great power nation states that strive to compete with each other or coexist. This limited ontological focus may bring disastrous consequences to those living in smaller nations on the margins of world politics. The proxy wars are good examples of the disastrous effect of the limited ontology; they often take place on the margins facing 'fault lines'.<sup>55</sup> The intervention of superpowers into nations on the margins is often conducted in the name of democratisation, the establishment of order and spreading civilisation.<sup>56</sup> This lack of attention to those living in countries other than superpowers has immense implications for the lives of those in Asia where proxy wars have frequently taken place, such as the Korean War (1950–1953) and the Viet Nam War (1955–1975).<sup>57</sup>

Unlike the neo-realist understanding of the world, Mahāyāna Buddhist medicine encourages researchers to look into a variety of forms of relationality, and not just among a limited number of actors. *Engi* relationality is, by definition, infinite. *Ku* involves countless relations, and only through the myriad relations do we become 'us'.<sup>58</sup> The multiple foci of relationality are the reason why Mahāyāna Buddhist medicine does not limit its scope to body parts, but takes into account the entire body as well as the patient's social surroundings. By applying the Mahāyāna Buddhist idea of relationality to contemporary IR, we are prompted to comprehend not just how the proxy wars took place due to the superpower rivalry between the US and the USSR, but also how these proxy wars shaped and reshaped the subjectivity of the US and USSR as well as the lives of those who suffered from the wars.

Lastly, Mahāyāna Buddhist medicine illuminates the importance of the doctor-monk/patient relations. As they are fellow crew members aboard the same boat drifting in the

ocean, they do not regard themselves as a doctor or a patient. They are colleagues and comrades trying to overcome worldly suffering together. This perspective towards the world leads us to attend to the recent COVID-19 pandemic and the environmental degradation of the planet. Our intention is not to argue that Mahāyāna Buddhism holds an all-encompassing idealistic and nature-loving monistic cosmology. Instead, Mahāyāna Buddhism tells us that we are living in a world in which we see the causes of pain and suffering, including our persistency in life, power, wealth and material satisfaction. However, we can endeavour to help each other in order to continue our practices as *Bodhisattvas*. To do that, we must start with blurring our subjectivities.

What we saw in the international community regarding COVID-19 was quite the opposite, however. The US and some European nations have repeatedly condemned and harassed China for the alleged hiding of the outbreak of COVID-19 in Wuhan, while China blamed the US and European nations for scapegoating China. However, the fact is that many nations closed down their borders to fence off infected others from abroad in order to protect the self.

Divisions have also been found domestically along the line of race, gender, class and ethnic groups.<sup>59</sup> In some cases, indigenous people, minorities, the elderly and the poor had higher mortality rates, while the middle home-owning class worked remotely online at home.<sup>60</sup> The American disarray over race relations that erupted amidst COVID-19 in the US in May and June of 2020 also represents the division. Then-President Donald Trump even went so far as say that he was prepared to 'deploy the United States military forces' to 'dominate' the protests.<sup>61</sup> All these divisions, confrontations, and conflicts are based upon the assumption of autonomous and independent subjectivities, and this assumption has never been seriously questioned in mainstream IR.

Everyday people, not politicians or IR theorists, have already tried to blur the boundaries between 'self' and 'other', at least temporarily, to ease the overwhelming tension of conflicts. The exchange of ancient Chinese poems between the Chinese and Japanese people, as mentioned at the beginning of this article, makes a good example. The exchange of the poems with relief goods and equipment certainly eased the tension between the Chinese and Japanese people, with mutual recognition of empathy towards each other.<sup>62</sup> Boundary-blurring practices of this sort are not limited to China and Japan; there has also been a continuous relationship of Taiwanese and Japanese citizens sending necessary equipment and, in some cases, donations to each other since the East Japan Earthquake in 2011. In the US, CNN reported that some police officers participated in anti-racism protests in New Jersey on 2 June 2020. Again, these are blurring practices of subjectivity, which eases the tension between the self and other.<sup>63</sup>

These actions have not been carried out due to an introduction of Mahāyāna Buddhist medicine, of course. However, they are considered by Mahāyāna Buddhist medicine to be immensely valuable in the sense that they negate the self-maximising desire and the temptation to protect the self. They seek instead to genuinely help all by transcending the boundaries of subjectivities, as do the *Bodhisattva*. We argue here that these valuable actions of helping each other, in the case of China–Japan and Taiwan–Japan relations, as well as protester–police relations in the US, are also seen as immensely valuable in the Mahāyāna Buddhist tradition.

In other words, the relational approach that we developed in this article on the basis of Mahāyāna Buddhist medicine has never been focussed upon in IR, but it has already been

practised all around the world in the past and present despite the apparent differences in religion, culture, and history. What we need is not to diversify the discipline with such differences, which often ends up establishing other autonomous subjectivities, but to work collaboratively with the difference to ease the political and economic tensions that characterise the contemporary world of division and confrontation.

## Conclusion

This paper has argued for the introduction of Mahāyāna Buddhist medicine into the IR discourse to look at contemporary world affairs from a different perspective. We contend that Mahāyāna Buddhist medicine leads us to the question of subjectivity, and this clarifies how subjectivities in IR have been assumed, formulated and narrated. IR subjectivities have been articulated as autonomous, independent and self-maximising figures, but we believe this understanding of actors in IR reflects only a particular cultural and religious assumption of human nature.

Mahāyāna Buddhist medicine offers an immensely different figure in the form of doctors and patients, and illustrates their diverse relationality. It focuses on the importance of temporal subjectivity, which only appears in the present. Taking this stance on subjectivity enables us to critically engage with contemporary IR. It also brings our attention to the spheres that have been conventionally disregarded in IR, such as empathy and compassion in everyday life, easily transcending state borders.

Although we did not pursue the subject substantially in this article, it is worth noting that there are similarities between Mahāyāna Buddhist tradition and Western philosophies such as those of Lacan, Bergson and James, and researching these further. The list could go on to include Spinoza, Nietzsche, Heidegger, Arendt, Derrida, Foucault and Levinas. This search is also extendable to such non-Western intellectuals as Tagore, Gandhi and Sun Yat-sen as well as philosophical systems of thought such as Daoism, Advaita of Hindu philosophy, Andean cosmology and Ubuntu of South African indigenous thought. By attending to these philosophical figures and thoughts with Mahāyāna Buddhism as a mediator, IR will become a promising project for the healing of the world.

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## Notes on contributors

**Kosuke Shimizu** is Professor of International Relations in the Department of Global Studies and the Dean of Research at Ryukoku University. He will become the director of the Research Centre of World Buddhist Cultures, Ryukoku University, in April 2021. He has published a broad range of articles and books, including Kosuke Shimizu (ed.), *Critical International Relations Theories in East Asia: Relationality, Subjectivity, and Pragmatism* (London/Routledge, 2019).

**Sei Noro** is Associate Professor of Buddhism in the Department of Buddhist Studies at Ryukoku University. His recent publications include Kosuke Shimizu and Sei Noro, 'An East Asian Approach to Temporality, Subjectivity and Ethics: Bringing Mahāyāna Buddhist Ontological Ethics of Nikon into International Relations', *Cambridge Review of International Affairs* (forthcoming, 2020) and Sei Noro, *Japanese Buddhism and Doctorinal Debate* (Hozokan: Kyoto, 2020).

## Notes

1. *Tokyo Shimbun*, March 25, 2020, <https://www.tokyo-np.co.jp/article/metropolitan/list/202003/CK2020032502000171.html>
2. Pettman, *World Politics: Rationalism and Beyond*, 122.
3. Nakazawa, *Renmagaku* [*Scientia Lemmatica*], loc. 90/5484.
4. Takeuchi, *Kindai no Chokoku* [*Overcoming Modernity*].
5. Walker, *After the Globe, Before the World*; Fabian, *Time and the Other*.
6. Inayatullah and Blaney, *International Relations and the Problem of Difference*, 50.
7. Friedberg, "Ripe for Rivalry," 7.
8. Takeuchi, *Kindai no Chokoku* [*Overcoming Modernity*].
9. Hobson, "Democracy as Civilisation."
10. Said, *Orientalism*; Said, *Culture and Imperialism*.
11. Minami, *Choetsu to Jitsuzon* [*Transcendence and Existence*]; Takemura, *Nyumon: Bukkyo wo Tetsugaku suru* [*Introduction: Philosophising Buddhism*]; Sueki, *Shiso toshitenno Bukkyo Nyumon* [*Introduction to Buddhism as Thought*]; Fujita, Nagai, and Yamashita, *Bukkyo 3.0 wo Tetsugaku Suru* [*Philosophising the Buddhism 3.0*]; Izutsu, *Ishiki to Honshitsu* [*Consciousness and Essence*].
12. Here, 'each factor of the causal chain should be seen as empty'; Katsura, "Nagarjuna and Pratityasamutpada," 25. The Sanskrit term for *engi* is *pratityasamutpada* which means the causal relations. It is often translated as 'dependent origination' too. In this way, Buddhism concentrates on causal relations in analysing the reality.
13. Garfield, *Engaging Buddhism*, 4.
14. It is important to mention here that relationality, temporality and subjectivity are not established before language, but used here for the sake of rhetorical comprehension. They are, to be precise, rather contingent before language. In other words, space, time and the self are inseparable in the moment of the present. For a detailed discussion, see Shimizu and Noro, "East Asian Approach."
15. Umehara and Masuya, *Chie to Jihi* [*Wisdom and Mercy*]; Ueyama and Hattori, *Ninshiki to Choetsu < Yuishiki >* [*Recognition and Transcendence < Yuishiki >*].
16. Shimizu, "Nishida Kitaro and Japan's Interwar Foreign Policy"; Shimizu, "Materializing the 'Non-Western'"; Shimizu, "Do Time and Language Matter in IR?"

17. The term 'flow' may appear to some readers to be linear. However, flow here does not have any specific destination or direction. The flow temporally be linear but may move to a different direction in the next moment. Therefore, it is not linear or cyclical.
18. Fukuoka and Ikeda, *Fukuoka Shinichi Nishida Tetsugaku wo Yomu* [*Fukuoka Shinichi Reading the Nishida Philosophy*].
19. Ibid.
20. Bergson, *Time and Free Will*.
21. James, *Principles of Psychology*.
22. Whitehead, *Process and Reality* (corrected edition).
23. *Ku* (emptiness) is often conflated with *mu* (nothingness). The former is more about the entirety of society while the latter refers to the individual subjectivity which accepts *ku*. Therefore *ku* encompasses *mu*, but not the other way around.
24. St. Augustine, *Confession*.
25. Unschuld, *What Is Medicine? Western and Eastern Approaches to Healing*, loc. 133/2987.
26. Ibid., loc. 140/2987.
27. Ibid., 133/2987.
28. Kawada, *Bukkyo Shiso to Igaku* [*Buddhist Thought and Medicine*]; Sekiya, "Nihon ni okeru Bukkyo Kango no Rekishi" ["History of Buddhist Nursing in Japan"]; Sugita and Fujiwara, *Ima Naze Bukkyou Igaku ka* [*Why Buddhist Medicine Now?*].
29. Sugita and Fujiwara, *Ima Naze Bukkyou Igaku ka* [*Why Buddhist Medicine Now?*].
30. Muraoka, "Gendai Igaku to Bukkyo Igaku" ["Contemporary Medicine and Buddhist Medicine"].
31. Here, 'persistency' implies a negative connotation in a sense that it is regarded as the main cause of the human desire and ego attachment.
32. Sekiya, *Nihon ni okeru Bukkyo Kango no Rekishi* [*The History of Buddhist Nursing in Japan*], 81–2.
33. Muraoka, "Gendai Igaku to Bukkyo Igaku" ["Contemporary Medicine and Buddhist Medicine"]; Kawada, *Buppo to Igaku* [*Dharma and Medicine*]; Sugita and Fujiwara, *Ima Naze Bukkyou Igaku ka* [*Why Buddhist Medicine Now?*]. Kiyoshi Muraoka claims that these five senses correspond to cerebral localisation of contemporary medicine.
34. Muraoka, *Gendai Igaku to Bukkyo Igaku* [*Contemporary Medicine and Buddhist Medicine*], 31.
35. 'Finding causes' does not necessarily mean spotting the affected parts. It is, rather, to find irregularity of relations and systematic disfunctions. Therefore, the 'causes' in the Mahāyāna Buddhist medicine only make sense in relational terms.
36. Kawada, *Buppo to Igaku* [*Dharma and Medicine*], 30–2.
37. Ibid., 141–2. *Bodhisattva* here may seem to be on the linear progressive path. In a sense, it is true. However, what distinguishes the Buddhist path from the linearity of civilisation and development is that the state of subjectivity on the highest stage of the mind does not exist in the former while the subjectivity in the latter can enjoy the privileged status over others. In other words, there is no self and other distinction in the case of the former, and the linearity appears to be the way to disperse oneself.
38. Ibid., 140.
39. Ibid., 142.
40. Fujita and Yamashita, *Appudeto suru Bukkyo* [*Updating Buddhism*].
41. Fujii, "Maindofurunesu no Yurai to Tenkai" ["Origin and Development of Mindfulness"]; Fujita, Nagai, and Yamashita, *Bukkyo 3.0 wo Tetsugaku Guru* [*Philosophising the Buddhism 3.0*].
42. Omi, "Kindai Bukkyo kara Maindofurunesu e" ["From Modern Buddhism to Mindfulness"].
43. Hom and Steele, "Open Horizons."
44. Lundborg, "Ethics of Neorealism."
45. Hom and Steele point out that Immanuel Wallerstein's world-systems theory also subscribes to cyclical temporality. See Hom and Steele, "Open Horizons."
46. Walker, *Inside/Outside*.
47. Nordin et al., "Towards Global Relational Theorizing"; Townsell et al., "Recrafting International Relations through Relationality"; Townsell et al., "Differing about Difference."
48. Jackson and Nexon, "Relations before States."

49. Recently, they developed a more attuned argument on subjectivity and relationality. For the detailed discussion, see Jackson and Nexon, "Reclaiming the Social."
50. Ibid., 293, emphasis original.
51. Qin, "Relationality and Processual Construction," 13.
52. Minami, *Shohogenzō wo Yomu* [Reading the Shohogenzō]; Izutsu, *Structure of Oriental Philosophy*.
53. Shimizu and Noro, "East Asian Approach."
54. Waltz, *Theory of International Politics*, 131.
55. Huntington, "Clash of Civilizations."
56. Kosaka et al., *Sekaishiteki Tachiba to Nihon* [Japan and the World Historical Standpoint]; Nakano, "'Pre-History' of International Relations in Japan."
57. Cumings, *Parallax Visions: Making Sense of American–East Asian Relations*; Cumings, *Korean War: A History*; Kavalski, *Encounters with World Affairs*.
58. Chen and Shimizu, "International Relations from the Margins."
59. Scauso et al., "COVID-19, Democracies, and (De)Colonialities."
60. Shani, "Securitizing 'Bare Life'?"
61. Stephen Collinson, CNN, June 2, 2020, "Trump Responds to Protests with a Strongman Act," <https://edition.cnn.com/2020/06/02/politics/donald-trump-george-floyd-protest-military/index.html>
62. To be precise, we should point out that this move of civil society was immediately adopted by nation-states soon after civil society exchange started. Xinhuanet, February 29, 2020, "Japan Offers Warm Support to China in Battle Against Virus Outbreak," [http://www.xinhuanet.com/english/2020-02/13/c\\_138779612.htm](http://www.xinhuanet.com/english/2020-02/13/c_138779612.htm)
63. Hollie Silverman, CNN June 2, 2020, "Police Officers Are Joining Protesters for Prayers and Hugs in Several US Cities," <https://edition.cnn.com/2020/06/02/us/police-protesters-together/index.html>

## ORCID

Kosuke Shimizu  <http://orcid.org/0000-0003-1159-5436>

Sei Noro  <http://orcid.org/0000-0001-8168-2071>

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