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Mental Health and Healing in a Tibetan Exile Community

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List of Frequently Used Abbreviations

APA American Psychiatric Association
BPS British Psychological Society
CBT Cognitive Behaviour Therapy
CST Central Schools for Tibetans
CTA Central Tibetan Administration
CTMI Chagpori Tibetan Medical Institute
DID Dissociative Identity Disorder
DSM Diagnostic and Statistical Manual of Mental Disorders
ECT Electro-Convulsive Therapy
ICD International Classification of Disease
LAMIC Low- and Middle-Income Countries
mhGAP Mental Health Gap Action Programme
MTK Men-Tsee-Khang
NGO Non-Governmental Organisation
NICE National Institute for Health and Care Excellence
PRC People’s Republic of China
PTSD Post-Traumatic Stress Disorder
TAR Tibet Autonomous Region
TRSHC Tibetan Refugee Self-Help Centre
WHO World Health Organization
A NOTE ON TERMINOLOGY AND TIBETAN SPELLING

As a general rule, I have used the Wylie transliteration system as standard across the book, italicising the Tibetan and capitalising the root letter (rather than prefix or superfix) at the beginning of a sentence or to indicate a proper noun. I have included a phonetic spelling enclosed within double quotation marks in the first instance. Where Tibetan words have come into common usage in English conversation or in the English-language literature (e.g. lama, rinpoche, amchi, Sowa Rigpa), I have used the common phonetic spelling (unitalicised) and included the Wylie transliteration in the parentheses in the first instance. Similarly, for Tibetan names, I have used common phonetic spellings. See the Glossary for a list of commonly-used Tibetan terms referred to in the book.

In addition, I do not add a plural indicator to Tibetan words (neither those transliterated nor spelled phonetically), as this is not used in Tibetan and can create confusion with spelling. Thus Tibetan nouns used in the text refer to either singular or plural forms.

Regarding English terminology, I have predominantly referred to ‘mental illness’ in the book to refer to illnesses related to the mind, as this is the closest translation of the Tibetan umbrella term of sems nad (illness of the mind).
Series Editors’ Preface

Plural Pluralisms:
Complexities of Choices, Multiplicities of Meanings in Medical Encounters

Andrew Strathern & Pamela J. Stewart*

Susannah Deane’s richly documented and thoughtfully analyzed monograph published here resonates with, and makes more complex, many of the stock-in-trade elements in medical anthropology’s analyses of therapeutic practices around the world. Her focus is twofold. One is on the indigenous Tibetan ideas as they have come to Darjeeling in India along with Tibetan refugees fleeing from the takeover of Tibet by forces of the People’s Republic of China. The other is in the particular complex arena of treatments for the category we call in the English language “mental health” (see for a brief critique of this term Stewart and Strathern 2017: 52–54). Here we find an intensified and layered complexity, first because we are attempting to deal with a concept in English that is itself marked by uncertainty about its meaning and concomitantly its effective treatment and second because we are attempting to match this concept with ideas held in a different social and cultural context, in this case the pluralistic context studied in Darjeeling by Deane.

Deane herself navigates these troubled analytical waters with a deft hand, and we emerge from a bumpy ride with some useful new ways of looking at established problems. Her treatment of the ethnography shows that several different systems coexist in Darjeeling, varying from Tibetan medicine, Sowa Rigpa, and versions of indigenous Indian practices, including Ayurvedic ones and a strong mixture of Buddhist philosophies and ideas of the body and personhood. Taken one by one these different contexts show some fundamental differences, but arranged
side by side they also show overlaps that can act as bridges when people are trying to decide on what health therapies to use in mental health contexts (or any therapeutic circumstances, but particularly in relation to the intrinsic ambiguities and existential pressures of “mental health”).

The first bridge that can link different therapies together is found within a suite of humoral ideas (cf. Stewart and Strathern 2001). Deane points out that three bodily humors are integral to both Tibetan and Ayurvedic systems of thought, and of these the concept of rlung or “wind” is crucial to theories of mental disturbance or “madness.” “Wind” is a concept of significance in numbers of Southeast Asian systems, as Carol Laderman showed in her striking early study of Malay shamanistic healers (Laderman 1991), so the idea that “wind” may adversely affect the head is one that could be understood across differences among patients and practitioners in Darjeeling. In Darjeeling biomedicine practitioners are also at work and they make efforts further to equate conditions caused by “wind” problems with categories such as depression. However, Deane rightly emphasizes that rlung must itself be studied and understood in its own terms rather than simply being translated into “depression.” Even using the term “humor” for rlung carries with it hazards of translation, because rlung in Tibetan usage refers not only to the ordinary body but also to the “subtle body,” which is thought to consist of channels of energy (here resembling Chinese ideas of chi). Blockages in the flow of rlung are said to result in a set of complaints, such as dizziness and headache, and also anger or frustration.

This mention of anger or frustration immediately strikes a chord further afield. In Mount Hagen, in Papua New Guinea, as we have discussed in numerous publications (e.g., Stewart and Strathern 2001 already cited and Strathern and Stewart 2011), anger or frustration is thought to carry the danger of sickness, eliciting corrective therapeutic measures to avoid serious consequences including death. Anger, for the Hageners, is located in the realm of the noman or “mind,” connected to the system of breath (sc. “wind”) within the diaphragm. Mind and consciousness go together in noman, as they do also in the Tibetan concept of rlung.

Deane draws out here the same conclusion as we do, that investigation of these concepts leads to the transcendence of or a complexification of ideas that would separate body and mind. Noman and rlung function as mediators or transducers that constantly bring body and mind together, either as causes of illness or as causes of healing and health. They are analytical and experiential bridges that help to make sense of and deal with adverse life experiences, and as such they are surely effective critiques of any scientific or folk system that would seek to explain body and mind in separate terms (see for a thoughtful early explanation Keyes 1985 in Kleinman and Good’s edited collection Culture and
Herein lies further the whole problem of the etic versus the emic realms, of questions of translation and translatability, and finally the issue of the validity of indigenous actors’ ways of knowing as against those of some specified, but also culturally situated observer(s). In his work, Arthur Kleinman identified the idea of “somatization,” i.e., that in certain (Chinese) cultures patients recounted physical, or neurasthenic, symptoms such as headache and dizziness, rather than reporting their conditions as ones of “depression.” Kleinman called this “somatization,” the expression of mental disorder in physical form, resulting from ideas of stigma adhering to mental abnormalities (e.g., Kleinman and Kleinman 1985: 429–490). How to unravel the semantic knots involved here? The approach via *rlung* and *noman* would be to say that all things are connected, and experience encompasses and surpasses the dichotomy of body versus mind, as also does the idea of the involvement of “spirit” in human life processes.

Adding to her exquisitely detailed exposition of her ethnography of Tibetan migrants in Darjeeling, Deane gives us a chapter on current thinking in the biomedical field regarding mental health and illness, and in particular in the field of psychiatry. Here her deconstructionist method also serves her well, as she is able to show that “biomedicine” is not as invariant or monolithic as it might appear to be, since it is practiced differently in different cultural contexts (like Christianity, see Stewart and Strathern 2009). She is able to point out, for example, that biomedical psychiatry is itself a culturally defined set of practices, tied in with ideas of personhood and of the contemporary world at large. Therefore its applicability to other contexts where different ideas of personhood hold sway becomes a point at issue for discussion, if not resolution.

The people Deane studied in Darjeeling were living in the intersections of interpretive issues of this kind. What is heartening about her exposition is to note the pragmatism people brought to their human suffering. Pragmatism is flexible, and Deane astutely replaces earlier ideas in medical anthropology of patients’ “explanatory models” with the concept, adapted from the work of other scholars, of “exploratory maps”: ways of looking for pathways in forests of illness to clearings where healing may be found.

**References**


* Pamela J. Stewart (Strathern) and Andrew J. Strathern are a wife-and-husband research team who are based in the Department of Anthropology, University of Pittsburgh and co-direct the Cromie Burn Research Unit. They are frequently invited international lecturers and have worked with numbers of museums to assist them with their collections. Stewart and Strathern have published over 50 books and over 200 articles, book chapters, and essays on their research in the Pacific (mainly Papua New Guinea and the South-West Pacific region, e.g., Samoa and Fiji); Asia (mainly Taiwan, and also including Mainland China and Japan); and Europe (primarily Scotland, Ireland and the European Union countries in general); and also New Zealand and Australia. Their most recent co-authored books include *Witchcraft, Sorcery, Rumors, and Gossip* (Cambridge University Press, 2004); *Kinship in Action: Self and Group* (Prentice Hall, 2011); *Peace-Making and the Imagination: Papua New Guinea Perspectives* (University of Queensland Press with Penguin Australia, 2011); *Ritual: Key Concepts in Religion* (Bloomsbury Academic Publications, 2014); *Working in the Field: Anthropological Experiences Across the World* (Palgrave Macmillan, 2014) and *Breaking the Frames: Anthropological Conundrums* (Palgrave Macmillan, 2017). Their recent co-edited books include *Research Companion to Anthropology* (Ashgate Publishing, 2015); *Exchange and Sacrifice* (Carolina Academic Press, 2008) and *Religious and Ritual Change: Cosmologies and Histories* (Carolina Academic Press, 2009, and the Updated and Revised Chinese version: Taipei, Taiwan: Linking Publishing, 2010. Stewart and Strathern’s current research includes the topics of Cosmological Landscapes; Ritual Studies; Political Peace-making; Comparative Anthropological Studies of Disasters and Climatic Change; Language, Culture and Cognitive Science; and Scottish and Irish Studies. For many years they served as Associate Editor and General Editor (respectively) for the *Association for Social Anthropology in Oceania* book series and they are Co-Series Editors for the *Anthropology and Cultural History in Asia and the Indo-Pacific* book series. They also currently Co-Edit four book series: *Ritual Studies; Medical Anthropology; European Anthropology and Disaster Anthropology* and they are the long-standing Co-Editors of the *Journal of Ritual Studies* [Facebook: https://www.facebook.com/ritualstudies]. Their webpages, listing publications and other scholarly activities, are: http://www.pitt.edu/~strather/ and http://www.StewartStrathern.pitt.edu/.
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At the Tibetan Refugee Self-Help Centre, located a few miles from Darjeeling town centre, a small group of *momo-la* (grandmothers) welcomed me into their workshop and their homes, patiently letting me practise my Tibetan, answering my questions about their lives in both Tibet and India and giving me many, many insights into Tibetan society and culture. In addition, a number of Tibetan amchi (doctors) in Darjeeling, Dharamsala and Delhi advanced my understanding of Sowa Rigpa theory and practice significantly. In Darjeeling, Amchi Lobsang Thubten at the Men-Tsee-Khang clinic and Amchi Teinlay Trogawa at the Chagpori Tibetan Medical Institute were hugely helpful and informative, offering me their time and insight, which were much needed and appreciated. Many thanks too to Sujith, who introduced me to the local Nepali spirit-medium tradition, gathering information and translating for me on a number of occasions. Huge gratitude goes also to Helly, who made me feel at home in Darjeeling, introducing me to people and places, helping me to find accommodation, and keeping me going with long chats over cups of coffee and excellent cake. In Gangtok, the help, encouragement and hospitality of Anna Balicki-Denjongpa at both the Namgyal Institute of Tibetology and her home were greatly appreciated.

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