'There is power in belief': Creating Space for Psychiatric Illness and Healing in the Tibetan Context

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Abstract

This paper examines Tibetan perspectives on the 'boundary' between individuals and their environment, and considers some of the ways in which it can be implicated in the causation and treatment of psychiatric illness. It is based upon ethnographic research conducted within a Tibetan exile community in Darjeeling, Northeast India, which elucidates how some of the Tibetan textual concepts of psychiatric illness play out in practice for lay Tibetans. Research demonstrates that Tibetan perceptions of a rather 'porous' boundary between the macrocosm and microcosm can both explain certain types of psychiatric illness such as 'madness' (Tib.: '*smyo nad*'), and create a sphere for their healing through, for example, the ritual subjugation or 'exorcism' of malevolent deities. It emphasises the significant roles of 'belief' and a relationship or 'connection' with the environment (and the deities which reside within it) in this process, and considers some of the meanings of this concept in the Tibetan context.

Introduction

This paper examines Tibetan perspectives on the 'boundary' between an individual and his/her environment, and considers how such boundaries and their manipulation can be implicated in the causation and treatment of various types of psychiatric illness. It is based on research conducted as part of PhD project examining lay Tibetan perceptions of psychiatric illness and healing in a Tibetan exile community in India.

Psychiatric illnesses of various kinds are classified in the four-volume Tibetan medical text, the *rGyud bzhi* ('Gyu shi'), which dates from the 12th Century and is thought to include influences from multiple sources including Ayurvedic, Persian and Chinese texts, as well as original Tibetan medical concepts[1]. Accompanied by number of commentaries it covers the epistemological framework of medicine, medical theory, terminology and diagnostic and treatment methods.[2] In addition to the numerous primarily physical conditions it describes, it

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[1] Geoffrey Samuel, 'Tibetan Medicine in Contemporary India: Theory and Practice' in *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Studies,* ed. by Geoffrey Samuel and Linda H. Connor (Westport, CT and London: Bergin & Garvey, 2001), pp 247-268. See also Emmerick (1977) and Ga (2010) for comprehensive examinations of the sources of the *rGyud bzhi*.
[2] Stephan Kloos, *Tibetan Medicine in Exile: The Ethics, Politics and Science of Cultural Survival*, (unpublished doctoral thesis, University of California, San Francisco with University of California, Berkeley, 2010), p.16.

classifies a number of psychiatric illnesses. Correlations have been drawn between some of these classifications and various biomedical diagnoses[3] from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the World Health Organization's *International Classification of Disease* (ICD) classification systems,[4] such as those between the Tibetan term *smyo nad* ('nyö né') – 'madness' – and the biomedical classifications of schizophrenia and bipolar disorder. For example, Tibetan textual concepts of *smyo nad* share a number of similarities with biomedical understandings of 'psychosis' in terms of symptoms, such as behaving strangely, behaving aggressively or violently towards others, not making any sense, or talking to oneself.[5] However, there are often significant differences in explanations of causation between the two systems. For example, the Tibetan medical text describes divergent causes of madness, from an 'imbalance' or 'disturbance' in one of the three bodily 'humours' or 'defective energies' (Tib.: *nyespa*, 'nyé

pa'), to religious causes such as karma or spirit possession. *sMyo nad* is thus included in the Third Tantra of the *rGyud bzhi* under two sections: the general category of *rlung* ('loong': 'wind') disease, where it is discussed as the result of disturbance in the wind humour; and the category of '*smyo byed kyi gdon*' ('nyö ché gyi dön'): 'madness caused by spirits'.

Lay Tibetans often have a broader view of psychiatric illness than is expounded in the medical text; although it is notable that both textual and lay explanations of the causation and treatment of illness often involve concepts of the individual and his/her relationship with the environment. Here, Tibetan religious and cultural concepts suggest a certain 'porosity' of the boundary between the microcosm and the macrocosm which can both explain certain kinds of illness – especially psychiatric illness – and also create a space for treating them. This paper will examine Tibetan notions of this rather 'porous' boundary, and how it is involved in both the causation and treatment of psychiatric illness. It is based on ethnographic fieldwork conducted within a Tibetan exile community in Darjeeling, Northeast India during 2011 and 2012.[6] Tibetans have been residing in this area – in both the Tibetan Refugee Self-Help Centre (TRSHC) just outside the town, and within the town amongst the majority Nepali population – since the TRSHC was set up in 1959, following the Chinese invasion of Tibet. The Tibetan population here is relatively well integrated with the local population due to the multiple shared cultural and religious aspects of the Tibetan and Nepali communities (such as the Tibetan Buddhist religion), perhaps

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[3] I use the terms 'biomedicine' and 'biomedical' here to refer to the system of medicine based on the application of the principles of the natural sciences, especially the biology and biochemistry (see Merriam-Webster's online dictionary: http://www.merriam-webster.com/medlineplus/biomedicine [Accessed on: 30th October 2013].

[4] Colin Millard, 'Tibetan Medicine and the Classification and Treatment of Mental Illness', in *Soundings in Tibetan Medicine: Historical and Anthropological Perspectives (Proceedings of the Tenth Seminar of the International Association of Tibetan Studies (PIATS), Oxford 2003)*, ed. by Mona Schrempf (Leiden, Boston: Brill Academic Publishers, 2007), 247-282, p.257.

[5] See the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5)* (Arlington, VA: American Psychiatric Association, 2013); and the World Health Organization, *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva: World Health Organization, 2005).

differing from some of the Tibetan refugee settlements in other parts of India, where this is not so much the case. With many of the Tibetans in Darjeeling now second and third generation exiles, a significant number of them are fluent in Nepali (the majority language in the area), and also in English, some attending English-language schools in the area alongside local students. Furthermore, unlike Dharamsala, for example, which has a constant influx of refugees arriving from Tibet, in Darjeeling the vast majority of Tibetans under the age of 60 were born in the area, their parents or grandparents having left Tibet in the 1960s. Darjeeling is a medically pluralistic area, however, and Tibetan exiles therefore have access to local medical and healing facilities, including biomedical clinics and hospitals, Ayuervedic clinics, Tibetan medicine clinics, Tibetan Buddhist monasteries, local Tibetan Buddhist Tantric practitioners, and local Nepali spirit-mediums.[7]

Borders between mental health and ill-health, sanity and insanity

If we first take a look at how 'sanity' and 'insanity' are delineated in the Tibetan context, we might note that Tibetan Buddhist philosophy places 'insanity' and 'enlightenment' at opposite ends of a continuum, with a healthy mind located somewhere in the middle. Furthermore, with Tibetan medical theory

deriving from both Tantric theory and Buddhist philosophy amongst other influences (see above), it is quite clear that many delineations of 'health' and 'ill-health' are to a large extent influenced by Buddhist concepts of the mind and body.

For example, if an individual suddenly starts to behave very strangely, the cause might behumoural (Tib.: *nyes pa*, 'nyé pa') disturbance, or possession by a spirit (Tib.: *gdon*, 'dön') or ghost (Tib.: *shi 'dre*, 'shin dré'), of which the *rGyud bzhi* lists eighteen different types. An experienced Tibetan doctor or spirit-medium is able to determine the cause(s), and prescribe a treatment of Tibetan herbal medicine, religious ritual, and/or ritual 'exorcism'. Such rituals can be conducted by a number of diverse Tibetan Buddhist practitioners, such as monks from a local monastery or tantric practitioners such as *sngags pa* ('nakpa', often translated as 'mantra healers' or 'weather makers'), as well as more 'folk-religious' practitioners such as spirit-mediums (often referred to as '*lha pa*'). Furthermore, the traditional method of Tibetan herbal medicine production involves a ritual dimension including the recitation of Tibetan Buddhist mantras over the medicine. This tradition continues to this day in many places, highlighting the interrelationship between health, medicine, and religion in the Tibetan context.

Constructing meaning in causation

How then do perspectives on the relationship between individuals and their environment explain certain kinds of psychiatric illness? Tibetan religious and cultural concepts portray a complex relationship between a person and the landscape – as Samuel explains, '[a]ll things are interconnected'.[8] For example, it is possible to be affected by the planets or

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[7]For an in-depth examination of medical pluralism in North East India see: Barbara Gerke, 'Tibetan treatment Choices in the Context of Medical Pluralism in the Darjeeling Hills, India', in *Studies of Medical Pluralism in Tibetan History and Society. PIATS 2006: Proceedings of the 11th Seminar of the International Association of Tibetan Studies (Konigswinter 2006)* ed.by Mona Schrempf, Sienna Craig, Frances Garrett and Mingji Cuomo (Andiast, Switzerland: International Institute for Tibetan and Buddhist Studies GmbH, 2010), 337-376.

[8] Geoffrey Samuel, *Civilized Shamans: Buddhism in Tibetan Societies* (Washington: Smithsonian Institution Press, 1993), p. 191.

elements, causing illnesses such as epilepsy or stroke. And '*grib*' ('trip') – a kind of 'pollution' or 'contamination' thought to come from butcher's shops and dead bodies amongst other things – can cause symptoms from mind 'fogginess' to madness.[9] In addition, the Tibetan landscape is full of deities, from low-level deities such as malevolent spirits which reside in rivers, trees, and mountains; to more powerful local gods. The majority of these deities are unenlightened, meaning that they are subject to human emotions such as anger or jealousy; and are known to cause illnesses – including madness – in humans when offended or angry with them.

Tibetans are acutely aware of this 'direct and intimate'[10] – and indeed, rather precarious – relationship between themselves and these local deities. They know that it is possible – either advertently or inadvertently – to harm the deities by damaging the area in which they reside, possibly incurring their wrath. For example, a common explanation for skin rashes is that the afflicted individual has unwittingly urinated in a stream or river in which some water spirits (Tib.: *klu*, 'lu') live, harming the spirits and therefore harming themselves as a consequence. In addition, some deities may become offended when regular offerings to them are neglected or forgotten. Different deities are able to either possess individuals directly, causing 'madness'; or alternatively cause them harm from a distance. An important factor here is the respective positions from which individuals are interacting with such deities. Whilst lay people recognise the superior power of local gods and spirits –

and therefore maintain good relations with them through the making of regular offerings, and the 'polite requesting' of their assistance[11] – lamas' dealings with them are coming from an entirely different perspective. Based upon the knowledge of the 8th Century Indian Tantric master Padmasambhava's subduing of the local deities, and those deities' subsequent conversion to Buddhism, lamas are able to negotiate with them from a position of power – effectively, able to compel the gods and spirits to assist them.[12]

So how can such malevolent spirits and deities cross the boundary from the 'outside' environment to 'inside' the person, invading their consciousness (Tib.: *rnam shes*, 'nam shé') or causing them illness? In Darjeeling, several informants explained that if a person's 'life-force' (Tib.: *bla*, 'la') is weak, or he has been affected by *grib* ('pollution', see above), then the individual is more susceptible to spirit attack. In addition, a person's 'belief' or 'faith' in such a spiritual force or being is paramount: the power of spirits to affect you can be facilitated by your '*yid ches*' ('yiché') – 'belief' – in them, or by your 'connection' to them. For example, when several informants discussed the possibility of becoming *smyo nad* ('mad') through offending and incurring the wrath of a '*tsan*' ('tsen') – a particular kind of local deity characterised by arrogance and pride – one Darjeeling informant, Phurpu (50) explained, 'in my opinion, there is power in belief: if people believe that some harm will come [to them], then it will, but if they believe that everything will be ok, then it will be'. We might consider then that the lay person is at an obvious disadvantage here – intimately aware of the deities' ability to cause him harm due to his inferior position in regard

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[9] See Christine Daniels' PhD thesis for an exploration of 'pollution' in the Tibetan context: Christine Daniels, *Defilement and purification: Tibetan Buddhist pilgrims at Bodhnath, Nepal*, (unpublished doctoral thesis, University of Oxford, 1994).

[10] Samuel, *Civilized Shamans*, p.191.

[11] Geoffrey Samuel, *Introducing Tibetan Buddhism* (Abingdon: Routledge, 2012), pp.170-1.

[12] Samuel, *Introducing Tibetan Buddhism,* pp.171-2.

to them, he is immediately at the mercy of his 'belief'. But perhaps there is an issue here related to how we understand this concept of 'belief'. In his book *Medicine, Rationality and Experience*, Byron Good notes some of the problems of this term. To illustrate, he describes how during her research in Sumatra, Steedly was asked by her informants, 'do you believe in spirits?'. Only later did she realise that what she was actually being asked was, 'do you *trust* spirits? Do you believe what they say? Do you maintain a relationship with them?'.[13] This is very different from the contemporary Western meaning of 'belief' as an indication of the acceptance of something's existence. In fact, in the history of the English language there have been significant changes in the meaning of the word 'belief' across time. Good points to Wilfred Cantwell Smith's assertion that the notion of 'belief' in God historically held the meaning of 'a loyal pledging of oneself to God'.[14] 'Belief' here then, is an *action*, rather than a state of mind, as we might understand it now.[15]

Similarly, following her research in Tibet's capital, Lhasa, Adams explained '*yid ches*' thus:

To make the mind go in a certain direction is not only to have faith but also to create

its existence in the mind and in the world. The generative effect is to make something greater than the mind, to produce effects that are tangible beyond the mind... The believer participates in the world that is created in the wake of his/her actions... Belief was a principle of knowing, not a way of arbitrating between knowledge and what we might call a "figment" of the mind. The believing mind understands that it has an effect in, a role in, producing reality.[16]

It becomes clear that it is not only 'belief' which is significant, but also the concept of the *relationship* between the individual and the deity. As Phurpu explained in Darjeeling, 'if you have no connection to local gods, then they won't harm you. But if you have a connection, they may'. One particular deity, known as Dorje Shugden, is a good illustration of this perspective. Thought to be dangerous by many Tibetans, the Dalai Lama has advised against practices related to this deity, and the debate between him and followers of Dorje Shugden originates in a disagreement over whether or not this particular deity is a worldly god or an enlightened one. By all accounts, this is a contentious subject, not least because the debate spilled over into violence and the death of three Tibetans in Dharamsala in 1997. One informant, Ugyen (39), discussed the harm that can result from practices related to a particular deity named Dorje Shugden, thought to be dangerous by many Tibetans:[17]

If you go and worship [Shugden], and then out of carelessness, you go to a gonpa

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[13] Byron J. Good, *Medicine, Rationality, and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994), p. 15.There is perhaps also an interesting discussion to be had here regarding the researchers' own perspectives on local perceptions of deities, etc. Fiona Bowie (2006), for example, discusses how some anthropologists have negotiated their informants' beliefs, including a description of Stoller's fieldwork, during which his 'belief' in the tradition he was researching opened him up to its dangers. See Fiona Bowie, *The Anthropology of Religion: An Introduction,* 2nd ed. (Oxford: Blackwell Publishing, 2006).

[14] Wilfred Cantwell Smith, *Belief and History* (Charlottesville, VA: University Press of Virginia, 1977), p. 42.

[15] Good, *Medicine, Rationality, and Experience,* p. 16.

[16] Vincanne Adams, 'Saving Tibet? An Enquiry into Modernity, Lies, Truths, and Beliefs', *Medical Anthropology*, 24(1) (2005), 71-110, p. 98.

[17] See David Kay's discussion of Dorje Shugden and the broader context of this issue: David Kay, 'The New Kadampa Tradition and the continuity of Tibetan Buddhism in transition', *Journal of Contemporary Religion* 12(3) (1997), 277-293.

[monastery] Shugden doesn't like, for example Nechung's [the monastery of one of the main protector deities of the Dalai Lama], then Shugden will get jealous and will harm you, or [cause you to] get crazy – I've seen this many times... If you have no relations with him he has no power to harm you, he has no strength to do it. If you have relation with him he can.

In this way, your 'belief' in, and interaction with, the local deities creates a 'connection' with them, and it is through this connection that they are able to harm you, creating illness or misfortune. Here, it is not only the deity himself who is to blame for any misfortune which might befall practitioners as a result of their dealings with him: in cultivating a 'relationship' with Dorje Shugden, the practitioners themselves have created the problem. This perspective was voiced by some informants regarding a local family, with several people describing a woman and two of her sons as '*smyo nad*' (with a third son addicted to drugs), as a result of this practice. Furthermore, because Dorje Shugden is often viewed as a deity able to grant his followers worldly goods, such as 'money', or 'a nice car', practitioners are thereby perceived as being overly concerned with material goods – a particularly un-Buddhist enterprise, of course. It is important to point out that this is *not* how the practitioners themselves view this situation, but from the outsiders' perspectives, it is the 'greed' or 'attachment' to such worldly goods which have led individuals to this practice, and it is this that has consequently opened them up to possible harm. However, it is also through such 'connections' that some deities are able to help individuals, and it is therefore important to cultivate your relationship with your local area gods, who may be able to afford some protection against other less powerful malevolent spirits which might attempt to harm you.

Creating a space for healing

So what does this mean in terms of healing such illnesses? If this rather 'porous' boundary between individuals and their environment can lead to psychiatric illness, and the belief in spirits' power to cause harm allows them to do so, then this boundary can also be manipulated to create a space for the healing of such illness.

For example, the boundary between an individual and the environment can be strengthened by Buddhist practices. In Darjeeling one informant described how, many years previously, his father had been able to stop a spirit (Tib.: *gdon*) from harming him by reciting Tibetan Buddhist prayers as the spirit came towards him on the road. Furthermore, when illness is caused by local spirits or deities, the afflicted individual (or their family) can either attempt to improve the relationship with the deity – by making offerings or repenting for any offence caused to it – or they can break their 'connection' with the deity, thus bringing an end to the deity's power to harm them. If the individual himself is afraid to do this, he can call on Buddhist monks whose superior spiritual power is stronger than that of the lowly unenlightened local spirits and deities (see above). They are thus able to subjugate such deities through Buddhist ritual, essentially pushing them back into the background environment, unable to cause harm. Similarly, in cases of spirit possession, spirit-mediums or Buddhist monks can conduct 'exorcism' rituals to cast the spirit out of the person and back into the surrounding environment.

Certain Buddhist practices are also understood to be able to treat psychiatric illness caused by other factors, and again, the significance of 'belief' here is often emphasised. For example, one of my informants, Lhamo (45), discussed her

mother's brief period of 'madness' – thought to have been caused by sadness and loneliness – and rapid recovery via the blessings of a lama they knew:

The important thing was that my mother believed that she had been cured by him... her faith in him was amazing, you know? Amazing... the most important [thing] is... you should have faith that he can cure you... My mother had strong faith... there was some strong relationship between the lama and my mother.

Again, we see that the individual's 'faith' in the religious practitioner, and 'connection' or 'relationship' with him, is emphasised.

The significance of 'belief' in relation to illness and healing was discussed by other informants as well. As we discussed whether it was true that reading a particular Buddhist prayer could cure madness, Phurpu said, 'the main thing is belief. If you strongly believe, it will cure'. Likewise, in the Amdo region of Tibet, Schrempf quoted a Tantric practitioner bemoaning the lack of 'faith in religion' that patients demonstrated these days, leading, he said, to a decline in the efficacy of his 'spiritual medicine'.[18]

In Lhasa, Adams found that Tibetans she spoke to used the term '*dad pa*' ('dé pa') in a similar manner to the term '*yid ches*', as a connotation of 'faith' or 'devotion', rather than an 'index of credibility': 'one believes in the power of lamas to change the universe in the same way that one expresses one's devotion to them'.[19] Here, 'belief' and 'devotion' are not analogous, 'rather, they are alike

because they are both affective forces that produce tangible outcomes'.[20] We can see that 'belief' or 'faith' in the practitioner and his healing enable the individual to cross the boundary from illness back to health.

Conclusion

We have seen that certain Tibetan notions of the individual and his/her relationship to the environment – and the spirits and deities that reside within it – allow for divergent explanations of illness. This relationship between the microcosm and macrocosm can be mediated by individuals' 'belief' or faith in it and its ability to affect them. Particularly, Tibetan perspectives on the rather porous 'boundary' between individuals and their environment can create both explanation and treatment pathways for those affected by certain kinds of psychiatric illness such as 'madness'. Furthermore, this boundary can be 'manipulated' through religious activities of various kinds. In Darjeeling, this was evident in informants' explanations of psychiatric illness, which included madness caused by offending local deities, spirit possession and the power of 'belief' in deities' ability to cause harm; and the treatment of psychiatric illness via Buddhist rituals to subjugate local spirits or end possession, or patients' faith in a lama's ability to cure them. I would suggest that further research is needed to determine how this might be changing as Tibetans perhaps start to conceive of their environment and their place within it in a different manner as a result of the forces of 'modernisation', urbanisation and globalisation. One of the few younger Tibetans I spoke to who had been born in Tibet before coming to Darjeeling, Urgen (39), gave an indication of this when asked about spirits, laughingly telling me, 'I used to believe,

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[18] Mona Schrempf, 'Between Mantra and Syringe: Healing and Health-seeking Behaviour in Contemporary Amdo', in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, ed. by Mona Schrempf, Vincanne Adams and Sienna R. Craig (New York: Berghahn Books, 2011), 157-184, p. 169.
[19] Adams, 'Saving Tibet?...', p. 97.

[20] Adams, 'Saving Tibet?...', pp. 97-98.

but I was westernised by coming to India!'. In the Tibetan context, where a large number of the broader Tibetan community live in exile, in a land they do not necessarily want to belong to, and away from the landscape which they have traditionally had a relationship with, this question is perhaps even more pertinent.

Bibliography

Adams, Vincanne, 'Saving Tibet? An Enquiry into Modernity, Lies, Truths, and Beliefs', *Medical Anthropology*, 24 (1) (2005), 71-110

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5)* (Arlington, VA: American Psychiatric Association, 2013)

Bowie, Fiona, *The Anthropology of Religion: An Introduction,* 2nd ed. (Oxford: Blackwell Publishing, 2006)

Daniels, Christine, 'Defilement and Purification: Tibetan Buddhist Pilgrims at Bodhnath, Nepal' (unpublished doctoral thesis, University of Oxford, 1994)

Emmerick, Ronald E., 'Sources of the rGyud-bzhi', *(Supplement, Deutscher Orientalistentag vom 28. Sept. bis 4. Okt. 1975 in Frieburg i. Br.) Zeitschrift der Deutschen Morgenländischen Gesellschaft (Wiesbaden)* III (2) (1977), 1135-1142

Ga, Yang, 'The Sources for the Writing of the *Rgyud bzhi*, Tibetan Medical Classic', (unpublished doctoral thesis, Harvard University, 2010)

Gerke, Barbara, 'Tibetan treatment Choices in the Context of Medical Pluralism in the Darjeeling Hills, India', in *Studies of Medical Pluralism in Tibetan History and Society. PIATS 2006: Proceedings of the 11th Seminar of the International Association of Tibetan Studies (Konigswinter 2006)* ed.by Mona Schrempf, Sienna Craig, Frances Garrett and Mingji Cuomo (Andiast, Switzerland: International Institute for Tibetan and Buddhist Studies GmbH, 2010), 337-376.

Good, Byron J., *Medicine, Rationality, and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994)

Kay, David, 'The New Kadampa Tradition and the continuity of Tibetan Buddhism in transition', *Journal of Contemporary Religion* 12(3) (1997), 277-293

Kloos, Stephan, 'Tibetan Medicine in Exile: The Ethics, Politics and Science of Cultural Survival' (unpublished doctoral thesis, University of California, San Francisco with University of California, Berkeley, 2010)

Millard, Colin, 'Tibetan Medicine and the Classification and Treatment of Mental Illness', in *Soundings in Tibetan Medicine: Historical and Anthropological Perspectives (Proceedings of the Tenth Seminar of the International Association of Tibetan Studies*

(PIATS), Oxford 2003), ed. by Mona Schrempf (Leiden, Boston: Brill Academic Publishers, 2007), 247-282.

Samuel, Geoffrey, *Civilized Shamans: Buddhism in Tibetan Societies* (Washington: Smithsonian Institution Press, 1993)

Samuel, Geoffrey, 'Tibetan Medicine in Contemporary India: Theory and Practice' in *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Studies*, ed. by Geoffrey Samuel and Linda H. Connor (Westport, CT and London: Bergin & Garvey, 2001), 247-268

Samuel, Geoffrey, *Introducing Tibetan Buddhism* (Abingdon: Routledge, 2012)

Schrempf, Mona, 'Between Mantra and Syringe: Healing and Health-seeking Behaviour in Contemporary Amdo', in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, ed. by Mona Schrempf, Vincanne Adams and Sienna R. Craig (New York: Berghahn Books, 2011), 157-184

Smith, Wilfred Cantwell, *Belief and History* (Charlottesville, VA: University Press of Virginia, 1977)

World Health Organization, *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva: World Health Organization, 2005)