Introduction

In October 2018, a Tibetan friend, Sonam, took me to meet her childhood friend Lobsang, a Gelugpa Buddhist monk, at his monastery in Rebkong, Amdo. She suggested that Lobsang might be able help with my research on Tibetan notions of *nyoné* – 'madness'. We chatted in broken English and Tibetan as we walked from the bright autumn sunshine of the town's busy streets to the shaded narrow lanes that wove between monastery buildings, and Sonam, laughing, joked, 'You should interview Lobsang! We say he is crazy! He is always laughing and telling jokes. He's not like a normal monk!'

Searching for Lobsang, we arrived at one of the main temples and found a hub of activity, as monks and lay people made preparations for an upcoming ritual that had been commissioned by a group of women from a nearby village. Lobsang broke away to talk to us, and Sonam's description of him was proven correct as he laughed loudly and easily as we chatted, and indeed throughout the day, as we continued talking over tea, and then eventually dinner in a local hotpot restaurant. When I explained my research topic, he laughed loudly and playfully slapped my arm, saying,

> There is an old lama here who is *nyoné*! Do you want to see him? He is eighty-three; he has been *nyoné* for a long time – since he was young – as a result of *sok lung* [a form of 'wind' illness]. I can take you to see him if you like . . . He can still practise – he can meditate and read texts. But when you ask a question, he can't answer you; he responds with something completely different, not making sense. He is too old now – there's no way to treat him.

Rather than trouble an elderly monk, Lobsang took us instead to meet Wangyal (62), an older *lama* (teacher), who he said would be able to answer my questions about Buddhist understandings of *nyoné*. We ended up spending the afternoon in Wangyal's monastic quarters, drinking tea and chatting at length about Buddhist notions of mind and madness. Wangyal, like so many of the people I met in Amdo, was generous with his time, patiently answering questions and explaining complex Buddhist concepts as we chatted in a mix of English (of which he had learnt a little while travelling in Europe) and my developing Amdo Tibetan dialect, with Sonam – an English teacher – helping to translate between us. It was a wide-ranging conversation, taking in different types of illness-causing spirits, *nyoné* precipitated by difficult life events, and monks who had apparently 'become mad' following intensive meditation practice.

A few weeks later, over lunch in her uncle's restaurant, Sonam too would tell me about a case of madness – this one a relative of hers, who 'suddenly went crazy', as she described it. The family took her to a 'Chinese [i.e. biomedical] hospital', where doctors 'did body tests and couldn't find anything wrong with her', and so the family turned to religious means, consulting multiple Buddhist ritual specialists in search of diagnosis and treatment, and finally her condition had improved somewhat. I asked Sonam what she thought caused this kind of 'madness', and she told me, 'I don't know . . . some people say *nying* [heart], and some people say *dön* [spirits] . . . I think both of them are connected.'

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This short vignette illustrates some of the different ways in which 'madness' is understood and talked about in Tibetan communities, from describing a person's unusual behaviour to a serious condition from which they may or may not be expected to recover, as in Lobsang's description of the elderly monk in his monastery or Sonam's narrative about her own relative. Here, explanations of *nyoné* take in multiple Tibetan notions of mind and body. For example, concepts of *nyoné* as an illness reference the three factors of *lung* (wind), *tripa* (bile) and *béken* (phlegm) (see for example Epstein and Topgay 1982; Dorjee and Richards 1985: 22), as well as notions of *nying* (heart) and *don né* (spirit afflictions) (cf. Day 1989; Clifford 1984; Rapgay 1985; Samuel 2007) – all of which are described in Tibetan medical texts. And in Tibetan Buddhist texts we can read about *nyoné* caused by Tantric practices 'gone wrong' (see, for example, Epstein and Lieff 1981), as Lobsang described in the case of the elderly Rebkong monk. As a result, we find remedies for treating *nyoné* described in both medical and Tantric texts. In addition, the well-known figure of the *lama nyonpa* ('mad lama/yogin') is sometimes said to represent a pinnacle of Buddhist enlightenment: finally having seen

beyond dualistic notions of good and bad, purity and impurity, he behaves in strange ways – appearing 'mad', but actually enlightened (cf. DiValerio 2015; Ardussi and Epstein 1978; Pitkin 2017).

Across these diverse narratives, Tibetan medical and Tantric notions of mind-body structure and (dys)functioning converge and diverge as we hear about different medical and Tantric representations of the body, and different ways to both understand and experience madness. The aim of this monograph is to conduct an exploration of this multifaceted Tibetan concept of *nyoné* across these spheres of medicine and religion, in both historical and contemporary perspectives. The work brings together material from interviews conducted during a 2018/19 period of fieldwork in the Tibetan region of Amdo in northwest China, with an examination of some Tibetan historical and contemporary medical and religious texts. This allows us to explore the ways in which key Tibetan medical and religious conceptions of mind-body – including notions of heart, 'wind' and spirit–human relationships – are implicated in different manifestations of 'madness'.

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The Tibetan term *nyoné* (also *nyonpa*) is usually translated – by both Tibetan and non-Tibetan medicine practitioners and scholars – into the English terms madness, insanity or psychosis. Used in a vernacular way, it may refer to someone behaving oddly, or eccentrically, without denoting illness of any kind, as it is in English (and as we saw above, in reference to Lobsang's apparently unusual behaviour for a monk). Used to refer to illness, Tibetan notions of *nyoné* show significant similarities with biomedical concepts of psychosis (Millard 2007).[1] For example, Tibetan medical texts list symptoms of the illness of *nyoné* including confusion, distortions of perception, a focus on sadness, excessive talking and/or crying, and anger/aggression (*Gyüshi III* 2015: 383–85) – and ethnographic research has demonstrated similar findings (Jacobson 2002: 261; Deane 2014a: 451).[2] In addition, madness may play a key part in the process of becoming a recognized spirit-medium in many Tibetan and Himalayan communities (Day 1989; Rösing 2006).

The illness of *nyoné* is described clearly in key Tibetan medical texts such as the twelfth-century *Gyüshi* (*Four Tantras*).[3] However, many discussions of Tibetan perspectives on mind, mental health and illness[4] will also take in Tibetan religious concepts of mind, body and cosmos. Some of these understandings are included in the medical literature (for example, descriptions of illness-causing spirits in the *Gyüshi*, where 101 illnesses caused by spirit intervention are listed). Others are more localized, such as diverse concepts of pollution or impurity (Tib. *drip*, *mi tsangwa*) in different Tibetan communities. These understandings of the individual and his/her relationship to the wider world derive not just from Buddhism but also from pre-Buddhist

ideas – some of which have been adopted into Buddhist theory and practice to a greater or lesser extent, others of which remain at the margins of Buddhist culture. Thus, following extensive work on healing in Tibetan communities, Schrempf has described 'a cultural logic of healing in which "medicine" and "religion" are intertwined' (2011: 162), and I would argue that this is exemplified in Tibetan understandings of madness.

Pertinent here too is the Bon tradition. The categorization 'Bon' is currently used to refer to three intertwining but distinct traditions across a broad range of time periods (Kvaerne 1995: 9),[5] including diverse healing practices within contemporary Bon communities.[6] The question of Bon's history, origins and whether it can be classed as a school within Tibetan Buddhism is complex. Contemporary relations between Buddhism and Bon communities can be 'strained' (Dhondup 2011a: 51); Samuel reports significant stigma of Bonpos from many Buddhists (2013b: 79), and Millard describes Bonpos as having 'historically been marginalised and vilified by mainstream Buddhist Tibetan culture' (2013b: 144). Moreover, texts and traditions have been copied, shared and claimed as 'original' on both sides, and practitioners conducting near-identical practices often declare themselves entirely different from each other, with different histories and lineages attributed.[7]

For our purposes here, the only Bon tradition I am referring to is contemporary scholastic Bon, as this was what I encountered through my interviews in Amdo – a tradition described by Sihlé as a 'Tibetan quasi-Buddhist religion, which is very close to the Nyingma order, both sociologically and in terms of religious content' (2018: 163). This represents an 'organized religion' usually referred to as Yung Drung Bon, which developed in Tibet in the tenth and eleventh centuries 'alongside various forms of Buddhism' (Millard 2013b: 145). Its founder, Tonpa Shenrab, while said by his followers to have lived many centuries before Sakyamuni Buddha, and to have come from an area west of Tibet named as sTag gzig, is also described as having been born into a royal family before embarking on his path towards realization.[8]

During my time in Amdo, the vast majority of Tibetans that I got to know were members of the various Buddhist communities in the area – predominantly Gelug and Nyingma. Indeed, Samuel has described the Amdo region as dominated by large Gelugpa monastic institutions, with – particularly around Rebkong – a 'well-established tradition' of smaller Nyingmapa institutions, which are 'associated with a network of local lay Rnying ma pa village temples and tantric practitioners', alongside a 'parallel tradition of Bon po monasteries, village temples and lay tantric practitioners' (2013a: 7). As a result, all but one of my interviewees were Buddhist, and therefore the resulting narratives are almost entirely from Buddhist perspectives. However, as we shall see, key Tibetan medical and religious concepts of mind-body and related Tantric practices explored in these pages are found

in both Buddhist and Bon traditions, associated 'primarily with the highest yoga (*annuttarayayoga*) tantric texts such as the Kalachakra Tantra (*Dus 'khor rgyud*) and the Bon's Mother Tantra (*Ma rgyud*)' (Millard 2005 and 2006: 12).

In this work, then, I will talk broadly of 'Dharmic' and 'Tantric' traditions and practices. These are orientations that are shared across the Tibetan Buddhist and Bon religious traditions relevant to our discussion here. Similarly, references to Tibetan medical texts are focused on the *Gyüshi*, attributed to the Medicine Buddha, but might usually equally be made about the Bon *Bumshi* medical text. While the latter is attributed to the founder of the Bon tradition, Tonpa Shenrab, the contents of the texts are 'essentially the same' (Millard 2005 and 2006: 8). As Millard has asserted, this situation is not necessarily a problem for Bon doctors; he and others have described Bon Tibetan medicine doctors studying the *Gyüshi* (Millard 2013a, Schrempf 2007: 96), or using these Buddhist and Bon medical texts 'interchangeably' (Millard 2005 and 2006: 15).[9] In addition, a doctor's specific medical lineage is often key in their community, with the 'knowledge and experience of the teacher' valued more than a particular religious affiliation (Millard 2013a: 376).[10]

Ultimately, as will become clear in the following chapters, the boundaries between these different traditions and practices are not always clear cut – particularly between the spheres of so-called 'Buddhist', pre-Buddhist 'folk' religion and 'Bon'.[11] And within these pages, we will see how both practitioners and lay Tibetans often straddle interlinked medical, religious, Dharmic, Tantric and folk-religious explanatory frameworks in reference to *nyoné*. Here, for example, we meet an elderly doctor who works in a state-affiliated Tibetan medicine hospital during the day, and then performs Buddhist ritual activities for his patients at home in the evenings and weekends; description of a Buddhist rinpoche[12] who is said to produce medicinal pills from his own body following successful treatment of a serious illness; and narratives of spirit-caused madness diagnosed and treated by ritual specialists.

Moreover, the history of many of these religious and medical ideas (and related practices) can be traced to a multiplicity of sources and traditions – notably the Indian Tantric, Buddhist and Ayurvedic traditions, which predate the arrival of Buddhism into Tibet, but also influences from Hellenic, Chinese and Persian medical traditions. And in both Tantric and medical understandings, the role of *lung* (wind/energy) is key: said to flow throughout thousands of channels in the body, *lung* is understood to be closely related to the functioning of the mind. Tibetan medicine doctor and author Lobsang Rapgay describes wind as 'the foundation of mental consciousness . . . [it] encompasses the mind but is not limited to the mind' (1984: 50). Thus, when we speak of 'mind' in Tibetan understanding, as Samuel explains,

we are not dealing with mind as purely a cognitive process (2014: 33), as we might interpret it in biomedical understanding. Instead, we are looking at complex notions of mind (Tib. *sem*) and consciousness (Tib. *namshé*), which take in specific Tibetan Buddhist, pre-Buddhist and medical notions of mind-body structure and functioning, and are referenced by a number of interrelated Tibetan concepts including *sem* (Skt. *citta*; mind, primary consciousness) and *yi* (Skt. *manas*; intentions, emotions, thought, perception) (Samuel 2014: 33).[13] Related to this too is the concept of *la* – 'life-force' or 'life essence' – a multivarious concept that 'pervades Tibetan and Himalayan folk, literary, medical, astrological and religious spaces' (Gerke 2007: 191).[14] Indeed, Millard reports being told in Dhortapan, Nepal, that the *la* is 'often considered as part of the threefold group' of '*la yi sem sum* [three]'; here, '*[s]ems* is the ordinary mind, *yid* is a deeper layer of the mind in which thoughts circulate, and the *bla* is the vital energy which sets things in motion' (2005 and 2006: 14). The close relationship of mind/consciousness to *lung* is evident in Tibetan medical texts, and also the Tantric Buddhist and Bon texts, where it forms the basis of high-level practices, as we shall see in the following chapters. Moreover, in Tibetan understanding, the individual and the cosmos are also interrelated – with the human body, as microcosm, understood to contain 'all the energies and elements of the universe', the macrocosm (Drungtso 2004: 123)[15] – and the 'influence' of Tantric cosmology on Tibetan medical traditions is particularly evident in the sections on Tibetan medical theory about anatomy in the *Gyüshi* and the *Bumshi* (Chapter 4 of the second volume of both texts) (Millard 2005 and 2006: 12).

However, despite these significant overlaps between medical and religious descriptions of mind-body, in many contemporary Tibetan communities, practitioners and their practices are divided in quite practical terms between somewhat separate 'medical' and 'religious' spheres. Today, medical and religious specialists usually train and work in different places, and study different – if overlapping – descriptions of mind and body elucidated in medical and Tantric texts and practices, as we shall see.

Tibetan Medicine

While there is some diversity in the forms of practice that come under the umbrella of 'Tibetan medicine'[16] across the Himalayan region, key here is the twelfth-century, four-volume medical text, the *Gyüshi* (*Four Tantras*). The text is thought to be a composite work: while much of it is understood to be a translation of a key seventh-century Sanskrit Ayurvedic medical text, the *Aṣṭāṇgahṛdayasaṃhitā* (Ga 2010: 85),[17] it was also influenced by multiple sources including Sanskrit and Chinese texts alongside original Tibetan

medical concepts (Emmerick 1977; Ga 2010 – see also Ga 2014; Garrett 2008: 38–41; Gerke 2014; J. Gyatso 2015), and it is thought that much of the *Gyüshi* was codified in the twelfth century by the Tibetan scholar Yutok Yonten Gonpo and his students.[18] The text became the 'root' medical work in Tibet (J. Gyatso 2004: 84), used at the Chagpori medical institution, which was established in Lhasa in the seventeenth century by renowned politician and scholar Desi Sangye Gyatso (Meyer 2003), who also authored multiple works on Tibetan medicine. The *Gyüshi* text covers anatomy and the nosological framework of medicine, as well as diagnostic and treatment methodology (Ga 2010).[19] This text is made up of 156 chapters across four sections:

1. *Tsa Gyü* (*Root Tantra*/*First Tantra*, six chapters): This provides an introduction and outline of the text, including the basis of health and illness, diagnosis, treatment and the use of metaphors in Tibetan medicine.
2. *Shé Gyü* (*Explanatory Tantra*/*Second Tantra*, thirty-one chapters): This includes embryology, anatomy, causes and conditions (or 'secondary causes') of disease, and the principles of diagnosis and treatment (including dietary and behavioural guidance as well as medical treatments), as well as description on the expected personal qualities of a doctor.
3. *Men ngak Gyü* (*Oral Instruction Tantra*/*Third Tantra*, ninety-two chapters): This describes diseases of the three *nyépa* ('energies' or 'faults') and provides a comprehensive explanation of causes, conditions, classification, diagnosis, symptoms and treatments for a broad range of conditions, including several chapters on illness-causing spirits.
4. *Chi mé Gyü* (*Additional* or *Final Tantra*/*Fourth Tantra*, twenty-five chapters): This covers pulse and urine diagnosis and contains descriptions of multiple medicinal compounds and external therapies, including herbal poultices and baths, moxibustion, bloodletting and enemas.[20]

In fact, a multitude of medical texts are necessary for Tibetan medical study and practice, not least the corpus of texts known as 'commentaries' (*nyam yig*, lit. 'writing from experience'). These were authored by medical practitioners on the basis that direct experience was often superior to learning medicine from texts. Chui has described the significant role that these commentarial texts have played in the development of the Tibetan medical tradition (2019: 87); indeed, over time, these commentaries began to supplant the *Gyüshi* text itself (J. Gyatso 2004: 86). And as Chui explains, some of these texts contain 'novel information on the diagnosis and treatment of disease, which reflects perspectives of medical practices within their social, cultural and political contexts' (2019: 87). In addition, with the *Gyüshi* text dense and written in verse, as Janes notes, it is 'open to multiple interpretations', and

these commentaries are thus key to much medical practice. And over time, differences in training and practice in different geographical regions have produced numerous medical traditions that may vary significantly 'according to individual teacher-student relationships' (Janes 1995: 13). Indeed, this was likely to be particularly the case when many medical practitioners studied medicine on a one-to-one teacher–student basis rather than in medical colleges or at universities, as is the norm today.

Nonetheless, across different traditions and regions, there are significant similarities, including diagnostic techniques focused on pulse analysis, urine analysis and/or questioning of the patient; the use of medicinal formulae containing plant, mineral and animal-derived ingredients; and external therapies including massage, moxibustion, bloodletting and herbal baths. Practitioners may specialize in different aspects of medicine – for example, only diagnosing through urine analysis, or becoming particularly well-known for moxibustion, or making their own medical formulae – but overall, there is much commonality in medical theory and practice.

Key in Tibetan medical theory – and in any discussions with Tibetan medicine doctors – are the three *nyépa* ('energies' or 'faults'): *lung* (wind), *tripa* (bile) and *béken* (phlegm). These are perhaps best understood as properties rather than literal substances. For example, Epstein and Topgay explain that the qualities of *lung* can be said to be 'roughness, lightness, coldness, mobility, compactness, and subtleness'; the qualities of *tripa*, 'heat, greasiness, sharpness, lightness, purging, and moistness'; and those of *béken*, 'greasiness, coolness, heaviness, bluntness, softness, firmness, and adhesiveness' (Epstein and Topgay 1982: 69–71). They describe the 'dualistic function' of these *nyépa*: 'when kept in balance they maintain physical and mental health; but when disturbed, increased or decreased, they act as causes of disease' (Ibid.: 69). Thus, the *nyépa* are both 'essential for life and for the continuance of the mind-body complex' but are also 'potential causers of harm' (Ibid.: 70). Additionally, a number of factors named as 'secondary causes' or conditions (Tib. *kyen*) may contribute to the causation of illness: season, spirits, diet and behaviour (*Gyüshi I* 2015: 10).

Within this tripartite system, the *lung* is particularly important: described as the 'king' or 'integrating principle' of the mind-body (Janes 1999b: 394), it is particularly linked to the mind and consciousness – and therefore with the (dys)functioning of the mind, as we shall see in the following chapters. We thus find *nyoné* described in two sections of the *Gyüshi* and *Bumshi* medical texts: under the general category of *lung* illness; and in the section on spirit-caused illnesses, where we encounter description of 'spirits that cause madness' (Tib. *nyo jé gyi dön*). Across these sections, we find a number of diagnostic categories where symptoms such as hallucinations or confusion are listed alongside symptoms such as headache and dizziness.

Buddhism, Bon and Tantra

In the Tibetan Tantric traditions of Buddhism and Bon, the role of wind is again key. Here, multiple canonical and commentarial Tantric texts (known as the *Kangyur* and *Tengyur* respectively) prescribe manipulations of this energy through complex mind-body practices, ultimately aimed at attaining enlightenment. A distinction is made here between the coarse body ('the body of which we are ordinarily aware, composed of the four elements and the substances evolved from them'), subtle body (comprising channels, winds and drops) and very subtle body ('the very subtle fundamental wind in the indestructible drop that serves as the mount of the mind of clear light') (Cozort 1986: 95–96).

Variations of this 'energetic' or 'subtle' body exist in multiple Asian and Western religious and esoteric traditions (Samuel 2014: 33).[21] In Tibetan Tantric traditions, as we will see in the following chapters, we can view this as a 'map' of the body, made up of channels, through which *lung* flows, and energy centres (Tib. *khorlo*, Skt. *cakra*; often referred to in English-language spheres as 'chakras') where these channels intersect. I would agree with Samuel's assertion that, rather than a 'straightforward description' of the body, we are looking instead at a 'structuring', where the different Tantric traditions describe 'slightly different modes of visualizing the system' (1993: 237). In other words, we are talking here about an *instructive*, rather than *descriptive*, 'map' of the body, for the purposes of meditative practice.

There are two collections of Tantric texts in the Tibetan Buddhist traditions: the Old (*Nyingma*) Tantras, initially transmitted from India to Tibet in the eighth and ninth centuries, and New (*Sarma*) Tantras, transmitted from India to Tibet in the eleventh and twelfth centuries. The first are relevant to the Nyingma Buddhist tradition; the second to the Kagyu, Sakya and Gelug traditions. Bon has its own Tantric tradition that it claims derives from different sources, but their background is unclear (Samuel 1993: 228–29), and in reality, there is much overlap between the Buddhist and Bon texts.[22]

As we shall see in Part II, some of the key practices described in these texts are based on enlightened Tantric deities known as *bodhisattva*,[23] with many high-level Buddhist and Bon Tantric practices focused on a practitioner evoking this kind of deity within him/herself as a method for attaining realization. However, Tantric practices are not only individual practices aimed at a practitioner's own enlightenment. They may also be ritual activities performed for the broader community, such as dealing with local spirit afflictions. In such cases, ritual deity practices are public performances, conducted either within a monastery or temple or in a person's home. In this context too, we find mention of *nyoné*. Some Tantric Buddhist texts, for example, include much writing on the causes and treatments of *nyoné* (see for example

Lusthaus 2017: 50); others describe how *nyoné* might be caused and treated through meditative practices (see Marek and Oliphant 2017).

And finally, the *lama nyonpa* ('mad yogin' or 'crazy lama') is a well-known Tibetan figure, described by Ardussi and Epstein as '[o]ne of the most fascinating characters that runs through the oral and literary traditions of Tibet' (1978: 327). Historical figures such as the fourteenth–fifteenth-century Madman of Tsang and Madman of Ü may be fondly described by contemporary Tibetans despite behaving in ways very unusual for religious practitioners, such as 'drinking to excess, fornicating, thieving, defying authority, playing magical tricks' (Ibid.). In fact, we are told that these strange men (and occasionally women) were not behaving this way because they were suffering from an illness of madness, but because they were *enlightened*: seeing beyond the samsaric divisions of 'good' versus 'bad', 'pure' and 'impure', they behave accordingly.

Entanglements of 'Medicine' and 'Religion'

The spheres of medicine and religion have long been interlinked in Tibetan perspectives[24] – with, for example, the necessity of ritual treatments for some conditions described in the *Gyüshi* and other medical texts,[25] and various illnesses and their potential treatments described in some of the Buddhist and Bon Tantras. Moreover, in the Tibetan medical tradition, the three *nyépa* of *lung*, *tripa* and *béken* are said to arise from the three 'poisons' (Tib. *duk sum*) of the Dharmic traditions: attachment, hatred/aversion and delusion. In addition, the authorship of the *Gyüshi* was traditionally attributed to the Medicine Buddha, Bhaiṣajyaguru, and its written style suggests a traditional Buddhist teaching between a buddha and the interlocutor, as in Tantric texts (Samuel 2001b: 256; see also Ga 2010: 152–53 and J. Gyatso 2015: 141–91).[26] Equally, the *Bumshi* is said by Bonpos to have been taught by the buddha Tonpa Shenrab to his son Tribu Trishi; the text then passed on 'through the medical lineage in Tazig and Zhang Zhung, eventually to be translated into Tibetan at the time of the second king of Tibet, Mutri Tsenpo', with Yutok Yonten Gonpo said to have 'transformed the *Bumshi* into the *Gyüshi*' (Millard 2013a: 356). Indeed, one Bon medical practitioner Millard spoke to within a Tibetan Bon community in Dhortapan, Nepal, described the *Gyüshi* as a 'Buddhist reworking' of the Bon medical text (2005 and 2006: 7).[27]

However, the relationship between these medical and religious traditions has varied throughout history, and it is clear that discussions and disagreements about the compatibility of the medical and Tantric approaches to mind-body date back centuries (J. Gyatso 2015). For example, Janet Gyatso

has described a deliberate process of 'Buddhicization' of the medical tradition, which was assisted by some of the existing commonalities between the two traditions.[28] In the contemporary arena, in some regions we find practitioners who span the spheres of medicine and religion (see, for example, Besch's work in Spiti, India, where he describes several Tibetan medicine doctors who were also renowned ritual specialists [2006], and Millard's description of Bon doctors in Kailash, for whom religion was an 'important component of medical practice' [2013a: 377]). In others, these spheres may be quite distinct in terms of training and practice – with contemporary Tibetan medicine doctors usually studying in universities, and religious practitioners training and working separately in religious institutions.[29]

Therefore, in many contemporary Tibetan communities in both the People's Republic of China (PRC) and beyond, lay people, Tibetan medicine doctors and religious specialists often mediate between multiple explanatory frameworks. Here, we cannot always draw strict boundaries between so-called 'medical' and 'religious' practices, practitioners or approaches to mind-body. J. Gyatso describes 'overlap and fuzzy borders' between the medical and religious systems (2015: 101),[30] and previous field researchers have described a complex picture of interrelationships between religion, Tibetan medicine and biomedicine[31] in contemporary Tibetan communities and institutions. Working in Amdo, Schrempf, for example, described 'variations in the way in which "religion" and "medicine" are either treated separately, overlap or are combined', noting that while there are certainly some healing practices that belong 'exclusively to one of the two different domains of "religion" and "medicine", in training and expertise', these are often combined in diverse ways in healing and health-seeking behaviour (2011: 163).[32] And during my own time in Amdo in 2018–19, I saw how these factors can differ by institution: in state-affiliated Tibetan medicine hospitals, for example, 'religious' practices were not allowed; in contrast, independent medical institutions had more freedom to choose how they were run, and I witnessed one group of Tibetan medicine doctors and nurses starting their work day with their daily recitation of a Buddhist prayer.

Many of those I spoke to in Amdo described consulting multiple healing practitioners, either concurrently or in sequence, and discussed health and illness using a range of concepts from diverse medical and healing systems. Here, traditional Tibetan notions of mind-body, health and illness often sat alongside some biomedical terminology and concepts. This kind of 'pluralistic' approach in health-seeking behaviour is not unusual of course (see, for example, Hepburn 1988), and this was evident in my previous research within Tibetan communities in Darjeeling too (Deane 2018). As Schrempf has described in her own research in the Amdo region, illness can affect 'all levels of the body – the individual, social, environmental and cosmological'.

With this perspective, exploring healing in multiple ways concurrently might simply be the 'most efficacious' approach (2011: 177). Schrempf references Samuel's notion of the 'mind-body-society-environment context' to illness and healing (Samuel 2006: 123). Indeed, we see this in the Tibetan medical texts' descriptions of multiple causative and contributory factors for a case of illness – including, for example, disturbance in the *nyépa* (both causing and contributing to particular mental states) and spirit afflictions (sometimes related to a person's interaction with the environment). This kind of approach is often even more evident 'on the ground' in Tibetan communities, as people navigate their way through an experience of illness.

We will see this in some of the narratives within these chapters, as we hear how lay Tibetans, and religious and medical specialists, discuss cases of *nyoné* and other conditions. And I would argue that this pluralistic approach to illness and healing is perhaps even more likely in the context of a condition such as *nyoné*, which may be hard to make sense of and particularly worrying and/or frightening for an afflicted person and their family – especially if the situation is acute. Moreover, in a medically pluralistic arena such as contemporary Amdo, where individuals and their families may have a plethora of healing practitioners and practices to choose from, health-seeking behaviour will necessarily be complex and nuanced, as we shall see in the following chapters. Here, factors such as reputation and previous experience will sit alongside issues of cost and accessibility – both geographical and practical (for example, in relation to language knowledge)[33] – contributing to decision-making. Thus, Craig describes how, in contemporary China, a combination of the Chinese model of rural cooperative medicine and major developments in transport and other infrastructure has significantly increased access to both biomedical and Tibetan medical services for people in rural areas (2012: 144). In addition, working in the region in 2005–7, Schrempf found that, for some patients, perceived notions of efficacy and trust may be more significant than any thoughts about what tradition or medical system a healer is practising (2011: 159, 165). For example, Nianggajia reported many Tibetan and non-Tibetans preferring to consult private Tibetan medicine clinics, whose (often senior) doctors were seen to be 'more experienced, learned, and easily approachable' (2015: 228), or even 'much more empathetic towards their patients' and 'more approachable after hours' than their biomedical counterparts (Ibid.: 227). There are also questions around the impact of health insurance (specifically the New Cooperative Medical Scheme, instituted in 2003), which were rarely mentioned by my interviewees but which probably influence people's health-seeking behaviours.[34]

Figure 0.1. Downtown Xining, 2018. © Susannah Deane.

Working in Amdo

I spent twelve months conducting ethnographic research in Amdo in 2018–19. Traditionally one of the three major regions of Tibet (Amdo in the northeast, Kham in the east and U-Tsang in the centre and west), this area now spans parts of Qinghai, Gansu and Sichuan provinces. Granted visiting-researcher status at Minzu University of China in Beijing, I was granted permission to conduct fieldwork in Qinghai, allowing me to base myself in Xining, its capital city, and travel around the region freely on buses, trains, flights and taxis. During this time, I had the opportunity to inhabit multiple spaces and visit diverse medical and religious institutions, among other places, sometimes moving between related roles of 'participant' and 'observer' at locations, events and in clinics as well as conducting a number of in-depth interviews with a broad range of people residing in the area.

Amdo is a particularly interesting region. In Xining, I experienced the busyness and comforts of living in what is a comparably small city in north-west China (see Figure 0.1).[35] Its inhabitants mostly live – as I did – in tall apartment blocks in large residential complexes across the different areas of the city, travelling to school, university or work on the many city buses or

Figure 0.2. Tibetan medicines in a private Tibetan medicine hospital pharmacy in Rebkong, 2019. © Susannah Deane.

taxis; shopping in street markets and the rapidly multiplying, large shopping centres; drinking coffee and tea in local- or foreign-owned cafes; and eating out in the multitude of Chinese, Tibetan and Muslim restaurants.

The Tibetan population makes up a minority of Xining's inhabitants, but Tibetan communities and their traditions are evident across the city – in the large, state-affiliated and private Tibetan medicine hospitals where inpatients and outpatients can receive traditional Tibetan medical formulae (see Figure 0.2), as well as external therapies such as herbal baths;[36] in shops and market stalls selling Tibetan Buddhist statues and temple decorations; on the street stalls where Tibetan men and women sell fresh yak-milk yoghurt every evening. From Tibetan friends, I heard about practitioners working within and across related Tibetan healing traditions. Here, discussions about *nyoné* were not uncommon: almost all of the people I interviewed in Amdo described at least one person – whether a close relative or a member of their local community – who had experienced this, and both friends and interviewees often spoke at length about this topic.

I also spent a lot of my time in the region of Rebkong (Ch. Tongren). Around 180 km or two hours south from Xining, this is the capital of Malho (Ch. Huangnan) Tibetan Autonomous Prefecture. Here, Buddhist monasteries and temples are spread in the main town and out across the Rebkong valley in multiple Tibetan towns and villages. Nianggajia references

pre-publication 2015 census data that describes a total population of 89,654 in Rebkong county, of which Tibetans are the predominant ethnic group (72.94%), with smaller populations of Mongour (11.8%), Han Chinese (8.83%), Hui (3.86%), Salar (1.68%), and others (Nianggajia 2015: 223). A majority of this Tibetan population belongs to the Gelug Buddhist tradition (Millard 2013b: 143), with smaller Nyingma Buddhist and Bon populations.

The large Gelugpa Buddhist monastery at Rongwo (Rongwo Gonchen [rong bo dgon chen]) dates to 1342 (Dhondup 2011a), and Rebkong is home to the second largest Bon community in Amdo (Millard 2013b: 147).[37] Millard references a 1996 survey of Bon monasteries in Qinghai by the Tibetan scholar Tsering Thar (2003), which counted '46 Bon villages in the Rebkong area comprising around 691 families with a total population of 4368', in addition to approximately 4,000 nomadic people who are 'connected with the area and who also follow the Bon religion' (Millard 2013b: 148). Easily accessible from Xining by bus, Rebkong's majority Tibetan population meant that it was easy to meet people and recruit interviewees here, as Tibetan friends and acquaintances suggested people they thought might be able to help me in my research, and invited me to visit religious and medical institutions in the town and surrounding area. I thus spent a considerable amount of time there, staying in local hotels, visiting religious sites and getting to know people living and working in the town or in the villages of the surrounding valley.

Notable in Rebkong is its significant *ngakpa* community. In a 2018 paper, Sihlé estimated approximately 2,000 of these practitioners across the Rebkong Nyingma Buddhist and Bon communities (2018: 162). Often referred to locally as *hön*, these Tantric practitioners can trace their history back to the ninth century (Dhondup 2011a: 47–49)[38] and can be identified by their long (often dreadlocked) hair and their white, or red and white, robes. Ritual specialists, *ngakpa* are often consulted by members of the lay community for purposes such as controlling the weather and treating illnesses suspected to be caused by spirits. This is because, while both celibate monastic practitioners and *ngakpa* are trained in the practice of Tantric rituals, the latter are viewed as the 'pre-eminent specialists' for 'powerful and/or violent' ritual forms (Sihlé 2018: 162). Dhondup describes twelve to eighteen years' study for these practitioners, involving 'rigorous training and practice in reciting mantras, meditation, readings, receiving esoteric instructions and transmissions and undertaking solitary retreats' (2011a: 14), and in Rebkong it was common to see many of these practitioners around the town.

Both Xining and the Rebkong valley are culturally and medically pluralistic areas, and the region of Amdo as a whole has for a long time been a place of contact between diverse cultures (Samuel 2013a: 6), with questions of ethnicity rather complex across the different communities of Tibetan, Han,

Figure 0.3. Qinghai Province Tibetan Medicine Hospital, Xining 2018.
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Hui, Salar, Mongol and Tu populations.[39] In addition, many of the Tibetans I spoke to in the area were notably mobile. Often working and living in different places (for example, living in Rebkong and working during the week in Xining, or vice versa; or spending term time teaching in a school in a small town miles from where they lived the rest of their time in Rebkong), or living in the city but speaking frequently of their 'home town' – often hundreds of miles away in another area of Amdo. In addition, I was also able to spend some time in Golok, staying with a friend who kindly invited me to stay with her in her home town after we initially met in Xining, and also to visit some other towns in the Amdo region, where I was able to conduct several interviews.

Amdo is home to a large number of medical institutions and practitioners. Xining boasts the large state-affiliated Qinghai Province Tibetan Medicine Hospital (Tso ngon Shing chen Bö Men Khang, see Figure 0.3),[40] founded in 1983, as well as a large private Tibetan medicine hospital and numerous smaller Tibetan medicine clinics. Smaller towns and villages were home to smaller Tibetan medicine hospitals and clinics; Rebkong, for example, had several private Tibetan medicine hospitals[41] (including one situated at the main Rongwo Monastery [see Figure 0.4])[42] as well as a state-affiliated Tibetan medicine hospital, the Malho Prefecture Tibetan Hospital. In fact, Rebkong has a rich history of Tibetan medicine, with a number of renowned

Figure 0.4. Rongwo Monastery Bodhicitta Hospital, 2018. © Susannah Deane.

Tibetan medicine doctors and generations of 'lineage physicians' (Tib. *men gyud*) originating in this region, as well as 'scholar-physicians' who played a key role in 'building up Rebgong as a centre for traditional Tibetan medicine in the late eighteenth and nineteenth centuries' (Nianggajia 2015: 222–24).[43]

There are also multiple biomedical hospitals and clinics in the area. In Amdo, biomedicine was usually referred to by Tibetans as 'Chinese medicine' (Tib. *ja men*) in contrast to Traditional Chinese Medicine (TCM), which was referred to as 'Chinese herbal medicine' (Tib. *ja tsa men*).[44] Among the numerous biomedical hospitals and clinics in Xining, for example, was the Qinghai Province Third People's Hospital Psychiatric Consultation Center – commonly known as the Number Three Hospital – a biomedical psychiatric facility. Moreover, today, many 'Tibetan medicine hospitals' also include a certain degree of biomedicine. For example, use of sphygmomanometers to measure patients' blood pressure is common during consultation with Tibetan medicine doctors, and in the Qinghai Province Tibetan Medicine Hospital, for example, some doctors also used ECG, X-ray, MRI, CT, CRDR, TCD and ultrasound machines. This pluralistic approach to practice can be seen in record-keeping too, where Craig has described, for example, Tibetan language used to record diagnoses and 'specific indications of medicines' and Chinese language used to record prescriptions and lab tests at the hospital (2012: 69). Moreover, sometimes biomedical medications were used in 'Tibetan medicine' hospitals too, as we shall see in Chapter 2. Indeed, Schrempf

notes that the administration of biomedical injections and antibiotic drugs is common practice in 'most' Tibetan medicine clinics and hospitals (2015: 279). In these modern hospitals, departments are usually divided up in a way similar to biomedical hospitals (e.g. Department for Stomach Illnesses and Indigestion, and Department for Liver and Gall Bladder Diseases), and patient record-keeping is 'meticulously maintained, as required of a government hospital' (Ibid.: 296).[45]

Particularly interesting in relation to my research topic was the fact that, before my arrival in Amdo, the Qinghai Province Tibetan Medicine Hospital in Xining had had a specific department for severe mental illness, the Department for Wind Illnesses and Impurities (Tib. Lung Né Drip Tsen Khak), operational between 2014 and 2017. It had closed down by the time I arrived in early 2018, but I was able to interview Dr Dechen, one of the Tibetan medicine doctors who had worked there during that time. Dr Dechen explained that the facility had been aimed predominantly at patients with *nyoné*, and had been staffed by six doctors — five Tibetan medicine doctors (of Tibetan ethnicity) and one Han Chinese doctor who specialized in biomedicine – and seven nurses. There had been space for a number of inpatients, who were treated with a combination of Tibetan medicine medicinal compounds and external therapies such as herbal compresses and massage.

During my twelve months in Amdo, as spring turned to summer, and then autumn sun gave way to winter snows, I was able to conduct in-depth, semi-structured interviews with twenty-nine lay Tibetans, aged 20 to 72; eleven religious specialists (Buddhist and Bon monastic and lay practitioners as well as one spirit-medium); and ten Tibetan medicine doctors.[46] A couple of these practitioners straddled the interrelated spheres of 'medicine' and 'religion', trained and practising as both Tibetan medicine doctors and *ngakpa* ritual or monastic specialists. Others spanned these spheres less 'officially', such as a few Tibetan medicine doctors who described studying with Buddhist teachers they knew personally to a greater or lesser degree, out of their own interest to supplement their medical knowledge. Religious specialist interviewees were predominantly from Buddhist Nyingma and Gelug communities, with just one Bon practitioner – a lama at a local Bon monastery – among my Amdo interviewees.

Interviewees were recruited through snowball sampling: starting with three Tibetan and foreign friends/acquaintances, and a few 'cold calls', I was able to meet a diversity of practitioners and lay people through both Tibetan and non-Tibetan formal and informal networks in the area. In addition, aiming to interview male and female Tibetans from urban and rural areas, across a range of ages and occupations, I recruited interviewees situated in a variety of communities predominantly within Xining and/or Rebkong, working in (or retired from) diverse sectors including teaching, technology and business,

as well as a few university students studying in the city. I also interviewed a handful of lay people and practitioners in other regions of Amdo, including Golok and Chabcha. This method of sampling is not perfect, of course, and has the potential to lead to some sample bias. However, in initiating my approaches across a variety of communities, I was able to meet, talk to and interview a fairly broad range of people. Indeed, with this kind of exploratory research, where we are not looking for definitive 'answers', this approach allowed me to start building up a picture of the diversity of perspectives on the topic at hand.

All of these people were kind enough to give me their time to discuss this fascinating topic. One Tibetan medicine doctor invited me to sit in on one of his clinics for a morning, chatting about different conditions and his many decades of experience in between patient consultations. Another invited me to try one of the external therapies on offer at his private Tibetan medicine hospital, and I found myself lying in a traditional 'sand bath' alongside a local Tibetan patient on a Saturday morning in November, while nurses and other interested onlookers appeared around the door intermittently to see what a foreigner made of this traditional Tibetan medical treatment.

Some of these Amdo Tibetans – the majority of whom I met and got to know during these twelve months – became friends. They gave their time generously to speak at length not only about my research topic but also about broader aspects of Tibetan culture and their own life experiences, introducing me to colleagues, friends and relatives whom they thought I might be interested to meet – and inviting me along to religious events, friendly teas, lunches and dinners, and to spend time with them and their families in their homes. One Tibetan friend collated groups of her colleagues to answer questions and chat about my research and related topics over endless pots of tea – creating a sort of 'focus group', where I was able to listen as they discussed and debated different ideas about mind, body, health, illness and *nyoné*, observing how my questions could highlight differing perspectives from those hailing from different geographical regions. Here, my role segued from observer to participant, to friend and back again – again and again. I tried to reciprocate this generosity however I could; more often than not, this involved English assistance, helping people with English-language questions, documents and proof-reading whenever asked. I thought often of the privilege of being a native English speaker in this globalized world, and gave assistance to those who asked for it where I could. In Xining, I answered a call out on a local WeChat group to volunteer a couple of hours every other week for a semi-organized English conversation session with a group of Tibetan Masters students at a university campus across the city. I hoped this was useful for them; of course, it also provided another window for me into diverse Tibetan lives in the city.

With my own interdisciplinary background spanning the spheres of psychology, medical anthropology and religious studies, and an awareness of the lack of research on this topic, I did not take a specific disciplinary approach to this endeavour. This allowed me to gather a broad range of perspectives and thoughts on the topics at hand. Indeed, rather than attempting to gain some definitive answer to questions about causes and treatments of madness in Tibetan understanding, for example, I aimed instead to explore the diversity evident in the perspectives of lay people and religious and medical specialists, to start to map out different understandings of the concept of *nyoné*, and to explore the overlapping and diverging threads that run through them.

And as the winds of ethnography change for the better, and we aim to increase reflexivity in our practice, questions of ownership and sharing of knowledge are particularly pertinent when working within Tibetan communities in the PRC. Conducting fieldwork anywhere within contemporary China can be complicated – particularly when focusing on an official minority group. The extra caution needed in this region prevents the naming of those who shared so much of their time, thoughts, knowledge and experiences with me for the benefit of this work. Certainly, this work would not have been possible without the generosity of a network of Amdo-wa who made this project not only *possible* but also enjoyable. Even when conducting research on a subject that is not obviously politically sensitive, it is still wise to take extra care here. In practice, this included my never raising 'politically sensitive' topics in casual conversations or interviews, and being aware of surroundings and navigating conversations carefully if these topics should be raised by those I was speaking to. However, 'being careful' is not always a simple matter – as Hofer has described in relation to her work in the Tibet Autonomous Region (TAR), 'politically sensitive' topics are often 'not clearly defined or openly articulated; rather they have to be figured out and one's behaviors constantly adjusted' (2018: 25). As Yeh has explained, in this kind of environment 'all interactions and relationships are shaped to some extent by wariness of political trouble', undoubtably shaping the research (2006: 97). In this context, she argues, a 'politics of fear' will produce 'subjects who internalize surveillance' (Ibid.). Yeh was working in Lhasa, and while this issue is certainly less pronounced in Tibetan communities outside of the TAR, it still needs to be considered. In Amdo, approaching my field research with care meant always thinking not only about what was safe to talk about – and of course, commit to published material – at the time that I was there, but always also with an eye to the future, and considering how these parameters might shift. One result of this, of course, is the anonymization of all of my interviewees' and friends' names and no reference to specific villages or monasteries with which they were affiliated, except where these were particularly large institutions.[47] And in fact, while Tibetan friends in the

area did sometimes discuss sensitive topics including the ongoing political situation within the PRC with me, this was generally not mentioned in relation to mental health in our discussions.[48]

Through these many encounters and experiences, I was able to build up a picture of the multiple ways in which 'madness' can be understood within these contemporary Tibetan communities in Amdo. My position as an interviewer, foreigner and friend no doubt both helped and hindered this exploration in different ways at different times – probably sometimes in a manner invisible to me. As the field started to 'take shape' for me, the field itself was also shaped by my interactions with it, as Rapport suggests (1997: 179). My linguistic shortcomings – having previously studied and worked in the Lhasa dialect of Tibetan, I was now learning the very different Amdo dialect through one-to-one lessons with a local teacher – no doubt impacted on this too. Some conversations were conducted directly between myself and an interviewee or friend – either entirely in Tibetan, entirely in English or a mixture of the two, depending on our mix of language abilities. Many interviews – particularly those with medical and religious specialists – required the aid of an interpreter, which undoubtably impacted on the nature of the encounter. Interviews were usually recorded, with permission, allowing me to re-listen to explanations of Tibetan medical and religious concepts and their complex relationships, and to double-check translations – indeed, my interpreter often described unfamiliarity with some of these religious and medical terms. Where my interlocutor used Tibetan terms like *nyoné* and *nying* (whether in a Tibetan-language conversation or in a predominantly English-language conversation but with Tibetan terms interspersed), I have kept these in Tibetan in these pages. Where they used English terms like 'madness', 'crazy' and 'heart illness', I too have used the English as they did. Dialogues are presented either unedited or edited minimally to aid readability (after translation). We can see, then, how my interlocutors translated or didn't translate these terms themselves. My interview questions developed, expanded and refined as I spoke to more and more people, interweaving data collection, hypothesis construction and theory building, as has been described by Silverman (2000: 143), and taking me back to some interviewees when my growing knowledge led to further questions.

Within this process, I tried to keep my questions as open as possible, to record and translate people's responses in a way that represented the diversity of perspectives I encountered as accurately as possible. As I was not attempting to interview inpatients or outpatients at clinics or hospitals, when speaking to lay individuals about concepts of mind-body, health and illness, information was self-reported outside of any clinical context. I have included interviewees' ages and home towns/residences to provide some context to these different perspectives. It will become clear just how complex

this notion of *nyoné* is, informed by multiple medical and religious perspectives of mind-body across different traditions – and sometimes different geographical areas.

In addition, I have explored various descriptions of madness in Tibetan medical and religious texts. With different Tantric traditions focusing on different texts – some shared between the traditions, others exclusive to one in particular – there can be significant differences between them. Thus, rather than attempt to present an exhaustive list of the mentions and discussions across all Tibetan texts (an impossible task!), I have tried to include instead a range of texts from different Tibetan Tantric traditions. With my spoken Modern Colloquial Tibetan much better than my Classical Tibetan, for Tantric texts I have predominantly relied on Tibetan Buddhist and Bon texts that have already been translated into English, and more recent works written in English by Tibetan religious and medical scholars of the last century. Of course, this approach has limitations, but I hope that it allows us to start exploring some of the key ways in which 'madness' is discussed and described by Tibetan medical and religious scholars, and to get a flavour of some of the ideas and themes that recur again and again, as well as some which seem rather more idiosyncratic. Indeed, in drawing from a number of different Tantric historical and recent canonical and commentarial texts, I aim to show a range of perspectives that demonstrate some similarities and differences in how this topic is understood. I hope that future research will build on this initial work to bring more light on this topic through the exploration of more texts and further ethnographic research.

Thus, over the following chapters, we will see how different notions of 'madness' across religion and medicine converge and diverge to illustrate overlapping Tibetan Tantric and medical notions of mind-body structure and (dys)functioning, how this plays out in some contemporary Tibetan communities in the Amdo region, and how these contemporary perspectives sit alongside what we find in some of the multiple medical and religious texts in these interrelated Tibetan traditions.

The book is arranged across two parts, with Part I focusing predominantly on the Tibetan concept of 'wind' and its place in Tibetan medicine and Tantra in the context of *nyoné*, and Part II focusing on Tibetan perspectives on the role of spirits and deities in *nyoné* specifically, and health, illness and Tantric practice more broadly. With this in mind, each part opens with a chapter focused on ethnographic findings from Amdo, aimed at explicating the complex picture in some contemporary Tibetan communities through an exploration of multiple perspectives.

Chapter 1 explores the diverse ways in which notions of 'wind' and 'heart' were discussed in relation to the mind and to madness in Amdo, based on interview material from Tibetan religious and medical specialists as well as lay

Tibetans. Here, overlapping Tibetan Tantric and medical notions of mind-body are brought into play to explain diverse cases of *nyoné*, its causation and treatment by both medical and religious means, encompassing ideas about 'heart illness' (e.g. sadness, depression) and 'wind illness' – caused by factors including Tantric practice.

Chapter 2 focuses on 'wind' in the Tibetan medical tradition, exploring the different ways in which disruptions in its flow can be both a cause and a consequence of illness affecting the mind and/or body, as is described in the *Gyüshi* text and by contemporary and historical Tibetan medicine doctors, including those I spoke to in Amdo. It becomes evident that connections between 'wind', 'heart' and 'mind' are key to understanding the diverse range of causes, symptoms and treatments in different forms of 'wind illness' – including *nyoné* – in Tibetan medical perspectives.

In Chapter 3, we investigate the role of 'wind' in Tibetan Buddhist and Bon Tantra, exploring the key relationship between wind and concepts of *bodhicitta* ('mind of enlightenment'), and examining practices focused on the manipulation of particular winds through the body and mind in pursuit of enlightenment. With such practices often described as highly complex and difficult, I explore textual and ethnographic discussions on 'madness caused by practice', wherein the possibility of achieving enlightenment is counter-balanced by the potential for mental and physical harms – including *nyoné* – that may result from conducting them incorrectly. This chapter also considers the figure of the *lama nyonpa* ('mad yogin'), common in Tibetan historical narratives and contemporary discourse. These individuals – usually described as 'acting crazy' – are, in fact, understood by many to be enlightened – behaving the way they do as a result of their higher realization.

In Part II, Chapter 4 situates us firmly back in Amdo, exploring contemporary Amdo narratives of spirits, deities and 'impurities'/'pollution' and their role in the causation of *nyoné*. Here, we explore Amdo perspectives on interrelationships between lay people, spirits, gods and highly accomplished Buddhist and Bon practitioners, and the treatment of spirit-caused illnesses in medical and religious spheres.

Chapter 5 focuses on Tibetan perspectives on the role of 'uninvited' spirits, deities and impurities in causing madness, and their treatment via medical and/or religious means, according to both textual material and the perspectives of contemporary practitioners. Here, we explore the different kinds of spirits and deities that may be involved – via the inadvertent 'offending' of local deities or family gods or through possession by local spirits, some of which are described in the *Gyüshi*. It becomes evident that the 'madness-causing spirits' described in Tibetan medical texts form only part of the picture, in an arena where ritual treatment may be viewed as more effective than any 'medical' treatment.

In Chapter 6, we explore the role of spirits and deities in Tibetan Tantric practices, and the ways in which these may be implicated in the causation of *nyoné*. There are a number of different ways in which religious practitioners may engage with enlightened and unenlightened spirits and deities in Tibetan religious traditions, and explanations of 'madness' often focus on narratives of a Tantric practitioner conducting practices 'incorrectly' – for example, without proper instruction and/or appropriate initiation. In addition, we briefly explore here the practices of Tibetan figures such as spirit-mediums and oracles, who take possession of unenlightened deities in order to perform ritual services for their community such as divination and/or healing – sometimes also treating cases of madness caused by spirits. Key here are Tibetan notions of 'spiritual power' and the ability of practitioners to overcome any 'doubts' about the practice, or the limitations of the unenlightened mind.

Finally, a short Conclusion draws together the common threads that run through the ethnographic findings from Amdo and the medical and Tantric textual material, to consider a complex picture of Tibetan perspectives on *nyoné*. Bringing these multiple medical and Tantric notions of 'madness' together for the first time, we see that despite the evident diversity of perspectives, there are significant connections between the different manifestations of this condition – and these are related to fundamental Tibetan notions of not only mind and body but also individuals' relationships to the wider world, and the spirits and deities understood to reside within it. It becomes clear how notions of the illness of 'madness' and of 'enlightenment' are interconnected through these longstanding Tibetan medical and religious understandings of mind, body and universe.

Notes

1. See, for example, descriptions in the eleventh edition of the *International Classification of Disease* (ICD-11) (World Health Organization 2018).
2. In addition, in everyday reality, *nyoné* can also be used to refer to a broader range of illness by non-specialists: in Amdo, for example, I encountered a handful people using it to refer to the separate category of *za* illness (usually interpreted as epilepsy) and conditions that sounded like cognitive disabilities.
3. The full title of the text is often given as *bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud*, although in practice the title varies somewhat between different editions.
4. A general Tibetan term for this would be *sem né* – literally 'mind illness' or 'illness of the mind' – and it carries broadly similar notions as the English term 'mental illness'.
5. For an exploration of the variety of ways that 'Bon' and related terms are used in ethnically Tibetan and other Himalayan communities across Tibet, India, Nepal and Bhutan, see Samuel 2013b. The situation has also been complicated by early European misinter-

pretations of Tibetan religion, whereby 'Bon' became 'a repository for all the elements of Tibetan religion which did not appear to derive from the somewhat idealized pictures of Indian Buddhism prevailing at that time' (Samuel 2013b: 79), as well as Tibetan Buddhists' prejudice against the Bon community (Norbu 1981: 22).

6. See, for example, work by des Jardins (2009), Helman-Ważny and Ramble (2023), Huber (2020), Orofino (2015), Punzi (2021) and Thar (2008). For general explorations of Bon traditions, see Karmay (1972, 1998 and 2005), Karmay and Watt (2007), Kvaerne (1995) and Snellgrove (1967).
7. For more on Bon history and identity, see Blezer (2011), Karmay (1998 and 2005), Kvaerne (1995, 2000), Thar (2000), Van Schaik (2013).
8. It is worth noting, however, that Tonpa Shenrab is described quite differently in different Bon texts composed in different eras (Bellezza 2010).
9. For in-depth explorations of contemporary Bon medical practitioners, see Millard (2005 and 2006, 2013a) and Schrempf (2007).
10. Interestingly, there are significant Bon medical lineages documented by Schrempf in Nagchu (2007) and Millard in western Tibet and Kham (2013a), although 'very few' Bon family medical lineages in Amdo (Millard 2013a: 370).
11. In Rebkong, for example, Dhondup describes villages where a non-monastic 'Tantric Hall' (*ngak khang*) is used by both Nyingma Buddhist and Bon Tantric practitioners, with Buddhist statues on one side and Bon on the other (2013: 126).
12. Literally 'precious one', this term is used to refer to someone recognized as the rebirth of an earlier, distinguished Dharma practitioner.
13. Samuel notes the use of the term 'heart-mind', for example, which perhaps indicates better the complexity of the concept and the related terms such as *yi*, *sem*, *tuk* (emotions) and *namshé* in Tibetan understanding (2014: 33). Here, I will use the term 'mind' due the differential use of the concept of 'heart' (Tib. *nying*) in this context, as we shall see.
14. In fact, there are three types of *la* said to circulate in the body (Millard 2005 and 2006: 13–14). See Gerke (2007 and 2012) and Karmay (1998) for more on the Tibetan notion of *la*. Gerke describes this as a 'subtle life-essence' that supports the '*sok*' – 'life itself', or 'vital force' (2012: 7). A person's *la* may be lost due to a shock (stories of which I heard occasionally in Amdo) or stolen by spirits. Once lost/stolen, ritual is usually required to bring it back to the person.
15. For example, Drungtso explains, 'The earth element functions to maintain the solidity of the body, Water element functions to maintain the fluid level of the body, Fire element maintains the heat level of the body, Wind element maintains proper flow of the blood and movements of the limbs. The space element is responsible for providing room for further development' (2004: 141).
16. Often referred to as Sowa Rigpa (lit. 'science/knowledge of healing'), this term is a commonly used name for Tibetan medical traditions as they are practised across the Himalayan region. However, in Amdo, Tibetans generally referred to this simply as 'Tibetan medicine' (*bö men*), and so this is how I will refer to the tradition in this work. In the People's Republic of China (PRC), Tibetan medicine officially comes under the umbrella of Chinese medicine (http://lv.china-embassy.gov.cn/eng/zt/zgxz/200605/t20060509_2913740.htm [retrieved 14 May 2023]). In exile, the main medical authority is the government-in-exile-affiliated Men-Tsee-Khang Tibetan Medical & Astro Institute based in Dharamsala, India (https://mentseekhang.org/ [retrieved 14 May 2023]), although there are also a number of other, independent Tibetan medicine institutes. Since 2010, the Government of India has officially recognized Sowa Rigpa as an 'Indian

system of medicine' (Kloos 2016: 20; see also https://www.ccimindia.org.in/sowa-rigpa/ [retrieved 14 May 2023]) and there is also a political dimension to this naming in India, as described by Kloos (2010: 248–50).

17. See Ga for a description of the translation and dissemination of this text, the translated Tibetan version of which spawned a number of teaching lineages in Tibet and which was used as a textbook in numerous medical schools throughout the eleventh to thirteenth centuries (2010: 75–85).
18. As Millard has described, while the standard Buddhist view is that the *Gyüshi* is a translation of a Sanskrit original first taught by the Medicine Buddha and then passed on to Yutok Yonten Gonpo the Younger in the twelfth century, in fact there was also another Tibetan historical tradition started by one of Yutok's disciples, which claimed that the text was in fact *composed* by Yutok Yonten Gonpo the Younger himself (2013a: 355–56).
19. Parts of the *Gyüshi* have been translated into English and German (for example, see Clark 1995; Donden 1997 and Clifford 1984). The Men-Tsee-Khang Documentation and Publication Department's Translation Section has produced translations of the First, Second (Men-Tsee-Khang 2008) and Fourth Tantras (Men-Tsee-Khang 2011), and is currently translating the large Third Tantra in several sections, with the first part published in 2017 (Men-Tsee-Khang 2017).
20. See Millard for a comparison with the four-volume *Bumshi* text, which – with 'the exception of sections dealing with history' – is almost identical (2013a: 357).
21. Note that the term 'subtle body' is not ideal but, due to its common usage across the English-language literature on Tibetan medicine and Tantra, I will continue to use it here. While the term 'subtle body' is often used by Western scholars in the context of Tibetan medical notions of the body, Gerke points out that it does not in fact feature in the *Gyüshi* and argues that it is generally *not* used in this manner by Tibetan doctors, some of whom discuss the 'Vajra body' (Tib. *dorjé lü*, or *ku dor jé*) instead – although this term is also absent from the *Four Tantras.* She asserts instead that there can be said in the Tibetan medicine tradition to be 'several subtle aspects of the body' (2013: 85–86, 95). In addition, as Samuel and Johnston note, the term 'subtle body' became established in English usage in the nineteenth century through those associated with the Theosophical Society, initially as a translation of the Vedantic term *sūkṣmaśarīra* (2013: 2), and therefore remains rather problematic.
22. See Samuel (1993: 228–32) for more on the history and classification of the Tibetan Buddhist and Bon Tantric texts.
23. As Pitkin describes, the status of these figures is actually rather ambiguous: the term *bodhisattva* may refer to 'a supermundane, cosmic Buddha figure personifying an aspect of enlightenment', an 'ordinary human being who has committed to the bodhisattva path through taking vows and is working through the stages of Buddhist practice' or 'an enlightened being who has already perfected the result of the Buddhist path'. In addition, these 'supermundane' beings can incarnate as human – for example, in the case of the Dalai Lama, who is understood to be an incarnation of the Tantric deity Avalokiteśvara (Pitkin 2017: 15).
24. This is not only the case, of course, for the Tibetan traditions; for some examinations of the connections between various Asian Buddhist and medical traditions, see Salguero (2017, 2019) and Salguero, Cheung and Deane (2024).
25. These include, for example, rituals that should be performed to cure diseases caused by spirits, rituals aimed at returning a person's *la* (life-force), and an emphasis on the importance of ritual intervention for some conditions in the section on pulse diagnosis near the

end of Chapter 1 of the *Fourth Tantra* (*Gyüshi IV* 2015: 561). As Millard notes, while the *Gyüshi* and *Bumshi* texts do not describe any healing rituals in detail they *do* 'identify the types of sickness where such rituals should be performed' (2005 and 2006: 26).

26. In reality, it has long been known to many Tibetan scholars that large parts of the *Gyüshi* are translations of the Ayurvedic *Aṣṭāṅgahṛdayasaṃhitā* text (Ga 2010: 85).
27. Where these differ, then, is in their descriptions of medical history and lineage; see Millard (2005 and 2006) for more on this. For a comparison of the titles of the four volumes of the *Gyüshi* and *Bumshi*, see Millard (2013a: 362). As Millard notes, this Bon perspective on Tibetan medical history was 'little known outside Bon communities until recently' as a result of state suppression of the Bon tradition over centuries in Tibet (Ibid.: 256).
28. Gyatso describes, for example, how the historical Buddha's teachings were often 'characterized as a remedy for both the physical and spiritual ailments' – a theme that can be traced from the Pāli Canon, through the developments of the Mahayana tradition, which included texts focused on the Medicine Buddha (J. Gyatso 2015: 98).
29. I explore this topic in more detail in Deane (2024).
30. Janet Gyatso provides a fascinating and very comprehensive exploration of the complex relationship between Tibetan medicine and Buddhism in this 2015 work, which I highly recommend.
31. For more detail on the history of biomedicine in Tibet, see McKay (2007, 2011). Adams and others have explored the complex relationship between Tibetan medicine and biomedicine, and the various factors that have influenced medical training and practice within the PRC in depth (Adams 2001, 2007; Adams, Dhondup and Le 2011; Adams, Schrempf and Craig 2011; Janes 2001) and exile (Gerke 2011). In addition, Hofer's highly important 2018 work explores the narratives of Tibetan medical practitioners' experiences during and after the Cultural Revolution, and the ways in which Tibetan medicine was transformed during that time under government regulations.
32. See also work by Adams (2001), Gerke (2011, 2019) and Deane (2018, 2024) for work exploring this situation in different Tibetan communities.
33. Craig has related, for example, the difficulties that one Tibetan woman from Huangnan described in not understanding Xining hospital doctors' Chinese, coupled with the significant expense of travelling there, which demonstrate some of the barriers to accessing healthcare for many Tibetans in the region (2012: 122).
34. For more information on this scheme, see Nianggajia (2011), Nianggajia and Fjeld (2017), and You and Kobayashi (2009).
35. In 2015, Nianggajia numbered the population of Xining at approximately 1,267,600 inhabitants (2015: 242).
36. See Craig for a wonderfully evocative description of the medicinal baths division at the Qinghai Province Tibetan Medicine Hospital in Xining, where she also details some of the costs and financial aspects of receiving this and other treatments there (2012: 62–65).
37. In fact, as Dhondup has pointed out, Rebkong is 'the main centre of the Bon religion in the Kokonor area', where a Bonpo monastery was built during the reign of Trisong Detsan (790–844) (Dhondup 2011a: 51). For more on Bon in the Rebkong area, see Millard (2013a and 2013b), and for an in-depth exploration of the varieties of religious practices and practitioners in Rebkong and surroundings, see Dhondup, Pagel and Samuel's 2013 edited volume.
38. For more detail on the history of this tradition, see Dhondup (2011b, 2013) and Stoddard (2013).

39. Moreover, as Samuel asserts, how these ethnic groups are now defined by both insiders and outsiders is the result of a 'long historical process' (2013a: 6).
40. See Craig (2012) for descriptions of daily life at this institution based on her ethnographic research in the region.
41. Nianggajia and Fjeld reference a 2014 Tongren Country Health Bureau description of 'sixteen registered private Tibetan medical clinics in Rebgong', and note that this figure also does not include the many 'unregistered practitioners based in their homes' (2017: 51).
42. In fact, Nianggajia and Fjeld note the historical importance of this monastery, which 'has hosted and trained outstanding physicians' for centuries, and which was instrumental in the revival of Tibetan medicine in the aftermath of the Cultural Revolution (2017: 47–48).
43. See Nianggajia (2015) for more information of the history of Tibetan medicine and some of the key figures who have worked in the medical sphere in this area.
44. There are also a number of Traditional Chinese Medicine hospitals and clinics in the city, but they were not discussed at all by my Tibetan interviewees in reference to this topic, and so I shall not include them here.
45. See Schrempf for a description of prescribing practices for inpatients and outpatients at the Xining Tibetan Medicine Hospital (2015: 296). Notable in Xining too is the Arura Tibetan Medicine Co., and its well-known museum displaying Tibetan *materia medica*, medical instruments and medical *thangka* (traditional silk or cloth paintings) on the outskirts of the city (see Saxer 2013 for more on this organization and its changing relationship to the state).
46. In conversation, these practitioners were usually referred to as *menba* (*sman pa*, 'medicine person), but there are a range of terms used across different Tibetan communities to refer to Tibetan medicine doctors, including the common term *amchi* in central Tibet, Nepal and India, as well as the terms *bon lha* (*dbon lha*), *lha je* (*lha rje*) and *tso je* (*'tsho byed*) in Tibet (Soktsang and Millard 2013: 480).
47. Ethical approval for the research was sought and gained from the University of Bristol Faculty of Arts Ethics Committee. In addition, before leaving for China, I spoke to other researchers who had recently conducted research in the Amdo region to get information and advice on undertaking such a research project, as well as the respect and safety of my interviewees and others in the Amdo communities that I engaged with.
48. This is in sharp contrast to research conducted in other Tibetan communities, where certain diagnoses related to mental health have been politicized – see, for example, Adams (1998) and Janes (1999b) in Lhasa, and Prost (2006) and Jacobson (2000, 2007) in India.