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Disease-Causing Spirits, Drib, and Ritual: A Visual Analysis of non-Buddhist Traditions in the Tibetan Blue Beryl Medical Paintings

Doorenbosch, Maura

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Disease-Causing Spirits, Drib, and Ritual: A Visual Analysis of non-Buddhist Traditions in the Tibetan *Blue Beryl* Medical Paintings

by Maura Doorenbosch (s3021823@vuw.leidenuniv.nl)
Humanities Faculty Asian Studies Department
MA History, Arts and Culture of Asia
Supervisor: Dr. P.C. Verhagen
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Introduction

Resulting from the interaction between Buddhism and medicine is a remarkable set of seventy-nine paintings from seventeenth-century Tibet that illustrate the science of traditional Tibetan medicine. The extraordinary images, known as the *Blue Beryl* paintings, accompany a four-volume textual commentary on the *Four Tantras* treatises by Desi Sangye Gyatso (1653-1705). The intricate medical plates serve not only as sources of medical knowledge but also as a form of art that mediates that time's cultural, religious, artistic, and political values (J. Gyatso 2015, p.199). One significant indicator of their cultural significance is the visual representation of non-Buddhist beliefs regarding spirit causes and illness in Tibetan psychiatry. This thesis investigates the portrayal of indigenous perspectives on spirit diseases as depicted in the *Blue Beryl* paintings. The primary subject matter in *Blue Beryl* paintings, which reflect Tibetan psychiatry, are the elemental spirits - a collective term encompassing local deities and spirits associated with the sacred landscape of Tibet (Rikey 2011, p.120).

The topic of spirit causation and illness in Tibetan psychiatry has garnered significant scholarly interest in recent times. Within the field, one particular classical text stands out as a crucial reference for understanding Tibetan psychiatry: Vāgbhata's *Astāngahridayasamhitā*¹ (7th century). This ancient Sanskrit text provides a comprehensive list of spirits believed to be responsible for causing diseases. As a result, numerous contemporary studies on Tibetan psychiatry have sought to situate these elemental spirits within the framework of Indian or Tibetan Buddhism. For instance, Samuel (2007, p.214) contends that the elemental spirits used in Tibetan psychiatry are adaptations of traditional Indian medicine influenced by Buddhist ideologies. Moreover, existing Tibetan scholarship only offers a single English translation of the psychiatric sections found in the *Four Tantras* treatises by Clifford, titled *Tibetan Buddhist Medicine and Psychiatry* (1994). In her research, Clifford associates these elemental spirits with well-known Indian deities and gods. Furthermore, she suggests that Tibetan medical theories concerning spirit-related illnesses can be understood as cultural adaptations and reinterpretations of Buddhist religious principles.

Previous research conducted by J.Gyatso (1987, p.39) and Nebesky-Wojkowitz (1996, p.268) has demonstrated that the Tibetan elemental spirits form an essential component of indigenous Tibetan customs and beliefs. Regrettably, these spiritual entities have been inaccurately classified as Indian Buddhist deities for reasons which will be further discussed

¹ The medical corpus of *Āyurveda* is regarded as a vital resource for the study of traditional Indian medicine. Its precise date of publication is uncertain, but scholars believe it originated in the latter part of the 7th century.

in this paper. Consequently, the discourse on spirit causation and illness within Tibetan medicine primarily emphasizes a perspective rooted in Buddhism or traditional Indian medicine.

Given the limited amount of literature available, it may be challenging to discern the presence of indigenous beliefs and practices in the existing literary sources. However, a closer examination of the iconography found in *Blue Beryl* paintings enables us to make more informed speculations about potential applications of non-Buddhist beliefs and practices within Tibetan psychiatry. In summary, the *Blue Beryl* paintings provide us with additional insights beyond what is conveyed through the currently available text. In addition, they also add depth to our comprehension of the existing literature. In this thesis, I aim to answer the following question:

What can we learn about the indigenous Tibetan beliefs on spirit causation and illness from the iconography depicted in the *Blue Beryl* paintings?

This thesis incorporates two distinct methodological approaches. Firstly, it analyses historical, medical, religious, and cultural texts to gain insights into the indigenous beliefs on spirit causation and illness. Secondly, it places these theories within the iconography of the *Blue Beryl* paintings. Through this methodology, I aim to illustrate that the ideologies and practices related to spiritual disease in Tibetan psychiatry did not originate from traditional Ayurvedic or Buddhist thoughts but rather have deep roots in ancient indigenous Tibetan traditions.

In order to provide structure and coherence for this study, this introduction is followed by a literature review and methodology section, which situates this thesis within the existing body of scholarly research. The first chapter offers an introductory exploration of indigenous beliefs regarding elemental deities, along with an examination of their intersection with Tibetan psychiatry and a comparison to Indian psychiatry. In the following chapter, an analysis will be conducted on the primary factors that contribute to illnesses caused by spirits in the context of Tibetan folk beliefs. Subsequently, a discussion will take place regarding the perception of elemental spirits and their significance within Tibetan folk culture. Finally, an exploration will be undertaken to investigate the indigenous healing rituals that have been integrated into Tibetan psychiatric treatments.

Literature Review

This thesis primarily focuses on examining the indigenous Tibetan influences on Tibetan psychiatry, with a specific research goal of understanding how these theories progress throughout the *Blue Beryl* paintings. To better comprehend the intricacies of Tibetan psychiatry, it is necessary to delve into its historical foundations. Many scholars assert that these roots can be traced back to traditional Indian medicine, known as *Āyurveda*. Vāgbhata's *Astāngahridayasamhitā*, which dates back to the seventh century, serves as one of the most prominent and comprehensive treatises on the medical science of *Āyurveda*. The specific treatise mentioned here is commonly referred to in modern-day studies as the foundational text that shaped the psychiatric chapters in the Four Tantras. In my research on the *Astāngahridayasamhitā*, I will primarily rely on Smith's study titled *The Self Possessed: Deity and Spirit Possession in South Asian Literature* (2006), which extensively explores spirit possession within traditional Indian medicine. Within this work, Smith provides translations of excerpts from the *Bhūtavidyā*, the chapters of Indian psychiatry.

The comprehensive compilation of *Blue Beryl* paintings can be found in *Tibetan Medical Paintings: Illustrations to the "Blue Beryl" Treatise of Sangye Gyamtso (1653-1705)* by Parfionovič, Dorje & Meyer. Published in 1992, this valuable resource features a meticulous reproduction of the seventy-seven plates from the original *Blue Beryl* series. In addition, a second volume containing texts and translations is provided to identify the subject matters found within the plates. In the introduction, Meyer provides a historical analysis of Desi Sangye Gyatso's endeavour to make the written medical text more accessible through these intricate artworks. This publication offers one of the most thorough reproductions of the *Blue Beryl* paintings. The accompanying texts and translations help us search for clues on indigenous influences.

Tibetan psychiatry has garnered significant scholarly attention, particularly concerning the role of spirits and demonic entities in causing illness. A pioneering work in the field is Clifford's *Tibetan Buddhist Medicine and Psychiatry* (1994), which highlights the religious underpinnings of Tibetan psychiatry by examining its historical development and the various deities associated with mental illness. The book includes English translations of three chapters from the *Instructional Tantra*, which focus on psychiatric disorders caused by spirits. These translations underscore the central role of malevolent spirits in Tibetan psychiatry and emphasise the therapeutic approach rooted in Tibetan religious beliefs. Clifford's translations hold valuable information for understanding the scenes in the *Blue Beryl* paintings. It is important to recognise, however, that she acknowledges her limitations

as a non-scholar of the Tibetan language and accepts the possibility of errors in her work. Thus, research on the Four Tantras chapters on Tibetan psychiatry remains an ongoing endeavour. Her study takes a strong Buddhist stance without providing additional contextualisation regarding the origins of the mentioned deities from Indian or indigenous Tibetan perspectives.

Notably, one of the early comprehensive scholarly inquiries into Tibetan spirits and deities focused on the visual representation of indigenous (non-Buddhist) divine beings. In his groundbreaking work *Oracles and Demons of Tibet: The Cult and Iconography of the Tibetan Protective Deities* (initially published in 1956 but referred to as the 1996 edition for this thesis), Nebesky-Wojkowitz extensively examines guardian deities revered by Tibetans along with their associated rituals. This extensive study focuses on the incorporation of indigenous deities into the Buddhist pantheon. Nebesky-Wojkowitz's research is divided into two main sections: an examination of the iconography of Tibetan gods and spirits and the rituals and traditions associated with them. The first section will support my iconographic analysis of elemental spirits depicted in *Blue Beryl* paintings. On the other hand, the second section will assist me in identifying aspects of local practices represented in therapeutic treatments of Tibetan psychiatry. This work remains a highly valuable resource for exploring indigenous deities within this context.

Recent scholars have engaged in similar investigations to Nebesky-Wojkowitz's thesis, focusing on related subject matters. For instance, Christopher Bell has conducted extensive studies on *Nechung: the Ritual History and Institutionalization of a Tibetan Buddhist Protector* (2013), as well as his more recent exploration titled *Tibetan Demonology* (2020). These scholarly works delve into the gradual transformation of native deity cults within Tibetan society. Bell thoroughly examines various aspects of these cults, including their mythical narratives, artistic symbolism, and rituals, highlighting how they have assimilated Buddhist elements over time. Through this research, I gained insights into the broader significance of indigenous deities within Tibetan culture.

Elucidating the intricate relationship between Tibetan art, medicine, and Buddhism, Janet Gyatso's extensive work *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet* (2015) serves as a valuable resource. In this seminal text, J. Gyatso critically examines the convergence of medical, cultural, and religious values within Tibetan medicine, especially when attaching slight importance to its non-Buddhist influences. The subsequent section of her book delves into the ongoing discourse regarding the origins of the *Four Tantras* text. It explores how Tibetan medicine draws extensively from external

domains in its pursuit of medical knowledge, offering valuable insights into how both foreign and indigenous concepts of medicine have evolved within the Tibetan medical framework.

Methodology

This thesis is built on two methodological techniques: (1) Literary research, the analysis of written Tibetan medical, religious, and historical sources; and (2) Iconographic analysis, examining the icons and symbols from the *Blue Beryl* paintings to discover indigenous influence within Tibetan psychiatry.

The process of literary research involves analyzing sources from existing literature. My objective is to connect these textual sources, which include medical, religious, and historical texts, with the sociological concept known as 'lived religion'. This approach delves into the cultural aspects underlying religious beliefs and practices. By examining these written sources, I seek insights into how indigenous techniques have been integrated into Tibetan psychiatry and influenced its development. The Leiden University library is a valuable resource for acquiring relevant works supporting this method. Moreover, the THlib translation tool has been helpful in translating Tibetan phrases into modern English whenever there were unfamiliar words or expressions found in the literature mentioned above.

An iconological approach will be adopted to examine the cultural significance and meaning behind the *Blue Beryl* paintings in the context of Tibetan psychiatry. Inspired by Erwin Panofsky's *Studies in Iconology* (1972), this approach aims to delve deeper into the hidden meanings and values embedded within the images. Rather than focusing solely on the artistic elements of the paintings, such as color, texture, and composition, this approach seeks to uncover the underlying cultural themes and symbols that may not have been consciously intended by the creator. Through extensive literary research, the subject matter of the paintings will be examined to unveil their culturally specific significance. In reviewing the images beyond a superficial interpretation, I aim to elucidate how the *Blue Beryl* paintings have effectively assimilated indigenous cultural views on deities and spirits with medical knowledge and beliefs. This analysis goes beyond acknowledging the overt subject matter visible to the untrained eye as it strives to uncover more profound implications that may hold significant cultural value.

Chapter 1: Introducing the Role of Elemental Spirits in Tibetan Psychiatry and their Historical Context

1. Introduction

This chapter aims to establish the fundamental principles of this study by providing an introductory historical survey of the pertinent theories. Emphasis is placed on introducing the elemental spirits and elucidating their incorporation from traditional Tibetan folk culture into the *Vajrayāna* pantheon. Subsequently, their connection to Tibetan psychiatry will be examined and explicated, followed by an analysis of the similarities between Indian and Tibetan psychiatry. The chapter concludes with a historical account of the *Blue Beryl* paintings.

1.1 Introduction to the Worship of Elemental Deities in Indigenous Tibetan Folk Religions

The history of Tibet prior to the introduction of Buddhism in the 6th-7th century remains largely undocumented despite its occupation since late palaeolithic times. Little is known about the religious and cultural practices that existed before this period, as they have been fragmented and overlooked. However, indications suggest that ancient Tibetans followed a similar animistic hierarchy in their religious beliefs, which was common among other Asian societies during that era (Samuel 1993, p.177). There has been a long-standing academic discourse concerning the appropriate terminology for pre-Buddhist religions indigenous to Tibet. In modern scholarship, "Bon" is commonly a broad label for these non-Buddhist religious traditions. However, it is essential to recognize that Bon itself encompasses distinct phases and lineages within its tradition.

Additionally, there exist other categories of non-Buddhist religions in Tibet that do not fit neatly under the classification of Bon (Bjerken 1998, p.101). I will try to respect the distinctions between Bon and what can be referred to as "nameless religion" in Tibetan studies. Nevertheless, it should be acknowledged that delineating a clear boundary between these two religious categories remains ambiguous in current scholarly discussions. Thus, if ideologies, practices, and doctrines cannot definitively be assigned to either Bon or any other specific indigenous religion, the terms "non-Buddhist" or "Tibetan folk religion" will suffice for reference purposes.

Significantly, the early documentation of indigenous beliefs and customs in Tibet is predominantly found within Buddhist sources. The surviving ancient scrolls discovered in the

Dunhuang caves (ca. 7th century)² refer to a prevalent organized non-Buddhist faith referred to as 'little religion' (*chos chu ngu*) or even derogatorily labeled as 'bad religion' (*chos ngan pa*). The scrolls provide an analysis of the non-Buddhist religious practices from a Buddhist perspective, specifically focusing on favouring and worshipping gods and spirits of the sky. The significance of the sky and other elements from nature in early Tibetan mythology is widely acknowledged, and we will discuss some of these narratives in the forthcoming paragraphs. Additionally, the scrolls refer to supplication towards deities through sacrificial rituals as characteristic traits of the 'little religion' (Van Shaik 2013, p.233-234).

Following this long-standing indigenous belief, the world is partitioned into three distinct realms: heaven, air, and earth. Within Tibetan culture specifically, the term "underworld" is used to describe the dark depths of the earth. This lower stratum of existence was believed to be inhabited by deceased individuals or entities in various forms - passive or active souls and spirits. Apart from being regarded as a realm where deceased beings reside, the earth also represents an abode for numerous supernatural forces of perilous nature manifesting themselves through specific classes of gods, demons, ghosts and terrestrial spirits (Volkman 1995, p.171). Based on this belief, it can be observed that the Tibetans of that period demonstrated a strong dependence and reverence towards their natural environment. Their religious beliefs were deeply rooted in nature and centred around the forces and entities present in their rugged highland landscape, both benevolent and malevolent spirits, which they believed surrounded them constantly (Rikey 2011, p.120).

Throughout the course of history, this religion gradually disseminated across Tibet, giving rise to various schools that incorporated innovative methods in order to effectively navigate the challenges posed by malevolent spirits. Geoffrey Samuel (1993, p.436) has put forth a framework for understanding the historical progression of early Tibetan religion based on an analysis of consecutive stages within early Tibetan society. The initial period (prior to the 7th century) is referred to as "the original shamanic religion of the Tibetans" or *Brdrol Bon*. During the 9th century, there emerged a newer tradition of this shamanic religion, which came to be known as *Khyar Bon*. This religious practice incorporated influences from the earlier shamanic traditions but also from an earlier court religion from the ancient kingdom of

² The historical validity of these sources has recently come under scrutiny by several scholars. According to available information, the Dunhuang cave was sealed in the early 11th century, leading some experts to be skeptical about the possibility of finding any texts that predate this period. However, the scrolls have been studied thoroughly by scholars such as Van Schaick who are now able to identify an estimated date of origin by the color, size, language used in their scrolls.

Zhang-Zhung³. New invocation rituals were developed for officiated priests to drive malevolent spirits to the celestial realms of the underworld. Through this practice, these entities were now classified into separate categories known as *lha* (benevolent) and *dre* (malevolent), thus systematizing these local divinities based on their interaction with human beings (Stein 2010, p.238).

Ultimately, the religion transitioned into a structured and established sect during the 11th century, which is now referred to as *Yung-drung* bon. Nevertheless, the fundamental principles and concepts regarding these elemental beings were still preserved in the authoritative texts of this subsequent religious group. The *Gzi brjid* (14th century)⁴ offers an account of how the world was created based on ancient beliefs concerning spirits. According to the creation myth, in the initial stages of existence characterized by darkness and emptiness, there was a convergence between the *gtang* and *dybal*⁵ entities. Their purposeful union resulted in the hatching of an egg with dual intentions: to bring forth *lha*, symbolizing light and radiance, as well as *bdud*, representing darkness. The emergence from this shell gave rise to *gdon* and *dri za* spirits, who formed part of a kingdom. Furthermore, within the inner membrane of the shell originated a multitude of adversities consisting of 360 variations while its white substance engendered 404 types of diseases. Subsequently, remnants from this process descended upon earth, precipitating chaos, disorder and disruption at large scales. Last but not insignificantly, the remaining minuscule molecules coalesced into *dre* and *srin* spirits, which embodied malevolence residing on earth's surface, thereby inflicting various forms of harm alongside consequential tragedies (Rikey 2011,p70-71).

Thus, there is evident coherence between the previous notions concerning spiritual beings connected to specific earthly places, who are perceived as either protective guardians or sources of illness, and the subsequent evolutions within the Bon tradition. And so, the harmony among the Tibetan community, spiritual entities, and their surrounding environment was preserved through a series of ceremonial rituals intrinsic to this faith.

During the intermediate period that followed *Khyar* Bon, there was a significant suppression of the Bon religious tradition under the rule of king Trisong Detsen (ca. 742-800)). While introducing *Vajrayāna* Buddhism in Tibet, significant efforts were made to

³ Zhang-Zhung refers to an ancient kingdom located in the western and northwestern regions of Tibet. This kingdom existed prior to the establishment of Tibetan Buddhism as a dominant cultural force within Tibet.

⁴ The text is a comprehensive biography consisting of twelve volumes that chronicles the life of Tönpa Shenrab Mibo, the legendary figure associated with the foundation of the Bon tradition.

⁵ English translation: the original parents.

pacify and control these indigenous spirits. These accounts are thoroughly discussed in the Tibetan Buddhist accounts, which I will explore in the following paragraph.

1.2 The integration of Indigenous Elemental Deities within the context of *Vajrayāna* Buddhism

The subjugation of these indigenous spiritual entities is a prevalent theme in the historical accounts of Tibetan Buddhism. A prominent figure in these narratives is Padmasambhava^{6a}, the tantric adept from India who dedicated extensive efforts to subjugate these indigenous spirits and compel them to uphold the Buddhist teachings. The *Sba bzhad*⁷, written in the eighth century, contains numerous accounts of Padmasambhava's journey to Tibet. According to Buddhist folklore, King Trisong Detsen invited the Indian tantric master to subjugate the indigenous elemental deities that plagued the construction site of Samye monastery and hindered the growth of Buddhism in Tibet. In this mythological collection of texts, Śāntirakṣita, a Buddhist teacher, and his disciples gathered at palace courts to impart teachings on Buddhist practices. Their presence triggered resistance from local elemental deities who responded with floods, lightning strikes, crop failure and diseases. The terms *dre* and *srin* are used in these narratives to denote indigenous elemental deities opposing the spread of Buddhism. Consequently, the Tibetan king and Padmasambhava convene at the Samye construction site, where the accomplished Indian tantric guru engages in a ceremony of purifying the land to ward off any potential harm from these hostile entities, thus opening the way for the construction of the temple (Rikey 2011, p.122-123).

Similar narratives can be found in later Buddhist texts that depict a different mythological account of the subjugation of these native elemental deities. A well-known Tibetan folktale from the twelfth century, *Mani Kabum*⁸, narrates the challenges faced by Princess Wencheng (628-680)⁹ while transporting her dowry, which includes a Buddha Shakyamuni statue, to the Tibetan court. In this myth, Princess Wencheng encounters an anthropoid manifestation of the Tibetan land in the form of a powerful *srin mo* demoness. This encounter takes place when her carriage carrying the Buddha statue becomes stuck in

⁶ Padmasambhava, also recognized as *guru Rinpoche*, was a revered tantric practitioner hailing from India. Renowned for his pivotal role in disseminating *Vajrayāna* Buddhism in Tibet, he holds great significance within certain Himalayan societies like Bhutan where some view him as an incarnate Buddha.

⁷ This Buddhist text recounts the encounters between Padmasambhava and the elemental deities during his mission in Tibet.

⁸ A compilation of teachings and rituals centered around the deity Avalokiteshvara.

⁹ Princess Wencheng was the wife of King Songtsen Gampo (ca.7th century) of the Tibetan Empire.

muddy terrain and reflects how treacherous and unforgiving nature itself can be. According to her perspective, the Tibetan lakes are seen as the dwelling place of the *klu*, which is linked to the formation of *srin mo*'s essence. Additionally, the Tibetan mountain ranges symbolize her two breasts and lifeline. Consequently, this portrayal presents challenges within the entirety of Tibet's landscape. Furthermore, this narrative suggests Tibet's harsh environmental conditions and immoral behaviours can be attributed to how *srin mo* has shaped its land. Complex calculations are then employed in an effort to pacify the numerous negative spirits found throughout Tibet by transforming certain sites deemed problematic – such as lakes or mountains inhabited by malevolent elemental beings. Ultimately, Padmasambhava succeeds in subduing *srin mo* by forcefully constructing twelve Buddhist temples upon her body (J.Gyatso 1987, 40).

In this context, the various religious perspectives on elemental deities play a significant role. Within the framework of *Gzi brjid*, these elemental deities are recognized as integral components of an intricately structured local deity worship tradition. Through specialized rituals conducted by priests, these ceremonies aim to safeguard and promote the well-being of the communities in these areas. As such, these spirits are not only portrayed as fierce entities but also revered objects of devotion. In contrast, the subsequent Buddhist writings portray these native elemental deities as fierce and opposed to Buddhism. A prevalent motif in these Buddhist folklore accounts is Padmasambhava's triumph over the elemental deities. Once they are subdued, Padmasambhava compels them to pledge eternal loyalty to the principles of Buddhist teachings and safeguard the Vajrayāna tradition (Gianotti 2010, p.81).

These Buddhist origin myths exhibit a significant emphasis on renaming the deities to symbolically represent their transformation into protectors of Buddhist teachings. Their original titles, which highlighted their strong characteristics, have been replaced with new names that emphasize their role as guardians and are based on their enlightened state of being. For instance, the *Gangs dkar gnam sman dkar mo* (white mountain Goddess of Gangkhar) in Bon literature is now called *Sha med rdo rje gyu sgron ma* (Turquoise lamp, the fleshless vajra goddess') in the *Vajrayāna* tradition. This change reflects a complex interdisciplinary process that aims to remove non-Buddhist concepts associated with elemental deities related to natural forces (Hyytiäinen 2011, p.129).

The compilation of Tibetan texts documenting Padmasambhava's interactions with the elemental deities indicates that the *Vajrayāna* doctrines embraced these primary elemental deities by consciously removing their original indigenous attributes. This demonstrates how

the *Vajrayāna* tradition practices a form of inclusive adaptability by incorporating local elemental deities into its pantheon. The fact that they are also recognized as guardians of *dharma* contribute to scholars mistaking them for *chos skyong*, Indian dharma protectors who were imported into Tibet (Martin 2001, p.9).

. The following paragraph will explore the significance of these divine beings within the context of Tibetan psychiatry.

1.3 The Significance of Spirits in Traditional Tibetan Psychiatry

Despite the accounts of Padmasambhava's triumphs over the native elemental deities in Buddhist folktales, it is essential to recognize that fully subjugating all of these deities to the Buddhist faith was not entirely accomplished. Since these wrathful deities are not regarded as enlightened beings, they still possess worldly emotions like pride and arrogance (Deane 2014, p.126). Presently, some *lamas*¹⁰ remain devoted to countering the resistance posed by local elemental deities whose negative energies continue to be seen as a significant threat in modern society (Samuel 2007, p.82-83). The engagement of these indigenous deities with ordinary culture is believed to have various impacts on human well-being; one direct consequence is their capacity for causing illnesses that can predominantly manifest as psychiatric disorders. This Tibetan understanding of spiritual causation and illness finds its greatest elucidation in the medical treatises known as the *Four Tantras*.

The *Four Tantras*, known as *Rgyud bzhi* in Tibetan, are the central text of traditional Tibetan medicine. Dating back to the 12th century, this extensive four-volume work consists of 156 chapters and 5900 verses dedicated to preventing, diagnosing, and treating illnesses. Divided into four separate volumes, these texts present medical theories reflecting Tibetan health and longevity beliefs. Inextricably tied to broader cultural practices rooted in Buddhist traditions, the *Four Tantras* provide valuable insights into the intersection between healthcare and religious rituals (Gerke 2014, p.17). The extensive compilation of medical literature is categorized into four distinct volumes (Deane 2014, p.102):

1. *Root Tantra (Rtsa rgyud)*: This is concerned with introducing a general overview of the causes, diagnosis, and treatment of illness.

¹⁰ teachers of Buddhism.

2. *Explanatory Tantra (Bshad rgyud)*: which examines embryology, human anatomy, the causes of illness, classifications of disease, diet, treatment, and diagnosis, and the requirements to become a physician.
3. *Instructional Tantra (Man ngag rgyud)*: which links pathology to specific types of disease.
4. *Subsequent Tantra (Phyi rgyud)*: which is devoted to techniques of diagnosis and therapy.

The *Instructional Tantra* contains five chapters that focus on Tibetan psychiatry. These chapters explore the connection between spiritual causation and illness, explicitly attributing them to elemental spirits. It is essential to mention that in Tibetan medicine, psychiatry refers to any disease believed to be caused by supernatural forces. Within these chapters (77-81), there is a specific organization, as detailed by Deane (2014, p.131):

Chapter 77: Illness Caused by Elemental Spirits (*Byung po'i gdon*)

Chapter 78: Madness Demons (*Smyo byed kyi gdon*)

Chapter 79: Spirits that Cause Forgetfulness and Epilepsy (*Brjed byyed kyi gdon*)

Chapter 80: Spirits that Cause Strokes or Paralysis (*Gza yi gdon*)

Chapter 81: Serpent-Spirits that Cause Skin Conditions and Leprose (*Klu'i gdon*)

According to scholars such as Clifford (1994, p.173) and Samuel (2007, p.213), the traditional practice of *Āyurveda* also includes a concept similar to spirit-caused disease. In order to further explore this topic, I will now conduct a brief comparative analysis between these two medical practices.

1.4 The Role of Spirits in *Āyurveda*: A Comparative Analysis of Indian and Tibetan Approaches to Psychiatry

Throughout its history, Tibetan medicine has maintained a significant affiliation with *Āyurveda*, the traditional Indian medical system. Early records of Tibetan medicine document visits from Indian doctors as early as the 7th century. This connection further strengthened over time due to the continuous introduction of Indian Buddhism into Tibet starting in the 8th century. Numerous well-regarded Sanskrit texts were translated into Tibetan specifically for medicinal purposes. Furthermore, evidence suggests that Tibetan-authored texts like the Four

Tantras were presented as being of Indian origin to strengthen their Buddhist authority among the general population.

The *Astāṅgahridayasamhitā*, written in the 7th century by scholar Vāgbhaṭa, serves as a comprehensive medical treatise on traditional Indian medicine. Like the *Four Tantras*, this text is organized into eight distinct sections which correspond to various clinical branches within *Āyurveda* (Clifford 1994, p.36):

1. General medicine (*kayachikitsa*): concerned with the diagnosis and therapeutic treatment of physiological disorders.
2. Surgery (*śalya*): which explores diseases that affect the body and can only be treated by surgical therapy
3. Gynaecology and pediatrics (*kaumara bhūtya*): focuses on the diagnosis and treatment of (demonic) diseases affecting children.
4. Rejuvenation therapy (*rasayana*) concentrates on longevity and strengthening the immune system.
5. Aphrodisiac therapy (*vajikarana*): This branch focuses on virility and is concerned with enhancing sexual progeny.
6. Toxicology (*agada*): which examines therapeutic treatment for illnesses that are caused by poisoning by animals, plants, and natural minerals.
7. Psychiatry (*bhūta vidyā*): This section is concerned with psychiatric diseases caused by the influence of external factors, such as supernatural creatures. This field of medicine also includes the study of epilepsy.
8. Ear, nose and throat disease (*śalakyatantra*): the branch of *Āyurveda* that investigates injuries related to the areas above the neck.

In the sixth section of *Astāṅgahridayasamhitā*, there is an extensive examination of spirit possession. This specific segment, known as *Bhūtavidyā*, centers around the study of *bhūtas* - paranormal beings and spirits. It particularly investigates a category of illness called *unmāda* (insanity), where *bhūtonmāda* manifests as a unique form of madness resulting from the influence exerted by these supernatural entities (Smith 2006, p.427).

Scholars often attribute the origins of Tibetan psychiatric texts, including the *Four Tantras*, to the *Astāṅgahridayasamhitā*. Both studies offer a framework for understanding the connection between supernatural entities and disease. Despite some similarities, there exist

distinct differences between the psychiatric sections in the *Astāngahridayasamhitā* and those found in the *Four Tantras*, which I will discuss more thoroughly in the following chapters.

1.5 The Tibetan *Blue Beryl* Medical Paintings

During the late 17th century, the Fifth Dalai Lama, Ngawang Lobsang Gyatso (1617-1682), established the newly formed Ganden Phodrang government. Under his rule, significant efforts were made to advance medical knowledge in Tibet. As a result of these endeavors, the regent Desi Sangye Gyatso (1677-1705) was commissioned by the Fifth Dalai Lama to write a commentary on the *Four Tantras*. This commentary called *Blue Beryl* was accompanied by seventy-nine remarkable thangkas that functioned as a visual encyclopedia for aspiring *amchi*¹¹ practitioners. These intricate paintings effectively portrayed all aspects covered in the textual corpus of Four Tantras treatises and helped bridge understanding even among those unfamiliar with its complex language (J. Gyatso 2015, p.44).

By employing various modes of representation, the *Blue Beryl* paintings are able to convey meaning independently from Desi Sangye Gyatso's verbal commentary. Furthermore, these different modes of representation allow viewers to recognize that the visual elements offer something beyond what is provided in the text and also deepen their understanding of the text. By examining how viewers engage with the interplay between image and text, this article will explore a practice of cross-referencing that is inherent in the paintings themselves and encourages attentive viewers to employ when interpreting them (Dachille-Hey 2012, p.295). In my analysis, I will discuss snippets of the plates. However, a full presentation of the discussed plates are found in the list of illustrations at the end of this study.

¹¹ Tibetan doctor.

Chapter 2: Exploring the Fundamental Factors of Spiritual Causality and Possession in Tibetan Psychiatric Studies

2. Introduction

The previous chapter offered a brief overview of the integration of local folk beliefs and traditions within the theoretical framework of Tibetan psychiatry. In this chapter, I will examine Tibetan psychiatry in more detail, with a focus on the importance of indigenous folk beliefs in understanding the origins of psychiatric illnesses. Firstly, an analysis will be presented regarding how primary causes are discussed in Four Tantras chapters on Tibetan psychiatry. Secondly, I will explore how non-Buddhist sources shed light on the factors contributing to spirit possession through the indigenous concept of *drib*. Lastly, I will undertake a visual analysis to illustrate how local folk beliefs surrounding *drib* have been incorporated into the *Blue Beryl* paintings.

2.1 The Phenomenon of Spirit Possession in the *Four Tantras*

Chapters 77-81 of the *Instructional Tantras* encompass a segment often referred to as the psychiatric section. These chapters delve into various ailments stemming from elemental spirits (*byung po gdon*), spirits causing madness (*smyo byed kyi gdon*), disruptive spirits affecting memory (*brjed byed kyi gdon*), and spirits causing strokes and epilepsy (*gza don*). Additionally, psychiatric conditions originating from a spirit class known as *klu* are also discussed in these chapters. The forthcoming chapters will delve further into the intricacies of these divine beings. However, it is crucial to note that these particular chapters offer insight into the various factors contributing to psychiatric illnesses. Chapter 77 explains the primary factors contributing to diseases believed to be caused by supernatural entities (Clifford 1994, p.179) :

"Performing many sins and non-virtuous actions; sitting alone without even a single friend; defiling, harming, and despising the demon's place; going against what is worthy of honor; and being tormented by sorrow; etc. [In short] entering into improper physical and spoken action opposed to law."

The provided excerpt concisely explains the factors contributing to psychiatric illness, suggesting that some cases may be linked to unethical conduct. The text only briefly outlines the primary causes of these diseases, and therefore, Clifford delves deeper into this subject in

a supplementary analysis that offers more comprehensive insights. She examines the fundamental origins of spiritual ailments, considering the cosmic principles elucidated in Buddhist *dharma*. From this standpoint, individuals enter into a cycle of existence because they lack a fundamental understanding of their own nature. This profound lack of knowledge, referred to as *ma rig pa* in Tibetan, leads to the emergence of three detrimental emotions: ignorance (*gti mug*), desire (*dod chags*), and hatred (*zhe sdan*). Because of this ignorance, humans remain susceptible to harmful spiritual influences unless they attain liberation through religious ceremonies and righteous behaviour (Clifford 1994, p.165).

Clifford likely came across the term *dharma* multiple times while translating the *Four Tantras*, and she may have used it to explain the main factors behind spirit-induced illnesses. However, a closer examination of this excerpt reveals that Tibetan medical explanations of psychiatric disorders do not incorporate a Buddhist *dharma* practice, as presented by Clifford. Instead, they primarily emphasize imparting knowledge about ordinary ethical conduct rather than behaviours unique to Buddhist *dharma* practice. In the introductory chapter of her book, Clifford acknowledges her limited expertise in the Tibetan language and recognizes that there might be some errors in her text. Although there may be references to Buddhist principles in the *Four Tantras* treatises, it is crucial to consider that Clifford's interpretation of *dharma* during her translation of the contributing factors to spirit-disease may not accurately reflect its intended meaning. Instead, the excerpt highlights moral principles rooted in the indigenous understanding of *human dharma*.

The indigenous understanding of *human dharma* differs significantly from the Buddhist notion of true dharma, as discussed by J. Gyatso. According to J.Gyatso (2015, p.346), Tibetan medicine practices do not find much relevance in the Buddhist concept of true dharma. The concept of *human dharma*, however, can be traced back to Dunhuang documents believed to originate from the 8th to 10th century. These documents use the term *mi chos* to convey moral virtues and differentiate between right (*mi chos*) and wrong (*mi chos ma yin pa*). The documents do not contain any Buddhist terminology, leading scholars like Stein (1972, p.191) and J.Gyatso (2015, p.347) to conclude that *mi chos* likely originated as an indigenous concept aimed at providing ethical codes of conduct for the local communities at that time. The text also contains accounts and narratives that discuss the interplay between the local community and elemental spirits. These writings reflect the concerns of Tibetans who fear upsetting these divine entities (*myi dgyes*), as engaging in unethical behaviour can lead to illness, misfortune, or even death caused by agitated spirits. Adhering to ethical principles is essential for maintaining order and safeguarding ordinary villagers against

harmful encounters with elemental spirits. Therefore, it can be argued that violations of *human dharma* laws are the primary factors behind instances of spiritual causation and sickness in Tibetan psychiatry (Van Schaik 2013, p.233-235) rather than shortcomings in upholding Buddhist *dharma* practice as indicated by Clifford's viewpoint. Now, let's examine how disregarding the principles of *human dharma* leads to diseases believed to be caused by spirits in the beliefs of Tibetan folk culture.

2.2 The Cultural Construction of Spirit Attack in Tibetan Folk Religion: *human dharma* and *drib*

In the preceding chapter, it was observed that the Tibetan folk religions coexisted with a multitude of gods and spirits before Buddhism's introduction. These divine beings are believed to inhabit various natural settings like mountains, river valleys, lakeshores, springs, caves, and trees. The Tibetans prioritized maintaining a harmonious relationship with their surroundings, as maintaining a close relationship with these spirits was of the utmost importance to the well-being of the local villagers. Hence, there was a prevailing belief that diseases were frequently attributed to unethical human actions (*mi chos ma yin pa*) that had detrimental effects on the environment. These activities encompassed various practices such as polluting water sources, food mishaps in household settings, mining operations, and deforestation (Millard 2005, p.17).

The Tibetan term *drib* is frequently employed to characterize the unethical actions that lead to illnesses brought on by malevolent spirits. In this context, *drib* serves as a metaphor for pollution resulting from impure activities, including engaging in morally dubious behaviour, contaminating the environment with waste and excrement, disregarding social norms of conduct, or consuming potent substances such as garlic. Additionally, one may accumulate *drib* through involvement in occupations deemed 'polluting,' such as being a butcher or graveyard worker. Many Tibetans conceptualize *drib* as encompassing not just the physical act of pollution but also the ethical and spiritual ramifications that stem from engaging in such morally dubious actions. This form of pollution has adverse consequences on the sacred environment inhabited by the local spirits (Adams et al. 2005, p.828).

The Bonpo corpus classifies various forms of *drib* that disrupt the relationship between humans and spirits: *me-drib* (pollution arising from violent harmful behaviour such as incest or murder), *shi-drib* (pollution arising from being in proximity of dying individuals), *ro-drib* (pollution arising from being in contact with dead bodies), *nyams-drib* (pollution

arising from consuming meat from animals that were assassinated by other mammals), *btsog-drib* (pollution arising from polluted water and soil and diseases associated with meat), *gza-drib* (pollution arising from performing certain deeds when the planets aren't aligned correctly), and *dam-drib* (pollutions arising from breaking religious vows (Bellezza 2005, p.165). If the spirits come into contact with *drib*, they may become angered and afflict humanity with various illnesses. This framework helps us comprehend how spirit-induced ailments are attributed to breaking culturally specific notions of *human dharma*.

The connection between unethical behaviour and illnesses caused by spiritual entities is a common theme in Tibetan folklore. One prominent story involves the Yarlung emperor Drongnyen Deru (ca. 6th century), who contracted leprosy after consuming frogs obtained from Lake Dvags po, which was inhabited by *klu* spirits - serpent-like spirits associated with natural water sources like lakes, springs, wells, and swamps. These *klu* beings serve as guardians of the local plant and animal life. It became evident that taking these frogs resulted in the king falling prey to *klu nad* or *klu* disease, which even affected his son, who was born blind (Diemberger & Hazod 1994, p.33).

The story demonstrates the indigenous folk beliefs on health preservation and maintaining a harmonious connection with the local spirits, which is guided by ethical principles. Through this example, one can gain insight into how *human dharma* and spirit attack influence each other. Furthermore, J. Gyatso (2015, p.347) highlights the distinctive nature of the concept of *human dharma* and its origins in ancient Tibetan culture. This particular concept is absent in the *Astāṅgahridayasamhitā*. Although the *Bhūṭavidyā* acknowledges a moral dimension to spirit-caused illnesses, these are aligned with Hindu principles of *dharma*.¹² Consequently, spiritual disease is predominantly perceived as a consequence of negative *karma* resulting from violations of ethical codes associated with devotional practices or actions in previous lives (Smith 2006, p.498). Thus, the concept of *human dharma* in the Tibetan medical language appears as a distinctive factor within the Four Tantras treatises, highlighting its connection to indigenous theories outside Buddhism.

¹² Chapter 6.4 of the *Bhūṭavidyā* addresses various transgressive acts, including public nudity, derogatory speech about religious figures, engaging in forbidden pleasures, coming into contact with a woman who has recently given birth, worshiping malevolent deities, wandering through deserted areas, incorrectly reciting mantras or breaking religious vows and practicing sorcery. result in spirit causation and illness; accumulated negative karma from past lives and the influence of the planets also play a vital role in demonic possession (Smith 2006, p.494).

Given this information, I will examine the visual imagery used in the *Blue Beryl* painting to investigate whether indigenous conceptions of *human dharma* can be identified within these depictions and their connection to psychiatric illness.

2.3 The Principal Factors of Spirit Causation and Ailments in the *Blue Beryl* Paintings: Plate 46 *Gynaecological Diseases– Demonic Possession*

The causes of spirit possession and illness are depicted in Plate 46: *Gynaecological Diseases - Demonic Possession*, which represents chapters 74-81 from the *Instructional Tantra*. The plate shows three distinct aspects of Tibetan medicine: gynaecological diseases (chapters 74-76), demonic possession (chapters 77-81), and physiological injuries (chapter 82). Notably, the upper, middle, and lower vignettes of the plate depict the chapters on Tibetan psychiatry. The preceding paragraph has highlighted that a significant proportion of the factors contributing to illnesses caused by spirits are associated with contaminating actions linked to the natural environment. Within the images of plate 46, there are two separate scenes that depict how these disruptive activities have harmful effects on an individual's well-being.

The upper vignettes of plate 46 contain more general depictions of *drib*. The plate presents a visual presentation of the primary factors that contribute to spiritual disease, as described in chapter 77 of the *Instructional Tantras*. Although the inscriptions do not explicitly mention *mi chos ma yin pa* or *drib*, indicators of unethical behaviour connected to these concepts can be observed in the depictions portrayed in this scene. In figure 1, a male individual is depicted with a rock in his hand whilst aggressively interacting with a spirit. The second scene illustrates a man threatening a man with a sword, while the other person begs for mercy. This portrayal symbolizes the emergence of *sme drib*, which refers to contamination resulting from violent and harmful acts such as incest or murder. Furthermore, figure 2 shows the depiction is an enthralling portrayal of a divine entity whose furious temperament is depicted with remarkable intensity. The image serves as a visual manifestation of the fierce local deities who pose a danger to mankind when disturbed by impurities. These can undoubtedly be interpreted within the broader framework of *human dharma* and *drib*. Next to this scene, we can discern an affected individual colored blue positioned near sacred artifacts. According to Parfionovič, Dorje and Meyer (1992, p.263), this scene represents an interruption or disruption of offerings intended for deities. This

translation corresponds with the notion of *dam drib*: pollution stemming from violations of religious commitments.



Figure 1: Two acts of unethical behavior that leads to the accumulation of *drib*. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.107)



Figure 2: Disturbing the deity's abode by breaking or taking offerings angers the deity of the locale, who may retaliate. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.1073)

The lower vignettes of plate 46 provide more specific illustrations of *drib*. The images from Figure 3 portray chapter 81 from the *Instructional Tantras*, which addresses illnesses caused by *klu* spirits. The imagery depicts the primary factors that play a role in *klu* and *gnyan* disease (Parfionovič, Dorje and Meyer 1992, p.263). The title in the frame discusses *klu* disease and demons, whereas the inscriptions accompanying figures 1-6 reference *gnyan* spirits, also known as *sa bdag*. In Tibetan folk culture, these specific spirits are often identified as masters of the earth and connected to the elements of the natural environment (Hoffmann 2018, p.17).

In the initial scene, an individual is shown ploughing the land, while in the second scene, a figure is depicted working with a spade to cultivate the soil. Both scenes exemplify factors that contribute to disturbing the spirits of the earth (*sa gnyan*). In the third scene, there

is a depiction of an individual constructing a pond suitable for housing small fish. This person is observed holding a basket, which could potentially be utilized for capturing or transporting the fish. These actions have a disruptive effect on the divine beings associated with the element of water (*chu gnyan*). In the fourth scene, an individual is shown severing a branch from a tree, thus offending the spirits of the woods (*shing gnyan*). In the fifth scene, two individuals can be seen lifting and displacing rocks, effectively exposing and expelling the malevolent spirits residing within them. (*rdo gnyan*) In the sixth scene, we observe a person engaging in an impure act by defecating near what seems to be a shrine, thereby offending the spirits. The seventh, eighth, and ninth scenes each depict different instances of pots: one filled with milk that boils excessively (referred to as white and black), another containing meat broth that overboils (referred to as red), and a pot emitting a cloud of smoke. The released fumes and unpleasant odours resulting from this incorrect cooking method are deemed offensive to the spirits. In the tenth scene, an individual is seen slaughtering a living creature within the vicinity of the deity's shrine, thereby polluting the sacred abode of the deity. The concluding sequence portrays the solemn presence of a Bonpo clergyman performing a highly complex ceremonial practice which annoys the spirits (Parfionovič, Dorje and Meyer 1992, p.263)

These images from this scene demonstrate the crucial significance of maintaining a harmonious connection with the spirits by respecting the natural environment, which serves as the locale of the spirits. The visual representations found on plate 46 provide evidence of the integration of indigenous notions surrounding elemental spirits within Tibetan psychiatric theories. Analogously to the indigenous beliefs regarding *drib*, the spirits depicted in the *Blue Beryl* painting express their discontent towards human-induced pollution. Whenever these elemental spirits witness disruptions to their habitats caused by human transgressions, they unleash afflictions that manifest as various forms of psychiatric disturbances.

In the upcoming chapter, I will conduct a more in-depth analysis of the significance of elemental spirits within Tibetan folk beliefs on illness.



Figure 3: Eleven unethical actions that contribute to the angering the *klu* and *gnyan* spirits of the earth. The primary causes concern

Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263

Chapter 3: The Attributes and Manifestations of the Elemental Deities in Tibetan Psychiatric Analyses

3. Introduction

The preceding chapter explored the primary causes that contribute to spirit-caused disease through the indigenous concepts of *human dharma* and *drib*. As discussed, Tibetan folk culture greatly emphasizes the moral connection between humans, elemental spirits, and the surrounding environment. This chapter aims to provide a comprehensive analysis of the elemental spirits found in Tibetan psychiatry. It will explore their characteristics, their significance in Tibetan folk culture, the implications that arise when studying their indigenous origins, and their iconographic features in Tibetan folk culture.

3.1 Implications of Examining the Indigenous Elemental Spirits

According to Samuel (1993, p.162), the Tibetan tradition distinguishes between the protective deities who have transcended the samsaric existence and those who remain with it. The group of divine beings that reside within the cycle of samsaric existence encompasses a diverse array of deities and spirits, typically linked to the local gods and spirits from the indigenous folk religions. These indigenous spirits are identified in the Nyingma taxonomy scheme as part of the *Eight Classes of Gods and Flesh-eating Spirits (lha srin sde brgyad)*. This classification system incorporates ten local gods and spirits who have been subjugated the Buddhist teachings (Cornu 1990, p.247-250):

1. *klu*
2. *gnyan*
3. *sa bdag*
4. *btsan*
5. *rgyal po* .
6. *bdud*.
7. *ma mo*
8. *gza*
9. *gnod sbyin*
10. *lha*

These taxonomy systems serve as a means of categorizing the various divine beings found in Tibetan religion based on their unique characteristics and religious roles (Bell 2020,

p.48). The title of this compilation implies certain expectations for the behavior of these indigenous elemental gods and spirits. Initially formulated by the Nyingma school during the 7th century, it illustrates the Buddhist perspectives towards the (non-Buddhist) local gods and spirits in premodern times. The primary objective in this taxonomy scheme is to identify which specific spirit is accountable for a particular calamity so that appropriate response measures can be implemented (Samuel 1993, p.163). However, in this case, it further demonstrates that within the *Vajrayāna* pantheon, there are numerous elements from Bon and folk traditions.

In Tibetan origin myths, a consistent pattern emerges whereby these local spirits are subdued and incorporated into the framework of Buddhism. Once wild, violent, and malicious beings, they undergo a process of domestication and ultimately assume roles as guardians of Buddhist teachings (Kocurek 2023, p.24). As a result, subsequent taxonomy schemes have aimed to assimilate these indigenous spirits into the Buddhist pantheon by depicting them as notable deities from India. One such example can be found in a 9th-century rendition of the *Golden Light Sutra*, which includes a roster featuring divine beings akin to those observed in the taxonomy scheme known as the *Eight Classes of Gods and Flesh-eating Spirits*. Notably, however, this particular categorization presents all local gods and spirits with Sanskrit equivalents (Bell 2020, p.5):

1. *lha* (*deva*),
2. *klu* (*naga*),
3. *gnod sbyin* (*yaksa*),
4. *dri za* (*gandharva*),
5. *lha ma yin* (*asura*),
6. *khyung* (*garuda*),
7. *miamchi* (*kimnara*)
8. *lto phyed chen po* (*mahoraga*).

Considering the historical context in which this taxonomy scheme was constructed, it can be inferred that deliberate efforts were made to conceal their non-Buddhist origins by equating them to Indian deities - herewith indicating their complete transformation into Buddhist protectors. The Indian Buddhist list of Tibetan spirit types has significantly influenced the study of the Tibetan pantheon. Consequently, many modern studies continue to interpret these indigenous spirits as part of the retinue of the Indian Buddhist pantheon. Bell

(2013, p.14) highlights two significant issues with this approach. Firstly, it creates an inaccurate perception that local gods and spirits in Tibet hold a comparable position in Tibetan folk culture to their Indian counterparts. This assumption is incorrect. Furthermore, the classification of these local spirits as significant Indian deities is a fascinating topic in the field of Tibetan psychiatry. Numerous studies (Clifford 1994, Samuel 2007, Deane 2014) have consistently identified these spirits, which are believed to cause illnesses, as revered figures from Indian mythology.

Before examining the visual representation of the local gods and spirits in the *Blue Beryl* paintings, it is essential to shed light on how the Indian Buddhist compilation of Tibetan spirits subdues and neglects their unique indigenous identity. This can be observed through the portrayal of the elemental spirits as outlined in the *Four Tantras* chapters dedicated to Tibetan psychiatry.

3.2 The Eighteen Elemental Spirits in Tibetan Psychiatry

Chapter 77 from the *Instructional Tantra* presents the psychiatric conditions originating from supernatural entities associated with the natural elements, the *byung po gdon*. The chapter provides us with a comprehensive list consisting of eighteen elemental spirits known to cause all kinds of ailments:

1. *lha* (*devas*): gods
2. *lha min* (*asuras*): jealous gods
3. *dri za* (*gandharvas*): scent eaters
4. *klu* (*nagas*): serpent spirits
5. *gnod sbyin* (*yakshas*): harm givers
6. *tshangs pa* (*Brahma*): pervasive spirits
7. *srin po* (*rakshas*): cannibal spirits
8. *sha za*: flesh-eater spirits
9. *yi dags*: hungry ghosts
10. *grul bum*: vampire ghouls
11. *byad stems*: evil curse ghosts
12. *yeng ched*: mental agitators
13. *ro langs*: zombies
14. *mtshun la*: ancestor gods
15. *bla ma*: guru

- 16. *drang song*: sage
- 17. *rgan po*: respected elder
- 18. *grub ba*: magical emanation

Clifford (1994, p.159) presents a detailed analysis that explores the characteristics and categorizations of these eighteen elemental spirits. In her study, she references an undisclosed taxonomy scheme, which forms the basis for her examination of these spirits. Based on her analysis, it appears that she has employed an Indian Buddhist approach to examine these eighteen elemental deities (Clifford 1994, p.159): The group in chapter 77, the elementals, are partly taken directly from Indian tradition. Thus, she established connections between the Tibetan elemental spirits from the *Four Tantras* and the disease-causing spirits mentioned in Sanskrit literature, particularly the *Bhūṭavidyā*¹³. For example, the *Bhūṭavidyā* describes *gandharva* possession as follows (Smith 2006, p.504):

"One whose behavior is good, who has a sweet scent, who is blissful, who engages in song and dance, who takes delight in bathing and gardens, who wears red clothes and garlands, and adorns himself with red oils, who enjoys erotic play, is said to be inhabited by a *gandharva*."

Now, let us compare this passage with Clifford's examination of *dri za*, the Tibetan counterpart to the *gandharva* entity (1994, p.180):

"People possessed by the effects of the scent-eaters are graceful and delight in fragrant smells. They like to sing, dance, and play. They love to wear nice clothes and are attracted towards red ornaments."

There are more descriptions of characters in Clifford's work on Tibetan spirits that can be closely associated with the different types of disease-causing spirits found in *Āyurveda*¹⁴. The analysis put forth by Clifford highlights the potential consequences of merging

¹³ The eighteen types of bhuta mentioned are: *Sura*, *Asuras*, *Gandharva*, *Uruga*, *Yaksa*, *Brahmaraksasa*, *Raksasa*, *Pisaca*, *preta*, *Kusmanda*, *Kakhordas*, *Maukirana*, *Vetala*, and *Pitgraha*; which consists out of four subcategories: *guru*, an aged person, *rsi* and *Siddha* (Meulenbeld 1999, p.444).

¹⁴ The majority of the elemental spirit's characteristics in Clifford's analysis seem to be copied directly from the English translation of the *Bhūṭavidyā*.

indigenous and Indian spirit types into a singular taxonomy scheme. This results in a lack of recognition of the Tibetan differentiation within her discussion on these deities, thereby approaching and comprehending them through an Indian cultural lens instead. The limitations of the Indian Buddhist classification system can also be seen in later studies on Tibetan psychiatry. Samuel (2007 p.,214) suggests that the eighteen elemental deities discussed in chapter 77 are influenced by Indian spirit categories. Similarly, Parfionovič, Dorje, and Meyer (1992, p.107) analyze these deities alongside their Sanskrit names. Therefore, categorizing these spirits continues to be a significant topic within Tibetan psychiatry research.

However, despite the fact that numerous contemporary studies link these disease-causing entities to well-known Indian deities, their existence in Tibetan folk culture is already well-attested in the Dunhuang scrolls that I discussed in Chapter 1. Furthermore, Tibetan medical scholars have proposed their indigenous nature since the 16th century. The renowned medical scholar Bodong Panchen Chogle Namgyal (1375-1451) made an observation while discussing how the chapters on spirit causation and illness heavily draw upon beliefs and rituals found in Bon. Namgyal argues that the disease-causing spirits in Tibetan medicine cannot be traced back to Buddhist canonical works; their names and descriptions closely resemble gods and spirits from the Bon pantheon (Karmay 2009, p.236-237).

The portrayal of the elemental beings in *Blue Beryl* illustrations offers a unique narrative that distinguishes itself from previous endeavours to integrate them into the Indian Buddhist divine hierarchy. Examining their iconographic characteristics allows for a deeper understanding of their associations with disease within native folk beliefs.

3.3 A Visual Analysis of the Elemental Deities in Plate 46: *Gynaecological Diseases - Demonic Possession*

The upper vignettes of Plate 46: *Gynaecological Diseases - Demonic Possession* depict the eighteen elemental deities. According to Parfionovič, Dorje, and Meyer (1992, p.107), these deities are identified as: 1.) *devas (lha)*, 2.) *asuras (lha min)*, 3.) *gandharvas (dri za)*, 4.) *nāga (klu)*, 5.) *yaksa (gnod sbyin)*, 6.) *Brahmā gods (tshangs pa)*, 7.) *rākṣasa (srin po)*, 8.) *piśācī (sha za)*, 9.) *hungry ghost spirits (sha za)*, 10.) *vkumbhāṇḍa (grul bum)*, 11.) *maledictory spirits (byad stems)*, 12.) *kiṭī (gyengs byed)*, 13.) *vetāla (ro langs)*, 14.) *kāvyā (mtshun la)*, 15.) *guru demon (bla ma)s*, 16.) *hermit demons (brung srong)*, 17.) *demons of old age (rgan po)*, and 18.) *siddha demons (grub pa)*.

Unsurprisingly, the spirits are primarily introduced alongside their Sanskrit counterparts, with their Tibetan designations provided in addition. By examining the iconographic features of these spirits, we can gain insight into their relationship with indigenous writings. It is worth noting that the appearance and cultural significance of each spirit are extensively documented in Tibetan texts and other cultural sources. To begin, I will refer to the *Eight Classes of Gods and Flesh-eating Spirits* scheme, as well as the additional taxonomy scheme proposed by Bell (2013) in which he adds two more additional categories of indigenous spirits (*srin po* and *sha za*), to identify elemental spirits from the Four Tantras that can unquestionably be attributed to Tibet. These include the *lha*, *klu*, *gnod sbyin*, *srin po*, and *sha za*.

1. *lha* (Figure 4: the *lha* spirit from the Eight Classes of Gods and Flesh-eating Spirits scheme. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263)



Within the classification of deities known as the *Eight Classes of Gods and Flesh-eating Spirits*, the *lha* holds a prominent position as it is ranked first among the eighteen elemental deities. In the Indian Buddhist taxonomy scheme, this celestial being is referred to as *deva*. According to Buddhist cosmology, *deva* signifies supernatural entities that inhabit heavenly realms. Additionally, in Tibetan language usage, *lha* serves as a comprehensive term denoting any kind of supernatural being irrespective of their benevolent or malevolent nature (Bell 2013, p.10). According to Nebesky-Wojkowitz (1996, p.269), the *lha* were initially classified as ancient deities, distinct from the Buddhist *devas*. Visually, they are depicted as white gods adorned in silk cloaks. Although their iconographic traits convey a sense of benevolence, these spirits

were believed to inflict a specific form of madness known as *lha nad myos pa* upon those who angered them.

2. *klu* (figure 5: the aquatic *klu* spirit from the Eight Classes of Gods and Flesh-eating Spirits. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263



The second spirit that causes diseases, as presented in the *Eight Classes of Gods and Flesh-eating Spirits* classification, is referred to as *klu* or *nāga* in Indian Buddhist taxonomy. As previously discussed, chapter 81 primarily focuses on the *klu* spirits and their association with leprosy. Like the well-known *nāga* spirits from Indian mythology, they are depicted as serpent-like beings connected to water sources (Kocurek 2013, p21). However, Nebesky-Wojkowitz (1996, p.32) asserts that the *klu* spirits have an indigenous Tibetan origin, and worship of them can be found throughout Tibet. Their cultural significance is extensively explored in Tibetan folklore, with a separate volume called *Klu' bum* (9th century) dedicated entirely to discussing these spirits. The depiction of these creatures can be found in various folklore, Bon, and Buddhist sources. While each story may portray them differently, there is a consensus that they are hybrid beings with human and animal characteristics. In Tibetan art, they often take the form of snakes, frogs, fishes or other aquatic creatures due to their association with water sites. These depictions typically feature serpent-like attributes in white, blue or green hues. One notable characteristic attributed to them is possessing a bag carrying diseases (Bell 2020, p.7).

Conversely, *nāga* spirits from the Indian pantheon are usually depicted as black-coloured beings with four arms who ride on *raksasas* (Nebesky-Wojkowitz (1996, p.32). In Tibetan folk beliefs, it is believed that individuals can contract diseases if they disturb the *klu* in any way. This disturbance may occur if people do not make proper offerings to them or build houses near water sites, which aggravates the *klu* and is considered a drib (Zeren 2023, p.222). As a result of angering the *klu*, two types of leprosy are associated with their affliction: red leprosy (*mdze mar*) and grey leprosy (*mdze skya*) (Nebesky-Wojkowitz 1996, p.291).

3. *gnod sbyin* (figure 6: the *gnod sbyin* spirit *Eight Classes of Gods and Flesh-eating Spirits*. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263)

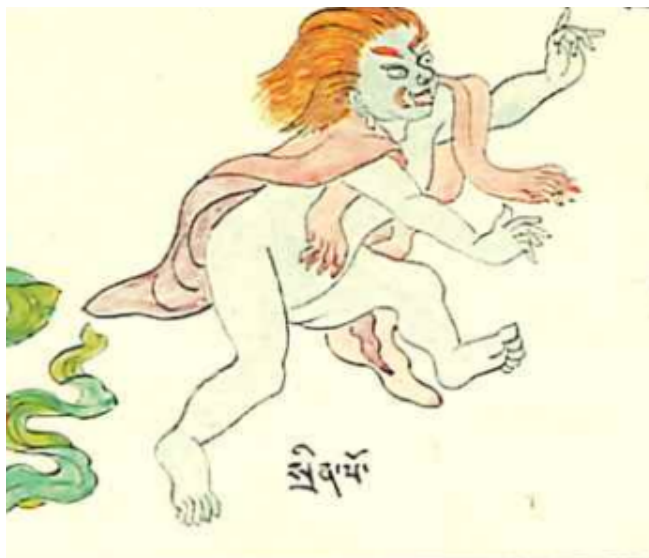


The third group of indigenous spirits in the *Eight Classes of Gods and Flesh-eating Spirits* classification is *gnod sbyin*. These spirits are often associated with Indian *Yakṣas* spirits, but they also play a prominent role in Tibetan mythology, particularly within the Bon corpus. One example is found in an ancient indigenous document called the *Nine Masang Brothers*¹⁵ (n.d.), which suggests that nine supernatural beings once governed Tibet by taking turns ruling over the land. The *gnod sbyin*, originally ruling the country before being succeeded by humans, are commonly regarded as disease-causing spirits in Tantric Buddhist texts (Bell 2020, p.14). However, they hold a significant place in Tibetan mountain deity cults and are

¹⁵ Tibetan: *masang pūngu*

believed to reside within rocks, stones, trees, and high mountain passes and peaks. The relationship between *gnod sbyin* spirits and human beings can be amicable if proper offerings and supplications are made; during times of need, they may even assist (Jardins 2023, p.50-51). It is important to note that if their reverence is disrupted or offended in any way, the *gnod sbyin* transforms into malicious entities capable of causing illness. While variations exist among depictions of the *gnod sbyin* spirits' appearance, with some depicting them as black-coloured figures holding swords (Nebesky-Wojkowitz 1996, p.32).

4. *srin po* (figure 7 : *srin po* spirit *Eight Classes of Gods and Flesh-eating Spirits*. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263)



The fourth malignant entity is referred to as *rākṣasa* in Sanskrit, according to Clifford (1994, p.177) and Parfionovič, Dorje and Meyer (1992, p.107). These demigods from the Indian pantheon are known for consuming flesh. In Indian mythology, they are described as having a jackal-like face with large red eyes. Typically depicted in red colouration, their attributes often include a cleaver and a skull cup filled with human blood (Nebesky-Wojkowitz 1996, p.63). However, the stout form portrayed in this artwork deviates from the descriptions provided in textual sources. As such, there is no question that this gnome-like figure represents the well-known *srin* spirit. This indigenous group of malevolent spirits likely stems from ancient animistic beliefs. Known as *srin*, these spirits represent various disasters, misfortunes, and dangers. It is commonly believed that they feed on human bodies and cause harm by inducing diseases such as tuberculosis (Prost 2007, p.46). An important objective in early Bon rituals was to assert dominion over the *srin* spirits by relegating them to the depths of the earth, a classification later associated with spirits commonly found within rocks and

stones (Gianotti 2004, p.74). In indigenous folklore, these entities are typically depicted as an ogre or gnome-like beings, whose iconography also aligns with such characteristics: they are frequently portrayed unclothed, signifying their primitive nature; their wild and untamed hair serves as a distinctive feature; and prominent bulging eyes highlight their distinct visage (Bell 2020, p.15).

5. *Sha Za* (figure 7 :sha za spirit *Eight Classes of Gods and Flesh-eating Spirits*. Detail from Plate 46: *Gynaecological Diseases– Demonic Possession* (Parfionovič, Dorje and Meyer 1992, p.263)



The *Sha za* represents a distinct type of spirit within the updated taxonomy scheme proposed by Bell (2013, p.13). Given their mysterious nature, there is still much to be uncovered about this class of spirits, according to Bell. Nebesky-Wojkowitz (1996, p.63) briefly describes these spirits as flesh-eating entities with jackal-like features and fiery red hair, typically portrayed in black attire adorned with silk robes or loincloths. Furthermore, specific later Tibetan *Vajrayāna* texts such as the *Klong rdol bla ma* (18th century) identify *sha za* as a subset of *gdon* - a group of malevolent spirits associated with causing epilepsy and inflicting ailments upon children specifically (Nebesky-Wojkowitz 1996, p. 311).

This analysis examines how the depictions of the elemental spirits in the *Blue Beryl* paintings align with their iconography described in Tibetan folk mythology, showcasing how indigenous cultural elements have been integrated into Tibetan psychiatry's medical practices. In the upcoming chapter, we will explore how indigenous rituals play a vital role in healing psychiatric disorders that are attributed to these spirits.

Chapter 4: Non-Buddhist Religious Rituals and their Influence in the Therapeutic Treatment of Tibetan Psychiatry

4. Introduction

Throughout the previous chapters, it has been observed that the Tibetan people believe in a multitude of gods and spirits who have a significant impact on their natural environment. Furthermore, activities causing pollution in their surroundings can lead to a disturbance called *drib*, which disrupts the harmonious relationship between humans and spirits. It is believed that when *drib* accumulates, offended spirits may cause diseases. In cases where supernatural influences are evident, conventional medicine alone may not suffice; religious rituals become necessary for treatment. This chapter will elaborate on the ceremonial practices involved in Tibetan psychiatry when ailments related to elemental spirits occur. This section will analyze the significance of healing rituals in Tibetan folk religions. An explanation of several rituals found in chapter 77 of the *Four Tantras* will follow. Finally, a detailed examination of these rituals will be conducted by examining their visual portrayal in the *Blue Beryl* paintings.

4.1 Healing Practices in the Tibetan Folk Religions

In the traditional practices of organized Bon, the nine vehicles of the Bon teachings are described as the *Nine Ways of Bon*, and thoroughly described in the *gZi brjid* (ca. 14th century). The first four vehicles are commonly known as the *Bon of the Cause* and encompass practical knowledge and rituals that yield practical benefits in everyday life. Millard (2005, p.6) extensively studied these sections and summarized that these four vehicles encompass:

1. *The Way of the Shen of Cha (phywa shen theg pa)*: include four practices of divination (*mo*), astrology (*rtsis*), ritual (*gto*), and healing (*sman*).
2. *The Way of the Shen of Phenomenal Universe (snang gshen theg pa)*: focuses on various types of malevolent deities and local spirits, along with their associated rituals, such as exorcisms and ransom rites.
3. *The Way of the Shen of Magic Power (phrul gshen theg pa)*: provides instructions for conducting rituals aimed at eliminating malevolent spirits.
4. *The Way of the Shen of Existence (srid gshen theg pa)*: consists of funerary rites.

As Millard (2005, p.7) highlights, these four vehicles encompass a broad spectrum of Tibetan religious customs where the subjugation of malevolent spirits through ritualistic practices is a

prevalent theme in traditional Tibetan folk belief. The methods and practices discussed focus on identifying the origins of challenges in one's existence and implementing the necessary rituals to address them. Therefore, the principles and practices found in the four vehicles are based on the understanding that humans coexist with various gods and spirits as they navigate this world. In the field of healing, especially in relation to later traditional Tibetan medicine, the first three vehicles served specific purposes.

Within the four vehicles, we can observe a clear progression in the intensity of levels. The vehicles emphasize starting with milder ritual forms and only escalating to more intense ones if necessary. It is advised to initially employ less severe rituals from the first level of Bon. If this proves ineffective, one may then proceed to more intense forms of ritual, such as ransom rites and exorcisms discussed in the second level of Bon. These rituals aim at resolving issues by appeasing malevolent spirits through various offerings. If the rituals of the initial two methods prove ineffective, one proceeds to employ the potent rituals from the third vehicle, known as the way of the shen magic power. In this approach, divine beings and protective entities are invoked to capture and potentially eradicate the troublesome spirit. The customary response to treating spirit-caused disease is typically encountered in the first two methods and typically involves conducting ransom rituals where a symbolic figure representing the affected patient is offered as a substitute for actual personage (Millard 2005, p.21).

The emergence of the organized Bon religion can be traced back to the early 11th century when it began to establish itself as an organized religious sect. Thus, it is plausible to propose that the healing rituals within the *Bon of the Cause* were influenced by adopting and imitating practices from Buddhism, which had already been firmly established in Tibet at that time. More notably, scholars believe that the *Four Tantras* were composed in the 12th century, while textual evidence assigns *gZi brjid* to the 14th century. Nevertheless, historians suggest that the development of Bon occurred gradually over time, with an organized sect forming through the preservation of tradition and beliefs from the ancient folk religions in Tibet - practices and rituals that had already taken shape prior to Buddhism's introduction into Tibetan society (Dotson 2008, p.41).

The earliest records on Tibetan (religious) healing practices can be traced back to the ancient documents discovered in the Dunhuang caves. Although their exact dating remains uncertain, Karmay (2009, p.247) suggests a possible origin in the 6th or 7th century. These writings describe healing techniques performed by specialized ritualists known as *bon po* or *gshen*. This priestly caste held significant influence in the religious and societal realms of

Tibetan society. Their cultural importance is apparent in the texts that discuss illnesses attributed to supernatural entities. In these ancient narratives, patients who are believed to be possessed by spirits are healed through the expertise of the *bon po* or *gshen* (Dotson 2008, p.49).

This phenomenon is apparent in the narrative records of the Dunhuang documents wherein upon someone falling ill, a group consisting of one hundred male *gshen* and one hundred female *gshen* is called upon. Through performing oral cleansing on the patient and conducting divination rituals (*mo*), they effectively identify the underlying cause of the illness. The outcome of their investigation is subsequently elucidated by a ceremonial rite (*gto*), resulting in complete recovery for the patient. In an additional account from the Old Tibetan liturgies, a *bon po* priest is summoned to the region of Rgya for the purpose of performing *glud* rituals in order to counteract the malevolent spirits inhabiting the land. The text suggests that both the *bon po* and *gshen* possess the abilities to successfully conquer these harmful entities (Stein 2010, p.251-253). The *bon po* and *gshen* methods for healing are frequently described through the use of the term *gto*, which serves as a comprehensive terminology encompassing any type of ritual. In the context of treating disease, the term *dpyad* is commonly associated with *gto*, implying diagnostic practices and is typically employed within a medical context (Millard 2005, p.43-44). An untitled Dunhuang document dating back to the 6th century provides an account of rituals performed by *gshen* and *bon po* for treating patients with diseases caused by malevolent spirits. The rituals employed vary depending on the particular spirit responsible for the disease as well as the condition of the patient. Still, the text mentions ransom rituals (*glud*), effigy ceremonies, offerings made with different types of coloured threads, and reciting holy texts as rituals necessary for the patient's recovery. In addition, the text outlines the customary preliminary procedures performed by *bon po* and *gshen* to treat disease. These procedures include 1.) *mo* (divination); 2.) *phyä* (prognosis); 3.) *gto* (ritual); and 4.) *dpyad* (therapies). Divination (*mo*) and prognosis (*phyä*) are utilized to identify the supernatural origins of the disease, while ritual (*gto*) and therapy (*dpyad*) are employed for their treatment (Karmay 2009, p.246-247).

A similar step-by-step practice can be found in the *Way of the Shen of Cha* from the first Bon vehicle, with the only a minor difference being that *rtsis* is used instead of *phyä*. This demonstrates the continuity between the ancient healing practices from the Dunhuang manuscripts and later doctrines from organized Bon. The rituals described in these manuscripts, such as ransom rites and effigy offerings, align with ritual structures observed within the *Bon of the Cause* vehicles; and it is evident that organized Bon incorporated

themes and healing rituals already present in these ancient writings. This also becomes evident in the narrative accounts from the *Klu Bum*. One such report depicts the *klu* spirit's anger and subsequent retaliation by afflicting a man with an illness. The stricken patient seeks out various experts, including a soothsayer, a *tantrika*¹⁶, and a physician. However, none of them can find a cure. In desperation, the man turns to a *gshen* who conducts the appropriate *gto* rituals to cure the man. Eventually, harmony is restored between the man and the *klu* spirit (Stein 2010, p.255).

The later developments in Bon, whether through oral transmission or familiarity with the written works, incorporated the existing themes and rituals found within the ancient manuscripts. Thus, the medical theories from organized Bon were never really cut off from the ancient Tibetan beliefs on tackling spirit-caused disease. The following paragraph will assess whether this inherent framework of ritual has also been embraced in the therapeutic practices of Tibetan psychiatry.

4.2 The Elemental Spirits and Medicine: Healing in the *Four Tantras*

Chapter 77 of the *Instructional Tantra* delves into the therapeutic approaches for psychiatric ailments linked to elemental spirits. These conditions can range from confusion, memory impairment, depression, and even psychosis. According to the text, standard Tibetan medicine alone may not be effective in spirit-caused disease; instead, a combination of ritualistic practices and conventional medicine is recommended for treatment.

Traditional treatments involve the use of herbal remedies, such as an edible ointment called *medicine butter*. It is also recommended that patients make offerings - such as flowers, rice, and incense - at the location where the striking spirit is believed to reside. Furthermore, the chapter presents a brief summary of the religious practices that are recommended for more serious cases of psychiatric illness. These practices include reciting *mantras*, offering cakes, making incense offerings, reading sacred texts, engaging in meditation and *sadhana*,¹⁷ as well as accumulating merit (Clifford 1994, p.181). Clifford mentions that the original text of chapters 77-81 is extremely abbreviated. Thus, she explains some of these rituals into more detail in her analysis of religious ritual healing. Here she describes different rituals prescribed by Tibetan physicians to treat patients suffering from more severe cases of spirit-caused disease. These include regular ransom *glud* rituals, an effigy *glud* ritual, a thread-cross ritual (*mdos*), a sacrificial fire ritual (*bsreg*), and a throwing ritual (*phang*) that involves the casting of a *gtorma* cake (Clifford 1994, p.167-168).

¹⁶ Specialist in tantric practices.

¹⁷ The practice pursued to achieve spiritual well-being.

It should be noted that within the academic discourse on the relationship between Tibetan psychiatry and Indian *Āyurveda*, there is frequent mention of *dharma* medicine and Buddhist *tantric* medicine. While these two practices share similarities in their use for ritual healing of spirit-caused diseases, it is important to differentiate the specific techniques employed in Tibetan psychiatry from those found in *Bhūtavidyā*.¹⁸ In both traditions, fire rituals hold significance; however, they are carried out differently. In the Indian tradition, a sacrificial fire is lit while mantras dedicated to Shiva¹⁹ are recited and rice mixed with black sesame seeds is burned. On the other hand, Tibetan psychiatry employs a closed container filled with melted butter as an enticing substance to capture spirits which will then be ceremonially burned along with the container itself. Despite offering spiritual healing methods for ailments caused by spirits, *Bhūtavidyā* and *Four Tantras* diverge significantly in their approaches.²⁰

4.3 A Visual Analysis of Ceremonial Healing Practices in the *Blue Beryl* Paintings

In the previous paragraph, we explored some of the healing rituals for curing disease caused by the elemental spirits. Within the Four Tantras, chapter 77 of the *Instructional Tantra* provides a concise explanation of these rituals. As discussed earlier, Plate 46: *Gynaecological Diseases - Demonic Possession* contains visual depictions related to chapter 77-81 on psychiatric disease caused by spirits, showcasing both the causes attributed to spirit-caused disease and the eighteen elemental spirits that are associated with them. Notably, plate 46 does not include any visuals depicting the necessary therapeutic treatments for these conditions, though it is unclear why this omission occurred. Nevertheless, the excerpts extracted from chapter 77 provide a foundational understanding for identifying images linked to the four indigenous healing rituals presented in the subsequent plates from the *Blue Beryl* paintings.

The *mdos* ritual is depicted in Plate 61: *Death Pulses - Pulses Indicative of Demonic Possession*, which showcases the diagnostic techniques used by physicians. This plate illustrates the Tibetan pulse examination that helps diagnose diseases caused by malevolent spirits (Parfionovič, Dorje and Meyer 1992, p.137). It provides images of various religious

¹⁸ As a cure, to name a few, the patient should perform pūjā, apply consecrated collyrium, give offerings of food to the deities, honor cows, brahmans, and gurus. Pacification rituals should be dedicated to worshipping Shiva, sacrifice, fire offerings, and wearing amulets. Material remedies consist of taking prescribed medicine or, at times, more extreme therapies, such as beating a patient or confining them into a dark room (Smith 2006, p.538-539).

¹⁹ Supreme lord from the Indian pantheon.

²⁰ Furthermore, it should be noted that a majority of the listed ingredients for herbal medicine in Tibetan psychiatry can only be found in the Tibetan region, thus it is very unlikely that the healing practices from Tibetan psychiatry are based on Indian practices.

rituals employed to alleviate symptoms once harmful spirits have been identified, such as studying sacred texts, making offerings, and accumulating merit. In the bottom vignette of the plate, a *bon po* priest can be seen wearing his traditional lotus hat²¹ while holding objects commonly used for pacifying malevolent spirits like a drum and *gtorma*. Moreover, in these depictions, there are two individuals dressed in white robes who are identified by Parfionovič, Dorje and Meyer (1992, p.293) as *ngags pa'i bca' yig* practitioners or *mantrins*²² dedicated to the practice of mantras and associated rituals. They can be seen holding cymbals and have the same offering objects as the *bon po* priest. At the center of the scene is a vibrant construction representing the *mdos* ceremony, also known as 'the casting forth of a thread cross.' As mentioned, the use of thread crosses in Tibet has historical roots in indigenous folk practices, particularly relating to *phrul gshen* and in the development of organized Bon. These rituals typically involve handcrafted objects called *nam mkha* (sky), which symbolize specific disease-causing spirits' dwellings. The *nam mkha* is constructed using a framework of wooden sticks, intricately decorated with multicolored threads to ensnare malevolent spirits. In the accompanying image, we observe that the *nam mkha* is arranged on an altar alongside various offerings. Typically, the ritual practitioner would depict a representation of the afflicted individual on cloth or paper and position it within the threads of the *nam mkha* as an offering to appease hostile entities. Throughout this ceremony, accompanied by drumming (as depicted in Figure 1), the ritualist recites sacred texts as directed. The purpose of the colorful threads and offerings is to attract the disease-causing spirit. Once captured in these objects, the spirit becomes entangled within a series of threads. In certain cases, placing the *nam mkha* outside a patient's home serves as an offering that lures the vengeful spirit into it. For more severe situations, complete destruction and burning of the *nam mkha* is performed with the intention of eliminating the trapped evil spirit (Nebesky-Wojkowitz 1996, p.369-372).

²¹ The lotus hat is commonly worn by individuals who have undergone the complete ordination process as renunciants within the *Yungdrung* Bon religious tradition.

²²



Figure 8: Ritualists performing a *mdos* ceremony to combat spirit-caused disease. Detail from Plate 61: 1Death Pulses - Pulses Indicative of Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.136).



Figure 9: Bonpo priest casting away a *gtorma* cake into the fire. Detail from Plate 18: Auspicious Dreams - Signs of Impending Death (Parfionovič, Dorje and Meyer 1992, p.136).

Moreover, in plate 18 *Auspicious Dreams - Signs of Impending Death* there is an illustration of a *gtorma* ritual. This ceremony involves the creation of sacrificial cakes made from tsampa²³ and adorned with intricate designs using melted butter. Similar to the *mdos* ritual, a structure is constructed with the purpose of attracting negative spirits. The *gtorma* cake is then immersed in five different poisons. In the accompanying image, we can observe that monks accompany the ritualist and play large drums and cymbals to entice the spirit. Once inside the structure, the ritualists throw or cast away the *gtorma* herewith capturing its essence while reciting sacred chants. Finally, as depicted in these visuals, they burn down this construction to dissolve any harmful energies afflicting those seeking healing (Cantwell & Mayer 2013,p.26). These images showcase a type of *gtorma* called *drag po'l glor ma* specifically designed for wrathful spirits among more than a hundred variations used within Tibetan rituals²⁴. They are recognizable by the distinct outlines and patterns reminiscent of smoke and flames (Nebesky-Wojkowitz, 1996, p.281). Additionally, the attire depicted on the ritualist in these illustrations provides insight into the non-Buddhist roots of this ceremonial practice. The ritualist is shown wearing a robe in blue hue featuring broad sleeves along with

²³Barley dough.

²⁴ The *gtorma* dedicated to the benevolent spirits has a more rounded shape.

a pointed black hat commonly associated with the traditional Bon clergy known to perform these rituals (Bjerken, 2004, p.14).



Figure 10: A *mantrin* conducting a *glud* rite with an effigy offering to the spirit. Detail from Plate 18: *Auspicious Dreams - Signs of Impending Death* (Parfionovič, Dorje and Meyer 1992, p.136).



Figure 11: A ritualist carrying out a ransom *glud* ritual for the stricken patient. Detail from Plate 18: *Auspicious Dreams - Signs of Impending Death* (Parfionovič, Dorje and Meyer 1992, p.136).

The *glud* ritual is illustrated in two distinct scenes from Plate 18: *Auspicious Dreams - Signs of Impending Death*, which primarily focuses on the indications of death.²⁵ However, the lower portions of the plate portray various ceremonies performed to avert death, including the depiction of two separate instances of *glud* rituals. The initial *glud* can be observed in figures 1 and 2. In this particular ceremony, a miniature representation of the patient is meticulously created using tsampa or straw materials. Items like rice, silver objects, or snippets of hair belonging to the patient are inserted into this figurine. Moreover, it is adorned with cloth worn by the patient and placed alongside a small *nam mkha* structure upon a tray (Nebesky-Wojkowitz 1996, p.361). In this arrangement, a variety of ritual objects known as *gtorma* are placed on an altar. In front of these arrangements, the practitioner performs recitations from a sacred text while simultaneously playing a Tibetan drum. The purpose of

²⁵ Chapter 7 from the *Exegetical Tantra*

this practice is to offer a substitute figure as payment or "ransom" to the malevolent spirit responsible for causing illness. If accepted, all negative influences are transferred from the patient onto the substitute figurine.

The second ritual known as ransoming in the context of *glud* practices involves a ceremonial act centered around the release of animals. Nomadic pastoralists participate in this ritual by purchasing domesticated animals and subsequently setting them free to appease spirits. Figure 4 depicts monks providing funds to a farmer in exchange for sheep, which will be released with hopes of pleasing the spirit and preventing disease. The liberation of these animals from the herd holds great significance due to their essential role in sustaining pastoralist communities. By offering these animals as sacrifices to spirits, individuals seek improved well-being and overall prosperity within their households (Tan 2016,p.4).²⁶ And so these images provide us with a comprehensive visual representation of indigenous approaches for spirit-caused disease.



Figure 12: monks performing a *glud* ritual involving the releasement of animals in the locale of the angered spirit. Detail from Plate 18: Auspicious Dreams - Signs of Impending Death (Parfionovič, Dorje and Meyer 1992, p.136).

²⁶ This *glud* activity, identified by Parfionovič, Dorje and Meyer as *srog bslu ba*, should not be mistaken with *tshe tha*, which refers to the Buddhist practice of freeing animals that are destined for slaughter, with the purpose of gaining merit (Tan 2016, p.4).

Conclusion

Prior to the emergence of Buddhism, Tibetan indigenous religions existed alongside a diverse array of deities and entities. These local spirits were closely associated with specific natural elements such as mountains, rivers, lakes, and trees. Consequently, they are referred to as elemental spirits due to their intimate connection with the surrounding environment. The adherents of these indigenous belief systems actively sought a harmonious relationship with these spirits due to their perceived capacity to cause illnesses of all kinds.

The advent of Tibetan Buddhism brought about a fresh spiritual framework that incorporated the inclusion of these indigenous spirits into its Buddhist cosmology. As a result, their original distinct qualities were diminished as they were associated with deities from the Indian pantheon. Therefore, when discussing the elemental spirits in Tibetan psychiatry, scholars commonly attribute the *Astāngahridayasamhitā* as a significant source for Tibetan psychiatric texts, which provide a somewhat similar understanding of the relationship between supernatural entities and illness. Nonetheless, despite sharing certain similarities, there are discernible distinctions in the psychiatric sections of both texts.

This study delved into the depiction of indigenous Tibetan beliefs regarding spirit causation and illness as portrayed in the *Blue Beryl* medical paintings. Through an analysis encompassing historical, medical, religious, and cultural texts along with the iconography depicted in these artworks, this research sought to reveal how indigenous Tibetan influences have shaped Tibetan psychiatry. Although there is limited literature on the connection between Tibetan psychiatry and indigenous beliefs regarding spirit-caused illnesses, the *Blue Beryl* paintings vividly illustrate the correlations between illness and indigenous traditions. Plate 46 portrays the negative consequences of engaging in actions that pollute the natural environment, resulting in adverse effects on an individual's overall health. This visual depiction represented here draws heavily from the indigenous concept of *drib* and *human dharma*, which implies that engaging in unethical behaviour, such as desecrating and causing harm to sacred locations (such as depicted in the painting), can potentially lead to psychiatric disorders attributed to spiritual influence. In addition, the *Blue Beryl* paintings include visual depictions of indigenous deities and symbols. Illustrating the gradual integration of indigenous deities within the medical beliefs of Tibetan society. The depicted images from the *Blue Beryl* also showcase healing methods for ailments believed to be caused by supernatural forces. These approaches consist of a blend of ceremonial rituals with roots that can be traced back to historical documents originating from Dunhuang during the 6th-7th

century. And so, the *Blue Beryl* paintings function as a visual compendium, offering an all-encompassing depiction of native beliefs, ceremonies, and healing methods for afflictions attributed to spirits.

To conclude, iconography of the *Blue Beryl* paintings demonstrates the incorporation of indigenous Tibetan influences in Tibetan psychiatry. This highlights how local folk beliefs, rituals, and deities are integrated into the comprehension and management of illnesses caused by spirits. It is important to note that these beliefs cannot be equated with Indian Ayurveda or Buddhist theories. And so, this study underscores the significance of recognizing indigenous factors in comprehending and tackling mental health challenges within Tibetan society. The existing body of scholarship on the influence of indigenous Tibetan elements on Tibetan psychiatry, as evident from this study, remains incomplete. Although scholars have made noteworthy contributions by investigating various aspects related to this subject, there is still ample scope for further research and analysis. The field of Tibetan studies is continuously evolving, with potential for new perspectives and insights to emerge in the future. Furthermore, lesser-known or yet-to-be-discovered sources may hold valuable information that could enhance our comprehension of how indigenous influences shaped Tibetan psychiatry. Therefore, ongoing scholarly inquiry and investigation are crucial for deepening our knowledge and understanding within this domain.

List of illustrations



Figure 1: Two acts of unethical behavior that leads to the accumulation of *drib*. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.107)



Figure 2: Disturbing the deity's abode by breaking or taking offerings angers the deity of the locale, who may retaliate. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.1073)



Figure 3: Eleven unethical actions that contribute to the angering the *klu* and *gnyan* spirits of the earth. The primary causes concern

Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263



Figure 4: the lha spirit from the Eight Classes of Gods and Flesh-eating Spirits scheme. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263)



Figure 5: the aquatic *klu* spirit from the Eight Classes of Gods and Flesh-eating Spirits. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263)



Figure 6: the *gnod sbyin* spirit *Eight Classes of Gods and Flesh-eating Spirits*. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263)



Figure 7 : *srin po* spirit *Eight Classes of Gods and Flesh-eating Spirits*. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263)



Figure 7 :sha za spirit *Eight Classes of Gods and Flesh-eating Spirits*. Detail from Plate 46: Gynaecological Diseases– Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.263)



Figure 8: Ritualists performing a *mdos* ceremony to combat spirit-caused disease. Detail from Plate 61: 1Death Pulses - Pulses Indicative of Demonic Possession (Parfionovič, Dorje and Meyer 1992, p.136).



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Figure 12: monks performing a *glud* ritual involving the releasement of animals in the locale of the angered spirit. Detail from Plate 18: Auspicious Dreams - Signs of Impending Death (Parfionovič, Dorje and Meyer 1992, p.136).

Additional illustrations depicting the complete Platel 46, 61, and 18; presented in the chronological order as I discussed in my analysis.



Plate 46: *Gynaecological Diseases - Demonic Possession*





Plate 61: *Death Pulses - Pulses Indicative of Demonic Possession*

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