# Demons in Mind and Medicine

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## Relating Buddhist Concepts of Obstacles to Liberation with Tibetan Medical Concepts of Illness Causation

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Abstract

The main aim of this thesis is to provide an overview of the different kinds of demons and spirits that there are in the Tibetan worldview as well as the role that these play with regards to illnesses in the context of Tibetan medicine. Based on Buddhist philosophical views as represented by Machik Labdrön, the concept of *bdud* as an obstacle to liberation and general well-being is explained along three levels of analysis: outer, inner, and secret. Similarly, in the Tibetan medical context the concept of *gdon*—negative external forces that cause mental and physical ill-health—is presented along three main perspectives of Madhyamaka philosophical, medical, and lay views, looking into the ways in which a given *gdon* is explained to afflict an individual. The medical category of *gdon* is further shown to provide a perfect example for the Tibetan medical approach to the mind, body, and outer world as being interdependently related ("culturally afforded"), and therefore always viewed together. An excursion into the *bhavacakra* integrates the three main concepts concerning *bdud* and *gdon* within the framework of saṃsāra, showing how they are not only everywhere to be found within the inner (mental) worlds of individuals and the outer (shared) world, but how they belong to the very definition of saṃsāra, i.e. being suffering and its cause.

# Introduction

This thesis investigates the multi-layered and -faceted concepts surrounding terms that pertain to the notion of seemingly or factually outer malevolent forces obstructing or diminishing a person's well-being, be it in liberative/spiritual or pathological/medical ways. The focus will thus be on Buddhist philosophical and Tibetan medical perspectives regarding *bdud* and *gdon*[1] respectively. A main aim is to untangle seemingly dichotomous concepts surrounding *bdud* and *gdon* as viewed to exist as beings in their own right in the outer, commonly shared world on the one hand and as mentally originated afflictions on the other. This will be framed along the tantric paradigm of outer, inner, and secret (*phyi nang gsang*) levels of understanding and explaining the world. I will suggest that this paradigm, as it is explicitly applied to the concept of *bdud* by the twelfth century *yogīni* Machik Labdrön, can similarly be translated onto Tibetan medical views concerning the category of *gdon*: Medical explanations of how (seemingly) outer forces such as *gdon* may afflict an individual's body and mind are shown to be comparable with Madhyamaka ways of explaining the different layers of analysis (outer, inner, and secret) phenomena pertaining to the concept of *bdud.*

## *An Initial Puzzle*

There are terms in Tibetan that get translated as 'demon' or 'evil spirit,' such as *bdud* or *gdon*, which are paired with notions of either obstructing liberation from saṃsāra or causing suffering (such as disease) within it. Some terms refer to beings in their own right, such as *yi dags* (Skt. *preta*, 'hungry ghosts'), or *lha 'dre* ('god-demons'). And there are those that refer to

[1] These I use as main terms describing these obstructing and harmful forces, with all their possible categories and nuanced sub-concepts.

mentally originated forces, such as *bdud*, which translates as "*māra*," "demonic forces," "demon," "evil," "obstruction," etc.[2] However, many translations of frequently occurring terms are ambivalent as to what exactly is meant by them. For example, the term *bgegs*, which in its most common translation refers to something that obstructs something else – hence the translations "obstacle," "hindrance," "misfortune" – is further translated as "obstructing forces," "demon" and "obstructing spirits."[3] Similarly, the term *gdon*, which is used mainly in medical contexts, translates as "a negative force," "malevolent influence" as well as "harmful spirit."[4] Even the above seemingly straightforward notion of *bdud* always being of mental nature is not always given. This conceptual ambiguity leaves a puzzle as to the nature of what is meant by these terms, let alone the ways in which these negative forces are understood to operate. Questions arise, such as: What exactly are these demons and spirits? How are they defined in both the Tibetan Buddhist and Tibetan medical contexts? If Buddhist views underlie medical ones, how do the two combine a) in theory, as understood by the doctor or by philosophical views, and b) in practice, as part of commonly shared worldviews? Based on these and similar questions[5] and the confusion about such above listed terms and their concepts, the contents of this thesis spring from the wish to be able to differentiate which kind of negative force – beings in their own right ("functionally" existing) or mentally originated troublemakers ("mere labels") – are talked about in which particular context. It further examines the ways in which demons and spirits are explained to obstruct liberation and cause suffering in a Tibetan Buddhist philosophical sense, and how they are explained to cause illnesses in Tibetan medical contexts. A focus will be on the latter, i.e., the medical views about demons and spirits causing illnesses.

[2]Rangjung Yeshe Dictionary, s.v. "bdud."

[3]Ibid., s.v. "bgegs."

[4]Ibid., s.v. "gdon."

[5] Such as: Is someone's mental suffering caused by themselves or external forces? How is it possible for a being from the external world to influence or even invade the internal world, i.e., the mind, of a person? Can mentally originated negative thoughts or thinking patterns become external negative forces, or are they merely projections?

This will be examined along the concept of "cultural affordances" shaping and influencing the perceived outer world as it interdependently relates to the mind and body of an individual. A key finding along this concept is the medical view that it is neither externally existing beings that directly cause afflictions (which would pertain to an outer level of analysis, including lay views) nor purely mental afflictions (pertaining to a secret level of analysis into their nature according to the Madhyamaka view) that can cause mental and physical conditions of illness – rather, it is a culturally afforded and psychophysiologically embodied experience of having acted in transgressive ways towards beings with which one forges a relationship. Thus, Tibetan medical views closely relate to philosophical views, yet, as will be shown, entail the more complex explanations of how an external spirit can effect a person's mind, based on the concept of mind, body, and the outer world being interdependently connected.

Five main sources provide the philosophical, medical, theoretical, and practical bases for the answers to the above questions: 1) Sarah Harding's translation of and introduction to Machik's *Complete Explanation*, [6] 2) Rangjung Dorje's (*rang byung rdo rje*, 1284-1339) *Profound Inner Principles* (*zab mo nang don*) together with Jamgön Kongtrul Lodrö Taye's (*'jam mgon kong sprul blo gros mtha' yas*, 1813-1899) commentary thereof, called *Illuminating The Profound Inner Principles*, translated by Elizabeth M. Callahan,[7] 3) the collaborative article "Chasing Dön" by Tawni Tidwell, Nianggajia, and Heidi E. Fjeld,[8] 4) Terry Clifford's textual

[6] Harding, Sarah, transl., *Machik's Complete Explanation – Clarifying the Meaning of Chod, A Complete Explanation of Casting Out the Body As Food,* New York and Colorado: 2003, Snow Lion Publications.

[7] The full title is *Illuminating 'The Profound Inner Principles': A Concise Elucidation of 'The Profound Inner Principles,' Which Contains the Essence of the Ocean of Yoganiruttara Tantras* (Tib.: *rnal 'byor bla na med pa'i rgyud sde mtsho'i snying po bsdus pa yab mo nang gi don nyung ngu'i tshig gis rnam par 'grol ba zab don snang byed*). Dorje, Rangjung, *The Profound Inner Principles, With Jamgön Kongtrul Lodrö Taye's Commentary* Illuminating "The Profound Principles," translated by Elizabeth M. Callahan, Boston and London: 2014, Snow Lion.

[8] Tidwell, Tawni L., Nianggajia, and Fjeld, Heidi E., "Chasing *dön* spirits in Tibetan medical encounters: Transcultural affordances and embodied psychiatry in Amdo, Qinghai," in press (2022).

study of psychiatry in Tibetan medicine, *The Diamond Healing*,[9] and 5) Susannah Deane's PhD dissertation about mental illness as perceived by a contemporary Tibetan exile community (in a multi-cultural context in India), "Sowa Rigpa, Spirits and Biomedicine."[10]

As for the first, the theory behind *bdud* and *gdon* in philosophy and medicine, two main sources are most relevant: *Machik's Complete Explanation* and Terry Clifford's *Diamond Healing*. Sarah Harding, who put great efforts into translating *Machik's Complete Explanation* (Tib. *phung po gzan skyur gyi rnam bshad gcod kyi don gsal byed*)[11]—popularly known and abbreviated as *Machik Namshe* (*ma gcic rnams bshad*)—consulting many teachers and other experts throughout her process (with Kalu Rinpoche being the main source of inspiration and guidance),[12] is translating from a perspective of a lay practitioner with great amounts of expertise on the subject.[13] Apart from having a close personal (practice-based) relationship to Machik and *chöd* (Tib. *gcod*) practice, she did further research regarding related or already existing scholarly work on the topic, which both helps greatly with contextualizing the text within its genre as well as points to the different ways in which it has been referenced for regarding certain research studies (for example those on "the place of women in Tibet").[14] Next to this, Harding's translation of Machik's famous instruction as well as her thorough introduction to and

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[9] Clifford, Terry, *Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing,* New Beach, Maine: 1984, Samuel Weiser, Inc.

[10] Deane, Susannah, "Sowa Rigpa, Spirits and Biomedicine: Lay Tibetan Perspectives on Mental Illness and its Healing in a Medically-pluralistic Context in Darjeeling, Northeast India," PhD dissertation, Cardiff University, 2014.

[11] The full translation of the title is *Clarifying the Meaning of Chöd, A Complete Explanation of Casting Out the Body As Food*, which is a bit too long to include in the text above (Harding, 2003, 15).

[12] Harding, *Machik's Complete Explanation*, 11.

[13] Harding tells how this text has been part of her life ever since she participated in "the first three-year retreat for Westerners that took place in France from 1976 to 1980," in which she started studying the text as a guideline/support for her *gcod* practice. The actual translation took very long, as she had to keep it as a side project for a long time until she found a sponsor (Eris Colombel and the Tsadra Foundation) to help her finalize and publish the translation. See Harding, *Machik's Complete Explanation*, 13/14.

[14] Ibid., 14.

contextualization of the brilliant and highly renowned twelfth century *yogīni*[15] serves as a perfect basis to understand the concept of demons (*bdud*) from a Tibetan tantric perspective, which, in many ways, can generally be said to be shared by the whole of the Tibetan worldview.[16] Machik's explanation and Harding's contextualization are thus useful for my thesis in that they reveal the ways in which Buddhist philosophy breaks down the nature of demons.[17] This will make up the first chapter of the thesis.

Turning to Tibetan medical views of *gdon* as causing mental and physical illnesses, it is important to first provide a framework of Tibetan medical views on the interdependent and closely connected mind-body-context relationship. This is the focus of the second chapter. A theoretical explanation of tantric psycho-physiology along mainly Rangjung Dorje's *Profound Inner Principles* and its commentary by Jamgön Kongtrul Lodrö Taye helps to partially answer questions relating to the ways in which external forces are explained to enter a person's mind. It paints a detailed picture of how tantric and ordinary/empiric terminologies are employed to describe and make sense of all psycho-physiological workings and of how mind and body are seen as closely and interdependently related. The full scope of the Tibetan medical understanding how mind, body, and the outer world are viewed as interdependently related, however, is provided by Tidwell et al's "Chasing Dön:" It employs the above mentioned anthropological concepts of "cultural affordances," next to "cultural kindling," and "looping" to show how not only mind and body, but also the (perceived) outer world form a relationship of interdependence. This article further provides a very useful summary of the Tibetan medical views on and

[15] Ibid., 22.

[16] Although there are, of course, certain aspects that are unique to Machik's presentation, which is why I will have to also mention and compare other primary sources (and/or translations thereof) to what I take from her when explaining the categories of demons along her presentation.

[17] A connection can even be made to specific cases of *gcod* practice helping with mental illness, as Deane finds out in her field research ("Sowa Rigpa, Spirits and Biomedicine," 176). However, the practice itself seems to be an overall rather rarely applied tool for healing, which is why the usefulness of chöd practice for healing will be put aside for now, and I will focus more on what I can learn about the reality of demons from Machik.

categories of *gdon* and is particularly valuable for its comprehensible explanations of the concepts surrounding the question of how (seemingly) outer *gdon* can influence a person's mind and body. The third chapter, then, seeks to both define *gdon* in Tibetan medical terms as well as explain medical concepts concerning this pathological category.

Another key source to represent the Tibetan medical views on *gdon* is the *Four Treatises* (Tib. *rGyud bzhi*), composed around the twelfth century by Yuthok Yönten Gönpo (*gyu thog yon tan mgon po*, 1112-1203).[18] These form the basis of Tibetan's own medical canon, and their memorization and application are to this day part of the academic curriculum for medical students.[19] They consist of, as the name indicates, "four sections: the Root, Explanatory, Oral Instructions, and Subsequent Transmissions."[20] A discussion on origins of the Tibetan medical corpus as a collective work, including knowledge from proto-Ayurvedic, Chinese, indigenous Bön and other influences, will serve as a historical link between Machik's Madhyamaka presentation of *bdud* and the Tibetan medical views of *gdon.* Even though the term *bdud* occurs only about 16 times in the *rGyud bzhi* (and not in a particularly highlighted fashion), and does not explicitly talk about *gdon* along the outer-inner-secret distinctions/ways of understanding, a comparative relation between the two terms still frames well onto Machik's presentation, as will be demonstrated. One may therefore assert that this parallel is not all too far fetched, because of the historically evident close relationship between Buddhism and Tibetan medicine. Therefore, a main agenda of this thesis is to bring the two traditions – Machik's tantric and Tibetan medical – more explicitly together. The *rGyud bzhi* is, not alone by being the main authoritative source for

[18] Tidwell, Tawni, "Imbibing the Text, Transforming the Body, Perceiving the Patient: Cultivating Embodied Knowledge for Tibetan Medical Diagnosis," unpublished PhD diss., Emory University, 2017, 22/23.
[19] Ibid.
[20] Ibid. Altogether, the *Four Treatises* make up almost eight hundred pages, and, excluding parts from the Oral Instructions (in which *gdon* are found) need to be memorized in their entirety (ibid.). Tidwell also includes a complete outline of the texts in her appendix (ibid., 533).

medical training and practice, a rich body of knowledge from which I will be selectively drawing translated sections of.

A different perspective on *gdon* can be found in Terry Clifford's *Diamond Healing*, which takes Tibetan Buddhist medical views and links them to Euroamerican psychiatry. Clifford, who started out to write her doctoral dissertation on the "Tibetan medical psychiatric tradition," expanded her project in making a book out of it to include the whole of Tibetan medicine in relation to Buddhism, when she found out that psychiatry in Tibetan medicine is closely bound to Buddhist and general medical concepts.[21] She admits to her research necessarily being a "work in progress," as she is not a scholar of the Tibetan language and therefore expects her work to have "deficiencies and imperfections" with the "hope that it may generate further interest and research in Tibetan Buddhist medicine."[22] Although she comes from the outsider perspective of Euroamerican psychiatry and thus focuses her research on *gdon* as causes for mental illness, the ways in which she explains the concept of *gdon* along Buddhist philosophical views provides valuable information regarding the deeper going (secret) layer to understanding *gdon* in Tibetan medical (and Buddhist philosophical) terms.

Another perspective in contrast to the Tibetan medical views on *gdon* can be found in Susannah Deane's dissertation, which examines concepts surrounding mental illness in a medically pluralistic area. Her research consists of many interviews conducted within the community in Darjeeling (and some in Dharamsala), of both lay people as well as doctors and spiritual experts (who, however, still only presented her with lay understandings of *gdon*),[23] which she then interprets mostly in the form of a comparison with Western psychiatric

[21] Clifford, *The Diamond Healing*, xiii.
[22] Ibid.
[23] Even though she interviewed Tibetan doctors, Deane has now acknowledged that she did not have solid access to Tibetan medical experts on the topic and so was not able to properly depict the medical views.

definitions (as Euroamerican biomedical systems are also present in Darjeeling) and categories of matching (or not so matching) disease patterns, discussing critically the ways in which these do and do not apply. While her overall mostly comparative framework greatly elucidates the fact that Western categories are far from being pervasively applicable in all medical systems, those non-comparative parts in which she explores lay understandings of concepts surrounding *gdon* as causes for mental illness, extracted and summarized from her extensive interviews, are of main interest for this thesis. Keeping in mind that Deane, like Clifford, comes from an outside perspective and that she further has mistakenly taken lay explanations to represent the Tibetan medical views on *gdon,* her research findings pertaining to lay perspectives is still valuable in that it adds to the outer level of analyzing *gdon* as understood in Tibetan medical theory and practice. The fourth chapter of this thesis will take the above two approaches, which differ from Tibetan medical presentations of *gdon,* and (critically) evaluate their findings, showing how their non-medical (outsider) views provide valuable additions for both lay and philosophical interpretations in accord with the Tibetan medical view. Finally, a concluding identification of the threefold (outer, inner, and secret) levels of analysis to *bdud* and *gdon* within the *bhavacakra* ("wheel of life") will provide a visual demonstration of this thesis' goal to show how seemingly dichotomous categories of *bdud* and *gdon* (existing outwardly versus mentally originated) all belong to the same framework.

Chapter One

# Demons as Part of the Buddhist and Tibetan Medical Worldviews

This chapter aims to explain the different forms and kinds of demons and spirits in both Buddhist philosophical and the broader cosmological views, which are part of Tibetan medical theory, particularly in the context of explaining mental illnesses as caused by these demons and spirits. In connecting the before discussed Buddhist philosophical elements of the three poisons translating into the three humors, the following presentation of demons (*bdud*) in the spiritual context further aids in bridging the topic of the three poisons as underlying causes to all suffering (including disease and illness) to the topic of demons in relation to suffering. In brief, and as will be shown below, one could speak of the entirety of saṃsāric suffering as being subsumed by demons, or, in particular, one demon that is the 'demon of inflation,'[24] ego-clinging.

## 1.1 Presentations of Demons in Machik's *Explanation*

The term *bdud,* "demon,"[25] is mostly found in tantric and philosophical texts such as Machik Labdrön's *Complete Explanation.* One Tibetan dictionary defines *bdud* as "somebody/something that harms beings and obstructs virtue."[26] This could, looking at different layers of interpretation, refer to anything from both the outer/physical world and the inner/mental world. Its multivalency makes a single English translation of the term challenging. The term

[24] Tib. *'chi bdag gi bdud*; this can mean ego-clinging by itself, but can also be taken to refer to a more subtle form of grasping at anything as "more" than it is—i.e., as having permanence, stability, and/or svabhāva. (Cf. Harding, *Machik's Complete Explanation*, 290, fn 41.)

[25] Rangjung Yeshe Dictionary gives the following translations: "Demonic forces; Māra, demon, […] evil, obstruction; monster, […] deadening influence" (Rangjung Yeshe Dictionary, s.v. "bdud").

[26] Bod rgya tshig mdzod chen mo, "The Tibetan to English Translation Tool," https://ttt.thlib.org/, last accessed 31.08.2022:.s.v. "bdud." The Tibetan reads: "*sems can la gnod 'tshe dang dge ba la bar chad byed mkhan."*

covers a broad spectrum of concepts from *bdud* referring to anything "evil"[27] in a figurative sense to *bdud* including certain types and forms of beings that are considered negative spirits.[28] These *bdud* can either be specific demonic manifestations—as in, the clearly mental negative aspects of our minds—or the general class of all negative spirits in the broader sense of the Tibetan worldview.[29] On a rather symbolic level, "*Māra* symbolizes one's own ego-clinging and preoccupation with the eight worldly concerns," while in the context of tantric practice *bdud* refers to any given "demonic influence that creates obstacles for practice and enlightenment."[30] Here, it thus mostly refers to the evil/harmful forms that our thoughts can take or that we (consciously or unconsciously) project onto ourselves and our world.

The reason for why this one term is used so broadly is because "[t]he Tibetans used the word *bdud* […] to translate the term *māra* that they found in Sanskrit texts, […] [when it] was already widely used in Tibetan to refer to a category of specific demonic manifestations."[31] The term *bdud* is thus used in both general and tantric contexts, in which it may be assigned similar attributes (of being 'harmful' or 'evil,' for example). Yet, it refers to different levels of perception and understanding of the nature of this concept and its phenomena, which will be further investigated below. It therefore can be seen as referring to anything negative (directly or indirectly) that prevents happiness, both the mundane and the unfabricated kind. When thus defining *bdud*, or demons, in the most basic sense, "anything that obstructs the achievement of freedom" can be considered a demon. However, in order to understand the role of demons and spirits in Tibetan medicine, it is important to be aware of the multiple layers inherent in the concept of *bdud* that apply to diverse contexts and understandings, where lay populations may

[27]The term "evil," here would refer to the above concept of an intention to harm another being or obstruct their virtue, or advancement toward enlightenment.
[28]Harding, *Machik's Complete Explanation,* 38.
[29]Ibid., 40.
[30]Rangjung Yeshe Dictionary, s.v. "bdud." See also Bell, Tibetan Demonology, 12.
[31]Harding, *Machik's Complete Explanation*, 38.

experience them as physical manifestations of demons and spiritual and medical practitioners as obstructions to realization and well-being. The following is an attempt to illuminate and clarify these interrelated concepts of *bdud*.

## 1.2 Demons in Spiritual Practice

A central element of pan-Buddhist teachings is the idea that ego-clinging—based on ignorance and dualistic fixation—is the main cause of all suffering.[33] In her *Explanation*, Machik Labdrön talks about ego-clinging in a personified—more precisely, "demonized"— way, so as to demonstrate how this clinging to a permanent self is not part of our true nature, but rather a negative thing that tries to prevent us from realizing our very nature and being liberated. She says:

> Son, listen. These are the characteristics of devils (*bdud*). That which is called 'devil' is not some actual great big black thing that scares and petrifies whomever sees it. A devil is anything that obstructs the achievement of freedom. Therefore, even loving and affectionate friends become devils [with regard to] freedom. Most of all, there is no greater devil than this fixation to a self. So until this ego-fixation is cut off, all the devils wait with open mouths. For that reason, you need to exert yourself at a skillful method to sever the devil of ego-fixation.[34]

In short, what counts as a demon is anything that drags us into constant suffering, keeps us deluded and distracted, trying to find happiness where suffering awaits. When investigating the various aspects to life in which obstruction can happen – including the outer physical and inner mental layers, and conventionally shared and philosophically scrutinized levels of reality – there appear, of course, more than just this one basic kind of demon.

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[33]Ibid., 37. Although there is some obscurity regarding which of these – ignorance, clinging based on ignorance, or desire – is really the root cause for suffering.
[34]Ibid., 117.

### 1.2.1 Four Kinds of Demon in Sūtra and Tantra

Within the context of Buddhist philosophical (Madhyamaka) and spiritual views, Machik presents four demons along the *sūtric* and four along the tantric explanation. The *sūtric* demons, or *māra*, as Harding calls them, are: 1) The *māra* of aggregates, 2) the *māra* of afflictive emotions, 3) the *māra* of "child of the gods", and 4) the *māra* that is the "lord of death."[35] To briefly summarize these: 1) The *māra* of the aggregates are "the five aspects of embodied experience – form, feeling, sensation, formation, and consciousness," which all in their own ways can keep an individual from reaching liberation.[36] For example, the body needs nutritional, climatic, and medical attention; the formations of afflictive thoughts distract, and the dualistic grasping of consciousness keeps the mind clouded with ignorance. 2) As one can see here, even the three poisons (ignorance, attachment and aversion), the 'antagonists to liberation'[37] (and therefore the biggest spiritual demons there are), are quite literally embodied in the five aggregates. It then only makes sense to see them as the second main group of *māra*, the ones of "afflictive emotions." Here, in the *sūtric* representation, the focus is, however, more on the "emotional reactions" of attachment and aversion than on the underlying ignorance.[38] 3) The almost pleasant sounding *māra* called "child of the gods" is, as Machik argues, the biggest of them all, in that it prevents high spiritual attainment. It can "cloud the mind and inhibit continued spiritual development from complacency."[39] This *māra* thus seeks to spoil and indulge its victim

[35]Ibid., 36-38.

[36]This is also key for the Tibetan medical perspective on embodied experiences caused by *gdon*: "Perceptions of external physical demons, thus, will cause real physical afflictions" (Tidwell, personal communication, 2022). This will be further explored in the third chapter.

[37]To speak of ignorance (and the other poisons) in the personified way of an "antagonist" is, according to Harding, not uncommon, especially when referring to "the stories of Buddha's enlightenment, where the drama of protagonist and antagonist is reported in the most personified way, [to keep] the audience […] constantly reminded of its allegorical nature" (Harding, Machik's Complete Explanation, 38). The three poisons in medical terms are viewed as manifested in form of the three *nyes pa*, which will be discussed in the next chapter.

[38] Harding, *Machik's Complete Explanation*, 36.

[39]Tidwell, personal communication, 2022.

in "complacency," so that they don't see the need to strive for liberation. It is the *māra* that covers the ignorance that the *māra* of affliction did not include. 4) Finally, the "obstacle that needs no description," is the *māra* of death, or simply the fact that as long as a being is stuck in saṃsāra it has no control over the already formed aggregates (of itself or the world around it), including the inevitable expiration of its physical form.[40] Next to the experience of death itself being considered unpleasant and the fact that an individual's death prevents them from further spiritual practice, it serves as a reminder of impermanence to those who are still alive: It portrays the "finality of the present lifetime, which puts a limit on the time available for spiritual development in this precious human body," thus urging those who seek freedom from saṃsāra to make the best out of the limited time they still have. [41]

While Machik is well aware of the *sūtric* demons (or *māra*), she primarily explicates the four tantric demons: 1) the material and 2) the immaterial devil (both *thogs bcas kyi bdud*),[42] 3) the devil of exaltation (*dga brod bdud*), and 4) the devil of inflation (*snyems byed kyi bdud*).[43] The first two can be closely associated with the *sūtric māra*: the first, material devil, with the "*māra* of aggregates, the perceptions of an embodied being," and the second, immaterial devil, with the *māra* of afflictive emotion, being "the relationship with inner disturbances, sometimes perceived as invisible, external forces."[44] This immaterial devil, although not explained much further by Machik, seems to at times be on the verge between a) existing on the 'inner'/mental layer as "inner disturbances" and being identified as such on the one hand, and b) as being

[40] Harding, *Machik's Complete Explanation*, 36.

[41] Tidwell, personal communication, 2022. This includes the awareness of death being certain, but the time of death and the form of rebirth being uncertain; these three reflections on the impermanence of the precious human body (*mi lus rin po che*) point to the urgency of striving for liberation before death takes this human body (and with it the best conditions to practice) away.

[42] Harding glosses the material and immaterial devils under the same term; Rangjung Yeshe Dictionary translates *thogs bcas kyi bdud* as "obstructed demons," James Valby Dictionary as "avoidable devil, 1 of 4 evil spirits."

[43] Harding, *Machik's Complete Explanation,* 36.

[44] Ibid., 37.

perceived to exist on the outer/independent layer to one's perception of the world as invisible, external forces on the other hand.[45] As will be shown, along Madhyamaka views and the concepts of "cultural affordances," "looping," and "kindling," these two levels of analysis can be seen as synonymous, or at least as mutually inciting one another.

Machik says that "[t]he apparitions of gods and demons, disease, suffering, passion, aggression, the eight worldly concerns, and so on are sensations arising in the mind."[46] She says this on the basis of the Madyhamaka Mahāyāna view that the whole world (including its material and mental layers), as we perceive it, is explained to be entirely created by our deluded/ignorant minds.[47] This view that the mind can be so powerful that it creates a whole world would then explain how negative emotions could be projected into or onto the (seemingly) 'outer' world and perceived as 'external' forces. To illustrate the relationship between the outer and inner world, Harding emphasizes that it is the relationship with these emotions that is the immaterial demon: Emotions that are negative or distracting (etc.) might be bothersome or painful within one's stream of thought and overall well-being. The relationship here would be one of having to live with these emotions as they are part of one's being. However, when emotions become very intense or unbearable in ways that would cause someone to (subconsciously or consciously)[48] disassociate with them, the relationship would become one of separate entities – the one projecting them outwardly (so as to protect themselves, for example, trying to gain distance) and the projected emotion.[49] This projection, however, would only be perceivable to the one

[45] Ibid., 37.

[46] Machik in Harding, *Machik's Complete Explanation,* 121.

[47] It is important to not misunderstand this to mean that the world is not 'real' in a nihilistic sense of ignoring the fact that the reality that has been co-created by many minds over many generations and within different cultures, societies and communities is functional and beyond an individual's control to manipulate (unless they're realized).

[48] Phenomena happening on this kind of basis, would, for example, include hearing voices, hallucinations, etc.

[49] Drawing upon Machik's chöd practice and applying it for secular contexts, Tsultrim Allione's book "Feeding Your Demons" and her related therapist training program instructs practitioners to intentionally visualize (project outwardly through personification) one's trouble-making and pain-causing emotions as a means to healing one's relationship with them (see Tsultrim Allione, *Feeding Your Demons, Ancient Wisdom For Resolving Inner Conflict*,

projecting it and not commonly shared with others, since the (projected) emotions stem from only the projector's mind.[50] Thus existing in the mindstream of the one having the emotion, the immaterial demon, i.e., the afflictive emotions, may be understood as being primarily mental in nature. The material world, however, plays a key role in these demons' ability to come about or exist, as both an individual's mind and the material world (and what they perceive of it) forge a relationship of interdependence. This explanation of *bdud* existing and acting only depending on a relationship with the one labeling and conceptualizing them is the inner way of explaining *bdud.*

The third, the "devil of exaltation," is defined as "the excitement and attachment to positive experiences and qualities that arise in spiritual practice."[51] It focuses on the negative effects (i.e., obstacles to liberation) that all excitements, seemingly pleasant comforts, distractions and over-confidence can have. The fourth tantric "devil of inflation"[52] refers to the underlying ignorance that causes dualistic grasping and the perception of a permanent self.[53] Being the subtlest and most pervasive demon (and in a sense *being* saṃsāra), it can be seen as the source of (the above identified basic demon of) ego-clinging, or even to be that demon itself: The devil of inflation is the "big bully hiding a basic insecurity," which expresses itself through ignorant fixation on a false self.[54] The only way to get rid of this demon is the realization of

New York: 2008, Little, Brown and Company), illustrating the approach to transforming emotions as obstacles (trouble-making demons) by projecting outwardly in personified form so as to better highlight the underlying dualistic fixation that perpetuates their obstructing capacity. From a more psychiatric perspective (which will be presented along Clifford), this would translate onto dissociative, multiple personality disorders, and the like.

[50] Again, along common psychiatric concepts, this would be akin to schizophrenia (Tidwell, personal communication, 2022).

[51] Harding, *Machik's Complete Explanation,* 37.

[52] Harding explains her choice of the word "inflation" as being the closest translation of *snyems byed kyi bdud*, in that it "gives a sense of both arrogance and distortion resulting from reification" (Harding, *Machik's Complete Explanation,* 37). She further notes, that Machik uses this term as a synonym of *bdag 'dzin,* ego-clinging/fixation on self, which is another translation of *snyems byed* (which literally translates as "causing pride or arrogance; inflating") (ibid., 290).

[53] Here, it seems that the *sūtric māra* of "child of the gods" has, in a sense, been split up into the third tantric "devil of exaltation" and the fourth tantric "devil of inflation," see ibid., 37.

[54]Ibid., 36-38.

emptiness and the dissolution of dualistic grasping. This last devil of inflation pointing to the underlying nature of all that is dualistically perceived in the world describes the secret level of understanding *bdud.*

These two classifications of the four demons describe them in terms of obstacles to enlightenment, especially with regards to Machik's *gcod* practice.[55] At the same time, there is a vast trove of Tibetan literature which focuses on appeasing, warding off, and otherwise interacting with demons (and gods) as external agents. Harding points out that there is in fact more of this kind of literature than there are instructions on overcoming demons through recognizing them as mental projections.[56] The physical (next to mental) ways in which these beings are interacted with further points to their existence beyond the mind, i.e., they are part of and function in the commonly shared physical world. If nothing else, this should encourage us to suspend any disbelief we might have in such supernatural agents.

The question remains: is there a contradiction between these views of demons as inner obstacles versus outer entities to engage? For her part, Harding does not see a contradiction between the two approaches. Rather, she holds that they "reflect the universal Buddhist instruction on dealing with all perception: to recognize it as inherently empty, and to apply skillful means and awareness of karma at the same time."[57] To understand demons on all layers and levels of reality – be it mental demons that are one's own afflictive emotions,[58] karmic or projected manifestations in form of (seemingly or actual) external beings with or without an independent, separate existence – it all comes down to realizing the true empty nature of our

[55] This will be briefly introduced below.
[56]Harding, *Machik's Complete Explanation*, 41.
[57]Ibid.
[58]Not always afflictive in an obviously negative sense, that is. To name just one standard example: Together with the good feeling of possessing a desired object comes the fear of losing it, possible disappointment from unfulfilled expectations into it, and the inevitable pain of having to part from it sooner or later. The analogy of the engagement in saṃsāra being like licking honey from a razor blade describes this quite well.

dualistic perceptions and experiences of good and bad, "actual gods and demons, or friends and enemies, or thoughts of love and hate."[59] Harding argues that "there is no self-conscious contradiction and no indication that there is a polarity that needs to be explained" as represented in Machik's *Explanation*.[60] This text is, instead, a "profound exposé of the psychological functioning behind the notion of evil and of how consciousness reifies concepts of good and bad into gods and demons," but then "immediately goes on to a minute description of the styles and behaviors of those very gods and demons that have been deconstructed."[61] The above has shown how the seemingly dichotomous ways in which *bdud* may be seen – as functionally existent beings or mentally originated and labeled phenomena – is resolved along the three levels of analyzing them: On the outer level (covered in more detail below) they may be seen as beings in their own right, partaking in saṃsāric life just as humans and other beings. On the inner level they are shown to be acting and functioning in accord with the concepts associated with them. And on the secret level they are shown to manifest in forms of afflictions (which may be projected into the world) based on ignorance and dualistic grasping. This is also key to understanding the Tibetan medical approach to this applied view.

Having thus first covered the ways in which demons can be deconstructed, which helps understand the concept of demons as causing all kinds of saṃsāric suffering in general and obstructing liberation, the next section will further identify six elements to the general Tibetan worldview (in a not necessarily spiritual sense) that are labeled 'demon' (or 'spirit'). These will provide the basis for to then be able to understand those demons and spirits that are viewed to cause mental and physical illnesses.

[59]Ibid.
[60]Ibid.
[61]Ibid.

## 1.3 Demons as Part of the Tibetan Worldview

Harding recalls that when she asked Kalu Rinpoche if there really are demons, he "replied honestly that they really existed in Tibet, but that he wasn't sure about America," because of both the "scientific worldview" and "an increasing disengagement from the sensuous world, especially in urban areas."[62] Demons are thus part of nature, and of the Tibetan worldview, which itself is based greatly on nature. Harding writes: "In Tibet, the living, inhabited landscape of sacred places and scary spirits was simply the world."[63] Comparing the Tibetan worldview with "the scientific worldview today," she paints the following picture:

> There is an increasing disengagement from the sensuous world, especially in urban areas. Perhaps also the written word has us in its spell now, more than the living, breathing world of nature. But it doesn't take much time in the silence of the wilderness, alone at night, for the landscape to come alive. In that situation, sensitivity to the environment becomes essential, and our senses strain beyond their normal range to receive every bit of information. Once upon a time, it was just that kind of information that became the inherited wisdom of the tribe.[64]

Demonology – the knowledge and study of demons – was thus, and still is, considered a part of science, with the "most precise study of invisible spirits [being] found in the medical sciences, where it is intimately connected with physical and mental health."[64] Regardless of their background, many readers who are educated in modern, Euroamerican derived pedagogical systems (which overwhelmingly tend to presume material reductionism) would tend to dismiss belief in demons and spirits. In Tibetan contexts, however, knowledge of how patient experiences of externally perceived demons affect their physical and mental health provide key

[62]Ibid., 40.
[63]Ibid.
[64]Ibid.
[64]Ibid. Christopher Bell's book on Tibetan demonology serves as a good (yet at times confusing) source for a basic overview of the different lenses through which one can view the topic of demons or spirits, and for the many taxonomies in their respective contexts. He admits, however, that "with a field of inquiry that could easily fill multiple volumes, let alone a short one like this, the focus of this work is inevitably on taxonomy, categorization, and summary" (Bell, Christopher, *Tibetan Demonology,* 1st ed. Cambridge: 2020, Cambridge University Press, 3). The most helpful list for our present discussion is one in which he defines, along his research, the most commonly encountered spirits and demons. See ibid., pp. 11-16.

insights into a class of conditions that are difficult to treat in Euro-american biomedical contexts. These include conditions which overlap with schizophrenia, bipolar mental disorders, dissociative disorders and even epilepsy, stroke, and various neuropathies.[66]

### 1.3.1 The Six Main Categories of Demons, Gods and Spirits

While there are various lists and categorizations of demons and spirits presented in different sources and pertaining to diverging contexts, etc.,[67] it is useful for this thesis to present them along six categories according to Machik.[68] She does not exclusively focus on phenomena that can be labeled 'demons,' but includes those of 'gods' as well, showing how the borders between these are not always clear and fixed.[69] These six categories of demons and gods are:

(1) gods and demons as designated by worldly people;
(2) gods and demons by their essential mode of being;
(3) gods and demons superimposed on observable phenomena;
(4) gods and demons that are natural or coemergent;
(5) gods and demons of inevitable karmic forces; and
(6) the ultimate, absolute gods and demons.[70]

Machik says that these "refer to those [above covered 4 spiritual] devils, but can definitely refer to something else as well."[71] This means that these six do not only entail the kinds of demons that obstruct spiritual practice or growth, but also those that can effect a person's well-being in general (including those spirits that are beings in their own right and can, but don't have to, cause harm to humans). It needs to be kept in mind, however, that these two realms in which

[66] More on this in the last chapter.
[67] Such as Bell, *Tibetan Demonology,* and Nebesky-Wojkowitz, R. de, *Oracles and Demons of Tibet: the Cult and Iconography of the Tibetan Protective Deities*, Kathmandu: 1956, Pilgrims Book House.
[68] Harding, *Machik's Complete Explanation*, 123.
[69] This also relates back to Machik's above classification of *bdud* as including relative and positive experiences which are being related to deities (as opposed to relative and negative experiences that are labeled '*bdud*').
[70] Machik in Harding, *Machik's Complete Explanation,* 123.
[71] Ibid.

demons are viewed to cause obstacles (spiritual practice) or harm (medical, ordinary life) is not as dichotomous as it may appear – they still belong to the same framework: The six demons therefore reflect an inclusive way of categorizing anything that obstructs well-being or the achievement of freedom, whether one is on a worldly or spiritual path.[72]

The first five are of indeterminate/flexible distinction: whether these are labeled god or demon depends on various factors and it can easily shift from one to the other. Their nature is similar to that of the commonly known *lha'dre*, "god-demons," which is a composite term of gods and demons referring to beings that are just like humans, being stuck in saṃsāra and prone to mood swings, only that they have much more power and can therefore cause a lot of trouble. Machik shows the relativity and flexibility of their nature in a beautiful passage worth quoting at length:

> Gods and demons are thus not distinguished based on their form, and it is even difficult to distinguish them based on their behavior. There are those who behave nicely and are pleasing to behold but are demonic in harming the mind. And there are ugly, frightening, dangerous beings who act as gods in terms of benefit. Nonhuman, malicious, wicked beings, if they like us, act as gods to assist in creating conducive conditions for achieving enlightenment. [You should] know that there is not a separate essence of a god or a demon—they are the same. When hostile demons pass on, they might take birth as a worldly god by essential mode of being, so they are called god-demons and are essentially the same. Similarly, when beautiful worldly gods are displeased, they act as harmful demons, so they are god-demons. And when those gods pass on and become nonhuman, hostile demons, they act as demons and are called god-demons.[73]

Following these five indeterminate categories of gods and demons, the sixth category of the "ultimate, absolute gods and demons" is the only unambiguous/definitive one, which applies from all perspectives and at all levels of truth (relative and ultimate). What they are will be revealed below, but first it is necessary to comment a little more on the five indefinite categories,

[72]Ibid., 117.
[73]Ibid., 130.

as they are more important to understand the (relative) lay and medical views on demons and spirits.

The first category—"gods and demons as designated by worldly people"—is a very broad one in which anything that is perceived as negative, i.e., "ugly, and unpleasant, or in a frightening, life-threatening form," can somehow be labeled as "demon."[74] Referring to a given thing or phenomenon (which is commonly labeled as something else) as 'demon' is a rather subjective approach.[75] It further reflects the (inner level) notion that a given phenomenon is labeled as 'demon' only in relation to and dependence of the one labeling them. For example, someone might call an attacking wolf a demon because it might be frightening and life-threatening. The label 'demon' on top of the label 'wolf' does not add or change anything about its original label, it just provides a defining designation of the being as a hungry predator. Yet, since we pervasively focus on subjective experiences, we have a tendency to look past neutral/objective worldly happenings and rather perceive them in terms of the relationship we have with them. Machik points this out to be the way in which "worldly people" tend to put everything in categories of "good and bad, help and harm."[76]

The next category designates gods and demons "by their essential mode of being." Harding does not provide the Tibetan, but its concept matches that of *lha 'dre*.[77] The term *lha 'dre* consists of two terms: *lha* means 'god,' and *'dre* means 'demon' or 'evil spirit.'[78] The two

[74]Ibid., 123.
[75]Ibid.
[76]Ibid.
[77]Ibid., 124.
[78]Machik provides lists for both, especially focusing on the explanation of the two kinds of gods, "those of worldly cyclic existence and those that transcend the world." The former can be subsumed under the term of *lha 'dre,* since their moods and thus labels between 'god' and 'demon' can vary, even though they live in the god realms, but the latter are those that either "transcend karmic cause and effect" or "transcend both worldly place and karmic cause and effect," and therefore are only called 'gods.' As examples, Machik lists "Great Vajradhara, the buddhas of the ten directions, the Great Mother, the Buddha Amithaba, and so on" as those transcending cyclic existence, and "the great Sakyamuni himself; the bodhisattva Avalokiteśvara; the bodhisattvas Maitreya, Vajrapani, and Manjuśri; and all the other bodhisattvas." (Machik in Harding, *Machik's Complete Explanation,* 124)

terms together refer to those (formless)[79] beings that can act either as gods or demons when interacting with humans. Being prone to emotional instability, just like humans, yet also much more powerful, they can either be of benefit or harm, depending on their mood. They therefore can interchangeably be labeled as 'god' (*lha*) or 'evil spirit' (*'dre*) *(*or 'god-demon' (*lha 'dre*) if one refers to their overall powers, both positive and negative). The category of *'dre* in particular includes "those formless [spirits…] that can manifest great magic, powers, hostility, and arrogance and that cause embodied beings much harm."[80] Unlike the figurative application of "demon" to "wolf," these spirits exist at the same level of reality as humans, or other beings that exist in their own right, having their own will (intention), and in independence of human belief in them.[81]

Some of these spirits are, although independently existing (and therefore not depending for their label on a relationship with those who label them), still considered 'malicious' in nature, i.e., their essential mode of being.[82] These are *preta* (Tib. *yi dags*; commonly translated as 'hungry ghosts'), one of the six types of ordinary beings (*so so'i skye bo*), who occupy the second of the three lower realms of saṃsāra.[83] Patrul Rinpoche writes:

> These [*preta* who move through space] are the *tsen*, *gyalpo*, *shindre*, *jungpo*, *mamo*, *theurang* and so on, all of whom live out their lives in constant terror and hallucination. Thinking of nothing but evil, they always do whatever they can to bring harm to others, and many of them fall into even lower realms such as the hells as soon as they die. […] What they want to do is to offload their pain on others, so wherever they go they do nothing but harm. Even when they happily

[79]Ibid.

[80]Ibid. In this category are basically all those spirits, ghosts, and demons that are commonly known (or believed in) by lay people, including those that cause mental illnesses in a patient. Machik here lists, for example,"*yāma* (death lords), *düd* (devils), *tsen* spirits, the eight classes [of gods and demons], and so forth."

[81]Ibid.

[82]Ibid.

[83]Hopkins, Jeffrey, "Tibetan-Sanskrit-English Dictionary," Digital Version: Digital Archives Section, Library and Information Center of Dharma Drum Buddhist College, 2011, dictionary entry for "*yi dags*." Ordinary beings are those that have not yet achieved liberation from saṃsāra and live in their respective realm (see the bhavacakra). These are: gods, demi-gods, humans, animals, *preta*/hungry ghosts, hell-beings.

> visit their former friends and loved ones, they only bring them sickness, insanity and other unwelcome sufferings.[84]

In a sense, *preta* are the perfect example of both 'inner'/mentally originating demons and 'outer'/ existing in their own right kinds of spirits: Their past karma has both caused them their form of existence (as a *preta*), which comes with "constant terror and hallucination" they have to live with. Additionally, the bodies and realms of some forms of *preta* constantly prevent them from eating and drinking, which itself can be a very irritable state to be in.[84] In other words, these *preta* – like any being that is not enlightened – are spirits with their own inner demons, which cause them intense mental suffering and to be irritated and malevolent at all times. Their behavior, based on their emotional 'demons,' leads those who interact with them to label them as demons as well.

The category that labels beings as demons by their "essential mode of being" needs further explanation, as this label can be misleading. One can mistake it to mean that these beings have an essence that is evil, but this could not be true because according to Mahāyāna doctrine, no being has such an essence of any kind. To say that these being are considered demons by their essential mode indicates that "because to the worldly minded, in all times and forms, those eight classes and other malicious beings functionally exist."[86] By "functionally exist," Machik means the ways in which these spirits have been experienced to interact with humans whenever their

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[84] Patrul Rinpoche, *Words of My Perfect Teacher, A Complete Translation of a Classic Introduction to Tibetan Buddhism,* translated by Padmakara Translation Group, New Delhi: 1999, Vistaar Publications, 75.

[84] It is helpful to reflect on how intense hunger and thirst can cause one to 'not be oneself,' in that control over mind and speech (and body, if one is hypoglycemic) diminishes and one becomes irritated much faster, says things one would normally not say, and is more clumsy when it comes to motor-control (keyword 'hangry'). Imagining *preta* to constantly be in a ten times more extreme state of 'hanger' makes it not only easier to develop compassion for them, but also shows how their anger pertaining to hunger and thirst is circumstantial/dependent and not permanent/inherent as well. If they get satisfied, their anger and malevolent intentions get reduced as well (which is why there are pacification rites, such as sang (*bsang*) offerings, etc.).

[86]Harding, *Machik's Complete Explanation,* 124. The next chapter takes up a longer discussion about which kinds of demons or spirits are said to cause which kinds of mental illness; the distinction will be, relating to the present discussion, between 'circumstantially' and 'naturally' harmful *gdon.*

lives would interfere, which has been mostly negative, thus resulting in the label 'demon' for these spirits. However, Machik reminds the reader that just as humans can be figuratively designated as 'demon' or 'god,' these spirits' labels are just as much mere designations as those phenomena of the category before: They exist only in relative or conventional terms, i.e., in dependence of the relationship they have with humans. This also means that a being's (whether human or spirit) label of 'god' or 'demon' can change, depending on the ways they are perceived by those labeling them. For example, a mother protecting her children from a hungry predator might be labeled 'demoness' by the one she protects her children against and 'goddess' by her children, who get protected by her. To herself she might merely give the label 'mother,' based on her functionality acting like a mother. She would not see herself as either a 'demoness' or 'goddess.'[87] It is therefore a projection of a nature onto a person that defines their nature, with the definition being relative to and dependent on those who label and define.

These labels, all different yet projected onto the same person, might further last for shorter or longer periods of time. If the wolf encounters other humans who act similarly, it might likely develop the concept of all humans being malicious in their nature, i.e., in their relational dynamic with wolves. Similarly, the above categories of *preta*, which are considered to be "thinking of nothing but evil" would need to be viewed in this way as well, just with the difference that they seem to be malevolent towards *all* beings *all* the time; there is therefore always a interrelational identity between these and other beings. Yet, their label of being malicious, based on their behavior, does not mean that their inherent essence must be too. The

[87]The difference between "functionality" and "mere label" can be a little blurry itself, as the label is given based on an individually perceived 'function' and her functionality is also not always given, for example when she is going shopping without having her children with her. The difference may be found in differentiating between individual and commonly shared perceptions: A label is given by individual beings based on their relationship with the mother (the wolf thinking she is a demoness, the children thinking she is a goddess), while her functionality of acting in all the ways that are commonly viewed as pertaining to motherhood (giving birth, taking care of and protecting her children, etc.) meets the (for the most part) commonly agreed upon criteria for being a mother.

essence, or actual nature, of the labeled person or the *preta* must not be confused with these labels.[88] Machik therefore urges us not to "fixate on [demons] as true, but understand that on the absolute level they are inherently unreal."[89] It is of great importance to keep in mind that these spirits are just as real as humans are (i.e., relatively, but not ultimately), because it is key for understanding both lay and medical engagements with demons and mental illness, which will be discussed in the following sections.

The third category of gods and demons "superimposed on observable phenomena" is, like the first, straightforward in its labeling of phenomena as 'god' or 'demon,' based on superstitions or cultural beliefs. For example, when one sees "fish flopping on dry land, and frightening, dreadful, ugly shapes [appear] before the eyes […] they are said to be demons that will cause problems."[90] This kind of demons are just as unreal and easily detectable as the first category. The fifth category (leaving the fourth and sixth for last) consists of gods and demons "of inevitable karmic forces."[91] These refer to the (conventional) labeling of good and bad circumstances as 'fortunate' or 'bad luck'—in these terms, 'god' and 'demon' respectively—instead of accepting a given situation as a mere display of one's karma. This kind of demon is the product of an individual's personification and/or exaggeration of their misery or fortune. Once again, Machik admonishes her audience to see these so-called demons as unreal even on a conventional level.[92]

The last two categories are the most important with regards to spiritual practice, and even though Machik mentions that these are "not generally known by worldly people," they are

[88] In fact, it is impossible for them to be called 'essentially evil or good' in a permanent, inherent sense of an essence, which itself is a concept that goes against the Buddhist philosophical understanding that there can be no such thing as a permanent, unchanging, inherently established essence (e.g., like a 'soul') to anything.
[89] Ibid., 125.
[90] Ibid., 126.
[91] Ibid., 129.
[92] Machik in Harding, *Machik's Complete Explanation,* 131.

important to keep in mind for understanding how this reflects on an *amchi's* practice, where they themselves may be aware of these, but resort to conversing at the level of understanding of their patients.[93] The demons of the fourth category of "gods and demons that are natural or coemergent" (*lhan skyes*) is similar to the above explained "child of the gods" and "demon of afflictive emotions" in Machik's fourfold list: "Ignorant ego-fixation produces the five poisons of afflictive emotion, and this is called demon."[94] The natural gods, the opposites of the demons, are the "[f]ive great wisdoms [that] occur in the pure appearance aspect of reflexive awareness."[95] Machik glosses this as the "timeless wisdom of reflexive awareness, which is primordially pure, unborn *dharmakaya*, and the afflictive emotion of ignorant ego-fixation [which] emerge together."[96] The designation natural (or connate) is used because awareness and ignorance have existed in junction for saṃsāric beings; the dominating demon of ignorance is the one which keeps saṃsāra running, with its beings constantly creating karma, and staying stuck in afflictive emotions. This further highlights Machik's emphasis on the devil of inflation, based on ego-fixation/basic ignorance as being "the root of all problems."[97]

The "ultimate, absolute gods and demons" are the only categorizations that, according to Machik (representing the general Buddhist view), exist ultimately[98] rather than conventionally. The "absolute gods are the three jewels," in which one needs to take refuge to obtain the ultimate benefit of enlightenment or liberation from that which is the "ultimate demon," the place of cyclic existence with its end- and countless forms of suffering.[99] In their essence, emptiness, they

[93] Harding, *Machik's Complete Explanation,* 126.
[94] Ibid.
[95] Ibid.
[96] Ibid.
[97] Ibid.
[98] Meaning, from an ultimate perspective, not referring to an ontological status. Neither of these "ultimate, absolute gods and demons" are "ultimately real" – if saṃsāra (the ultimate demon) was real, liberation would not be possible.
[99] Ibid., 131.

are one, and there "is only a difference in awareness and [its absence,] ignorance."[100] Machik concludes her presentation:

> Therefore, from the point of view of the absolute (*don dam*), those matters that were explained above are without even a hair's tip of true reality. In the authentic, absolute truth, there are no gods and demons. You should know the view of inherently pure dimension of reality unblemished by stains of ripening karma.[101]

This breaks down all relative levels of reality into one single 'unreality,' in which all phenomena are equally projected, afflicted, distorted, misperceived and whichever adjectives fit to describe the overall deluded chaos of saṃsāra. These are the ways in which demons and spirits are presented to be part of the Tibetan worldview, according to Machik Labdrön.

## 1.4 Buddhism and Medicine

A recently (2015) published thesis about Machik's direct connection and influence to Tibetan medicine by Tashi Lhamo, titled "*ma cig lab kyi sgron ma dang khong gi gso rig skor gyi rig gzhung dgongs don zhib 'jug*" ("An Examination of Machik Labdrön and Her Medical Tradition")[102] not only bridges this chapter to the next, but further provides a perfect example of the co-development of Buddhism and Medicine in India (and subsequently Tibet), in which they mutually informed one another and formed a symbiotic relationship. Historian Indologist Kenneth Zysk's investigations into the origins of (proto-)Āyurvedic medicine[103] (and therefrom developing medical traditions) reveal the ways in which the relationship between Buddhism and medicine was present from the outset: When medical practitioners were "denigrated by the

[100]Ibid., 133.
[101]Ibid.
[102]Lhamo, Tashi, "*Ma cig lab kyi sgron ma dang khong gi gso rig skor gyi rig gzhung dgongs don zhib 'jug,*" master's thesis, Tibetan Traditional Medical College, Tibet University (Lhasa), 2015. A thorough investigation into this thesis is remains a task for future research for now.
[103]Zysk, Kenneth G., *Asceticism and Healing in Ancient India, Medicine in the Buddhist Monastery*, New York, Oxford: 1991, Oxford University Press.

brahmanic hierarchy and excluded from orthodox ritual cults because of their pollution from contact with impure peoples," they would "[find] acceptance among the communities of heterodox ascetic renunciants and mendicants […] and eventually became indistinguishable from the ascetics with whom they were in close contact."[104]

Buddhist ascetics and wandering physicians thus had a rigorous mutual exchange of medical and practical knowledge – knowledge about the body and its constituents would be gathered, among other sources, from observing decomposing bodies on charnel grounds.[105] Physiological knowledge was of benefit for both parties: the Buddhist ascetics for their meditation on impermanence (and the ugliness of the body, fighting desire for it)[106] and the physicians for their anatomical knowledge. Zysk further writes:

> A vast storehouse of medical knowledge soon developed among these wandering physicians, who […] began to conceive an empirically and rationally based medical epistemology with which to codify and systematize this body of efficacious medical information. Fitting into the Buddha's key teaching of the Middle Way between the extremes of world indulgence and self-denial, healing became part of Buddhism by providing the means to maintain a healthy bodily state characterized by an equilibrium both within the organism and between the body and its environment.[107]

This relationship only strengthened when monasteries were built and required certain members with medical knowledge, which lead to a "codification of medical practices within the monastic

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[104]Ibid., 5.

[105]Ibid., 35.

[106]Zysk writes: "The monk was to reflect on a putrefying body, dead from one to three days, becoming bloated and decaying, being devoured by animals, until its bones became bleached white and eventually turned to powder" (ibid., 35). This may also be related to Machik's *gcod* practice, which takes charnel grounds as a preferred location and takes visualizations (or observations) of chopped up (and devoured by animals) bodies in order to become detached from the identification with one's body and eventually realize selflessness. The practice itself has many more layers, which do not find place here, but can roughly be seen as taking the physical body and its constituents to be the main 'tool' of this practice. This, then, makes the primarily mental practice itself very closely related to the physical body (see Harding, *Machik's Explanation*).

[107]Zysk, *Ascetism and Healing*, 5-6. Ayurveda developed from this body of medical knowledge, when it was assimilated into the "socioreligious intellectual tradition" of Hinduism and "by the application of an orthodox neveer rendered […] a bráhmanic science" (ibid., 6).

rules."[108] Medical knowledge was further transmitted along Buddhism into Tibet, where it would, next to indigenous and other sources of medical knowledge, "form the future basis of Tibetan medicine as an intellectual tradition."[109] Traditionally it is described that around the seventh century (C.E.) various medical scholars from "neighboring regions [came] to translate and transmit their medical knowledge – Indian, Arabic, Greek, Central Asian and Chinese – and infuse it into a unified tradition in Tibet."[110] In the twelfth century Yuthok Yönten Gönpo (the Younger) was then drawing from the intertextuality of these many sources of that time – including Machik Labdrön's system and knowledge drawn from her cultural milieu[111] – that had contributed to the corpus of medical knowledge to compose the *rGyud bzhi*. Being a scholar of Indian medical texts himself, they were further "informed extensively by Indian medical treatise translations into Tibetan."[112] Continuing (and strengthening) its relationship with Buddhism, Tibetan medicine "played a prominent role in monasterial education and practice,"[113] and even provided grounds for Buddhism's regeneration in the 9th, 17th, and 21st centuries, because it pervaded all aspects of intellectual and civil life from the imperial period onward.[114] During that time (from the imperial period onward),[115] when medical education took place mainly in monasteries, most medical physicians were also thoroughly educated in Buddhist perspectives

[108]Ibid., 6.
[109]Tidwell, Tawni, *forthcoming,* "Buddhism and Medicine," Buddhist Philosophy Section, Constance Kassor and Emily McRae (eds.), Routledge Encyclopedia of Philosophy Online (2022).
[110]Ibid. Although tradition locates these influences in the seventh century, they have likely been more spread out through history (ibid.)
[111]As shown in Tashi Lhamo's dissertation.
[112]For a very detailed analysis, see Ga, Yang, "The Origins of the Four Tantras and an Account of Its Author, Yuthog Yonten Gonpo," In *Bodies in Balance: The Art of Tibetan Medicine*, 154–77. Seattle: 2014, University of Washington Press.
[113]Tidwell, "Buddhism and Medicine," in press, referring to Schaeffer, Kurtis R., "Textual Scholarship, Medical Tradition, and Mahāyāna Ideals in Tibet," *Journal of Indian Philosophy* 31, 5/6 (2003): 621–41.
[114]Tidwell, "Buddhism and Medicine," in press, referring to Garrett (Garrett, Frances, "Buddhism and the Historicising of Medicine in Thirteenth- Century Tibet," *Asian Medicine* 2(2) (2006): 204–224) and Hofer (Hofer, Theresia,. *Medicine and Memory in Tibet: Amchi Physicians in an Age of Reform,* Seattle: 2018, University of Washington Press).
[115]See Garrett, "Buddhism and the Historicising of Medicine," Hofer, *Medicine and Memory in Tibet,* 2018.

(lama-doctors),[116] which further points to the relatability of Machik's *bdud* and Tibetan medical *gdon.* Similarly, Tibetan medical practice was (and is) indistinguishable from Buddhism:

> The physician without a lineage
> Is like a fox that seizes the king's throne:
> He deserves no one's respect.
> The physician who does not understand the texts
> Is like a blind person to whom you show something:
> He can discern neither the disease nor the cure.
> (Yutok Yönten Gönpo in the *Four Treatises*)[117]

Although there has been much debate about Buddhism's "role of authority" over Tibetan medicine,[118] Zysk's, Yang Ga's, and Tidwell's analyses show how the relationship between Buddhism and Tibetan medicine should not be viewed along the lines of the former being authoritative to the other, but rather see the two systems as being at 'eye-level,' mutually strengthening and informing one another, and even inseparable throughout their shared history.

Some medical contents based on this close relation will be discussed in the next chapter. Before turning to the lay/folk, psychiatric and Tibetan medical views on demons and spirits, i.e., *gdon*, it is important to portray the Tibetan medical views on the world, the body and the mind as interdependently related. This serves to then critically examine the lay/folk and Euroamerican psychiatric perspectives from which *gdon* have been studied, as well as understand the ways in which *gdon* are viewed from the Tibetan medical perspective.

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[116]Tidwell, "Buddhism and Medicine," in press. As a contrasting example, many of the *amchi* Deane interviewed during her research did not have a deep understanding of Buddhist philosophical views, thus would not talk to her about the greater framework (of outer, inner and secret) along which *gdon* could be understood, thus presenting her with only lay (outer) perspectives. Quite opposite, Clifford's interviews with a lama-doctor were aimed at mainly the secret layers of understanding *gdon,* which would focus more on Buddhist (secret) explanations than medical (inner) ones. (ibid.)

[117] Schaeffer, "Textual Scholarship," 621.

[118]See, for example, Garrett Frances, "Critical Methods in Tibetan Medical Histories," *The Journal of Asian Studies*, Vol. 66 No. 2 (2007): p. 363-387; Garrett, Frances, *Religion, Medicine and the Human Embryo in Tibet* (Oxon and New York: Routledge, 2008); Gyatso, Janet, *Being Human in a Buddhist World, An Intellectual History of Medicine in Early Modern Tibet* (New York: Columbia University Press, 2015); and Gyatso, Janet, "The Authority of Empiricism and the Empiricism of Authority: Medicine and Buddhism in Tibet on the Eve of Modernity," *Comparative Studies of South Asia, Africa and the Middle East*, Vol. 24 No. 1 (2004): p. 18-31.

Chapter Two

# Tibetan Medical Views of the World, the Body and the Mind

## 2.1 Sources for the Medical Worldview

Starting with Buddhist elements to the physical layers of the Tibetan medical worldview, i.e., 1) the cosmological view pertaining to that which constitutes the material, 'outer' world (with all the influences it can have on a person's health), and 2) the (physical) human body (of which all components are medically relevant), one primary informing source for these can be found in the study of Abhidharma.[119] This collection of Buddhist texts, which provides a systematic presentation and classification of epistemology, ontology and metaphysics, does include some treatment of material elements and the components of the physical world. For example, there are physiological elements based on abhidharmic categories, such as the body consisting of the five elements as presented to be the general elements found in the material/physical world.[120] However, abhidharmic contents "[tend] to focus on mind exclusively with occasional reference to the body or that which compromises the body vis-à-vis mental aspects," making the treatment of elements to the physical realms rather general and therefore of limited medical relevance.[121] Thus, the Abhidharma (as part of Buddhist philosophy) lays the grounds for both the physical outer world and the body. Out of the need to understand as much as possible about the workings of the human body, other sources contributed to the physical

[119]Skt. "higher teachings." The Abhidharma texts "contain re-workings of material in the early Buddhist sutras," with Vasubandhu's Abhidharmakosa being "the main text studied in Tibetan monastic settings" (Tidwell, "Imbibing the Text," 284).
[120]Gethin, Rupert, *The Foundations of Buddhism,* Oxford, New York: 1998, Oxford University Press, 118.
[121]Tidwell, "Imbibing the Text," 42.

elements to Tibetan medical knowledge, providing it with "nuanced insights into the body-mind complex."[122]

For the 'outer' worldview of Tibetan medicine, there are two main influences, which are aligned with the more overall worldview of the context in which Tibetan medicine came into existence: 1) that of indigenous Bön views, and 2) that of Buddhism in the way it had been adopted and adapted from India.[123] Millard writes:

> Tibetan medical teachings clearly overlap with Tibetan Buddhist notions about the nature of the mind and the body and the relationship between the microcosm of the human constitution and the macrocosmic environment. This relationship is documented in detail in the Buddhist and Bon sutra and tantra. Tibetan medical notions of anatomy are very much influenced by tantric cosmology, particularly those found in the highest yoga tantras (*annuttarayoga*).[124]

This kind of worldview would include such environmental forces as spirits that can cause harm to humans and thus need be incorporated into the body of medical knowledge, including Machik's presentations, which will be the focus of the next chapter.[125] As for more detailed views on the physical body than what Buddhist philosophy provides, mainly the Greco-Arabic and proto-Ayurvedic elements and views 'fill in the gaps,' the latter of which are related to (and at times identical with) tantric presentations of the *cakras* (Tib. *'khor lo*) and channels (Tib. *rtsa*), for example.[126] The following will explain in more detail the tantric elements to the Tibetan medical (world)views.

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[122]Tidwell, "Imbibing the Text," 42.

[123] This is next to Chinese and the other previously mentioned influences.

[124] Millard, Colin, "Tibetan medicine and the classification and treatment of mental illness," in: Schrempf, M. (ed.), *Soundings in Tibetan medicine: historical and anthropological perspectives. Proceedings of the Tenth Seminar of the International Association of Tibetan Studies (PIATS),* 2003, Oxford. Leiden and Boston, MA: Brill, 2007, 265.

[125]It is a rather common phenomenon in given Tibetan contexts prevailed by Buddhism that views get incorporated or aligned with overarching Buddhist (authoritative) views. It is similar in the medical context: Those views that are not particularly Buddhist yet conform with it become part of medical knowledge, either because Buddhism has its root in these views, such as Vedic cosmology, or because they are indigenous and don't oppose it, such as Bön cosmology.

[126]Gyatso, *Being Human* 2. Also, see Zysk, *Ascetism and Healing,* for a more thorough investigation into the various medical tradition's influences on Tibetan medicine.

## 2.2 A Tantric Buddhist Foundation in Tibetan Medical Views

Throughout Tibet's Buddhist history a main focus has been on Indian tantric Buddhism.[126] The Indian influence on scholarship was not limited to religion, however – Tibetan medical scholarship looked to India for authority as well, where "Buddhist tantric medicine" based itself on both tantric and other medical sources, such as the above described Buddhist-originated early Indian Buddhist medicine.[127] The *Gāruḍa tantras*, for example, are "an early medieval branch of Indian medicine that features both faith-based and more analytical approaches to snakebite and related conditions."[128] In this particular case of healing a snake bite, medical means would be combined with "extensive visualization, mantra recitation, and a feeling of devotion to the supernatural power of the Buddha and his spiritual son, the Bodhisattva Manjushri."[130] The distinction between "faith-based" and "more analytical" approaches and treatments must be viewed with caution: It has now been scientifically proven (if one wants to go along Euroamerican ideas of science pertaining to the analytical approach) that these so-called "faith-based" practices and treatments do have psychophysiological effects.[131] Treatments in these forms are thus not just faith-based in the sense of being only mentally relevant for 'the one who believes.' With the notion of body and mind being interdependently related, this rather points to the ways in which both faith and empirical analysis are culturally defined and

[126]Garrett, *Religion*, 48; Gyatso, *Being Human*, 398.
[127]Wallace, *The Inner Kālacakratantra*, *A Buddhist Tantric View of the Individual,* Oxford and New York: 2001, Oxford University Press, 50; Zysk, *Ascetism and Healing,* 5.
[128]Slouber, M., "Tantric Medicine in a Buddhist Proto-Tantra," in Salguero (ed.), *Buddhism and Medicine, An Anthology of Premodern Sources,* New York: 2017, Columbia University Press, 286. The person expecting a division would be, for example, someone in whose culture medicine and religion occupy clearly (and almost strictly) separate areas of life. Insiders to traditions in which medicine was always connected to religion would not have any such expectations.
[130]Ibid.
[131]Tidwell, personal communication, 2022.

dependent, and equally parts of the reality of those who are culturally embedded in them.[132] Apart from this problematic dichotomy, what becomes evident in these texts is that physical health in the tantric context was a crucial prerequisite for those wishing for liberation. Their soteriological aim, in turn, was primarily the achievement of complete well-being. This is why such medical means (combined with practices) can be found in many tantric sources.[133]

Another influential source for Tibetan medicine was the *Kālacakratantra*, which is considered the latest major Indian tantra and has been dated to the early eleventh century CE.[134] Like the *Gāruḍa tantras*, the *Kālacakratantra* emphasizes the necessity of health. But rather than only giving instructions on how to treat oneself through practice and medical means, it incorporates an extensive system of knowledge (entailing all systems of study, such as astrology, medicine, psychology, and physiology)[135] which allow for it to give an inclusive and comprehensive presentation of the human psycho-physiology and its relationship to the world.[136] According to the *Kālacakratantra's* worldview, the individual person and the world "share the same material basis, energetic nature, and manner of origination and destruction."[137] While it is the *Kālacakratantra's* aim to provide the knowledge necessary for the yogi aspiring liberation,

[132]A deeper going discussion on cultural affordances will shortly follow.

[133]Ibid. The achievement of health and long life was at times not even related to medical practice whatsoever, but based itself on purely esoteric practices such as the meditation on the "three deities of longevity," which "were current in Tibet [by the eleventh century], where they were associated with the achievement of well-being" (Kapstein, "Tantric Meditations to Increase the Forces of Life, Making Manifest the Three Deities of Longevity," in Salguero (ed.), *Buddhism and Medicine,* 405). Further, in viewing meditation practices with regards to their health benefits, Tidwell adds that in contemporary contemplative neuroscience the importance of visualization and focused concentration in relation to how immune and inflammatory pathways behave modulating pain response, and circulation of compounds (such as toxins like in a snake bite) becomes evident. (Tidwell, personal communication, 2022)

[134]Wallace, *The Inner Kālacakratantra*, 3. John Newman convincingly argues for the dating of the *Kālacakratantra* in an Al-Hijra year corresponding to 1024/1025 CE. Newman, John, "Islam in the Kālacakratantra," JIABS 21.2 (1998), p. 316.

[135]Ibid., 45.

[136]Ibid., 14; Wallace paints a bigger picture of the *Kālacakratantra's* worldview, which places the physical body of the individual in interdependence with the whole cosmos. Describing this "relationship of man to the cosmos, often termed 'macrocosmic – microcosmic', [serves] to indicate the intrinsic identity of all that exists on the sensory level with the spiritual worlds 'beyond'." (Ibid.)

[137]Garrett, *Religion*, 31.

including both macro- and microcosmic ontologies, it was mainly its lengthy and detailed presentation of the human psycho-physiology that was interesting for later medical developments in Tibet. It was therefore not only the underlying faith that medical knowledge took from tantra, but also physiology. Here, too, tantric perceptions of physiology, such as the subtle channel system, were not only used by the yogi in visualization practices, but also helped "the interaction between body and psyche to be fully understood."[138] In light of this thesis' focus on mental health and illness, the next section will investigate the relationship between body and mind in more detail, mostly along presentations of the *Kālacakratantra* and Rangjung Dorje, so as to show that body and mind are closely related—if not inseparable—in Tibetan tantric contexts.

### 2.2.1 Tantric Psycho-Physiology – Body and Mind as Inseparable

The following will mainly rely on the ways in which the *Kālacakratantra* and Rangjung Dorje present psycho-physiology.[139] As has been shown along historic origins, both tantric and medical systems are part of a body of knowledge in discourse, yet targeting different foci. The main components that form the basis for all physical and mental manifestations are the channels (Tib. *rtsa*), chakras (Tib. *'khor lo*), winds (Tib. *rlung*), and essences (Tib. *thig le*) – all of which play a role in the functioning of an individual's body and mind.[140] Starting with the channels, they form the basis or support for winds and essences to move about the body in the form of a complex system of tracks. A precise listing of the many different kinds of channels—from the coarse to subtle to very subtle levels, including different functions and physiologies from

[138]Gyatso, *Being Human*, 198/199.
[139]Ibid., 205; with minor differences regarding details that are not important here. (Ibid.)
[140]Ibid. Even though the *chakras* are a very important part of tantric physiology, they are less relevant for later arguments of this paper and therefore only mentioned once here.

development to adulthood, and in practice contexts[141]—is beyond the scope of this thesis. It may be summarized, however, that despite differences both among various tantric systems as well as between the tantric and medical systems, the overall function of channels is to provide the basic pathways for both psycho-physical "ordinary functions" as well as practice-oriented "liberative pursuits," in their respective contexts.[142] The winds correspond to all forms of movement throughout the body (along the channels).[143] Next to the coarse function of providing physical functions with motility,[144] wind further provides a mount for the mind: Winds move as energies on the subtle, mental level, and cause movement on the coarse, physical level, basically keeping the body alive and moving through breath.[145] The subtle wind is, in tantric terms, providing a mount for the subtle, empty (or pure) mind, manifesting as energies that pervade body, speech, and mind.[146] The winds are consequently understood to support the cause for delusion, the three spheres of subject, object, and action,[147] and, in short, *saṃsāra*.[148] If realized and used according to their true nature (emptiness), they can turn into the support for liberation, *nirvāṇa*.[149] Tidwell, in adding the medical perspective, also uses this analogy of mind 'riding upon *rlung* in the body,' reconnecting it to the ways in which body and mind are considered to be in a close relationship:

> Mind affects the pathways and function of *rlung* just as *rlung* affects the movements and events of mind. The interrelationship of mind and *rlung*

[141]Tidwell, personal communication, 2022. There are 72,000 in total, which are explained in the Guhyasamāja, in the Kālacakra, and in the Khasamatantra (and elsewhere)(Daniel McNamara, personal communication, 2022).
[142]Dorje, *The Profound Inner Principles,* xix.
[143]Ibid., 242.
[144]The *rGyud bzhi* defines wind as follows: "*rlung gi mtshan nyid rtsub cing yang ba dang grang bzhin phra la sra shing gyo ba yin"* – "rlung is in elaborate form defined by roughness, lightness, cooling, subtle, hard and motile qualities" (Tidwell, personal communication, 2022).
[145]Duckworth, "Rangjung Dorje's Key to the Essential Points of Wind and Mind," in Salguero (ed.), *Buddhism and Medicine*, 413.
[146]Dorje, *The Profound Inner Principles,* xxi.
[147]Ibid., 285.
[148]Ibid., 230.
[149]Ibid.

> demonstrates the inseparability of mind and body in Tibetan medicine—the ontological reality that mind affects body and body affects mind.[150]

As will be shown in more detail below, while mental disorders and illnesses may derive from all three *nyes pa*, *rlung* is explained to always exacerbate the other *nyes pa*. Essences or *bindus* (Tib. *thig le*) are in their physical form the red and white essences. These are the reproductive essence of semen and ovum, which are the basic physical substances needed to form a body.[150] The mental essence is the "foundational wisdom" (Tib. *kun gzhi ye shes*, Skt. *ālayajñāna*) which gives these physical winds a wisdom aspect.[151] The "root *bindu*" or essence is the nature of mind, which can be realized through using the physical red and white essences in tantric practice.[152] In sum, the mind is the essence that moves on the mount of winds through the channels of the body. The body's material essences are reproductive substances, which are stimulated through winds and form the physical body, which is made up of channels. What is striking in the tantric presentation of psycho-physiology is that all four above mentioned constituents – channels, winds, *chakras* and *bindus* – have both physical and mental aspects or forms, which reveal how the relationship between body and mind is understood and applied in Buddhist tantra. This view was part of the cultural milieu from which medical psycho-physiological understandings developed as presented in the *Four Treatises*.

### 2.2.2 *Excursion – The Channel Debate*

The ways in which psycho-physiology is presented along tantric views was, at a certain point in history (from around the thirteenth to the sixteenth century), challenged by empirical

[150]Tidwell, "Imbibing the Text," 347.
[150]Dorje, *The Profound Inner Principles,* xxviii.
[151]Ibid.
[152]Ibid., xxx.

findings.[153] Similar to the ways in which any given kinds of views sometimes face challenges and undergo development through previously absent influences, these physiological findings would initially/seemingly challenge the tantric presentation and consequently the underlying authoritative position of Buddhist views. The following is an example of how authoritative medical voices, such as Zurkharwa (introduction below), managed to keep certain tantric Buddhist elements within the body of medical knowledge in spite of empirical findings seemingly disproving these elements.

Around 1670 a court physician dissected a few corpses and could not find physical structures for the channels and chakras as described in the *Four Treatises* (which mainly based themselves on tantric sources for the description of channels)[154] as well as a different number of bones as declared in medical texts. He then set out to correct the traditional "textual knowledge" with "empirical evidence."[155] In response to this, Zurkhar Lodrö Gyalpo (*Zur mkhar blo gros rgyal po*, 1509- c. 1573, hereafter Zurkharwa)[156] set out to both retain Buddhist authority while still acknowledging undeniable, newly discovered (and certainly beneficial) facts. His bend to accomplish this is as impressive as it is ambiguous:[157] Other medical scholars of his time

[153]Garrett, *Religion,* 37.

[154]The "tantric system of channels" can be found in all traditions – Buddhist, Hindu, Jain – that use yogic practice connected with and performed through the use of the body, for which "[t]hese channels provide the somatic basis […] to achieve religious enlightenment" (Dorje, *The Profound Inner Principles*, 204). This will be explained in more detail in the next chapter. There are exceptions, though: The blood, nerve and lymph vasculature seems absent from tantric sources, but is well represented as *rtsa nag po*, *rtsa dkar po*, and *chu rtsa* in the *rGyud bzhi* (Tidwell, personal communication, 2022).

[155]Gyatso, *Being Human,* 193/194.

[156] Apart from being a critical historian, Zurkharwa was one of the main contributors to the commentarial traditions of his time. His *Transmission of the Elders*, which was a commentary on the *Four Treatises*, draws "on medical knowledge and philosophical debates from a variety of schools of Tibetan medical and religious thought, using Tibetan and Indian sources widely," and is, like the *Four Treatises* themselves, widely used by medical students today (Garrett, *Religion*, 51). Being a brilliant scholar trained in both medicine and Buddhist philosophy, Zurkharwa reflected critically on ways in which such authoritative medical texts as the *Four Treatises* have been (mis)interpreted by previous scholars, who, in his eyes, threatened the Buddhist authority of the medical texts by misunderstanding their real meaning (Gyatso, Being Human, 11).

[157]Ibid., 255-256. Zurkharwa (like Sangye Gyatso after him) seems to even have contradicted himself at times, or would refrain from settling on giving positive statements by using double negations such as "it is not the case that it is not there," (Ibid., 248) when talking about the tantric channels being observable or not in the adult body (Ibid.,

struggled to preserve a Buddhist authority over empirical discoveries. For example, they tried validating (thitherto)[158] unobservable, more subtle channels by equating them with actual, directly observable coarse "channels" such as the spinal cord or veins.[159] Zurkharwa saw fault in this and "bucked the trend" to "find the tantric channels in the physically observable body" by keeping the two systems apart, yet related in certain, medically beneficial ways:[160] Although he says that there is a clear separation of the empirical and tantric channels regarding the adult body, he allows for the connecting channels to be equated with the tantric channels in the newly developing fetus.[161] In his commentary on the *Four Treatises*, the *Transmission of the Elders*, Zurkharwa establishes this point in detail when talking about embryology and the ways in which a new human develops.[162] This description draws heavily on such Buddhist ontological principles as the twelve links, karma, and the tantric understandings of how mind and body are connected in the formation of a new body.[163] While Zurkharwa would insist on empirical channels being more beneficial for the practice of medicine, he was still greatly influenced by such authors as Rangjung Dorje (who based his physiological presentations greatly on the *Kālacakratantra* and his empirical practices),[164] and reserved an implicit realm for the tantric channels, not only in the

265).

[158]With regards to the concept of "empirical versus non-empirical," it needs to be kept in mind that a given subject's status of being non-empirical may quickly change; even if something has not been and can not (yet) be empirically proven, this does not imply that it never will be. For example, glymphatics (lymph pathways in the brain) have now been identified, when previously they were though to be unobservable subtle channels (Tidwell, personal communication, 2022). Therefore, a distinction between empirical and non-empirical is rather misleading than helpful.

[159]Ibid., 11. To briefly describe these two kinds of channels: in the tantric version it is the life force, *rlung*, that runs through a system of subtle channels and keeps the body alive, while the more coarse channels are blood vessels and the nervous system, for example, through which blood and electric pulses are transported to keep the body alive (Ibid., 222).

[160]Gyatso, *Being Human,* 221.

[161]Ibid., 225.

[162]Ibid., 225, 252. Gyatso describes the *Ancestor's Advice* to be his "magnum opus," which "offers brilliant and probing discussions of many key issues in the *Four Treatises*, often surpassing anything that came before it." (Ibid., 170)

[163]Garrett, *Religion*, 11.

[164]Ibid., 50.

fetus, but also in the adult body.[165] The tantric channels, for him, play a bigger role for the past—the fetus—and the future, when the yogi employs these tantric channels for the achievement of liberation, which is purifying (and recapitulating) birth.[166] While not as applicable at the present, Zurkharwa asserts that "it is not the case that they are not there."[167] Unless in the context of sustained, deep healing, where these channels can arguably play a very more important role, they may be viewed as less important for a given present situation that focuses on medical healing on a coarser level.

The main reason for why the tantric and medical systems can coexist without contradicting each other is their respective realms of applicability. Rather than insisting on only one or a conflation of both, Zurkharwa finds the greatest benefit for the medical agenda to treat patients as properly as possible in keeping both. If human physiology as it is found by empiricism is given its own space – that it was, unlimited by tantric categories – medical knowledge and practice get expanded in ways that can only be of benefit to those with internal physical illnesses.[168] Zurkharwa does, however, also manage to keep the tantric channels still relevant and connected to the empirical channels, by implying the tantric channel's observability in the human fetus.[169] And, most importantly, he shows how tantric channels (in their mainly mental functions) can still be of great medical benefit for understanding mental states, even if they are separate from the coarse (medical) channels.[170] In short, Zurkharwa grants that, although

[165]Gyatso, *Being Human*, 222.
[166]Ibid.
[167]Ibid., 248.
[168]Ibid.
[169]Ibid., 222/223. This could be seen as thinking along the lines of 'just because you can't see something does not mean it is not there.'
[170]Ibid.,11.

less important, tantric channels in adults still perform a function, while nonetheless focusing on empirically identifiable channels.[171]

The ways in which Janet Gyatso frames the channel debate along the empirical versus non-empirical dichotomy is, albeit helpful as a discursive element in her own frame of work, rather counter-productive to the present context of trying to identify actual elements and views within Tibetan medicine (in relation to Buddhism). Similar to the "faith-based" versus "analytical" dichotomy found in Salguero's interpretation, this dichotomy, too, must be viewed with caution. What is defined as "empirical" and what as "non-empirical" is always relative and dependent on the culture and context within which these concepts are culturally afforded (see below) and shaped. Both of these concepts are thus shown to belong to the same framework in that both empiricism and non-empiricism can make up the commonly shared reality and are interdependently related to those who share views about them.

The manner in which Zurkharwa solved the channel debate shows that his Buddhist values remained strong, even while granting more autonomy from Buddhism for medical practice. He did not want medicine to be limited by Buddhist norms or concepts, because that would be in the way of letting medicine be as successful at eliminating suffering as possible. This itself would go against the Buddhist ideal of a bodhisattva helping beings as much as possible and in the best way possible.[172] In short, then, Zurkharwa showed there were different systems of which physicians need to be aware of the distinctions and the roles for each.

[171]Ibid., 222.
[172]Schaeffer, "Textual Scholarship," 632.

## 2.3 The Three *Nyes Pa* in Body and Mind

Another fundamental medical view in which one constituent has both mental and physical aspects is that of the three *nyes pa* (*nyes pa gsum*).[173] The main concept of the three *nyes pa* as psychophysiological systems is closely related to that in ayurvedic medical theory of the three doṣa, which are vāta (*rlung*), pitta (*mkhris pa*), and kapha (*bad kan*).[174] These three are viewed as causally derived from and physical manifestations of the three poisons (*dug gsum/nyon mongs gsum*)—the three afflictive emotions. The three poisons – ignorance (*gti mug*), attachment (*'dod chags*) and aversion (*zhe sdang*) – animate the three *nyes pa* of *rlung*, *mkhris pa*, and *bad kan* respectively.[175] In sum: with the underlying view that all illness (both physical and mental) can eventually be traced back to ignorance (mental), which translates onto *bad kan* (physical)*,*[176] there is always an ultimate relation between body and mind.

In her discussion on the ways in which karma and conditions play a role in the causation of diseases and illnesses, Tidwell writes:

> [T]he causal conditions for illness and imbalance are the *nyépa*, the mental afflictions, and ultimately fundamental ignorance. Thus, from the Tibetan medical perspective […], conditions are seen as factors that capitalize on these initial causes. Conditions provide metaphorical water, fertilizer, sunlight and all the necessary requirements to bring an illness to fruition from its initial cause. Thus, the arising conditions are seasonal, perceptual-cognitive and behavioral.[177]

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[173] Although this term is problematic, which Deane argues for, it is still the most common translation. "Defective energies" would be an alternative (see Deane, "Sowa Rigpa, Spirits and Biomedicine," 95).

[174] One important difference lies in the concept of *rlung*: In ayurvedic terms (*vāta*) it only refers to physical aspects of *rlung,* yet in the Tibetan medical tradition *rlung* also entails the concept prana, which is "an important component of the 'subtle (*'pha ba*) body' physiology in the Tibetan medical system, and is thought of as a substance that flows through the 'channels' that make up this subtle anatomy." (Deane, "Sowa Rigpa, Spirits and Biomedicine," 91)

[175] Ibid., 94.

[176] Deane misunderstood this to be *rlung* (see ibid.," 95-96) (Tidwell, personal communication, 2022).

[177] Tidwell, "Imbibing the Text," 360. The four arising conditions are: *dus* (season), *gdon*, (which Tidwell translates here as "perceptual-cognitive" (this will be explained in the following chapter)), *zas* (diet), and *spyod* (lifestyle); the latter two combined are "behavioral" conditions (Tidwell, personal communication, 2022). These four will be discussed further below.

The fundamental cause for all suffering (including illness, disease and disorders) is, according to Tibetan medicine, ignorance, which translates to body, speech and mind. However, the cure for general saṃsāric suffering, enlightenment,[178] is, albeit formidable if achievable, probably not the first kind of medicine applicable in the context lay populations, non-Buddhists, or non-advanced practitioners with digestion problems.[179] When it comes to being able to categorize the various medically relevant forms of suffering, physical and mental, explaining the complex processes of their more immediate causations, and finding specific treatments for specific forms of illness, diseases and disorders, much more detail is needed.

## 2.4 Causes and Conditions

In the specifically medical context, there is a need for an as detailed classification of causes as possible, in order to maximize the chances of a correct diagnosis and consequently successful treatment. The *rGyud bzhi* distinguishes between two kinds of causes for diseases and disorders: *rgyu* (cause, or "causal condition") and *rkyen* (circumstances, or "arousing/inciting condition").[180] Millard summarizes these categories along the *rGyud bzhi* as follows:

> [T]he "root cause" (*rgyu*) of disease is the fundamental ignorance which leads to the three mental poisons and the three humours in the psychophysical continuum of the human constitution. The text goes on to give four main "contributory causes" (*rkyen*) of disease: season, diet, behaviour, and harmful spirits.[181]

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[178] Or the realization of the truth as put forth by Buddhist philosophy and practice.

[179] Tidwell further notes that "[t]he unsurpassed physician can treat all disorders comprehensively from the root causes in the three mental poisons. This category of physicians would be considered fully enlightened, such as the Buddha himself, and all his emanations" (Tidwell, "Imbibing the Text," 426). Although, of course, the analogy of the Buddha as the ultimate and perfect physician does apply in all contexts of suffering, both in the ultimate sense of stopping saṃsāric suffering and the sub-category of medically treatable kinds of suffering – a physician can, just like the Buddha, only tell the patient what to change in their diet, which medicine to take, etc., but eventually it is up to the patient to actually apply it. Only when it comes to areas out of a normal person's control, such as the need for an operation, can a person rely on somebody else to fix it. Habits of body, speech and mind in relation to both temporary and ultimate freedom from illness and suffering are the responsibility of the one afflicted with them.

[180] Tidwell, personal communication, 2022.

[181] Millard in Schrempf, *Soundings*, 270. Although, as noted above, the order of these *rkyen* is *dus, gdon, zas, sbyod* (which would be "season, harmful spirits, diet, behavior," to use Millard's words).

It is thus, building on ignorance as the main/root cause (*rgyu*), the three mental afflictions that have their respective physical aspects of the three 'humors' or *nyes pa*.[182] The ways in which the mental *nyes pa* manifest physically could be best described as "systemic psychophysiological animations of the three afflictive emotions."[183] Yet, for these causes to manifest into pathological conditions, additional circumstances or inciting conditions (*rkyen*) play a role as well.[184] This explanation also helps resolve two potentially conflicting ideas that the above discussions may seem to convey: On the one hand body and mind are so closely related that they need to be seen as almost interdependent, which suggests that all diseases could be regarded as psychosomatic (with imbalance of the *nyes pa* having both physical and mental layers).[185] On the other hand there is the understanding that all diseases have a mental root cause (ignorance). This can be resolved through the explanation that diseases are seen as having different/multiple layers of causes (*rgyu*) and conditions (*rkyen*):[186] Ignorance is the root cause for all forms of suffering, i.e., saṃsāra, and includes all diseases, mental and physical. It is that which causes us humans to act (through body, speech and mind) out of dualistic grasping (and the other basic afflictions of attachment and aversion), and in this way cause suffering to ourselves and others. When looking into more specific forms of suffering, however, such as diseases and illnesses, other causes (next

[182]The term *nyes pa* literally translates as 'fault' or 'weakness,' which comes close to (or is even synonym with) the meaning of *nyon mongs*, Skt. *kleśa*, translating to "afflictive emotions," "conflicting/negative/obscuring emotions," defilement," etc. (See Deane, "Sowa Rigpa, Spirits and Biomedicine," 95, and Rangjung Yeshe and Tsekpa Rigdzin Dictionaries, s.v. "nyes pa"). For a more extensive portrayal of the physical and mental/cognitive functions of the three *nyes pa,* see Tidwell, Tawni, "Blood and *Chuser* across Research Paradigms: Constitutive Links in Mapping Biomedical Cancer onto Tibetan Medical Nosology," Asian Medicine (2020), pp.215

[183] Tidwell, personal communication, 2022.

[184] Tidwell visually elucidates this along a plant analogy, see footnote 118 below.

[185] Although the mental causes would play a less important role in diseases and illnesses with mainly physical causes and symptoms, because they are at a causal level so deep that they are rather irrelevant for the more reachable, physical, levels of treatment.

[186] With 'multiple layers' I mean chains of causes that can be traced back to the most fundamental, 'ultimate' cause. This could be paralleled to certain Buddhist philosophical lines of argumentation, which would take the world and first refute its physical parts, reducing them to be only mental (Mind-Only or cittamātra, but not Yogācāra), and then refute the mental parts as well (Madhyamaka), again, showing how the most fundamental cause for saṃsāra is ignorance about the true nature of things.

to ignorance) need to be identified as well. Certain physical causes (such as the three *nyes pa* or external physical causes such as poor diet) as well as contributing circumstances (factors that cause imbalance to the *nyes pa,* such as the act of eating a poor diet or other kinds of behavior/karma) can be put in relation with certain physical diseases and their symptoms. Physical causes (such as poison or intoxicating substances[187]) and outer circumstances (such as very confined spaces or uncomfortable social situations) can also cause or trigger both physical and mental diseases or distress. In the same line, mental causes for illness, such as grief, stress, or even the root poisons of aversion and attachment,[188] can cause both physical and psychological diseases, disorders, and illnesses.

## 2.5 Tibetan Medical Views on the Interrelationship of Mind, Body, and the Outer World

The above has shown how in Tibetan medicine mind and body are seen as closely and interdependently related and therefore always treated together. The outer, physical world and the ways in which an individual relates to it also plays an important role in both the individual's well-being and Tibetan medical views on the physical and mental effects an imbalanced relationship between the two can have. A perfect example of this mind-body-world connection is that of mental and physical illness caused by (seemingly) external forces such as *gdon*. The concept of *gdon* as "afflictive external influences"[189] will be the focus of the next chapter, yet in light of critically viewing different perspectives on this category, including folk and

[187] The causes themselves (such as poison) need not result in that which they can cause, they only have the potential (like a seed), but the combination with circumstantial factors (f.e., the behavior of actually taking the substance; like watering the seed), can result in that which the cause has the potential to cause. Tidwell comments: "For example, we are exposed to innumerable viruses and bacteria all the time (that comprise our virome and microbiome) but unless our immune systems dampen, they do not have an opportunity to cause disease. Infection does not equal disease (actually for neither the Tibetan medical model nor the Euroamerican medical model despite common belief that it does in the latter)" (Tidwell, personal communication, 2022.

[188] As an example for aversion: A very picky eater (with an aversion to certain foods) might suffer from malnutrition. As an example of attachment, the myth of Narcissus comes immediately to mind; through the obsession with/strong attachment to his own reflection, he forgets to eat and starves to death (the ultimate malnutrition).

[189] Tidwell, Nianggajia, Fjeld, "Chasing Dön," in press.

psychological conceptions (examined mainly along Deane and Clifford), which focus almost entirely on the psychological effects *gdon* can have (such as *smyo nad,* "madness"). However, as will be shown, the category of *gdon* comprises not only mental illnesses, but can further cause diseases that manifest either primarily or even entirely in the body.[190] It therefore "represents a distinctive paradigm for an etiology where physical and mental facets inhere in every illness."[191] In the case of illness caused by *gdon,* it is "harmful external influences" which can have "physiological and psychological impacts that present as symptoms and […] contribute to a pathogenesis common to both conditions," thus showing how an individual's physical and mental health my be affected by the outer world.[192] Understanding the general Tibetan medical view on how the individual is mentally and physically involved with and connected to the outer world both aids in understanding the concept of *gdon* as such and provides a comparative framework along which the lay and Euroamerican psychiatric views may be examined.

In their article, Tidwell, Nianggajia, and Fjeld present key concepts in relation to the "Anthropology of Embodiment" which help understanding the Tibetan medical views on how an individual relates to and interacts with their world. Tracing back what makes up an individual's view of the world and how this can manifest into diseases along these concepts can further be related to different levels of analysis: Similar to the previously presented outer, inner and secret levels along which *bdud* can be understood according to Machik's *Explanation*, so, too, can *gdon* (and, more generally, any external influences) be interpreted along more coarse and deeper going levels of analysis. The concepts of "cultural affordances," "cultural kindling" and "(bio-)looping" introduced below therefore not only aid in explaining the concept of embodied

[190]Ibid.

[191]Ibid.

[192]Ibid. Although nutrition as part of one's diet is also evidently coming from the external, material world (nourishing both body and mind), this aspect of the external world may be considered connected to the consumer's will, thus in control of their mind, whereas *gdon* are viewed to not be in control and effecting the body and mind out of their own will. This will be clarified further in the next chapter.

psychiatry, i.e., the ways in which mind, body and the outer world are interdependently related, but also in identifying three different levels of viewing the relationship of these three: Unexamined, examined for their interdependence, and examined for their origin.

Starting with the unexamined, outer, level of viewing the body-mind-context relationship, this corresponds with the ways in which ordinary people perceive themselves (mind and body) as separate yet interactive with the outer world and the features of it which can influence the individual's experience of life and overall well-being (in positive or negative ways). This view would generally take the agents of interaction, the individual and the outer world, to be separate entities which exist independently of one another, yet can also influence one another. For example, humans can act in destructive ways toward nature by exploiting its resources, or take efforts in rebuilding these resources by planting trees; the outer world's climate, flora and fauna, etc. can in turn both harm and benefit humans. More recently, in the context of climate change, there is an increasing awareness about the hardships that come along with the effects of climate change being causally related to humans' actions and behavior towards the earth, thus regarding the relationship of the individual to the world as one in which the individual must take more responsibility of their actions toward the world they live in. The common, coarse view of the individual in relation to the world they live in is, however, still one of two separate entities that exist independently of one another.[194] This kind of viewing oneself (and the world) as being independent and autonomous, is, according to Tibetan medical views (which are based on Buddhist views) as presented in the *Rgyu bzhi*, a fundamental misperception, which "drives behavioral choices, activities, habits, and proclivities that generate the conditions for disease to arise."[195] In its purpose to counter these misperception-based diseases, the Tibetan medical view

[194]This also applies to the outer/unexamined/lay ways of viewing *gdon* as part of the outer world and with their own existence independently of the individual they effect.
[195]Tidwell et al, "Chasing Dön," in press.

entails "recognizing the interdependent nature of the self and tracing its innumerable dependencies in an interwoven ecological net of social, environmental, mental, and physical relationships."[196] This, then, pertains to the deeper (inner) level of analysis, which examines the relationship between an individual and the world.

The ways in which an individual's mind and body are interdependently related to the outer world are best explained along the concept of "cultural affordances."[197] By itself, the term "affordances" translates to "possibilities for action," meaning, affordance is that which an individual can 'afford' to 'do' based on what is 'possible' for them.[198] There are two kinds of affordances: natural and conventional. Natural affordances are those that are naturally/biologically given and available, whether they are shared among most humans (or beings) or applying to a particular group or individual.[199] Conventional affordances "arise as socially constructed forms of behavior, such as the written word as a mode of communication."[200] These two combine to cultural affordances, with culture being rooted in and developed based on biology (natural affordances), thus allowing for biologically and culturally influenced behavior.[201] These cultural affordances may be seen as both enabling behavior as well as restricting it: Taking the example of written communication, the natural affordance would entail the mostly commonly shared physical and intellectual ability of a person to learn how to read and write. However, due to cultural limitations, not nearly all people can (culturally) afford

[196]Ibid., in press.

[197]Ramstead, M.J.D., Veissière, S.P.L., & Kirmayer, L.J., "Cultural affordances: Scaffolding local worlds through shared intentionality and regimes of attention," *Frontiers in Psychology, 7* (2016), 1090.

[198]Tidwell et al, "Chasing Dön," in press.

[199]Ibid., in press. For example, most humans have functioning eyes, allowing them to interact with the material world based on visually oriented movements within it (while blind people need to rely on other affordances (such as the senses of hearing and touch) that allow them to navigate). Yet, only approximately half of the population has the physical requirements for the experience of breastfeeding.

[200]Ibid., in press.

[201]Ramstead et al, "Cultural affordances," 1090.

to do so. Similarly, if humans could fly their culture and society would look completely different, adding much more space to the possibility/affordance of movement. Yet, since they can't, culture and society have adjusted to being limited to taking place on the ground. These natural, conventional, and resulting cultural affordances show a more interdependent relationship between an individual and their context.

This relationship becomes evident to be even closer than being one of 'enabling and restricting' along cultural affordances through looking at the concept of "cultural kindling," along Cassantini and Luhrmann's presentation.[202] This concept is based on Kraepelin's "kindling hypothesis," which explains how "heightened environmental cues (such as demoralizing events)"[203] that have stimulated a strong mental and/or physical reaction can turn into a figurative kind of dormant fire that does not need the same experience or amount of "cues" to flame up again, but only a little 'kindling' (in form of remembering the experience, for example). Brought to the cultural context, this concept further applies to the ways in which people tend to search for meaning and confirmation of certain views they built up from past experience or expectations within their day-to-day experiences: For example, "participation in a particular religion shapes how people pay attention to what they sense and feel in search for evidence of the spiritual, which again lowers the threshold of its identification through the body."[204] Whether it is religious, physiological or psychological experiences – these all can shape an individual's perception of themselves (their mind and body) and the world they live in. An experience, especially when kindled repeatedly and shared among several individuals, "can gain community recognition as spiritual or metaphysical and lower the threshold for its experience as such,"[205]

[202]Here presented along Cassaniti, J.L. & Luhrmann, T.M., "The cultural kindling of spiritual experiences," *Current Anthropology, 55* (S10) (2014), 340.
[203]Tidwell et al, "Chasing Dön," in press.
[204]Ibid., paraphrasing Cassaniti and Luhrmann ("The cultural kindling," 341).
[205]Ibid.

thus integrating the kindled experience into the shared worldview of the community. The strengthening and refinement of these worldviews happens through "looping," i.e., the assignment of and potential alteration to formed (kindled) categories. This does not only apply to religious or cultural concepts, but also in the context of "embodied responses to patterns of attention and information-processing. Informed by and from cultural scripts" (called "bio-looping").[206]

Like in any culture, these concepts also apply in the context of commonly shared Tibetan worldviews and explanations of disease causation (such as *gdon*) as explained from the Tibetan medical perspective. The ways these views on disease causation are understood to come about (and be reinforced through) both cultural affordances and cultural kindling may be aligned with the Tibetan medical perspective on mind, body and the outer world being interdependently related. The ways in which the mind and body are explained to be interdependently related is explained along the above briefly introduced three *nyes pa* of *rlung, mkhris pa,* and *bad kan*, which Tidwell et al refer to as "psychophysiological systems."[207] These are "responsible for functions of motility and psychophysiological signaling," with the latter function indicating their ability to link and bring mind and body into relation.[208] This is further indicated by their mental aspects, the three afflictive emotions (attachment, aversion and ignorance), which corresponds to the Buddhist views on emotions and mental states:[209]

> Mental states are understood to arise on the basis of attentional, emotional, and cognitive qualities of the mind, and their experience is contingent on specific times, places, and circumstances from which an appraisal of pleasure or aversion, and consequent well-being or affliction, can occur – with embodied

[206]Seligman, R. & Kirmayer, L.J., "Dissociative experience and cultural neuroscience: Narrative, metaphor and mechanism," *Culture, Medicine and Psychiatry, 32*(1) (2008), 31–64.
[207]Tidwell et al, "Chasing Dön," in press.
[208]Ibid.
[209]Ibid.

repercussions.[210]

Thus, certain physical (the body being well or unwell) and contextual (environmental, cultural, etc) circumstances play an essential role for an experience to be emotionally or cognitively perceived as pleasant, unpleasant or neutral. In turn, these emotional states can have "embodied repercussions," effecting the body and/or the outer world.[211] This is further along the lines of the Tibetan (medical and Buddhist) view that mental states including emotions depend on and are conditioned through "events in the mind, stemming from eco-socially embedded relations."[212] The mental states and emotions in turn provide a lens through which the world is perceived, showing how any view of reality is always subjective and influenced by one's state of mind. Therefore, any given mental state or emotion is not only brought about through contextual circumstances (including the body and outer world), but in turn also shapes the experience of these. In short, the Tibetan medical system of the *nyes pa* as having psychophysiological functions shows the interconnectedness between mind and body, and contextual circumstances (the outer world) have also been shown to both foster and be shaped by an individual's mental states and emotions.[213] Tidwell et al summarize the interdependence of mental, physical and contextual perceptions:

> Tibetan medicine […] draws from a rich understanding of the ways in which cultural context and (human and nonhuman) interpersonal relations provide deep imprints of conceptualizations, local ontologies, and expected interactions that habituate into behaviors and embodied expressions.[214]

[210]Ibid., paraphrasing Ekman et al (Ekman, P., Davidson, R.J., Ricard, M., & Wallace, B.A., Buddhist and psychological perspectives on emotions and well-being," *Current Directions in Psychological Science, 14*(2) (2005), 59–63) and Lutz, Dunne & Davidson (Lutz, A., Dunne, J. & Davidson, R., "Meditation and the neurosciences of consciousness: An Introduction," In *Cambridge Handbook of Consciousness,* edited by E. Thompson, M. Moscovitch & P.D. Zelazo, Cambridge: 2007, Cambridge University Press: 497-550).
[211]Ibid.; for example: A person hits their toe on a table, feels the sudden and intense pain, and gets angry at the table or the person who moved the table. The body in turn reacts to both the injury and the angry state with raising the blood pressure, while the person yelled at might get hurt (verbally or physically, depending on the level of self-control the angry person has).
[212]Ibid., 10.
[213]Ibid., 11.
[214]Ibid., 11.

This chapter has presented key Tibetan medical notions of psychophysiology and views on the interdependence between mind, body, and the (culturally afforded) context underlying both medical theory and practice. The following chapter will examine the medical category of *gdon,* which, from the Tibetan medical perspective, provides a perfect example of showing the body-mind-context relationship along the view that externally perceived forces can have both psychological and physiological effects on a person.

Chapter Three

# Understanding *gDon* in Tibetan Medicine

## 3.1 *bDud* or *gDon*?

When discussing Tibetan medical perspectives on mental illness caused by outer forces, it is worth here distinguishing between two major terms: *bdud* and *gdon.* The term *bdud* is mostly employed in tantric and philosophical texts (in the contexts of practice, ontology, or cosmology) such as Machik Labdrön's *Complete Explanation*,[215] and has been discussed extensively in the first chapter. In the context of tantric practice, it mostly refers to all obscurations that hinder one from spiritual progress and liberation.[216] In more philosophical contexts the term *bdud* is further used to describe the severity of the negativity that our thoughts can manifest in and cause, including those that we sometimes (consciously or unconsciously) project onto ourselves and our world. Within the broader sense of the Tibetan worldview, *bdud* can be viewed to either be mental in nature, in accord with the philosophical views, or refer to various classes of (malicious) spirits that "functionally" exist in the world (just as humans exist and function). The latter includes non-physical forms of beings in its scope of all the beings that cycle in saṃsāra.[217] Therefore the term *bdud* can be seen as referring to anything negative (directly or indirectly) that prevents sustained happiness, both the mundane and the unfabricated kind.

[215]Harding, *Machik's Complete Explanation*.
[216]Bell, *Tibetan Demonology*, 12.
[217]Ibid., 40.

*gDon*, on the other hand, is a term more specifically used in relation to external harmful forces that can cause both mental and physical illnesses. Its etymology roughly translates to something that "radiates a negative effect"[218] or "non-human external forces,"[219] and is sometimes (misleadingly) defined as "evil spirit[s] causing disease."[220] Adding the adjective "evil" to all the kinds of spirits, errantly suggests that they are evil in their nature.[221] Some categories of *gdon* may have a more malevolent nature or disposition.[222] These will be identified and discussed further below. In many cases, however, the concept of *gdon* refers to a potentially neutral kind of being, which only acts in 'evil' ways when upset or angry. Just like humans can act in 'evil' ways sometimes, does not mean they are evil in nature. The term should therefore not be understood to mean "evil spirits," as some translations suggest.[223]

### 3.2 *gDon* in Medical Theory

The focus of most previous research on *gdon* has been on the ways in which *gdon* are associated with mental illnesses (*sems nad*), particularly the 'madness' (*smyo nad*) kinds, including 'insanity' and 'possession.'[224] Clifford writes that *gdon* spirits can be responsible for *smyo nad*, adding that it "is a demonic effect[225] that overcomes a person and then takes over his

[218]Clifford traces the verb *gdon* back to its present form *'don*, which can more broadly be translated as either "to cause to come out" or "to take out," and in combination with mantras it becomes "to pronounce a magic formula," which adds the connotation of "emit[ting] a primordial vibration in order to effect a change on a subtle level of consciousness and existence." She concludes that, thus, "the more proper sense of the noun *gdon* is as a 'radiating effect.' In the case of 'ghosts,' 'demons,' and 'evil spirits,' they are understood to be those beings or forces that radiate negative effects." Clifford, *The Diamond Healing*, 150-51.

[219]Jampa Trinlé (Byams pa 'phrin las), (ed.), *Bod lugs gso rig tshig mdzod chen mo* [*Great Tibetan Medical Dictionary*], Lhasa: 2006, Mi rigs dpe skrun khang, s.v. "*gdon."*

[220]Deane, "Sowa Rigpa, Spirits and Biomedicine," 124.

[221]As Tidwell pointed out to me (personal communication, 2020).

[222]This is not to say that they are "inherently" evil in a way that would make it impossible to ever change this disposition. It is just a more 'long-term' underlying kind of character.

[223]Tidwell, personal communication, 2020.

[224]At least in the context of Deane's research in Darjeeling and the sources of information she refers to (Deane, "Sowa Rigpa, Spirits and Biomedicine," 83).

[225]This term is a rather archaic, outdated way to describe *gdon*-inflicted *smyo nad*, as it pertains to concepts not in line with the Tibetan medical concept of affliction caused by *gdon* being due to transgressive conduct toward the

actions of body, speech and mind" in that it "penetrates the conscious psyche of an individual because the person is psychologically weak and has no resistance."[226] However, similar to the concept of *bdud* referring to both natures of being 'mentally fabricated' and 'functionally existent' (thus applying to both inner/mental and outer/physical realms), *gdon* can also effect both realms: the diseases and illnesses they cause can take place in both inner/mental and outer/physical realms of well-being,[227] With regards to physical diseases caused by spirits, Bell writes: "While generally malicious spirits,[228] *dön* are closely associated with epilepsy as well as maladies that afflict children."[229] Clifford and Tidwell add leprosy,[230] seizures and strokes[231] to the list, which will be further commented below.

Tidwell explains that when talking about the concept of *gdon,* there are different levels of analysis along which one can think of it:

> On the one level of analysis you can think of all these different spirits and beings affecting us. You can also think about it in terms of our *rnam rtog*, our conceptions, our perception, and how those manifest into real lived experiences

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*gdon*, not the *gdon* itself (Tidwell, personal communication, 2022).

[226]Clifford, *The Diamond Healing,* 145.

[227]Although the physical diseases are conceptually very close to mental illnesses and can be viewed as happening at the 'bridges' between body and mind: Those physical diseases relating to the skin effect the physical bridge that (figuratively and literally) holds body and mind together and separate from the outer world; and epilepsy, strokes and the like concern both physical symptoms (of spasms and losing control) and mental ones (at times fainting or losing consciousness).

[228]In relation to the above distinction, I would like to know from Bell whether he means by "malicious spirits" that they are, similar to "evil spirits," malicious in nature (meaning all the time and toward everything and everyone) or if they just easily get aggravated and therefore are considered malicious (because they acted accordingly whenever a human encountered them, thus leading that person to think that they are malicious in nature, when they were only malicious to them)? I imagine a possible misconception here, similar to the ways in which some wild animals can act in (seemingly evil) harmful ways (like the wolf previously mentioned), but are peaceful when undisturbed. Or like humans with a perceived belligerent, irascible nature.

[229]Bell, *Tibetan Demonology*, 11. He further writes that "[t]he most famous group of *dön* refers to fifteen such spirits that endanger children" (Ibid.) These are, however, listed separately from the main psychiatric sections (below). Clifford writes: "Chapter 73 of the Third Tantra of the *Gyu-zhi* [thus close before the psychiatric chapters 77-81] lists fifteen spirits which are thought to attack young children and cause nervous disorders in them. Children are said to be highly susceptible to invasion by negative forces and we are advised to protect them from that possibility as much as we can" (Clifford, *The Diamond Healing,* 129).

[230]This is caused by nāgas, or *klu'i gdon,* and is subject of chapter 81 in the third (Oral Instruction Tantra) of the *Four Treatises* (Clifford, *The Diamond Healing,* 147).

[231]Tidwell, personal communication, 2020.

> of other beings. That is why schizophrenia, epilepsie, seizures, strokes even – all are part of *gdon*.[232]

They therefore can affect both mind and body. According to medical theory, when speaking of their nature or essence, *gdon* can refer to both 'inner' and 'outer' kinds of malicious forces as well. The ways in which both *gdon* themselves and their effects can pertain to both 'inner' and 'outer' levels of analysis (and application) parallels to the ways in which body and mind are viewed as closely related and interdependent:[233] Often, along with symptoms of mental disorders come physical symptoms as well and vice versa. Spirits of the 'outer' kind may have both mental and physical effects on a person, just as 'inner' demons can develop into psychological and physiological (psychosomatic) conditions. This supports the general Tibetan medical approach to always treat body and mind together in any given medical context, psychological or physiological.

### 3.2.1 Viewing *gDon* Afflictions in Light of Cultural Affordances

Recent case studies of *gdon* as recorded and explained by Tidwell, Nianggajia, and Fjeld[234] show the ways in which the category of *gdon* perfectly exemplifies the Tibetan medical view of mind, body and the outer world (context) being interdependently related. In their article, they describe the ways in which *gdon* are explained to cause psychophysiological illness, along main distinctions and categories, based on the Tibetan medical view and in relation to the above discussed concepts of cultural affordances and cultural kindling. Looking at the origins of *gdon* diseases, cultural, cosmological and religious paradigms – shaping an individual's perception

[232]Ibid.

[233]With interdependence of the two on the outer layer of analysis, and the more 'deep going'/inner view that the physical body is created/manifested through the mind (and the deepest layer, though not directly medically relevant, being that even mind is fabricated/empty in nature).

[234]The detailed descriptions of the three case studies are very fascinating and further illuminate nuanced understandings of *gdon*, yet would go beyond the scope of this thesis.

and relation to the outer world – and (ethical) conduct – of body, speech, and mind in relation to this outer world – are linked through the etiological paradigm of *gdon*: A relationship where both are in accord does not cause problems. The "consequences for not abiding by particular behavioral expectations,"[235] however, may manifest in (psychophysiological) 'disorders'[236] or diseases, called *gdon*. The *rGyud bzhi* section on *gdon* states:

> The causes and conditions [for *dön* diseases] are committing numerous unmeritorious and ill-intentioned actions; remaining for long periods of time lonely, depressed and without companions; deprecating, desecrating, oppressing or scorning others; breaking ritual vows and honored responsibilities; and enduring great suffering, torment and distress, where body and speech enter into transgressive acts without boundary.[237]

It is therefore not the direct relationship to *gdon* that causes physiological and psychological distress, but the status of (or an incident within) the relationship that an individual forges with these – only transgressive behavior toward beings that are part of the cosmological and cultural worldview can have consequences of *gdon* affliction. Transgressive behavior or improper conduct (as related to/defined by cultural affordances) relates to the notion of nonvirtuous mental factors (and their verbal and physical expressions), based on Asaṇga's model of cognition, which is dominant for the Tibetan tradition.[238] Mental factors are further explained to cause effects of both mental and physical nature.[239] They are further enumerated among the causes of *gdon,*[240] in

[235]Tidwell et al, "Chasing Dön," in press.

[236]In this context, disorder is referred to in its literal sense of something being 'not in order,' rather than its connotation of pertaining to psychiatric kinds of illness in mainly Euroamerican contexts.

[237]Tidwell et al, "Chasing Dön," in press; Yutok Yönten Gönpo (G.yu thog yon tan mgon po) (1126–1202), *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud* [*Four Medical Treatises*], Delhi: 2006, Men Tsee Khang Publications, pp. 442–443.

[238]Tidwell et al, "Chasing Dön," in press; referring to Dunne's work here, see Dunne, J. D., "Virtuous Factors, Mental Afflictions and Compassion," in T. Gyatso (14th Dalai Lama), T. Jinpa (Ed.), D. Rochard, J. D. Dunne (Trans.), *Science and Philosophy in the Indian Buddhist Classics, Vol. 2: The Mind,* Boston: Wisdom Publications (2020), 92.

[239]Tidwell et al, "Chasing Dön," in press; referring to Dunne: "Virtuous factors are distinguished by their functional effects on processes and states that produce *sukha,* or well-being, happiness and pleasure; and nonvirtuous factors as those which create *duḥkha*, or suffering, pain and dissatisfaction." ibid.

[240]Lushamgyal and Puntsok Dorjé (Bya mdo klu byams rgyal, Phun tshog rdo rje), (eds.), *Gdon nad gso ba* [*Treating* Dön *Conditions*], Vol. 10, Beijing: 2010, Mi rigs dpe skrun khang, 13-31.

which *gdon* (based on mental afflictions) "serves as a central obstructor (*gegs*) for non-dualistic perceptions of reality understood to facilitate lasting happiness and well-being."[241] Their causation, therefore, must be linked rather to an individual's (culturally shaped) relationship with external beings than to the *gdon* themselves. Tidwell et al further clarify how Tibetan medical *gdon* categories are defined less along their 'essential' nature, but rather along the effect they may be perceived to have, when the actual causation needs to be traced back to the one they effect:

> *Dön* are described as that which "take hold of" or "grasp" (*len pa, 'dzin pa*); a non-human entity with the power to cause harm that manifests through disturbed conceptions from a reification, preconception or superimposition that not only disturbs the body's physical constituents but disturbs the mind through threat to life.[242]

Independent of whether *gdon* are viewed to be "obstructors to virtuous mental states" or "non-human external influences that create afflictions via mental and environmental associations" – both concepts are correct, as they pertain to the same definition of *gdon* as "afflictive external influences" – it is the "disturbed conceptions from a reification preconception or superimposition" that allows for a *gdon* to take effect, thus, in turn disturb both the body's physical constituents and the mind.[243]

#### 3.2.1.1 Three Realms of Relationships with *gDon*

Based on these explanations of how conduct in dis-accord with cultural, cosmological and religious worldviews can cause *gdon* diseases, there are three realms within these views in

[241]Tidwell et al, "Chasing Dön," in press.

[242]Ibid., paraphrasing Jampa Trinlé, *Bod lugs gso rig tshig mdzod chen mo*, 379; and Wangdü (Dbang 'dus), *Gso ba rig pa'i tshig mdzod g.yu thog dgongs rgyan* [*Yutok's Embellisment of Realization Medical Dictionary*], Beijing: Mi rigs dpe skrun khang., 256-257.

[243]Tidwell et al, "Chasing Dön," in press.

which relationships with *gdon* may take place: The first pertains to the "rich cultural and cosmological society of protector spirits and deities permeating the landscape, guarding its resources and diverse forms of inhabitants, and embodying rivers, trees, mountains, and natural entities."[244] Being protectors of the environment, these *gdon* inflict "disease that is environmentally originated (including sacred sites)," thus (re)presenting consequences of transgressional conduct against these locations.[245] The second realm of relationships is of a more cultivated kind in which an individual intentionally engages in spiritual practice that includes "deity visualization and simulation" in order to achieve (positive) mental and emotional transformation.[246] These practices can "often have rich embodied experiences and phenomenologies," which are interpreted to be rather positive (spiritual experiences) than negative (illness experience).[247] It is important, however, to distinguish here between practices of in relation to worldly deities (*'jig rten gyi lha*) and transworldly deities (*'jig rten las 'das pa'i lha*): Transworldly deities, which includes bodhisattvas and other enlightened beings, have (in a literal sense) transcended the world of dualistic perception, including relationships that could be labeled as 'good' or 'bad,' and therefore would not act in ways that could be labeled as *gdon* affliction. Worldly deities (e.g., local protectors), as opposed to these, are still partaking in worldly relationships, and thus can cause *gdon* afflictions; for example, when a practice concerning them is executed incorrectly, these worldly deities can "cause affliction as *dön* conditions until individuals know how to engage the relationship."[248] A more detailed examination of the related concept of *lha 'dre* – 'god-demons,' describing beings that may act as either gods or demons – will be provided below. The third realm of relationship is one of

[244]Ibid.
[245]Ibid.
[246]Ibid.
[247]Ibid.
[248]Ibid., referring to Havnevik, H., "A Tibetan Female State Oracle," in H. Blezer (ed), *Religion and Secular Culture in Tibet* (pp. 259-288), International Association for Tibetan Studies, Leiden: 2002, Brill, 260-261.

coexistence of humans with other inhabitants of the world, which are "often not perceived by the common person," including "ghosts and illusory human-like entities that populate the Tibetan cosmological landscape."[249] This kind of relationship does not necessarily require particular transgressional conduct towards an expected environmental or spiritual protector entity for a *gdon* affliction to happen; it is perceived to happen in "uncommon circumstances."[250] In sum, all three kinds of relationships in all these realms – including 1) particular views of the environment and guarded holy sites, 2) views on deities bringing positive (spiritual and mundane) results if worshiped or practiced appropriately, and 3) views on coexisting beings with form or non-form that may (seemingly) randomly cause harm[251] – are said to be able to cause "serious psychophysiological illness episodes," if they are harmed or offended.[252]

### 3.2.2 Five Major *gDon* Classes

In Tibetan medicine, the different types of affliction caused by *gdon* are labeled based on their "resultant effects and thus personified by such descriptions into 'physical' forms."[253] There are five major classes which "span a wide range of symptoms/conditions," including psychological and physiological ones:[254] 1) *'byung po'i gdon*, 2) *smyo byed kyi gdon*, 3) *brjed byed,* 4) *gza' gdon*, and 5) *gdug pa klu'i gdon*.[255] The first class, *'byung po'i gdon*, pertains to

[249]Tidwell et al, "Chasing Dön," in press.
[250]Ibid.
[251]I understand this last category to be similar to relationships or encounters between humans and commonly perceivable beings (such as animals), which may sometimes have (seemingly) inexplicable or random outcomes. For example, a person walking down the street might suddenly get bit by a dog, without knowing why. While there are explanations answering this (therefore only 'seemingly') question, such as karma, causes and conditions, etc., an unexamined perspective on the event might not see the connection.
[252]Ibid.
[253]Ibid. This further indicates the strongly interdependent relationship between the outer world and the way an individual perceives it through filters of cultural affordances and cultural looping.
[254]Ibid.
[255]Ibid. Among these, two categories a labeled along the symptoms that various *gdon* may cause (*smyo byed* and *brjed byed*), while the other three pertain to the particular classes of *gdon* and the conditions they cause (ibid.).

afflictions that may be caused by a great diversity of spirits and being, with symptoms "emulat[ing] behaviors of the respective spirit."[256] Second, the class of *smyo byed kyi gdon* is that which pertains to "conditions of madness" (*smyo nad*); afflictions caused by these "specifically affect the consciousness of the individual and cause irrational behavior, memory loss, and psychotic episodes."[257] While here, among four other classes, *smyo byed kyi gdon* is shown to only makes up a fifth of the major *gdon* classes, other, non-medically trained and 'outsider' perspectives (such as those of Deane and Clifford below) seem to have taken all classes of *gdon* to be 'psychiatric' in nature, which only depicts parts of the picture, as will be shown below. The third class is labeled after the effects of epileptic conditions (*brjed byed*) that *gdon* can have. The fourth, *gza' gdon*, presents the main conditions caused by *gza'* beings[258] to be similar to ischemic stroke and "transient ischemic attacks."[259] The last class of *gdug pa klu'i gdon* (Skt. *nāgas*) "encompasses a category of beings in the environment specific to water bodies and the underworld."[260] They are said to cause disease conditions with "various viral, bacterial, and other micropathogenic (*srin bu*) origins, autoimmune disorders, and generalized vascular inflammation," such as leprosy (*mdze nad*).[261] The category of *klu'i gdon* provides a good example for clarifying that it is not the *klu* that physically penetrates "a human organism to affect their skin," which would be a physical and external kind of cause. It is rather the

> psychological component itself of transgressive behavior (e.g., throwing trash into a stream for which the lü retaliates for the pollution) [that] can provoke

[256]Ibid.
[257]Ibid.
[258]These are "attributed to the influence of the wrathful planetary demon Rāhula." Ibid, 14; Bailey, C., *The raven and the serpent: "The great all-pervading Rāhula" – daemonic Buddhism in India and Tibet,* doctoral thesis, Florida State University, Tallahassee, FL (2012). A conceptual relation can be found in the ways in which Rāhula is both attributed to "astrological forces of an eclipse" (ibid., referring to Sheehy, M., "The Offering of Mount Meru: Contexts of Buddhist Cosmology in the History of Science in Tibet," *Journal of Dharma Studies* 3 (2021), 331-332) as well as "the 'eclipse' of channels – blood vessels and neural pathways – in the brain" (Tidwell et al, "Chasing Dön," in press).
[259]Ibid.
[260]Ibid.
[261]Ibid.

> inflammation in the offending individual who realizes this transgression, which results in skin rashes, lesions and the generation of various skin inflammatory disorders.[262]

In this way, again, it is not the perceived being itself that causes disease, but the (damaged/harmed) relationship an individual has toward them – the relationship which gets formed, filtered and reinforced through cultural affordances and cultural looping. Further, it is not only mental weakness that is understood to increase the possibility of becoming afflicted by a *gdon,* but also one's diet and lifestyle which can be risk factors.[263] Based on the ways in which mind, body and the outer world are capable of influencing one another, with mental health depending on physical health and vice versa, it is only logical to view physical weakness as just as much of a risk factor as mental weakness.[264] Along the same line of thought, treatments of *gdon* diseases include a spectrum of both medicinal and external (outer, physical) therapies as well as 'internal' ones, such as "ritual recommendations."[265]

## 3.3 Summary

The ways in which popular understandings of illness causing *gdon* as part of the worldview – which, based on cultural affordances, kindling, and looping, manifest within the world as it is perceived by the individual with this worldview – are understood and explained to "reflect a spirited ontology that permeates virtually all aspects of Tibetan culture, including health, life, beliefs, and values."[266] This includes all three realms of mind, body, and the

[262]Ibid.
[263]Ibid.
[264]Most of Deane's informants (below) have focused their explanations on mental weakness allowing for *gdon* to cause mental illness, while the full picture would present *gdon* as causing both mental and physical illnesses in possible relation to both physical and mental weakness.
[265]Ibid.
[266]Ibid. For a detailed depiction of cosmological views on spirits, deities, and other beings interacting and sharing a world, see ibid., or below along Deane.

perceived outer world. Thus, next to portraying the category of *gdon* (and its main classes) along the Tibetan medical perspective, the above showed 1) the psychophysical complexity a single *gdon* case may entail and 2) that the category of *gdon* spans both physical and psychological diseases and disorders.[267]

In contrast to the Tibetan medical views about *gdon*, two additional views will be examined in the next chapter: Suzannah Deane's interpretations of *gdon* as causing mental illness (which is her research focus) provides an overview over lay/folk views on the matter, while Terry Clifford's more Euroamerican psychiatric and Buddhist philosophically interpreted presentation of *gdon* presents a view that takes the level of analysis to a realm of understanding in which *gdon* are viewed as entirely psychiatric or mental in nature. The ways in which these two views must be taken critically in light of Tibetan medical views, yet can be valued for their respective lay or psychiatric/philosophical perspectives on *gdon,* is the main task of the next chapter.

[267]Ibid.

Chapter Four

# Viewing *gDon* from Lay and Buddhist Perspectives

## 4.1 Addressing Limitations to Outsider Views about the Concept of *gDon*

With the Tibetan medical concept of *gdon* as presented in the previous chapter in mind, this chapter will summarize and examine two contrasting approaches to the topic in more detail, since these portray the more common (mis)perception of viewing *gdon* as mainly psychiatric in nature and thus differ from the Tibetan medical view. While necessary corrections to misconceptions will be given, the main aim of this chapter is not to criticize these two analyses, but rather to show the ways in which *gdon* may be viewed from a) the lay/folk perspective (the previously mentioned 'outer'/unexamined way of viewing individuals in relation to the outer world) – this will be given along Deane and other anthropologists focusing on information retrieved from interviewing *amchi* and lay Tibetans – and b) from the Euroamerican psychiatric perspective in combination with Buddhist philosophical interpretations of information retrieved from interviewing *lama-amchi*, which will take Clifford's *Diamond Healing* as its basis.

As for the first, the 2014 study on mental illness in a Tibetan medically-pluralistic field conducted by Susannah Deane reveals a lot about the lay perspectives on demons and spirits. Her immersed perspective grants a contemporary insight into how negative and positive entities such as spirits and deities are understood from a lay perspective and very much part of day-to-day life in the modern Tibetan communities.[268] The second, Clifford's presentation of the "psychiatric"[269] aspects of Tibetan medicine, is very much based on theoretical medical principles that Tibetan

[268]Deane, "Sowa Rigpa, Spirits and Biomedicine," 123.

[269]Clifford ties the term "psychiatric" in the context of Tibetan medicine to the concept of "insanity": "Because demons are a basic vehicle by which insanity is understood in the Tibetan system, "psychiatry" is synonymous with diseases caused by invisible spirits" (Clifford, *The Diamond Healing,* 145).

medicine draws[270] primarily from a Buddhist (and pre-Buddhist, Bön)[271] worldview, as well as her interpretations based on medical literature (such as the *rGyud bzhi* and its commentaries) and close collaboration with *lama-amchi*.[272] For this, she mainly refers to information and explanations she has gathered during her research from "Tibetan lamas as well as from published sources."[273] Her analysis focuses on the fundamental principles behind *gdon* as a phenomenon rather than giving practical advice on how to deal with patients. She therefore presents *gdon* along more philosophical lines of understanding.

Coming both from the outsider perspective (i.e., neither trained/expert in Tibetan medical views nor fully embedded in the Tibetan culture) and focusing both on the psychological effects of *gdon,* thus making it seem to be primarily comparable to psychiatric disorders and illnesses, the two main criticisms towards these perspectives are: they are not well-enough informed about Tibetan medical insider perspectives, and put aside the fact that the rather complex category of *gdon* entails psychological, physiological, and psychophysiological diseases and disorders. Keeping these main limitations to Deane's and Clifford's presentations in mind, a closer look into lay (outer) and psychological/philosophical (secret) understandings – next to the above medical (inner) views – along their findings will add to the picture in ways that are comparable with Machik's *Explanation* of the outer, inner, and secret ways in which *bdud* may be perceived and explained.

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[270]Or even has co-developed with Buddhist (ascetic) traditions, as shown along Zysk in the first chapter.

[271]Clifford writes that, for example, 'sadak'-deities are "pre-Buddhist Bon deities of Tibet that were incorporated into Tibetan Buddhism" (Clifford, *The Diamond Healing,* 159).

[272]For example, in footnote 34, Clifford acknowledges the help for translation by various individuals: "The translation was done by Ven. Namdrol Gyamtso and Lodro Thaye and is based primarily on the oral instructions and explication of the Tibetan lama-doctor Dodrag Amchi of KSL Monastery, Bodhnath, Nepal. The Scottish yogi Gyurmed-Dorje helped make the preliminary translation. Ven. Geshe Jamspal of the Buddhist Institute of New Jersey made a final reading with corrections" (ibid., 259).

[273]Ibid., 12; "especially, regarding medicine, Rechung Rinpoche's seminal work" (Ibid.)

4.2 Three Levels of Understanding *gDon*

There are three levels through which one can interpret and understand the ways in which *gdon* affect a patient's physical and/or mental health: The outer, inner and absolute-secret levels. The last of these three, the absolute or secret level, equates with Machik's ultimate category of gods and demons in that it holds all spirits' or demons' true nature to be "voidness" or emptiness.[274] Clifford writes: "From the absolute or 'secret' point of view, the true nature of these 'demons' is voidness. They have no self-nature and are non-existent as such."[275] The inner level is the way in which doctors would analyze the mentally affected patient's psyche, that is, to understand whatever phenomenon they describe to be "the embodied forms we give to our negative projections, those dark forces in ourselves which are too awful to admit into consciousness and which are then projected outward and turned against ourselves."[276] Furthermore, Clifford explains them to be "imprints of mental habits and thought patterns whose unconscious hold is so strong that they are constantly projected, unawares, onto the world. This produces distortions in the perception of reality as well as all kinds of inappropriate or what might be called 'insane' behavior."[277] Similar to Machik's presentation regarding how the afflictions can be understood as demons, the Tibetan medical theory here seems to analyze how particular mental afflictions can be projected outwardly and perceived by the subject as something apart/other than themselves. What this shows – and this accords with the previously discussed medical explanations of *gdon* causation – is that it is not the affliction itself that is the demon, but the result of projecting an affliction outward and taking it to be separate from the

[274]Clifford, *The Diamond Healing*, 152. I do not know whether or not Clifford is aware of the subtle, yet important, difference in connotation between saying that "the nature of something *is* empty" or that something "is empty *of* an intrinsic nature."
[275]Ibid.
[276]Ibid. This description also reflects the concept of demons in Tsultrim Allione's presentation and program; see Allione, *Feeding Your Demons,* 60.
[277]Clifford, *The Diamond Healing*,152.

projecting mind. However, Clifford seems to view *gdon*, based on her philosophical understanding that the world is created by the mind, to be entirely mentally originated. This may be valid on the secret level of viewing *gdon,* but not on the inner level (which Clifford posits): The medical (inner) view entails not only projections stemming from a single person's mind into the world, thus making it seem entirely mental, but rather views the collectively shaped and created ('afforded') world as interdependently connected to the single person's mind. Meaning, the culturally and socially shaped world into which an individual is born also shapes their worldviews and according conduct (of body, speech and mind) with this world. Likewise, this person, through their own experiences and behavioral (mental and physical) patterns, including patterns of 'kindling,' shapes their perception of the world further. It is therefore not only an individual's mental projections in relation to their views of the world (making the category of *gdon* seem merely psychiatric), but the much more complex interrelation between the world and the individual that entails the category of *gdon* caused disease. This further shows how *gdon* afflictions can, next to psychological, also have physical and psychophysiological effects, which accords with the underlying medical paradigm of always regarding (and treating) mind, body and context together.

The outer understanding sees *gdon*, or spirits that can cause harm, as "'beings' or forces whose existence is a coagulation as a direct result of bad and particularly poisonous karmic vibrations."[278] This describes how afflictive (poisonous) and karmic demons can take a form of existence of their own, presenting themselves in a 'very real' way, which is more common for what Machik labels as "worldly people," or those not familiar with the secret and inner-psychological levels of explanation. Further, they are viewed just as much as "manifestations" which are based on "mental obscurations that are at the root of these" as are all other "beings in

[278]Ibid., 151.

this world," according to Buddhist philosophical views.[279] While being aware of how these manifestations are a co-creation of the commonly shared world along the inner, medical view, the lay view explains *gdon* along this manifested and co-created world from an unexamined point of view, which takes the world and beings within it to exist separately and independently of one another.

### 4.2.1 Blurry Lines and Bridges: Do Demons Have Agency?

Taking the philosophical explanation of mentally manifested demons and the lay views of externally existent beings, a comparison between Clifford's and Deane's (below) portrayals of *gdon* lets these seem to be essentially distinct from one another, which paints a rather dichotomous and confusing picture. For the course of the below discussion, which presents these two distinct portrayals, I will refer to *gdon* that are viewed to be mentally originated as 'demons,' and *gdon* that are beings in their own right as 'spirits.' This dichotomy, however, does not actually apply to medical views (and the general Madhyamaka views), and here only functions to conceptually distinguish between these two portrayals where necessary.

Clifford explains how afflictive emotions can turn into both demons and spirits: "[W]hether we are discussing the tantric, medical or general Buddhist approach, we find that all agree on this: evil [acting] spirits, ghosts, demons and negative forces are the result of obscurations of mind."[279] From the secret perspective, therefore, the lines between demons and spirits become blurred and even dissolve.[280] She continues to classify spirits (*gdon*) that cause mental illness along rather commonly known Buddhist ideas of categorizing: The three poisons

[279]Ibid.
[279]Ibid., 154.
[280]The inner, medical views taking the inderdependence approach of cultural affordances and the mind-body-context complex shows how all layers to experience are connected and part of the same framework, while the secret view looks into the underlying nature to these phenomena.

(ignorance, attachment and aversion) generate three basic classes of *gdon,* and out of 84,000 *bgegs* (obstacles, obstructing spirits), 1,080 are "sentient 'demons' and malignant spirits we know as *gdon*": ignorance has 360, attachment 360, and aversion 360. There are three groups among these: *gdon* from above, below and in between.[281] The ones from above are subdivided into the five elements (chapter 80 in the *rGyud bzhi*);[282] the ones from below are mainly the *glu gdon* ("*nāgas*" or "serpent-spirits" (chapter 81)),[283] and the ones in between. While not described in the *rGyud bzhi,* Clifford further lists four families of this in-between type of *gdon*, most likely based on her interviews with lama-doctors. These are: royal, aristocratic, common and butcher.[285] Royals are the easiest, butchers the hardest to treat (butchers are most aggressive).[286] Clifford concludes:

> The Tibetan lama-doctor must know demonology in order to perform his duties as a psychiatrist (there is no separate class of psychiatrists). Knowing the conspicuous traits of the various demons, [s/]he can recognize their presence through the patient's behavior which reflects the demon's character.[287]

It is unclear whether Clifford is talking from a standpoint of the ideal physician, i.e., the lama-doctor, or from her own standpoint of research, which is now rather outdated. Research has evolved considerably since then in both medicine and scholarship.

As for a lay presentation of how spirits, from the (seemingly) outer world cause mental illnesses along Deane's understanding, this can be explained in relation to the second chapter, which spoke of the ways in which body and mind are viewed to be connected according to medical theory. Most important in this context are the notions of *rlung* and *rtsa*. Specifically,

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[281]Ibid., 154-155.
[282]Ibid., 155.
[283]Ibid., 155-156.
[285]Clifford, *The Diamond Healing*, 157.
[286]Ibid. Clifford does not say more about the aristocratic and common between-*gdon,* neither does she give examples that could help identify other specific classes of *gdon* within this category. These between-*gdon* are further categorized into male (aversion), female (attachment), and neutral (ignorance) according to their specific symptoms or the effects they have on their victims, yet regarding this, too, Clifford does not say more.
[287]Ibid.

*srog rlung* disturbance "can be caused by a non-human entity," which results in the kind of mental illness/disorder that is categorized as possession.[288] This is because the spirit attacks at the very point that is connecting the consciousness to the body, "forcefully enter[ing]" the "space or channel containing the subtle life-bearing *prāṇa* [*srog rlung*]."[289] Or, more precisely:

> Invasion by spirit or *nyes-pa*... creates a blockade in the inferior site [channel], occluding or reversing the current of *prāṇa* upon which the mind rests. Thus, control over the functioning of mental processes is lost, with loss of memory and hysterical behaviour preceding full-fledged psychosis... the spirit forcefully enters the site of the life-bearing current, de-localizing it and functioning itself in that space. This is akin to "two people forcefully living together in one room", when one becomes more powerful, the other loses control and struggle becomes commonplace. No longer does the affected person's mind bear its original nature, but that individual has not totally lost his mind either.[290]

Jacobson further talks about the conducing condition of a person's mind being weakened (by having "seriously imbalanced" *rlung.* or being mentally unstable due to grief or worry)[290] for a spirit to be able to enter their consciousness.[291] *Srog rlung* and the *srog rtsa*—the channel (*rtsa*) in which it resides—in their mental and physical aspects, may thus be seen as a bridge – not only

[288]Deane, "Sowa Rigpa, Spirits and Biomedicine," 130.

[289]Rapgay, L., *Tibetan Medicine: A Holistic Approach to Better Health,* New Delhi: 1985, Sona Printers, 48.

[290]Ibid., 49-50. Rapgay states that spirits would "enter through the *rtsa* – often through openings located in the fourth finger of each hand" (ibid.).

[290]Next to her very complex condition (including *rlung* disturbance), one of the patients Jacobson interviewed (Chimay) had both grief and worry adding to this. She would report that she felt like "going out" from seemingly not her own volition, which an *amchi* would connect with spirit affliction and imbalanced *rlung*: "When people feel like going out in the night, it is a very bad sign. It comes from an evil spirit that wants them to go out. If they do go out then the spirit will lead them to an isolated place, somewhere where no one will find them. Then they will become *nyopa* (*smyos pa*), which means 'crazy.' […] They say you can attract these spirits if you are mentally disturbed." (Jampa in Jacobson, Eric, "Situated knowledge in Tibetan medicine: psychiatric aspects," PhD dissertation, Harvard University, 2000, 462-463). Though not mentioned explicitly, intoxication can probably also be a conducive condition. Further, and in relation to Tidwell's explanation along causes and conditions (*rgyu* and *rkyen*) in Chapter One, there are some accompanying, yet important, additional circumstances and/or conditions that are considered conducive to (or protective against) certain mental illnesses, which have spirits/demons as their main cause. Deane states that "the likelihood of being affected by spirits is linked to a number of other Tibetan concepts, such as *rlung rta,* […], *dbang (thang)*, […], *bla* and *bsod nams* […]*"* (Deane, "Sowa Rigpa, Spirits and Biomedicine," 129). *Rlung rta* can offer protection (ibid.); if *bla* and *bsod nams* are weak, a spirit can "come in and take over," according to Yeshi Donden (Donden, Yeshi, *Health Through Balance: An Introduction to Tibetan Medicine,* Delhi: 1997, Motilal Banarsidass, p. 103).

[291]Jacobson, "Situated knowledge," 307. He says that "an individual's vulnerability to demonic possession depends in large part on the pre-existence of a severe wind disorder – generally either life-wind or heart-wind" (Jacobson, 2000, 432).

between mind and body in general, but also for *gdon* to enter, from the 'outer' world, into a person's mind, their 'inner' world. Seeing a physical link between mind and the outer world in this way may be expanded along the Tibetan medical view of regarding mind, body and the outer world as interdependently existent, next to the concepts of cultural affordances and cultural kindling: An experience of a disease that is culturally labeled and explained as *gdon* can be related to cultural affordances (the view of external harmful forces being present in the world) and cultural kindling (this view being strengthened by phenomena in line with the concept of *gdon*). Based on these views present in the mind of an individual, phenomena that are in accord with these can cause emotional, cognitive and physical responses that further reinforce these views in ways that they become part of the individual's perception of reality. It is thus less relevant to discuss whether or not *gdon* 'truly exist.' For it to have an effect on an individual, cultural views of external forces being part of the commonly shared worldview in combination with situational contexts that reinforce these views can trigger emotional and physical responses in accord with these views on *gdon*.

### 4.3 Psychiatric Interpretations of *gDon* Categories in the *rGyud bZhi*

By interpreting *gdon* chapters in the *rGyud bzhi* along her perspective coming from Euroamerican psychiatry,[293] Clifford's agenda to identify and explain the sections that focus exclusively on mental disorders is at times misleading, as it does not fully represent the medical views on *gdon* illness causation. She describes *gdon* diseases as "ailments caused by unseen forces," which, according to her own interpretation are seen as "a basic vehicle by which insanity is understood."[294] This shows how she is constricted by her own agenda to find purely psychiatric

[293]This would pertain to 'psychiatry' in the sense of being the kind of medicine that focuses mainly/only on mental disorders and illnesses.
[294]Clifford, *The Diamond Healing,* 145.

categories, leading her to excludes the physiological and psychophysiological aspects to the category of *gdon.*

The third tantra of the *rGyud bzhi*—the *Man ngag rgyud* ("Oral Instructions Tantra"), which she focuses on, features a specific section on *smyo byed kyi gdon*, "madness-inducing spirits/demons."[295] Among the five chapters that deal with demons and spirits in general, she takes three of them (ch. 77-79) to be about those that specifically cause mental illnesses.[296] This is part of a larger discussion—in chapters 77 to 81—that deals entirely with illnesses (mental and physical) caused by different kinds of *gdon.*[297] Chapter 77 deals with *'byung ba'i gdon* (*bhūta* or elemental spirits): There are 18 *gdon* listed in this chapter, which Bell lists alongside their Sanskrit equivalents "to highlight the heavily Indic Buddhist emphasis of the work."[298] These are: 1) *lha* (gods, Skt. *deva*), 2) *lha min* (demi-gods, *asura*), 3) *dri za* ("scent eaters," *gandharva*), 4) *klu* ("serpent-spirits," *nāga*), 5) *gnod sbyin* ("harm-givers," *yakṣa*), 6) *tshangs pa* ("pervasive spirit," *Brahmā*), 7) *srin po* ("cannibal spirits," *rākṣasa*), 8) *sha za* ("flesh-eater spirits," *piśāca*), 9) *yi dags* ("hungry ghosts," *preta*), 10) *grul bum* ("vampire ghouls," *kumbhānda*), 11) *byed stems* ("evil curse ghosts"), 12) *yeng ched* ("mental agitators," *kiṭi*), 13) *ro langs* ("zombies," *vetāla*), 14) *mtshun lha* ("ancestor gods," *kavya*), 15) *bla ma* (*guru*), 16) *drang srong* ("sage," *ṛṣi*), 17) *rgan po* ("respected elder," *vṛddha*), and 18) *grub pa* ("magical

[295]Clifford interprets this to be the only section that specifically and exclusively deals with severe mental illnesses. However, other sections of the *rGyud bzhi* also include mental illnesses, yet among and in combination with other, physical ones (which she is aware of; Clifford, *The Diamond Healing,* 147); and, she interprets these sections indirectly, along explanations of a lama-doctor.

[296]Ibid. Again, her interpretations need to be viewed with awareness of her viewpoint (coming from psychiatry and engaging only indirectly with the *rGyud bzhi*).

[297]Bell notes that the term *gdon* is used in a "more generic fashion to mean any malicious or illness-causing spirit" in these chapters (Bell, *Tibetan Demonology*, 29). The spirits said to cause rather physical diseases are found in chapters 80 and 81: 80 with *gza' yi gdon* (spirits that cause strokes or partial paralysis), and 81 with *glu gdon* (nāgas, which cause skin conditions) (Deane, "Sowa Rigpa, Spirits and Biomedicine," 131).

[298]Bell, *Tibetan Demonology*, 29-30.

emanation," *siddha*).[299] These eighteen "separate 'elemental spirits' (*'byung po'i gdon*) […] [can] cause a sudden type of insanity," which is in line with their own characteristics.[300] Here, again, the lines between demon and spirit seem blurry. Clifford writes:

> The question of whether the negative effects of the elementals arise from within the patient's own mind or whether they come from outside is not addressed in the text. However, they are archetypal forms of negativity that suddenly overtake consciousness and thus provoke insane behavior very different from the patient's normal mode of action.[301]

These demons and/or spirits would thus fall into the category of 'insanity' that is connected to the concept of possession, to which schizophrenia would be a close corollary,[302] which will be further investigated below.

Chapter 78 talks about *smyo byed kyi gdon* (madness causing spirits), yet more generally as being any kinds of spirits that can cause madness (as opposed to chapter 77, which lists spirits that "all have distinctive character and behavioral traits").[303] This chapter does not have *smyo byed kyi gdon* as its main topic, but lists them as one of seven possible classes for madness.[304] These classes of madness are: "madness arising from vital wind; from bile; from phlegm; from a combination of those three; from distressed mind; from poison; and from ghosts."[305] Further, it is only viewed as a "secondary cause" to the "primary causes," which are "[f]eeble heart power, depression, unhappy mind, anxious over-thinking, and unwholesome diet."[306] The ways in which

[299](Ibid.) Regarding *byed stems*, he adds: "Referring to spirits created by curses, this is the only word in this list without an explicit Indian parallel" (ibid., fn#102). Translation of these into English and additional descriptions: Clifford, *The Diamond Healing,* 176-178.

[300]Ibid., 176. An example of effects caused by *'byung po'i gdon* that are in line with their own characteristics has been presented above along the first of three examples of how *gdon* as explained along Tibetan medical views.

[301]Ibid.

[302]Tidwell, personal communication, 2022.

[303]Clifford, *The Diamond Healing,* 184. As has been explained in the previous chapter, *gdon* are classified along the effects they have on humans, pointing to the understanding that it's the (disturbed) relationship between humans and spirits that causes diseases, not the spirits themselves.

[304]Ibid., 185. The main focus of this chapter is on symptoms and, in even more detail, the methods of cure and constitutions of medicines that (might) need to be administered.

[305]Ibid.

[306]Ibid., 185.

demons are considered to only be able to cause madness when their victim's psyche is already weak is also reflected in chapter 79. This aligns with the medical understanding that *gdon* do not cause the illness directly, but the individual's disturbed relationship to them does. In structure similar to chapter 78, chapter 79 discusses *brjed byed kyi gdon* (spirits that cause memory loss and epilepsy). While the previous chapter spoke of *gdon* as causing symptoms of more emotional nature, Clifford understands the *gdon* of this chapter to "radiate an effect on mental functioning, particularly the memory function – its disturbance, dysfunction, and loss. They drain their victims of the ability to concentrate, effect a loss of sensibility and, in the extreme, a complete loss of memory."[307] She summarizes the two chapters 78 and 79:

> Both these groups of demons are specifically linked with organic and psychological imbalances which are the primary causes of the illness in all but one case and which permit the demons to overtake their victims. The one exception is where the demon operates alone. The cases in both chapters where the demon does not operate alone provide the basic theory and treatment of organic and psychological causes of psychopathology.[308]

Chapters 78 and 79 can therefore be viewed as chapters which summarize possible causes for 'madness' in particular.[309]

The previous section has looked into philosophical views on *gdon* in medical theory as well as interpreted from a psychiatric perspective. The next section will look into non-medical and non-philosophical views of demons and spirits as a general part of Tibetan worldviews and in particular as explanations for certain mental illnesses. These two presentations – philosophical and theoretical views of demons and spirits as part of the *amchi's* training and knowledge on the one hand, and the non-medical views of demons and spirits of those that explain mental illnesses

[307]Ibid., 191.
[308]Ibid.
[309]Clifford says that this chapter particularly "deals with a kind of madness called 'nyo' (*smyo*), which is related to the senses, to emotional and organic disturbances of […] psychiatric nature."

along these on the other – provide the outer and secret levels of analyzing *gdon,* with Tibetan medical (inner) views being in between.

## 4.4 Exploring Lay Tibetan Views on *gDon*

Similar to the above theoretical, scriptural and philosophical categories, Deane finds that for many of her Tibetan informants in Darjeeling (where she conducted her fieldwork), these spirits and deities are considered "entities in their own right" and that "perspectives on their involvement in health and illness were a clear reflection of fundamental Tibetan notions of the individual and the environment."[310] Likewise, in the context of Dhorpatan in Nepal, Millard describes how Tibetans living there share their world with a host of gods and spirits, the presence of whom is felt in the surrounding environment.[311] Tantric deities and protectors are experienced through their images and the rituals associated with them, while local spirits are associated with locations in the natural environment such as specific mountains, mountain passes, rivers, lakes, springs, caves, trees, and so on.[312] Deane refers to Samuel's observations: "Samuel describes the 'embedded ecology' of Tibetan life, whereby Tibetans have a 'direct and intimate' relationship with the local deities."[313] These are, however, just two examples of cultural contexts.

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[310]Ibid., 136. "This lay perspective is very important for the Tibetan medical perspective, and it is also the reason it can become confusing to decipher the professional medical and philosophical perspectives on *gdon* "(Tidwell, personal communication, 2022).

[311]Millard in Schrempf, *Soundings*, 98. In Dhorpatan, the "Tibetan Bon medical school" Millard was doing his research at would, being Bön rather than Buddhist, take the *'Bum bzhi* as its main educational text rather than the *rGyud bzhi.* Schrempf further writes that these two texts "are basically identical" and (although the importance of the *'bum bzhi* as the main text is stressed) according to Millard, "both texts are studied at the school" (Schrempf and Millard in Schrempf, *Soundings*, 98). Although "basically identical," Tidwell mentions significant differences between the two texts. For example *srog 'dzin rlung*: in the Bön tradition it is at the heart, while in Tibetan medicine it is coincident with the central channel (Tidwell, personal communication, 2022).

[312]Deane, "Sowa Rigpa, Spirits and Biomedicine," 125, referring to Samuel, G., *Civilized shamans: Buddhism in Tibetan societies,* Washington: 1993, Smithsonian Institution Press, 191; and Samuel, G., "Spirit causation and illness in Tibetan medicine," In: Schrempf, M. ed. *Soundings in Tibetan medicine: historical and anthropological perspectives. Proceedings of the Tenth Seminar of the International Association of Tibetan Studies (PIATS),* 2003, Oxford. Leiden and Boston, MA: Brill, pp. 213-224.

[313]Ibid.

### 4.4.1 Situatedness and Geographies of Spirit Effects

The various contexts in which Tibetan medicine is practiced today may differ greatly with regards to their social settings, economic surroundings, influence by Euroamerican biomedicine, etc. A context of a rural village can differ greatly from the context of a big city, for example, next to the differences that can be found in older and younger generations. Bell finds that

> [s]pirit typologies are ultimately less important than how a spirit's role and function shift in accordance to their relation to the varying needs of the community.[…] The positionality of these spirits is always connected to other spirit types and the human community in an ever-changing constellation of relationships.[314]

Bell talks about positive functions of the benevolent aspects of *lha 'dre* types of spirits (thus their '*lha*-sides'), but this could well also apply to their negative sides (*'dre*) in the ways these spirits are integrated into the web of possible pathological explanations for diseases or illness, depending on the "ever changing constellation of relationships:" If humans worship and please them, they act like 'gods' (in benevolence), if they are not worshiped (properly) or otherwise made upset, they act like 'demons' and can cause harm.[315] Particular spirits can have effects on those who are 'in their reach,' which is why, for example, for one location one (type of) spirit might have effects that another (type of) spirit has in another location. Overall, effects can vary,

[314]Bell, *Tibetan Demonology*, 9. He gives an example from Ramble, saying: "Ramble sees this network of relationships along vertical and horizontal axes, where local spirits act as bringers of rain, wealth, and abundance on a vertical plane and as defenders of the territory on a horizontal one. The various contexts of these geometric configurations are elicited depending on whether the deity is invoked through offerings, oracular possessions, or songs." (Ibid.)

[315]To clarify: This is not meant along the lines of 'let's find something we can blame for this, because we can't otherwise explain it,' also in reference to Bell saying "a spirit's role and function shift in accordance to their relation to the varying needs of the community" (Bell, *Tibetan Demonology,* 9). It is meant more along the general Tibetan worldview in which spirits share the world with humans, exist in their own rights (and own locations), and are explicable causes for various medical illnesses.

just as labels and concepts can vary in different settings. The possibilities of taxonomy are thus many and dependent on their contexts, which would be a task well beyond the scope of this thesis (or possibly in general). While trying to balance between over-generalization and too much detailing, the following will try to always locate the given information in its respective context.[316]

### 4.4.2 Demons and Spirits in Darjeeling

In her fieldwork, Deane mostly came across terms such as *gdon*, *btsan* and *rgyal po*, which will be discussed further below, whereas those kinds of spirits that are prominent in the *rGyud bzhi* (such as *'byung po'i gdon*, *gza' yi gdon*, and *klu'i gdon*) were "rarely, if ever, discussed" in relation to mental illness.[317] This does not mean, however, that those categories are therefore medically irrelevant; the reason why they would not be mentioned in her interviews is because both lay persons and *amchi* would speak to her from a lay (i.e., not medical) perspective or simplify their answers based on Deane's own lay and outsider approach to the topic. While she interviewed both non-medical and medical people, it thus appears that on the level of explaining *gdon* to be external causes for mental illness, both kinds of views and explanations seemed to be coherent, at least for the most part. Deane summarizes the ways in which spirits are explained to afflict humans from the lay perspective like this:

> Non-human entities can cause harm and misfortune in a number of ways – not all of them related to mental illness – through both possession and non-possession spirit afflictions. In relation to mental illness, it is possible for individuals to

[316]Deane will be the principal informant here, with her main context being that of Darjeeling. Other contexts will be mentioned additionally.

[317]Deane, "Sowa Rigpa, Spirits and Biomedicine," 133; The *smyo byed kyi gdon,* which is its own category in the *rGyud bzhi,* was found in explanations, though (Ibid., 123). As for *klu/nāgas*: they are commonly understood in the Tibetan worldview, but less associated with mental illness than skin diseases; Clifford interestingly mentions that *klu*-caused skin disease comes very close to mental illness, as the skin is basically the filter and barrier through which our inner world (mental and physical) is both isolated from and connected to the outer world – but lay persons may not be aware of this etiology (Clifford, *The Diamond Healing,* 156).

> become inadvertently possessed by a (usually lower order) spirit such as a *gdon* (usually translated as 'spirit') or *(shi) 'dre* ("(shin) dré", generally translated as 'ghost' and understood to refer to the spirit of someone recently deceased). The consequences of this can be varied, but such possessions often result in mental illness of some kind for the afflicted person.[318]

With her focus being on more severe cases of mental illness, i.e., 'madness' or *smyo nad*, it makes sense for her to separate the kinds of afflictions into categories of 'possession' and 'non-possession.' Much of what she finds is related to the possession kind of 'madness' caused by spirit affliction and the possession kind of mediumship.[319] The reason for (applied) medical and non-medical views being mostly in accord might not only be the below discussed adjustment from the *amchi's* explanations to fit the patient's views and understanding,[320] but also rather commonly and culturally shared religious and philosophical foundations and worldviews.[321] Deane therefore finds that

> the relationship between mental illness and religion is evident […] through causative explanations involving various types of spirit affliction. […] Such explanations of illness reflect the fundamental role which spirits and deities play in everyday life for Tibetans and, […], in Darjeeling, such different types of non-human entities were often discussed by Tibetan informants, particularly in relation to mental illness.[322]

Tidwell adds that this "lived experience" of illness being caused by external, non-human, harmful forces is what then gets defined as *gdon*,[323] while the full spectrum of *gdon* conditions is

[318]Deane, "Sowa Rigpa, Spirits and Biomedicine," 124.
[319]Ibid. The topic of 'mediumship' is a complex one, concerning blurry lines between mental illness in form of possession (of the medium) and healing through possession (the medium being seen as a vessel to communicate with spirits and asking for medical advice). For a much better and more detailed explanation on mediums, see ibid., 123ff.
[320]Which does not mean that an *amchi* would disagree with a patient, they just might be aware of the underlying causalities, which they have knowledge of due to their medical (and as relevant philosophical/spiritual) training.
[321]Jacobson, "Situated Knowledge," 532.
[322]Deane, "Sowa Rigpa, Spirits and Biomedicine," 123.
[323]With their own character, form, personality, etc., being "very visceral in [their] presentation." (Tidwell, personal communication, 2020)

rather complex.[324] Some of the most common kinds of spirit/demon which Deane encountered in the descriptions of her interviewees were *btsan* and *rgyal po*, both of which can be understood as belonging to the Tibetan medical category of *'byung po'i gdon*, and align with the *lha 'dre* typology (as previously described): These spirits are like humans, prone to mood swings, yet much more powerful than them[325] and therefore can act as *lha* when pleased and as *'dre* when offended.[326] Other deities and spirits Deane found discussed by Tibetan informants in relation to mental health and illness were *lha,*[327] *gdon* and (*shi*) *'dre.*[328] Being part of saṃsāra, and, thus, worldly beings (Tib., *'jig rten pa,* which Deane misleadingly translates as "unenlightened deities"[329]), these *lha 'dre* "are subject to worldly emotions, and some in particular are characterised by arrogance and pride (particularly the class of spirits known as *rgyal po*),[330] and may be easily offended and/or wrathful in nature. […] Thus, *btsan* and *rgyal po* are sometimes regarded as *lha* (gods), at other times as malevolent spirits."[331] Since they are considered to be more powerful than humans,[332] these *lha 'dre*, like any of the *gdon*, are explained to be able to

[324]Tidwell, personal communication, 2022. This complexity further implies that there is a plurality in the treatments needed: "In this context, different treatment modalities might have different effects for people because of their particular constellation of the *gdon* condition and what they are receptive to in body, mind and consciousness" (Tidwell, personal communication, 2022).

[325]Humans can, of course, also act in relationships of benefit and harm toward one another, especially when pleased or offended; it's just the dimension of 'power' they can have over one another that differs from *lha 'dre* (although black magic contexts may provide cultural examples where humans exert extensive benevolent or harmful powers beyond the mundane). This is not to suggest that humans can't harm one another on scales that are very harmful if not fatal. In fact, they could be seen as even bigger 'demons' than any other beings, with their countless ways of constantly hurting and killing each other. Therefore, the dimensions of 'power' are perhaps not to be viewed in a hierarchical sense, but more with regards to the realms of well-being in which both *lha 'dre* and humans can effect humans.

[326]Deane does not mention the term *lha 'dre*, but her descriptions match Machik's category exactly.

[327]Which was "mainly used to refer to local protective deities, sometimes also called *yul lha"* (Deane, "Sowa Rigpa, Spirits and Biomedicine," 127).

[328](S*hi) 'dre* is translated as "ghost; sky-travelling *preta*-demon" (Rangjung Yeshe dictionary), or "ghost of the dead, spirits of the dead" (James Valby dictionary).

[329]I don't know if she somewhere mentions that *'jig rten pa* includes all unenlightened beings, not just deities.

[330]This would reflect the explanations Deane received from her interviews, but not what is found in the *rGyud bzhi* (Tidwell, personal communication, 2022).

[331]Deane, "Sowa Rigpa, Spirits and Biomedicine," 126.

[332]See footnote 324 above.

cause both mental and physical harm to those who offended, disturbed, angered, or in any other way upset them.

### 4.4.3 Healing with Demons in Chöd

There is one specific philosophical and spiritual context in which demons are considered in terms of levels of analysis that go deeper than the 'outer' level of viewing them: the practice of Chöd (Tib. *gcod*).[333] Those familiar with this practice of 'severance' have, to varying degrees of expertise, an understanding of spirits and demons in the ways that were described along the presentation of Machik Labdrön (in the previous chapter), who is the founder of this practice.[334] Here, on a superficial level, the practice involves a visualization of the practitioner's own body being cut up and offered to spirits of the 'outer' kind, imagining that they may feast on it. On a more subtle level of the practice, there is also an underlying understanding that it is actually the 'internal' demons that need to be 'cut' or, in Tsultrim Allione's words, 'fed.'[335] In the context of treating mental disorders with the practice of Chöd, one of Deane's informants "mentioned *gcod* practice […] [as being] 'very effective,' able to cure any kind of madness, no matter the cause [and] especially for mental illness and demons'."[336] From reading Deane's (and Jacobson's)[337] description it was not clear, however, how exactly it was understood to work: Does the afflicted practitioner have to practice with an understanding of and intention to cut the demon that is ego-clinging, or does the practitioner focus on serving their mentally cut up body to spirits? It is

[333]This is not meant to imply that the medical context does not go 'deeper' in analysis levels than the 'outer' level. It is important to keep in mind that the presentation of outer, inner, and secret levels are "central to the Tibetan medical perspective of *gdon* – it may even be more elaborate than those on the philosophical side." (Tidwell, personal communication, 2022)
[334]See introduction Machik in previous chapter.
[335]See Allione, *Feeding Your Demons.* The *gcod* practice in its essence is one that aims at 'cutting clinging to the ego,' which corresponds to Machik's previously discussed "*māra* of the child of the gods" (*sūtric*) or the "devil of inflation" (tantric).
[336]Deane, "Sowa Rigpa, Spirits and Biomedicine," 176.
[337]See Jacobson, "Situated Knowledge," 508.

difficult to imagine how someone afflicted with insanity (*smyo nad*) could practice on the level of cutting their ego, especially when there are, in a sense, two egos present in one body (if the person is possessed). For these kinds of severe mental illness it is probably more common for an expert, such as a lama or *gcod pa,* to do the practice for the afflicted.[338]

From the seventh appendix on "How to Practice [Chöd] When Sick" in Jamgön Kongtrül's account of Chöd lineages and their essential teachings,[339] there is apparently a slight difference in practicing Chöd from the two different perspectives, i.e., that of the afflicted and that of the one practicing for the afflicted. If the afflicted is practicing for themselves, it seems that the emphasis is more on the imagined act of offering the body to the spirits. It says:

> If you get sick, without seeking other methods go to a haunted retreat and sever thoughts of attachment to this body. Freely bestow [the body] on that spirit and say, "You and I both have this connection due to the same [former] aspirations. Therefore I now offer you this body of mine."[340]

Through offering the body, which is often the one aggregate of our being that we most identify with (and therefore cherish the most), the overall purpose of visualizing its cutting up and offering to spirits is to: 1) get accustomed to its impermanence and death, and, in a spiritually deeper going sense, 2) cut through the ego that has been built around and depending on this physical body.[341] In the context of curing illnesses and diseases, both of these views could help,

[338]Which is the other option for spirit affliction being treated through Chöd practice. See Deane, "Sowa Rigpa, Spirits and Biomedicine," 176. To cover all treatments of *gdon* conditions is beyond the scope of this thesis, but in the context of *smyo nad* and having someone else do (spiritual) practice for the afflicted would fall under the category of exorcism (ibid., 128).

[339]Jamgön Kongtrul Lodrö Tayé, comp., Harding, Sarah, transl., *Chod: The Sacred Teachings of Severance – The Treasury of Precious Instructions: Essential Teachings of the Eight Practice Lineages of Tibet,* Vol 14. Colorado: 2016, Snow Lion, Appendix VII on "how to do practice when sick" (p. 147).

[340]Jamgön Kongtrul, *Chod*, 147. While I could not find a specification of what kinds of illness Jamgön Kongtrul takes as appropriate targets for *gcod* practice, those general ones he described are physical in nature ("on the outside," such as skin, and "on the inside," referring to internal physical diseases). It would be interesting to know whether he would explicitly recommend it for *smyo nad;* probably not (in agreeing with Tidwell's comment; personal communication, 2022).

[341]Within the practice, where the cutting of the body is only visualized mentally, thus turning the otherwise physical body into something visualized (for the time being), the body could also be seen as representing all that makes up the sense of self, meaning, all five aggregates. It seems most conducive for this practice to engage vivid

just more in a sense of disassociating from the body or mind affected by the illness and letting go of the thought of 'my pain' and 'my suffering' in 'my body' or 'my mind.' The aim is to not focus on having to cure that particular illness, but to take away its basis/'ground of attack' (body/ mind) altogether. In the context of curing mental illnesses, however, this might be a bit difficult to achieve. The text instructs the practitioner to "separate mind and body and rest in the intellect by relaxing into the abiding nature,"[342] which would require the practitioner to 1) be familiar with how to do this (thus be a rather advanced practitioner) and 2) in control of their mind. In the context of non-mental spirit afflictions this latter might not be that much of a problem, and the passage can be read as referring to all kinds of illness, saying that "whatever the sickness was, it will be mollified on its own."[343] But in the context of severe mental illness, as described above, I wonder if (and, if yes, how) an afflicted practitioner can be successful in the practice.[344] According to Deane's lay informant it seems to be. More likely successful (and therefore employed) than self-healing from *smyo nad*, probably, is the kind of Chöd healing practice done by someone else, who has the above two prerequisites (of expertise and mental stability) fulfilled, such as a lama or advanced *gcod pa*.[345] Jamgön Kongtrül's instructions in this context focus more on the aspect of all three – the *gdon*, the afflicted, and the healer-practitioner – being empty, thus going to the deepest (above called 'secret') level of analysis. In addition to repeating the above instructions (just with the offering being done by the healer-practitioner), Kongtrül adds:

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visualization since it is easier (and more gruesome, thus more effective) to visualize one's body to be cut up than, for example, one's perception. Plus, the body is really that which we cherish the most, and therefore identify with the most.

[342]Jamgön Kongtrul, *Chod*, 147.

[343]Ibid. Although "whatever" would also (or probably even more so) include physical and psychophysiological spirit afflictions), which gets further elucidated by Tashi Lhamo in her thesis (mentioned in the first chapter; Tidwell, personal communication, 2022).

[344]Also given the notion that somebody who is habitually in control of their mind and is not prone to *rlung* conditions etc. would probably not be as easily afflicted as somebody who is already not that much in control.

[345]The categories of healers that are also advanced practitioners will be briefly discussed in the following section.

> Also, you can rub the site of the disease while in a state of emptiness, annunciating the 'words of truth.' Your own intrinsic awareness is empty, the sickness and spirit are also empty, the patient's body and mind are also empty, and emptiness cannot take advantage of emptiness, so [everything] has been cleared away in emptiness. Rest together directly in the abiding nature.[346]

One hint of a possible explanation as to how Chöd can work for those with mental illness could be found along the concept of blessings and devotion. Jacobson describes how the practice of Chöd would

> [A]t least temporarily relieve [Tsering's] wind symptoms, an efficacy which she attributed not to her own effort but to the blessings which flowed into her from the ritual's originator, the great yogini Machig Labdron through her lamas and the practice itself.[347]

What is important to remember is that both Deane's and Jacobson's informants spoke about Chöd explicitly as working for the treatment of mental illnesses. Therefore, the understanding of *gdon* on a more 'mental' or 'inner' level among non-medical Tibetans is present in those with philosophical and spiritual understanding, here shown along the practice of Chöd.

The next and last section will summarize the ways in which demons and spirits are explained to cause mental illness from the perspective of those training in and practicing Tibetan medicine, particularly in relation to the above discussed theoretical medical and applied non-medical views on demons and spirits in relation to mental illnesses. A focus here will be, again, on Deane's observations in the context of Darjeeling, and in comparison to others as well, thus reflecting her own (outsider) interpretations of *amchi* information (adjusted to her position).

[346] Jamgön Kongtrul, *Chod*, 147.
[347] Jacobson, "Situated Knowledge," 508.

## 4.5 Applied Medical Views on Demons

When summarizing the doctor's approach to understanding demons in mental illnesses, Deane, like Clifford, shows how doctors understand the phenomena of demons and/or spirits on a more psychological level, saying that *sems nad* and *smyo nad* can be caused by emotions (not 'actual' demons) if the mind is not in control and unable to deal with emotions.[348] But she also says that demons are still understood to be just as real (or unreal) as humans, on the same level of reality:

> From a strictly Buddhist philosophical perspective, *gdon* do not have any intrinsic existence, but […] neither do you nor I […]. For [those not concerned about philosophy], *gdon* and *lha* are as real as you and I and thus, for the majority of Tibetans, such entities are indeed as tangible as humans, able [functioning![349]] to cause harm quite directly when angry or offended.[350]

It would thus be misguided to think that demons as causes for mental illness are purely 'psychological' in the sense of 'just in your mind,' and, as was shown above, the *gdon* section of the *rGyud bzhi* actually deals very much with these rather 'real' spirits and demons in the context of mental and physical illness. Further, it is important to take the patient's experience seriously, and if spirits are part of their worldview and views on explaining mental illness, these need to be taken just as seriously as well. It is therefore only common sense that the doctors would align their explanations of the diagnosis with the perception of the patient rather than the subtle explanations of Buddhist and medical theory. Clifford makes it clear that a Tibetan (lama-)doctor must know *gdon* etiology and treatment "in order to perform his duties as a psychiatrist."[350] The

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[348] Deane, "Sowa Rigpa, Spirits and Biomedicine," 174.

[349] Harding, *Machik's Complete Explanation*, 124. See above discussion in section 2.3.1, "The Six Main Categories of Demons, Gods and Spirits."

[350] Deane, "Sowa Rigpa, Spirits and Biomedicine," 137.

[350]Clifford, *The Diamond Healing*, 157. Opposing this, Deane misguidedly states that much of an *amchi's* knowledge about *gdon* derives from non-*rGyud bzhi* sources, including the "lay" sources (Deane, "Sowa Rigpa, Spirits and Biomedicine," 132).

late Dr. Yeshi Dönden, who served as personal physician to HH the Fourteenth Dalai Lama for several decades, further states that these entities are treated by doctors as being real,[351] and "[e]ven though spirits cannot be seen, they definitely do exist and bring harm."[352] This statement might be focused on a more coarse level of understanding *gdon.* In practice, doctors treat *gdon* from each level of understanding — focusing on the external level when engaging patients for whom perceptions of their external existence is dominant.[353] Clifford explains, again, how spirits must be seen as equally (un)real as us humans. She says: "'Ghosts' and 'evil [acting] spirits' are not regarded simply as the projections of an unhealthy mind. For although they arose from projections, they are said to be real in the relative sense. That is, they have to be dealt with [as real]."[354]

Thus, looking at the different *gdon* as causing mental illness and disorders according to *amchi* explanations as they were given to Deane in Darjeeling, many of these would be at the same level of, and identical with, the kinds of *gdon* that Deane encountered while interviewing non-medical informants. However, it needs to be kept in mind that these *amchi* would speak to her from a lay perspective as well, either because they were aware of her own lay (and outsider) perspective, or because they themselves were not confident about the topic.[355] In sum, the above perspectives on *gdon,* albeit either outdated, misinformed or otherwise limited with regards to correctly and fully depicting the Tibetan medical concept of *gdon*, these two sources of Deane and Clifford are still very valuable for two main reasons: 1) They expand on the Tibetan medical views on *gdon* covered in the previous chapter, adding lay and philosophical understandings

[351]Deane, "Sowa Rigpa, Spirits and Biomedicine," 138.

[352]Donden, Yeshi, *Health Through Balance: An Introduction to Tibetan Medicine,* Delhi: 1997, Motilal Banarsidass, 102-3.

[353]Tidwell, personal communication, 2022.

[354]Clifford, *The Diamond Healing*, 159.

[355]Only after submitting her dissertation did Deane become aware of this; during her research she assumed to be presented with the actual medical views on *gdon* (Tidwell, personal communication, 2022).

(which are also part of the Tibetan medical views), and 2) they provide a fruitful ground for further discussions on the topic – Deane with her qualitative research, gathering much information from lay and *amchi* interviews, as well as comparing biomedical mental disorders with Tibetan medical pathologies,[356] and Clifford with her attempt to bridge Euroamerican psychiatric and Tibetan medical views on the topic of *gdon*. Coming from their respective perspectives, both have added to and helped with my own understanding of *gdon.*

[356]Although this, too, must be viewed critically on the basis that Deane does not have Tibetan medical training from which she could draw information, thus risking misconceptions of descriptions she received from *amchi*. Plus, it is generally a risky task to compare seemingly similar phenomena of different systems of thought.

## Concluding Discussion

This thesis aimed to provide an overview over the various perspectives from which *bdud* and *gdon* are explained to cause hindrances to liberation and worldly well-being (*bdud*) as well as cause disease (*gdon*). Chapter One provided the frame for interpretation of both *bdud* and *gdon* (and all other categories of spirits, deities and demons) along three levels of interpretation – outer, inner, and secret, discussing Machik Labdrön's presentation of *bdud*. Being closely related to Buddhist views (based on a history of mutual information), Tibetan medical views share these ways of presenting along three levels of analysis. While the second chapter provided the grounds for understanding the topic of *gdon* as providing a perfect example to the overall medical view of an interdependent mind-body-context relationship (including the concept of cultural affordances), the third chapter presented the Tibetan medical perspective of *gdon*. The Tibetan medical view, correlating to the 'inner' level of analysis, was then expanded for 'outer' and 'secret' levels along (critical examinations of) Deane's lay and Clifford's philosophical perspectives in Chapter Four.

To finally show how Buddhist views of *bdud* are comparable to Tibetan medical views of *gdon*, the following is an excursion into and through the 'wheel of existence' (Skt. *bhavacakra*, Tib. *srid pa'i 'khor lo*), locating the various *bdud* and *gdon* covered in this thesis in their respective realms. This small excursion is meant to show how all of the above concepts of *bdud* and *gdon* – outer, inner, and secret – can be found to not only be present in, but making up the *bhavacakra*: At its very basis is the underlying *māra* and demon that refer to ignorance and ego-clinging (resulting from ignorance) and the *māra* of death, which even gets explicitly depicted as holding the wheel.[357]

[357]Rigpa Wiki, "Wheel of Life," accessed 14.08.2022.

## 5.1 Locating *bDud* and *gDon* in the *Bhavacakra*

Reflecting on Machik's presentations of the demons in Chapter One – those present in the more general worldview and those more relevant in philosophical and spiritual realms (corresponding to the *sūtric māra* and tantric demons) – it appears that the classification of demons is a way of explaining the entire world, or more precisely, the world that is suffering, saṃsāra. If, as Machik teaches, all of saṃsāra can be summarized in these four demons, we can posit that "demons" refer most generally to the first noble truth—the suffering of saṃsāra.[358] From this vantage point, the world as we perceive it is made up of these demons. And underlying all other demons is the demon of inflation—i.e., clinging to anyone or anything as truly existing.

For more visual learners (like me) it seems helpful to take a depiction of everything that encompasses saṃsāra as we perceive it and try to locate these demons and spirits, such as the *bhavacakra*. Thinking that, based on Machik's presentation of the demons, all of saṃsāra is pervaded by (or even consisting of) demons of all three levels – outer, inner, and secret – the wheel came to mind as a perfect means to illustrate this. The following explanation focuses on Machiks' four demons in mentally originated (secret) terms, within the experience of a human being, yet does also include all other beings and their existence in saṃsāra, including outer *bdud* and *gdon*.

The *bhavacakra*, as it is commonly presented, consists of different categories of elements to existence. Layered from inside to out, these are: 1) The three poisons that are the basic afflictive emotions of ignorance, attachment and aversion (represented by a pig, rooster and

[358]The three kinds of suffering are: 1) the suffering of suffering (all that which is directly (labeled as) suffering, 2) the suffering of change (the fact that even pleasant things inevitable change in to unpleasant ones), and 3) the all-pervasive suffering, which denotes the fact that all of saṃsāra consists of suffering and there is no escape from it (at least for as long as one cycles in it). This last kind of suffering is particularly connected to the "devil of inflation," depicted in the bhavacakra as Māra, or the Lord of Death, as is viewed as the kind of suffering that will keep underlying and causing saṃsāra (through ignorance) without a possibility of escape (other than getting rid of it), just like there is no escape from death.

snake respectively); 2) good and bad karma (represented by persons enacting various virtuous or non-virtuous deeds;[359] 3) the six realms that are home to their specific kinds of sentient beings;[360] and 4) the twelve links of dependent origination (Tib. *rten cing 'brel bar 'byung ba,* or short *rten 'brel*; Skt. *pratītyasamutpāda*) as the most significant part of describing the ways in which existence in saṃsāra comes into being, proceeds, ceases, and starts again.[361] The wheel is held by Yama, or the 'Lord of Death,' who represents both death in the sense of the ending of a life and, including all kinds of 'death,' impermanence. Outside of the wheel are two additional aspects, which are otherwise very important, yet not as relevant in this context: A moon, representing liberation, and Buddha pointing to it, as in leading the way to liberation.[362]

How do these categories relate to the above described kinds of *bdud* and *gdon*? Starting with the outer level of analysis, those *bdud* and *gdon* that are considered to exist at the same level of reality as humans, i.e., in their own right and independently, can be located in the six realms of existence. In taking the borders between these realms to be rather flexible in both the dimension of space and perception, they can, in a sense, (just like humans) be found in any of them.[363] The *lha 'dre*, for example, could meander between worldly experiences of that of a

[359]Although Gethin does not mention karma here and describes them merely as "beings rising […] and falling," but I interpret this to correspond with the circles depicting karma in other presentations of the wheel of cyclic existence. (Gethin, *Foundations*, p. 159)

[360]These realms are: The hell realm, the animal realm, the human realm, the asura/demi-god realm, and the god realm (Patrul Rinpoche, *Words of My Perfect Teacher,* 63-99); Dzongsar Khyentse Rinpoche's notes that these may just as well be all relative and a person can live through all six realms in any given amount of time; it's all relative. YouTube, "Wheel of Life – Teaching by Dzongsar Jamyang Khyentse Rinpoche, 10 February 2016," https://youtu.be/Oj2Y9Uu5-a8, accessed 14.08.2022.

[361] This itself is included in the links of (re)birth, sickness, old age, and death.

[362]These latter two could be seen as further relating to the third and fourth noble truths of "liberation is possible" (the moon) and "this is the path to liberation" (the Buddha). The first two noble truths relate more to demons, however, in that they, just like demons, deal with the topics of "existence in saṃsāra means inevitable suffering" (the first noble truth) and "these are the causes of saṃsāric suffering" (the second noble truth). How the demons fit into the first two noble truths will become evident below.

[363]Space in the sense that the same location may be experienced differently by different beings; one place may be considered paradise by one and hell by another. Similarly, a phenomenon in the world shared by two different beings can be perceived as pleasant or neutral by one and as unpleasant by the other.

'god' or 'demi-god' and that of lower realms of existence.[364] There are further examples of a shared world yet different perceptions within it along examples such as hell beings perceiving iron where gods see *amṛta*, or *preta* perceiving the winter sun to be cold.[365] This suggests that the physical abode is shared among beings, yet whether or not perceptions meet and interactions are possible depends on the overlap of collective karma. This also adds to the explanation as to how *gdon,* when upset and/or malevolent, are able to negatively affect a person's (mental) health: Although the perception of the world both kinds of being (spirit and human) live in may differ greatly, it is still a world that both share spatially. In addition, the Tibetan medical perspective on the mind-body-context interdependence in relation to such concepts as cultural affordances suggest a shaping of a being's perception of (and relationship to) the world based on culturally and socially reinforced views, beliefs, and values. Further, (seemingly) outer forces such as *gdon* are understood to be able to effect an individual's mind and body not directly/themselves, but based on the individual's awareness about having damaged their relationship with them (such as having polluted the habitat of environmental spirits).

Now, regarding the inner and secret demons, the imagery within the wheel can provide tools for visualizing their connection/interrelation: The above described "ultimate demon" that is saṃsāra can be seen as represented by the Lord of Death (the fourth *sūtric māra*), holding saṃsāra in his hands. Being also the representation of impermanence, which is part of the ultimate truth of all things being empty of intrinsic nature, it is however also the very thing that

[364]Although they seem to have gotten their name according to the effects they can have on humans, being just as prone to 'mood swings' as humans, just more powerful and therefore capable of causing harm to humans, when in a bad mood, or benefiting them, when in a good mood (see above). Similar to the experience of humans (or other beings), these mood states, good or bad, can refer to different realms as well. A 'good-mooded' *lha 'dre* may feel like they're in heaven, while a 'bad-mooded' one may experience pains (of anger, frustration, etc.) that are similar to those of hell realms.
It is important, though, to avoid a conflation between the two ways of understanding the six realms, i.e., the actual locations with their kinds of inhabitants, and the perceptions (see footnote above).

[365] Patrul Rinpoche, *Words of my Perfect Teacher*, 76.

holds the border between saṃsāra and nirvana, cyclic existence and liberation from it. If impermanence (and all that it includes, i.e., the whole wheel) is realized, this is the final benefit as received from the "ultimate gods."[366] If impermanence is not realized, saṃsāric existence continues. Impermanence unrealized is ignorance, which is at the center of the wheel, next to the other two key afflictions promoting cyclic existence.

Being the most fundamental cause for saṃsāra, the ignorance that results in grasping (to a personal self and dualistic grasping in the more broad sense) is not surprisingly equated with the most important (and destructive) kind of demon in both the *sūtric* and tantric presentation of the four demons, the "*māra* of the Child of the God" and the "devil of inflation" respectively. Both presentations, in a sense, thus focuses on the *cause* of suffering, which is ignorance. The "ultimate demon" that can be equated to the *sūtric māra* 'the lord of death' puts its focus on that which *is* suffering, i.e., the 'ignored' impermanence.[367] The "ultimate demon" that is the *māra* of the lord of death, impermanence, thus encompasses all that is saṃsāra from the outside, and the *sūtric māra* of child of the gods as well as the tantric devil of inflation cause all that is saṃsāra from the innermost center of the wheel.

As for the other tantric devils, which are based on these underlying causes and experiences of saṃsāra, they can be mainly located in the other two afflictions of attachment and aversion and the twelve links of dependent origination.[368] These twelve links, describing the

[366]Again, the term 'ultimate' here does not refer to ontological views, but the perspective from which they are described.

[367]The choice of words here is not only to connect to the above, making the connection between subject (ignorance) and object (the ignored), but also in the sense that there is no such thing as 'involuntary' ignorance according to Gethin, which he poses as "a positive misconception and not the mere absence of knowledge." (Gethin, *Foundations*, 150)

[368] The twelve links of dependent origination (Skt. *dvādaśāṅga-pratītyasamutpāda*, Tib. *rten 'brel yan lag bcu gnyis*) are: 1) ignorance (Skt. *avidyā*, Tib. *ma rig pa*), 2) formation (Skt. *saṁskāra*, Tib. *'du byed*), 3) consciousness (Skt. *vijñāna*, Tib. *nam par shes pa*), 4) name and form (Skt. *nāma-rūpa*, Tib. *ming dang gzugs*), 5) the six senses (Skt. *ṣaḍāyatana*, Tib. *skye mched drug*), 6) contact (Skt. *sparśa*, Tib. *reg pa*), 7) sensation (Skt. *vedanā,* Tib. *tshor ba*), 8) craving (Skt. *tṛṣṇā*, Tib. *sred pa*), 9) grasping (Skt. *upādāna*, Tib. *len pa*), 10) becoming (Skt. *bhava*, Tib. *srid pa*), 11) rebirth (Skt. *jāti*, Tib. *skye ba*), 12) old age and death (Skt. *jarā-maraṇa,* Tib. *rga shi*). Rigpa Wiki, s.v. "Twelve links of dependent origination," https://www.rigpawiki.org/index.php?

ways in which saṃsāric existence is sustained, are depicted as including all six realms, karma, and the three afflictive emotions. According to Jamgön Kongtrul, the central cause of ignorance sets into motion the wheel that is the twelve links: "The wheel [of the twelve links] is set in motion because one's own nature is not recognized, just like the deception that occurs when a magical illusion is not recognized as a magical illusion or when a dream is not recognized as a dream."[369] The explanation of how the world is created through interdependence (or dependent origination) matches onto the Tibetan medical view that explains how the co-created world and its inhabitants form (interdependent) relationships, showing how *bdud* and *gdon* can be more than just 'mere labels,' but rather 'functionally existent' in their relationship to those they afflict. Similarly, the devil corresponding to ignorance is presented as being the basis for the remaining ones. In this way, the first tantric material devil, just like the five aggregates (which literally refer to the first *sūtric māra* of the aggregates), is included in the twelve links of dependent origination:[370]

> [Once the five aggregates have formed,] desire and craving for an object, together with grasping to obtain the desired object, serve as the links that empower the formative actions to create existence. Consequently, one takes birth in a new life, [eventually experiencing aging and death]. In this way, the wheel of deception turns perpetually throughout cyclic like.[371]

The remaining two afflictive emotions, which are both at the center of the wheel as well as part of the twelve links of dependent origination, are the *sūtric* "*māra* of afflictive emotions" and the tantric "immaterial devil." The only devil that can be considered to be outside of the scope of suffering that all beings experience is the tantric "devil of exaltation," which refers to

title=Twelve_links_of_dependent_origination; accessed 14.08.2022.

[369] Jamgön Kongtrul Lodrö Tayé, *The Treasury of Knowledge, Book One: Myriad Worlds,* transl. by Kalu Rinpoche Translation Group, New York: 2003, Snow Lion Publications, 199.

[370] All of the five aggregates (except for perception) are part of the twelve links of dependent origination.

[371] Kongtrul, *Myriad of Worlds*, 199. The stopping of the wheel is liberation: "When the course of interdependent origination is reversed or its causes and conditions collapse from the inner core, / Deceptive [appearances] are exhausted and supreme liberation is attained." (Ibid., 201)

spiritual practice in particular. It could be seen as located both in ignorance and on the path to liberation (the Buddha pointing to the moon) simultaneously: While on the path, yet still afflicted by ignorance, misleading feelings of excitement, distractions, over-confidence and misunderstandings can drag the practitioner right back into saṃsāra.

As for Machik's six categories of gods and demons within the more general worldview, which relates to lay perspectives of *gdon,* these, too, can be found within saṃsāra, as well as a person's/being's perception thereof. Those labels of 'god' or 'demon' that are given to any beings based on their behavior towards the one who labels, karma, or observable phenomena that by themselves are natural occurrences yet get the positive or negative designation of 'god' or 'demon' based on a superstition – all these are quite clearly linked to an inability to see these beings and phenomena as they are, i.e., beings or phenomena that act or happen out of any given causes and conditions. In short, it is ignorance that leads one to not see these beings and phenomena as simply parts of the whole 'game of interdependence' that is saṃsāra. And, based on the dualistic fixation causing (coemergent) kind of ignorance, the strong sense of self (and the need to fulfill its desires and protect it against harm) leads one to label these beings and phenomena based on their relationship to oneself.

This kind of thinking and labeling can not only strengthen one's sense of self, and therefore be an obstacle to liberation, it can also be a direct cause of suffering: To label something as 'demon' in relation to oneself is usually linked to feelings of fear or anger, which themselves belong to the category of suffering that is suffering. Even the label 'god' in relation to oneself is connected to suffering, the suffering of change, which will inevitably occur once this so-labeled 'god' does not fulfill one's desires anymore (or does not fulfill them in the first place). Both these labels based on superimposition, whether positive or negative, entail a form of

overthinking or over-interpreting something or someone's behavior. This kind of overthinking can even develop into pathological conditions, taking control over more and more of one's thought patterns, becoming obsessive or anxious to a degree in which a normal life is not possible anymore. There are various kinds of mental illnesses that can be considered caused (or conditioned) by these superimposed kinds of gods and demons, such as obsessive control disorders or social anxieties (though Tibetan medical views may not entail these pathologies in line of Euroamerican psychiatry within the category of *gdon*).[372]

The remaining categories of 'natural or coemergent,' 'ultimate, absolute' gods and demons and those 'by their essential mode of being' overlap with what has been described along the other categories above: The natural or coemergent gods and demons refer to ignorance and the resulting afflictive emotions (including pride and jealousy, next to desire and aversion); the gods and demons by their essential mode of being are part of the six realms and are beings in their own right; and the ultimate, absolute gods and demons are those which either keep one in saṃsāra (i.e., the ultimate, absolute demon) or provides a way out through the Three Jewels (i.e., the ultimate, absolute gods).[373] Particularly the ultimate, absolute demon is linked to the all-pervasive kind of suffering suggesting that, for as long as it exists (or is experienced), there is no escape from suffering.

All the above discussed demons and spirits are somehow linked to the three kinds of suffering, and thus the whole of saṃsāra: Spirits, just like other beings within saṃsāra, suffer themselves and are potentially capable of harming other beings (being given the label *gdon* in the medical context[374]). Through their own suffering they are obstructed from being liberated from

[372]Therefore, and since I am no expert on mental disorder categories, a more detailed list cannot be given here.
[373]Again, the terms 'ultimate' and 'absolute' need to be taken with caution here, referring to an ultimate perspective, not the ontological status.
[374]In the medical context relating to these three kinds of suffering as a fundamental Buddhist concept, Tidwell writes: "Medicine may be applied to acquiesce the suffering of transient interims or facilitate practices to ultimately release the saṃsāric state" (Tidwell, "Buddhism and Medicine," in press).

saṃsāra, at the same time as they themselves act as obstacles to liberation or even as causes of suffering. From the secret level of analysis, *bdud* may further lie at the basis of an individual's ignorant perception of the world or the commonly shared world, being ignorance themselves or manifestations of that which springs from this ignorance. They either cause suffering of suffering (such as the negative afflictive emotions, or the negative superimposition onto phenomena or beings; this also includes the main understanding of *gdon* causing illness), suffering of change (such as deceivingly positive afflictive emotions (like happiness based on a temporarily fulfilled desire or the liberation-preventing 'devil of exaltation'), or all-pervasive suffering in that they *are* the ignorance (and therefrom stemming dualistic fixation and ego-clinging) underlying saṃsāra.

## 5.2 Conclusion

Both Buddhist philosophical and Tibetan medical views on *bdud* and *gdon* (respectively) may be summarized along three levels of analysis: outer, inner, and secret. The philosophical explanation goes into the deepest levels of explaining the reality of 'demons,' and doctors, being aware of this, next to medical explanations of psycho-physiological phenomena, know still deeper levels of the reality of 'demons' than their afflicted patients. On this deepest philosophical level 'demons' are mere illusions produced by the mind through afflictions, with the greatest demon of all being one's ego-clinging.[375] On the medical theoretical level these emotional (and cognitive) afflictions translate into the physical *nyes pa*, which constitute the body – focusing on the imbalance of these. The causation for *gdon* possession or affliction is understood by *amchi* along the notion that mind, body, and the outer world are interdependently related, next to culturally and socially shaped worldviews reinforcing perceptions of external

[375] This is explained at length in *Machik's Explanation*, which will be further presented below.

forces affecting an individual ("cultural affordances"). In this Tibetan view, it is not the *gdon* itself that can cause the affliction, but an unhealthy or damaged relationship to them. Looking at the lay views explaining these phenomena (of possession or affliction) along the interviews Deane did, this kind of deeper going (inner) explanation is less present than more faith-based (culturally afforded) explanations such as having disrespected a local deity and the like. On this outer level of explanation, spirits are very 'real' and very much seen as separate entities in their own rights which can afflict humans.[376] While these three levels discussed separately are useful to illuminate the various ways in which *bdud* and *gdon* may be analyzed, it is still important to keep in mind that they pertain to the same framework of the Tibetan worldview, which is mostly shared among Buddhist philosophical, Tibetan medical and lay perspectives. The *bhavacakra* served as an illustration for this.

[376] All of these three levels are, of course, not to be taken as definite and sharply distinguished views. A doctor, for example, can (and most likely has to be) well aware of all three, just as the consulted lama for an exorcism will very likely also be aware of those.

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