

DR. TERRY CLIFFORD

**TIBETAN PSYCHIATRY AND
MENTAL HEALTH**

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Dr. Terry Clifford, *Ph. D.*

Good morning, ladies and gentlemen, all of you who are friends and scholars, students and practitioners, of the Tibetan tradition of healing. I feel very privileged to be here today at this Wellcome Symposium on Tibetan Medicine. I think it is very important and significant that this event is taking place, for, as most of you know, the ancient tradition of Tibetan medicine, so rich in healing knowledge, scope and depth, is presently in grave danger of being lost to humanity. This is due, of course, to the fact that Tibetan culture has been destroyed in Tibet itself during the last few decades. Tibetan medicine is now a medical system in exile, a healing tradition struggling for survival*. Therefore, whatever can be done to promote its study, documentation and preservation, while there is still time to do so is of tremendous importance.

And therefore, here at the start, I would like to thank Miss Marianne Winder, Consultant in Oriental Medicine at the Wellcome Institute, for her wonderful dedication and efforts in putting this conference together. She not only created this symposium, but she was among the first contemporary Western scholars to recognise the precarious situation Tibetan medicine was in and to set about doing her part to save it, by producing with Rechung Rinpoche and the sponsorship of the Wellcome Institute, the first English language book on Tibetan medicine. That book was a major breakthrough and has been very important. So, thank you very much, Miss Winder.

Now the topic for my talk this morning is Tibetan psychiatry and mental health. I must tell you that when I first started to research this subject, I really had no idea that a *bona fide* psychiatric tradition really existed within Tibetan medicine. I just

* In the meantime, the Chinese Academy of Medicine in Beijing has made attempts to improve the situation. (Ed.)

thought it would be interesting to see what, if anything, the medical system had to offer for the treatment of psychotic and schizophrenic patients in mental hospitals where I was then practising meditation and yoga therapy. That was ten years ago, and in those days the only book in English on the subject was that written by Rechung Rinpoche. In the selections from the *rGyud-bži* presented there, the *rGyud-bži* being, of course, the ancient and most important book of Tibetan medical literature, I found reference to some herbal compounds said to be good for depression and similar conditions, but no reference was made to any real psychiatric system as such.

I went to India to research the subject further, and the first person I had the good fortune to meet was Mr. Gene Smith, whom many of you may know as one of the greatest scholars of Tibetan literature. He immediately told me that there were actually three whole chapters of the *rGyud-bži* exclusively devoted to the subject of psychiatry. I was very excited by this information and went off to the Tibetan Medical Centre in Dharamsala for further study. To cut a long story short, what happened was that at every turn of my adventure I uncovered more and more. Not only were there those three chapters of the *rGyud-bži*, but there was also a whole body of teaching, both oral and written, related to psychiatry and mental illness. Moreover, there were numerous psychiatric treatments and medicines, many of which had been in use for a thousand* years. The Tibetans had developed an entire psychopharmacopoeia. And there were doctors and Lamas who were masters of the medical psychiatric tradition. I was truly astonished.

What I came to realise about the Tibetan psychiatric tradition was basically four things. First, it is a complete tradition of aetiology, diagnosis and treatment. These aspects are mainly elaborated in terms of Ayurvedic humoral theory, which was brought to Tibet from India in the eighth century and forms the basis of Tibetan medicine. Additionally, it includes elements of Chinese, Persian and Tibetan medicine which were added to the system

* See Dr. Trogawa's paper on the subject of the age of the tradition.

over the years. That is to say, Tibetan psychiatry is not only complete, it is also very complex.

Second, Tibetan psychiatry is a holistic or integral system. It integrates all levels of life in its approach to mental illness. The physical, the psychological, the environmental and the spiritual all come into play in aetiology, diagnosis and treatment, although to what extent differs according to the individual case. So one unique element of Tibetan psychiatry is that, unlike the situation with most contemporary Western approaches to mental illness where one approach tends to be pitted against another, for example the biochemical against the psychological, the Tibetan system integrates all these levels without the slightest conflict.

Third, in Tibetan psychiatry the interactive role of the healer or doctor is greatly emphasized. The physician's capacity for kindness, compassion and wisdom, his level of ethics and morality, and his ability to extend those qualities to the patient is thought to play a major role in the recovery of the patient. Since Tibetan physicians were very often Lamas, they were usually in a position to communicate the fruits of their religious training, their highly developed powers of mind and love, to their patients.

Fourth, Tibetan psychiatry combines the medical tradition itself with Buddhist theory and practice or with what might be called the medicine of *Dharma*. This means that the whole range of Buddhist practices for spiritual development – prayer, meditation, visualization, rituals, etc., – are used as a path to mental health and as specific psychiatric treatments.

While physical and mental diseases are attended to in their own terms in Tibetan medicine, the ultimate goal of complete mental health, enlightenment, is never really out of the picture. In fact, the philosophical and psychological underpinnings of all Tibetan medicine come from Buddhism. The fundamental principle at work here is that, as the Buddha said, "Mind precedes all things and is their chief". Mind creates illness and mind creates wellness. This is the basic psychosomatic assumption of Tibetan medicine and Tibetan psychiatry.

Of course it would be impossible, not to mention tedious, to try to summarize the whole psychiatric system here. But I would like to mention what the Tibetans consider to be the five causes of insanity and to go into a couple of them in some detail. These five causes are stated in both, Tibetan medical literature and in the religious scriptures of the *Abhidharma*. The five groups of causes of insanity are as follows : *karma*; psychological stress; poison; humoral imbalances; and demonic forces.

Of the first, *karma*, it can be briefly said that negative actions of body and mind done in previous lives reap their reward in the present life as disturbed mental states that have no obvious or explainable cause. For example, a sudden state of sadness or depression may have been caused, according to the Tibetans, by harming others in a past life. For karmic illness no actual medical treatment will be prescribed. Instead, religious practices designed to clear the past negative *karma* should be performed. Since the cause is spiritual, the medicine must be spiritual. It goes without saying that this idea of karmic mental disease is not to be found in Western medicine.

The second group is what the Tibetans call grief-worry. It corresponds very closely to what we know in the West as psychological stress. The factors at work here are such things as loss of a loved one, loss of a job, loss of status, overwork, strain, worry, isolation, breaking of promises, going against religious and cultural taboos, and the inability to integrate, because of their painfulness, deeper insights into the nature of one's life and reality. Treatments for psychiatric disorders in this category include environmental and life adjustments, *Dharma* practice to promote relaxation and self-understanding, and a whole range of herbal medicines and medical therapies.

The third group is poison. This means a toxic substance which, when taken into the body, produces an extreme state of psychopathology. Also included in this category are nutritional imbalances and wrong combinations of foods which may adversely affect consciousness. Again, in Western psychiatry, nutritional disorders and poisons are known causes of mental illness.

The fourth group is humoral imbalances. In brief, for many of you who may be unfamiliar with humoral theory, there are three humours – bile, phlegm and wind. When the three humours function in a balanced way in the body, they promote physical and mental health; when imbalanced they promote disease. Each humour is associated with negative psychological states – bile with anger, phlegm with bewilderment, and wind with desire – that can inflame the humour and contribute to disease. Physical factors also affect disease.

Here I would say, in a very wide way, this category corresponds to the biochemical approach to mental illness. Of course in the West we do not speak of the three humours*, but the correspondence lies in the fact that whether you call it biochemical or humoral imbalance, the cause is an internal malfunction of basic metabolic processes that adversely affect consciousness.

In any case, all humoral theory comes into play here in its psychiatric aspect. For the humour bile, which is related to anger and aggression, a violent psychosis results. A patient with a psychiatric bile disease is so full of hatred and anger that he may be harmful to himself or others, and therefore he may have to be forcibly restrained. Treatment will include dietary and environmental adjustments that counteract bile, therapies such as cool medicinal baths, and herbal compounds specifically for psychiatric bile disorders.

And briefly for the humour phlegm, which is related to the state of bewilderment and confusion, a more or less catatonic condition results. The patient is what you might call pathologically phlegmatic – typically sullen, withdrawn, inactive, silent and closed-minded. Treatment will include a whole integrated regimen tailored to counteract psychiatric disorders of phlegm.

And now comes the humour wind, which I would like to go into some detail about. The term ‘wind’ is a rather poor translation for the Tibetan word *rlung* (pronounced ‘lung’). rLung can

* We did use the concept during the Middle Ages, but in a much narrower sense.

also be called air, energy, psychic energy, vital force, pressure or energy current.

Wind or *rlung* is the most important humour connected with mental illness; it is almost always involved in psychiatric disease. This is because the wind is the humour that mediates between the mind and the body. In the embodied psycho-physical organism, intangible mind takes the support of wind. As it is said in the tradition, "Mind rides the wind". Mind affects the wind, and wind affects the body. Conversely, the body can affect the wind and thus the mind.

Symptoms of a psychiatric wind disorder are that a person exhibits cycles of extreme excitability alternating with extreme sadness, or what we would call a manic-depressive cycle. The patient is said to be restless, tense, anxious, overly talkative, dizzy, often accident-prone, and subject to insomnia and quickened heart beat.

Psychological causes of this disease are much the same as those mentioned before under the heading of stress – grief, shock, fright, fear, loss, overwork, etc. These stressful states cause further behavioural errors, such as going without sleep and going without eating, that simply intensify the wind disorder. Actually this wind or *rlung* is a very complicated and even mysterious subject. The *rGyud-bzi* describes five divisions of wind in the body controlling such diverse functions as breathing, talking, spitting, motor and nerve function, elimination and reproduction. These five winds circulate in the body through a system of channels including the blood vessels, nerves and more invisible pathways similar to the acupuncture meridians. At the heart centre where many of these channels meet there is a subtle aspect of the so-called 'life-wind' that is said to control consciousness. Psychiatric wind disease is a disturbance of this wind in the heart.

Strong emotions and agitated thought disturb or inflame the wind at the heart centre, but so do physical factors. For example, high blood pressure is considered to be a disorder of wind in the heart. It can be caused by psychological factors or by dietary

factors that affect the condition of the channels. So this Tibetan theory of wind is a model that unites physical and mental stress.

This *rlung* disorder comes to cover a wide range of anxiety states and their attendant ills. Almost everybody is subject to it to some degree. In fact, meditators get it quite often when they strain their meditation. Even advanced yogis are known to have it, especially if they make mistakes in their yogic practices for holding the breath.

The Tibetans have a tremendous amount of medicines for these wind disorders. They are quite famous for it, and these medicines are widely used among the Tibetan community. The main ingredient in the herbal compounds for wind is black aloeswood or eagle-wood (*Aquillaria agallocha*), which is in Tibetan called *agaru*. It is their most favoured minor tranquillizer, much as Valium and Librium are ours in the West. According to the Tibetans, however, their medicine is harmless and without debilitating side effects. It would be wonderful if these Tibetan medicines for *rlung* could be studied scientifically. They might really make a very great contribution towards the treatment of mental illness, which is reaching epidemic proportions in modern times.

Other treatments for psychiatric wind disorders include moxibustion — there are a few specific points for this; medicated ointment massage; and dietary and environmental adjustments. Since the humour wind is associated with the psychological state of desire and attachment, unfulfilled romantic and sexual longings are often a contributing cause of psychiatric wind disease, and therefore sexual relations are sometimes prescribed. Wine or beer is said to be good for *rlung*, and so is meat eating. Finally, a person with a mental illness of wind should, it is said, be kept in warm and soothing surroundings, be given whatever books and amusements he or she enjoys, and be attended to by kind and loving doctors and friends who speak very sweetly and who are very supportive. You can see how therapy for wind madness might be quite pleasant.

Lastly, we come to the fifth group of causes of mental illness, unseen negative forces or demons. Certainly there is no obvious parallel for this in the West. No self-respecting psychiatrist will tell you that the cause of your psychiatric disturbance is a demon. And I must admit that when I first came upon the idea of demons causing mental illness, I was a little dismayed. I had looked forward to discovering some deep psychological truths in the psychiatric chapters of the *rGyud-b'zi* but when I finally deciphered them, I found they were all about demons ! But actually, on further examination, these demons turned out to have profound psychological dimensions.

We have to understand that the term 'demon' has vast symbolic significance to the Tibetans. To get some idea of this we can refer to a work called "How to become Victorious Over Demons by Checking their signs and Knowing their Origins" written by the great 19th century Lama Patrul Rinpoche. Among the demons he mentions in that work are lust, laziness, attachment to wealth, hyper-sensitivity, bad companions, dualistic thinking, spiritual pride, and sectarianism, none of which we would term 'demonic'.

Of course, the levels of interpretations of demons vary widely. An uneducated Tibetan might actually believe in them as malevolent embodied hobgoblins; a yogi might think of them as negative energies or fields of force that exist in the universe; and yet more sophisticated Lamas and doctors and laymen might perceive them as unconscious tendencies deep within the psyche that have the power to overwhelm normal consciousness. Basically, I would say that the term 'demon' refers to any unseen force that obstructs a psychological or spiritual development.

One classical term of demonic diseases in *kun-brtags gdon-nad*. Those of you familiar with Buddhist philosophy will recognize the term *kun-brtags*. It means artificial labelling. *gDon* means demon, and *nad* means disease, so literally it is 'Disease caused by the demon of artificial labelling'. In short, this means psychological projection. It is the old story of mis-

perceiving the rope as a snake, and feeling very fearful or aggressive because of that.

Thus, in terms of psychosis, the demons could be explained as unconscious tendencies built up in the mental continuum over a series of lives, or if you do not believe in past lives, which of course the Tibetans do, from infant or childhood traumas, which are projected, unawares, on to normal reality, and which thus provoke inappropriate, irrational and insane behaviour.

Chapter 77 of the Third tantra of the *rGyud-bzhi* is solely about demons who cause abrupt and severe psychosis. There are eighteen demons listed there, and each one is said to produce distinct and alien character changes in the person afflicted by the demonic force. The symptomatic behaviour associated with each of the eighteen demons provides the Tibetans with a unique eighteen-fold classification of psychoses and schizophrenia. What is more, this system of classification has remarkable parallels with the contemporary scientific classification of mental disorders, both the Western and Tibetan systems being mainly descriptive.

For example, to compare just one, there is a demon called 'Pervasive Holiness'. According to the *rGyud-bzhi*, whoever gets possessed by that demon "cries out the name of his tutelary god, expounds religious scriptures, beats himself, abuses others, and likes to laugh". This is similar to what the *Diagnostic Statistical Manual*, which is a modern medical work that classifies mental illness by name and number (at least as mysterious as demons) and gives brief descriptive sentences about each type, for instance, calls 'schizophrenia paranoid type, 295,3'. Whoever has that illness exhibits "persecutory or grandiose delusions, often associated with hallucinations. Excessive religiosity is sometimes seen. The patient is frequently hostile and aggressive". Here the three main points are the same in both descriptions : psychic inflation, religious fixation, and aggression.

One last thing should be said about demons, and that is : when they operate alone without other supporting causes, as do the demons of schizophrenia, then they may have unusual reme-

dies prescribed to cure them. These are sometimes quite occult, like the blood from a knife that has murdered somebody. There are also standard herbal medications. Finally, religious rituals of various types are prescribed to counter demonic influences.

That takes care of the five categories of causes of mental illness. I have mentioned their parallels in modern medicine in order to show that, in a very broad way, the Tibetan psychiatric tradition contains many of the basic approaches of Western psychiatry.

There is one last aspect of the Tibetan tradition of mental health I would like to touch on briefly here, and that is the tradition of meditation and spiritual practice for mental development. This is, of course, a very big subject, but just to put it in context, it goes back to the basic premise of Tibetan medicine – that real mental health is the enlightened condition.

Why is one subject to emotional disease, destructive mental states, and so-called demonic forces? According to the Tibetan Buddhists, it is because one suffers from inborn or ingrained ignorance, which is basically selfishness. This is the fundamental psychological obscuration that holds oneself to be a separate, permanent, independent ego-unit, instead of knowing true reality or one's true nature as the Buddha-nature. Put in wider terms of other religious traditions, this basic ignorance could be said to be the state of being out of union with God, the absolute, however that may be named and however it may be experienced.

And so, as long as we are subject to the human condition of ignorance, we are subject to illness. As it says in the *rGyud-bzhi*: “There is but one cause for all illness, and this is ignorance due to not understanding the meaning of no-self. For example, even when a bird soars in the sky, it does not part from its shadow. Likewise, even when all creatures live and act with joy, because they have ignorance it is impossible for them to be free from sickness”.

Meditation is the primary means used to transform the mind into its healthy condition, to lift the veil of inborn ignorance. Meditation is now being studied scientifically and has been

shown to reduce stress, lower blood pressure, etc. While these things are important, I do not think they are the main point. What meditation really provides is a way of overcoming the neurotic and destructive thoughts and habits that limit us all so greatly.

In meditation, the repressive strictures of normal consciousness and the super-ego are relaxed so that all kinds of sensations, emotional material and discursive thoughts surface. One becomes aware of one's inner mental processes in a whole new way. With consistent practice, one can develop the ability to integrate, tame, transmute and even liberate one's feelings and thoughts. Through meditative stabilization, one can reach a state of natural peace and wisdom.

There is an infinite number of meditation techniques – the Tibetan tradition is replete with them. There are meditations for generating love and compassion, for stabilizing the mind in concentration, for analyzing the nature of reality, for abiding in the nature of emptiness, for purification and for healing – for example, the meditation on the Medicine Buddha. In the psychiatric and medical traditions these meditative techniques are integrated with therapy as a way to harness the developmental and healing powers of mind.

I would like to read you a short selection from the writings of Jamgon Kongtrul Rinpoche, a great 19th century Tibetan Lama and doctor. Kongtrul Rinpoche was a meditator and religious personage of such eminence that he was a teacher to one of the Karmapas*. He was also an accomplished physician who wrote a medical manual that is still in use among contemporary Tibetan doctors. Kongtrul Rinpoche held both the spiritual and medical lineages of healing as does Trogawa Rinpoche who will speak to us later this morning.

This selection comes from Kongtrul Rinpoche's commentary on the Tibetan text called *Lam Rim Yeshe Nyingpo*, and I am indebted to the Tibetan Lama Tulku Pema Wangyal for his oral translation of it. In it, Kongtrul Rinpoche is giving advice to

* Heads of the Karmapa School of Tibetan Buddhism.

meditators on how to dissolve obstacles, in this case the obstacles of disease. This particular advice, he says, is only for the very best meditators capable of the highest type of meditation. It is a remarkable example of an extraordinary and radical approach to healing produced by the Tibetan meditative tradition.

Kongtrul Rinpoche says : “Innumerable thoughts related to the three emotional poisons arise; they disturb the *rlung*, and the *rlung* disturbs the different elements, and this leads to various internal conflicts and the experience of painful sensations.

“If a practitioner has a strong view he will not be carried away by the different sensations of suffering. The strong practitioner does not need divination about what doctor to call or what ritual to carry out for medical help. The important thing is to cut the root of illness, self-clinging.

“You should cure the illness by remaining in the natural state, without indulging the sensation of illness and without encouraging the grasping mind by thinking, ‘Oh, I’m sick; I’m weak; I’m old’.

“The different perceptions of illness come from inside. When you realize the nature of mind, when you let go, when you cut the duality of hope and fear, then the resultant illness which you conceptualized will fall apart by itself.”

So we may aspire to such meditative power, but few have developed it as Kongtrul Rinpoche did.

In conclusion I would like to say that the Tibetan tradition of psychiatry and mental health is immensely deep and worthy of preservation, research and scientific study. It may contribute actual treatments and medications that could help in curing of mental illness. It can certainly contribute theoretical and integral models which can enrich the contemporary approach to mental health. The reason I told you the story, at the beginning of this talk, of how my research on this topic unfolded was to encourage any of you who might be interested to pursue further researches in Tibetan medicine. There are so many avenues of study that have not yet been even touched upon. Who knows what jewels of learning, what treasure of healing knowledge, await discovery.