Spacious Minds, Empty Selves: Coping and Resilience in the Tibetan Exile Community

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ABSTRACT

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Mental health in the Tibetan refugee community has been studied extensively; but like most research on political violence, these studies focus almost exclusively on trauma. We know little about those who manage to thrive and what kinds of sociocultural practices enhance their resilience. This dissertation, "Spacious Minds, Empty Selves: Coping and Resilience in the Tibetan Exile Community" investigates how Buddhism and other sociocultural factors support coping and resilience among Tibetan refugees living in Dharamsala, India. In contrast to other work that focuses exclusively on trauma, the aim of this project was to examine the broad range of reactions to political violence, exploring how people thrive in the face of adversity. Drawing on 14 months of extended participant observation and 80 in-depth interviews conducted in the Tibetan language, this project investigates how communities through social processes cope in the context of political violence and resettlement. The study draws upon and aims to extend theory in three distinct but overlapping areas: 1) trauma and resilience; 2) the anthropology of memory and temporality; and 3) the transferability of interventions across cultures. The dissertation argues that the Tibetan concept of resilience is more an active process than a personality attribute. Seeing emotions as impermanent and changing, Tibetans living in exile are reticent to dwell on distress, which seems only to stagnate or prolong suffering. Rather than processing the details of traumatic events, members of this community attempt to transform distress through cultural practices that emphasize compassion and impermanence. Many forms of coping in Dharamsala work to create a greater sense of spaciousness, openness and flexibility within the mind— qualities associated with resilience and wellbeing. In practicing flexibility, the durability of

negative emotions is diminished, such that the encoding of trauma is derailed and disrupted. The contribution I make involves using a "resilience imaginary" as a fruitful site for pushing the boundaries of how we understand human freedom and agency.

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Dedication

This dissertation is dedicated to the memory of my undergraduate mentor, Professor Ali Pomponio (1953-2012); I will forever remember our weekly meetings and her fierce encouragement. I think she would appreciate this gesture—but only if there are not too many grammatical errors.

NOTE ON TRANSLITERATION

Most Tibetan scholars use a method of transliteration called the Wylie system, which corresponds to the spelling rather than pronunciation of Tibetan words. For example, the word "Kagyu" (a school of Tibetan Buddhism), is shown below in Tibetan. The Wylie transliteration is: bka' brgyud. Wylie is a standardized and convenient method for those who know Tibetan. For non-Tibetan speakers it is largely unintelligible. Therefore, in this dissertation I use a mixture of Wylie (bka' brgyud) and transliteration based on pronunciation (kagyu), preferring the pronunciation-style when citing or describing actual conversations in the field. I will use Wylie when describing concepts or terms that may hold particular significance to Tibetan scholars.

བཀའ་བརྒྱུད

1) INTRODUCTION

Gesturing to the brilliant blue sky overhead, Tashi Lhamo explains, "you see, it is like this. Like the vast, open sky, the mind is completely calm and peaceful. Feelings and emotions, like clouds, can sometimes cover the brilliance of the sky, but they don't change the nature of the sky no matter how much they obscure it." Now in her late twenties, Tashi Lhamo travelled to Dharamsala, India from Eastern Tibet with her mother when she was 21-years old. She attended school in rural Tibet up until grade 3, but has no formal education beyond that. I met her in the daily Buddhist philosophy class at the Tibetan Library, given by the resident lama. After class we often walk back up the steep, poorly paved road to the town of McLeod Ganj where we both live. Today we stop at a tea stall on the side of the road to rest and drink a small glass of peppery Indian chai. Tashi Lhamo zips up her purple hooded sweatshirt, the Autumn weather, sunny but chilly, and squints back at me. "These problems you always want to discuss," she teased, holding my hand, "it's better to ignore the problems in your life. Don't pay them any mind. Instead, we should try to have *sems pa chen po* (big or vast mind) and not focus on problems."

Like many of the Tibetan refugees I interviewed, Tashi Lhamo, although very open, was reticent to discuss specific details of hardship and difficulties in her life, claiming that others had it much worse than she. Despite spending 8 months in a Chinese prison after being caught by border police, she does not consider herself an ex-political prisoner, or even a political activist. "Ex-political prisoners, these are people who suffered very badly," she explains. "When difficult things happen in life, we should just to do our best and move on. Or we can become very upset and make things even worse." For Tashi Lhamo, and others, the disturbing emotions that are occasioned by circumstances such as imprisonment, are considered more dangerous and toxic

than the actual events. While difficult, many Tibetan refugees note that the most resilient people remain calm on the inside, no matter what is happening on the outside.

In 1959, a Tibetan monk named Palden Gyatso was imprisoned at the outset of the Chinese occupation of Tibet. Upon his release 33 years later, Gyatso said that his greatest fear during his captivity was not torture or death, but that he might lose compassion for his torturers. Gyatso's story and others like it are often recounted by Tibetan refugees as examples of how this community has remained resilient in the face of collective trauma. These sentiments raise important questions about suffering, resilience, and the role of cultural beliefs and practices in the study of political violence.

While a large body of anthropological research addresses "social suffering," or the ways that systematic social, economic, and political oppression and inequities contribute to individual distress, less attention has been paid to exploring the ways societal forces and cultural beliefs bolster health, wellbeing, and resilience. As Scheper-Hughes reflects, "anthropological references to vengeance, blood feuds, countersorcery and witch hunts are many, ethnographic descriptions of individual or collective rituals of remorse and reparation are few indeed" (2007:179).

Studies investigating the effects of political violence on Tibetan refugees, focus mostly on the prevalence of mood and anxiety disorders (Evans et al. 2008; Holtz 1998; Keller et al. 2006), validation of trauma instruments (Hussain and Bhushan 2009; Lhewa et al. 2007), classification of torture experiences (Hooberman et al. 2007; Ketzer and Crescenzi 2002), and the "cultural presentation" of PTSD (Benedict et al. 2009; Hussain & Bhushan 2011). As with treated-patient bias that makes for the "clinician's illusion" (Cohen and Cohen 1984), such

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research tends to concentrate on those who meet the criteria for mental disorders, or who present for treatment. We thus know little about those who manage to thrive in the face of adversity.

A smaller subset of studies among Tibetan refugees mention that resilience seems to be drawn from cultural and religious factors (Holtz 1998; Hussain and Bhushan 2011; Shrestha et al. 1998). Some researchers argue that levels of psychological distress are extremely low, suggesting that coping activities (primarily religious) appear to mediate the effects of trauma exposure (Ruwanpura et al., 2006; Sachs et al. 2008; Terheggan et al., 2001). These studies cite testimony from Tibetan refugees who claim their religion allows them to thrive. But this working hypothesis that a Buddhist way of life supports suffering in the context of resettlement remains poorly documented. Researchers have yet to adequately investigate how Buddhism informs resilience and coping. Nor have these studies accounted for alternative sources of resilience. Many researchers also fail to look for differences across groups within the Tibetan exile community, mistakenly conceiving of members in a rather static and uniform manner.

This project challenges the status quo, calling into question perspectives that focus on psychopathology. This research also aims to move beyond paradigms that limit the study of resilience to individual measures, which often miss the relational aspects of recovery (Saul 2014). Instead, this project investigates how communities through social processes cope in the context of political violence and resettlement. Within the Tibetan community, social spheres of medicine, religion, politics and education are often overlapping, making for a unique case study of how communities approach violence and displacement.

This ethnographic study asks many of the same questions that Bourdieu (1999), Farmer (2003), and Das (1997) consider in their studies of structural violence and social suffering. But while these researchers were concerned with how poverty, racism, sexism, and marginalization

contribute to individual experiences of suffering, here I explore plausible means where by societies through cultural practices and social cohesion can "institutionalize" stability and resilience. How do communities continue to thrive in a context of displacement? More broadly, it asks: how—as with suffering and violence—are resilience and coping social experiences?

Through a 14-month ethnographic study of Tibetan refugees in Dharamsala, India, I investigate how community members cope with adversity, asking which factors are most salient in promoting coping and strengthening resilience. To effectively explore this research problem, the project had three principle goals: a) to conduct an ethnographic "domain analysis" to determine what counts locally as resilience, b) to establish what kinds of coping methods are salient in this community, and c) to investigate how, in practice, Tibetan political refugees cope positively in the context of resettlement, paying particular attention to the role of Buddhism.

This project did not rely on wellbeing scales or other clinical instruments to measure resilience. Rather, my aim was to investigate how Tibetans living in Dharamsala themselves, identify resilience. At the same time, although many concepts and practices I describe in the dissertation are culturally-specific to Tibetans, outside readers may very well feel the empirical reality of resilience among my interlocutors. Although I do not claim that all Tibetans are resilient in the face of traumatic events, I believe there may be a quality to the narratives, which allows us to identify resilience, as such.

I wish to note that I bring to this anthropological study my background and training in clinical social work. Having worked as a psychotherapist in psychiatric hospitals and in community mental health settings, my understanding of trauma is shaped not just by reading studies, but through intensive clinical engagement. As this project is in some sense a study in the efficacy of therapeutics, I mention my background to contextualize my assessment and

understanding of resilience. This project explores the Tibetan concepts of resilience; it does not

assess resilience in individuals. However, my clinical background was useful in reading

nonverbal cues and other signs of instability. This project is an anthropological one, but my

training in how to assess mental status and my learned sensitivity in exploring traumatic events

with people, undoubtedly influenced my methods and interpretive frame. It is not an uncommon

occurrence for researchers working on torture and political violence to experience what is known

as "vicarious trauma," where they become emotionally distressed upon exposure to horrific and

upsetting narrative. As a social worker, I received specialized training in how to manage such

reactions, which I found useful in conducting this long-term ethnographic research project.

In addition, I want to make clear that this project is not built as an attack on Western

psychotherapy. I, myself, worked intensively with some individuals for up to two or three years

in community mental health and witnessed the powerful and transformative effects of talk-

therapy. My anthropological understanding of mental disorders and the methods used to treat

them as culturally-constructed does not diminish the legitimacy of mental health practices for

Euro-Americans—or, for that matter, Tibetans.

To theorize my findings, I engage literature in medical anthropology, the anthropology of

religion, global health, and Tibetan Buddhist studies. In the sections below, I give a brief

introduction to the literatures within which this project is situated, including how it builds upon,

challenges, or advances current paradigms.

Trauma and Social Suffering

Studies elsewhere demonstrate how structural violence can institutionalize destabilizing

emotions such as fear, anxiety, and depression (Das 1997; Farmer 1997; Jenkins, 1998; Martin

2008). Anthropologists have effectively reshaped an individualistic paradigm on suffering within the social sciences with theoretical concepts such as structural violence (Farmer 2007) and social suffering (Bourdieu 1999; Kleinman et al. 2007). These perspectives emphasize not only the structural sources of suffering, but also how bureaucratic responses to social violence intensify and produce suffering (Kleinman et al. 2007). Informed by but departing from this perspective, this project investigates the converse hypothesis, that resilience (like suffering) is not solely dependent on individual attributes, but is rather rooted deeply in social processes and cultural ethos, an approach which has found favor in "risk and resilience" research (Schoon, 2006) in social work (Walsh, 2006; 2007), and public health (Weine, 2008).

In an ethnographic study of New Orleans residents who were displaced by Hurricanes Katrina and Rita, Adams et al. (2009) coin the term, "chronic disaster syndrome" to connote long-term stress at the individual, social, socioeconomic and political levels. They argue that personal trauma cannot be separated from the broader social forces of inequity and vulnerability. Likewise, Saul (2014) investigates the concept of "collective resilience," the "shared injuries to a population's social, cultural, and physical ecologies" (2014:1). But unlike in typical disaster interventions that are led primarily by clinicians[1], Saul argues that the adaptive capacities and resilience of families and communities may be the single most important aspect of successful recovery.

Studies on trauma within medical anthropology have largely been concerned with critiquing biomedical diagnostic categories. Is Post-Traumatic Stress Disorder (PTSD) a universal mental illness? Are the physiological bases of trauma responses universal, with varied cultural "presentations?" Is trauma completely dependent on cultural construction?

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[1] Saul acknowledges that "capacities for recovery may be enhanced through the structure and support provided by outside practitioners, may be initiated from within communities themselves, or may be driven by various insider/outsider collaborations" (2014:2).

Anthropologists working in public health, psychiatry, and other more applied settings have also struggled to interact and collaborate with colleagues who may not recognize the role of culture in mental health. Like other mental disorders, PTSD is considered by many to exist independent of culture. Studies that identify causal links in the brain influencing memory and behavior in the context of traumatic events and their after-effects (e.g. Brewin and Burgess 2014; Shiromani et al. 2009), are cited as evidence that trauma responses are universal. In looking at the National Institute of Mental Health (NIMH) priorities, for example, it is clear that the dominant paradigm within trauma research is centered on "basic science." Studies that isolate particular areas of the brain, such as investigating the mechanisms of the amygdala in fear conditioning, as well as "genetic targets implicated in the pathophysiology and course of disorder" (NIMH Traumatic Stress Research Program 2014) are competitive for funding.

Although research within psychological and medical anthropology tends to focus on the sociocultural aspects of trauma, this does not mean that it is necessarily positioned in opposition to biomedicine. Rather, biomedicine is understood to be one form of knowledge (an "ethno-medicine") that has been shaped by historical and contextual forces, just like any other system of knowledge (Good 2010; Lutz 1988; Sharp 2006, 2007). A major contribution[2] more broadly has been in the area of narrative medicine. Early work on illness narratives (Kirmayer 1989; Kleinman 1985, 1988; DelVecchio Good 1994) was positioned against the old culture and personality schools (Benedict 1989 [1934]), which posited that particular kinds of neurosis in individuals could be reduced to the neurotic "personality" of their culture. The illness narrative paradigm shift also replaced older schools that focused on "culture-bound syndromes" such as

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[2] It is becoming increasingly common for training programs in psychology, medicine and social work to teach a unit—if not an entire course—on culture. Kleinman's work on explanatory models is particularly popular within these curricula.

koro and *amok* (Devereux 1980, Simons and Hughes 1985), which treated cultures (and their respective illnesses) as if they were timeless and discrete entities.

These early paradigms did not adequately consider how forces such as colonialism (Smith 1999) and the hegemonies of biopower (Foucault 1980) influence fieldwork and the interpretation of data. They also implicitly demarcate these disorders as "cultural," which seems to contrast that which is natural and universal. They suggest that only "primitive people," or "non-White people," or "non-English speaking people" have culture. As Kleinman argues in the *New England Journal of Medicine*, "[t]he term 'culture' is often misused. In its early anthropologic usage, culture referred to the shared patterns of life that define social groups. This usage tended to portray cultures as bounded, fixed entities, neglecting crucial differences among and within groups, and it risked reducing culture to an autonomous variable" (2004:952). With what is sometimes referred to as the postmodern turn came the understanding that concepts of health and illness are intimately shaped by cultural context and structural forces.

But while anthropology as a discipline has moved largely beyond conceptualizing illness across cultures as culture-bound, Farquhar acknowledges there are still looming questions to be posed: "to what extent, and why, is *any* disorder that interests us 'culture bound'? What is the culture in question? What is the nature of the constraints that bind a pattern of symptoms to a wider world of cultural practice?" (2013:107). Through collecting and analyzing narratives, anthropologists attempt to situate studies of illness within a broader social world (Mattingly and Garro 2000), showing how illness is at once a medical fact, a social fact, and historical fact.

Scholars engaged in critical studies of health and illness have investigated the ways that oppression and structural violence produce illness (Farmer 2003; Link and Phelan 1995). The study of the "social determinants of health" is a robust and rapidly growing perspective within

public health and related disciplines. A related, but distinct perspective argues that disease or adversity (Adams 2012; Bourgois 2009) serves as an indicator for social inequity. Some argue that illness can be "read" as a metaphor for resistance (Biehl 2005; Mol 2002; Sontag 1978). However, in many scientific circles, disease and disorders are seen merely as natural categories of pathology.

Increasingly, researchers across disciplines frame their investigation of culture and mental health in terms of "idioms of distress" (Kirmayer 1991; Nichter 1981, 2010), which can be religious, medical, or political in nature. Cultural idioms of distress are "shared, culturally distributed sets of symbols, behaviors, language, or meanings that may be used by people to express, explain, and/or transform their distress and suffering" (Hollan 2004:63). This approach recognizes that idioms are dynamic and contextual and does not automatically place suffering within the medical model. Exploring cultural idioms of distress can also reveal generational, regional, and other kinds of diversity *within* cultures. A number of studies investigate Tibetan cultural idioms of mental distress, such as *srog-rlung*, a traditional diagnostic category, which means literally "life-wind" imbalance (Clifford 1994; Millard 2007; Samuel 2007).

Anthropologists in particular have written on *rlung* disorders as an emerging "epidemic" in exile communities (Adams 1998; Janes 1995; Prost 2006), suggesting that traumatic distress becomes subsumed into this culturally-constituted category of illness. To fully understand cultural forms of coping and resilience, it is important to have a sense of the explanatory models the community employs to understand mental distress. However, unlike Benedict et al. (2009) and others who attempt to "match" culturally-constructed forms of suffering among Tibetan refugees with biomedical disorders, such as PTSD, I focus only on the ways that Tibetan exile community members conceptualize mental distress and coping.

Within biomedicine, trauma is understood as a specific set of reactions to a stressful event (e.g. nightmares, hyper-vigilance, flashbacks), and importantly, it is marked by prolonged debilitation and impairment. One criterion for PTSD in the DSM-V is that symptoms last for at least six months following exposure to a troubling event. As Young remarks, "PTSD is a disease of time. The disorder's distinctive pathology is that it permits the past (memory) to relive itself in the present, in the form of intrusive images and thoughts and in the patient's compulsion to replay old events" (1995:7). Within the Tibetan psychiatric nosologies, there is no particular gloss for such a disorder[3]. This is not to say that refugees never experience prolonged and intractable mental distress, but the production and cultural value of "trauma," as a category understood in the Western fashion, or a mode of experience, is not particularly salient among Tibetans.

While violence in Tibet increases, studies suggest that Tibetan refugees show comparatively high levels of resilience. Researchers conclude that despite a high prevalence of potentially traumatizing events (imprisonment, torture, religious and cultural persecution, mass displacement), levels of psychological distress are extremely low, and that coping activities (primarily religious) appear to mediate the psychological effects of potentially traumatizing events (Holtz 1998; Ketzer and Crescenzi 2002; Lhewa et al. 2007; Ruwanpura et al. 2006; Sachs et al. 2008; Servan-Screiber et al. 1998). However, the evidence is cross-sectional and selective: these inquiries have been short-term projects using mostly biomedical diagnostic screening instruments. While these findings are intriguing, it is important to note that distress measured using biomedical constructs may not accurately reflect Tibetan constructs. The

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[3] Some have argued that *rlung* disorders, particularly among torture survivors, are a suitable gloss for PTSD (Benedict et al. 2009). However, this gloss is problematic, in that many core features of PTSD (e.g. hypervigilance, flashbacks) are not particularly central to *rlung* disorders.

problems with using biomedical constructs in non-Western contexts has been well documented by anthropologists (Kirmayer 1989; Young 1995). Even instruments such as the Harvard Trauma Questionnaire that have been translated into Tibetan (see for example, Ketzer and Creszenzi 2002; Lhewa et al. 2007) are highly problematic, remaining captive to such biomedical constructs of mental disorders as PTSD.

Other researchers argue that the appraisals of trauma severity are also culturally constructed. This further limits the use of biomedical concepts of health and illness. When researchers (Terheggan et al. 2001; Sachs et al. 2008) asked Tibetan refugee respondents to rank stressful life events, witnessing the destruction of religious temples and being forced to denounce one's religion is considered more traumatic than even imprisonment and torture, raising important questions about measurement. In offering what she calls a "critical anthropology of trauma," Lester argues that trauma is "traumatic precisely because it sheers us off from our expected connections with others, from our perceived social supports, from our basic sense of safety, however locally construed" (2013:754). While Young (1995) argues that PTSD is a disorder of time, Lester (2013) suggests that trauma might better be understood as a relational problem; what she calls, a relational injury.

A related argument made by Saul (2014a) suggests that studies of disasters, political violence and other forms of collective adversity overemphasize trauma as the source of distress rather than loss. In interviews with nuns who were survivors of torture, Saul found that their most painful experience in life was often missing their parents now that they were living in exile and would likely never see them again (2014b). In my study, as well, I found this to be a widespread source of distress across a diverse cross-section of the community. Recognizing that

they would likely not make it back to Tibet before their parents die is an experience of loss, not of trauma.

Within Tibetan culture, death is extremely important in that it is not only an ending, but it marks the beginning of the transition into one's next life. Families play an important role in the death and dying process by engaging in intensive merit-making practices on behalf of their relative (e.g. prostrations, *nyung ne* [fasting], pilgrimages). During the 49 day period that the deceased is in the *bardo* state between this life and the next, a great mass of negative karma can be purified through this dedication of merit. In expunging negative karma, the deceased improves the odds of taking a favorable rebirth. And while these merit-making practices can be done from afar, many Tibetans in Dharamsala worried about the efficacy of their efforts. There were practical concerns, as well, such as not being aware of a death in the family. It is not uncommon for telephone communication in some parts of Tibet to be restricted by technological infrastructure and in some cases, political concerns. In areas that are politically fraught, wire-tapping is not uncommon and it does not take much to rouse suspicion about a family's political involvement if they receive frequent phone calls from India. These distressing experiences are not accurately captured by trauma perspectives. Following Saul's (2014) assertion, an important future direction will be to use alternative framing (such as loss) in studies of political violence and disaster, which more accurately captured the lived experience of such events.

Resilience and Coping

The term "resilience" is often defined as one's ability to thrive or maintain equilibrium in the face of adversity (Walsh 2006; Walsh and McGoldrick 2004), and thus more than the simple absence of psychopathology. In fact, Bonanno (2004) and others argue that resilient individuals may

experience transient periods of intense suffering but that ultimately they maintain an ongoing capacity for healthy functioning across time. Within community psychology, social work and public health, studies of resilience and coping have long been centered on the individual personality attributes of children, particularly those who manage to thrive in contexts of abuse and urban poverty (Ungar 2008). More recently, studies on resilience have broadened their scope to consider how families (Walsh 2006) and communities (Weine et al. 2006) strengthen collective healing.

Researchers have also made efforts to differentiate "resilience" from "coping." Psychologists define coping as "[c]onstantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of a person" (Folkman and Lazarus 1984:141). Coping styles are directly linked with stress appraisal (Lazarus 1999), or the interpretation of the severity and longevity of stress. As Beasley et al. (2003) note, coping is not necessarily equated with good outcomes. Substance abuse and other harmful behaviors can be effective ways of coping. But while coping can be understood as "healthy" or "unhealthy," resilience always refers to positive and adaptive processes. A related concept is "cognitive hardiness," which describes the adaptive behaviors of resilient individuals (Kobasa 1979; Beasley et al. 1999). This project systematically identifies both the salient features of coping among Tibetan refugees, as well as broader local concepts of resilience, both at individual and community levels.

Within psychology and public health, resilience is understood as defying the odds and showing positive outcomes (Wexler et al. 2009:566). Therefore, prevention and intervention have mostly targeted those presumed to be "at risk," in attempts to increase protective factors. While intending to explore the more adaptive sides of human behavior, in many cases, resilience

research has "simply meant looking at the inverse of risk factors" (Kirmayer et al. 2011:84). However, much research on resilience does not adequately articulate the "reciprocal processes taking place at the intersection of personal and community meaning-making" (Wexler et al. 2009:566; see also Unger 2003). Older research has framed resilience "as a fixed state that can be assigned to a person or group of people based on: 1) a status that confers risk, such as non-dominant group membership, and 2) better-than-expected outcomes based on a matrix of time-limited criteria (e.g. graduation, self-esteem scores, absence of substance use/abuse) that are defined and allotted to participants by researchers" (Wexler et al. 2009:566). This separates people into two groups: those who are resilient and those who are not. Newer paradigms challenge this notion, instead understanding resilience as a process that is dynamic and changing (Kirmayer et al. 2011), as well as finely attuned to context.

For instance, researchers as part of the Circumpolar Indigenous Pathways to Adulthood (CIPA) project investigated life history narratives of youth in five regions within the Arctic. The study seeks to understand their various life stressors, but notably, the "resilience processes" that ease young people into adulthood, as well (Allen et al. 2013). As a function of differences in worldviews and value systems, resilience is not a universal experience but one intimately shaped by local culture. The work by Allen and colleagues (2013) demonstrates how the definition of what it means to "be resilient" changes across contexts; even within the same cultural context, there are multivariate understandings and experiences.

Whereas graduation from high school is often uniformly considered a positive outcome and indicative of resilience, Wexler and colleagues (2009) challenge researchers to be more finely attuned to cultural specificity. In Native communities, where schools are sometimes considered sites of colonialization, graduation, while desirable, might also be synonymous with

submitting to the dominant group. Likewise, many LGBT youth experience school as dangerous and unsafe. Therefore, in some cases the act of leaving school may actually reflect the extent to which one is empowered to make healthy choices (albeit not costless nor necessarily heading for a good outcome). The public health research community has long recognized the roles of discrimination, institutional structures, and unfair economic practices in health disparities. But it has largely missed the ways in which the interpretation of these structures can orient people in overcoming them and achieving positive outcomes in their lives. Wexler and colleagues (2009) argue that group identity--as expressed through affiliation with an oppressed group--can itself prompt meaningful role-based action.

To promote more culturally appropriate research on resilience, Kirmayer and colleagues suggest that researchers make better use of narrative in that:

> autobiographical narratives typically make reference to core cultural values as well as to particular construals of personal and historical time. People may make sense of their own predicaments and map possibilities for adaptation and a positive vision of their identity and future prospects by drawing on collective history, myths, and sacred teachings. [2011:85-86]

For example, they found that among Aboriginal groups in Canada it seems commonplace and not noteworthy among community members that "much of what seems to promote resilience originates outside the individual" (2011:89). Such perspectives are also reflected in Saul (2014) and Hernández-Cordero and Fullilove's (2008) accounts of recovery in lower Manhattan post-9/11. It seems that across many contexts the effects of potentially stressful events are largely mediated by "the meaning these experiences hold for the individual and the particular group to which they belong" (Wexler et al. 2009:567). Although such perspectives are taken for granted by those "on the ground," researchers have not been as attuned to the sociocultural aspects of resilience as they could be.

Anthropological studies of resilience tend to focus on meaning-making. Green (1994), for example, concludes that community-level discourses on suffering among Xe'caj have been instrumental in bolstering and rebuilding a robust community in a post-war Guatemalan community. More recently, in another Guatemalan village, Foxen (2010) shows how the K'iche, through the construction of collective memory, not only heal the contemporary and historic wounds of violence and social exclusion but also resist victimization through discourses of hope. Likewise, Nordstrom argued that creativity and ritual can "unmake violence," as exemplified in Mozambican communities whose members, "by rebuilding and replanting in the face of repeated attacks, defied the war…[and] the assault on the present to construct their own future" (1998:117). A number of anthropologists have also worked in the African American community in Harlem, articulating how identity and social collectivity act as pathways to resilience in a context of structural inequity (Jarrett 1997; Mullings and Wali 2001).

Older theoretical models tended to use metaphors that likened psychological resilience to the hardiness of physical materials (such as the ability to return to its original state after being stressed or damaged). Kirmayer et al. argue that such metaphors do not work because they are too static and ahistorical; they fail to "capture the nature of human adaptation and development across the lifespan. In biological systems, resilience usually does not involve simply springing back to a previous state but is a dynamic process of adjustment, adaption and transformation in responses to challenges and demands" (2011:85). The current study takes a particular interest in the transformational aspects of what is sometimes referred to as "post-traumatic growth" (Tedeschi and Calhoun 1996), the process of coming through a difficult life-changing event with increased insight, compassion, and resourcefulness.

Researchers including Fullilove (2004) have shown how systematic collective trauma within neighborhoods leads to increased violence, social fragmentation and mistrust. This study demonstrates how it is possible for a community to purposefully disrupt the factors leading to social disharmony. I explore how daily life in the Tibetan community in exile may constitute its own form of "defiance"; producing resilient citizens in the face of trauma, violence, and displacement. Some recent research suggests that the displacement crisis itself, can midwife extraordinary examples of solidarity, such as in Columbia (Perez 2008), Ghana (McGadney-Douglass & Douglass, 2008) and Sahrawi refugees in Cuba (Fiddian-Quasmiyeh, 2009)—though how durable these effects are remains to be seen. Too, the Durkheimian notion of collectivity itself promoting healing suggests that societies can come together in a challenge, affirming group cohesion, cultural identity and belonging ([1899]1951).

After more than 50 years in existence, Dharamsala has become home to multiple generations of Tibetan migrants. Tibetans fleeing their homeland arrive to a relatively thriving and stable community where they are free to educate their children in Tibetan, practice their religion, seek education, and establish informal businesses, often in the tourism industry. However, some newcomers—particularly those migrating for economic reasons and those who have been educated in Chinese schools—are treated with derision. Older generations of political refugees have questioned the extent to which these newer generations raised in Chinese-occupied Tibet are even really culturally Tibetan. The cultural solidarity which might support resilience and coping among older generations of political refugees may be less salient for newer generations. Because so many studies have mistakenly considered the exile community to be uniform and static, an exploration of the differences between newcomers and long-time residents adds depth and complexity to an understanding of the resettlement process over time. But while

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it is important to note that not all Tibetans are resilient (and that there may be marked differences across sub-groups), at the cultural or population level, there seems to be a remarkable geography of resilience.

I borrow the idea of a "geography" or "landscape" from Angela Garcia (2010) who noted in her ethnographic research among heroin addicts in New Mexico, that the place overall seemed marked by hopelessness and a quality of melancholia. Rather than looking to individual psychology, she considers how the "geography of addiction" has been built, and subsequently, how such a geography shapes and molds a lived world where extraordinary numbers of people succumb to drug addiction. A consideration of a different kind of geography is articulated by Biehl (2005) in his ethnography of zones of abandonment. Such landscapes "determine the life course of an increasing number of poor people who are not part of mapped population" (2005:4). While it has been demonstrated adequately in works such as these how social structures produce subjectivities marked by despair and hopelessness, there are few studies that investigate the potential for landscapes, zones, or geographies of resilience. Although the Tibetan exile community is not without problems, this dissertation considers why people seem largely to thrive. More broadly, it presents a case study of "social resilience"; a landscape of hope and dignity.

To explore the makings of this "resilience imaginary," I consider how cultural concepts of memory and temporality frame the experience of recovery and resilience—both at the individual and cultural level. I borrow the notion of "social imaginaries" from Charles Taylor, which he understands to be: "our whole world, that is, our sense of our whole predicament in time and space, among others and in history." The imaginary exists above moral order; perhaps it might be said that moral order hangs in the atmosphere of the imaginary. This is the "context of

action," or "what makes norms realizable" (2007:174). Through early socialization, the notion of what "one ought to do" in the face of difficulty lives in such imaginaries.

It is through my articulation of this resilience imaginary that I challenge researchers such as Landau-Stanton (1990) who argue that traumatic events, *by definition*, cause a discontinuity to "transitional pathways," or coherent connections of one's past, present and future. Here, I consider the ways that a rupture in life trajectories may not always be a catastrophe. In this way, my project elucidates a cultural theory of self, which I argue allows Tibetan exile members to actively train in, and build resilience.

Anthropologies of Memory and Temporality

Around the time of what is sometimes called the "critical turn" (Scheper-Hughes 1994; Singer 1995), medical anthropologists began thinking very explicitly about political economy and the reification of hegemonic knowledge. Scholars challenged earlier paradigms that stressed the "neutrality" of research by asserting that all knowledge comes from particular vantage points and does not exist "out there" waiting to be discovered. Anthropological works were also informed by critical theorists across the humanities and social sciences engaged in feminist scholarship (Butler 1990; Haraway 1989, 1991; Rubin 1975). Feminist theory for anthropologists working on trauma became increasingly important because of the veritable explosion of interest in repressed memory, abuse, and dissociation (Haaken 1998; Hacking 1998,1995).

Today, feminist scholars such as Hirsch (2011) conceptualize aspects of trauma as a kind of *postmemory*, asking how legacies from the past shape public and private identities of the present. How, in diasporas for example, do acts of reparation, nostalgia, and reclaiming, fashion a desire for "the return"? (Hirsch and Miller 2011). Just as Young (1995) argues that PTSD is a

"disease of time," so too, are these scholars fundamentally concerned with time and temporality through an exploration of a past revisited.

To understand the function of traumatic memory in the context of coping and resilience in the Tibetan exile community, I draw on studies that engage questions related to suffering, temporality, and memory. In the present study, I argue that the flexible and spacious minds that Tibetans describe as "resilient," are made possible through cultural understandings of "emptiness" and "impermanence"—qualities of space and time. Scholars concerned with memory and narrative must necessarily grapple with questions of temporality (DelVecchio Good et al. 1994), often an unquestioned system. The work or project of constructing narratives (traumatic or otherwise) is a means by which to organize and make sense of the past: what Ricoeur (1981) might call "narrative time." I grapple with how an anthropology of time and temporality might be instructive in understanding processes of healing. For example, I found that many of my interlocutors seemed to resist constructing solid interpretations of the past. Rather than seeing this as repression, I consider how this resistance bolsters a shared sense of resilience and wellbeing.

The anthropology of temporality and its relationship to trauma, memory, and personhood has been investigated in recent ethnographic work. Garcia (2010) understands her interlocutors who struggle with heroin addiction to live in a space and time—a landscape—marked by the quality of melancholia. In *Mourning and Melancholia*, Freud articulates a theory of melancholia as profound despair and loss of interest in the outside world, juxtaposed with what it means to mourn. For those in mourning, the bereaved finds the world "has become poor and empty; in melancholia it is the ego itself" (Freud 1917:245) that feels emptied out. With the ego fatally unable to love and relate to the outside world, suffering is understood as justified and

permanent—a heart so miserable, deserves nothing less. Whereas grief, sadness and anger are usually connected to specific events, and thus they fade with time, the hopelessness of melancholia is so toxic because it is timeless. It neither begins nor ends.

To theorize the melancholy of her interlocutors, Garcia (2010) draws on Nietzsche to understand the liberatory uses of forgetting. The heroin addicts in Garcia's ethnography are so immersed and entrenched in both personal and social suffering, that there seems to be no other way to live. "[T]he melancholic subject is trapped in affect and incapable of sublimating the pain of past loss so that he may live meaningfully in the present" (Garcia 2008:740). She describes how they long to hold on to relationships, perhaps the only way to maintain some sense of meaning outside of heroin. In this New Mexican town plagued by rampant drug addition, there are a great mass of *descantos*, grave markers found not just in cemeteries, but along the sides of the road, near the river and outside homes; the sites of death are everywhere. Such objects are crucial to "memory work" in that they provide a tangible link to the past.

In her recent studies on the "everyday," Das (2007) invites readers to consider the possibilities of time in a different sense. Her concern is with the "work" of temporality in the creation of the subject. She notes that anthropologists have long considered ways of reading culture through a study of time, investigating "the relation between natural rhythms and social rhythms, synchrony and diachrony, cyclical time and linear time, and repetition and irreversibility" (Das 2007:95). Anthropologists, and indeed, philosophers, have also written extensively on differences between phenomenal time and personal time—an area, which for Das (2007), is ripe with potential for exploring experience. She states, "[t]he attempt to give a structure to these differences often revolves around the difference between the time of occurrence and the time of telling, sometimes conceptualized as the difference between historical

truth and narrative truth" (2007:96). These differences reveal the fluidity of memory and the impact of structural factors on personhood, identity and experience.

In the current study, to understand the health and healing systems in this community, it is necessary to explore how the Tibetan medical system fits together with Buddhist beliefs and practices. As anthropologists working in Tibetan communities attest (Adams 2001; Craig 2010), distinctions between "religion," and "science" are blurred. Indeed, Buddhism completely infuses traditional Tibetan cultural ethos, such that it would be difficult to try and distinguish that which is "religious" from that which is "secular." And while some ailments and conditions fall clearly into the expertise of *amchis* (Tibetan doctors), "mental distress," makes for an interesting case in that it spans the scope of both medical and religious practitioners. In Buddhist medical philosophy, mind and body form an integrated unit (Ketzer & Crescenzi 2002). Although this may be changing with exposure to biomedicine, Tibetans experiencing mental distress normally consult first with a lama (Benedict et al. 2009; Clifford 1994) or ritual healer (Craig et al. 2010) whereupon prayers and rituals involving the entire family will often be performed at the house of the patient. Lamas in Dharamsala also sometimes make "referrals" to the *Mentsikhang* (traditional Tibetan medical center) in addition to performing rituals aimed at mitigating distress.

Many anthropologists have articulated the inaccuracy and artificial separation Western researchers tend to make between that which is "medical" and that which is "religious" when examining healing practices (Csordas 2002; Hopper 1991; Kleinman 1989). As Adams (2001) argues, the science or logic behind Tibetan medicine stems directly from Buddhist philosophy and maps onto the everyday; what might also be called the "popular religious imagination" (Pandolfo 2007:340). The concept of karma, or, "understandings of causality" (Craig et al. 2010), has particular salience across medical, scientific, and religious spheres. And while

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average community members often lack knowledge of technical medical concepts, karma is an integral aspect of everyday ontological concepts of reality—even if its metaphysical workings cannot be articulated.

While not all Tibetans actively maintain a religious practice, its influence—particularly in the realm of health and healing—is deeply infused in concepts of body, mind and personhood. Some community members who deem themselves very secular and do not engage in overt practice, at the same time may believe in karma and rebirth, concepts which are undoubtedly Buddhist. But while many previous studies have used the term "Buddhist" in a rather generic way, this project acknowledges that there is a wide range of beliefs and practices in this exile community. Both through participant observation and interview methodologies, I seek to investigate how these key features of Buddhism are re-enacted in everyday life.

With 30,000 monastics in exile, many living in the 14 monasteries and 3 nunneries in the greater-Dharamsala area (Central Tibetan Administration 2013), I collected data related to both the "high religion" of monks and nuns (Ortner 1989) as well as the more "vernacular" practices and beliefs of lay people. Generally only monastics engage in meditation and philosophical study of scriptures, whereas most lay Tibetans practice Buddhism through devotional practices (Harvey 2001; Martin 1994). But as Primiano warns, scholars who juxtapose "official" religion with "folk, 'unofficial,' or 'popular'…imply that religion somewhere exists as a pure element which is some way transformed, even contaminated, by its exposure to human communities" (1995:38-9). Taking heed of this pitfall, rather than conceptualizing Buddhism as something static and unchanging, I account for its dynamic and contextual influence. Through the use of extended observations and open-ended interviewing techniques, I allow my understanding of religious practice in this community to emerge from these data. In particular, I explore how these

various concepts and ideologies are expressed as "community" level ethos, and how these particular ethos might occasion resilience and coping among political refugees. These questions are explored through a multi-tiered ethnographic study.

Study Design and Methodology

Both qualitative and quantitative researchers might well be considered *bricoleurs* (Denzin and Lincoln 2000; Levi-Strauss 1966) who piece together myriad interpretations to craft a cohesive story. A highly reflexive and iterative process serves to help researchers engage directly with their interpretive frames, rather than trying to hide, minimize, or deny bias. As Linda Tuhiwai Smith (1999) has argued, the practice of "research," itself is difficult to unravel from a colonialist project, particularly when collecting, analyzing and "writing up" knowledge about so-called indigenous people around the world.

While living in this community, I conducted 14 months of extended participant observation in health clinics, social service organizations, political meetings, religious teachings, and community spaces. Much of my data was collected through everyday interactions, joining Tibetan neighbors and friends for meals, shopping, and accompanying them on daily visits to the Dalai Lama's temple—the heart of Dharamsala where many community members gather to practice and socialize. Alongside participant observation I conducted semi-structured interviews with 80 Tibetans to better understand how in practice, exile members cope with adversity. Within this sample, 58 were community members who had experienced a range of difficulties in Tibet and during their subsequent journeys into exile; 22 were expert informants who helped me to understand the variety of help-seeking practices in Dharamsala.

Community sample participants' ages range from 17-84 years old and includes equal numbers of men and women. Half the participants are "new arrivals," meaning they left Tibet less than five years prior to my arrival and half had been living in exile for a longer period. To capture the diversity within the greater Dharamsala area, home to 13 monasteries and 4 nunneries, the community sample includes equal numbers of monastics and laypeople. Participants were recruited through personal contacts and modified snowball sampling techniques. Semi-structured interviews within this sample were conducted in Tibetan and focused on how community members understood and coped with difficulties in their lives. To avoid potential bias, participants were not prompted to discuss Buddhism, but rather were asked open-ended questions about leaving Tibet and the resettlement process. If participants mentioned that religion helped them cope, this topic was explored in more depth.

Expert informants were individuals whom community members visited for help in times of difficulty. The sample includes a group of religious practitioners, such as high lamas, oracles and lay tantric practitioners (*ngakpas*) (n=9), and a group of medical experts and social service providers such as allopathic doctors, traditional Tibetan doctors, nurses, and leaders of community organizations (n=13). Expert informants were recruited using purposive sampling procedures to capture a cross-section of "helpers" in the community. These semi-structured interviews focused on local idioms of mental distress, as well as coping methods and help-seeking behaviors. Interview guides also engaged an open-ended discussion related to resilience in the exile community. Through employing multiple methods I sought out texture, depth and richness, in many cases, further engaging complexities as opposed to proving a hypothesis.

Participant Observation

Throughout this 14 month study I endeavored to learn how Tibetan exile members, in practice,

cope in the face of adversity. I examined the potential pathways to resilience in the community,

not only through asking people about their experiences but by observing, through social

interaction, how Tibetans manage distress and hardship in the context of resettlement. I was

interested in individual experiences, but also in resilience at the "community" level, both in

terms of how cultural ethos shapes resilience and how this exile community itself has remained

in existence for over fifty years. But as many anthropologists will attest (e.g. Briggs, 1986),

simply asking informants to describe something like "cultural ethos" is likely to elicit only vague

or misleading responses.

Participant observation allows researchers to collect data on what Bourdieu famously

called *habitus*, those unarticulated areas of cultural life seen simply as "self-evident and

undisputed," (1977:164), thus requiring methods capable of tapping these more implicit cultural

beliefs. As Sanjek (1990) notes, one of the core strengths of participant observation is unusual

attention to validity: day after day for a long period of time, ethnographers are presented with

innumerable opportunities to test, refine, and if need be, modify their working hypotheses.

Segmenting my sample allowed me to better understand how refugees at different stages in their

resettlement, cope with adversity. These data and those collected through interviews informed

one another; also serving as concurrent checks on working hypotheses, thus establishing a high

degree of triangulation (Sanjek 1990; Wolcott 2001).

I spent extended time in the community, engaging with people in daily life—in tea shops,

restaurants and other informal spaces. I also spent time at key community locations including: 1)

the Dalai Lama's temple complex, 2) daily "Dharma," (Buddhist philosophy) teachings at the

Tibetan library, 3) the *Khora* (a half-mile loop leading to the Dalai Lama's temple where practitioners circumambulate, chanting mantras, working with malas [prayer beads], prayer wheels, and performing prostrations), 4) political meetings and demonstrations, 5) waiting rooms and public spaces in clinics and social service organizations, 6) refugee reception center, and 7) market/tourism spaces. These spaces allowed me to participate in social interaction in an informal or everyday context. The Department of Health was open to me conducting observation at the Tibetan Torture Survivor's Program; however, during my 14 month stay, it was more or less inactive. But while these specific observation sites provided crucial data, I also took seriously Lederman's call for "proficiency in the informal" (2006), and developed close and meaningful relationships in the field.

Sampling and Recruiting of Interviewees

Having established rapport at the outset of the study through participant observation and more informal communication, I described the aims of the interviews, along with study procedures at key locations in the community. All Tibetans living in Dharamsala, India who: 1) were born in Tibet, 2) were at least 16 years-old, and 3) had the capacity to give assent and/or consent, were eligible to participate in interviews. While the initial intention for this project was to focus on community members who self-identify as political refugees, I quickly learned that this distinction makes little sense from the local point of view. For example, I interviewed many community members who had been arrested and imprisoned, and yet they did not consider themselves "ex-political prisoners," a term that seemed to be reserved for very severe sentences (however even torture-survivors often expressed that others were much worse off). Those who came for economic and educational reasons also saw this as inherently political, claiming that

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business opportunities are heavily controlled by Chinese who would not hire Tibetans. As well, many see the conversion of Tibetan schools to Chinese-speaking and run schools as cultural persecution.

While previous researchers have done little to account for differences across the Tibetan exile population, mistakenly conceiving of the community as rather static and uniform, I constructed my sample to reflect the diversity within Dharamsala. There were differences, both in terms of trauma exposure and in coping methods, between newly arrived refugees and those who have lived in exile for some time. Therefore, roughly half my sample included members who migrated less than five years ago, and the other more than five years ago. Half the sample were men and the other women. The sample includes a mix of laypeople, monks and nuns to accurately reflect the unique makeup of this population. Through a modified snowball sampling technique, I relied heavily on my community affiliates to help in the recruitment of this diverse sample. The recruiting strategy was developed collaboratively with my local research assistant[4] to ensure the process was culturally appropriate and of limited intrusiveness. For instance, he stressed the importance of describing the study and asking permission from the abbots of monasteries and nunneries before conducting interviews. All the abbots with whom we spoke were enthusiastic about the study, and introduced us to prospective participants. As will be described in detail below, interview data were collected in two phases. While participants were sampled along the same matrix (see table 1), participants in phase one were different from those recruited to participate in phase two.

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[4] I do not name my research assistant. He has been in Dharamsala for nearly 18 years and has applied for, and been denied, a Chinese visa numerous times at the consulate in New Delhi. He hopes to return to Tibet before his parents die. Association with a foreign researcher could rouse suspicion that he is engaging in "political activism" against the Chinese. Although I wish to acknowledge his excellent work, I promised I would not identify him by name.

Expert Informants			
Religious Experts/Leaders			9
Medical/Social Service Practitioners			13
Community Members			
Time since migration	Gender	Ordination	Sample Size
1-5 years	Female	Nun	7
		Layperson	7
	Male	Monk	7
		Layperson	8
> 5 years	Female	Nun	7
		Layperson	7
	Male	Monk	7
		Layperson	8
TOTAL			80

Data Collection

The aim of interviews was to better understand processes of resilience and coping in this community. I conducted interviews in two phases: 1a) Through a free-listing methodology, I conducted a cultural "domain analysis" with approximately 36 participants to determine what the term "resilience," means in this context, 1b) In these same interviews I also identified salient coping methods and behaviors; 2) through these data collected in Phase 1, I constructed a semi-structured interview guide. Using this guide I conducted interviews with 46 additional expert informants and community members to learn about experiences of resilience and coping in the context of resettlement. The interview guide was developed to investigate not only individual experiences, but also to explore how cultural ethos could shape community resilience.

Data collection for Phase 1 took approximately 5 months. The remaining 9 months in the field were devoted to Phase 2. I reviewed the study objectives and the informed consent procedures before starting the interview, including the right to decline participation, or decline tape-recording. The Columbia University IRB as well as local study sponsors, allowed me to waive usual consent procedures with minors, such as obtaining the consent of guardians. Consent

of guardians was not obtained because of infeasibility; many newly arrived youth come to Dharamsala alone, while their guardians remain in Tibet. Instead, verbal consent was obtained from school principals or monastery/nunnery abbots, along with assent of the minor. Interviews were tape-recorded.

Interviews were conducted in Tibetan by myself and my Tibetan research assistant. The help of my local assistant was useful in making sure my use of Tibetan language was adequate, but his presence was also helpful in making participants feel more comfortable. Unlike in some other settings, Tibetans seemed uncomfortable with very private interviews, and often preferred semi-private settings with others present or nearby. Some monks and nuns asked if their roommates could stay in the room. As well, many laypeople requested their spouse or children remain present. The presence of my assistant facilitated more of a relaxed group discussion, rather than a "sterile" or overly "professional" one-on-one interview—which some may have experienced as too much like police interrogation. As Csordas et al. (2010) assert, the *context* of interviews to a great degree, shapes the depth and authenticity of conversations.

Phase 1a: At the beginning of the study I conducted a cultural "domain analysis," to determine the variety of meanings of "resilience" in this community. While this project engages current resilience and coping literature in anthropology and related disciplines, it was important to explore actual "emic," or local constructs, which I did through a free listing method. Free listing is a basic ethnographic tool for defining semantic domains that is particularly useful during exploratory phases of research (Bernard 2005; Brewer 2002; Thompson and Juan 2006). Semantic domains are defined as "an organized set of words, concepts, or sentences, all at the same level of contrast, that jointly refer to a single conceptual sphere" (Weller and Romney

1988:9). This method is particularly useful in eliciting "cultural knowledge" (Handwerker 2002; Thompson and Juan 2006); in this case, how Tibetans define resilience, and how they would identify someone who maintains a sense of wellbeing despite potentially destabilizing life events. I constructed a sample of 36 informants, which included expert informants (N=12) and community members (N=24). Expert informants included a representative sample of medical practitioners, expert religious practitioners, social service workers, and Tibetan NGO workers.

I asked each participant to respond to the following question: "Many people experience different kinds of suffering in life. But what would lead you to believe that someone is doing okay, despite their problems?" The kinds of responses that one might expect in Euro-American contexts, such as: "They are able to work." "They are able to care for their children." "They maintain friendships," were not salient responses among study participants. In other words, idioms and concepts of resilience are not necessarily the same across cultures.

I encouraged participants to generate an exhaustive list in responding to the question above, as experts in free listing argue that informants often do not list exhaustively. To combat these issues, I utilized three supplementary techniques as outlined by Brewer (2002): 1) nonspecific prompting, 2) reading back to informants the items free listed, and 3) using free listed items as semantic cues.

Researchers who use free listing methods cite different ways to determine saliency across respondents. Through the use of the computer software ANTHROPAC, I used an analytic technique which takes into account both the frequency and priority of listed items. Items with the greatest salience are those that respondents list most commonly and that respondents tend to recall more immediately than other items (Borgatti 1992; Thompson and Juan 2006). After entering responses into an Excel spreadsheet, this software allowed me to systematically identify

the most salient features of this construct, "resilience," within the cultural domain (Borgatti 1996).

Phase 1b: Within this same sample and during the same interview, following the free list exercise I asked participants to complete one more task related to specific coping methods. "Coping" refers to behaviors or practices one relies on to mitigate the effects of suffering and hardship (Lazarus and Folkman 1984). These methods were developed specifically to avoid dichotomous questions, which tend to shut down expression (Patton 2002:354). When asking something like: have you experienced trauma? Tibetans will almost invariably say "no." To avoid this, I asked them to describe three of four difficult experiences they have had in their lives. Within the question, there is a presupposition that everyone deals with difficulty from time to time. Community members were asked to generate examples from their own lives, whereas expert informants were asked to generate scenarios typical of community members with whom they work. Responses included: "I recently lost a family member." "I became ill." "I was imprisoned before escaping into exile." "Out of fear for their safety, I cannot communicate with family members left in Tibet." "I witnessed violence." After participants generated a list, I asked them to describe for each, how they (or typical community members for expert informant interviews) coped with these circumstances. Whereas Phase 1a focused on "resilience," the primary aim of Phase 1b was to develop a greater understand of local forms of "coping," a related but distinct term.

Although I was particularly interested in understanding the role of Buddhism as it relates to coping and resilience, the methods in Phase 1 were intentionally crafted to avoid leading questions about religion. These open-ended methods allowed for participants, themselves, to

discuss (or not) how their religious practice acts a pathway to resilience. If participants did not mention Buddhism, but other pathways to resilience (e.g. social support, political identity as a Tibetan exile member, economic stability) this not only deepened my understanding of resettlement in this community, but it gave me useful data for understanding the range and variety of Buddhist practices across the sample. The open-ended nature of these methods also allowed for members to describe sources of resilience across a number of domains, including psychological, familial/social, and community-wide. From these data, particular patterns among certain groups begin to emerge, such as differences in terms of seeking social support.

Phase 2: Using the data collected in Phase 1, I developed a semi-structured interview guide to be utilized in Phase 2: interviews with expert informants (N=12) and community members (N=34) to examine more fully the processes of coping and resilience in the context of resettlement. By applying what I learned about how Tibetans conceive of "resilience," and what coping methods seem most salient, to whom, and under what circumstances, my interview schedule was tailored to the specific discourses and practices of this community. Furthermore, interviews occurred alongside ongoing participant observation, giving me the additional perspective of observing these phenomena through social interaction in everyday life. Ongoing fieldwork dovetailed with the development of more structured work insofar as I was able to systematically identify key themes related to resilience and coping. If truly a salient theme, it should have emerged in both participant observation and open-ended preliminary interviews and free-listing, suggesting it should have been further engaged through semi-structured interviews. The development of the interview guide was iterative and dialectic, meaning through ongoing observation and open-ended interviews, my hypotheses and preliminary findings were refined.

Expert informant interviews were crucial in helping me to gain a broader sense of how community members work with suffering in the context of resettlement. Expert informants included Tibetan doctors and other health care workers, traditional healers, social service providers, lamas, and other religious practitioners. I included in my sample a mix of expert informants who had lived in Dharamsala for a number of years, and asked them to describe how they typically help political refugees, and how that has changed over time. For example, I asked doctors if they find they are prescribing more medicines that "calm the winds" (often indicative of mental distress) than in the past. Do they find that in situations where years ago members would first consult the lama, they are now going to the doctor? These interviews focused broadly on how political refugees seek services across different domains and how healing "professionals" understand mental distress and coping behaviors.

Drawing upon what I learned in Phase 1, I constructed a separate semi-structured interview guide to shape in-depth interviews with community members. Here I asked specific questions related to suffering and coping behaviors, but I also asked more subtle questions such as, "did you have to visit the doctor or the lama?" Often if asked directly, some Tibetans will deny experiencing any mental distress, but then later report needing to go to the doctor or a lama for a variety of symptoms (difficulty sleeping, somatic pain, and various problems with *rlung* "inner winds"). There was also tension in terms of asking direct questions about Buddhism. On the one hand, there are many Western Buddhist practitioners and tourists seeking retreats and teachings in Dharamsala, so there was a risk that community members will simply tell me what they think I want to hear. On the other hand, they might omit important aspects of Buddhism as it relates to coping—such as compassion and accumulation of merit—if they thought I would not

understand. Therefore, I asked open-ended questions that were not leading in regard to religion; if the topic was mentioned, I engaged the discussion to understand the nuances of the response.

The average initial interview lasted between 60 and 90 minutes, but this was modified when needed. Although I developed a semi-structured guide, my interview style was relatively open ended. An open ended approach allowed me to generate data that were less subject to response bias; this approach was also more culturally appropriate than asking very specific or hypothetical questions. As Craig et al. (2010) assert, in the Tibetan context, seemingly innocuous hypotheticals as: ("imagine a family member or friend became mentally ill. What would you do?") are locally ill-advised. Many Tibetans believe that speaking about such occurrences actually "invites" them. I found that a very open ended approach occasioned Tibetans to feel at ease in discussing their own experiences, along with actual examples they know of in the community.

Data Analysis and Dissemination

The "dialectical" nature of ethnographic production (Wolcott 2001) means that analysis took place concurrent with data collection. I generated descriptive fieldnotes daily over 14 months, which were analytically coded on an ongoing basis. I systematically reviewed fieldnotes, observation memos, and interview transcripts (in Tibetan and in English) throughout the data collection period to identify new leads, unforeseen (or, at the time, undetected) omissions, puzzling contradictions, and ambiguities in the interest of optimizing data quality. Ongoing interpretive analysis allowed me to identify themes that emerge across observational and interview data; those themes, in turn, helped refine and redirect interview protocols. A major strength of ethnographic work is its iterative nature, meaning research questions are repeatedly

and systematically reformulated throughout the data collection process. The research evolves as the investigator develops greater understanding of the research question and of the community (Emerson et al. 1995; Ware et al. 2003). The upshot is not only more valid and reliable data, but depth and texture that would be difficult to attain through other methods.

Using Charmaz's (2008) notion of "open coding," to minimize preconceived ideas about the research problem and the data, I scanned fieldnotes for data which both confirmed and challenged working hypotheses. As the fieldwork and coding process continued, I began to develop what Emerson et al. (1995) refer to as integrative memos, or theoretical categories, topics, and themes, which emerge from these data. These memos helped me to develop a "focused" coding schema, through which I theorized the data to both address the central research questions driving this project and, more broadly, generate theory of relevance to cultural and medical anthropology.

Issues of reliability and validity in ethnographic research must be given special consideration. Interviews were coded alongside fieldnotes with the aim of systematically checking for the consistency and clarity of (as well as tensions within) data. I also on an ongoing basis engaged in member checking, or a systematic process by which the researcher confirms his or her understanding of concepts, events and interactions with informants. Rather than conducting several interviews at once before transcribing and coding them, I continually analyzed interviews on an ongoing basis in order to: 1) refine the interview schedule, 2) check their intelligibility against data collected through other methods, and 3) develop preliminary findings and theories. As with fieldnotes, transcripts were coded using a focused coding approach, categorizing data into sets of themes. These line-by-line codes coalesced into theoretical integrative memos, which ultimately informed the study results. Transcripts were

analyzed not only in terms of evidence that supports preliminary hypotheses, but also with a careful eye towards data that disconfirmed hypotheses. But rather than treating discrepant findings as problematic, I interpreted tensions in the data as reflections of diversity or even conflicts within the sample.

Collecting data in this community required heightened security to protect participants as well as their families back in Tibet. I worked closely with the Columbia University Institutional Review Board (IRB) to develop a systematic plan for swiftly removing fieldnotes and interview transcriptions from my hard-drive, including sending raw data to a password-protected electronic archive on a secure server.

All interviews were transcribed in Tibetan by my local research assistant. After transcription my assistant and I collaboratively translated each transcript into English. Using Atlas.ti software, I used open coding procedures to analyze fieldnotes and interview transcripts, generating key themes related to resilience and coping.

Introduction to Chapters

Below I present an introduction to the chapters of the dissertation and highlight the significance of this work. The Tibetan concept of resilience is more an active process than a personality attribute. Seeing emotions as impermanent and changing, Tibetans living in exile are reticent to dwell on distress, which seems only to stagnate or prolong suffering. Rather than processing the details of traumatic events, members of this community attempt to transform distress through cultural practices that emphasize compassion and impermanence. Many forms of coping in Dharamsala work to create a greater sense of spaciousness, openness and flexibility within the mind—qualities associated with resilience and wellbeing. In practicing flexibility, the durability

of negative emotions is diminished, such that the usual encoding of trauma is derailed and disrupted.

In Chapter 2, I explore in greater detail, the setting of the study and context of the research problem. I introduce Tibetan political history from the early 1900s until present day, with particular emphasis on political activism, including recent self-immolations. In this chapter I render the actual setting, describing Dharamsala itself, and how this small hill-station has changed over the last 50 years. The identity and meaning of being a refugee living in exile varies across this "community," which some researchers have mistakenly characterized as static and uniform. To situate the research problem in ethnographic context, I conclude this chapter by introducing key concepts in Tibetan medicine, as well as local healing practices.

In the next chapter, "Trauma and the Making of Flexible Minds," I explore concepts of trauma within Dharamsala. I show how while the concept of trauma is elaborated through institutional and public manipulation of traumatic images and narratives as a political device, Tibetan community members seem to experience forms of distress that are unlike Post-Traumatic Stress Disorder. Chapter 3 traces the genealogy of PTSD and uses theory on "looping" to explicate the dynamic interplay between self and society. I understand the Tibetan experience as an alternative form of looping to generate what is known as a "spacious and flexible mind." To cultivate this inner environment Tibetans utilize cultural practices such as *lojong* (mind-training), that I theorize as technologies of resilience. Finally, this chapter concludes with a discussion on karma and its role in shaping basic ontological and epistemological assumptions in this community.

In Chapter 4, "Theories of Mind, Memory and Temporality," I engage central debates within the trauma and memory studies literature. Exploring what I call the (im)persistence of

memory, I argue that Dharamsala is more accurately characterized as a landscape or geography of resilience than despair because of cultural concepts of time, temporality and memory. I argue that the flexible and spacious minds Tibetans describe as "resilience" are made possible through cultural understandings of "emptiness" and "impermanence"—qualities of space and time. The resistance to constructing solid interpretations or narratives of suffering—freedom from fixation—raises a number of questions about the architecture of memory and its role in recovery and resilience.

To situate this project within related work on global health, Chapter 5 explores a series of epistemological and well as practical dilemmas in the development of research studies and interventions among those exposed to political violence. The results of this study challenge a number of assumptions that are often made, even among researchers interested in "cultural expression" of trauma. I consider the effects of NGOs, volunteers, and international human rights discourse in Dharamsala, which are sometimes at odds with local cultural concepts and practices. I challenge what is meant by those who advocate a *Think Locally, Act Globally* perspective, and offer a contribution to an engaged and critical global mental health agenda.

Finally, the discussion and conclusion, "Agency and the Open Sky of Mind" explores the overall significance of the project including some ideas for future research. I review the recent surge in studies investigating the clinical uses of meditation and mindfulness, asking whether the "tricks of culture" can be on loan. I problematize the use of Tibetan Buddhist practices outside their local contexts, but also consider promising avenues for integrating contemplative perspectives into mental health research and practice. I conclude by demonstrating how the results of this study broaden current understandings of human agency and freedom; this

perspective moves beyond the "social suffering" paradigm and opens new possibilities for studies on collective or social resilience.

Usual paradigms of social suffering, structural violence, and even the "subjectivities" literatures within anthropology are limited theoretical frameworks within which to situate Tibetan experiences of coping and resilience. I will argue that social suffering and structural violence frameworks are predicated on the notion that individuals are entitled to health and happiness, and that those who are self-sufficient, self-reliant, and autonomous represent the healthiest members of society. The "violence" of structural factors otherwise constrains the agency of oppressed individuals.

Although the political situation in Tibet could certainly be understood in these terms, this theoretical frame loses some traction when confronted with Tibetan concepts of health where the site of intervention is better understood as a lessening of inner rather than outer constraints (Adams 1998). I suggest that Tibetans place an unusually high premium on what might be thought of as "inner agency" or inner freedom. In this context, the most resilient individuals are those who are compassionate, selfless, and have a spacious or flexible way of understanding difficulty in life. They see suffering as a natural part of life and might even see traumatic events as opportunities for purifying karma and generating compassion and wisdom.

Significance

Some psychological anthropologists (e.g., Csordas 1983; Seligman and Kirmayer 2008) argue that healing can come from a reframing or reorientation towards suffering. However, in many cases this reframing is implicit or symbolic, as in various types of religious healing (Lester 2005; Seligman 2010). Here, Tibetans are quite explicit in their goal: to mitigate suffering, one needs to

reframe one's relationship to adversity and negative emotions. The end result of this reframing is a greater sense of space and flexibility within the mind—qualities, my Tibetan interlocutors argue are important features of resilience.

A number of studies find that despite a high prevalence of potentially traumatizing events (imprisonment, torture, religious and cultural persecution, mass displacement), rates of psychological distress are extremely low, and that coping activities (primarily religious) appeared to mediate the psychological effects of trauma. Despite the robustness of these findings, some question whether these Tibetan respondents are truly "resilient," or if they simply avoid identifying symptoms of mental distress. Some scholars are skeptical about just how genuine these low levels of psychological distress might be, arguing there is response bias—seen as the only logical explanation for calm and cool recounting of severe adversity, such as torture and imprisonment. Rather than ascribing to binary reasoning (e.g. either Tibetans are extremely resilient and "bounce back" in the face of difficulty or they repress emotions and deny pain), I take a more nuanced look at processes of coping and resilience, coming to see resilience as a learned process and moral practice. Tibetans actively deploy shared cultural understandings, often infused with Buddhist doctrine, to reframe the mental distress associated with loss, violence, and other distressing experiences. These cultural practices encourage letting go of distress rather than holding on or solidifying it.

The findings of this study contribute to emerging perspectives on collective resilience, particularly in terms of what Saul (2014) refers to as a "creative and emergent process; its content and form are constructed over time through cycles of collective action, reflection, and narration" (2014:2). I consider how the "resilience imaginary," the atmosphere in which moral

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sensibilities arise, is shaped by cultural understandings of the function of memory and cultivated

through deliberate practices of flexibility.

Chapter 2) Little Lhasa: Identity and Meaning in India

Tibetans began escaping to Dharamsala, a town located in the foothills of the Himalayas in the Northern Indian state of Himachal Pradesh ten years after the Chinese first invaded Tibet in 1949. When the Dalai Lama fled to India, 85,000 Tibetans followed (Ketzer & Crescenzi 2002). Temples, monasteries, and Buddhist artifacts were destroyed and many forms of Tibetan culture (particularly religious) remain restricted or banned. Approximately 1.2 million Tibetans have died in Tibet since 1949 due to persecution, imprisonment, torture and famine and it is estimated that over 6000 of Tibet's religious and cultural monuments have been destroyed (Ketzer and Crescenzi 2002). When the Dalai Lama settled in Dharamsala in the early 1960s he established the Tibetan government-in-exile along with the Central Tibetan Administration, a central body composed of specialized departments including the Department of Security, Department of Education, and Department of Health. Dharamsala is home to approximately 7,000 Tibetans, with several hundred more arriving every year (Ketzer and Crescenzi 2002). There are various reasons for leaving Tibet, including: education or economic reasons, to escape persecution, to join a monastery/nunnery, and to meet the Dalai Lama (Sachs et al. 2008). Many Tibetans come to the exile community destitute and uneducated; some have been political prisoners and survivors of torture. But while the exile community in Dharamsala is well established, India does not formally recognize the Tibetan government-in-exile as a legitimate government; nor are Tibetan refugees given legal Indian citizenship. Despite such hardships, many Tibetans on both the individual and collective levels, see themselves as a particularly resilient people.

<u>Tibetan Political History</u>

Before the Chinese military moved into Tibet in 1949, it was politically, culturally and economically, an independent country. However, as many scholars note (Dreyfus 2003; McGranahan 2010; Samuel 1993), in pre-modern Tibet, there was a "semi-bureaucratic" governance (Samuel 1993), marked by regional and religious alliances. Tibet's exact geographic boundaries are contested and varied across historical maps. But most regional provinces fell under the rule of the Dalai Lama's administration in Lhasa, beginning with the 5th Dalai Lama and extending to the present—the 14th Dalai Lama, Tenzin Gyatso (McGranahan 2010). Of the four schools of Tibetan Buddhism (Gelug, Kagyu, Nyingma and Sakya), the lineage of the Dalai Lamas is associated with Gelugpa traditions. Throughout Tibet's history, the rise and fall of these various Buddhist schools was synonymous with political rule. Systems of governance were not uniform in Tibet; some regions were governed as kingdoms, others as chiefdoms, and some were simply ruled by religious leaders (McGranahan 2010).

By 1949, recently coming into power, Chairman Mao Zedong announced his intention to "liberate" Tibet. Despite an appeal by the Tibetan government to both the United States and Great Britain to support their application for membership in the United Nations, little was done to stop the People's Republic of China, which was rapidly becoming a world power. The United States, focused on the Korean War, did not speak out against the invasion. However, as McGranahan details in her recent book, the United States has a long history of working quietly behind the scenes for the Tibetan political cause, including covert CIA training of Tibetan civilian militia. In 1950, forty thousand troops moved into Tibet, prompting the state oracle[5], to

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[5] "Oracles," or monastics or lay tantric practitioners who go into trance and become possessed by particular deities. The deity pehar has long possessed the Nechung Oracle, which historically consults closely the lineage of the Dalai Lamas. To this day, the Dalai Lama and the government-in-exile parliament members in Dharamsala consult the Nechung Oracle before making important political decisions.

determine that because of the mounting political crisis, the 16 year-old Dalai Lama should assume power immediately rather than waiting as was custom until age eighteen (McGranahan 2010). Despite a number of appeals to the United Nations, the international community did not intervene, and over the next decade Tibet was systematically taken over by China.

By 1959, the Dalai Lama, in a disguise, fled to India. The journey took three weeks by horseback, traversing the Himalayas. Over the next several years, 80,000 Tibetans followed the Dalai Lama, the political and spiritual leader of Tibet, into exile. The Dalai Lama and his people were welcomed into India by Prime Minister Nehru, who provided the Tibetan leader and his people a safe haven in Dharamsala, a hill-station town in the Northern state of Himachal Pradesh, which during the time of British rule served as a military cantonment. Twelve hours from New Delhi, Dharamsala is remote and mountainous, lying at the foothills of the Himalayas.

Figure 1: Dharamsala

Photo by the author

The flow of Tibetans out of the Tibetan plateau has fluctuated widely over the last sixty years, but it is estimated that nearly 150,000 are living "in exile," in India, Nepal, Bhutan, and elsewhere across the globe. Although it is difficult to document current trends in the diaspora, it

is estimated that approximately 3,000-4,000 Tibetans leave the country illegally each year (International Campaign for Tibet 2013).

Central Tibet today spans an area of China known as the TAR—Tibetan Autonomous Region; much of Eastern Tibet, Amdo and Kham (see map below), have been incorporated into the Gansu, Yunnan, Sichuan and Qinghai provinces. The official statement from the Chinese government is that Tibet has always been a part of China, thus justifying the invasion. McGranahan (2010) argues that in these early days of the political conflict, Tibetans resisted the characterization of the struggle as a violation of individual or human rights, instead, insisting that the focal problem was to regain the sovereignty of the Tibetan state.

Figure 2: Map of Tibet
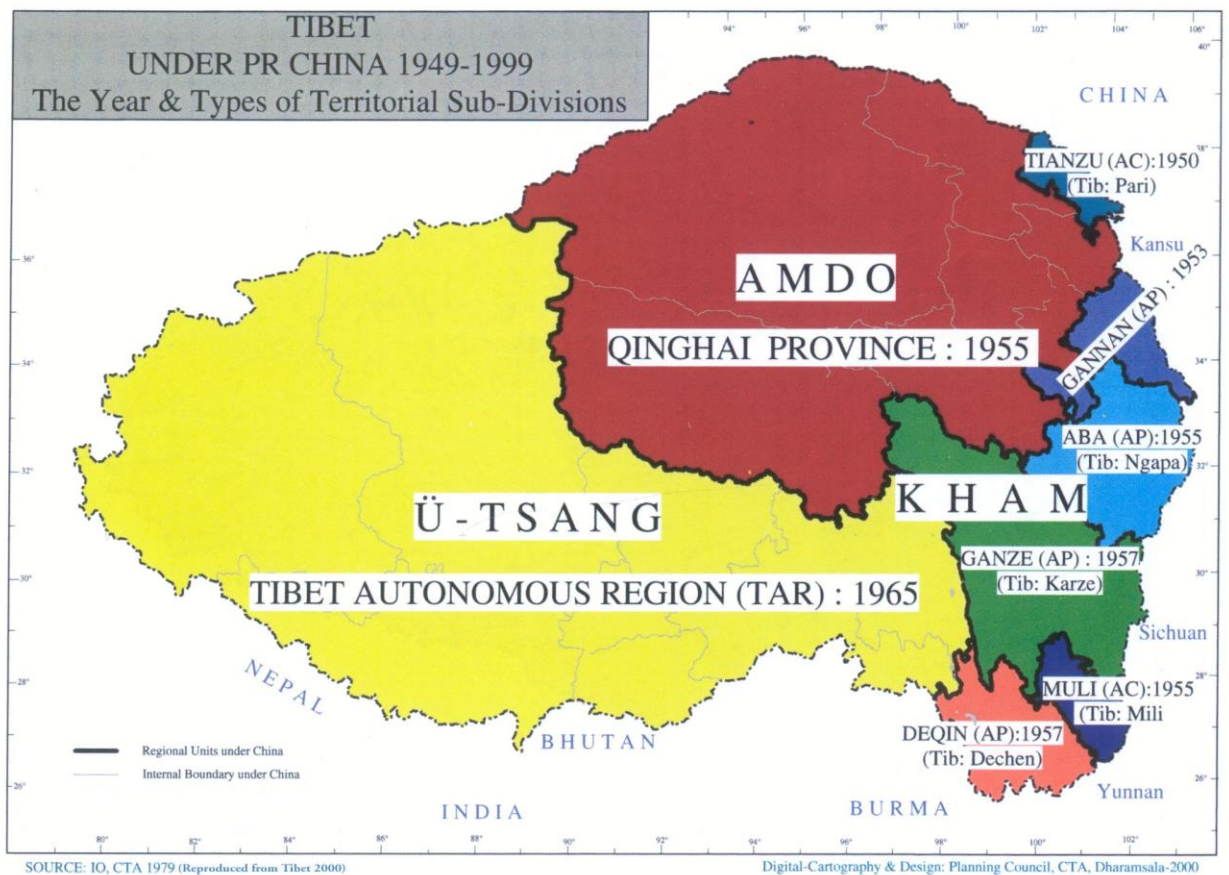
Beginning in the late 1970s and early 1980s, the government-in-exile, led by the Dalai Lama, attempted to engage China in a series of peaceful negotiations. Despite being termed the "Tibetan Autonomous Region," the government-in-exile noted that Tibetans continued to be victims of religious, cultural and ethnic persecution. The Dalai Lama hoped that through compromise and peaceful dialogue an agreement could be reached. He along with the *kashag* (cabinet) developed what is known as the "Middle Way Policy," which does not ask for independence, but rather "meaningful autonomy." The policy outlines the following:

> The Central Government of the People's Republic of China has the responsibility for the political aspects of Tibet's international relations and defense, whereas the Tibetan people should manage all other affairs pertaining to Tibet, such as religion and culture, education, economy, health, ecological and environmental protection; The Chinese government should stop its policy of human rights violations in Tibet and the transfer of Chinese population into Tibetan areas; To resolve the issue of Tibet, His Holiness the Dalai Lama shall take the main responsibility of sincerely pursuing negotiations and reconciliation with the Chinese government. [Dalai Lama 2013]

However, the People's Republic of China has refused to enter into dialogue with the Tibetan government-in-exile, maintaining that the Dalai Lama is a terrorist who encourages "separatism" among Tibetans (who should pled allegiance to the Chinese government). Despite wide admiration for the Dalai Lama across the globe, there are no countries that recognize the Tibetan government-in-exile as a legitimate government. Exile communities in India are thriving; however, Tibetans living in India are not granted citizenship. Tibetans must obtain a residential certificate (RC), which must be renewed every year. Some Tibetans who are born in India are able to procure Indian passports.

Figure 3: Tibetan monks waiting to renew their RC

Photo Credit: Tibet.net

The Tibetan government-in-exile, housed in Dharamsala is composed of the *kashag* (executive cabinet) and 44-member parliament. At his own urging[6], the Dalai Lama relinquished his title as political leader of Tibet, and pushed the government leaders to develop a secular and democratic political system. In 2011, the *Sikyong* (political leader), Lobsang Sangye, a Harvard educated lawyer, was elected to the cabinet as the prime minister and new political leader of the Tibetan people. The Dalai Lama remains a spiritual leader of Tibet.

One might ask why China cares so much about Tibet. It is first important to recognize that there are dozens of "Tibets," meaning that various territories throughout Mongolia, Russia

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[6] Many Tibetan people did not want the Dalai Lama to relinquish his political authority, but followed suit and participated in elections on the Dalai Lama's urging.

and the South China Sea (not to mention controversy over Taiwan) have been annexed to Mainland China over the last fifty years in a variety of land disputes. Because of the fascination with Tibetan Buddhism and admiration of the Dalai Lama, Tibet remains notable on the world stage. Today, Tibet is valuable because it offers space and untapped territory for Han Chinese settlers; in the 1970s Tibet's vast, open space was used for different purposes: the storage of nuclear weapons. There is also an abundance of natural resources in Tibet, such as lithium, copper and rare minerals. It also houses a great mass of underground water. Recently, China has built a series of hydro-electric dams on rivers in Tibet to export electricity back to Chinese cities. Many Tibetan activists today have become increasingly concerned with the environmental destruction of the land; for instance, many are protesting the development of a hydro-electric construction project on Yamdrok Tso, a sacred lake between Lhasa and Shikatse (The International Campaign for Tibet 2014).

There are also cultural reasons that China is concerned with Tibet. The Tibetan people are counted as one of 55 ethnic minority groups within the Han-dominated People's Republic of China. Besides so-called "ethnic" issues, Tibet has long been a source of tension because of the pervasiveness of religion. As mentioned above, not all Tibetans are religious; however Buddhist holidays, rituals, and institutions, such as monasteries are central forces in everyday Tibetan life. Local monasteries and nunneries hold a great deal of responsibility within communities, such as daily rituals to appease local deities and managing the care of those who died. Lay Tibetans also make offerings to monasteries to perform purification practices on their behalf in times of sickness, financial hardship, or suspicion of spirit harm. Unlike in other religious traditions where monasticism is dying out, the tradition in Tibet remains strong. Many families will send at least one child to a monastery or nunnery. It is also not unusual for Tibetans to spend some part

of their youth as a monk or nun, where they receive an education and a great mass of merit (good karma). It makes little sense to divorce cultural life in Tibet from Buddhism.

It is estimated that nearly 4,000 monasteries, nunneries, and religious monuments have been destroyed across the Tibetan Plateau. This was done to "modernize" Tibet and, particularly during the time of the Cultural Revolution, to liberate its people from the "opiate" of religion. Initiatives to modernize and develop Tibet continue today. With a railroad now joining Beijing to Lhasa (a 48-hour journey), Han Chinese are rapidly moving in to the region as they enjoy economic incentives to work and settle in the TAR. Many community members in Dharamsala described how difficult it was to get work without good Chinese language skills, and those who found work, made much lower wages than their Han Chinese peers.

Across the Tibetan plateau, the People's Republic of China continues to threaten human rights, including the right to religious and cultural freedom. The degree of persecution is variable, however, and many Tibetans live good, self-determined lives without discrimination. In many regions of the TAR and within the eastern provinces, there are restrictions on Tibetan cultural practices (particularly those that are religious in nature), prompting many Tibetans and Tibet supporters to characterize China's political activities within Tibet as a "cultural genocide." For example, many Tibetan schools have been converted to Chinese-speaking schools, and in some areas, teaching classes in the Tibetan language is forbidden by law. It is dangerous for Tibetans to publically display photos of the Dalai Lama in their places of business, for example, which might be interpreted as political activism against the state.

Nearly all the major Tibetan monasteries have relocated to India (Sera, Gandan, Drepung, Kirti, Namgyal) or Nepal (Shechen). Local monasteries across Tibet are still functioning, but many have restrictions on how many monks can be there at a time. There are also reports of re-

education campaigns, particularly in rural regions of Kham and Amdo. At any given time there seems to be friction between the monasteries and Chinese authorities somewhere within Tibet. For example, at the very end of December 2013 protests erupted in Driru county after Drongna monastery was closed following the arrest of Kalsang Dhondrup, the monastery's debate master. It is unknown what the charges are (Phayul 2014), but some reports indicate that the monasteries and local villagers refused to fly the red communist flags that were issued to them. After a number of monks failed interviews to assess their political allegiance, two more monasteries in the Nagchu region, Tarmoe and Rabten, were also shut down (Tibetan Review 2014).

Since the early 1950s, it is estimated that hundreds of thousands (some reports suggest nearly one million) of Tibetans have been imprisoned for engaging in "separatist" political activities, such as distributing pro-independence literature, displaying the Tibetan flag and images of the Dalai Lama, and more recently, involvement in a self-immolation. Tibetans who try to leave illegally may also be arrested by Chinese or Nepali border police. Not all who are imprisoned in Chinese prisoners are tortured. However, the UN High Commissioner for Human Rights found torture, particular among monks and nuns, to be widespread (United Nations 2013). Torture activities include beatings, exposure to severe cold, being forced to stare at the sun for extended periods, starvation, suspension in the air, attacks by dogs, solitary confinement, and sexual assault (Hooberman et al. 2007; Tibet Online 2013); some report being forced to watch others being tortured, such as watching others receive electric shocks, as a warning (Benedict et al. 2009). Many found being forced to denounce the Dalai Lama, even to stomp on his photograph, to be particularly devastating.

The importance of the Dalai Lama to the Tibetan people cannot be overstated. In interviews with foreign journalists, public talks in English, and religious teachings given in

Tibetan, the Dalai Lama—His Holiness, as he is often called—tirelessly reminds his audience that he is a "simple Buddhist monk." While arguably one of the most widely recognized world leaders alive today, he is a man who was born to a humble nomad family living in a tent in Eastern Tibet. As a Nobel Prize laureate and admired world figure, his central message to his audience is the interconnectedness of all sentient beings. Despite his fame, he still lives within the walls of Namgyal Monastery and wakes each day at 3:30am to engage in several hours of meditation and compassion practices. But while the Dalai Lama emphasizes that he is no different from other "simple Buddhist monks" at heart, he remarkably relates to a vast array of situations—from meetings at the White House to audiences with poor Indian families who travel days by bus to seek his council. "The Dalai Lama is vitally aware of his own multiplicity of identities" (Thurman 2008:14). Politicians, religious leaders, and scientists across the globe have developed collaborative partnerships with the Dalai Lama. For instance, he has teamed with Emory University in starting the "Science for Monks Program," which brings American senior scientists to monasteries and nunneries in India to help introduce science into monastic education.

During my time in the field I once had the opportunity to visit the Dalai Lama's private residence and speak with him for five minutes. He held my hand (as he often does with whom he speaks) and said, "you are a researcher. This is good. Very good!" He then took the next few minutes to give me a short talk explaining how the Buddha was a scientist. "Buddhism," he said, "it is better to think of it as a science—not a religion. You have to closely investigate and ask questions. The Buddha said not to accept anything on blind faith. We have to check and investigate for ourselves. All scientists and researchers are doing the same. You foreigners are

very good, very intelligent, about investigating outer reality. And we Tibetans have excelled in studying inner reality—the mind."

The Dalai Lama often argues that there is always common ground to be found—even with supposed "enemies." He has worked tirelessly to engage the Chinese government in peaceful dialogue while at the same time vehemently opposing and criticizing the human rights abuses that take place there. And yet, when asked by journalists about the situation involving "the Chinese," he is quick to point out the distinction between the Chinese people and government policies, usually noting that most Chinese people are intelligent, reasonable and kind-hearted. He cautions against equating government policies with individual people. His unique messages often challenge false dichotomies, encouraging his audience to relate to others first and foremost as decent people who, just like us, only want to be happy. In a televised interview, the Dalai Lama was asked by Pierce Morgan to describe a person who has most impressed him over the years. His response, which shocked an incredulous Morgan, is emblematic of his style of teaching:

> I think…Nelson Mandela; he is quite impressive. And then, then of course as an individual person, I love President Bush. *Which one?* The younger one. *Really?* Yes! *Really? Really?* Yes. Not as president of America, but as a human being. Sometimes his policies may not be very successful. But as a person, as a human being, very nice person. I love him. *But how did you feel when Bush went to war so much, and was responsible for so many deaths if you are a man of peace?* Oh, after he started the Iraq crisis, in my meeting with him, I expressed to him, I love you. But where your policies are concerned, I have some reservations, I told him.

In advising the Tibetan people, he has consistently stressed for over fifty years the importance of non-violence and understanding. There is a growing multiplicity of perspectives among the Tibetan people regarding their political situation; some are unfaltering in their commitment to non-violence whereas others are increasingly advocating for stronger forms of political action.

But the Tibetan people as a whole have a common goal: to see the Dalai Lama one day return to his homeland in Tibet.

Political Protest

Over the last sixty years there has been significant political protest, both among Tibetans and foreign human rights activists. March 10, 1959, marked what has been known since as "Tibetan Uprising Day"; on this day, tens of thousands took to the streets after rumors began circulating that the Dalai Lama would be arrested or abducted by the police following a theatrical performance in Lhasa (to which allegedly, he received an invitation from the Chinese government but told he could not bring his usual entourage of security and advisers). Thousands of Tibetan protesters surrounded the Dalai Lama's palace to protect him and within a week the Tibetan militia planned and executed the Dalai Lama's escape out of Lhasa.

The time of the Cultural Revolution in the late 1960s and 1970s was a devastating period, not only for Tibetans, but for many ethnic minorities and other groups across China. From 1987-1989, members of the Tibetan Independence Movement staged large-scale protests across the Tibetan plateau; this was a particularly violent period and eventually martial law was declared, and foreigners, including journalists, were restricted from entering the country. To mark the 30 year anniversary of the uprising in 1959, monks from Drepung monastery took to the streets, and thousands followed suit.

In 1995 a six year-old boy named Gendun Chokyi Nyima, disappeared from his home shortly after being recognized by the Dalai Lama as the 11th incarnation of the *Panchen Lama*. The relationship between the lineages of Panchen Lamas and Dalai Lamas is important in that they have historically "found" and recognized one another's next incarnation. The 10th Panchen

Lama had been arrested and imprisoned for publically supporting the Dalai Lama in the mid-1960s, and died in 1989. The Dalai Lama spent six years searching for his incarnation. When the newly-named six year old boy disappeared (the Chinese government openly admitted to detaining him for security purposes), the Tibetan people revolted, leading to more uprisings. The Chinese responded by enthroning a young boy of their own (the son of one of their security officers) as the Panchen Lama, who would name the next Dalai Lama. The current Dalai Lama, Tenzin Gyatso, has openly stated that he will not take rebirth in Tibet, and the original Panchen Lama remains a missing person. In many protests today, Tibetans call for the return of the Dalai Lama to Tibet, and the release of the Panchen Lama, who, if alive, would now be in his early twenties.

Figure 4: Candlelight vigil in Dharamsala, April 25, 2008, depicting the Panchen Lama.

Photo credit: AP Photo/Ashwini Bhatia

Every year since 1959, Tibetan Uprising Day is observed on March 10th. During the observance in 2008, there were a series of protests and riots in Lhasa; around 6,000 were arrested (Free Tibet 2013). Many monasteries throughout Tibet led protests in their region, and soon Tibetans across the globe joined in protest. Nearly twenty Chinese embassies across North

America and Europe became sites of fervent protest. The Chinese claim that the Dalai Lama

orchestrated the riots, thus proving his status as a terrorist. There are numerous websites, such as

"China View," maintained by the Xinhua News Agency, which post weekly updates about the

"Dalai Clique," citing evidence that he is behind violent separatist plots (China View 2013).

The summer following the March 2008 uprising, I arrived in Dharamsala to begin

preliminary fieldwork. It was here that I first observed notable disagreement with the Dalai

Lama's stance on nonviolence and the Middle Way, particularly among young people. While the

official stance of the Tibetan government-in-exile backs the Dalai Lama and his insistence on

peaceful negotiation, there is a significant segment of the population that is pushing for stronger

and more active responses. At this time, the Summer Olympics had just begun in Beijing. The

atmosphere in Dharamsala was one of betrayal. "How could the world give China this honor?"

people wondered. Students for a Free Tibet distributed sweatshirts resembling those won by a

sports team that said "Team Tibet"; they were proudly worn in the weekly protests and

candlelight vigils held for those who were recently killed or imprisoned during the uprising. It

was somewhat uncanny to see the *mo-lags* (grannies) wearing black zip-up sweatshirts over their

chupas (traditional Tibetan dress).

During the 2008 uprisings, foreigners were again shut out of Tibet. Since this time, the

restrictions on foreigners coming into Tibet has waxed and waned. Currently, restrictions have

relaxed in the TAR, but this can change at any time. For example, in summer 2011, a group of

graduate students from the University of Virginia were conducting archival research in Lhasa;

after a series of self-immolations, the American students had their research visas revoked and

were forced to exit the country. They came to Dharamsala to wait it out, and after a couple

months they resumed their research in Lhasa. The Sichuan province (known as Amdo among

Tibetans), where most of the immolations occur, is currently closed to foreigners as well as Chinese journalists. While visiting Tibetan areas, generally tourists are encouraged to stay with an official tour guide, and during times of restrictions, they may be required to do so. Foreigners risk trouble with Chinese authorities if they stray too far from prescribed tourist destinations. Some Tibetans inside the TAR are reticent to associate with foreigners, which might arouse suspicion that they are engaged in political activity. Likewise, some in Dharamsala worried that their family inside Tibet might be harmed if their faces were shown on TV or in photographs, insinuating political involvement.

Life in Dharamsala

There are thirteen Tibetan settlements in the Northern Indian state of Himachal Pradesh, which are home to 20,000 Tibetans (Proust 2008); around 9,500 of this total live in Dharamsala. Many previous researchers mistakenly conceive of the exile community as a homogenous group. In fact, there is great diversity across the settlement in terms of language, socioeconomic status, region of origin in Tibet, age, and education level. Many Tibetans living in India earn their living through making handicrafts and selling sweaters, wool shawls, and Tibetan jewelry. Others work in the service industry in hotels, restaurants, and other private businesses. While some Tibetans in Dharamsala are able to start their own businesses, nearly all of these ventures have an Indian partner behind the scenes. It is ambiguous whether Tibetans can legally own property or businesses. But, like many things in India, everything is negotiable.

Conflict between the Tibetans and their Indian hosts is not uncommon. There is resentment that so much international aid goes to the Tibetan community, while their Indian neighbors may be even worse off (Vatali 2009). Some Tibetans manage to get foreign sponsors

who send money every month. From the Tibetan point of view, many feel they are often cheated and discriminated against by local Indian shop-keepers, police and government officials. I observed some poor treatment, but there is also a culture particular to India that foreigners (including Tibetans) are not always adept at managing. For example, for five months, there was water for only one hour per day in my Tibetan managed flat. The building was owned by a Tibetan woman who lived in Dheradhun, some 10 hours away; it was managed by her brother, a Tibetan doctor, who lived near Dharamsala. I was told that the pipes were "not good," which was why there was such a limited supply. However, a neighbor, the wife of a retired Tibetan government official, confided in me that the owner does not want to pay "baksheesh[7]" to the Indian water company. It seemed that everyone else in the neighborhood had paid; and they had water. I called my landlord to inquire further about the problem. He admitted that they refused to pay extra. Instead, they applied for a permit to build a new water tank. "We have dignity," he said, and then added, "not like the Indians. They are always cheating each other." The permit for the new tank never arrived. Sometimes I fantasized about finding the Indian water guys and paying the baksheesh, myself. Forget dignity, I wanted water. After the five month stand-off, my landlord called and said, "Sara-la, water is coming now." The water was back and I did not dare to ask what happened.

Although Dharamsala is in some ways just like any other town in Northern India, it is known as "Little Lhasa" for a reason. With 13 monasteries and 4 nunneries in the greater-Dharamsala area, there is near-constant sounding of drums, trumpets, bells, and cymbals echoing through town as part of the *pujas* and daily rituals required for vajrayana Buddhist practices. Outside the monasteries, lay tantric yogis (*ngakpas*) perform exorcisms, divinations, and

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[7] Baksheesh is a "tip"that is more analogous to a bribe. The practice is common in many part of India. Particular institutions, such as utility companies, the postal service, and a range of government agencies may deny services until the "customary" baksheesh is paid.

elaborate rituals to cure illness and bring fortune. Such a picture might conjure up what Lopez calls the "Myth of Shangri-la," (1998), or the romantic idea that to be fully Tibetan is to be steeped in holy and mystical Buddhist practices. But alongside all of this, one finds endless internet cafes, young Tibetan teens cruising around on motorcycles (often with a young Western girl on the back), monks chatting on cell phones, and rowdy arguments over the price of cooking gas.

While not particularly easy to get to, it remains a thriving tourist destination for both foreign and Indian tourists, alike. Offering a welcome respite from the hot, crowded stress of India, many come to Dharamsala to relax. It is not just the cool mountain air that attracts so many tourists and spiritual-seekers. Alongside the variety of Buddhist courses and retreat centers, Indians and Western ex-pats have set up shop offering reiki, yoga, crystal healing, and massage. Tibetan Buddhism has long been naively equated with peace, serenity, and love (Khyentse 2008; Lopez 1992), prompting Western seekers to engage in what Trungpa Rinpoche called "spiritual materialism" (1973). It is no surprise that the home to the Dalai Lama would attract such sentiments. And yet, alongside this hodgepodge, are functioning government offices and rigorous Buddhist institutes of study, debate, and practice. Many important lamas and abbots reside in Dharamsala, making it an attractive place for young monks and nuns to complete their training.

Dharamsala, with its mix of Tibetans, Indians, and foreign ex-pats, makes for an unusual "community." The words of Paul Connerton ring especially true here:

> All beginnings contain an element of recollection. This is particularly so when a social group makes a concerted effort to begin with a wholly new start. There is a measure of complete arbitrariness in the very nature of any such attempted beginning. The beginning has nothing whatsoever to hold on to; it is as if it came out of nowhere. For a moment, the moment of beginning, it is as if the beginners had abolished the sequence of temporality itself and were thrown out of the continuity of the temporal order. [1989:6]

There is indeed, a certain arbitrariness here. That this small Indian town has become an epicenter of Tibetan culture was merely by chance when Prime Minister Nehru offered the remote land to the Dalai Lama in 1959. How over the last fifty years has this community built and fashioned their Tibetan culture onto this place, and how has the place and culture of Northern India changed its Tibetan inhabitants?

Figure 7: monks at an internet café in Dharamsala

Photo by the author

Some Tibetologists avoid conducting research in Dharamsala, seeing it as an "adulterated field of anthropological inquiry" (Proust 2008:7). It is not only researchers from outside who question the authenticity of these new forms of Tibetan culture. Many "old-timers," that is those who left Tibet decades ago—particularly those who left Lhasa with the Dalai Lama—complain about exile culture. The *shey-sa* (honorific language) style of Tibetan I learned to speak at university, was rarely used among young people—especially those born in exile who spoke slang Tibetan mixed with Hindi and English words. Many of my friends around town were new arrivals from Tibet. As well, some of my richest fieldwork was conducted at dawn when I joined

the *mo-lags* and *bo-lags* (grannies and grandpas) in doing daily prostrations on long wooden boards positioned inside the Dalai Lama's temple. "You are a good girl! A very nice girl," two ladies said. "You speak Tibetan very politely."

"But your prostrations!" said another one, giving me a good-natured whack on the behind. "You shouldn't stay on the ground so long. You are young! Not old like me. Don't be lazy." She picked up a fleece jacket I had set down next to me, yanked me close to her and tied it tightly around my waist. "Your kidneys!" she cried. "You will get sick. It is cold." The other ladies nodded in agreement. "But good speaking. You are not rude like those exile girls." The old-timers even questioned the extent to which new-comers from Tibet were even *really* Tibetan, having grown up in China. And derision such as this existed on the side of those born in exile, as well, who saw the old-timers as backwards and unsophisticated.

There has also long been an elitism associated with regions within Tibet. A language teacher who was from Lhasa once explained to me rather innocently, "you see, those from Amdo and Kham…they are a little bit rough. They are a little like, how do you say? Like hillbillies!" Many regional dialects throughout Tibet are so variable that some Tibetans cannot communicate with one another. Some new arrivals to Dharamsala not only wanted to learn English, but also needed to learn "standard" Tibetan to communicate.

A similar elitism can be found in the long and complex history of sectarian conflict across the schools of Tibetan Buddhism. Often the heart of these debates are at once philosophical and political. Reflecting again on Lopez's (2008) assertion that there is a particular fascination and romanticism associated with Tibet among Westerners, some might be surprised to learn that monasteries are not the peaceful and serene settings they imagine. Monks are not often sitting quietly in meditation; rather they are on strict schedules that dictate a rigorous daily

routine involving recitation, debate, exams and elaborate ritual responsibilities for pujas. Lempert (2012) conducted ethnographic research at Sera Mey, one of the largest and most important monastic colleges in South India. He found that these settings are highly restrictive and morally conservative; *dge bskos* (discipline masters) routinely used public shaming and reprimand to enforce order and motivate young monks by encouraging competition.

There have also been instances throughout history among monastic sects that are not merely symbolic violence. Because the religious clergy often assume political positions of power, during struggles over land, money, and power, monks as well as their lay patrons engaged in violent warfare (Lempert 2012; Lopez 2008). A contemporary example of the dark side of monastic institutions is the "Dorje Shugten" affair. Dorje Shugten is a protector deity that has been historically connected to the Gelukpa tradition (the lineage of the Dalai Lama); however in the 1970s the Dalai Lama was advised by his council that the practice had dangerous implications for him (reportedly he received similar messages in dreams from the *Nechung* oracle as well as his previous incarnation, the 5th Dalai Lama). Because the deity promotes extreme sectarianism, the current Dalai Lama, a notable proponent of *ri me* (non-sectarian movement across all Tibetan schools) banished practices associated with Shugten—also making a political statement that angered conservative Gelukpa leaders who believed they should prevail. In the 1990s the Dalai Lama made a formal statement (which I heard him repeat during teachings in Dharamsala) that Shugten practitioners cannot receive tantric empowerments from him. In 1997 the principal of the Institute of Buddhist Dialectics and two students were stabbed to death by known Shugten practitioners in front of the Dalai Lama's temple in Dharamsala.

The gravity of this situation is palpable. Tibetans avoid speaking Shugten's name; if they must, it is usually whispered in fear. During religious teachings and empowerments in

Dharamsala, the Dalai Lama often mentioned this harmful deity imploring people not to engage in these practices. The Dorje Shugten sect continues to grow as part of the New Kadampa Movement (NKD), an organization that is known for beautiful and welcoming Dharma centers in America and Europe. They often protest outside the Dalai Lama's public talks around the world, claiming religious discrimination. Recently, it has been verified by a number of sources that the Chinese government gives large sums of money to NKD as part of their anti-Dalai Lama campaign.

I include descriptions of the "darker side" of Tibetan culture to avoid romanticizing—a trap that one could easily fall prey to in a study of resilience and wellbeing. These accounts also portray the long-standing conflict across various Tibetan factions. Like any other society, Tibet has its share of violence and corruption. And yet, despite the very human failings of Tibetans across the ages, there is also remarkable resilience. Indeed, many community members told me that they believed they were more resilient than other cultural groups. My research did not aim to demonstrate that this group is any more or less resilient than other communities, but I found that this belief was very prevalent across Dharamsala. "We have a very special way of thinking," explained one woman. "And thinking that the rest of the world could benefit from how we approach life's difficulties, this inspires us to continue fighting for our country and way of life. If your motivation is to help others, you will never give up." Perhaps there is nothing that demonstrates this resolve more than the recent series of protests through self-immolation.

Self-Immolations

During my time in the field between 2011-2012, nearly forty Tibetans set themselves on fire to protest the Chinese occupation of Tibet. It is estimated that since 2009 there have been 125 self-

immolations (Huffington Post 2014; Tibet Online 2014). Self-immolation as a form of protest or religious practice is new to Tibet (Shakya 2012; McGranahan & Litzenger 2012). Most of the immolators have been monks and nuns (including a *tulku*, incarnate lama); lay men and women, most of whom had families, have immolated, as well. They believe that these acts will finally alert the international community to the severity of suffering within Tibet; and once people know, they say, of course they will help. And yet, Time Magazine called the immolations in Tibet the #1 under-reported story of 2011 (cited in McGranahan and Litzinger 2012).

On March 26, 2012, a young Tibetan student named Jamphel Yeshi set himself on fire during a protest in New Delhi just hours before the Indian government welcomed Chinese president, Hu Jintao for a visit. And unlike in the closed area of Amdo, where most of the previous immolations occurred, hundreds of bystanders, including reporters for Reuters Press, captured the horrific images that went viral world-wide. Images such as the one below were almost immediately printed on large banners and hung throughout town in Dharamsala. Tibetan shop-keepers closed their stands and joined the hundreds of monks, nuns, and students who began to gather outside the Dalai Lama's temple. Although there had already been thirty or forty immolations, this one, which occurred on the streets of New Delhi, struck a wounded chord in the heart of Dharamsala residents.

Figure 5: Self-Immolation in New Delhi, India

Photo Credit: Telegraph.co.uk

Word began to travel around town that the body was being transported to Dharamsala. When the corpse arrived on March 30, early in the morning a group of middle-aged Tibetan men drove motorcycles through town. One, perched on the back of a bike, held a megaphone and announced loudly that the *mi rigs kyi dba-wo* (hero) was inside the Dalai Lama's temple. I lived along a steep path that wove past Jamyang Choling Nunnery and Kirti Monastery; the path a shortcut to the main temple tucked away from tourist hotels was a quiet respite from the honking cars of Indian taxis below. Not walking with anyone in particular, I joined my Tibetan neighbors in walking up and over the path down to the Dalai Lama's temple where townspeople and monastics were already filing in. A group of *Ama-la*'s (honorific term for mother or woman) handed out *bag leb* (homemade bread), and some monks poured Tibetan tea from huge metal teapots, as is customary during religious teachings.

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The slow moving line into the temple was somber. Many grasped a *mala* (prayer beads) in their hands, quietly mouthing *om mani padme hum*, the mantra of compassion. As we moved from the courtyard and upstairs to the main *tsuglakhang* (temple), I was surprised to see rows of school children, who stood in their blue and green uniforms as if it were an assembly. I learned later that this was the first time a dead body had been brought to the Dalai Lama's temple. And while political activity is generally discouraged inside the complex, today seemed an exception. Hundreds of Tibetans came, one-by-one, to offer a *khatag* (ceremonial white scarf). There were two monks standing by who periodically had to clear the towering stack of khatags off the coffin that was draped in military style, with the Tibetan flag.

Figure 6: Jamphel Yeshi's funeral in Dharamsala

Photo Credit: Mukesh Gupta, Reuters

Eight or nine parliament members arrived and there were a number of speeches commending the boy for his heroism and martyrdom. The sentiments were similar to what is found in the plethora of news articles such as, "Tibet Self-Immolation is the Highest Form of Non-Violent Struggle" (Tibet Post 2013), which proliferate Tibetan popular views. The article and others like it emphasize that "the self-immolators have not harmed a single Chinese person, but have simply voiced their protest" (Tibet Post 2013); those who self-immolate are seen as selfless heroes.

The immolations were the focus of most discussions around town. I noticed that there did not seem to be (on the surface, anyway) much variation in how Tibetans living in Dharamsala thought about this form of protest. They believed, unequivocally, that the horrific acts were capturing the attention of the rest of the world. It was also assumed that the motivation for taking one's own life for the "benefit" of the Tibetan cause was always noble. Walking together on the *khora*, I asked my friend Yangzom if anyone is trying to discourage others from self-immolating. "Does anyone think it is bad?" I asked. She explained patiently that it is very sad, but the immolators will gain tremendous merit that will help them take a good rebirth. I thought about this, silently for a few moments. "But isn't it a suicide?" I asked. "Doesn't committing suicide bring you to a hell realm within the Buddhist worldview?"

"Oh," she said simply. "This is different. It is not a suicide." She went on to explain that when ordinary people are in so much anguish that they want to die, their negative state of mind at death brings them to a hell realm. "Your state of mind at death will tell you what your next life will be like." Someone who is so generous, brave and selfless to give their own life—this is evidence, she explained, that they are not ordinary beings. Ordinary beings do not choose where to be reborn; they are simply thrown into their next *samsaric* life, fueled by their karma.

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However, great beings, like bodhisattvas, accumulate tremendous merit and will not be reborn in a lower realm. Those who self-immolate are greatly admired and seen as possessing great virtue and generosity. During this time, many Tibetans with whom I spoke about the immolations told me a story from the Jataka Tales[8], where the Buddha gave his body to a tigress to feed her cubs.

Just three months before Jamphel Yeshe self-immolated in New Delhi, I was in Bodhgaya (the place in Northern India where the Buddha is said to have attained enlightenment sitting under a bodhi tree). The Dalai Lama was giving the Kalachakra Initiation, and nearly half a million people attended. Some had risked imprisonment to get there, including many elderly Tibetans who arrived in rags, covered in dirt. "This is probably the last chance in my lifetime," an older woman explained to me. "I wanted to see Gyalwa Rinpoche (highest precious teacher), His Holiness the Dalai Lama, before I die. And all Tibetans want to receive the Kalachakra[9]; it is very important…for the future." I realized that when she said "the future" she was referring to future lives. She arrived with a group who travelled together from her county in Kham. They did not yet have a plan of what they would do after the Kalachakra; but was unlikely they could get back to Tibet.

My perception of what it means to be in a crowd has been forever changed. With half a million people in tiny Bodhgaya, most staying in make-shift tent villages, there was no way to walk down the street without slowly trudging forward pressed up against a wall of people. People in India do not wait in line with a few feet of distance between you and the next person; rather with separate lines for men and ladies, you press your body (and sometimes even hold on

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[8] Stories that depict the life of the historical Buddha in his previous lives

[9] A practice of highest yoga tantra. Kalachakra, meaning "Wheel of Time," is a highly complex vajrayana practice. The vast majority of initiates will not practice Kalachakra. But it is said that receiving the *wang* (empowerment) purifies an extraordinary amount of negative karma, such that anyone who receives it will attain enlightenment within 16 lifetimes.

to) the person in front of you. Moving slowly down the street I felt my mobile phone vibrating. It was a text message from my Tibetan research assistant: "Sara-la[10], I met one monk, same county, he try to self immolate before in Nepal. You want to interview?"

I rushed, as best as one could rush on the crowded streets of Bodhgaya, to the stupa where we agreed to meet. Thousands of people were doing *khora*, circumambulating around the huge *chörten*[11] (stupa). Despite the mass of people, it felt calm and serene, unlike the street. I found my assistant and we continued walking the khora as waited for the monk to arrive. My assistant said, "he is, um, a little bit, maybe *nyonpa* (crazy). He is a little bit funny." I asked him to say more. My assistant was silent and seemed uncomfortable. "Well, he is a monk. But we don't know. Maybe he wants to change." This is a euphemism for saying that perhaps there is an indication he is trying to sleep with women (meaning he would no longer be a monk); it can also mean that he is already sleeping with women but continues to wear robes. Although giving up monastic vows is seen as a bit shameful after coming of age[12], it certainly does not make one *nyonpa*. I pressed my assistant. "Well, he…we don't know his intention. Those who self-immolate for Tibet, they have very pure hearts." It seemed incommensurate that someone who attempts self-immolation might not have the purest of values.

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[10] Tibetans often place a *lags* (pronounced "la") at the end of a person's name to communicate respect.

[11] A structure that commemorates a holy person, or event that occurred, usually in connection to the historical Buddha. Stupas sometimes contain ashes or relics. The stupa in Bodhgaya sits adjacent to the bodhi tree where the Buddha is said to have attained enlightenment.

[12] It is not uncommon for young monks after receiving their education to give up their monastic vows, and this is usually acceptable. Likewise, there are times when laypeople will take monastic vows later in life after having been householders. However, engaging in sexual activity and continuing to wear robes is extremely shameful. Most people will not directly criticize monastics, which is seen as disrespectful to the institution of monasticism. But there are many euphamisms and subtle gestures to indicate that a monk or nun is breaking vows.

We managed to find the monk in the crowd and walked out to a grassy area, moving

slowly because he walked with a cane. We found a log on which to sit. After chatting for a bit,

he lifted his robes to show me the burns scarred on his extremities.

"I did it. I was on fire," he said. "The Tibetan people nearby tried to shield me when the

Nepali police in riot gear stormed in and extinguished the flames." There are a number of

established Tibetan communities near Kathmandu. The monk, who lived in a nearby monastery

went to the heart of a Tibetan neighborhood near a sacred stupa to perform his immolation. The

townspeople shielded him to support his heroic act; but he was quickly extinguished by police

who often linger near the stupa and transported to the state hospital in Kathmandu.

I asked, "what happened next?" He described how after a few weeks recovery in the state

hospital he was "sponsored" by the Tibetan government-in-exile in Dharamsala to be moved

from Nepal to India. He spent two months in the Delek Hospital in Dharamsala recovering from

the burns, where he was given a special room. Many visitors, including important lamas came to

see him.

Although there is no specific historical tradition of self-immolation in Tibet, Gyatso

(2008) points out that a parallel may be drawn to other instances of spiritual virtuosos

withstanding pain—evidence of their superior qualities and the power of Buddhism. Specifically,

Gyatso calls to mind the Tibetan tradition of *gtum'mo* where highly practiced yogis withstand

freezing conditions wearing only thin, cotton robes by generating intense inner heat through

meditation. These practitioners survive sometimes for years—even decades—in icy, Himalayan

cave retreats. Such practices, accomplished through sustained purity and discipline (Gyatso

2008), serve as inspiration for lay Tibetans. Generating this remarkable inner fire was not an end,

in itself, but rather an indication of a highly realized person. My impression of the monk I met

who attempted self-immolation was somewhat neutral. He did not strike me as remarkable (unlike some other practitioners with whom I conducted interviews); he also did not strike me as *nyonpa*, crazy, as my Tibetan assistant asserted. It seems to be his ordinariness, juxtaposed with the extraordinary acts that only a highly selfless person could accomplish, that creates the uncanny feeling of doubt and discomfort among his Tibetan peers. The speculation that he might have broken his vow of chastity only further exposes his ordinary human character.

Although it seems at first glance that all Tibetans are uncritical of the immolations and believe that it will help their political cause, there are, of course those who do not encourage the acts. A notable voice is that of the 17th Karmapa (head of the Karma Kagyu school), who published an open letter denouncing the immolations (see Appendix C); other high lamas have also come forward emphasizing that such acts do not uphold the sanctity of life (Makley 2012). Some have criticized the Dalai Lama for not doing the same. When asked directly in a series of interviews, he stated he was in a difficult position. Although he does not encourage the immolations, he remarked that the friends and families of those who immolated might be upset if he spoke out against them.

Numerous scholars of Tibet have tried to makes sense of this new form of protest. Many note that the self-immolations are different from other political suicides, such as suicide bombing, in important ways. Rather than an act of terror meant to scare, they are seen instead as a "horror intended to induce empathy" (Shakya 2012). The body is not a weapon, but a medium for communication (Makley 2012). As my Tibetan friend, Yangzom articulated, "suicide means that you want to die; or at least you don't want to live." As a researcher interested in social resilience, I am less concerned with individual motivation or the efficacy of the acts. Rather, my concern is to understand the range of interpretations within the exile community, asking how this

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new social phenomena changes the lived experience of being a Tibetan refugee. For those who see immolations as an act that only a bodhisattva would perform, the desire to live or die is only a second order concern. It is precisely *because* the activist is able to put the Tibetan cause before his or her desire to live that they are heroic. From this vantage point, those who let go of what is often called "self-cherishing," are spiritually superior and worthy of admiration.

Identity and Meaning in Dharamsala

Scholars working on trauma and suffering have long been concerned with how oppressive social structures discipline the bodies and minds of their inhabitants (Farmer 2003; Foucault 1977; Goffman 1990). Many anthropologists have considered the ways that institutions of public health, medicine and law give shape and definition to suffering. The bind in such situations is that fighting against oppressive labels, only seeks to reinforce them—demonstrating non-compliance and lack of self-control.

There are numerous works within medical anthropology that demonstrate how chronic and prolonged oppression systematically breaks down personal agency (Biehl 2005; Bourgois 2009). But I am concerned with a different set of questions. How, in the face of adversity, does this community thrive? More broadly, this research considers how cultural ethos and other social factors might *produce* resilience. Researchers including Wexler and colleagues (2009) have investigated the ways that exposure to the kind of discrimination, institutional structures, and unfair economic practices that produce and maintain health disparities might serve to orient people in overcoming those very disparities and achieving wellbeing. They find that many previous studies understand "culture" as a proxy for discrimination and thus usually seen as a risk factor. Their research demonstrates that the effects of marginalization status and group

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affiliation are not always negative. When activated, there seems to be something about collective struggle that provides strength.

Research elsewhere has considered the ways that meaning in the context of war and violence enhances resilience. Barber (2008) conducted a study among Palestinian and Bosnian youth, comparing their experiences. He finds that experiences of war are far from uniform across contexts. Specifically, Palestinian youth relied on strength passed down across generations and felt they were contributed to something larger than themselves; the narratives of Bosnian youth in Sarajevo centered around individual trauma and stress with little connection to broader historical and cultural context (2008:289). A sense of "purposelessness" may, indeed be a causal factor in poor mental health outcomes among oppressed populations—as the work of Wexler et al. (2009) demonstrates, oppressed populations who share a collective purpose may actually *use their oppression* to inspire and motivate their fight. In this light, resilience is not the "final accomplishment," but a dynamic process heavily dependent on interpretation of difficult life events (Wexler et al. 2009).

Tibetan Medicine and Local Healing Practices

Being resilient is not the same as a mere absence of suffering. Rather, it implies that suffering is managed effectively, often with grace and pragmatism. The cultural methods for working with distress are varied in Dharamsala, and span religious, medical, and social spheres. Below I explore the ways that Tibetans in this community seek out treatment when they are not doing well. This section also serves as an introduction to various Tibetan concepts and practices, on which I base my arguments in the following chapters. Specifically, this section seeks to articulate why religion, science and medicine share an epistemological frame.

Lamas, Doctors, and Yogis

When investigating the use of so-called "local" medicine, anthropologists do not necessarily make sharp distinctions between something that is true and something that works. Once, Farquar asked an herbalist in China's Guangxi Province about his use of divination. He said, "I don't know if this stuff is true or not, maybe it's just superstition; but I know that it works" (2013:108). There is a similar pragmatic attitude found in Dharamsala, among patients and clinicians, alike.

Physicians who practice Tibetan medicine are known commonly as *amchi* (a Mongolian word); the Tibetan word for doctor is *sman pa* (pronounced, men-pa). They are degreed specialists who study tradition Tibetan medicine for seven years at a *mentsikhang* (traditional Tibetan hospital) training institute. The classical Tibetan medical text, "The Four Tantras" (*Rgyud bshi*) describes many syndromes that as part of its presentation include psychological symptoms (Schröder 2011). When patients visit amchis, they do not begin their consultation by telling the doctor what is wrong. The doctor tells the patient what is wrong, or merely prescribes treatment without the patient being too concerned about a discrete diagnosis. Instead, they might be made aware of an imbalance within particular organs (e.g. "kidney problems"). Patients are often prescribed herbal medicines and given lists of foods to avoid or other behavioral changes. I once visited an amchi who after feeling my pulse for a few seconds told me that my blood pressure is very low (which is true), and suggested that I do a series of breathing exercises immediately upon waking to better circulate oxygen to my organs.

The *sowa rigpa* (science of healing) is highly systematic and in a sense, very rigorous. But while medical systems like biomedicine are often considered to be in opposition to religion, the science of healing in Tibetan medicine actually stems from Buddhist philosophy. Tibetans sometimes visit lamas for a *mo* (divination) before seeking medical treatment to find out which

hospital to visit, which doctor to see, on which date to go, and whether the medicine will even be effective (Schröder 2011). It is not assumed that medicines will work on all people, all the time. This does not mean that the medicine lacks efficacy; rather one may not have the karma for the medicine to be effective. Tibetan medical practitioners function alongside lamas, *ngakpas* (yogis), and other religious specialists, such as *lha pa* and *lha ma* (oracles). Oracles become possessed by deities who diagnose and treat illnesses. Religious practitioners treat mental distress through prayers, blessings, advice, and protection cords/amulets; some are known to have particularly strong connections to their personal meditation deities (yidams) (Schröder 2011), such as White Tara or Vajrayogini.

A Mind Unsettled

While this project is focused on resilience, it is important to acknowledge that not all community members display extraordinary resilience and indeed, many struggle with chronic psychological problems. In this section I describe local presentations of mental distress. Although the scope of my study does not specifically address this, such cases provide informative contrast, showing discrepant cases, or those who for whatever reason do not find adequate sources of resilience. Future work might involve a systematic investigation of risk factors and protective factors associated with mental health outcomes, which could benefit those who suffer chronic or debilitating distress.

Within many Tibetan communities, overt mental illness (*sems kyi na tsha*) is often attributed to various types of spirit harm (*gdon*, *btsan*, *rgyal po*, *mamo*[13]), for which one needs the help of a lama (Clifford 1994; Samuel 2007). Illness caused by spirits can be highly treatable

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[13] This list contains different types of spirits.

with prayers, pujas[14], *torma*[15] offerings and the like; families sometimes pay monks or nuns at local puja houses to perform these rituals on behalf of the patient. The merit of the practice is "dedicated" to the patient, helping to purify "outer obstacles," (such as spirits), or "inner obstacles" (such as negative karma). As Schröder found in her work among Tibetan healers in Ladakh, "neither the term 'illness' nor the term 'mental' serves to cover" the interpretations of mental distress (2011:26). There are not clear distinctions between illness that is "mental," illness that is "physical," and illness that is "spiritual." If *rlung* (wind), as well as the other two humors, *mkhrispa* (bile) and *badken* (phlegm), become unstable, a variety of physical and mental disturbances can arise.

Some religious practitioners encourage individuals with mental distress to visit a doctor—often when they suspect a *rlung*, "life-wind" imbalance or *snying rlung* (heart-wind illness). And yet even medical disorders, such as *rlung* (pronounced "loong") are based on moral concepts of personhood based on Buddhist ontology (Adams 1998; Clifford 1994; Janes 1995; Millard 2007). A number of anthropologists have written on rlung disorders as an emerging "epidemic" in Tibetan communities[16] (Adams 1998; Janes 1995; Prost 2006), suggesting that traumatic distress (particularly political violence) may be expressed by this culturally-constituted category of illness. It can cause dizziness, insomnia, chest pain, syncope, vertigo, sadness,

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[14] Pujas are religious rituals that often span several hours and involve elaborate prayers, mantra recitation and visualization of particular deities. Monasteries and nunneries undertake a variety of pujas throughout the day on behalf of the community. Generally "protector" pujas are performed daily and seek to appease wrathful deities who fiercely protect practitioners from harm. Other deities, such as the Medicine Buddha and Green Tara, have particular days within the lunar calendar on which it is traditional to recite mantras and make offerings that are particular to these deities.

[15] *Torma* are cakes usually made with *tsampa* (barley flour) and butter that are formed into particular shapes and offered in pujas.

[16] There are no epidemiological studies at this time, which could confirm whether rlung disorders are on the rise in Dharamsala. Tidwell (2014) an anthropologist who has worked extensively at the *Mentsikhang* in Dharamsala says that she has not heard this to be the case among Tibetan clinicians. Interestingly, she notes that Tibetan physicians say that Westerners all seem to have a dominant rlung imbalance, and often cite the exile population as their comparative population in contrast to the large numbers in the Western populations they treat.

disorganized thinking and psychosis. One is said to be at risk for developing rlung disorders if negative emotions are strong; some inherit a propensity for the disorder in past lives, putting them at higher risk (Adams 1998). It is important to note that there are a variety of rlung-related illnesses, and not all of them are associated with mental illness.

Because political prisoners are thought to be at higher risk, some researchers argue that *rlung* disorders are merely the local name for PTSD[17]. Some symptoms of rlung, such as insomnia and anxiety, are also part of the cluster of symptoms that characterize PTSD. Researchers such as Benedict et al. therefore deduce that "the *srog-rLung* diagnosis is nosologically similar to PTSD comorbid with MDD or GAD" (489). But while there is some overlap, there are a number of key criteria for PTSD that are missing; likewise, many features of rlung are not part of the PTSD cluster. But because political prisoners and those exposed to severe violence are at higher risk for rlung disorders and therefore might have a higher incidence, some researchers attempt to make direct comparisons.

Moreover, *rlung* is not a "trauma" disease. While it is true that political prisoners are at increased risk, so are students studying for exams and practitioners engaged in intensive religious practices. Those with excessive activity within the mind, including mental exertion from studying, or strong emotions from witnessing torture, are equally plausible candidates for a rlung disorder. There are also key symptoms of PTSD that would likely not be attributed to rlung. A patient experiencing bad dreams, intrusive thoughts, and feelings of insecurity might be more likely diagnosed as a victim of *gdon* (spirits) affecting the *bla* (life essence). This could be true even among those who had been exposed to a traumatic event (Schröder 2011). A traumatic experience can make the mind unstable which puts one at increased risk for spirit harm. But

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[17] There is a long history of equating psychiatric categories with local categories of distress across cultures. For example, it was in vogue for a period of time to deduce that possession and trance states are cultural manifestations of multiple personality disorder or schizophrenia.

nightmares and intrusive thoughts are not thought to be characteristic of rlung disorders, whereas they are core symptoms of PTSD.

Rather than debating whether *rlung* disorders are the same or different from PTSD, a more fruitful investigation might be to consider the ways that conditions for developing rlung disorders (such as srog-rlung and snying-rlung), may be present in exile culture. Are excessive crying, worry, thinking or talking too much, and over-exertion (Jacobson 2007; Janes 1999a, 1999b) more prevalent in exile? Because rlung is just as associated with "intellectual overexertion" as it is with disturbing emotions, it makes little sense to characterize the disorder as one linked only with trauma (as is the case for PTSD). Proust (2006) points out that it is often very "high profile" scholarly monks who leave Tibet and come to Dharamsala in the first place. So the increased "risk factors" for rlung in exile might have just as much to do with the intensive debate and study staged within schools and monasteries, as it does with an influx of political refugees. As Farquhar articulates, "[t]he 'culture' that 'binds' this syndrome to the lives of moderns is everywhere; it is difficult indeed to evade the effects of these constraints" (Farquhar 2013:108).

A future study might involve a systematic epidemiological investigation of the prevalence of *rlung* in Dharamsala, which measures the various sub-types across the population. Such studies might also consider investigating how individuals with previous histories of rlung disorders respond to traumatic events compared to those who had never suffered previous rlung disorders. Researchers have explored the relationship between cultural idioms and Western psychiatric categories in other contexts. For example, some researchers are quick to see *nervios* a chronic and generalized form of distress as a generalized anxiety disorder, and *ataque de nervios*, the experience of sudden panic and loss of control, a "cultural" term for panic disorder.

Hypothesizing that this correlation is not one-to-one, Alcantara and colleagues (2012) found that Latina/o individuals with histories of *nervios* (but not *ataque de nervious*) was a predictor for anxiety disorders. This study does not claim that *nervios* is the same as anxiety, just as rlung is not the same as PTSD. But it acknowledges the relationship between these local idioms and psychiatric categories of illness.

When rlung is described as *snying tsha*, a heart illness, it is important to remember that for Tibetans the location of the *sems* (mind) is in the heart, not inside the head. I once heard Richard Davidson (2013) tell a story about a neuroscience experiment his research team conducted among highly trained Tibetan monks in Northern India. The experiments were conducted with an audience of fellow monks standing by. When one of the subjects emerged with electrodes covering his head, the monks roared with laughter. Davidson said to them, "yes, he does look pretty funny!" But the monks were laughing not because of how funny he looked, but at the foreign researchers who put electrodes on the head when claiming to conduct an experiment on the mind. The notion that the heart (not the brain) is the major center for emotion is found across the world, and has been explored somewhat extensively by cultural psychiatry researchers (e.g. Good 1977, Hinton et al. 2001, Kohrt 2005).

As with rlung disorders, a common perception is that such imbalance within the heart might present increased risk for other kinds of problems. Mental distress can be both a cause and a result of these disorders of the heart. For example:

> Cambodians worry that heart weakness may cause strong reactivity to various stimuli, for example, to sounds and to smells, and predispose to experiencing certain negative emotional states such as being easily frightened, frequently becoming angry, and both engaging in worry and not being able to stop worrying. [Hinton et al. 2012:395]

Similarly, Good (1977) found that "heart distress" or heart illness in Iran, known as 'malaise of

the heart,' (*narahatiye*) causes a variety of negative symptoms. Because the trouble arises from the heart, this will be the main site of treatment rather than the symptoms, themselves.

During his time in Iran, Good was perplexed as to why there was so much complaining about the heart: for women on the pill or after giving birth, and also among men for a variety of reasons like conflict with family members or grief. As one informant said: "the heart is like a motor, the motor of the body. If the heart goes bad, then everything else may" (Good 1977:31). It is the locust of emotion and affect.

Many medical anthropologists have written on the difficulty of classifying mental distress within cultures that do not make clear separations between body and mind. For example, many rural Nepalis experience a kind of distress, known as *jhum-jhum*, which tends to be conflated with depression by researchers. As with the case of rlung disorders among Tibetans, there are no specific etiological agents or events associated with the development of *jhum-jhum*—it is often attributed to spirit harm, but equally plausible is chronic tension and being overworked (Kohrt et al. 2005). In both the Nepali and Tibetan cases, the forces that cause imbalance have the agentive power to yield problems in both the body and mind; and they are often intimately connected.

Many community members whom I consulted explained how negative emotions can cause illness—particularly if they are pervasive. For example, Sonam, a sixty year-old mother of four explained: "this back pain, my kidney problems. It comes from too much worry and crying. When my husband died back in Tibet I had to care for my children by myself. We did not have enough food. I worried and worried for many years, so now I am sick a lot." The notion that worry and prolonged distress can itself lead to mental illness is a common belief across cultural contexts. Among Khmer trauma survivors, Hinton et al. (2002) found a high prevalence of

complaints related to a "weak heart," which seemed to be worsened by anger, worry or other psychological disturbances.

Thinking too Much

Research elsewhere describes how "excessive thinking," is a local idiom of distress across a number of non-Western contexts (e.g. Yang and Singla 2011). Among Malagasy, *miasa loha* (overworked mind, worry) is a primary cause of madness as well as a symptom of spirit possession (Sharp 1993). Across these various cultural contexts, the idioms associated with excessive thinking are both a symptom of and cause of mental illness. As Hinton and describe among Cambodians:

> This complaint describes a mental state that has the following characteristics: one thinks of upsetting topics such as current [problems (e.g., difficulties with money or children), past trauma events (e.g., during the Pol Pot period), and separation from loved ones owing to their having died or living at a distance; one has a hard time not thinking about these things; and one thinks about these things to the point that it induces symptoms like headache and dizziness and potentially brings about various physiological disasters. [2012:395]

In Dharamsala, young monks and nuns studying for philosophy exams are thought to be at risk for rlung disorders because of "thinking too much." My research assistant became very concerned when I decided to study philosophy at one of the monasteries. "But, Sara-la, you already do too much thinking!" he cried. "You cannot study debate philosophy. You will become ill." There is a strong sense that one needs to maintain a calm inner and outer environment to stay healthy. Over-thinking, excessive emotionality, as well as volatile environmental conditions can all lead to problems with rlung.

In my interviews, many people talked extensively about how food and weather were difficult upon arrival to India. As Adams (1998) explains:

winds outside the body are the winds inside the body; they are of the same substance and potentiality—effects outside are effects inside...For example, when Tibetans talk about foods and job frustrations as similar disruptions to their winds, they are telling us that, in terms of bodily experience, these two things are in the same category. [88-89]

While imprisonment, torture and displacement are more severe in degree, they are understood to be just like any other potential disturbance (e.g. bad food, bad weather), which can make it difficult to control the mind. The extent to which one experiences mental distress depends on the reaction to the event; in other words, suffering can only come from within. As my elderly neighbor told me, a Tibetan proverb says: "self is the protector of it self." Because losing control of one's emotions is known to lead to illness and the generation of negative karma, Tibetans have great motivation to recover quickly in the face of adversity. This recovery can be spurred by spiritual practices as well as medical treatment.

One bitter cold day in February I sat inside the small *Mentsikhang* (traditional Tibetan clinic) with Dr. Norbu, a senior physician. Though his demeanor was not particularly warm and inviting, he was very patient and took a keen interest in my project. He drew me small diagrams on the back of a prescription pad, depicting the movement of internal "winds," which if not in balance can cause both physical and mental illness, often in tandem. He systematically pointed to jars, one by one, of herbal pills lining the shelves behind him. The pills (*men tsa*), are usually crushed and taken with hot water several times a day. Tibetans consider their traditional medicine to be highly effective, although it is known to work slowly (unlike Western medicine that is quick-acting but may not address fundamental underlying causes of illness). Dr. Norbu gave me some examples of common diseases (e.g. liver problems, diabetes, and gastrointestinal issues) and showed me the pills that he might prescribe for each one. "But how much these work," he said, "depends on the mind of the patient." He elaborated, stating:

Actually there are three different ways of coping with disease (best, middle and least desirable). The best is when someone is sick they make a wish for this disease to affect them and not others; they wish to experience the disease so others don't have to. This is a Buddhist practice. The next best is when they have these problems they wish, *after I recover I will help others and wish to do something beneficial for others*. With this motivation, they recover. The third method is not as broad and spacious. They just feel very encouraged to get better but they don't think about others. Some people who cannot practice any of these three methods become "damaged," or discouraged--even crazy. They can take many pills, but it will be difficult for them to recover without broad thinking.

His colleague, a young Tibetan woman who recently finished her physician training, said, "each person has a unique presentation of the illness. If the people come to *Mentsikhang* they cannot solve their problems through medicine alone. We also have to give them advice. It is important for us to analyze the person's state of mind and we need to try and experience what they are feeling." She went on to explain that if doctors speak with great compassion, it will greatly benefit the patient by making the medicine powerful. Within Tibetan medical science, love and compassion have physical and tangible effects.

The importance of compassion is reflected in medical and religious practices, alike. After doing any Buddhist practice Tibetans "dedicate the merit" of the practice to all sentient beings. This dedication of merit (good karma) is thought to have a ripple effect; it benefit others, and the generosity of giving good karma away, creates an abundance of merit for oneself. Lamas and teachers emphasize that practitioners should not have selfish motivation, but they should feel good in knowing that their generosity and compassionate acts will come back to them. By wishing happiness for others, and not for oneself, paradoxically, this brings happiness. These ideals, which stem from Buddhism are reflected in Tibetan medical practices.

While in India I often struggle with an allergy to mold, particularly during the monsoon. I took the advice of some Tibetan friends and visited the *mentsikhang* to see if Tibetan medicine might help. Not wanting to wait, I arrived around 7:30am right as the doors were opening. A

young Tibetan woman who worked behind the reception desk asked me to have a seat. "The doctor will see you after the morning prayers," she said, gesturing to a wooden bench where I was to wait. Shortly thereafter all the staff, including pharmacists, receptionists, doctors and even a young girl who seemed to be employed as a cleaner, gathered together in one of the exam rooms and shut the door. Sitting outside, I was able to hear a string of prayers in Tibetan—the refuge prayer to the Buddha, a long-life prayer for the Dalai Lama, several recitations of the Medicine Buddha mantra, and a dedication of merit. After about 15 minutes the staff filed out and returned to their stations.

The doctor gestured for me to come in. He began taking my pulse on both hands, jotting down notes on a prescription pad. Without asking me why I had come to the clinic he began listing off the health problems he was able to discern through my pulse—low blood pressure, frequent colds and congestion—he said, "this weather in India is not good for you." He started to compose of list of foods I should avoid, such as cold drinks and milk products.

"Can you tell me about the prayers you were doing before?" I asked. He raised his eyebrows, surprised by my question. "Oh," he said casually, "it is important that we have good motivation." I nodded, hoping he would elaborate. "And the prayers, to the Medicine Buddha, makes the medicine more effective. The blessings from the Medicine Buddha," he added. I asked what happens when Tibetan clinicians do not have a good motivation. He explained that their treatments will have limited efficacy. "Actually, the most skilled physicians," he said, "are those who can with great confidence visualize themselves as the Medicine Buddha." It is evident here that compassion is not merely a moral value, but an important causal factor in Tibetan science and medicine. Over the course of my fieldwork I began to gradually understand the variety of ways that compassion is used by individuals and by practitioners to work with distress. Great

compassion is not only an indicator of resilience, but is also used as a method to train and learn resilience.

Chapter 3) Trauma and the Making of Flexible Minds

Many important thinkers over the last few decades have contributed to a growing literature on the historical and social construction of trauma. Anthropologists in particular have critiqued the

universalizing of post-traumatic stress disorder (PTSD), showing how while trauma is taken to be a natural human experience, it is a relatively new concept brought into existence at a particular moment in history (Fassin 2009; Hacking 1995, 2002; Young 1995). In this chapter I explore the genealogy and social construction of trauma. But beyond merely articulating the ways that Tibetan categories of distress are different from biomedical ones, I seek to push theoretical boundaries by showing how alternative systems of trauma appraisal contribute new possibilities for understanding resilience.

Whereas the looping of trauma among American war veterans is articulated and reinforced by biomedicine and psychological therapeutics, the alternative looping in the Tibetan context encourages those exposed to violence and extreme events to see past events as impermanent and not fixate on distress. Put more simply, in the Tibetan context, "going back" and debriefing, working-through, or processing past events is not seen as a particularly efficacious way to manage distress.

As part of this study I conducted what is known as a "cultural domain analysis," a method for identifying particular cultural idioms used to describe a given concept. The results of this analysis revealed that the qualities associated with resilience in Dharamsala are: spaciousness, openness or willingness to let go, and a sense of flexibility. Rather than talking or processing details of past events, the support that Tibetan refugees give to one another often follows the kind of sensibility found in *lojong* "mind-training" and other approaches that emphasize putting others before self, and changing the way you think (rather than changing the external environment). This way of relating to difficulty helps to create space and flexibility in the mind by recognizing that negative emotions are impermanent and changing. The notion that greater flexibility promotes wellbeing and health contributes new theory within medical and

psychological anthropology. In this community, resilience is more a verb than an adjective; an approach for meeting life's inevitable problems with openness, humor, and compassion. In this community it is stressed that if people are dependent on external circumstances for happiness their lives will be a constant roller-coaster of ups and downs. Instead, it is more effective to generate inner stability and strength that can weather life's challenges (and successes) without being swept away. The concept of "flexibility" is a method or a technology for cultivating this inner environment of stability.

This chapter also demonstrates how compassion is not merely a cultural value, but actually a practice or another kind of technology used to work on the self, particularly in times of crisis. Techniques such as thinking of all the others in the world who are experiencing similar (or worse) problems, and wishing happiness for all sentient beings are considered extremely skillful ways of working with distress. Most lay Tibetans if asked directly will insist they do not understand core concepts of *lojong*, such as emptiness and do not have great compassion. And yet, such teachings seem to permeate cultural sensibilities to such an extent that they readily draw upon them in times of crisis.

The Birth of PTSD

According to Allen Young, the key to tracing the origins of PTSD comes down to the following question: "how does an emotion, acting alone, produce effects that duplicate the consequences of a serious physical trauma? The puzzle is solved once one accepts that fear is simply an assault, comparable in its action to a physical blow or injury" (1995:15). While all mental disorders are

likely influenced by social forces, perhaps none to the extent of PTSD are directly caused by the force or impact of an external event[18].

Early foundational thinkers in the late 19th century, including Charcot, Janet and Freud, linked trauma and traumatic memory with hysteria and what today might be known as somatoform and fictitious disorders. In the early 20th century with the rise of behaviorism, psychologists such as Pavlov understood traumatic memory as a conditioned response. The scope of what triggers the fear response is "gradually extended, through association (via analogy or contiguity), to objects and events located outside the original place of pain. Escape is not impossible, since each reexposure revives the victim's pathogenic memory and the potency of the conditioned stimuli" (cited in Young 1995:25).

The First World War is an important time period in the genealogy of PTSD. A notable figure in early writing on war neurosis was W.H.R. Rivers, an anthropologist and captain in the Royal Army Medical Corps, who served as a psychiatrist specializing in "nerve regeneration." War neuroses came in four related but distinct forms: shell shock, hysteria, neurasthenia, and disordered action of the heart (Young 1995). Shell shock, as the name suggests, was a condition associated with the shock waves from explosions. The forms of hysteria[19] that were common among soldiers (e.g. mutism, paralysis, fugue states) are similar to conditions articulated by Freud and Janet. Symptoms of "nerve exhaustion," or neurasthenia included chronic fatigue, headache, loss of appetite, and difficulty sleeping. Finally, some people were diagnosed with a condition known as "Disordered action of the heart," a more diffuse anxiety characterized by

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[18] The DSM-V category of "Complicated Grief Disorder," might be an exception.

[19] Symptoms of hysteria in the present day mostly fall into the category of somaform disorders (modified in DSM-V to be called more simply, Somatic symptom and related disorders [APA 2013]). Conversion Disorder, one disorder in this section of the manual, is the most similar to the kinds of behaviors observed in Freud's day when hysteria as a prevalent psychological problem mostly in women. Today, conversion disorder—meaning anxiety or depression is "converted" to physical symptoms—is exceedingly rare.

weakness, palpitations, and problems concentrating; this disorder was often given to those not on the front lines or exposed to direct combat (Young 1995).

In 1941, just before the United States entered World War Two, a monograph written by Abram Kardiner[20] was published; today it is considered a "landmark" (Young 1995) in the genealogy of PTSD. Published by the National Research Council, *The Traumatic Neuroses of War* departs from classic psychoanalytic perspective by emphasizing the highly adaptive and protective nature of war neuroses. Kardiner argued that Freud's concept of repetition compulsion, "a defense maneuver by the ego to restore mastery—hides the fact that the ego has been significantly altered by the traumatic experience" (cited in Young 1995:90). Treatment by the War Department included extra rest and rehabilitation, and if severe, standard psychiatric therapies of the time, including talk-therapy, drug therapy and convulsion shock treatment.

As Young (1995) articulates, before the publication of DSM-III in 1980 (development and early drafts of the manual began in 1974), there were no standardized psychiatric nosologies—something that today is taken for granted. Some two hundred disorders were included, each with a discrete set of criterial features. Inherent to the manual, and this remains true today, is a system of differential diagnoses or a method of elimination whereby similar diagnoses are ruled out, one-by-one. For example, the absence of agoraphobia rules out a subset of anxiety disorders, refining the diagnostic process.

Before DSM-III when post-traumatic stress disorder first appeared, ongoing distress following a traumatic event was known as a "gross stress reaction" in DSM-I and "transient situational disturbance" in DSM-II (cited in Young 1995). The symptoms of PTSD have remained relatively stable since 1980: persistent and distressful reexperiences of the traumatic

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[20] Kardiner had been psychoanalyzed by Freud for a brief period of time (Young 1995).

event, such as dreams, flashbacks, and intrusive images; symptomatic numbing, such as emotional amnesia or loss of interest in activities previously found pleasurable; a tendency to avoid situations that might trigger recollections of the traumatic experience; and increased physiological arousal, evidenced in sleep disorders, difficulty concentrating, and irritability.

Historicizing these categories is instructive to understand how culture shapes our understanding of mental illness—it may also be a fruitful way to "read" culture. As Andraeson points out, "DSM-II was compiled during the relatively tranquil interlude between World War II and the Vietnam conflict" (1980:1518). When DSM-III committees in the late-1970s were revising the section on anxiety disorders, Transient Situational Disturbances became Post-Traumatic Stress Disorder. At this time in America, the stereotype of the angry, violent and drunk Vietnam Vet emerged (Young 1995), further reinforcing this disorder as one marked by unpredictability. In the mid-1970s clinicians observed that symptoms exhibited by war veterans were remarkably similar to women experiencing what was known as "Rape Trauma Syndrome" (Ozer et al. 2003). While PTSD, even today, is diagnosed among survivors of sexual assault, accident victims, and others, it has long been associated with war.

Looping Effects

To explore how it is that particular idioms come about in particular places at particular moments, I draw on Ian Hacking's concept of "looping." Hacking devotes a number of related works (see 1988, 1995, 1999) to investigating how categories come into being. In his essay *Making up People*, he opens the text by asking: "were there any perverts before the latter part of the nineteenth century?" The answer (decidedly, no) points to a problem that is at once ontological and epistemological (1999b[1986]:161). As Davidson argues, "[p]erversion was not a disease

that lurked about in nature, waiting for a psychiatrist with especially acute powers of observation to discover it hiding everywhere (cited in Hacking 1999b:160). Rather, perversion as a disease, and the pervert—a diseased person—was "created," or came into being in the late nineteenth century. And yet, surely behavior that we now ascribe to perverts (such as looking into windows and spying; "peeping toms"), was present in the past although not labeled as such. To give another example, Hacking points out that "there have been plenty of same-sex activities throughout the ages, but not…same-sex people and different-sex people" (1999:163). The development of categories often implicitly create binaries; until a "homosexual" was a kind of person, there were no "heterosexual" people.

The arguments in *Making up People,* which could be considered a form of labeling theory, sets the foundation for a set of perhaps, deeper questions. Hacking is not merely interested in labels, but in understanding why and how people come to identify with those labels, further perpetuating the ontological status of the category. He refers to this interplay between self and society as "looping," a reciprocal process whereby individuals change their behavior to match a culturally constituted category (1995; 1998). Psychiatric categories are not sufficiently perpetuated merely by labeling individuals, as such (Bourdieu 2000; Foucault 1965; Goffman 1961). For a mental disorder to become normalized within a society, individuals must come to identify with, and phenomenologically experience oneself as a "depressed," "psychotic," "traumatized," or otherwise-categorized person. The self is shaped largely by the responses of others; the more the category is recognized in oneself (by others), the more one identifies with the category, reifying the salience of category, itself.

Building on Hacking, some researchers consider the dynamic interplay of social looping and the body. The effects of looping are not merely philosophical, but rather, Kirmayer and

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Sartorius (2007) argue, cultural systems directly influence the phenomenology of illness at the somatic or bodily level of experience. They argue that "biomedicine assumes that complaints about bodily function are more or less direct indices of impairments of organ tissue or function, neglecting the fact that these complaints emerge from processes of attention, interpretation, labeling, and social presentation" (2007:833). Seligman and Kirmayer (2008) have described trauma as products of "bio-looping"; an exchange between patterns of attention and information processing with cultural scripts (50). Their study draws attention to the work of culture in that without feedback and reinforcement from the social world, the loop does not continue. These studies raise further questions about the linguistic and cognitive processes involved the "translation" of experience. In other words, how do people generate a "verbal report" of what is the matter?

In her ethnographic account of bipolar disorder in the United States, Emily Martin observes a clinical interview of a woman, "Ms. Vincent," who it seems had a life-long struggle with depression. But it was not until this particular admission that she "learned" she also suffered from mania. The doctor asks: *What is it like when you're well, when you're yourself?*, to which the patient replies, "I don't know. I just found out I'm sick. I thought I was normal when I was speedy" (2007:104). Ms. Vincent experienced herself as "speedy," and likely got that feedback from her social environment, as well. But "finding out" that she is a person who is not just depressed, but a person with bipolar disorder, reshapes her understanding of self and of her place in the world.

When Americans soldiers today begin to experience troubling symptoms, many will not be surprised to "find out" that they have PTSD. Although most perhaps cannot name the precise symptoms, the culturally-embedded notion of "what happens" when exposed to the violence and

horrors of war is already prescribed. When a violent event occurs, the soldiers see how others around them respond; in fact, it is likely they already know someone with PTSD. There is a culturally-prescribed way of presenting with or expressing internal distress associated with troubling events. The looping that occurs involves institutions, experts, popular media, public policy, insurance companies, clinical training programs, as well as therapeutic practices. I am not arguing that mental health programs and disability benefits *cause* PTSD, but rather recognizing the reciprocal reinforcement of behavior that has come to be associated with trauma. The language emphasizing the chronicity of the disorder is reflected in these practices and institutions as well as *experienced* by individuals.

In instances of PTSD, memory serves as evidence of the disorder's existence (looping). In other words, "[e]vidence of a traumatic experience is adduced from the patient's *active memory* of the event; from his *embodied memory* of it (consisting of traces of the event, mirrored in symptoms); and from *collateral information* that places the patient in circumstances severe enough to qualify as traumatogenic" (Young 1995:120). Hacking (1999) refers to this mutual reinforcing between individuals and the social world as dynamic nominalism. He understands psychiatric categories like PTSD as "interactive kinds," distinct from the "indifferent kinds" or natural kinds of the natural sciences. He gives the example of a quark, which is a quark in spite of us naming it as such. In other words, its existence is indifferent to social influence. Interactive kinds are shaped by a dynamic relationship between selves and society. In this way, categories of persons can be read as objects of knowledge (Foucault 1970), which Hacking also understands as "new possibilities for human choice and action" (2002:4). With regard to trauma, it is only through dynamic nominalism that kinds of persons (trauma victims), the study of trauma (traumatology) and psychosocial treatment programs like Wounded Warriors arise.

For instance, rates of Multiple Personality Disorder (MPD) soared in the 1980s in tandem with false memory syndrome and other categories of trauma and dissociation. As clinicians begin diagnosing individuals with the disorder, patients systematically identify with it. The more both patient and therapist observe indicators of the disorder, the stronger the identification. This personal identification loops back to reinscribe the category, such that the category itself acts as evidence of an ontological process over time. Psychiatric categories continue to shift and change. MPD is now known as Dissociative Identity Disorder (DID); which as Martin articulates, does not merely contain a new description, but actually makes new kinds of intentional action possible. Those diagnosed with MPD in the 1980s were understood to have more than one person inside; in other words, each personality had its own intentional action. With DID this shifted towards understanding the shift in personalities to be involuntary and unconscious; therefore, "the criteria for speaking of intentionality are not present in the same way" (Martin 2007:230). With new language and description, comes new possibilities and opportunities (or new constraints) for intentional action that were not there previously.

The learning of illness comes not only from clinical settings, but from popular culture, as well. Martin describes how when a physician asked a young man, Mr. Lawrence whether someone told him he was bipolar he replied: "No one said I was bipolar. I started reading books myself, like Kay Jamison's. I also read *Moodswing*. It hit so on the point, I diagnosed myself. I am Bipolar 2b. It is hard to deal with jobs, when the whole world is nothing but consistency and you are not" (2007:113). Likewise, when Multiple Personality Disorder was at its cultural height, numerous films, books and television shows featured (often young women) dramatic examples of what it means to have "multiple personalities." In the late 1950s, *The Three Faces of Eve* portrayed a woman who after coming to terms with her childhood trauma was at once, whole

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again. A television series, *Sybil*, that aired in 1976, depicts a similar tale—although one much darker and sinister than previous cinematic representations; here, each personality has a highly autonomous agentive status in relation to "the host."

There was also a rapid flux of conferences and clinical symposia on dissociation and MPD, which are significantly less popular today. Within anthropology there were a cluster of studies investigating whether spirit possession in other cultures were *really* instances of Multiple Personality Disorder (Castillo 1994; Krippner 1987). As Martin (2007) articulates, when mental disorders are at their height of popularity there is a lot of attention spent not only confirming instances of the disorder across place, but also across time, speculating whether various historical figures had the disorder (e.g. did Van Gogh have bipolar disorder?). Hacking (1999a) as well, points out the propensity people have to retroactively identify cases of disorders during historical time periods before the category existed; this exercise seeks to stake claim to the veracity or ontological existence of the category.

In tracing the looping effects of mental disorders it can sometimes appear to the casual reader that Hacking (1998) and Young (1995) suggest that clinicians and social service organizations (almost maliciously) produce disorders in otherwise innocent members of society. It should be stated not only that psychotherapists and other providers intend to help and support those who are suffering, but they often *do* help and support those who need it. And nonetheless, historians and social scientists interested in psychiatry must necessarily explore how institutions across time have diagnosed and categorized those whom they treat. Young (1995) describes how Judith Herman, author of *Trauma and Recovery*, articulates how it is the therapist's job to help the patient to reconstruct the traumatic memory from "the fragmented components of frozen imagery and sensation…and to slowly assemble an organized, detailed, verbal account, oriented

in time and historical context" (1992:177). With this abreactive style of therapy, patients are

encouraged to locate and uncover the site of psychic trauma; "every patient conceals a narrative,

his pathogenic secret" (Young 1995:227). When the narrative emerges it is expected to be

cathartic; it is also the moment that Hacking's loop comes full circle. The once painfully hidden

narrative that is now becoming exposed and uncovered serves as evidence of the disorder's

veracity and existence in the first place.

But is this true that traumatized people must necessarily find ways to reconfigure their

stories as a method for healing? Young (1995:240) observed group therapy sessions within a VA

hospital in the late 1980s and offers the following vignette of a clinical debriefing among the

staff:

> LEWIS: Everything's 'reenactment' now! Five months ago, we had never heard of 'reenactment' and now—

> CAROL: Did you hear what Eddie said in communications [group] today? 'My family never listens to me.' *This* is a reenactment. It's his experience in Vietnam. At one point, he was abandoned by his outfit. Then later he was its radioman, it's 'ears.'

> LEWIS: Listen, Carol, some of the things that they say have *nothing* to do with Vietnam.

> CAROL: The experiences they describe don't have to be from Vietnam. They can be experiences that occurred before Vietnam. But these experiences can be screen memories for their Vietnam events. And this stuff [disagreement] between you and me, this is reenactment too.

From Carol's perspective, until the trauma that remains "stuck" inside becomes exposed and

emerges, it will again and again disturb the Vets who resist confronting and reliving the painful

events. The traumatic memory is so powerful it can even co-opt previous memories and use them

as "screen memories."

The therapeutic process is meant to work by encouraging—sometimes quite

provocatively—their patients to "go back" and to "face" what happened. In a group therapy

session, Young (1995:248-249) recounts the following:

> JACK: I'm jumpy today. I had a bad night. Trouble breathing, like Vietnam when my anxiety attacks began.
>
> LEWIS: What caused your anxiety in Vietnam? And what caused it last night? What did they share?
>
> JACK: I don't know. I tried to trace it last night. I felt that I was afraid of something. What? Dying? A heart attack? Everything mimics a heart problem. I couldn't get my breath…
>
> LEWIS: What was happening in Vietnam when you had this feeling for the first time?
>
> JACK: …I can't remember anything special; just everyday bullshit.
>
> LEWIS: Well, we know that last night there was a major stress response and reenactment. Go back further.
>
> JACK: You know, I have just one big fear: that it's going to happen all over again: that they'll pump me full of Thorazine…
>
> LEWIS: You keep going outside of yourself for your explanation. Go with the model. It's a tool. It gives you something to look for. It's a map, a hypothesis to check out. It helps to focus you.
>
> JACK: I started sweating—my head was pounding. Then everything seemed back to normal. But then it started all over again. I'd like to know what's under this motherfucker.
>
> LEWIS: You *do* know, Jack. It's conscious. When you recognize it, it will be painful, and that's why you don't uncover it.
>
> JACK: You know the motherfuckers gave me shock treatments in the naval hospital…
>
> LEWIS: You're choosing to avoid—you're continuing the aggression by talking about shock treatments.

From this perspective, so long as Jack avoids following the "map" that will lead him back to that

painful place, he will not recover. There are also specific reasons for trauma therapy to occur in

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group settings. As Young articulates, the catharsis of traumatic narrative is meant to occur not just in speakers, but in listeners, too.

Clinicians today do not all agree that a "going back" or "reliving" is beneficial—for tellers or for listeners. For example, Seeley (2008) in her ethnographic study of therapists and their attempts to provide help during and after 9/11, describes how therapists who descended on lower Manhattan began to wonder whether debriefings and the retelling of the horrors people witnessed was actually cathartic. As time went on, they too, began to struggle with the atrocities around them, sparking a wave of recovered traumatic memories among providers—what Seeley (2008) understands as trauma contagion. This rings true of Lester's assertion that "[w]hen we conflate trauma-as-moment-of-injury and trauma-as-ongoing-lived-experience, we forever loop present-day experience back into the past, affixing it to the original insult or injury and severely constraining our interpretive and therapeutic horizons" (2013:755). In connecting all present forms of suffering again, and again, back to same narrative, opportunities for having a different kind of experience are foreclosed. In dropping the need to return to what has already passed, there is a moment of what Tibetans might call "freedom from fixation." Recognizing that moment to moment everything changes, creates the potential for a kind of radical freedom where no possibilities are foreclosed. My Tibetan interlocutors argue that by clinging tightly to something that has already passed, we limit our capacity for authentic experiences of the present moment.

Socialization and Childhood

Why do Tibetans find it rather natural to "hold lightly" to memory, whereas Euro-Americans might have great reservations in doing so? To understand cultural mechanisms, such as the function of memory, I suggest it is productive to reflect on socialization and child-rearing. Many Tibetans, particularly from nomad areas, do not know their exact date of birth; I discovered this fact in collecting the demographic data for my interviews. When I asked their age, some said, "Oh, 33 or 34." By the time they got to India, when they needed to record a birthday on their Residential Certificate (RC), or other legal document, they simply made up a date and estimated the year. It is not that Tibetan parents find it insignificant for a child to be born; but recording a precise date seems insignificant. A notable exception is the birth of *tulkus*, incarnate lamas, whose birth marks a highly auspicious occasion—a realized being taking rebirth. In chapter 4, I explore why cultural notions of memory and temporality create a resistance to formulating narratives and testimony of the past.

As Makley (2005) articulates, a notable exception to a tendency not to look back too much is the extensive Tibetan genre of *rnam thar* (biography) and *rang rnam* (autobiography). However these texts are generally limited to "accounts of exemplary individuals presenting a retrospective process of the development of an enlightened self" (Makley 2005:51; see also Gyatso 1998). So while it is typical to remember the birthdays and write about the lives of so-called realized individuals, such practices are not the norm among ordinary Tibetans.

Just as I found it difficult to wrap my mind around how someone could not know their birthday, it seemed equally unusual to Tibetans why foreigners make such a big deal of it. I do not recall any of my Tibetan friends or neighbors celebrating a birthday even if they knew of

their exact date of birth[21]. The ways in which some Tibetans know their exact birthdays, some do not, some roughly know, (and all these permutations are culturally acceptable) is easy to comprehend example of how Tibetans notions of memory and temporality are not rigid; there is an epistemological assumption that all things in the world (including time, space and personhood) are somewhat fluid.

To explicate the looping effects of traumatic memory among Tibetans—a process, I argue that is marked by flexibility among those who are most resilient—I consider the ways that socialization creates the ground, or worldview that fuels this particular understanding of trauma and memory. The Tibetan responses to violence and potentially stressful events can also be understood through Hacking's (1995) lens of looping; but this interplay between selves and societies is of course, quite different from what is observed among American war veterans and other trauma survivors. It should be noted that I use American notions of traumatic memory out of comparative utility, to highlight the specificity of Tibetan concepts. I do not suggest that American notions are natural and Tibetan exotic; rather I see both frameworks as looping processes between society and selves. Biomedicine and Tibetan medicine are both in some sense, "ethno-medicines."

A significant difference, I argue, is that unlike in American contexts where most children are not necessarily provided a framework for managing loss and suffering, many Tibetans are socialized with cultural understandings of impermanence, karma, and the naturalness of suffering.

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[21] I noticed, however, that Tibetans took great delight in celebrating the birthdays of their foreign friends. A group of 4 or 5 young guys in their early twenties worked at the café near my house that I frequented every morning to make use of their espresso machine. They all had girlfriends, from North America, Australia or Europe. Being ten years or so older, they related to me as *Achag* Sara-la, older sister and often asked my advice on all things "Western." Somehow one of the boys procured a heart-shaped cake pan and one-by-one, each foreign girlfriend received a heart-shaped cake along with a party and presents.

Growing up in a world that is understood to be imperfect (from a strictly religious perspective, *samsara* is characterized by suffering) might help later in life when confronted with difficulty. A stressful or adverse life event—although potentially devastating—might at the same time be understood as a natural part of life. Karma as an ordering principle of reality mitigates the feeling of senselessness that might be felt in other cultural contexts when disaster occurs. Even when overwhelmed with pain, there remains a silver lining: the negative karma that has ripened is something that will not be experienced again. In talking with community members about how they coped with political violence and resettlement, many remarked that they took comfort in knowing that they will take rebirth without this heavy karmic burden now that its imprint has ripened.

I argue that being conditioned as children to expect suffering might bolster resilience. But what is difference between this perspective and internalized oppression? Unlike in contexts where marginalized groups and individuals come to feel that they somehow deserve maltreatment, in this context, accepting that suffering is a natural part of life seems to cultivates a sense of interdependence and compassion—we are all human, and thus we all experience both happiness and loss. People are "told" by the environment their behavior is wrong (Bateson 1972; Hollan 2004). My Tibetan interlocutors seemed to draw sharp distinctions between self-compassion[22] and self-pity. If a person focuses too much on their own misfortune, they may receive feedback from the social world that they are only making things worse by seeing their own plight as special. Excessive self-pity, depression or self-deprecation is actually considered a form of arrogance.

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[22] Compassion for oneself is an essential aspect of *metta* (*maitri* in Sanskrit) "loving-kindness" practice, a progressive meditation session where one generates compassion for oneself before moving to someone who is easy to love, someone who is neutral, someone for whom it is very difficult to feel compassion, and then for all sentient beings.

The most resilient people in this context take a very realistic approach to their struggles in life, recognizing that suffering is caused by one's own negative karma. Rather than becoming depressed, there are very active "solutions" for the future, such as trying to emulate ethical behavior to avoid generating more negative karma. One can also do purification practices to manage the karma that has already been generating in past lives. In his Southern California psychotherapy practice, Hollan (2004) observed that some of his patients who lack cultural idioms or explanatory frameworks experience intense psychological distress when confronted with loss or other difficulties in life. While some explanatory frameworks can be idiosyncratic, it may be that the idioms, which are shared by loved ones and society at large, such as karma among Tibetans, are the most protective.

Researchers such as Kirmayer and Sartorius have considered how cultural models help people to interpret or make sense of somatic illness:

> 1) Explanatory models, which make causal attributions and impute specific mechanisms or processes of pathophysiology; 2) prototypes, which are salient images or exemplars drawn from personal experience, family, friends, mass media, and popular culture that are used to reason analogically about one's own condition; and 3) implicit models and procedural knowledge that may be difficult to articulate because they are embedded in body practices and ways of experiencing distress. [2007:832]

But because culture is not static, but rather "fluid, heterogeneous, hybrid systems of knowledge, institutions, discourse, and practices that vary over time and location" (Kirmayer and Sartorius 2007:833), it is important to emphasize that the representation of traumatic memory I present below is not fixed. There is also significant variation within Tibetan communities in how distress is managed. What I present below is one of the more typical ways that Tibetan refugees seem to cope with adverse events, but it is not the only way they approach life's difficulties.

Looping in the Tibetan Case: The Making of Flexible Minds

The institutions and cultural experts who treat mental distress in Dharamsala do not

automatically assume that those exposed to violence are at risk for developing a long-standing

and intractable psychiatric condition. Traumatic distress is sometimes expressed as a *rlung*

disorder; but as noted in the introduction, students studying for exams or monks engaged in

intensive meditation are just as at risk for problems with rlung as ex-political prisoners. Any

form of excessive or intense mental activity (e.g. thoughts and emotions) that disrupts

equanimity in the mind is potentially problematic. There is not an enterprise of trauma treatment

(or a mental health system at all), as distinct from medical and religious healing practices.

The institutions in Dharamsala that support ex-political prisoners and torture survivors

are not clinical in nature, but rather community-based organizations that provide material and

social support. Therefore, the "contact zones," or spaces where "people with different kinds of

power and perspectives negotiate cultural meanings" (Martin 2007:100), tend to frame violence,

distress and resettlement in terms that are not automatically medicalized[23].

Below are two material examples of discourse used to frame typical coping and resilience

practices. In a newsletter describing the "resilience campaign" for American soldiers and their

families, there is a bio-psycho-social approach to care that promotes social support (even

cultivating "spirituality" through spending time with pets) as well as promise in protecting and

repairing the brain and nervous systems. To contrast this American healing discourse with an

example from Dharamsala, I offer a description of services provided by *GuChuSum*, a prominent

center for Tibetan ex-political prisoners started by ex-political prisoners. This is where most

torture survivors go to seek help, and yet, there are no mental health services at *GuChuSum*. As I

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[23] With the influx of NGOs and trauma researchers who engage in mental health "awareness" and "consciousness-raising" among Tibetan refugees, I suspect that the traditional "contact zones," such as the refugee reception center in Dharamsala might gradually come to frame mental distress in biomedical terms.

explore in more detail below, rather than seeing Dharamsala as a "resource poor" community

that lacks mental health services (thus requiring intervention from global mental health experts),

I suspend my own cultural assumptions about what torture survivors need to consider the

benefits of locally-endorsed forms of care.

Figure 8

Senior Leader Spotlight

Building a ready and resilient force is one of the Army's top priorities. By implementing the Ready and Resilient Campaign Army-wide, we ensure that our Soldiers, their Families and Army Civilians have the skills and tools needed to face challenges and thrive in life. Your role as Master Resilience Trainers, providing on-the-ground Resilience Training, is a major asset to this campaign.

We rolled out the Ready and Resilient Campaign last February and you are the crucial link for executing the training at the company level. Each month, CSF2 trains more MRTs, bringing us closer to the goal of one Soldier MRT per company, one spouse MRT per company-size Family Readiness Group and one Army Civilian MRT per 250 Civilians.

Lt. Gen. Howard Bromberg, Deputy Chief of Staff, G-1

The skills you teach are central to the campaign's "Line of Effort 2", which is to "Build and Maintain Ready and Resilient Soldiers, Soldier Families, and Army Civilians and Ready Units." Each time you conduct training, you are reaching more members of the Total Army. The result is a more ready and resilient force better able to face any challenges that may come our way.

CSF2 keeps innovating, continually refines and improves the MRT course and Resilience Training based on scientific research and your feedback. The MRT course also now provides time for graduating MRTs to work on an implementation plan to roll out when they return to their unit. In addition, CSF2 Headquarters has developed a Training Support Package to put more teaching resources in your hands. There's even an initiative to train Army teens.

I'm proud of the work MRTs do every day. I encourage you to continue demonstrating and living the skills, setting the example for our Army.

Resilience Tips

Physical - Weekly exercise can protect your brain from the aging process and delay the onset of neurodegenerative disease. Hence, not only does exercise improve and maintain your physical health, it can improve and maintain your psychological health!

Emotional - The brain and nervous system respond best when given structure. Creating a routine for an important task can focus the brain and body on the necessary steps to achieving success, while lowering counterproductive levels of stress that inhibit emotional balance.

Family - When they can't solve problems on their own, resilient families reach out for help by turning to extended family, friends, neighbors, community services and/or counseling.

Social - Effective communication with peers and leaders requires effort and practice. Remember to use the IDEAL model when you are faced with a challenge or conflict.

Spiritual - Some would contend that interacting with animals builds the spirit. Research in the human-animal bond support the idea that animals make us more human. Spending time with your pet is probably good for both of you!

In This Issue

- Message from the Deputy Chief of Staff, G-1, Lt. Gen. Howard Bromberg
- Words from the CSF2 Director
- Information regarding CSF2's teen initiative
- MRT Spotlight featuring Chief Warrant Officer Clifford Bauman
- Story about the Ft. Carson Warrior Transition Battalion
- New items in the MRT Resource Center
- Upcoming MRT course dates

Figure 9

Internal repression of Tibetans still continues today. GuChuSum is working to increase awareness of these issues, to the point where the international community will pressure the Chinese government to respect basic human rights in Tibet.

What We Do At GuChuSum

ACCOMMODATE— We accommodate our members who have nowhere to go. We also accommodate employees of the organization.

PROVIDE subsidized medical care to members. We also give monthly stipend to members who have financial problem.

MAINTAIN an extensive database on political prisoners and their treatment, as well as monitoring and reporting on human rights abuses in Tibet.

PUBLISH the annual magazine 'Tibetan Envoy' in both Tibetan and English. We also publish the biographies of ex-political prisoners from time to time. Literature on political awareness and the plight of prisoners in Tibet is also published.

CO-ORDINATE events such as peace marches and campaigns with other NGOs. We also commemorate the founding day of the organization on 27th September every year and the 'International Torture Day' on 26th June. We also organize exhibition, lectures, talks and interviews with former political prisoner.

Lung-ta House

This is our main building. The building is used for our office, staff quarters, tailoring center, language school and a restaurant.

Learning Center— We run a computer course teaching basic and intermediate computer skills. We also have a language school teaching English and Tibetan to the students who escaped Chinese persecution and didn't get opportunity to study while in Tibet.

Restaurant--- A very popular Japanese restaurant is based in Lung-ta house. Several members of our organization work as cooks and waiters in the restaurant.

Tailoring Workshop--- Currently, we have twenty-two staffs in our tailoring workshop. We make finely-crafted fashion items for export, as well as Tibetan costumes and accessories.

Source: http://www.gu-chu-sum.org/index.php/en/about-us

The methods of care in both contexts can be understood as methods of working on and re-crafting the self (theorized below as "technologies"). Specifically, I argue that Tibetans support one another by encouraging those with mental distress to distance themselves or put "space" between oneself and the negative emotions that come and go like passing clouds. This is accomplished by cultivating an attitude of flexibility, which is markedly different from repressing or denying emotions. Rather, a flexible attitude involves seeing a situation from a variety of perspectives and holding interpretation and reactions somewhat lightly.

Researchers have explored the concept of "flexibility" in a variety of ways, in terms of flexible bodies (Martin 1994), flexible citizenship (Ong 1999) and flexible personhood Shir-Vertesh (2012). Saul asserts that "[a]daptation following massive traumatic events requires both flexibly responding to changing circumstances over time and at the same time developing a positive vision of recovery" (2014:2). This perspective is similar to Tibetan notions of resilience and healthy coping.

In a section of her book titled, "Learning to Be Manic," Martin writes on the dark side of flexibility: when it is cultivated to reinforce the oppressive constraints of markets (2007). She observed a retreat for members of a Fortune 500 corporation where 22,000 employees engaged in team building exercises, such as a ropes course. The objective of these activities was to cultivate flexibility, agility, and fearlessness—the challenge of the ropes course meant to mimic stressful and challenging situations in the workplace. Although these traits sound adaptive and healthy, Martin argues that these skills were purposefully cultivated to enable workers to rapidly adjust to continuously changing work conditions—most notably, downsizing (2007). She argues that in the United States, exuberant energy even to the point of mania is celebrated and admired among traders and others in high-pressure jobs struggling to get ahead.

In the Tibetan context of traumatic memory and resilience, the concept of flexibility refers to a capacity not to cling or hold too tightly to anything—including suffering. And although it might seem counterintuitive why anyone would hold onto suffering, as one lama explained to me: "even though we may be miserable, having big and very important problems gives us the feeling that we, ourselves, are big and important. Most people prefer that to seeing clearly that their emotions and fixations are not such a big deal." This sense of spaciousness and flexibility within the mind, many Tibetans argue, is the best state of mind for approaching life's ups and downs.

Theoretical Model: Making Flexible Minds

The model below is a graphic representation of the looping between selves and society in Tibetan practices of resilience. Resilience in this context is not a personality attribute, but a dynamic process in which one can train. Through socialization practices in childhood that lay a foundational framework for managing adversity later in life, cultural concepts of compassion, impermanence and karma create a synergistic buffering against what might otherwise become debilitating traumatic stress. Through the lens of these cultural values, the appraisal processes of assessing severity and longevity, as well as developing appropriate coping strategies, are done in an inner environment of openness, spaciousness and flexibility. As a process of looping, these aspects of resilience are mutually and reciprocally cultivated and reinforced through sociocultural concepts and everyday praxis.

Figure 10

Practice as Expression of
Culture (e.g. mind-training)

Cultural values and
norms instilled
through
environment

- Compassion
- Impermanence
- Karma

buffer

POTENTIALLY
TRAUMATIC
EVENT

appraisal

Vast, Spacious,
Flexible Mind

Social Sphere
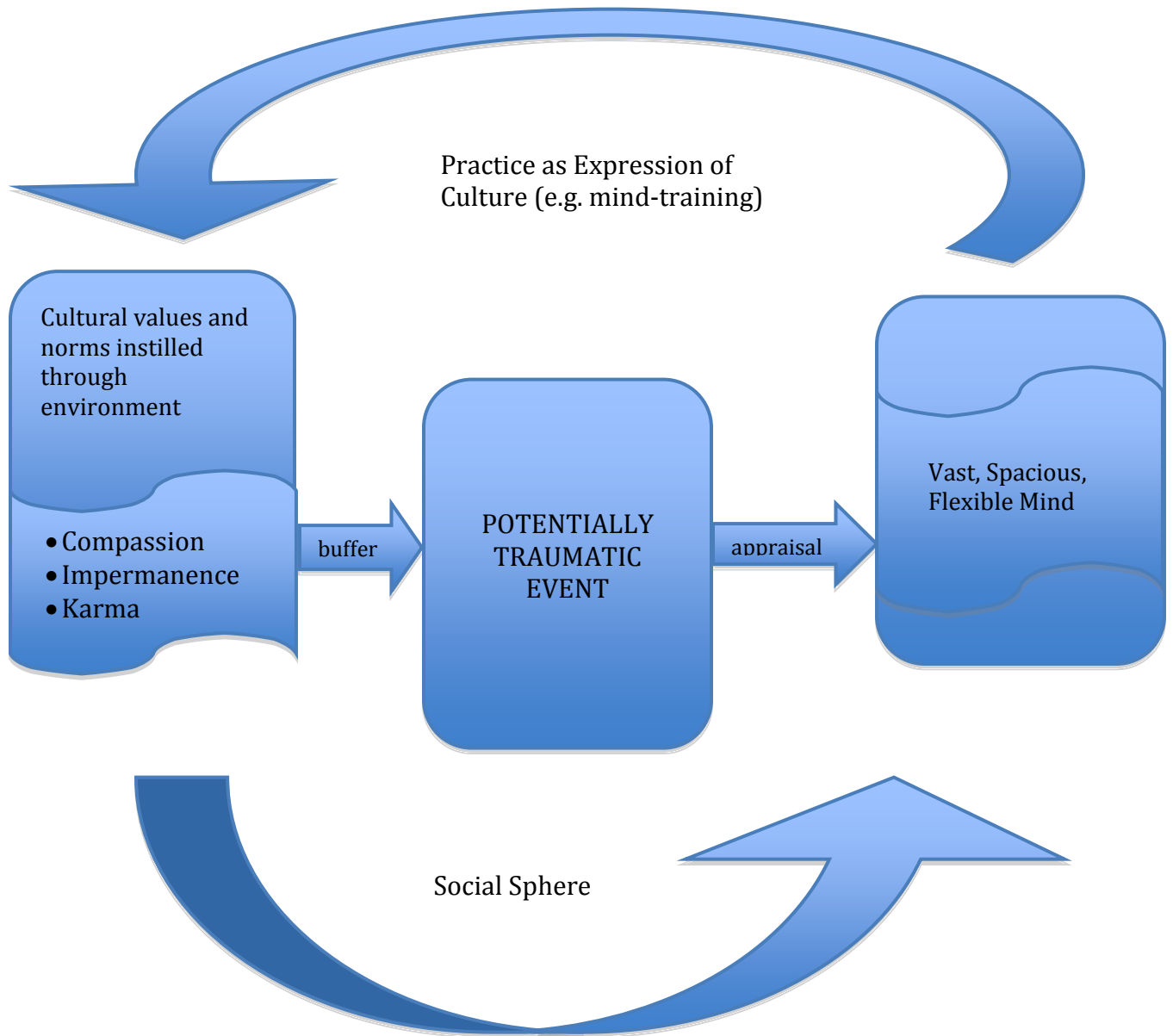
Technologies of Resilience

In this section, I explore how Tibetans actively deploy culturally meaningful frameworks to

generate greater flexibility and spaciousness—efficacious ways to mitigate distress associated

with political violence and resettlement. I also situate my findings within current literature on

coping and resilience. In particular, I take note of a shift in resilience literature, which argues that resilience is not a static personality trait, but rather a process. The Tibetan forms of working with distress and suffering, particularly in cultural forms such as lojong, show how a sense of resilience is a gradual, learned, and active activity in which one can train.

In theorizing the practices of resilience, I consider how individual actors use elements from the social world to (re)fashion the ways one relates to oneself. But whereas Foucault (1979, 1980) articulates how structure acts as a technology of the self, here I use such concepts in an entirely different way: to consider how Tibetan refugees make deliberate use of cultural technologies to *enhance* (not to limit) agency and freedom.

At least one scholar has previously used the notion of "technologies" to make sense of Tibetan cultural practices. Kapstein (1995) uses this concept to describe transmission processes between master and disciple. The category of *gdams ngag*, "instruction" is not ordinary knowledge that can be obtained from readings religious texts. Rather, this special knowledge is a "product solely of the interrelationship between master and disciple; it is the non-repeatable discourse event in which the core of the Buddhist enlightenment comes to be manifestly disclosed" (1995:275). This direct transmission reorients the mind of a practitioner, flashing directly on spiritual realization. It is not through thinking or contemplation, but the technology of the *gdams ngag* that changes the self.

Other Tibetan Buddhist practices, such as *sngon' gro* "ngöndro," might be thought of as technologies to help one "become of a lineage." The ngöndro practices are considered "preliminaries" for more advanced meditation practices, for which one needs to purify negative karma, generate merit and receive the "blessings" of the lineage. There is also a class or category of what are known as "skillful means" (*upāya* in Sanskrit, *thabs* in Tibetan), sometimes called

"right action." Within Mahayana, and particularly within Vajrayana traditions, skillful means are expedient methods used to help sentient beings. In these practices, if compassion is the view, wisdom is considered the method or skillful means used to accomplish beneficial actions in a single moment of awareness. Through simultaneously combining the perception of emptiness with visualization of deities, put more simply, the merging of bliss and emptiness, practitioners quickly generate the insight and merit that would have otherwise taken countless eons to accrue through reading sutras alone (Rinchen 1997). Such practices could be understood as technologies of the self in that they fundamentally reshape not only identity, but the phenomenological experience of transforming into a bodhisattva. In chapter six I discuss what is known as *yeshe chölwa* "crazy wisdom"; unusual or unorthodox methods used to help beings in need or to teach lessons, experientially.

But while these Tibetan technologies are advanced and formal practices, I am interested in those technologies that emerge from the everyday. The technologies I describe are akin to what Geertz articulated in his writing on religion as a cultural system. Where "an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and attitudes toward life" (Geertz 1973:89). My findings demonstrate how the lived experience of "religion as a cultural system" might also be conceptualized as a psychosocial system, or framework for managing one's place in the world.

Most people are exposed to at least one violent or life-threatening situation in their lifetime (Ozer et al. 2003). At times, resilience is discussed as something that one either "has" or "does not have." Fewer studies examine what it means for resilience to be a process, something that evolves and changes over time. There are other kinds of mental processes, as well that might

be better understood as a process that is learned. An example is "belief." Anthropologists have long been interested in religious and psychological experiences across cultures, particularly in regard to extraordinary experiences.

Luhrmann in her work on prayer among Evangelical Christians in the United States investigates how otherwise rational people come to believe seemingly irrational things. And while there is a tendency to approach the study of extraordinary experiences thinking that they just "believe," Luhrmann argues that the process of *coming to experience*, is learned (2012). Indeed, Luhrmann and Morgain (2013) found in their randomized study that Christians who actively and purposefully trained to engage their imagination in prayer report more intense spiritual experiences than those engaging in religious activity without such training.

Many Tibetans discussed how coping was more difficult when they were younger and had not yet learned how to cope properly. There are also certain kinds of coping that is seen as acceptable only before one learns how to more effectively deal with adversity. Coping through talking about problems with others is okay when young, but not highly valued as one matures. This does not mean that people never share their worries and concerns with one another. But the idea of processing and talking at length about distress is not thought to be very useful. What seems more useful are more active approaches, which create space and a new sense of possibility.

Faith and Devotion as Coping Method

Many Tibetan exile members rely on their Buddhist faith for managing difficulty in life. But unlike in many other religions, there is no external figure to whom one can appeal. Practitioners themselves must work with their minds to achieve enlightenment. And while this is daunting, in

another sense it is very empowering because the implication is that the capacity is actually

inherent to each sentient being. The Buddha and his teachings remind practitioners how "one

goes about achieving particular (and desired) states of mind" (Cassaniti 2012:308). Another way

of looking at this is taking refuge in the Three Jewels (Buddha, Dharma, Sangha).

Because ultimately we all have buddhanature, we rely on buddhas (not just the historical

Buddha, Siddartha Guatama), but all those who have "gone before," or "gone beyond" to show

us the path. These religious teachings argue that no matter how many blessings one may have,

ultimately each being needs to work with his or her own mind to become enlightened. Faith and

devotion to a teacher is a method for revealing one's own realized mind.

What does it mean to be a Buddha? A Buddha is a being who has purified all of their

karma; with all of these obscurations gone, all that is left is a stainless mind. A mind that is free

from negativity is actually what is most "natural" or "original"; anger and other disturbing

emotions are based on a misperception of reality. Such perspectives may be difficult to grasp. As

Farquhar said:

> As an American, though, one is inclined to ask, how can I help getting angry? When I'm angry, the emotion takes over, doesn't it? Still, as I tried to imagine how I would prevent myself from getting angry, for the sake of my general health, I began to notice how angry most people are. I didn't like what I saw. As I got better at bracketing violent feelings, containing social vitriol, holding the foolishness of others at a bemused distance—in short, as I learned to 'not get angry'—I also wondered more pointedly why do many of my friends and neighbors had never learned this skill. Why do we let ourselves be victimized by our emotions? [Farquar 2013:109]

Looking to teachers, lamas, and examples of buddhas and bodhisattvas, Tibetans feel inspired

that they, too can learn not to get angry.

I was once at a teaching in Dharamsala where someone asked the Dalai Lama if it was

ever beneficial to angry. He thought for some time and then explained that "anger," if it was used

to fuel something righteous, such as fighting inequality, might be okay. But hatred, he said, is

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never acceptable. The problem with hatred, he explained, is that it is based on a misperception; hatred causes you to see a person as completely negative. It is also said that when a practitioner becomes an "*arya*" being, someone who has had a direct perception of "emptiness," he or she will never experience anger again. Like many negative emotions, Tibetan Buddhists argue that those who see reality clearly will see no reason to become angry. Instead, they will feel compassion for those who struggle with their minds.

Lojong, Training the Mind

The sections above describe the desire many Tibetans have to quickly and skillfully mitigate mental distress. I showed why negative emotions are seen as toxic and thought to only perpetuate negative karma. To avert their harmful effects, one is advised to create space in the mind. But how do Tibetan exile members generate more spacious and flexible minds when distress inevitably arises?

A common practice I observed was the use of "*lojong*" or "mind-training" techniques, whereby one uses Buddhist logic to deconstruct both the legitimacy and utility of negative emotions. When one becomes "stuck" in suffering, *lojong* is a technology used to create space and flexibility. These teachings have become part of the very fabric of moral life for Tibetans, which, in turn, is an important factor in strengthening resilience. Not all Tibetans are particularly religious. But, Buddhism is a central force in cultural life and these techniques pervade everyday sensibilities. Viewing any situation as workable, the teachings help one transform suffering.

Lojong (Tib: blo sbyong), translated literally as "mind-training," was first brought to Tibet by Atisha, an Indian pandit, who received the teachings from a meditation master in

Indonesia. But the teachings are often associated with the Kadampa master, Chekawa Yeshe

Dorje (1102-1176), who is said to have stumbled upon the following lines of an open book:

Give all victory to others;
Take defeat for yourself

Chekawa later wrote what is considered one of the most important works in the Tibetan Buddhist

cannon: *The Seven Points of Mind Training*, a set of teachings routinely taught to lay

practitioners. In a decidedly "fake it, till you make it" style, the lojong practice coaches ordinary

people to respond to adversity as if they were *bodhisattvas*, realized beings whose sole concern is

the wellbeing of others (Kongtrul 2005).

The teachings, despite their profundity, are written to appeal to common sense. They

contain a set of 59 "slogans" (the traditional translation); a pith instruction one can call upon in

moments of discomfort. These are aimed at cultivating two qualities: *emptiness* (the correct view

of reality) and *compassion*. Buddhist sutras describe these qualities as two wings of a bird—

without both wisdom and compassion, the bird cannot fly. The lojong teachings show that

putting others before self (like bodhisattvas) is not recommended just to "be nice," but rather is

seen as the most efficacious way to mitigate suffering. Even if one is not in acute distress, this

mindset of putting others before self is also considered the supreme method for being happy. As

one woman described, "selflessness and taking care of others is the key to happiness. I think this

really benefits self and others to think in this way. Then, if we practice contentment this is really

beneficial to the mind. Then we will always think that all human beings are the same--what I

want, you also want. This is beneficial and helps you with any mental suffering."

Paradoxically, lojong coaches that to find happiness, we should "drive all blame into

oneself." This does not stem from a sense of ethical obligation; rather, it is utilitarian for those

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coping with difficulty and distress. Perhaps counterintuitively, Tibetans argue that by wishing happiness even for one's enemies, one is "liberated" from disturbing emotions. I often heard the Dalai Lama and other important lamas instruct community members to forgive the Chinese government—and not necessarily for the sake of the Chinese, but because anger and resentment are harmful to oneself.

There is a meditation practice connected to lojong known as *tonglen*, the practice of "giving and taking," where one wishes to take on the suffering and misfortunes of others. The practitioner imagines breathing in illness, evil, and pain in the form of black tar or smoke, absorbing it into his or her heart and rejoicing that now others are free from misery. One then breathes out freshness, space, and light, which are absorbed by all sentient beings without discrimination. In fact, there is even particular emphasis on practicing for those one most dislikes as a form of "training." While the actual tonglen practice is very advanced, it is used even by ordinary people, particularly in difficult situations such as being with a dying relative. A young Tibetan psychologist (the only mental health "professional" in Dharamsala[i]) confided in me one afternoon: "When I don't know what else to do for people sometimes I just silently practice tonglen." Others mentioned it as an ideal, or a practice that exemplifies the mind-set many wish to possess. Those who can put "others before self" are considered exceptionally resilient— indeed this way of thinking is at the very pinnacle of emotional health for Tibetans.

The key feature of lojong-style advice is to shift from criticizing or changing the external situation; instead, turning inward, seeing one's own *samsaric* mind as the root of suffering. "Even if they don't know anything about Buddhist philosophy," explains Geshe Dawa, "when people begin to see their problems in terms of their own minds, and not out there somewhere,

they develop a broad and vast view. And this reduces suffering." He offered the following as an example:

 I went to Portugal and met a girl who broke up with her boyfriend. I told her because you are young you will find another boyfriend! I told her that she shouldn't contact the ex-boyfriend or try to meet him again; just let it go. Then she said that they work in the same office. I asked her if she can change her job. She said that it was the best office and she had an excellent salary. As they worked together in the same office she would see him speaking with other girls and have even more suffering. Then I told her that I would teach her to practice *lojong*, which is something I used in prison. I explained that when I was very young in Tibet I caught some flies and put them inside a jar. I played with the jar and listened to the jar as if it was a radio with the flies buzzing. I put many flies in the same bottle. When I think back to this time, it is the same as prison. A few flies even died in the jar. I thought that really, it is my karma to stay in prison. This helped me to deal with suffering because I realized that I created it myself. Actually, I had a great opportunity to experience a lot of suffering, which meant I was purifying obscurations [karma]. Thinking like this, my mental problems gradually diminished. Like this, in many past lives, you must have done something negative to your boyfriend. If you did negative actions, then this is the result. If you experience the result now, you won't get this suffering later. The best would be if you could wish happiness for your ex-boyfriend. You could even think, okay, just like me, the new girlfriend just wants to be happy. If you can think very deeply then you will see it is not so difficult. One day she told me she no longer had these problems, even working side-by-side with the ex-boyfriend.

This example is interesting because it contrasts conventional worldly advice with lojong. Perhaps because she was a foreigner, he begins by making suggestions on how to change the external environment. When he switches to lojong, there is a shift from problematizing the situation, itself, to the girl and how she creates her own suffering. The moment of success comes when she does not have to modify the situation, because instead has modified her thinking about the situation. This also shows how Tibetans use lojong-informed advice in a rather informal way. Certainly most Tibetans do not walk around repeating lojong slogans to one another. But rather, this manner of thinking (to put others before self and to transform suffering) permeates cultural sensibilities.

This project stumbles into a number of concerns within the anthropological study of religion, namely, the distinctions (and overlaps) between religious scripture and everyday practice. Within the Tibetan Buddhist case there are even more vexing questions about whether one can be said to practice Buddhism at all, if he or she does not name it, as such. Many Tibetans living in Dharamsala do not consider themselves particularly religious, and yet cultural concepts of health and healing and shaped by Buddhism to such a degree that it is impossible to divorce Tibetan medicine from religion. When community members in Dharamsala use compassion as method or a technology for cultivating resilience, they do not do so, necessarily, with the aim of being a good Buddhist. Rather, it is an efficacious way of managing suffering—something that one ought to do in the face of difficulty. I note some of the religious textual sources of practices like *lojong* to render their description; but most of the influence I describe in this research comes not from studying scripture, but through learned cultural values.

The question of how Tibetans come to incorporate lojong into everyday beliefs is an important one. Anthropologists have long been interested in the question of "internalization"— that is, how and why particular cultural ethos and beliefs are adopted by individuals (Carlisle 2008; Obeyesekere 1990; Spiro 1997; Throop 2003). Shore (1996) argues that through ritual and repetition, semantic codes are created to interpret events. Many Tibetans—monastic and lay alike—learn about cultural values through anecdote and allegory. Religion scholars, such as Hallisey and Hansen (1996), argue that stories and narratives are typical means for shaping moral life across Buddhist cultures. This style of teaching is found not only in Buddhist scriptures, but also in everyday life. Many lamas with whom I visited answered my questions through story-telling.

Likewise, older people give younger generations advice through allegory. Many of these stories and anecdotes describe great bodhisattvas—realized beings who work only for the benefit of others. There is also particular fondness for trickster yogis who act in seemingly outrageous ways, but through "skillful means" are actually working to benefit beings. Some rather lovingly refer to the Kagyu tradition (one school of Tibetan Buddhism) as the "mishap lineage," in that through great wisdom and compassion they use chaos and confusion as an opportunity to "wake up" (Trungpa 2009). Such tales inspire courage, acknowledging that it is in some sense outrageous to put others wholly before self. But while most people do not meet the ideal of acting tirelessly for others (this would be to make the mistake of romanticizing Tibetans that Donald Lopez [1998] so wisely warned against), these stories show what Tibetans value most.

In the face of profound loss and sorrow many Tibetans, regardless of their overt religiosity conceptualized their experience in a way that Obeyesekere (1985) has argued is typical of many Buddhist laypeople across traditions; they automatically "generalize their despair from the self to the world at large" (140). Although these sentiments are linked undoubtedly with Buddhist values of compassion, these ethos are not considered explicitly religious in nature. Many community members explained to me that just by virtue of "being Tibetan," they learn about compassion and mind-training through their culture. Specifically, there was a sense that "good Tibetan families" would necessarily teach their children to put others before self.

A young man named Ngawang who recently finished high school in Dharamsala said the following:

> When I was living in my village in Tibet, I didn't know that actually Tibetans are pretty kind. But when I went to many places in China and came to India I saw many different people from all over the world. I realized that actually Tibetans are quite compassionate and kind to others. Therefore, I think that these qualities are inherited from our ancestors. The real meaning of Buddhadharma is to use mind training to work with our minds for the benefit of others. Therefore, if we believe and practice Dharma, this creates peace.

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> Moreover, it is beneficial to others. If we work for others with compassion and love, then others whenever they see us, will smile and respect us. Also, we don't need to worry that someone will harm us and want to hurt us.

Parents strive to teach their children that a meaningful life is centered around working for the benefit of others. An older monk spoke similar sentiments: "Some of my relatives came to me for help, but mostly they were very young and were put into schools. However, from the bottom of my heart, I told them not to waste their time and to study hard in order to be a person who can help others. Other than that, I can't advise others very well." The idea of *studying hard* to become a compassionate person reflects the notion that one must train to put others before self. It is more of a skill than a personality attribute.

Another important way the lojong teachings are learned in Dharamsala is more direct, through religious teachings—an integral part of community life. Nearly all community members attend the Dalai Lama's frequent teachings—if only to don one's finest clothing and have a picnic with family. Lojong-style teachings on emptiness and compassion are among the most common, and were routinely referenced in interviews, certainly with monks and nuns, but with laypeople as well. For example, a 17 year-old student named Tenzin said, "we know from attending teachings by His Holiness [the Dalai Lama] that the best way to be happy is to put others before ourselves. But he knows this is hard to do, so we should start very small." It is common when giving advice for lay community members and monastics, alike, to remind friends and family to hold the Dalai Lama as a model of decorum. More than just the spiritual leader of Tibet, the Dalai Lama is regarded as a realized being, the incarnation of *Chenrezig*, the bodhisattva of compassion. He is held as a point of reference and the devotion people have for him is not so much in the form of worship, but rather a sense that one should strive to emulate his behavior.

The 'Six Perfections'

When one takes a bodhisattava vow[24], the wish to continue taking rebirth until all other sentient beings have attained enlightenment, one begins to train in the six *paramitas*, or the six perfections. The six paramitas are: generosity, discipline, patience, exertion, meditation, and *prajna*. The first five help to generate merit (good karma), and culminate in the last one, *prajna*, which is wisdom that comes through realizing emptiness. The idea is that one trains in the six perfections in order to become a bodhisattva. It is understood that this take many, many lives to accomplish. However the belief is that one who trains in the six perfections will eventually become a realized being on the path to enlightenment. The training in the six perfections in meant to take place "on the ground," so to speak, in everyday situations. This is what people mean when they talk of taking adversity onto the path. Tibetans often joke that you don't have to "look around for problems in order to practice"; because there are always difficulties in life, there are innumerable opportunities to practice to the paramitas.

An older man, Dundrup, who looked somewhat rough in appearance, although dignified just the same, explained to me:

> We have to talk about two factors for being able to cope with problems. The first, is people who have knowledge about Buddhdharma and those who really practice. This kind of person, whatever the experience-beatings, torture, imprisonment-the suffering is only temporary. They might get angry temporarily, but then they will think that those who are beating me, probably they have families and need money for their children. Maybe they have to work in the prison to help their children. This helps them to cope with problems. Also if we can practice Buddhism and meditate on compassion and patience, it is very beneficial for our minds when we have problems and difficulties. Those who can practice, when they have problems, they can think that even if I have problems this means that maybe others won't have the problem. And also, we all have problems, so it is only natural. If we can think like this, it really benefits our minds.

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[24] While the meaning of the vow is rather extraordinary, many (if not, most Tibetans) take the vow. It is not reserved for those with special qualities or qualifications.

The values (generosity, patience, and so forth) are also important to maintaining a harmonious social world, but these values are not particularly moralistic as in Judeo-Christian virtue. If one does not practice generosity, one is not considered a sinner. It is just more skillful and more useful to be generous.

In general, Tibetans tend to think of emotions not as bad or good, but as helpful or useful (or not). A young man named Rigzin said to me: "Because my parents are my dearest relatives and they were not friendly to one another, this made me very unhappy. If someone is angry and it is beneficial to be angry, then it is okay to be angry. But if it doesn't benefit anyone, then it is not useful to be angry." The extent to which someone is able to practice the paramitas is more indicative of their wisdom—not so much their moral character. Those who are stingy and impatient are seen as not very bright or skillful. There are countless Tibetan Buddhist texts dedicated to the six paramitas and their usefulness in developing compassion and a view of emptiness. Such ideas also permeate everyday cultural sensibilities. An abbot of a small monastery in Dharamsala said the following:

> The Dalai Lama always says that we can meditate on love and compassion in order to see all people as equal. From the practices of bodhisattvas, we see that we can stop negative actions. We all have this capacity, but we have to train. For example, some children behave very badly. There are constructive ways for parents to advise their children. Sometimes parents need to speak sweetly and sometimes they need to speak more wrathfully. Sometimes it is skillful to lightly beat them. But parents never look at their children as an enemy. Parents always wish for the best for their children; they want them to become good people. Mainly we need to avoid being angry very directly with someone, even if they perform very negative actions towards us. We must remember that the source of their behavior is afflictive emotions. If we remember this, then this would be very beneficial. This practice can be done by all people; not only monks and nuns. It is very possible for ordinary people to practice this. Mind training is a practice of a bodhisattva and all people can take bodhisattva vows. We need to try and generate bodhichitta. There is no distinction in capacity among people who are rich, poor, old, young, and so forth.

There is often this kind of juxtaposition. Such practices are accomplished by bodhisattvas, realized beings, and yet, it is always emphasized that all human beings (actually all sentient beings) have the same potential.

Many classic texts draw on humor to teach these lessons, showing how illogical it is to be impatient and so forth. For example, the great 8th century Buddhist master, Shantideva instructs practitioners who struggle with generosity to spend their lives practicing through taking a piece of fruit in one hand and giving it to the other hand. Until the practitioner sees being stingy with others as just as absurd as a reluctance to pass the fruit to one's other hand, he or she is advised to continue this practice. This practice is an example of lojong, which is all about going against the grain; it is swimming up stream. Jetsunma Tenzin Palmo (2011), an important female abbot, once told me that lojong is like going to the gym. She said, "you don't just keep lifting the 3-pound weight all the time. That's not good for training; it's too easy. To develop your capacity, it's good to strain just a little bit. That is how you develop your muscles. Developing greater compassion and the realization of emptiness is like that. You just train in both; little by little."

Emptiness

Lojong teachings are very pragmatic in nature. Since life inevitably presents difficulty, the teachings show how adversity can be used as an opportunity to generate greater wisdom (realization of emptiness) and compassion. As one lama explained, there are different ways to work with suffering which bring the same result. "All people want to have happiness," he said, "however under the influence of attachment and desire they are not happy. Some practice emptiness as an antidote to attachment and become happy; some practice compassion and

cherishing others as a way to become happy." But while it is easy to imagine how practicing compassion helps one to be happy, what does it mean to practice emptiness?

Emptiness, or *shunyata* (Sanskrit), sometimes referred to as "voidness," is the Buddhist view of reality. Rather than seeing reality clearly, ordinary beings tend to view phenomena (and oneself) as permanent, unchanging, and independent. Not understanding emptiness is considered the very foundation of suffering. The Buddhadharma teaches that people suffer because they resist the nature of reality and wish to solidify their possessions, relationships, and health—we want to make them permanent and unchanging, and when we resist change, we suffer.

When difficulty arose, many Tibetans with whom I spoke, used lojong principles to try and reflect on impermanence. Reflecting on emptiness and impermanence as a way to cope with difficulty does not mean that people do not suffer. But they accept the Buddhist notion that suffering comes from the inside—from one's own mind—and not from the outside. Tashi Dolma, a 35 year-old woman who left Tibet 10 years prior to my arrival in Dharamsala says:

> When my mother passed away I tried to think about no-self [doctrine] and emptiness. I thought how plants look beautiful, fresh and alive in summer. However, gradually seasons change and leaves fall on the ground. Likewise, my mother was 65 years old and she had become old and reached the end of her life. There was nothing that could be done and I just accepted it. I am a refugee and I was unable to see my mother before she died. I believe this is the result of previous karma. Thinking like this was of great benefit to me. Buddhist philosophy has influenced Tibetan habits so people think about karma and impermanence, which helps them cope with problems.

Many community members described that when you are able to accept that things change and fall away, then we can just relax and actually enjoy the beauty of life. They say that if you are clinging and grasping, you aren't able to really enjoy life. It is not that things are meaningless. Emptiness just means that there is no *fixed* or *inherent* meaning. And in this view, there is freedom and a sense of possibility.

Another example comes from a lama, from whom many community members seek help in times of difficulty. When I asked him how he helps those who come to see him, he explained that most people cannot look at their own faults and shortcomings, and this is why they suffer. He said:

> There are some difficulties in helping someone with a very negative attitude; it is hard for them to change because they are used to being very bad. Shantideva in his text, The Way of the Bodhisattva, said that some people want to cover the entire earth in leather. But there is never enough leather to protect us from things we don't like. Another way is to make leather shoes! For example, if you want to cover the entire area of Dharamsala with leather, even this, you could never get enough. Another method would be to cover your own feet with leather so wherever you go, you are okay. In these times it is very difficult. In society if other people make us angry or unhappy we don't have to react very suddenly. We have to think that after coming into samsara it is only natural that we would have problems! And it is better to react patiently and with compassion. Then all the causes and conditions of anger and unhappiness automatically diminish. If we can think about selflessness and emptiness then when other people do something negative towards us, such as using harsh words, we don't need to react. There is no person to hate. We think that the person exists. But if we meditate on emptiness and selflessness then we will realize that the person doesn't exist as we think they do. If thinking about emptiness is too difficult, then there is an easier way [practicing compassion].

In Buddhist doctrines, it is shown that both the self and external phenomena are empty and impermanent, meaning they are the result of something else—meaning they are interdependent. The lojong teachings describe how the more one understands the relationship between emptiness and interdependence, the more compassion will naturally arise.

In her ethnographic work, Schröder asked a lama what can be done to help those with serious psychiatric illness. He described that those with mental illness often believe that their suffering will be permanent; they "make the suffering bigger and will experience more suffering" (2011:87). He goes on to say that another way of creating or increasing the problem is to think that you are the only one suffering, and that your suffering is much more severe than others. The practice of compassion is not just a nice value, but a powerful method for navigating

life's difficulties. To experience feelings of sadness or even mild hopelessness is not always a negative experience in that it is seen as more in line with reality (Obeyesekere 1985). Remembering that "it is only natural" to suffer in samsara was a common idioms of coping among Tibetans coping with adversity.

Compassion

Compassion is a fundamental aspect of Mahayana Buddhism, of which Tibetan Buddhism is one stream. Exemplified in the bodhisattva vow, the wish to continue taking rebirth until all sentient beings have attained enlightenment, compassion is considered the pinnacle of emotional health. Even scientists in the West are investigating its demonstrable health effects, hypothesizing that compassion meditation might go above and beyond stress relief (Leung et al. 2012; Lutz et al. 2009; Pace et al. 2009). Nearly all these laboratory studies show that positive effects are mediated by gaining proficiency, suggesting that increased capacity for compassion is learned. Indeed, there is a sense in the Tibetan community that one needs to train in building compassion, which monks and nuns accomplish through study and debate. The heart of many debates is to logically deduce why compassion is a natural response if one is in accordance with reality. It is not necessarily about "being nice," but about "being real." A young nun who is currently training in debate explained to me how she uses what she learns on the debate ground in her everyday life:

> If we are not able to get what we want, we should think, "oh, no problem," even if others have what we want. Also when we become unhappy or have problems with the mind, if we can think, "there is no problem," and we don't mind if we are unhappy and others are happy. The motivation in thinking in this way is very positive and we will not have the problem of not achieving happiness. In our life the biggest problem we face is desire and attachment. If we cannot get what we want, we have many problems. If we try to be content then we never have these problems. Others may make us unhappy and harm us and this disturbs the mind. This is where seeing the self as impermanent and empty [of

inherent existence] is helpful. If we think of egolessness than we won't have these problems.

If one understands the emptiness of self and phenomena, it is not a nihilistic view where nothing matters. Rather, this through this realization, a sense of connectedness and compassion would be the logical result.

Many Buddhist teachings, and the allegories based on them, use a style of humorous logic to show why getting angry or harming others is illogical. It is not necessarily wrong, in a moral sense, but is actually nonsensical. An older monk, Tashi Rabten conveyed the following:

Sometimes very close friends get angry with each other and use very harsh words as a result of afflictive emotions, even though they really love each other. If people can think or understand the situation broadly, they will feel compassion and see that the nature of this person is really nice. But in this moment he or she doesn't have freedom because he or she is controlled by disturbing emotions. For example, if someone beat you with a stick then you don't get angry with the stick or the hand of the person because the stick and hand cannot think for itself. You get angry with the person and not the stick! In the same way, you get angry with the disturbing emotions and not the person, himself. There are reasons to think about this. The person doesn't have freedom for their afflictive emotions. We see there is no reason to get angry. If we can distinguish between the subject and the action, then we don't get overly upset and can focus on solving the problem.

There is a sense of empathy, which is also quite pragmatic. Tashi Rabten went on to describe how illogical it is to become upset with those who are impatient; or to become angry with someone else for being angry. Rather than forcing oneself to "be nice," he suggests that one should use logic and reason to develop compassion. In addition to this orientation being more "sane," he describes that it also promotes health and longevity.

As Ozawa de-Silva and Ozawa de-Silva (2011) note, not simply a cultural value, compassion is taken literally to be a defining feature of health and wellbeing. They explain, "[i]n Tibetan medicine, by way of contrast, the cultivation of compassion and empathy is seen as central to the logic of health itself, because such psycho-physical states are the very opposite of

the negative emotions that give rise to the imbalances…that lead to disease" (2011:99). A mind that is compassionate and calm is more highly valued than the capacity to express a range of emotion (which is highly valued in the West).

A sense of compassion for others was present in nearly all the stories I collected about hardship and coping. Many community members described how talking too much about their problems and dwelling on negativity is not only harmful for oneself, but can also create problems for others. A young man named Sonam tells the following story.

> When my best friend died on the journey to India, I was extremely sad. I was only around 22 years old, but I had studied in a monastery, so I was better equipped to deal with it. When I considered what had happened, I thought that he was the only one of forty people to have died. This was clearly the result of his karma. Therefore I tried to deal by simply accepting it, and I thought that crying and being unhappy would just make things difficult for others. If I cried loudly my companions would have had difficulties. At this point we were in mountain passes and hadn't had food for days so we were exhausted. We were in a dangerous position. Secondly, Tibetans believe that if we make a lot of noise in desolate places, local deities and *nagas*[25] will harm us. For these reasons I thought there was no benefit in crying.

While others would expect Sonam to be sad after losing his best friend, he expresses concern that overt emotionality might harm his companions.

An important lojong strategy used to "train" in compassion involves thinking about others in one's same situation. I often observed community members coaching friends who were going through difficult times to think "more broadly" about all the others in the world experiencing similar (or worse) problems. As one neighbor reminded me: "We can always learn about people who are worse off than us. It is good to remember those who are doing even worse than us. It helps us remember that we are not doing so badly. These are usual methods for coping with problems." Diminishing and downplaying adversity in life is not seen as repression. Rather,

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[25] Nagas are harmful spirits that are associated with bodies of water. They are easily disturbed by not respecting the land and cause ailments such as skin diseases and mental illness if angered.

it is seen as skillful, as well as realistic. Remembering that others around you are also suffering seems to help Tibetan exile members cope with even severe events. Zraly et al. (2013) found something similar in their work on motherhood and resilience among genocide survivors in Rwanda. Women described how thinking about how others lost their children, reminded them that things could always be worse. It was the sense of gratitude that comes from such realizations that seemed to bolster resilience and strength.

When talking with, Pema, a 45 year-old woman who has lived in Dharamsala for twenty years, she described how coping with her mother's death prepared her for when she was imprisoned. Having been arrested by border police when trying to leave Tibet, she was sentenced to 9 months in a Chinese prison. During that time she was raped (along with a group of nuns) by the prison guards. She explained:

> when my mother died, I didn't really have the same coping methods, or way of thinking, that I do now. During this time I was small so didn't understand Buddhism, although I was influenced by it. However after thinking carefully, I understood that when someone dies, there is no way to bring them back. I understood that no matter how much I cried or called my mother, she wouldn't come back, so I thought there was no benefit in doing so. Thinking like this, I consoled myself. Also, I wasn't the only motherless child, there were others in the same situation. I thought we were the same and gradually the suffering decreased. Likewise, when I was violated and raped in prison, I just tried to think about the poor nuns. And also all the other women in the world who have been raped. It was the only thing that helped me—trying to send good prayers to all the others.

Many go a step beyond just acknowledging that others are also suffering by making aspirations to take on the pain of others; particularly those who are even worse off.

Thubten is a 58 year-old street vendor who left Tibet as a monk in the 1980s. He says:

> I joined a monastery in Lhasa after being in school. But because I knew how to read and write in Chinese, I had to work in the monastery office, meaning I could not attend classes with the other new monks. I had finally made up my mind to become a monk, but it almost didn't matter because I just had to sit in the office. I was very depressed. But one day I realized that if it wasn't me here, another monk would be sitting here in my place. Thinking that doing this work allowed someone else to practice the precious Dharma

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filled me with joy. My mind suddenly felt very spacious and I was very happy to remain in the office on behalf of the others.

The lojong teachings advise people to look at irritating or upsetting situations in life as precious opportunities. As one lama told me, "discomfort should be regarded as a great teacher. It shows you the work you need to do—where your mind is still obscured by ignorance."

Soon after my arrival in Dharamsala people around town learned that I was interested in mental distress. From time to time members of the community would say to me, "oh, you are interested in mental illness? You should talk to Ani Dawa." *Ani*, being the honorific term for "nun," is a 69 year-old Tibetan nun who has been living in Dharamsala for almost twenty years. "She has problems," people told me. It wasn't clear to me what kinds of problems she was known to have; it seemed to be a mix of physical illness, mental illness, and spiritually-based concerns. I went to see Ani Dawa, a plump woman whose cropped hair was a bit too long and unruly for a nun. She spoke very openly about her problems. She did not live in the nunnery, but rather stayed in a small rented room with another nun who helped care for her. This was slightly odd, but not unheard of. Most monks and nuns stay in the monastery and nunnery for the convenience of housing and food, but it is not a requirement. She explained that she often blacks out and has many problems which disturb the other nuns. Her young attendant sat nearby, nodding, as if to confirm the details.

I asked them what kind of treatments she has tried over the years, and what she thinks she needs to recover. To this, Ani Dawa replied:

> gradually, I started to think that everyone [doctors, lamas, and others inside the nunnery] had helped me as much as they could, but with no real benefit. I thought that my illness and suffering in this life were the result of negative actions committed in previous lives. Right now I make aspiration prayers and practice virtue with the view of helping clear the suffering and obscurations of others. This makes me mentally happy.

She went on to explain that one has problems, one should not pray for oneself alone. Instead, it is better to make healing aspirations for all those in the world with the same problem. Focusing on yourself, she reiterated, makes you miserable.

Some of the narratives I collected are in a certain sense, extraordinary. It is difficult to understand how someone develops aspirations to take on the suffering of others. But rather than deducing that these must be extraordinary people who simply "possess" these traits, Tibetans, themselves argue that these capacities can be learned by anyone. The training can be intentional, as in lojong practice, or it is developed through exposure to the culture of resilience engineered in exile culture. But rather than transcending from "broken" to "whole" through aligning with God (Lester 2005), Tibetans learn to align with their inherent Buddha-nature through letting go of fixation and purifying negative karma.

Karma as Doxa

Karma is not an esoteric "belief." For Tibetans, it is just the way the world works. Bourdieu's concept of "doxa," is a useful way to understand the ubiquity and unarticulated nature of karma in the Tibetan worldview. This is an instance where the natural world and the social world appear as self-evident. Bourdieu distinguishes doxa from orthodoxy or heterodoxy, which imply that there is "awareness and recognition of the possibility of different or antagonistic beliefs" (1994). While karma is considered (by outsiders) to be a religious belief, it is more accurate to consider it a basic and fundamental ordering principle of reality. It is taken for granted as an unquestioned assumption, even among those who do not consider themselves to be religious.

Naturally with exposure to other cultural ideals and practices, Tibetans (especially those in exile) recognize that Christians and people of other faiths do not believe in karma. But until

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they are met with someone who does not "believe" in karma, many would not think to question

it. Some of my interview participants who grew up as nomads in remote parts of Tibet described

how amazed they were to learn (some quite late in life) that there were other countries beyond

Tibet and China, as well as other languages and ethnicities. As Bourdieu asserts:

> the stabler the objective structures and the more fully they reproduce themselves in the agents' dispositions, the greater the extent of the field of doxa, of that which is taken for granted. When, owing to the quasi-perfect fit between the objective structures and the internalized structures which results from the logic of simple reproduction, the established cosmological and political order is perceived not as arbitrary, i.e. as one possible order among others, but as a self-evident and natural order which goes without saying and therefore goes unquestioned, the agents' aspirations have the same limits as the objective conditions of which they are the product. [1994]

Likewise, Kirmayer and Sartorius (2007) note that implicit cultural beliefs may be difficult to

identify and articulate not only because they are second nature, but also because such knowledge

is "distributed, that is, not held by any single individual but parceled out among many actors and

emergent from their cooperative interaction" (2007:833). Karma is an important element of

many areas of social life.

In Cassaniti's work in Northern Thailand among Buddhists and among Christians, she

noticed something curious. She observed that while the notion of "belief" is paramount to a

Christians, for Buddhists, they seem not to "conceptualize their relationship to their religious

ideas as one of belief" (2012:297). She explains, that "in the Buddhist context agency is

constructed by accessing what is conceptualized as a cosmologically natural self, and belief is

hence rendered unnecessary" (2012:297). After seeing the movie *Da Vinci Code*, which has a

Christian storyline, Cassaniti and some Thai friends chatted about differences in Christianity and

Buddhism. Another American asked: "do you believe in the Buddha?" They somewhat reticently

answered *yes*, but later told Cassnaiti they were perplexed by the question. One said it would be

strange to say "I believe in the Buddha" because it would put her 'in a personal relationship with the Buddha that is not there" (2012:300).

Thai people may talk about practicing Buddhism, or having respect for Buddhist teachings. But "whatever will happen will happen, you don't have to believe" (Cassaniti 2012:301). She gives examples from a popularly cited sutra (*Kalama Sutra*) where the Buddha instructs his disciples to adhere only to what is experienced directly, rather than "believing" in something told to them by others: "Jesus said you have to believe in God," one Thai interlocutor explained. "The Buddha didn't say anything like that' (2012:302). In this worldview, karma and other Buddhist laws simply articulate the workings of reality.

Concepts of causality have been fruitful sites of inquiry for cultural and medical anthropologists. In Evans-Prichard's classic research among the Azande, he notes that while Westerners often ask "Why me?" for the Azande, the most important question in health and healing is: "Why now." When Tibetans evoke concepts of karma to explain causality in illness, it is not in the fatalistic sense. Although someone can have the karma to get sick, they might also have the karma to get better. At the same time, unlike illness caused by spirits, or an imbalance in the humours, illnesses that are caused largely by karma are known for being particularly intractable and long-lasting. Until the negative karma is purified through religious rituals, or is exhausted by running its course, the patient will not recover.

If asked to explain karma, most Tibetans will suggest consulting a high lama. Yet at the same time, it shapes the ontological worldview of Tibetans regardless of their religiosity. One may struggle with what happens in one's life, but ultimately karma allows people to accept what life brings them. Lester (2013) raises a complex issue that she has encountered as a psychotherapist working with trauma survivors. Although much of this work focuses on

convincing patients that they are not at fault for traumatic events that have happened in their

lives, she notes that there is often some ambivalence in doing so. She asserts that people often

have difficulty "accepting that they did nothing at all to provoke or elicit what happened to them,

that their participation, such as it was, was entirely 'innocent. They often strain against the notion

that they were powerless and at the utter mercy of something or something outside themselves"

(2013:757). When Tibetans acknowledge that painful events likely occurred because of their

negative karma, they are not saying that they "deserve it"; their formulation is metaphysical

rather than moral.

A number of my interview participants lost friends and family members in a major

earthquake in Tibet in 2010. As one soft-spoken young man, Tashi, age 24, told me:

> Most of my family died; seven of us died. Only me and my younger brother survived.
> This is karma. It was their karma to die and it was our karma to live. There were also
> many Chinese killed. The Chinese were frantic and wailing in the streets. Tibetans were
> much calmer. I don't think we were any less sad, but we accept death as a part of life. We
> also believe that it does not help the situation to become very upset. This can prevent
> those who died from moving on through the *bardo* [intermediate state between death and
> rebirth], and it doesn't help us either. My brother and I joined some others from our
> county and made prostrations to Lhasa [some 750 miles away]. We made offerings along
> the way and dedicated the merit [good karma], to our family. I felt at peace knowing that
> we were doing something to help our loved ones.

There is a sense that life circumstances are earned. Negative events in the present are understood

as the result of negative actions in the past. To fully understand how Tibetans cope with

suffering, it is essential to recognize that their view extends much wider than the present; what

happens in this lifetime is only one small piece of a much larger picture of past and future lives.

A Russian colleague working in Dharamsala, Kuba Bobrzynski, once told me he met a

Tibetan man in his seventies who had his arms and legs bound while being held at a Chinese

prison. With time he learned to pull his hands out of the binds. But after some time he rebound

his own hands thinking that otherwise he would not be able to "repay his karma" if he finds a

way to suffer less (letter to author, July 3, 2012). While Tibetans do not typically seek out pain to purify karma, many maintain daily practices aimed at purifying negative karma and generating merit (e.g., circumambulating stupas and temples, prostrations, reciting mantras, making offerings), and older generations as they draw nearer to death, often devote the remainder of their lives to these practices. They also view difficult life events as an opportunity for purification. Friends and relatives console one another with reminders that karmic seeds or imprints have been purified. "It is over now," they say. The seeds are "extinguished," and one is advised not to ruminate or cling to negative emotions. Disturbing emotions that lead one to perform negative actions, are thought to only reproduce suffering by strengthening karmic imprints. One essentially re-creates a propensity to generate negativity.

Life's difficulties are painful, but in a sense they are not wholly unwelcome. Once my wallet was stolen in New Delhi; when I mentioned it to my friend, Yangzom, she replied cheerfully: "oh, that's good! You purified the negative karma you had with the thief." This perspective stems in part from the Buddhist ideal of achieving enlightenment, which is more a process of clearing away than needing to acquire something. Even among Tibetans who cannot explain the metaphysical workings of karma, most seem to have a built-in sense that difficulties in life also contain great potential and can be weathered to benefit.

As I will argue more fully in Chapter 4, Tibetan concepts of memory and temporality are central to their practices of resilience. The laws and working of karma are an important aspect of the architecture of Tibetan concepts of time. These metaphysical realties intimately shape the experience and formulation of traumatic memory. This is true across all cultural contexts; as Young argues, time and temporality is an important feature of Post-Traumatic Stress Disorder.

> The *DSM* theory of PTSD is simple…it is simply taken for granted that time and causality move *from* the traumatic event *to* the other criterial features and that the event

> inscribes itself on the symptoms. Because the traumatic event is the cause of the syndromal feelings and behaviors, it is logical to say that it precedes them. If this were not true, if it were acceptable for syndromal features to occur *before* the traumatic event, then the term "reexperience" would lose its accepted meaning. [Young 1995:115-116]

Among my Tibetan interlocutors in Dharamsala, it was not typical for those exposed to political violence to struggle with persistent triggering, nightmares, and flashbacks. This does not mean that Tibetans never experience these symptoms; some certainly do. But this feature of reoccurrence in the understanding of traumatic memory is not a prominent feature; I argue that this might be, in part, due to concepts of karma.

Many community members in Dharamsala understand after a difficult life event that they have purified a karmic debt. Put crudely, negative action of body, speech or mind create a karmic seed in the mindstream; if not purified, the imprints of this seed will eventually ripen. For example, the experience of anger creates a seed for anger. Later on, usually in future lifetimes, an event happens (say, someone cuts a line) and because that seed for anger is in the mindstream, the imprint of that seed ripens and anger is experienced again, perpetuating more karmic seeds. Therefore, from this perspective, when a negative event occurs one should try their hardest to avoid reacting negatively. If someone cuts in front of you in line and you do not react with anger (you might even generously allow them to pass), then that particular seed is purified and will not be experienced again.

Most Tibetans do not necessarily think in such technical terms. Rather there is a built in sense of reality, which dictates that one should feel a sense of relief when something negative happens. Although there are Tibetans who struggle with nightmares and intrusive thoughts following stressful events, I found that this sense of the event being "over now," and "purified" was much more prevalent than experiences of it being stuck. In exploring how Buddhist-shaped cultural values and social practices enhance resilience, this project also speaks directly to

changing paradigms within the study of resilience that assert collective notions of resilience are

more akin to everyday realities than the older individual paradigms.

Chapter 4) Theories of Mind, Memory and Temporality

Anthropological studies on the self and theories of mind have long been a topic of interest to medical and psychological anthropologists. Many of these works demonstrate how disparate concepts of self seem to be across cultures. Even within cultures, concepts of mind shift and change over time. This has certainly been the case in Euro-American contexts (Scheper-Hughes and Lock 1987). Over the last few centuries as the Judeo-Christian notion of soul loses relevance as an "explanatory trope" (Farman 2013), concepts of self and mind have replaced what had previously been delineated as the soul.

This project contributes a new theory of self through expanding concepts of resilience. My Tibetan interlocutors describe how suffering is inevitable; but more than simply accepting that "life is suffering" the most resilient people go a step further by using difficulties in life to connect with their own humanity and the humanity of others though compassion. To dwell on the self is counterproductive and even destructive if one becomes "stuck" in traumatic memory. Whereas psychoanalytic approaches to trauma insist that we must "go back" and work on psychic wounds through generating narrative, the Tibetan concepts of healing argue that this is an ineffective approach that will only recapitulate suffering. Managing trauma in this context is less like dealing with a meteor that shatters, leaving an imprint, and more like escape artistry. The blow may well be felt; but it is expected, perhaps lessening its impact. From there, the trick is to "hold lightly," and look flexibly at negative emotions and distress. Focus on its empty and impermanent nature. Use it as an opportunity for connecting with the suffering of others. In this way, suffering becomes a moment of connection rather than isolation, as is seen in zones of abandonment and other moments and places of structural and symbolic violence.

The implications for these findings contribute new theory in the areas of temporality, time and memory. From the Tibetan perspective, emotions, time, memories, and even the coherence of the self are impermanent and changing moment-by-moment. When we resist and refuse to accept this metaphysical reality, we experience tremendous suffering. Therefore, solidifying traumatic narrative and going back to "work through" past events only keeps us stuck in illusion. At the same time, past events have very real consequences through karma and rebirth. The Tibetan cultural concept of time in relation to the person is highly complex in that past, current, and future lives are at once, impermanent, illusory and intimately connected. This chapter explores how these concepts shape the function of memory and the work of resilience. The history of experience is not merely about a personal story but about a long project of being in the world that predates one's birth and extends on beyond death to future lives.

But how do everyday, regular people in the Tibetan exile community relate with such seemingly esoteric metaphysical concepts? I argue that to appreciate the illusory nature of self and also be a functioning person in the world, the epistemological logic of flexibility becomes a highly adaptive practice—particularly in the realm of managing traumatic memory. Flexibility in this context—what I understand as a new theory of self—refers to the capacity to avoid clinging or holding too tightly to anything—including suffering. And although it might seem counterintuitive why anyone would hold onto suffering, as one lama explained to me: "even though we may be miserable, having big and very important problems gives us the feeling that we, ourselves, are big and important. Most people prefer that to seeing clearly that emotions and fixations are not such a big deal." It is recognized that solidifying and holding tightly to negative experiences only makes things worse.

Trauma and Memory Studies

What this project tries to argue is that the cultural landscape of this community is well suited to accommodating, and perhaps even *crafting* resilience. This is not to say that all Tibetans are resilient. In fact, it may be argued that those who are not particularly resilient may indeed face stigma or have difficulty coping if the social expectations favor resilience and wellbeing over prolonged debilitation. Although it was not within the scope of this project to investigate these questions, future research in this area would be an important area for consideration.

I hypothesize that a contributing factor to the Tibetan style of resilience is their cultural understandings of temporality and memory. Trauma and memory scholars, such as Hirsch (2011), conceptualize aspects of trauma as a kind of *postmemory*, asking how legacies from the past shape public and private identities of the present. How, in diasporas for example, do acts of reparation, nostalgia, and reclaiming, fashion a desire for "the return"? (Hirsch and Miller 2011). Although the acts of remembering (and forgetting) seem like personal experiences, these modes of experience are always mediated by interactions with the social world. Connerton (1989) argues that to make sense of this, it is helpful to draw distinctions between *social memory* and what he terms *historical reconstruction*. He understands historical reconstruction as a process of inference, or gathering knowledge about events only through knowledge of their traces:

> that is to say the marks, perceptible to the senses, which some phenomenon, in itself inaccessible, has left behind. Just to apprehend such marks as traces of merely making statements about the marks themselves; to count something as evidence is to make a statement about something else, namely about that for which it is taken as evidence. [1989:13]

Historians are their own authority; "their thought is autonomous vis-à-vis their evidence, in the sense that they possess criteria by reference to which that evidence is criticised" (Connerton

1989:13-14). He argues that the processes of historical reconstruction are not dependent on social memory.

Social memory, Connerton asserts (1989) is preserved through the processes of testimony and narrative. However, even eye-witness accounts of recent events are not sufficient for historical reconstruction. "Historians do not continue to question the statements of their informants because they think that the informants want to deceive them or have themselves been deceived" (Connerton 1989:14). But they see their craft, their scientific method of collecting and assessing evidence to exist somewhat independently from these data themselves. However, since this publication in 1989 historians have come to critique stark oppositions between memory (subjective accounts of the past) and history (objective accounts of the past), which can "foreclose more nuanced understandings about the particular ways all narratives of the past are produced through forms of forgetting in the present" (Makley 2005:44).

There are certain ways that social and political institutions manipulate, reshape, and use personal and collective memory for gain. As Connerton argues, "[a]ll totalitarianisms behave in this way; the mental enslavement of the subjects of a totalitarian regime begins when their memories are taken away. When a large power wants to deprive a small country of it national consciousness it used the method of organized forgetting" (1989"14). The People's Republic of China's discourse emphasizing that Tibet has always been a part of China (and corresponding modification of maps over the last few decades) comes to mind.

The debates on "historical trauma," often used in reference to descendants of Holocaust survivors and native groups in North America, are varied and complex. Scholars such as Shoshanna Felman argue that the practice of testimony became political tools when survivors of Nazi Germany were asked to testify as witnesses in war crime trials (1992). As Makley recalls,

Elie Weisel stated that "our generation invented a new literature, that of testimony" (cited in Felman and Laub 1992:6). These practices become even more complex when "passed down" to future generations. "As trauma descendants take upon them a new form of cultural memory-identity work, one cannot help but ask how descendants can access silenced ancestral memories. Once accessed, how can a traumatic event, occurring decades or even centuries ago, be regarded as the causal event that produces descendant present-day psychosocial ills?" (Kidron 2004:515). Groups such as Holocaust descendant support groups (2004), First Nations communities (Gone 2013), members of native groups in the United States, such as the Navajo (Csordas 1999), have identified as survivors of historical trauma, somewhat paradoxically, to reclaim their social and personal agency.

There are also ways that citizens through their own agency fashion their own relationships to memory and past events, through stances of refusal and "forgetting." This is how Makley made sense of the "dodges and silences" of her Tibetan interlocutors in Labrang when she asked about the past. "I don't know anything! I'm too young, you know! (Tib: *ngas shes ni ma red, nga lo chung gi mo*)" some would say. Or they insist that she seek old men who knew about early times (2005:40). During this fieldwork trip in 1995, Makely first interpreted these utterances to mean that as uneducated lay women, they were not legitimate narrators of history. It was not until later that she realized these moments were exposing "something crucial about the category of 'history' itself" (2005:41). She argues that a "vigorous alternative historiography" flourished here as an act of resistance to post-Mao Chinese tactics to shape memory and forgetting. Rather than revealing a process of communal repression, she understands the reluctance to create narratives of past suffering as a highly agentive form of refusal against the genre of testimony, itself.

To approach the study of memory in the Tibetan context I make use Makley's assertions about resistance to creating fixed narrative, along with Antze and Lambek's premise: "that memories are never simply records of the past, but are interpretive reconstructions that bear the imprint of local narrative conventions, cultural assumptions, discursive formations and practices, an social contexts of recall and commemoration" (1996:vii). These scholars are fundamentally concerned with time and temporality through an exploration of a past revisited. Studies on the nature of memory reveal and act as fruitful sites of inquiry in understanding connections between mind, persons and culture.

Using the anthropologies of temporality and memory to understand the phenomenon of resilience in the Tibetan exile community, I argue that the flexible and spacious minds that Tibetans describe as "resilient," are also made possible through cultural understandings of "emptiness" and "impermanence"—qualities of space and time. Scholars concerned with memory and narrative need necessarily to grapple with questions of temporality (DelVecchio Good et al. 1994), and the work or project of constructing narratives is a means by which to organize and make sense of the past: what Ricoeur (1981) might call "narrative time." Narrative identity also explains the appearance of the continuity of identity over the discontinuity of time; it explains how identity can at once include the discontinuity of change and the continuity of sameness. Because many of my interlocutors seemed to resist constructing solid interpretations or narratives of suffering, this raised a number of questions about the function of memory and its role in resilience.

Going back, Staying Present, Moving Forward

Within the Tibetan concept of healthy coping and resilience there is emphasis on the futility of focusing too much on the past and what has already happened. It is recognized that events from the past do play an intimate role in the present and future (specifically in terms of karma), but engaging with the content and solidifying descriptions of the past, or narratives, is not seen as particularly skillful ways of managing the difficult emotions associated with traumatic events. For example, when Honey Oberoi Vahali asked older people in Dharamsala to talk about their past, many said: "The past is past, why unravel it now?" (2009:6). It is necessary to address briefly how these Tibetan cultural views differ from what we understand in the West as repression. In a certain sense, their propensity for not seeing the utility in processing and talking about traumatic events could be understood as a defense mechanism. But although these concepts might in the strict sense by a form of defense mechanism, this might not be the most ideal framework within which to analyze the complexity of these cultural processes.

Within psychology, researchers have articulated the ways that resilience is different from defense mechanisms (Cramer 1998). Defense mechanisms were defined early on as mental mechanisms that alter veridical perception and protect the person from excessive anxiety. The source of anxiety might be the perception of a disturbing event *or* the presence of a disruptive internal psychological state, such as a wish, drive, or fear (A. Freud 1936 cited in Cramer 1998). For example, many scholars have written extensively on how it was possible for Germans in the early 1940s to "not see" the Holocaust. Psychologically, this kind of "not seeing" might be adaptive; as with coping, which can be healthy or unhealthy, just because something is adaptive does not mean it is necessarily healthy or desirable. Cramer (1998) suggests using the term

"adaptational process" to refer to overarching process of responding to adversity. Within this framework, both coping and defense are ways of adapting to a stressful situation.

Whereas defense mechanisms are largely without conscious awareness, coping mechanisms involve purposeful action. Denial was included among coping mechanisms in classic research by Lazarus and Folkman; in their questionnaires on coping there they ask things such as "Went on as if nothing happened" and "Refused to believe that it had happened" (1984). But in these cases, it implies that the respondent cannot handle the stress.

It would be an egregious error to argue that Tibetans unconsciously push away past events because they cannot handle it. Rather there is intentional effort not to dwell on hardship. In the West we usually consider healthy coping to be highly active and process-oriented. Cramer highlights the importance of "intentionality" in different kinds of coping and defenses. She uses an example of "suppression," arguing that there is a decision made to defer paying attention to difficult feelings. Suppression might sound negative and unhealthy, but for Tibetans this would actually be applauded and considered skillful. Choosing not to "buy into" difficult feelings is not the same as denying their existence.

A number of studies find that despite a high prevalence of potentially traumatizing events (imprisonment, torture, religious and cultural persecution, mass displacement), rates of psychological distress in the Tibetan exile community are extremely low, and that coping activities (primarily religious) appeared to mediate the psychological effects of trauma exposure (Holtz 1998; Ketzer & Crescenzi 2002; Lhewa et al. 2007; Ruwanpura et al. 2006; Sachs et al. 2008). Despite the robustness of these findings, some question whether these Tibetan respondents are truly "resilient," or if they simply avoid identifying symptoms of mental distress or fail to report them in interviews. Researchers note that Tibetans often do not express much of

their physical and emotional pain, even when asked directly (e.g. Servan-Schreiber et al. 1998). Other scholars are skeptical about just how genuine these low levels of psychological distress might be, arguing there is response bias (Sachs et al. 2008)—seen as the only logical explanation for calm and cool recounting of severe adversity, such as torture and imprisonment.

Other, more critical researchers, such as Makley (2005) in her account of why Tibetans in Labrang avoid "speaking bitterness" in relation to the Chinese occupation of Tibet, assert that purposeful omission or non-disclosure of traumatic experiences should be viewed as an "alternative practice of time" where in their view, a reshaping of cultural memory is at once an act of self-protection and political resistance. Makley argues that to view a Tibetan propensity to avoid recounting stories of political violence as "repression," is to grossly misrepresent cultural values and the function of memory.

Here, too, rather than ascribing to binary reasoning (e.g. either Tibetans are extremely resilient and "bounce back" in the face of difficulty or they repress emotions and deny pain), I take a more nuanced look at processes of coping and resilience, coming to see resilience as a learned process and moral practice. Tibetans actively deploy shared cultural understandings, often infused with Buddhist doctrine, to reframe the mental distress associated with loss, violence, and other distressing experiences. These cultural practices encourage letting go of distress rather than holding on or solidifying it.

The (im)persistence of Memory

The function and the architecture of memory is experienced as self-evident, despite the ways they have been shown to be at least in part, culturally constructed. The ways that concepts of memory shift and change across cultures is perhaps no more evident than in studies of how

individuals and communities manage and talk about trauma. For many Euro-American cultures, traumatic memory is something specific; a kind of "pathogenic secret" (Ellenberger 1993; Young 1995) that causes psychiatric disorders. As Young argues, the element of "secrecy" has long been a core feature of trauma: "hysteria in the late nineteenth century, post-traumatic stress disorder in the late twentieth century—and 'secret' because they are acts of concealment" (1995:28). The crux of these changes in categorical representation over time he goes on to argue, directly relates to changes in modes and meanings of concealment. Whereas those suffering from hysteria conceal their threatening thoughts from others (expressing them unconsciously, instead through hysterical paralysis and other somatoform conditions); those with PTSD want to conceal traumatic memories from themselves (Young 1995).

Emptiness of Time in Tibetan Buddhism

As articulated in the previous chapter, the nature of reality within Tibetan culture (stemming from Buddhism) is that all phenomena are ultimately "empty" of inherent existence. Seeing things with an attitude of flexibility also means recognizing that people, objects, situations, and emotions are constantly changing and in flux. The Tibetan attitude of resilience appreciates that clinging or wanting things to remain static can only, by definition, yield disappointment and suffering. Like the self, materials objects, and reality, itself—time is considered "empty." There is a distinction in Tibetan Buddhism between relative or conventional truth and ultimate truth. The concept of time is a good example of these distinctions. Although time is ultimately empty, it very much exists on the relative or conventional level. When things are described as ultimately "empty" of inherent meaning this does not mean that they do not exist; but they do not exist in

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the way that we perceive them—as solid, as independent, and as permanent[26]. Likewise, time works because of consensual reality. It is functional and "real" on the conventional level.

The stance of flexibility is, I argue, a way of appreciating the illusory nature of things and at the same time, functioning in the world. It is appreciating a certain kind of paradox. There are anthropological works, particularly in science and technology studies that have considered other meanings of flexible time. One example is Farman's ethnographic work on "Immortalists" in America, such as cryonicists who freeze their bodies at the moment of death so when science advances they can be brought back to life (2013). This research is concerned with concepts of death and personhood, but it also has implications for thinking of the emptiness or flexibility of time. Similarly, studies of organ transplantation and new medical technologies that extend life (e.g. Lock 2002; Sharp 2007, 2014) raise questions about the seemingly natural categories of life and death. In this secular landscape, the debates are not related to the existence, or not, of a soul; but rather, the notion that death of the person may be somewhat flexible. For Tibetans, the continuity of personhood in some sense extends into past and future lifetimes.

When a traumatic event occurs, from an ultimate perspective there was nothing solid that happened, and there is no solid self to which the acts were done. Such an orientation might seem like there is "no grip," or nothing to hold on to or be sure about; a lack of "ontological security" (Giddens 1991). Giddens postulates that when there is disruption of our values or the things that give us meaning in life, this produces insecurity. So wouldn't such a slippery hold on reality and events in one's life produce anxiety? Why would this produce resilience?

As is argued in the previous chapter, Tibetans maintain that the more we can let go of a conventional hold on things, and really see the self as "empty," the more content we will be.

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[26] While such concepts may seem esoteric, similar strains of thinking can be found in postmodern and deconstructionist theory.

They say that when we abandon fixation—often manifested as hope and fear—a natural sense of confidence and radiance is free to shine. Seeing reality clearly, which means holding lightly and seeing everything as changing, impermanent and not solid, means that you are not caught in illusion; you recognize the mirage. Seeing the illusory nature of things, they argue, does not lead one to become despondent. Actually, they argue that the opposite happens; one is more in the present moment because one is not attached to particular outcomes.

I recently attended a conference on resilience and heard a presentation given by Richard Davidson, a neuroscientist at the University of Wisconsin-Madison (2013). Davidson has worked on meditation and the brain for decades, and knows the Dalai Lama quite well. He described how sometimes the Dalai Lama will burst into tears when hearing about a sad event. And then in the next moment, he is laughing and joking. Davidson says it is quite remarkable to witness someone who is so fully present, and at the same time, his emotional states are never fixed. Indeed, one interesting finding in studies investigating the effects of meditation on the brain shows that people who learn to meditate will recover from negative emotions faster than control groups. What is known as emotional plasticity may be a significant factor in managing stress (Davidson et al. 2000). There seems to be no significant differences in how often meditators versus non-meditators *experience* negative emotions, but there are significant differences in how long they last.

From this perspective, negative or difficult emotions are not bad in and of themselves; they become problematic only when their duration and intensity become fixed in time, taking up too much psychic space. An additional burden occurs when we understand traumatic memories to be hidden, suggesting that the only way to heal is to find the destructive memory and extract it like the surgical removal of a malignant tumor. As Young asserts:

Ordinary memories fade. They are eventually confused and conflated with other ordinary memories and are assimilated into webs of remembrance. They belong to the past. When they penetrate into the present, it is as nostalgia, regret, and a desire for things now gone. In each of these respects, the pathogenic secret is different. Years after its creation, it remains unassimilated, a self-renewing presence, perpetually reliving the moment of its origin. An ordinary memory is a trace, the pathogenic secret is a mental 'parasite.' [1995:29]

In thinking through exactly how Tibetan refugees manage to "hold lightly" to difficult emotions it is important to remember that resilience is a considered a process in which one can train.

Freedom from Fixation

Recent studies in psychiatry have shown that mental health interventions that focus on promoting greater "flexibility" within the mind, are very effective in helping patients manage anxiety and trauma (Hinton et al. 2011; Kashdan 2010). Kashdan (2010) defines psychological flexibility as the ability to distance from current or habitual mindsets and consider other possibilities; he also argues that flexibility is absent or diminished in many forms of psychopathology. Hinton and colleagues (2011) developed "Culturally Adapted Cognitive Behavioral Theory (CA-CBT)" which asks patients diagnosed with PTSD to replace distressing thoughts with culturally-relevant images while making "self-statements of flexibility" (e.g. "May I flexibly adjust to each situation just as the lotus flower is able to adjust to each new breeze") (349). The common theme in these studies is that a flexible mind—one that accommodates change, openness, and new possibilities—allows one to transform suffering.

In the current study, when asked to identify the characteristics of a resilient person, participants described someone who is compassionate, humble (does not exaggerate their problems), and has a flexible, vast and spacious mind. I suggest that what some researchers have referred to as the Tibetan propensity not to disclose emotion, or to repress, may actually more

closely resemble what they call "broad thinking" (*sems pa chen po*). Self conscious about not exaggerating or solidifying negative emotions, many community members argue this is an effective way to approach problems. As one older woman named Dekyi explained:

> some think, 'oh, this is a small problem and it is only natural to experience some difficulties in life.' Then they just ignore the problem and move on. These people are very skillful because they don't disturb others with their many problems. It doesn't mean they are like cows who feel nothing! But they don't disturb or harm others when trying to cope. Anyway, whether people can cope well or not depends on individual ways of thinking.

Comments such as "just ignore it," "try to move on," or "it's not a big problem," is not about repressing the problem, but about not "buying into" harmful emotions. Within this cultural sense of playfulness, there is a strong sense of not taking oneself or the situation too seriously.

During my fieldwork I encountered many Tibetans who had experienced extraordinary suffering. Some were ex-political prisoners and torture survivors. And all, now living in a refugee settlement in India, knew they would likely never return to Tibet. Because of these grave conditions, I was initially perplexed, much like Scheper-Hughes in *Death Without Weeping* (1992), in the diminished affect among those telling their story. While there was fervent and passionate political activism at the social level, when speaking about personal distress and difficulties in life, many Tibetan exile members with whom I spoke seemed somewhat detached. Often downplaying the severity of their plight, many seemed to hold rather lightly (or not at all) to their past and current struggles without resentment. For example, a 34 year-old monk named Lhundrup said:

> When the Chinese authorities and the police came to the monastery and tried to harm the monks, firstly I felt very angry. I even felt hatred for them. But when they came again, I tried to be a little more patient. I tried to think that the president and prime minister of China have a very negative motivation and wrong view. I prayed and wished their wrong views and negative motivations would be purified. I also tried to think that we have these problems as a result of previous lives. Therefore we have to accumulate merit and virtue in order to purify our negative karma causing these problems. Also, I pray and wish that

all the problems between Chinese and Tibetans will soon be resolved and we can all enjoy our lives.

In this passage, Lhundrup does not deny the suffering of the Tibetan people. But there is a certain amount of space around his portrayal of the situation. Taking a wider view, he acknowledges the influence of negative karma and recognizes that everyone in the situation (including the Chinese) are suffering in this situation.

Many lamas and others in the community to whom people go for help in times of difficulty, described to me how important it is to encourage people to quickly let go of distress. The major objective is to become "free" of negative emotions; or, free from fixation. One important method for "letting go," was humor. Perhaps best exemplified in the Dalai Lama's (sometimes startling) exuberant, joking demeanor—many religious teachings and cultural sensibilities emphasize that a certain "lightness" and sense of humor is required for effective coping. One well-known high lama, Dzigar Kongtrul (2009), states:

> having a sense of humor doesn't mean laughing or being cheerful all the time. It means seeing the illusory nature of things—and seeing how, in this illusory life, we are always bumping into the very things we meticulously try to avoid. Humor allows us to see that ultimately things don't make sense. The only thing that makes sense is letting go of anything we continue to hold on to. [131]

With a relaxed or even humorous stance towards suffering, *resistance* to the feelings lessen—the difficult situation may remain, but a flexible attitude helps one cope. In the Western world, Hacking (1995) argues, a survivor's experience of trauma (also called the "trauma loop") is fueled by feedback from the social world. But in the Tibetan community, the loop seems to lose, rather than gain, momentum. When Tibetans minimize their pain, others do not accuse them of repressing their feelings. Rather, they applaud their humility and broad-mindedness.

A common theme among those coping with difficulty was the notion of maintaining mental stability or equilibrium, often more highly valued than expressing emotions. In Schröder's (2011) study of post-traumatic stress in another Tibetan refugee community, she gives an account of talking with a ritual healer, or *onpo*, about depression and sadness following a traumatic event. She described a woman who was imprisoned in Tibet and now living in exile; she is sad, not interested in anything, and does not care for her children even when they are crying. The healer explained that this can happen when someone loses control of the mind. He emphasized that the imprisonment is not the cause of the woman's problems. In a similar vein, when Schröder asked another monk-healer to discuss a checklist of PTSD symptoms, he explained that the major problem among those with fear and fright is that they cannot control their mind (*sems ma 'dzin pa*). Again, the primary problem is not necessarily the fright itself, but rather the 'no-control,' which results from an unstable mind. This a very different perspective from what is observed in some parts of Latin America where conditions such as *susto* and *ataque de nervios* are directly caused by fear and fright.

Many Tibetan contemplative practices are aimed at helping people to develop their capacity to tolerate the stress that comes from unstable outer (and inner) environments. Psychological health in this context is not having "positive thinking" or being happy all the time. Indeed, it is also ill-advised to be too exuberant when something good happens, getting swept away in elation. Rather, emotional health is marked by the capacity to remain someone content no matter the external circumstance. Practices such as meditation are considered opportunities for "training" in order to increase such capacities in everyday life.

> In meditation, as you work with your breath, you regard any thoughts that arise as just your thinking process. You don't hold on to any thought and you don't have to punish your thoughts or praise them. The thoughts that occur during sitting practice are regarded as natural events, but at the same time, they don't carry any credentials. The basic

definition of meditation is 'having a steady mind.' In meditation, when your thoughts go up, you don't go up, and you don't go down when your thoughts are down; you just watch as thoughts go up and thoughts go down. Whether your thoughts are good or bad, exciting or boring, blissful or miserable, you let them be. You don't accept some and reject others. You have a sense of greater space that encompasses any thought that may arise. [Trungpa 1988:67]

There were many instances during my time in the field that I observed such moments of equanimity in action.

It is not uncommon for Tibetans living in India to be badly treated by Indian visa offices and government officials—never knowing if their documents will be renewed or denied. On a few occasions I witnessed such discrimination. But rather than becoming very upset or hostile, they remarked how important it was to maintain equanimity. "It is not worth it, getting upset," a woman named Drolkar explained. "It does not help. It only hurts one's own mind—we are the ones who lose out if we become upset." Many community members (lay and monastic, alike) would be told to wait on a wooden bench outside the visa office, often waiting six or seven hours for a single visa stamp[27]. Myself a foreigner, I had to do the same.

Waiting hours on end while the visa officers drank chai and sat around doing nothing, I found it extremely difficult not to become upset (and often I submitted to my frustration). Several times I could not resist going up to the window and pointing at my passport just sitting idly on the desk. *Please sir! Can you just give me the signature?* While my Tibetan neighbors teased me for my impatience, I wondered why everyone except me would wait all day without complaint. Was this internalized oppression? Or just the reality of Indian bureaucracy that I could not accept? The advice from Tibetan onlookers was always the same. "Sara-la," they would say. "If we get angry it doesn't hurt *them*. We just make ourselves upset." While my own

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[27] All Tibetans are required to check in to the Foreign Registration Office at the police station every six months to renew their documents.

cultural tends to value things like "justice," and "fairness," (not to mention feeling entitled to

efficient service), Tibetans often put equanimity above other concerns.

But certainly, not all Tibetans maintain calm equilibrium in the face of difficulty. During

interviews, I asked participants to describe why some people do better than others in difficult

situations. A 54 year-old man named Wangdu who came to India six years ago said the

following:

> Two people may have the same problem yet feel very differently. Some people even if
> they have many problems, say nothing, but they are very stable and cope easily with their
> problems. I think the people who don't say anything are happy inside. It is not important
> to express every problem you have. It is more important to remain stable no matter what
> is happening. The reason people cannot deal well with problems is that they don't have
> the quality of spaciousness or vastness in their minds. When that person encounters any
> problem it exhausts everything and they have no space to deal. They become unhappy
> and sick. The person who is ready to face difficulties will not have many problems even
> if they are a political prisoner sentenced to 17 or 18 years, or even a death sentence. They
> can deal with these problems because they have the patience to cope with anything. If
> Tibetans are compared with people from other countries, they can deal with things much
> better. Around here there are many ex-political prisoners. Their bodies are very weak and
> exhausted because they were tortured and beaten severely in prison. But mentally they
> maintain a sense of dignity and confidence. Others would become upset very easily.

In thinking this, I began to wonder why it seemed important not to talk about problems with

others. Why is there such an emphasis on keeping negativity to oneself?

Perplexed, I asked my neighbor, Tashi Wangyal, a 52 year-old mother of four to help me

understand. Often teasing me and referring to foreigners as "big complainers," she was not

surprised by my questions. Although, she seemed equally perplexed as to why it was so difficult

for me to understand why talking about one's problems is not particularly helpful. She explained

that rather than going around talking about difficulties, one would be more successful in working

with distress through changing one's inner relationship to emotions. She continued:

> coping depends on individual thinking. If someone has good thinking, then if they have
> problems with finances or health or legal, and so forth, then it is not important for them to
> go around making trouble. It is best to keep your problems to yourself and instead think

very widely and spaciously. Bothering many people with your problems will also bring others difficulty. It is best to cope with it on your own, through making your mind spacious and open. It depends on one's thinking.

Not liberally expressing one's problems is commonplace, and this was coupled with the notion that coping through changing the way you think is effective in making the mind more spacious, open and flexible—qualities associated with resilience and wellbeing.

To cultivate this flexibility, instead of resisting the situation, one works to transform one's relationship to what is happening, even in the face of severe outer and inner chaos. Consider the following narrative from a monk:

I was arrested in 1988. Those in prison have great suffering because they have no freedom and are put in small cells. The guards use harsh words and torture inmates relentlessly. After we die, some become hungry ghosts and hell beings. We don't know their suffering, but here on earth, the worst suffering is prison. When the youth couldn't tolerate their hunger and thirst I would give them advice according to Buddhism. Many masters of the past made great efforts to become bodhisattvas despite many hardships. When I think of this, I didn't feel my suffering in prison was very great. When I went to prison I had one small mala around my wrist. The guards asked me what I would do with it. I told them I would recite mantras. I had to stay as a prisoner, but I just thought of it as a retreat house. I was given food and other than that, all I had to do was practice. If we have too much food we feel sleepy; since I had only had a little food, actually this was much better for practice! I was there were for one year and was able to recite 100,000 mantras each of Guru Rinpoche and Chenrezig. There were many monks there like me, using it positively as an opportunity to practice. Some said: 'since we are monks, if we have to stay our whole lives here and die in prison then it is not really prison because we are here practicing the Dharma.' It is good to have all this suffering now in this life because then it is purified and we won't experience much later.

This passage foregrounds a number of typical coping strategies among Tibetans. He acknowledges, "I have to be here anyway," so he tries to accept the situation and transform his mind to think more broadly. During my time in Dharamsala I often heard people recite the Dalai Lama's perhaps, favorite piece of advice: "if you can't change the situation, why worry? And if you can change the situation, why worry?" The monk does not deny pain and hardship. Yet he

changes his attitude or the way he relates to the situation, using his time in prison as a "retreat house."

   While at first glance, stories such as these may seem like internalized oppression, or merely accepting one's fate. The difference seems to be the location of agency and exercise of reflection. With enough space in the mind to accommodate such thinking, one maintains his or her power even in unthinkable situations.

Theory of Self and Mind

There is a sense that the self can "work" on itself. But are the possibilities endless or are there constraints? This question drove Das and Das in their research among the poor in New Delhi. They were interested in how those in severely limited material situations negotiated illness, and understood the marginalization of these groups to be chronic and multiple. And yet, their interlocutors were able to seek treatment for their ailments. But more than that, it was the shifting self-understandings and self-awareness in the face of adversity, which provided Das and Das, with the greatest insight into local experience. "Technologies of the self intersect with objective points of power and constraint as the poor deal with illness: they engage their illnesses neither as heroic fighters nor as pure actors of cultural scripts. Such is the texture of the ordinary" (Das and Das 2007:92). The articulation of "the ordinary" suggests something compelling with regard to temporality. In a sense, something utterly ordinary may be so un-noteworthy that it seems timeless, or seamless. It is pervasive, and always there.

   Perhaps this is why Garcia (2010) characterizes her fieldsite as a landscape of "melancholia." Unlike sharper forms of suffering, melancholia is almost so chronic and unchanging that it feels natural, and not dependent on external or internal conditions. Heroin

addiction is both a cause and a consequence of this geography. With the ubiquity of death from

overdoses, Garcia questions the notion of "mourning as repair," as might usually be the case.

While for Americans in other parts of the country their everyday state of mind might be one that

is relatively happy and content, such that when they experience a loss that disrupts such

harmony, the process of mourning is restorative. But in this wasteland of misery, Garcia argues,

the disruption is much less stark. As Scheper-Hughes argued (1992), to understand a lack of

affect one must look to the social world. "Emotions are social engagements with the cultural

world; therefore, from an anthropological perspective they cannot be understood through a focus

on individuals alone" (Postert 2012:453).

The question here remains: why is it that Dharamsala does not become a similar

"landscape" or "geography" of melancholia? Garcia asks: "Can one live a melancholy life that is

meaningful on its own terms? (2010). To me, this seems plausible. But as I will argue below, a

melancholic life—that is, one that is fixed in time and marked by past loss and suffering—would

lnot be seen as particularly meaningful by Tibetan exiles. The problem, I will demonstrate, is not

the negative feelings; they do not insist on being cheerful all the time. The problem comes from

identifying with moments past. Stemming from what could be called Buddhist habitus (Bourdieu

1980), is the notion that accepting change and impermanence is the only way to truly be content.

Defining oneself by past trauma and holding on to suffering indicates that there is a

misperception of reality. The emotions are not permanent and fixed—but they are experienced

this way, causing even more suffering.

In her recent studies on the "everyday," Das (2007) invites readers to consider the

possibilities of time in a different sense. Her concern is with the "work" of temporality in the

creation of the subject. She notes that anthropologists have long considered ways of reading

culture through a study of time, investigating "the relation between natural rhythms and social rhythms, synchrony and diachrony, cyclical time and linear time, and repetition and irreversibility" (Das 2007:95). Anthropologists, and indeed, philosophers, have also written extensively on differences between phenomenal time and personal time—an area, which for Das (2007), is ripe with potential for exploring subjectivity. She states, "[t]he attempt to give a structure to these differences often revolves around the difference between the time of occurrence and the time of telling, sometimes conceptualized as the difference between historical truth and narrative truth" (2007:96). These differences reveal the fluidity of memory and the impact of structural factors on personhood and identity.

Despite adversity, it is understood among Tibetans that the mind (*sems*), more appropriately translated as "heart-mind," needs to be kept stable and calm. Elsewhere, anthropologists (e.g. Craig 2012; Desjarlais 2003; Kohrt & Harper 2008) have described how negative events are potentially dangerous—not in and of themselves—but in terms of how they occasion intense or uncontrollable emotion to arise. In Dharamsala, those who experience difficulty are advised to quickly let go of disturbing feelings; a psychologically healthy person is not someone who assertively expresses a range of feelings. Rather, Tibetans tend to view negative emotions as toxic.

Tibetans do not readily talk about their problems. This is, in part, because they believe that talking about them too much will only prolong suffering, making things worse. But there is also tremendous value in being humble, perhaps over and above other desires, such as voicing one's concerns. Talking to others about one's problems is seen as something one does when one is young, and not yet mature enough to cope. When I asked interview participants to describe how they coped with problems, only a small handful mentioned coping through sharing problems

with others. Those who did tended to be young women under the age of 25. This does not mean that seeking social support is never a coping strategy. But it suggests that talking about one's problems is not highly valued.

I conclude this chapter by engaging Byron Good's recent call to action (2012), which he accomplishes through a systematic critique of his own work on subjectivity over the last twenty years. He argues that anthropology as a discipline needs to attend more to what is *not* overtly said by our interlocutors; to that which is "unspeakable and unspoken" (2012:24). Although Tibetans on whole do not seem to verbalize much of their personal trauma histories, do they use other modes of communication to express their pain? To locate these alternative forms, Good suggests looking to "that which appears at the margins of formal speech and everyday presentations of self, manifest in the Imaginary, in dissociated space and the apparitional, in individual dream time and partially revealed affect, coded in esoteric symbolic productions aimed at hiding as well as revealing" (Kakar 1989 cited in Good 2012:24). In the next chapter I demonstrate how while talking openly about personal trauma history is not generally culturally sanctioned, the Tibetan community *publically* uses narratives and images of torture and violence for political aims. Are there ways that political activism serves psychological functions, as well? Does this engagement create an alternative space for expressing what individuals cannot articulate?

To understand that which appears in "spectral form or that which is only partially articulated," Good suggests that psychological anthropology in particular, might draw on Derrida's concept of "hauntology," to consider the "remainders of political violence in subjective experience of individuals" (2012:32). As this project develops beyond the dissertation I wish to return to my data and think-through these ideas. Where might these remainders be found?

Typical areas of non-verbal expression have been art, drama, dance and other artistic modalities. Specifically, as I advance this work I wish to consider how the institutions of medicine and religion may co-create opportunities for revealing that which cannot be expressed.

Chapter 5: Globalizing Mental Health

Medical anthropology occupies a somewhat tenuous relationship to the growing field of Global Health, an interdisciplinary approach to medicine and public health. Anthropologists have critiqued these approaches for attending to culture in a rather cursory way, sometimes treating it as a "variable." In this chapter I consider the ways that global mental health research and their interventions, along with NGOs and international human rights campaigns interface with Dharamsala—as a community space and site of international intrigue.

Drawing on Chapters 3 and 4, I articulate why Tibetan notions of mental health, particularly in relation to traumatic memory is incommensurate with the many foreign research projects and humanitarian projects that are initiated in Dharamsala. And yet, with this incommensurability something intriguing has occurred. The exile community has appropriated foreign practices of testimony, disclosure and the public circulation of trauma narratives for their own political aims. As I argue in this chapter, cultural concepts are not fixed and static. So while so-called Tibetan traditional practices of health and healing generally do not rely on exposing and "working through" past trauma through narrative, such practices are now prevalent within exile culture and their forms of activism (although the therapeutic effects remain to be seen). International human rights campaigns across the world are dependent on exposing trauma as evidence for why political, legal, or humanitarian intervention is needed; indeed, Tibetans in exile are eager to gain support from the international community who may question the veracity of human rights violations at the hands of the Chinese government.

The ways in which Tibetan refugees have taken these foreign practices and adapted them for their own use, is itself an example of how they approach life with a certain degree of flexibility. Tibetans can be quite pragmatic (Craig et al. 2010); a value that requires an openness

to new ideas. Fixed, rigid and static concepts only limit possibilities. As Kirmayer and Sartorius suggest, "[c]ultures function as both resources for and constraints on individuals' constructions and construals of experience" (Kirmayer and Sartorius 2007: 832). In this spirit, this chapter is not merely a critique. Using the creativity and openness that Tibetans, themselves have used in relating with foreign NGOs, research projects and interventions as inspiration, I also explore how my research might contribute new knowledge and possibilities within a critical global mental health.

Volunteers and NGOs

There are many people who want to help Tibetan refugees. Some are politically motivated, and others have a certain fondness for the Tibetan cause because of their admiration of the Dalai Lama and Tibetan Buddhism. Stemming from these (mostly altruistic) motivations, there is a lot of effort on treating trauma—particularly when foreigners discover that there is no mental health system in Dharamsala. Over my 14 months in the field I talked with many of the individuals who came from France, Australia, Germany, Canada and the United States to help. Not surprisingly, most of them maintained a very unquestioned or unexamined stance to trauma and human rights. Among those who recognized that the psychiatric or medical models of mental health may not be relevant in Dharamsala, tended to adopt a rather romantic view of Tibetan Buddhism, such as positing that meditation treats trauma.

In Chapter 3, I argued that trauma is not as a natural category, but a dynamic and contextual one that moves reciprocally among individuals, institutions and broader social forces. But it is worth pointing out that while trauma may be at least in part, a social construction, this

does not suggest that individual experiences are insignificant. As Young (arguably the most influential scholar in anthropology writing on the social construction of PTSD) writes:

> To say that traumatic memory and PTSD are constituted through a researcher's techno-phenomena and styles of scientific reasoning does not deny the pain that is suffered by people who are diagnosed or diagnosable with PTSD. Nothing I have written in this book should be construed as trivializing the acts of violence and the terrible losses that stand behind many traumatic memories. The suffering of PTSD is real. But can one also say that the facts now attached to PTSD are *true* (timeless) as well as real? Can questions about truth be divorced from the social, cognitive, and technological conditions through which researchers and clinicians come to know their facts and the meaning of facticity? [Young 1995:10]

My objective for this chapter however, is less about debating the veracity or ontological status of PTSD and more about the utility of foreign mental health interventions in Dharamsala.

Counseling and other talk therapies are ubiquitous within biomedicine. Often it is unimaginable how else "trauma" and traumatic memory would be addressed, if not to talk about it. Many NGOs and other organizations developing international interventions aim to integrate so-called traditional or local medicine with biomedical approaches (Ager 1997). It is unclear the extent to which such integrations are useful. It is also difficult to evaluate their effectiveness, because evaluation measures tend to be based on biomedical constructs. There are many ways of overcoming distress and illness that exist outside the realm of what Euro-Americans might consider therapeutic; how do evaluations account for these alternative practices?

A pitfall of many interventions is that when they aim to "integrate" local practices, they look only to modifying the content, versus the actual forms or structures of therapeutics. For example, some interventions ensure that counselors speak the local language and instruments include a smattering of local idioms of distress. However, these approaches fail to appreciate that sometimes the practice of counseling, *itself* may have only limited cultural utility. Some cultural communities include families, neighbors and groups of practitioners in healing rituals; they

might find the sterile and "professional" practice of psychotherapy unnerving (see Calabrese [2010] and DelVecchio Good et al. [1994] for discussion on Euro-American bias toward one-to-one clinical dyads). Those wishing to develop culturally-appropriate interventions and research study designs would do well to conceptualize culture as an embedded process rather than a variable with which to tackle. As Kleinman asserts:

> [C]ulture is not a thing; it is a process by which ordinary activities acquire emotional and moral meaning for participants. Cultural processes include the embodiment of meaning in habitus and physiological reactions, the understanding of what is at stake in particular situations, the development of interpersonal connections, religious practices, and the cultivation of collective and individual identity. Culture is inextricably caught up with economic, political, psychological, and biologic conditions. [2004:952]

It should be noted, however, that funding bodies such as the National Institutes of Health (NIH) require highly systematized constructs, for which conceptualizing culture not as a "thing" but a "process" is decidedly more difficult to accomplish.

An example of a project that took great care to think-through local cultural concepts and yet ultimately failed, was the Transcultural Psychosocial Organisation (TPO), established in Dharamsala in 1995. The TPO (now known as HealthNet TPO) is a Dutch organization that has worked across the world (Nepal, Uganda, Thailand) to help train and empower local people to set up mental health systems in contexts and settings where they do not yet exist. Their mission is to merge evidence-based interventions with "local knowledge." Indeed, they spent four years engaging various stake-holders in Dharamsala with the intention to work collaboratively to plan and implement a mental health program. The group conducted a needs assessment by interviewing community members about whether or not they thought mental health services would be beneficial for those with mental illness (Ketzer and Crescenzi 2002). An immediate limitation I see is that depending on translation, mental illness usually refers to psychosis. Mood, anxiety, and other "less severe" problems are not necessarily categorized as mental illness in the

same sense (Mercer et al. 2005). So while many Tibetans in Dharamsala responded to the needs assessment indicating that people "with mental illness" could benefit from services, it remains unclear if they were responding to the questions that the researchers assumed they were asking.

The objective of the TPO project in Dharamsala was to integrate Tibetan cultural beliefs into Western-style counseling, using a "complimentary" approach. They spent approximately two years translating the Harvard Trauma Questionnaire into Tibetan so they could assess symptoms of PTSD. The idea was that this instrument could be used at the refugee reception center in Dharamsala so those in need of mental health services could be identified upon arrival. The TPO trained a number of Tibetan nurses, health outreach workers and other community leaders (Ketzer and Crescenzi 2002). Before the foreign team left Dharamsala they conducted more community interviews and reported that locals found the initiative very helpful. However, the program did not continue to run. During my time in the field I located some of the Tibetan individuals who had been involved in the project. They identified two major problems: 1) the foreign researchers did not take seriously enough their assertions that many people visit lamas and would not think to visit the Department of Health (where the program was affiliated) for problems with mental distress; and 2) the form of psychotherapy: sitting one-on-one with a professional talking about one's problems. Despite the TPO spending nearly five years to use an integrative or complementary approach, local people did not use the services because they were not perceived as efficacious.

The failure with the TPO and similar programs is not merely a problem of East versus West. In Dharamsala, many people quite happily and without conflict utilize the Delek Hospital (a Western medicine clinic) and the *Mentsikhang* (Tibetan Hospital); often in tandem. "*Bod smen*" (Tibetan medicine) is good. "Outside *smen*" is good!" The issue here is not with Western

psychology, per se, but with categorization. There are some kinds of mental distress for which Tibetans seek the help of a lama, and might be concurrent with a medical problem, such as a rlung disorder. In these instances, Tibetans visit both lamas and Tibetan medicine practitioners without problem. However no one would think to visit the *Delek Hospital*, where they go to get antibiotics, obstetric care, and chest x-rays[28]. During interviews I asked Tibetans if anyone ever goes to the Delek Hospital for *sems kyi na tsa* (mental illness). Generally, they would give me a strange look and ask why mental distress might be treated this way when the problem has to do with one's own thinking.

At this time, psychopharmaceuticals are not being used in Dharamsala. However, I got to know a Canadian physician who was volunteering at the Delek Hospital for three months, who told me that the hospital pharmacy contained several dozen boxes of expired medication. Apparently for some years now the hospital has been a recipient of aid from a non-profit, which included medical supplies, such as bandages and stethoscopes, along with discarded medications of various sorts. The medications that were not stocked at the pharmacy were put into a back storage room. The Canadian physician discovered several boxes containing Haldol, Prozac and Paxil; *but we don't use those*, he was told with a shrug. It seems that there was not a strong ideological opposition, but rather a sense of indifference among the Tibetan clinicians (including Tibetan clinicians with Western medical degrees).

Human Rights Discourse

Upon visiting the Central Tibetan Administration's Department of Health, I was told there was a clinic for torture survivors. However, when I later visited the clinic I found that in the last year

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[28] There are very high rates of tuberculosis in Dharamsala, likely made worse by people living in close quarters in boarding schools, monasteries and nunneries.

they had provided services (a few home visits) to only two Tibetan torture survivors. In my many formal and informal discussions with community members, the clinic was rarely mentioned. Instead, a prominent community organization started by and for ex-political prisoners was considered the best place for torture survivors to seek help in the form of housing, material assistance, and language or vocational training. "Why would they go to the hospital?" asked a young woman named Lhamo. "They are not sick!" The organization is social and political in nature, rather than clinical.

In addition to providing services, the organization is actively involved in the international human rights campaign. Inside the center one finds the walls covered by gruesome photographs of torture victims and corpses—bloodied and disfigured. These images displayed as "proof" for visitors, ask them to bear witness to the bloodshed; they also galvanize political sensibilities within the community. Those who run the organization and hang the photos are themselves former political prisoners. Similar photographs are displayed at the new arrivals center, where the Tibetan government-in-exile provides medical services and housing for new refugees. The practice of displaying graphic images may also be motivated by psychological factors; they are artifacts of not speaking about what one has witnessed. As Saul (2014b) points out, there are forms of expression other than the verbal or emotional variety to communicate group experience; displaying graphic images is one such form—and is a type of witnessing.

Many scholars have written on the performative aspects of commemoration as healing and a form of community resilience. As Antze and Lambek suggest:

> [w]hen memories recall acts of violence against individuals or entire groups, they carry additional burdens—as indictments or confessions, or as emblems of a victimized identity. Here, acts of remembering can often take on a performative meaning within a charged field of contested moral and political claims. [1996:vii]

But when we speak of community "identity" it is important to recognize that meaning and identity are not static or uniform. As Walker (2013) describes in her work among squatters in Porto Alegre, identities are fashioned and re-fashioned over time. Just as Garcia (2010) shows how heroin addicts in New Mexico are presented with "new opportunities" to view themselves as patients or prisoners, the most resilient in times of crisis do not make sense of their world in isolation. "Selves are always orchestrating the voices of others and, in this sense, reframing figured worlds. This reframing is never the result of individual creativity alone, but rather arises from a dialogic process between inner speech and social discourse; between the author and external voices" (Walker 2013:206). With near constant protest marches, candlelight vigils and political signs being hung around town, in some sense, the concept of what it means to be a "political refugee" has been refigured with exposure to foreign concepts of trauma and human rights.

But what does it mean for an individual to identify as a political refugee? Within the Brazilian slum where she worked, Walker (2013) observed that most residents described by others as squatters, do not identify themselves as such (squatters are those who are much worse off). In this same way, most Tibetans—unless speaking in a politicized forum—do not usually identify themselves as trauma survivors. This might be, in part, due to cultural values of humility. Because political prisoners, activists and others (such as those who self-immolate) are seen as heroic, it would be somewhat arrogant to speak publically in a manner that suggests one has undergone severe torture or imprisonment. The utterance of "it wasn't so bad for me, others had it much worse," was a common idiom among those with histories of imprisonment.

Although the veracity of torture and human rights abuses need not be questioned, there are some researchers who find evidence of exaggeration within the exile community. For

example, Ward (2013) in her study of discourses of reproductive practices found that Tibetans in exile have shifted not their actual practices, but rather their narratives about reproduction. She found that many young women discussed reproduction in terms of their "right" to bear children, which is seen as resistance to Chinese control of their bodies. While forced abortions and sterilization are not typical, discourses circulate within the exile community (reciprocally perpetuated by exile members and foreign human rights activists), which suggest that such practices are common place (Ward 2013). Such accounts do not diminish the severity of the Tibetan political situation. Rather they reveal the ways that exile members use their new-found political citizenship.

Political posters are strewn around town and local restaurants host talks with ex-political prisoners, aimed at educating young foreign travelers. At these talks, Tibetans give graphic accounts of their imprisonment, rallying support for the Tibetan cause. As Adams (1998) asserts, "[f]irsthand accounts 'count' for everything in human rights discourse"(82). But as she goes on to argue, the Tibetan experience of suffering is in many cases inconsistent with human rights discourse (1998), particularly insofar as cultural beliefs like karma predominate the experience of difficult life events. The testimony practices found among Tibetan political activists appears in stark contrast with the customs of everyday life.

Anthropologists have described similar phenomena elsewhere. For example, Breslau (2000) in his study of international mental health aid in Kobe, Japan following the earthquake, describes how foreign mental health professionals encouraged the practices of testimony and debriefing, despite the dissonance with local concepts of recovery. Likewise, McKinney (2007) found that among mental health services in the US and Denmark aimed at helping survivors of political violence from around the world, the dominate form of therapeutics seemed to be helping

people find their "trauma story." It is assumed, she argues, "that every client holds some sort of traumatic memory, a memory that by definition disrupts the continuity of identity or self" (2007:270). While biomedical perspectives portray the acts of "telling," "processing," "debriefing," and "testifying," as inherently therapeutic, these notions are in some ways antithetical to Tibetan notions of healthy coping.

Narrative and cinematic representations of traumatic events, what Pandolfo calls "biographical artifacts" (2008) are integral to the construction of evidence. Such evidence is important because there is so much at stake; not only in terms of "enabling, or disabling idioms within larger logics of the state, as grounds of appeal, compensation, recognition, or inclusion" (Pandolfo 2008:65), but in deploying strategies of global power. Rather than seeking to find the "true" narratives (Makley 2008; Das 2010) I aimed to cultivate in my fieldwork practices what Pandolfo calls "a peripheral vision and a peripheral listening," (2008:65). This approach is one in which everything "counts" as data. Sometimes the discourses that are not seen as legitimate evidence of suffering are more telling than those that do. Whose voices are silenced?

In the "ethics of listening" (Pandolfo 2008), translation is always a practice of alterity (see also Taussig 1993; Gardiner 1996). To take seriously the voices of my interlocutors and to practice an ethical sort of writing, I allow for multiple kinds of "truths" to exist simultaneously. I recognize that my positionality (reflexivity) as a researcher shaped the stories people shared (and those they did not). I once conducted an interview with a young Tibetan man who told me that his "greatest suffering in life" was in his youth. He was born to a nomad family in Amdo, and early in the morning before sunrise he and his two older brothers had to begin herding the family's yaks. Because he was the youngest, his brothers made him walk in front so he would "catch" all the morning dew and they would stay dry. "Every day," he said forlornly, "my *chupa*

(Tibetan wrap-around cloak) would be so wet. It was very uncomfortable." He went on to tell me that he came to Dharamsala in order to "study the precious Dharma." I found this interview to be quite sweet. But later my research assistant said: "maybe that guy did not want to tell you about his life. Everyone knows that he left Tibet because he killed someone."

The question of "telling the truth" is a concern for both qualitative and quantitative researchers across disciplines. There are numerous forms of reliability and validity tests, and methodological procedures for managing social desirability and other bias. But ethnographers take a complex stance on such concerns (Yanos and Hopper 2008). We might be curious, and indeed view it as useful data, to learn more about why people say things, when they say things, and to whom they say things. For example, in health care settings, the admission (or omission) of particular symptoms might directly affect a person's access to care and security" (Pinto 2011). And particularly in contexts where humanitarian aid is available, the services themselves may shape the experience and trajectory of illness (Fassin 2012; Redfield 2013). Sometimes people who are interviewed find the experience to be therapeutic; do such instances make those data any more or less reliable than instances when interviewees feel uncomfortable? This "peripheral vision and peripheral listening" (Pandolfo 2008) may reveal important details of the inner worlds of study participants.

In a psychiatric ward in Morocco, a woman who has been admitted asks Pandolfo (2008) to interview her. Although she is known as a "mad woman" she wishes to make a proclamation that she wants to be married and have a normal life. By stating her intention, tape recorded by a foreign researcher, this somehow solidifies and authenticates desire. It becomes public and official. Elsewhere, in Brazil, a woman named Catarina used her infamous notebook, and subsequently Biehl's investigative ethnography (2005), to empower her (disempowered) voice. I

found something similar; whereas I assumed it would make them nervous to learn that my work may be published, I found that instead it made people more likely to agree.

Many Tibetans, and particularly woman, were somewhat shy and reticent to be interviewed. The major source of hesitation was that "they were not an expert." I explained that I was not interested only in experts, but in the lived experiences of everyday people; however this rarely seemed convincing. My experience is analogous to Makley's (2005), whose interlocutors in Tibet spoke to her about the past at great length, over meals and on walks in the village; and yet, they vehemently declined her requests for interviews. Not because they did not want to speak to her, but because they resisted the practices of testimony.

Unlike what might be expected, when I explained what I would do with the information, specifically that it would be published, many changed their minds and were eager to participate. There seemed to be two reasons for their eagerness. Many Tibetans believe that they are, in fact, more resilient than other refugee communities. When I explained that the articles or books I might write could be read by researchers working with other refugee groups around the world, many were quite enthusiastic to share their experiences. Secondly, some saw participation in the study as an opportunity to testify; to express publically "what is really happening in Tibet." Their desire to act as political (or helpful) subjects seem to supersede their usual resistance to testimony and narrative. Another possibility might be that speaking for political aim legitimizes the telling of personal trauma stories.

I conducted several interviews at the refugee reception center among Tibetans who had come to India only a few days prior. One woman was Tsekyi.

Tsekyi is a 55 year-old woman whose three children already live in India. She and her late husband paid to send them into exile a decade ago with a group of monks from their village.

The two daughters live in the Tibetan Children's Village (TCV) boarding school in Bir (another

Tibetan settlement, some 3 hours south of Dharamsala, and her son is a monk attending the

shedra (monastic college) at Mindroling monastery in Dehradun. She held my hand and cried

during most of her interview. I asked her a number of times if she wanted to stop the interview.

She did not. We talked about my parents and she wanted to know if they were worried about me

living in India. I said that they were, but that my mother had recently come to visit and we had

the chance to meet the Dalai Lama together at his residence. I opened my laptop computer to

show her a photograph of our meeting. She was overcome with emotion.

In seeing the photograph of my mother she remarked, "very clean, bright face. Very

white! *Sonam chenpo dug*, (great merit)." Tsekyi was not referring to the actual whiteness of my

mother's skin. Rather, many Tibetans explained that a person who is suffering will have a very

"dark" appearance. It is also said that a dark tongue or darkened face is an ominous sign of death.

A bright, clean, or white appearance is, again, not as much about the color of one's face, but

rather its radiance. "Very good virtue. Very good merit," she repeated. What she means, is that

my mother appears to have good karma.

I asked Tsekyi why she decided to come to India now. Her eyes again filled with tears.

She had not let go of my hand. Back in Tibet she was diagnosed with "kidney problems" and had

been in and out of the hospital. In addition, she has many problems with *rlung* (inner winds), that

seems to exacerbate her poor health. Tsekyi described matter of factly that she was not expected

to live a long life. *What can I do?*, she asked, rhetorically. She told me that she had had a very

difficult life. She came from a farming family and they never had enough money. As a young

woman she had lost two children, and more recently, her husband. All of this, she attributed to

her karma. Tsekyi wanted to spend the remainder of her life making religious pilgrimages to

Buddhist sites in India. She also came to meet the Dalai Lama. "It is okay that I suffered so much in this life," she said. "Going into my next life it will be better because those karmic seeds have burned." This kind of attitude about karma is not fatalistic or self-pitying. Often, chronic and serious illness is seen simply as a result of something negative that was done in a previous life. It may still be difficult to accept, but there is a sense of order behind what happens. Very little is considered to be "unfair," let alone inexplicable or baffling.

It is somewhat difficult to understand how Tibetan refugees can at once believe that something is *unjust* but not *unfair*. The system of karma does not lead Tibetans to believe that they deserve their suffering in a punitive sense. Rather they view situations of oppressors and the oppressed as intimate karmic moments of interdependence. No one has come to their life's circumstances by chance; and yet, the actions of harm and violence are undoubtedly considered wrong. As Adams describes, Tibetan political prisoners are "as concerned with the effects of karma on their oppressors, their actions on all living beings, their next lives, turning their enemy into their greatest teacher, and freeing all living beings from suffering, as they are with making sense of their experience in the terms of the United Nations or Geneva Convention" (1998:93). In coming to see the complexity of these views, scholars and practitioners need not abandon international human rights discourse. But rather allow for a complexity and diversity of concepts on what it means to be a human being; and particularly a human being who is suffering.

The concept of karma is very difficult for non-Buddhists (or non-Hindus) to understand. This is an interesting to parallel to the ubiquity of such understandings in India. When working in Chicago, Taussig (1980) interviewed a woman with a terminal rheumatoid disease. She constantly asks "Why?"; "Why me, Oh Lord, why me?" The problem that Taussig describes is not with her reaction, but rather her dissatisfaction with what her doctors provide in "[h]er search

for explanation and meaning" (1980:6). Within Tibetan communities, the concept of karma as an explanatory model for illness and healing is shared by both patient and physician.

When studying Tibet there are certain topics that are rather predictable areas of inquiry: trauma, torture as well as meditation, mindfulness. Why is this? I hypothesize that this juxtaposition of extraordinary equanimity with extraordinary suffering is irresistible as an object of study. These synergistic moments of trauma and tenacity challenge the bounds of what we imagine it is to be a reasonable or even average human being. The fact that Tibetans do not see their orientation to suffering as remarkable only further creates a sort of perfect storm for intrigued researchers.

Thinking Locally, Acting Globally?

In 2010 the National Institute of Mental Health began the "Grand Challenges in Global Mental Health," an initiative that aims to direct research priorities over the next decade. The major goals identified by a large and fairly diverse team of experts were to: 1) Identify root causes, risk and protective factors; 2) Advance prevention and implementation of early interventions; 3) Improve treatments and expand access to care; 4) Raise awareness of the global burden; 5) Build human resource capacity; and 6) Transform health-system and policy responses (Collins et al. 2011).

While these goals are reasonable, even laudable, there are a number of problems. Perhaps most significant, is that signs and symptoms indicating that "something is wrong" are not universal. Therefore, raising awareness and implementing early intervention, begs the question of what exactly it is that the NIMH hopes to prevent. Many scholars consider this problem to be one that is reminiscent of colonialist projects (Calabrese 2008; Pandolfo 2008); this perspective casts a more cynical valance on the push for "mental health literacy" across the world (Watters

2010). The symptoms and presentation of mental disorders looks different across cultures, but perhaps more significant, is the deeply embedded social context upon which health and illness is conscribed.

In the American mental health system, very few symptoms of pathology *on their own* are sufficient for diagnosing a mental disorder. Illnesses such as mood disorders and schizophrenia not only have a list of criteria one must meet to warrant the diagnosis, but there must also be significant impairment in work, school, or relationships over a specified period of time. And, indeed, in many cultures, difficulty with work or relationships would indicate that something is the matter. For example, Das and Das (2007) argue that the despair their study participants in New Delhi slums experience when they are ill is intimately connected with the inability to work—and thus, their lack of self-worth and perceived worth by others. The fear of illness is better understood in many cases as a fear of being able to earn a living and maintain one's role in the household.

An ability to work despite adversity is also a sign of resilience across many cultures. I might go so far to argue that this concept is taken to be self-evident as an important attribute of a resilient person. However, in my analysis of the Tibetan concept of "resilience," I did not find "the capacity to continue working" to be a particularly salient attribute or characteristic. Many mentioned how problematic it was to find work in Dharamsala, particularly for young students graduating from the Tibetan Children's Villages. But the capacity to work and be productive is not in itself, evidence of psychological health in this context. It is more indicative of structural problems at the community level.

When Jack Saul, Sophia Banu and colleagues started a support group for Tibetan political asylum-seekers at the Bellevue clinic for torture survivors in New York City, a series of

interesting events occurred. Not surprisingly, the group members discussed difficulties in life such as finding work and other financial problems. But because they were not necessarily seeking mental health services (a clinical diagnosis and psychotherapy would be requisite for the group to continue meeting), the group requested assistance in forming their own group within their local neighborhood. As Saul recounts: "[f]or many members, their priority was not just to receive support from the group; they also wanted to help other recently arrived refugees and asylum seekers…[they] valued helping others as an adaptive way of dealing with the trauma and loss they had experienced as a result of torture and migration, and separation from their families" (2014:34). This style of cultivating resilience through helping others is emblematic of healthy coping from the Tibetan point of view. Focusing on one's problems alone is not particularly *wrong*, but it is not particularly effective, either. Compassion is a powerful tool in this context for building resilience and working through adversity.

When Saul and colleagues travelled to Dharamsala they asked a Tibetan nurse who was an established and prominent member of the community to assemble a group of Tibetan torture survivors. She gathered a group of nuns from a few of the local nunneries; most did not know one another and were not aware of their common history of having been tortured. The aim of the group was not to process trauma, but rather to form a support group and to share strategies that have helped them to adapt to life outside of Tibet. The nuns were very keen to share their ideas when they learned of Saul's work with Tibetans back in New York City. They were also curious about how other groups around the world have managed oppression, loss of homeland and environmental destruction; they took particular interest in the historical experiences of Jews. Saul recalls (2014b) that while they were not particularly interested in processing details of their torture experiences, some made connections in their meetings that had not occurred to them

before, such as how being made to stare directly at the sun while in prison might explain current vision difficulties.

This cultural vignette highlights another problem with the "project" of global mental health: the assumption that everyone who meets the criteria for mental illness identifies as such. Little attention within the global health literature is paid to thinking-through the ways that potential service users will be identified. At the beginning of my study it seemed like a fruitful idea to compare the experiences of those who were ex-political prisoners and those who had not been political prisoners. However, I quickly found that even among some who told me they were not ex-political prisoners, later in our conversation mentioned that they had been imprisoned for some time. I think this was due to humility; to identify oneself as someone who had been exposed to severe events might be to aggrandize oneself.

It never occurred to me in developing this project that I would have difficulty in distinguishing the political refugees from the non-political refugees; even those who had been imprisoned and even tortured do not necessarily identify as an ex-political prisoner. Although it is likely that others might speak of them in this way. As Pandolfo remarked, "I realized that the conversations I had had with my interlocutors indexed a completely different set of realities and conceptual possibilities than those represented in public discourses" (2007:338). This also speaks to distinctions between disclosing collective suffering and personal histories of suffering, which brings with it a highly moral implication.

It is no wonder that when immigrant and asylum seekers across the globe come into contact with foreign mental health services that there can be a schism between what service-users feel they need, and what service-providers think is most beneficial. As Saul recounts, many torture survivors from around the world—Mauritania, Sierra Leone, Iran, Iraq, Jordan, Palestine,

Afghanistan, Tibet, China, the Philippines—are not accustomed to talking about their experiences as is done in psychotherapy. Many who find their way to Bellevue Hospital are not seeking mental health services, per se (Saul 2014). Rather they needed legal assistance, housing, and medical care.

It is very difficult to conduct psychotherapy with someone who does seem to experience any benefit. Calabrese writes (2008) that in many healing systems across the globe, intervention is communal and utilizes dramatic rituals rather than rational conversations (as is propagated in psychotherapy). The endeavor of psychotherapy requires a buy-in from both clinician and patient that talking about what is matter, will by definition, be of some use. It also "assumes that the client is willing to disclose and rationally discuss his or her deepest emotions to a professional stranger" in clinical contexts (Calabrese 2008:342).

The social service organizations in Dharamsala are not aimed at emotion work. Rather, they provide material support, job training and education. The focus is on helping people to re-establish themselves and build a stable new life. Rather than processing and disclosing details of violence, social service organizations help people to focus on starting over. Friends and relatives also encourage one another to swiftly "get over" or "move on" from negative emotions. This might be called repression in the West, but I argue that in this community this sensibility of health is connected to what Tibetans call "broad thinking." By focusing too much on trauma narratives, Tibetans fear that they will solidify emotions. Therefore, they try to reflect on impermanence and compassion and may even demonstrate a playful sense of humor. The healthiest and most resilient people understand that emotions are dynamic; they are not solid and permanent. It is not considered healthy to "process" or talk at any length about negative emotions or distress, which they believe will only make them seem more solid, long-lasting, and real.

Contribution to Critical Global Health

This study is not out to discredit the "existence" of PTSD despite my argument that its utility

seems rather limited in this cultural context. Rather I seek to explore the local processes and

idioms of distress within Dharamsala. Within the global mental health context, a number of

clinicians have conducted pragmatic and thoughtful research that draws on anthropological

methods and theory. For example, work on *Ataques de Nervios* (Lewis-Fernández et al. 2002),

Kyol Goeu (Hinton et al. 2001), and *Jhum-Jhum* (Kohrt 2005) considers how practitioners in

clinical settings can more effectively assess the cultural expression of mental distress.

There has also been significant effort to incorporate cultural idioms of distress into the

Diagnostic and Statistical Manual of Mental Disorders (DSM). The authors of DSM-V include a

descriptive list of common "cultural idioms" in the appendix, as well as the Cultural Formulation

Interview (CFI), an open-ended interview guide to assess cultural idioms among those who

present for treatment (American Psychiatric Association 2013). However it remains somewhat

unclear how clinicians, particularly in public mental health settings will make use of these

idioms. They likely still need to generate an Axis I diagnosis for billing and insurance purposes.

Whether these additions to DSM-V are meant to serve cultural psychiatry researchers or whether

they will be used in clinical settings remains to be seen.

There has been a lot of emphasis across contexts to try and "match" local idioms of

distress with the list of criteria for Axis I mental disorders, including PTSD. For example,

Schröder (2011) in her work among Tibetans in Ladakh had a discussion with an *onpo* (religious

healer) about shock and startle response. He agreed this is a problem of the mind and heart, but

emphasized that "the problem comes from the inside [the patient himself], because it comes from

the mind" (2011:74). It was common in the current study, as well, for exile members to describe

the worry in the mind as the main problem. It is the emotions that result that cause the problem, and these negative emotions come not from external events directly but because of our appraisal and reactions.

Similarly, as Hinton et al. (2012) point out, while Cambodian refugees present with some symptoms that mirror those listed in criteria for PTSD, other items such as "dizziness, orthostatic dizziness, neck soreness, and 'heart weakness,' are of equal or more concern to traumatized Cambodians" (385). Studies such as these exemplify a call from Kirmayer and Sartorius for research to:

> go beyond conventional group labels to examine the specific biological, psychological, or social mediators of cultural difference…if cultures differ in the categories and concepts they provide to interpret and explain physical symptoms, we need to examine individuals' use of these attributions directly rather than simply using ethnocultural identity as a proxy for the specific cultural factors that underlie attribution. [2007:832]

Tibetans do not necessarily understand there to be something special or unique about suffering that comes from political violence or highly disturbing events. We separate out, for example, the kind of suffering we expect when someone loses a loved one, than we expect if they go to war. There does not seem to be such a distinction here. Those who demonstrate extraordinary resilience in prisons are the quintessential example of how one ought to cope. But there are not specific idioms of distress that are unique to trauma. As well, the methods for coping with exposure to violence are the same that are recommended for managing loss and other difficulties in life.

There are vast discrepancies across studies in their findings on rates of mental disorders among Tibetans. There are also major differences in the quality and rigor of studies. Some, such as Benedict et al. (2008) rather flippantly state a majority of Tibetan monks exposed to violence develop mental disorders. They proclaim that at a mental health treatment center in Boston, "the

monks present with almost every symptom of posttraumatic stress disorder (PTSD) comorbid with generalized anxiety disorder (GAD), and major depressive disorder (MDD)" (2008:486). However, Benedict (a law student) and her colleagues only interviewed 8 Tibetans. They also rather simplistically equate PTSD with rlung problems. These researchers considered their study to be a sensitive approach to cultural differences by suggesting that what "we" see as PTSD, "they" see as *srog rlung*.

Within global mental health paradigms, there are ubiquitous approaches to "culturally sensitive" interventions, predicated on "cultural competency." There are many such programs that attempt to incorporate so-called local beliefs in (the real) treatment, no doubt biomedical in nature. It is not uncommon for researchers to argue for "dual diagnosis"; the benefits of presenting the PTSD model to those for whom such categories are not native are unknown. It is not just that such initiative might lack efficacy, but they may actually be harmful. Even within American culture, some have argued that processing and debriefing do not necessarily provide cathartic relief (Seeley 2008; Young 1995). It is important to take seriously that such interventions descending on Tibetan refugees may truly bring harm by disrupting the "resilience imaginary" or the shared conventions in how one ought to approach suffering in life.

In a recent *New York Times* opinion piece titled The Value of Suffering, Pico Iyer (2013) states that wise men of all traditions say that suffering brings clarity and illumination. Profound pain seems to reveal a sense of basic humanity, and in many cases, he argues, basic decency. It forces us to confront reality, and we are humbled. Immediately after the tsunami which claimed thousands of lives north of Tokyo, Iyer was struck by the lack of panic in Japan. The deep suffering and grief were palpable. But it seemed that there was some acceptance of the impermanence in life, in which survivors took solace:

My neighbors aren't formal philosophers, but much in the texture of the lives they're used to — the national worship of things falling away in autumn, the blaze of cherry blossoms followed by their very quick departure, the Issa-like poems on which they're schooled — speaks for an old culture's training in saying goodbye to things and putting delight and beauty within a frame. Death undoes us less, sometimes, than the hope that it will never come. [Iyer 2013]

The phrase in this passage, "an old culture's training in saying goodbye to things," speaks to the heart of this project. That through literal *training*, Tibetan exile members learn to transform suffering into opportunities for generating wakefulness.

The notions of what it means to relate with distress and suffering are not often considered in the global mental health paradigm. This might be an area in which my project makes a contribution. The practices that are involved in mind-training, such as thinking of taking on the pain of others, demonstrates the extent to which culture shapes our beliefs and practices. Such ideas seem to give those (particularly in seemingly hopeless situations) a sense of purpose and resolve in the face of difficulty. A 76 year-old man named Jampa was hospitalized in Tibet for diabetes-related problems.

I told them, even if it meant death, I didn't want my leg amputated. If I stayed in hospital on medication, it would cost 10,000 Chinese Yuan so I never took medicine. During this time, I suffered a lot, but always prayed and recited the Medicine Buddha mantra. This benefitted me both physically and mentally. I also tried to remember that all human beings experience the four sufferings [birth, old age, sickness, death]. Since I had to experience this suffering no matter what, I took the Dalai Lama's advice and tried to be patient and cheerful. This helped make my mind more spacious. With this more spacious mind I made strong aspirations that nobody else would experience this pain, and I had strong motivation to help them if they did.

Researcher: Would you say that you were practicing *lojong?*

Jampa: Oh, I'm not a very good practitioner. As Tibetans we are just taught by our parents to think like this.

Jampa's comments raise an important question about identifying *lojong* as a coping strategy among those who may not necessarily see themselves using the practice. Most Tibetans value

humility as an important virtue, so will generally deny that they have much compassion or an understanding of emptiness. Even high teachers, such as the Dalai Lama deny understanding emptiness despite giving advanced teachings on the topic.

For studies in global mental health using brief methods, it might be difficult to ascertain the underlying meanings of what people say. As might be expected, monks and nuns often refer explicitly to the use of Buddhist practices in coping with difficulty, whereas many lay community members seem to draw on Buddhist-influenced cultural values without concern for where these ethos stem. I asked an abbot of an important monastery about this tension who explained:

> They might give it a different name. But thinking in this way and practicing *lojong* is exactly the same. If people cherish others then within the society at large, our problems lessen. The practice of lojong can be done by monastics, lay people, as well as non-Buddhists. This is the best way to solve problems. The great masters said that lojong is the source of a great city of happiness. It is good to compare ourselves with people who are worse off. We can see how easy it is to get problems in life. Even if you become very happy you should think that there is nothing to be proud of. It is simply a result of accumulating merit in a past life. Anyway, we must keep our mind very stable and equal. If something bad happens we shouldn't get so surprised. We must keep equanimity in our minds. Like this, suffering will be resolved if you can think in this way. And will also benefit others.

The principles of "mind-training" are moral in nature, but are not merely *moralistic*; those who lack compassion are not necessarily bad people, but rather they lack skills to navigate their social world. Practicing lojong can be thought of in rather utilitarian terms.

The significance of studies within global mental health is sometimes measured by the applicability of findings across contexts. As I discuss more extensively in the next chapter, I harbor a certain ambivalence about whether the concepts I describe in this project, such as lojong could be utilized elsewhere. Are there benefits to using cross-cultural studies as a means by which to expand or broaden how we understand what it means to live and be human?

Chapter 6: Discussion and Conclusion: Agency and the Open Sky of Mind

This dissertation aims to contribute to the growing body of literature on cultural idioms of resilience and coping associated with political violence. By attending to the cultural specificity of this community, I try to show not only how Tibetans view suffering and distress, but importantly, how they work through adversity. In consequence, this study raises important questions about the utility of trauma perspectives across cultures. I do not deny the existence of PTSD symptomatology, rather I argue that the Tibetan exile community in Dharamsala uses foreign concepts of narrative and testimony to fuel its 50-year political campaign for Tibet. And at the same time, these practices of generating or working through trauma narratives are inconsistent with typical methods for managing distress and building resilience. I argue that the concept of "flexibility," and the practices that help to cultivate a mind that is spacious and open, promote resilience in this community.

This anthropological project is put into conversation with ongoing debates in global health, including how foreign humanitarianism, medicine, and human rights paradigms have both challenged and enhanced local healing practices. I explore how cultural systems, such as karma, may be incommensurate with global health interventions, but look to promising examples of researchers seeking to understand culture in all its depth when engaged in clinical work. But unlike in other communities exposed to violence, displacement, and oppression, Dharamsala—although not without its problems—is better understood as a landscape or geography of resilience, than of despair and melancholia. Finally, in this chapter I consider the ways that this "resilience imaginary" enhances shared agency and freedom.

Review of Therapeutic Uses of Meditation/Mindfulness

In the discussion below I consider briefly how my project contributes to research on the clinical application of meditation and mindfulness. Over the last decade, studies in this area within medicine, psychiatry, psychology, social work, public health and other fields have rapidly gained popularity, even becoming somewhat mainstream. Mindfulness practice involves non-judgmental observation by simply noticing and identifying one's thoughts, feelings, and experiences. Studies suggest these interventions reduce aggression through developing the capacity to "step back," observe, and healthily regulate difficult emotions. Specific meditation and mindfulness techniques that help practitioners to "train" in building compassion appears to stimulate brain activation associated with empathy and well-being (Engstrom and Soderfeldt 2010). These practices share common goals: to increase mental, emotional, physical and spiritual capacities for wellbeing.

Researchers find that mindfulness and compassion training can be adapted across a variety of populations. Mindfulness programs are effective for healthy adults, incarcerated adults (Bowen et al. 2010), college students, and others. Mindfulness-based interventions are shown to be effective in treating depression and substance abuse (Leigh et al. 2005, Wupperman et al. 2011); they may be particularly helpful with co-occurring disorders (Brewer et al. 2010), and studies show they can be used to help youth manage stress, develop compassion, and improve overall wellbeing (Burke 2010, Jones 2011, Oberle et al. 2011). Meditation and mindfulness practices are sometimes used to augment medical therapies, such as those used in treating chronic pain (Monroe et al. 2008) and cancer.

Many researchers are beginning to recognize that contemplative practices can improve basic mental functions, such as memory and concentration (Mrazek et al. 2010), along with

emotional capacities like empathy. These studies show that increased capacity for compassion can be developed; rather than understanding compassion as a personality trait, meditation and mindfulness studies demonstrate that it seems to be much more like a skill that can be developed and strengthened (Tirsch 2010). This was also reported by Davidson et al. (2000) in their study of the plasticity of emotions. In translating these research findings into therapeutic practices, there are now mindfulness-based programs being used in a wide variety of contexts.

Perhaps the most well-known practice modality in the United States today is Mindfulness Based Stress Reduction (MBSD), developed by Jon Kabat-Zinn, founding director of the Stress Clinic and Professor of Medicine emeritus of the University of Massachusetts Medical School. It is an 8-week course that brings together meditation, mindfulness and yoga, and has been known to promote health and wellbeing, particularly among those with chronic illness. There are a number of past and current NIH studies investigating the effects of MBSR on HIV side effects, cancer, and rheumatoid arthritis (see clinicaltrials.gov). The MBSR program has also been used among Olympic athletes, corporate executives, and military personnel. The modality is marketed as a secular program and does not claim to have any direct connection to Buddhism.

A program that does, however directly trace its roots to Buddhism, although it also has been developed for secular-use, is Dialectical Behavioral Therapy (DBT). This program was developed Marsha Linehan, a psychologist who specializes in the treatment of Borderline Personality Disorder, sexual abuse, and self-harm behaviors. This population is considered extremely difficult to work with due to their struggles with emotion regulation; talk therapy has not shown to be particularly effective. Rather, DBT is a "skills based" program used in an intensive group setting, which emphasizes mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness (Linehan 1993). In addition to mindfulness techniques, DBT

draws on aspects of Zen Buddhism to help patients put some distance between themselves and their thoughts. The therapy is "dialectical" in that it acknowledges that there are always multiple perspectives, and a number of ways to view a situation (Robins 2002). The focus is on creating more flexibility and space in the face of intense emotion so that one can see a range of behavioral choices and strategies for managing stress.

There is also a practice of "radical acceptance" that is used in DBT as well as other forms of cognitive therapy. A psychotherapist, Tara Brach (2003), suggests using a perspective of radical acceptance to generate compassion. Just as in meditation where the practitioner accepts any mental state as "workable," so too, are DBT therapists trained to accept and validate patient behavior (no matter how outrageous) as reasonable and logic. For example, cutting may be one choice among many that a young girl can take; and this would be understandable for someone who is overwhelmed with distressing feelings and has found cutting to be a relief. The DBT therapist starts from that perspective of "radical acceptance," but helps to explore and coach their patients in developing the capacity to consider other possibilities. These treatment modalities in many respects do not at all resemble how Buddhists living in Asia approach suffering and resilience; which begs the question: does it matter?

Can Tricks of Culture be on Loan?

In the current study, many of the resilience practices I describe are instances of "culture as treatment" (Gone 2013) where cultural beliefs and practices are themselves, forces of healing that bolster community resilience. It is unclear how many of the concepts I describe in this project would benefit those exposed to trauma in other cultural contexts. I argue below that, in fact, many core concepts, such as karma, emptiness, and "crazy wisdom" are not easily

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translatable into Western culture. Contemplative practices stemming from Buddhism have been modified and adapted for use in the United States and elsewhere to such an extent that they sometimes only vaguely resemble their previous cultural forms.

It comes as a surprise that "meditation" is not a particularly salient way of coping with mental distress among Tibetans. Because of the veritable craze associated with meditation and mindfulness in North America (everyone from Oprah to Google upper-management seem to be seeking meditation instruction), it is assumed that Tibetans *surely* practice the techniques that have now become evidence-based practices in the United States. And while not to this extent, there has long been a fascination with Tibetan Buddhism in the West. This culture and others from the "mystical Orient" (Said 1972; Lopez 1992; Trungpa 1973), are thought to necessarily engage in peaceful spiritual practices like meditation. But meditation—especially a sitting meditation focusing on the breath—is rarely, if ever, recommended for treating mental distress. In fact, some forms of mental illness, such as *srog rlung* can actually be caused or occasioned by long periods of meditation. Even in most monasteries and nunneries, sitting meditation is not routinely taught; some receive the practice once they complete their *shedra* (monastic college) training if they aspire to complete the traditional three or four-year retreat.

But while these practices in the West may bear little resemblance to what is practiced in Tibet, adaptation and modification of Buddhist practices as they travel across cultures is not a new phenomenon. The forms of Buddhism that are practiced in Sri Lanka, China, Thailand and Japan are in many respects, quite different. When King *Trisong Detsen* established Buddhism as the official religion of Tibet in the 8th century, it changed from the form in which it originated (coming from India), once mixed with the traditional shamanistic religion of Tibet known as Bön. Still today, there are major debates among all the Buddhist lineages, and some do not even

consider the forms of Vajrayana or tantric practice used in Tibet to be authentic. Therefore, although in this section I discuss the ways that the practices I describe in this project may be difficult to adapt to Western use, I do not categorically see a problem with Buddhism and its various practices being adapted in the West. Although there are particular core tenets of Buddhism that identify them as such[29], there is no pure or authentic form of Buddhism that needs to be preserved.

Of course there is a limit to what may be recognized as authentic, or not. Although researchers like Benedict and colleagues (2008) recognize that meditation is ill-advised as a therapy, they suggest that clinicians in the United States who treat "traumatized Tibetan monks" use alternative methods, such as "singing bowl therapy," citing personal communication with a lama who explains that "the sound has a direct connection to the heart" (2008:492). Singing bowls are hand-crafted metal gongs sometimes struck to signal the beginning or ending of a spiritual practice. In Dharamsala I observed them more often in Tibetan shops to sell to foreign tourists than in monasteries, and they certainly were not used for relaxation or therapeutic purposes. Studies like these, which articulate combining Western psychotherapy to treat PTSD with supposed cultural practices like "singing bowls" as a way to make clinical treatment culturally salient, lack rigor and complexity. When cultural concepts clash with Western psychotherapeutic principles, these schisms cannot be overcome through shallow modifications like those described above. Often the "cultural differences" are at the level of fundamental worldviews and concepts of reality.

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[29] Dzongsar Khyentse Rinpoche argues that the "Four Seals" are what makes Buddhist beliefs, "Buddhist"; not peaceful practices of meditation, peace and nonviolence as many Westerners imagine. The four seals are: 1) all compounded things are impermanent; 2) all emotions are pain; 3) all things have no inherent existence; and 4) nirvana is beyond concepts (2008).

Empty Selves

In his book *What Makes You Not a Buddhist*, Dzongsar Khyentse Rinpoche argues that a refusal of the concepts of emptiness, impermanence and non-duality, are what would make someone most unlike a Buddhist. And yet, these are the very concepts that are plucked out of Buddhist practices that have been adapted by use in clinical settings. Whereas concepts like compassion, nonviolence, and contemplation are found in other religious traditions, the view of emptiness and impermanence are distinctly Buddhist. Although practitioners and clinicians in the West are ready to fully explore and adopt the practices of compassion that are found in *lojong*, the aspects which focus on cultivating a view of "emptiness" are left behind. I would argue that lojong is just as much about emptiness as it is about compassion; so it may be problematic to speak of using lojong if only relying on compassion. For example, in personal communication I was told by the first author of an experimental study (Condon et al. 2013) that they compared lojong practice with mindfulness meditation to investigate whether differences were observed in compassionate responses to suffering. When I asked the author if they used aspects of lojong that focus on emptiness, he explained that they were "only interested in compassion."

I do not necessarily aim to critique studies such as these. Rather, I argue that it is fruitful to explore exactly why concepts of emptiness and impermanence seem to lack cultural salience outside of Buddhist contexts. In my recommendations for how the current project might contribute something promising to literature on the clinical applications of meditation and mindfulness, I argue that there are aspects of Buddhist beliefs on emptiness that might actually promote wellbeing, despite this seeming paradoxical.

In chapters 3 and 4, I explored the concept of repressed memories, which serve as evidence for traumatic rupture among Euro-American cultures. In the West, a highly bound,

discrete, and intact "self" is the one of the hallmarks of emotional health. Traumatic memories that threaten to disrupt the cohesion, or continuity of self and identity are indicative of psychopathology. This assertion is somewhat more complex in the Tibetan context. From a strictly Buddhist perspective, clinging to the notion that there *is* a fundamentally cohesive self is actually the hallmark of *samsara*, not of emotional health. The direct realization that one's self is in the nature of emptiness is not attainable by everyday Tibetan people. To accomplish such realization connotes transformation into an "arya" being—a highly realized person who has reached the first stage on the path to enlightenment. I mention this because it is important to emphasize that concepts such as the emptiness of self are ideals. So while not attainable for most, nonetheless, most Tibetans understand that a clinging and grasping to a false continuity of "the self" only brings misery.

The various practices in Tibetan Buddhism that coach even ordinary people to contemplate death, impermanence, and emptiness are really an inversion of what psychotherapy promotes in the West. As stated by Epstein:

> [i]f we can make the ego stronger, the expectation is that emptiness will go away. In Buddhism, the approach is reversed. Focus on emptiness, the dissatisfaction, and the feelings of imperfection, and the character will get stronger. Learn how to tolerate nothing and your mind will be at rest. Psychotherapy tends to focus on the personal melodrama, exploring its origins and trying to clean up its mess. Buddhism seeks, instead, to purify the insight of emptiness. [1998:19-20]

The concept of an "empty self" might be among the most difficult of all Tibetan cultural concepts to understand; and yet, I argue it is one of the most important in bolstering resilience in this cultural context.

In her ethnographic work on heroin addicts, Garcia (2010) considers what it means when her interlocutors explain they their aim is to *lose themselves* through their drug use, to disappear from the world. They want to become numb and not feel anything. She asks: "what does this

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form of self-exile communicate in terms of the (broken) interdependencies of self and other?" (2010:11). This kind of broken or empty self is not analogous to what my Tibetan interlocutors describe as the emptiness of self. Rather, such contemplations actually help them develop a felt sense of interdependence and a more realistic or grounded approach to suffering. Emptiness does not mean that things do not exist (which would be a nihilistic view); rather, that they are not inherently or independently existent. Everything (including oneself) is *dependent* on other arising phenomena. This sense of what is known as *tendrel*, or dependent origination, demonstrates how through karmic causes and conditions, everything is interdependent.

Crazy Wisdom

There is a particular approach to Buddhism found in some strains of Zen and Tibetan Buddhist traditions known as *yeshe chölwa*, crazy wisdom. These approaches use unorthodox or sometimes even rather outrageous methods to shake students from fixed and habitual views. In particular, these sorts of teachings challenge overly puritanical or rigid worldviews that prevent practitioners from experiencing non-duality (Khyentse 2008; Trungpa 1973). Crazy wisdom teachings often appear in allegory and traditional folk tales, but even today there are certain contemporary lamas who are known as "crazy wisdom masters"; often they are *ngakpas* (yogis) or "house-holder" lamas who may reside in or outside of monasteries.

For example, a 30-year old *tulku* (high incarnate lama) named Phakchok Rinpoche often writes provocative yet inspiring quotes on his Facebook page, such as: "*Genuine practitioners don't run from their emotions, they chew them, they eat them, and they transform them*"; *Hope is going to kill you!*"; and "*Next time you are angry, turn all that energy into something beautiful.*" These pith quotes are examples of everyday lojong, or mind-training, of taking suffering onto the

path and transforming it. Another lama, Dzongsar Khyentse Rinpoche, is not only the head of major monasteries and highly respected *shedras* (monastic colleges) in Bhutan and India, but is also an award-winning film maker and has been known to show up to important religious events wearing wigs or silly sunglasses. He teaches through action and by example the qualities of "non-duality," where form (or appearance) and emptiness are inseparable. He is also known for periodically ignoring and even insulting his close students out of "kindness," to break them out of habitually seeking praise and external validation.

There is a story about a beloved lama named Patrul Rinpoche (1808-1887), a renowned yogi who often used crazy wisdom methods. One day Patrul Rinpoche went to visit a hermit known for his austerity who had been practicing in a cave for twenty years. Patrul Rinpoche showed up at the cave, and the hermit humbly and sweetly welcomed him in. He asked, "Tell me, what have you been doing in here?" The hermit replied, "I've been practicing the perfection of patience." Putting his face very close to the hermit's face, Patrul Rinpoche taunted him relentlessly: "but a pair of old scoundrels like us, we don't care anything about patience, really. We only do this to get everyone's admiration, right? We just do this to get people to think we are big shots, don't we? I'll bet they bring you a lot of gifts, don't they? Well?? Do they?"

At this point the hermit stood up and screamed, "Why did you come here? Why are you tormenting me? Go away and leave me in peace!" And then Rinpoche said, "So now, where is your perfection of patience?"

Many crazy wisdom stories take on a humorous tone, such as this one. The sense of being "crazy" also connotes something like the outrageous courage or confidence that is needed to act fully for the benefit of others. It is understood that those who are truly selfless, are somewhat fearless and even a little outrageous. Tibetans admire these qualities, greatly. They also

recognize the tremendous mind needed to experience atrocities such as imprisonment as opportunities for mind-training; it is somewhat inconceivable. While these qualities are associated with extraordinary and highly realized individuals, there is at the same time, if only an intellectual knowledge, recognition that every person is born with the inherent capacity to become selfless and compassionate. This recognition stems from an understanding of Buddha-nature, *tatagathagarba* (Sanskrit). Whereas Catholics believe in "original sin," Buddhists believe the exact opposite; that the true nature of mind is all-knowing, compassionate and stainless. No matter how much negative karma obscures the mind (even to the extent that one becomes an animal or a hell-being), the true nature of every being is in a sense, already enlightened. We are also all in the same predicament: we are trapped in *samsara.*

When designing this study I took great care to construct my sample in such a way that reflects the diverse population of Dharamsala. I criticize previous researchers who treat the Tibetan exile community as if it were static and uniform. I show how there is derision across various subgroups based on regional, generational, and class differences. Therefore, I expected to find significant differences in the methods of coping and resilience across the population. Somewhat to my dismay, I was not able to discern any notable findings across subgroups. I found that as might be expected, monks and nuns use more formal Buddhist methods to cope, whereas lay people relied on more everyday notions of emotional health. But I found no evidence that formal Buddhist practices occasion enhanced resilience. Those who, for example, can recite many passages from lojong texts and describe the technical aspects of emptiness and compassion do not seem to do any better than those who claim that they are not advanced practitioners but use compassion as a way to work directly with negative emotions because that

is how they learned to approach problems as a child. I did not find significant differences in coping and resilience among men and women; or among new arrivals and old-timers.

Initially, I assumed that perhaps I did not adequately diversify my sample. Although this remains a possibility, I have come to consider alternative explanations. Looking to the practices themselves as clues, such as contemplating the ways that we are the same, that we are interdependent, and that we all want to be happy and avoid suffering, I have come to wonder whether such an orientation might actually take effect to the extent that noticeable differences across the population are not easily observed. The contemplative methods for recognizing this "sameness," an aspect of lojong, are a common technology to mitigate suffering. Incidentally (or not), such recognition on an ultimate level is emblematic of enlightenment, itself. The devotion that Tibetans feel for their lamas is not merely worship. Rather, through observing the extraordinary qualities of their *Rinpoches* (literally, precious jewels), they should come to meditate on their own Buddha-nature in that the minds of ordinary people are fundamentally just as pure and stainless as bodhisattvas and buddhas. Despite one's many problems, Tibetans are taught from any early age that beneath the stormy clouds of their bad karma and negative emotions is a vast and brilliant open sky of mind. A mind that is enlightened.

During a teaching in Dharamsala I heard the Dalai Lama recount a well-known anecdote. He was at a conference in North American when someone asked about chronic problems with "low self-esteem." His Holiness leaned over to his translator and asked for help; the translator tried to explain, but still he did not fully understand what this concept of "low self-esteem" was all about. When the Dalai Lama describes this conference, he recalls that he was astounded by such notions. He said that Tibetans may have many problems and can act in harmful ways; but they do not, he explained, question their inherent worth.

As Tsering Norbu, a 64 year-old layperson describes:

We all have buddhanature. His Holiness the Dalai Lama always reminds us of this. The problem is that we don't know it so we do all kinds of harmful actions. But underneath, just like the sun shining behind a sky full of clouds, is a vast, spacious and radiant mind. That is buddhanature. You asked me some questions earlier about what I do to cope with difficulties in my life. I am not a good practitioner. But if I were a better practitioner I would always try to meditate on my own buddhanature and the buddhanature of others. Many great lamas were thrown into prison by the Chinese. Some have been there for over thirty years. When I was in prison there was a very humble monk who always tried to help me. He advised me that when I was being beaten and tortured I should meditate on compassion for all beings. I told him I cannot because I am not a great lama. He challenged me and said that because of my buddhanature, I can! This immense compassion exists whether I can see it or not. This gave me great confidence.

Others, as well, mentioned that just knowing—if only intellectually—that they already have Buddha-nature, a mind that is stainless and pure, was a source of great strength. While for most, Buddha-nature remains a lofty ideal, I argue it becomes something of a "north star," an orienting principle for Tibetans in times of crisis.

Exploring Therapeutic or Clinical Implications of Project

Although it is unlikely that clinical interventions in meditation and mindfulness will embrace the concept of "buddha-nature," there are ways in which this project might broaden existing research on the therapeutic potential of Buddhist-inspired concepts. I do not suggest that one needs to convert to Tibetan Buddhism to utilize these forms of resilience. A number of core concepts I described as being integral to Tibetan forms of resilience are being explored in the mental health literature. Important psychosocial factors that have become associated with resilience, include: humor, cognitive flexibility, acceptance, religion/spirituality, and altruism (Southwick et al. 2005). I suggest specifically, that my project may further our understanding of the therapeutic potential of flexibility.

Some studies have explored the use of silence in the therapeutic encounter; an area that I argue might be combined with considerations of flexibility. Researchers in the area of palliative care have been concerned with highlighting the difference between "awkward silence" and that which is invitational or compassionate (Back et al. 2009). They emphasize the importance of clinicians training in the productive use of these techniques because pauses and longer moments of silence are not typical in everyday communication (at least in the West). Likewise, Carr and Smith (2014) write on the merit of silence in Motivational Interviewing, an approach often used in substance abuse treatment that relies on posing "open questions," and contemplating a variety of choices. They found that therapists who train in utilizing "intra-turn silence," or *pause*, create a highly client-centered approach to treatment. I would push Carr and Smith (2014) to go further in reflecting how silence in the therapeutic encounter might be of benefit. Does it promote grounded awareness of the body and the mind? Or occasion what Tibetans understand to be "freedom from fixation"? Is there anything to be gained by allowing psychotherapy clients to simply *experience* without articulating or verbalizing?

An aspect of the productive or therapeutic use of silence also relates to the high premium my Tibetan interlocutors place on equanimity. In a series of conversations with leading clinicians and researchers interested in mindfulness, the Dalai Lama asked whether there is a school of thought within psychology that sees happiness and sadness as emotions, but does not see equanimity in this same way—as an emotion. The team was a little perplexed. One member said: "equanimity is not a word that Western psychologists have spent much time discussing." *Or experiencing!* said another. The group laughed good-heartedly in agreement. As I described in earlier chapters, maintaining equanimity is considered much more important within Tibetan notions of healthy coping than is typically seen in the West. Perhaps because of beliefs in karma,

many describe how one should not become overly concerned with how fair one's plight in life may be. Despite what is happening externally, maintaining stability and steadiness in the mind— not becoming too upset (or too elated)—is a prominent sign of emotional health and wellbeing. Tibetans do not have the expectation that things will always turn out well. In fact, because they are in *samsara*, they expect that there will be difficulties in life. So when they encounter something negative, rather than reacting strongly, there is a sense of acceptance.

Through consulting with Tibetan Buddhist lamas, Mark Epstein had an epiphany with regard to his psychotherapy practice: "stop trying to eliminate emptiness!"; this insight was in fact, so strong that he claims this is exactly where Western psychotherapy has going wrong (1999). Epstein asserts that psychotherapists are just as intimidated by emptiness as their patients. Desperately looking for the root of the problem, the hidden dynamics, and the solution for fixing it, he says that "[t]herapists were trying to get rid of emptiness by uncovering its cause" (1999:14). But through exploration within his clinical practice, he found paradoxically that by not trying to chase away or fix feelings of emptiness, people seemed to find what he describes as "their own voice." This is similar to what D.W. Winnicott, an important figure in the psychoanalytic school of British Object Relations, writes in his seminal work, *Playing and Reality* (1971) on the pitfalls of "doing too much, being too little."

These perspectives aim to cultivate authenticity, which demand acceptance of the changing and impermanent aspects of life. Damasio argues:

> the illusion of an ongoing, unified self is created by the brain as it constantly and continuously represents fluctuating body and emotional states in interaction with a constantly changing environment. Secondary representation of these fluctuating body/environment interactions are then created, stored in memory, and can be drawn upon to construct yet other representations of the autobiographical self. [1999 cited in Hollan 2004:67]

Could it be that in the West we are colluding with a mirage? For Tibetans, those who are healthiest are those willing to accept the changing and even illusory notion of a cohesive self. But rather than falling apart, those who are most resilient argue that accepting these realities bring about greater freedom. Although we may not need to subscribe to complex worldviews of karma and emptiness, it may be that greater acceptance of the impermanent and changing nature of life could be more beneficial than expectations of perpetual health and happiness.

Moving Beyond Social Suffering

Within the past two decades there has been a major paradigm shift in medical anthropology, to investigate "social suffering," (Bourdieu 1999; Kleinman et al. 1997) and the structural causes of illness, war and misery (Farmer 2001, 2003; Link and Phelan 1995). And with time, while not rejecting this perspective, a number of key scholars have complicated the debate, asking how to conceptualize the role of subjectivity, agency, and individual experience (Biehl 2005; Biehl et al. 2007). Many authors of foundational writings on social suffering have also been instrumental in developing new theory on subjectivity (Das 2000; Good et al. 2007; Kleinman 2011). Although these perspectives provided a launching point from which I theorized my study, I argue they provide only a limited framework for thinking-through suffering, as well as coping and resilience in the Tibetan exile community. These frameworks are limited because Tibetans do not understand their community to be victims. Despite political oppression, they have a collaborative sense (although not without conflict) of what it means to be a part of a society.

On a particularly wet day in August, I walked slowly up the hill with Tsultrim, a Tibetan friend in his late-20s who worked in a local café I frequented. It was monsoon, and at a certain point in the season you give up trying to stay dry. Although everyone carries large umbrellas, the

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streets become so flooded that no one bothers to avoid sloshing through puddles. Despite what was going on with the weather, the pace on the streets was always slow, in part because in this hill station town you were always walking up or down a steep hill. We passed by a young Indian woman dressed in a dirty, torn sari, holding an infant. "Milk! No money. Milk!" she said to me in a pleading tone, holding out her hand and gesturing to her infant and a nearby shop. There is a well-known movement (some pejoratively call it a "beggar mafia") where groups come largely from Rajasthan to engage in organized begging among foreign tourists. Living in a shanty town of tents and cardboard shelters nearby, small groups of young women walk into town every day, each carrying an infant. They approach unsuspecting tourists, sometimes very persistently, even aggressively, and convince them to purchase a large bag of powdered milk, which is then resold for a profit. Tsultrim clucked in disapproval, as if to say, *tsk, tsk*, *what a shame*. "You never see Tibetans begging, do you?" he asked me.

I sometimes heard ex-pats who lived in Dharamsala instructing new tourist arrivals not to give them money or purchase milk. "You know, some Tibetan monks started a foundation for them," one German woman said. "So their children could go to school. But they won't even let the kids go to school, they're more of an asset to be used in begging." It is true that I have never seen a Tibetan person begging in India. "Many Tibetans are very poor, we have nothing," Tsultrim continued. "But we would never live this way or let a neighbor or family member live this way." This was very evident at the Kalachakra Initiation in Bodhgaya where I witnessed thousands of Tibetan new arrivals, some covered in dirt and torn clothing. But unlike their poor Indian counterparts, there was never a question of whether they would be housed and fed.

One day my research assistant remarked that there were four people staying in his room. He explained that a small group from his county in Kham arrived six months ago and have not

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yet found jobs. There was a strong sense of belonging and "clansmanship" connected to one's

county of origin in Tibet. Despite never meeting these individuals before, my assistant pointed

out that they were "from my same county," as if it would be obvious why he would host a group

of men for six months or more in his one-room flat. When Tibetans talked about Indian beggars

it was often with a sense of incredulousness. They did not necessarily look down on individual

beggars, as much as the society or culture that does not look after its own (Ward 2013). As I

became more integrated into the community and began receiving invitations to come to

neighbors' homes for dinner, I observed that Tibetans rarely dined alone. Groups of friends,

classmates, neighbors, and families often pooled food and cooked a large meal together. This

stretched not only food supplies, but also gas—a scarce resource in Dharamsala. "Why would

everyone in the neighborhood be using gas at dinner time, all cooking alone?" a neighbor asked.

However, in all my time spent in the homes of Tibetans, there was never an Indian person invited

to dinner.

Although no one much liked to give to the Rajashtani "milk ladies," there were often

other sorts of beggars around town, such as those with serious disabilities, likely from polio. It

was not uncommon for Tibetans, including monks and nuns, to offer money. This was especially

true on *Saga Dawa* and other Buddhist holy days where good karma (merit) from good deeds is

multiplied millions of times. The Tibetan cultural and religious sense of generosity and making

offerings shapes many everyday practices. Making offerings to monks and nuns is a rather

simple way to generate merit. Whenever I would come along with friends and neighbors to pay

someone a visit—particularly if the host was a monk or nun—it was requisite to stop along the

way and purchase some juice, biscuits, or fruit to offer on arrival.

Likewise, as a guest one is offered tea or food, without exception. This became somewhat of an amusing problem if I was conducting a number of interviews. By the end of a day I was so full of tea and biscuits I could not stomach anymore. But refusing an offering is considered extremely rude. There is a built in sense that generosity and good fortune are inextricably linked. Being stingy or miserly is dangerous; not only in the karmic sense, but as one woman remarked, "we never know when we might need the help, and if we don't have the habit of helping others, they may not be there when we are in need." Given these cultural norms, it seems very difficult to imagine what a Tibetan zone of abandonment would look like. The Tibetan government-in-exile offers some support to new arrivals, but much of the assistance I observed was very informal among friends, neighbors, and "county-mates." There seemed to be recognition that because misfortune and struggle are sometimes just a part of life, it is therefore important to construct a society that offers collective support.

In North America, there is a sense of entitlement to near constant health, happiness and wellbeing. Becoming sick, feeling unhappy, or losing a job or loved one feels not just painful, but somehow wrong. *Why do bad things happen to good people*, some ask. Taking seriously the notion that suffering is not a universal experience but one intimately shaped by culture, this research grapples with a culture that insists that difficulty, illness, and disruption is just a part of life. Within this community, no matter how bad things get, personal and collective *karma* provides an ordering principle to explain difficult life events. Far from implying that anyone who is imprisoned or violated somehow *deserves it*, the system of karma reminds this community that in the endless sea of past lifetimes, we have all been murders, rapists, and oppressors at one time. When my Tibetan interlocutors argue that constructing categories of "the oppressed" and "the

oppressors" misses something more fundamental—that suffering is a core *human experience*--the usual models of structural violence seems to lose some traction.

I argue that those accepting suffering as a natural part of life does not lead to victim mentalities or internalized oppression in the Tibetan exile community. In fact, I argue the opposite—that such perspectives *actually promote agency and internal freedom*. As Biehl and colleagues suggest, studies of subjectivity promise to help "disturb and enlarge presumed understandings of what is socially possible and desirable" (2007:5). So while Tibetans, of course, are not immune to the effects of suffering, those who accept that they have purified a karmic debt or potentially even look at how suffering may help to develop compassion for others in similar situations, seem to manage in unthinkable situations. The notion that there may be positive outcomes or opportunities for growth, what is sometimes called "bringing adversity onto the path," is highly valued, but perhaps not as remarkable (or inconceivable) a notion as it is in the West where concepts of social suffering and structural violence were conceived.

Freedom and Agency

This dissertation contributes new theory to understanding agency by challenging notions of "freedom." In recent years, the concept of agency has also become important in understanding the workings of culture. Kirmayer and Sartorius describe culture as "the dynamic interplay between individuals' agency and social processes of discursive and institutional power, often expressed through the control of technical knowledge and professional authority" (2007:832). For Tibetan living in exile, feeling a sense of freedom within the mind might be what is most important, above and beyond other concerns. They do not believe that structural constraints such as oppression and discrimination are acceptable—evidenced by the fifty year political struggle

and international campaign for Tibet. However, there is at the same time an orientation to life's happenings that are very pragmatic. As Tseyang, a 16 year-old student said, "I remember my *Ama-la* (mother) saying to me when I was little: 'you always have a choice.' No matter what, it is up to you. In a bad situation you should try to find a solution, but the most important is not to let it affect your peace of mind too much." This is similar to my elderly neighbor whose advice to me no matter the situation always seemed to be, "self is the protector of self."

Like with waiting all day on the wooden bench while the Indian visa officers drank chai and purposely ignored us, Tibetans do not view a flexible attitude as submissive. Rather, they see such an orientation to life as savvy, agile, and skillful. Such perspectives that purport that "self is the protector of self" might sound somewhat lonely and could even be misinterpreted as a neoliberal call for self-reliance. But many forms of coping and resilience in this community are generated in the atmosphere of compassion, the foundational basis for health and happiness. And while theories, such as structural violence and social suffering help to make sense of how the forces of inequity can create real suffering, I argue that these concepts can only go so far. An "ideal person" within the structural violence debates would be someone who is unconstrained by external forces, such that they have the freedom to act as highly autonomous and independent actors. But while certainly Tibetans do not necessarily want to be constrained by external forces, a highly autonomous and independent agent, free to act in the world however he or she wishes would not be considered "ideal."

If Tibetans do not place a high premium on personal independence, liberty and autonomy, then what are the qualities they admire most? Tibetan cultural heroes seem to have a number of qualities in common. Perhaps most central, is that they willingly take on the suffering of others. They also act with humility and kindness. Those imbued with ideal qualities might consider

sickness and even severe adversity, such as imprisonment, as an opportunity to purify negative karma and generate compassion. A recent book review written by Geoffery Samuels on one of Tibet's heroes, Gesar of Ling, the beloved enlightened warrior king of Tibet, points out that the Tibetan concept of "warriorship" is not about dominance and aggression, but about a willingness to face enemies with gentleness and intelligence. That is the meaning of bravery here. Being brave and confident does not suggest that there are no negative feelings or experiences. Rather, my interlocutors describe highly resilient people as those who take a very humanistic attitude towards suffering, understanding that they are not unique. They use painful experiences to generate compassion for everyone who might be experiencing something.

A modern day hero is Palden Gyatso, the Tibetan monk who spent 33 year in a Chinese prison and is often recalled as an exemplar of resilience for stating soon after his release that his greatest fear during his captivity was that he might lose compassion for his torturers. As he describes in his autobiography (Gyatso 1997), wishing compassion for those who harm you does not make you submissive; it makes you free of the toxic effects of hatred. While talking about traumatic experiences may not necessarily help the teller (Young 1995), it may be in this context that the listeners benefit. Gyatso has given talks across the world in human rights forums, often giving graphic accounts of his torture. Sometimes, as is depicted below, he offers a demonstration of how various implements of torture were used, such as how electric rods were put into his mouth. For Tibetans and foreign activists alike, this discourse juxtaposed with rhetoric of compassion and forgiveness challenges conventional notions about freedom and agency. As Schröder 2011 argues, "the categories of 'culprit and victim' do not necessarily fit" (153). From this perspective, true freedom is not measured against social constraint, but rather, *inner constraint*. Gyatso offers a stark example of what is possible in these circumstances.

Figure 10: Political Activist Palden Gyatso
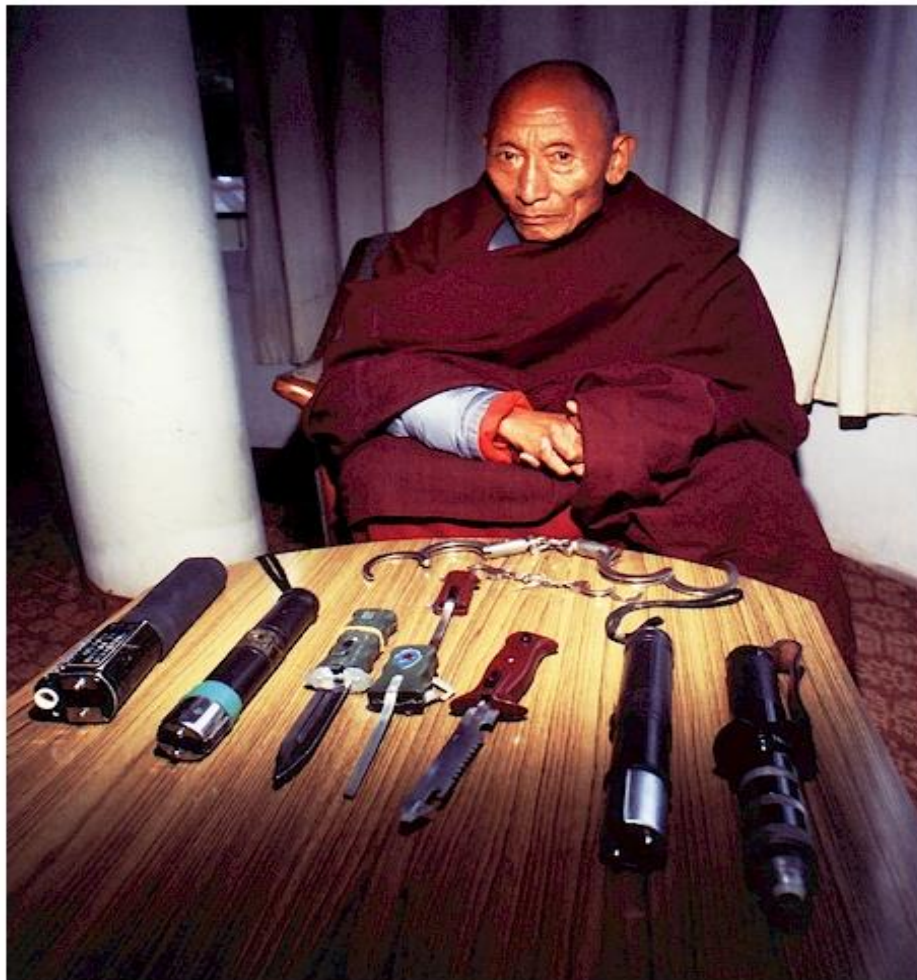
Photo Credit: www.in-nomine.org

My interlocutors often described very resilient people as those with great confidence and dignity, and cited examples of very "humble" individuals, who could bear anything because they had so much compassion and expansiveness.

In her essay on Ordinary Ethics, Veena Das claims that healing is a process which occurs not through rising up to the transcendent, but rather, sinking down into the ordinary. I am reminded of how often my Tibetan interlocutors would say to me, "These are *human problems*,

we are *all* suffering." Having the flexibility and space to see things from different angles helps

Tibetans to work with suffering in their minds. From one point of view, Tibetans in a prison

might be seen as the "victims." But, as a man named Tashi pointed out, "the Chinese guards who

maltreat prisoners are the ones accruing all this negative karma. So we should feel compassion

for them. Taking the broad view, we can see that they are the real victims in this situation." In

coming to see the human infallibility of their oppressors, they feel a sense of interdependence

through the system of karma. Karma is a social construct, showing how cause and effect brings

people together in particular situations. Classic Buddhist advice suggests that those who are

harmed should think, *may I willingly take this on, to purify the karmic debt between us*.

The question of agency in relation to karma is an interesting one. One might expect that

those who believe in karma could feel powerless. But actually I found quite the opposite. Among

Tibetans in exile, it gives a sense of increased agency insofar as one can be certain that one's

actions will have demonstrable effects the future. In addition, there is always the possibility of

purifying negative karma that has already accumulated. Through this spiritual effort and work,

Tibetans experience increased agency or sense of self-efficacy.

Conclusion

While empirical findings suggest there is a low incidence of mental distress in Dharamsala, some

scholars remain skeptical about the validity of these studies, asking whether the cultural

propensity to avoid disclosing distress creates response bias. While the present study does not

demonstrate that Tibetans are any "more" or "less" resilient than other cultural groups, the

findings help to better understand local idioms of distress, as well as processes of coping and

resilience. Specifically, my interlocutors understood difficulties in life as the ripening of karma

and were reticent to generate more negative karma and risk illness by reacting too strongly. Instead, they understood that they had purified a karmic debt and tried to let go of negative emotions. To do so, there was recognition that one needed to transform one's relationship to difficulty.

Many previous studies in medical anthropology have considered the difficulties inherent in attempting to equate mental distress that is spiritual or even existential in nature, with psychiatric diagnostic categories (Csordas 2008; Good 1994; Storck et al. 2000). In the Tibetan context, mental distress, including that which is occasioned by political violence, tends to be more of a "spiritual problem," than a "medical problem." However, there are overlaps, such as with *rlung* disorders. This dissertation raises questions about whether trauma should be conceptualized in the same way regardless of whether it is seen by the local community as psychiatric/medical or spiritual in nature. In a certain sense, the way that members of the Tibetan exile community view human suffering almost transcends the binary between "medical" and "religious." The view is much more humanistic: understanding that all people are suffering, political violence and the suffering that ensues is emblematic of experiences in *samsara*. This reminds residents of Dharamsala that there is "nothing special" or notable about having even severe problems, particularly because all beings have suffered endlessly in samsara.

In Karen Seeley's ethnographic research in lower Manhattan during and after 9/11, she found that something occurred which surprised the mental health professionals who had come to help. Finding themselves in what she calls "simultaneous trauma" (2008), psychotherapists found it increasingly difficult to maintain professional boundaries, which usually discourage much in the way of personal disclosure or display of too much emotion. And yet, amidst the community-wide horror, many found themselves to be not only exposed to the same traumatic

events as their clients, but in fact, their psychological responses were the same. This became a source of struggle for many therapists who identities were built on their capacities for professional distance, and above all, the ability to effectively manage stress.

Whereas seeing their human qualities and infallibility for therapists in Seeley's (2008) research was a source of discomfort, for Tibetans in difficult situations, contemplating the likeness of others in one's same situation is considered a healthy method of coping. This not only helps to cultivate compassion but is an effective way to work very directly with difficult emotions. Rather than moving away and desperately avoiding pain, classic advice on managing negative emotions actually suggests that one should move in closer to their experience. It is often the resistance to experiences that make us suffer most. Particularly for Tibetans, they argue that the most resilient people do not seek out pain, but will use it as an opportunity to connect with their own vulnerability and tenderness, which automatically connects them to the humanity of others. This perspective is categorically different from how Taylor defines torture, which she see as acts that strip victims of their humanity.

> Torture deliberately inflicts physical or psychological pain on one's enemies for information, coercion, or intimidation. It attacks personhood, suspends the rules, and unmakes the world of the victim by turning it into a strange and terrifying place. The practice of torture undermines all boundaries and conventions set up by societies to contain and rationalize violence. [Taylor 2007:710-711]

For Tibetans in these unthinkable situations, it is only through seeing the humanity, even the ordinariness, of their torturers that allows them to maintain a sense of dignity. Rather than making Tibetan refugees feel even more despondent and hopeless, however, such attitudes among the community's most resilient people, helps to generate compassion and feel a sense of interconnectedness with "the human condition."

To generate these forms of resilience, the dissertation explored how Tibetan exile members use lojong, a common practice or "technology" for managing distress. Swiftly working to challenge the utility of negative emotions, lojong transforms one's appraisal and experience of distress, reducing the longevity of suffering associated with potentially traumatizing events. As one foundational lojong slogan advises (Kongtrul 2005):

> When misfortune fills the world and its inhabitants,
> Make adversity the path of awakening.

These lines go beyond reminding Tibetans that suffering is part of life, or instructing them to have a positive attitude. Instead, it suggests that suffering and adversity can be used to "wake up," to generate wisdom and compassion.

The findings of this study challenge the notion that trauma is inevitable in the context of political violence. Understanding trauma as a looping process between the self and society, I show how because of cultural values (and practices based on these values), distress seems to lose its momentum. Yet while stories of oppression at the cultural level are widely discussed, at the personal level there is great incentive to quickly let go or transform distress. Tibetan community members encourage one another to move forward with confidence and dignity in spite of personal histories of violence. These stories contribute to a growing literature, which aims to understand not just those with clinical levels of distress and mental disorders, but to examine fully the broad range of reactions to political violence.

Being Humble, Being Confident

It is not a particularly notable finding to argue that religion helps people cope with adversity. Such a function might, as Weber (1930) argued, be a defining feature of a religion. But this inquiry has identified particularities of Tibetan Buddhism—sets of beliefs and practices that may

plausibly be argued to enhance resilience. In this section I explore the cultural ideals of "humbleness," and "confidence," and argue that these concepts, which are rather unique to Tibetan Buddhism, are integral to promoting resilience. In many ways, the practice of Tibetan Buddhism and notions of spirituality are radically different from theistic religions. As anthropologists working on Christianity (Corwin 2012; Luhrmann 2012; Lester 2005) attest, much of the spiritual work among Christians relates to employing a variety of technologies that bring one closer to God. Whereas in Tibetan Buddhism, there are no external agents who can "save you."

An American Buddhist nun named Pema Chodron describes an experience she had during some important teachings in Nepal. She was a guest of one of the high lamas who organized the empowerments. One minute she was ushered up next to the teacher's throne and asked to come in a special door. The next day she was told, "oh, no, no, you go and sit with the other nuns on the floor." This continued for days and she did not understand her status. Finally she said to her host: "I just don't know who I'm supposed to be." He said: "Well, you have to learn to be big and small at the same time" (Chodron 2001). These themes of humility, confidence and self-reliance provide Tibetans with particular "tools" for resilience.

Tibetan Buddhism, known as the vajrayana, is quite different in many respects from Zen and the Theravadan traditions in Southeast Asia. Rather than slowly and methodically working to reveal an enlightened mind—the way that one might polish a tarnished piece of silver—vajrayana practitioners start from a place of enlightenment from the beginning (also known as the resultant path). Although the shining silver is still covered with a lot of muck, there is great faith that the true nature of mind is nonetheless, there, shining underneath. A traditional analogy is to imagine the brilliant blue sky; even when it is covered by clouds—sometimes completely

obscured—the vast sky still "exists" behind the clouds. No matter what the weather, the nature of the sky, itself, does not change.

Tibetan religious beliefs, and the cultural practices based on them, instill a sense of confidence and faith, not in an external God, but in one's own mind. In early August, I interviewed two nuns who had just days prior come out of a four-year solitary retreat in a cave shelter near Lahoul. They practiced in the Drikung Kagyu tradition, and while in retreat did not cut their hair. It was quite unusual to sit with two nuns with long hair. As depicted below, some stay for three or four years in a "meditation box," so they can sleep sitting up. Many advanced meditation practices, such as "dream yoga," involve working with *rlung* (winds), which can more easily be brought into the central channel if one's spine is straight. Incidentally, practitioners at the time of death attempt to remain in the sitting meditation posture in order to do *phowa*, a practice that gives one more control in the rebirth process. I recalled all the times that my Tibetan interlocutors explained that you will know someone's inner state by their radiance. Indeed, the nuns had an uncanny glow, their eyes were shining and particularly their skin seemed almost luminescent. At the same time, there was an ordinariness in the way they carried themselves. And while I found it very impressive that they had just completed a four year solitary retreat, there seemed to be no trace of pride or accomplishment. I asked them, "what advice do you have for other women?" The answer that one of them gave was a bit unexpected, as I was anticipating her to say something about compassion or the benefits of devotion. She said: "we need to relax. The more we can relax, the more confidence we have. This would be good."

Figure 9: Nuns in long retreat, Gebchak Gonpa, Tibet

Photo Credit: The Yogini Project

The notion that one can develop confidence by "relaxing," is also found in psychoanalytic literature.

For instance, Winnicott articulated a concept known as "holding space" or "potential space," a process he considered crucial for healthy development. He argued that parents (mothers) need to cultivate an environment that is loving, but also open or empty enough for children to discover who they are. Mothers who overly smother their children with love and attention rob them of opportunities for self-mastery. The kind of healthy aloneness that children

need to thrive comes from an environment that is "safe but unobtrusive" (Epstein 1998: 39). This way of thinking is another way of understanding the benefits of space within the mind.

This advice that the nun gave me, of just relaxing, is something I heard frequently in discussions of coping and resilience. Although most Tibetans do not go off to meditate in a cave like these nuns, such ideas permeate cultural sensibilities of psychological health. It is only possible to relax when there is great inner confidence. It is identifying with the vast blue sky that is eternal, rather than the ever-changing clouds. An abbot of a monastery relied on this metaphor when explaining to me how to cope with adversity. He explained that if someone is very attached to every passing thought and every passing emotion, there will be great instability within the mind. But those who can learn to identify with the vast blue sky behind the clouds will not be swayed too much by the passing of difficult emotions. "You don't have to ignore them, and pretend they are not there," he said. "But you don't have to identify with them either. We might *have* difficult emotions, but we wouldn't say that we *are* them. It is not good to say, I am angry. It is better to think, okay, right now, at the moment, there is a feeling of anger passing by." He said before giggling and handing me a cookie, "you can wave! Hello, and goodbye, anger!" This orientation to the self, helps Tibetans to view mental distress as something that comes and goes. It is just a part of being human. With this view, automatically solidifying distress in terms of "mental illness," only makes distress seem more permanent than it really is.

The focus is on cultivating inner equanimity. When Tibetans describe those who are very resilient as "very humble," and also "very confident," they mean that they do not have to build themselves up because they have trust in their own minds. Arrogance is a sign that there is a lack of inner confidence, because self-worth is dependent on external confirmation. This trust and inner confidence in their own minds is so strong that when they are faced with difficulty, their

negative emotions are not able to sway their confidence. Resilient people in this context may experience anger, fear, sadness, grief, or even rage, but they understand it to be temporary and in a sense, "not real," or empty of inherent existence. In other words, the humbleness and confidence that resilient people in the Tibetan exile experience is unconditioned. Studies of this and other "resilience imaginaries," may be a fruitful site for pushing the boundaries of how we understand human freedom and agency.

Bibliography

Adams, Vincanne
    1998 Suffering the Winds of Lhasa: Politicized Bodies, Human Rights, Cultural Difference, and Humanism in Tibet. Medical Anthropology Quarterly 12(1):74–102.

    2001 The Sacred in the Scientific: Ambiguous Practices of Science in Tibetan Medicine. Cultural Anthropology 16(4):542–575.

    2012 The Other Road to Serfdom: Recovery by the Market and the Affect Economy in New Orleans. Public Culture 24(1):185–216.

Adams, Vincanne, Taslim van Hattum, and Diana English
    2009 Chronic Disaster Syndrome: Displacement, Disaster Capitalism, and the Eviction of the Poor from New Orleans. American Ethnologist 36(4):615–636.

Adams, Vincanne, Mona Schrempf, and Sienna R. Craig
    2011 Medicine between Science and Religion : Explorations on Tibetan Grounds. New York: Berghahn Books,.

Ager, Alastair
    1997 Tensions in the Psychosocial Discourse: Implications for the Planning of Interventions with War-Affected Populations. Development in Practice 7(4): 402–407.

Alcantara, Carmela, James L. Abelson and Joseph P. Gone
    2012 Beyond Anxious Predisposition: Do *Padecer de Nervios* and *Ataque de Nervios* Add Incremental Validity to Predictions of Current Distress Among Mexican Mothers? Depression and Anxiety 29:23-31.

Allen, James, Kim Hopper, Lisa Wexler, Michael Kral, Stacy Rasmus and Kristine Nystad
    2013 Mapping Resilience Pathways of Indigenous Youth in Five Circumpolar Communities. Transcultural Psychiatry, Published online before print, August 21, 2013, doi:10.1177/1363461513497232.

American Psychiatric Association
    2013 Diagnostic and Statistical Manual of Mental Disorders DSM-5. 5th ed. Washington, D.C. :: American Psychiatric Association,. http://www.columbia.edu/cgi-bin/cul/resolve?clio10600248.

Andraesen, Nancy C.
    1980 Post-Traumatic Stress Disorder. *In* Comprehensive Textbook of Psychiatry. 3rd edition. Harold Kaplan, Freedman, Alfred, and Benjamin Sadock, Eds. Baltimore, MD: Williams and Wilkins.

Antze, Paul, and Michael Lambek
    1996 Tense Past: Cultural Essays in Trauma and Memory. New York: Routledge.

Back, Anthony L., Susan M. Bauer-Wu, Cynda H. Rushton, and Joan Halifax
    2009 Compassionate Silence in the Patient-Clinician Encounter: A Contemplative
        Approach. Journal of Palliative Medicine 12(12): 1113–1117.

Barber, Brian K.
    2008 Contrasting Portraits of War: Youths' Varied Experiences with Political Violence in
        Bosnia and Palestine. International Journal of Behavioral Development 32(4): 298–309.

Bateson, Gregory
    1972 Steps to an Ecology of Mind. New York: Ballantine Books.

Bayer C, Klasen F, and Adam H
    2007 Association of Trauma and Ptsd Symptoms with Openness to Reconciliation and
        Feelings of Revenge among Former Ugandan and Congolese Child Soldiers. JAMA
        298(5): 555–559.

Beasley, Margaret, Ted Thompson, and John Davidson
    2003 Resilience in Response to Life Stress: The Effects of Coping Style and Cognitive
        Hardiness. Personality and Individual Differences 34(1): 77–95.

Benedict, Adriana Lee
    2009 Struggling to Meditate: Contextualising Integrated Treatment of Traumatised Tibetan
        Refugee Monks. Mental Health, Religion & Culture 12(5): 485–499.

Benedict, Ruth
    1989 Patterns of Culture. Boston: Houghton Mifflin.

Bhatia, Shushum, Tsegyal Dranyi, and Derrick Rowley
    2002 A Social and Demographic Study of Tibetan Refugees in India. Social Science &
        Medicine 54(3): 411–422.

Biehl, Joao
    2005 Life in a Zone of Social Abandonment. Berkeley, CA: University of California.

Biehl, João Guilherme, Byron Good, and Arthur Kleinman, eds.
    2007 Subjectivity : Ethnographic Investigations /. Berkeley :: University of California Press,.

Bonanno, George A.
    2004 Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity
        to Thrive After Extremely Aversive Events? American Psychologist 59(1): 20–28.

Bourdieu, Pierre
    1999 The Weight of the World : Social Suffering in Contemporary Society. Stanford,
        CA: Stanford University Press.

    1994 Doxa, Orthodoxy, Heterodoxy. *In* Culture/Power/History: A Reader in Contemporary

       Social Theory. Nicholas B. Dirks, Geoff Eley, and Sherry B. Ortner, Eds., Pp. 155–199. Princeton, NJ: Princeton University Press.

    1977 Outline of a Theory of Practice. Cambridge: Cambridge University Press.

Bourgois, Philippe I.
    2009 Righteous Dopefiend. Jeff Schonberg, ed. Berkeley: University of California Press.

Bowen, Sarah, Katie Witkiewitz, Tiara M. Dillworth, et al.
    2006 Mindfulness Meditation and Substance Use in an Incarcerated Population. Psychology of Addictive Behaviors 20(3): 343–347.

Brach, Tara
    2003 Radical Acceptance: Embracing Your Life with the Heart of a Buddha. New York: Bantam.

Breslau, Joshua
    2000 Globalizing Disaster Trauma: Psychiatry, Science and Culture After the Kobe Earthquake. Ethos 28(2):174-197.

Brewer, Judson A., Sarah Bowen, Joseph T. Smith, Alan G. Marlatt, and Marc N. Potenza
    2010 Mindfulness-Based Treatments for Co-Occuring Depression and Substance Use Disorders: What Can We Learn from the Brain? Addiction 105:1698–1706.

Brewin, Chris R., and Neil Burgess
    2014 Contextualisation in the Revised Dual Representation Theory of PTSD: A Response to Pearson and Colleagues. Journal of Behavior Therapy and Experimental Psychiatry 45(1): 217–219.

Burke, Christine A.
    2010 Mindfulness-Based Approaches with Children and Adolescents: A Preliminary Review of Current Research in an Emerging Field. Journal of Child and Family Studies 19(2): 133–144.

Butler, Judith
    1990 Gender Trouble : Feminism and the Subversion of Identity. New York: Routledge.

Calabrese, Joseph D.
    2008 Clinical Paradigm Clashes: Ethnocentric and Political Barriers to Native American Efforts at Self-Healing. Ethos 36(3): 334–353.

Carlisle, Steven G.
    2008 Synchronizing Karma: The Internalization and Externalization of a Shared, Personal Belief. Ethos 36(2):194-219.

Carrico, Kevin

2012 Self-Immolation and Slander-Woeser. Cultural Anthropology Online. Self-Immolation as Protest in Tibet. http://www.culanth.org/fieldsights/105-self-immolation-and-slander-woeser.

Cassaniti, Julia
2012 Agency and the Other: The Role of Agency for the Importance of Belief in Buddhist and Christian Traditions. Ethos 40(3): 297–316.

Castillo, Richard J.
1994 Spirit Possession in South Asia, Dissociation or Hysteria? Culture, Medicine and Psychiatry 18(1):1–21.

China View
2013 The Dalai Clique. www.news.xinhuanet.com, accessed December 20, 2013.

Chodron, Pema
2001 Start Where You Are: A Guide to Compassionate Living. Boston, MA: Shambhala.

Choesanjg, Yeshe
2013 Tibet-Self-Immolation Is the Highest Form of Non-Violent Struggle. The Tibet Post International, September 18. http://www.thetibetpost.com/en/outlook/reviews/3637-tibet-self-immolation-is-the-highest-form-of-non-violent-struggle?tmpl=component&print=1&layout=default&page=, accessed January 9, 2014.

Clifford, Terry
1994 Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing. 1st Indian ed. Delhi: Motilal Banarsidass.

Collins, Pamela Y., Vikram Patel, and Sarah S. Joestl
2011 Grand Challenges in Global Mental Health. Nature 475: 27–30.

Condon, Paul, Gaelle Desbordes, Willa B. Miller and David DeSteno
2013 Meditation Increases Compassionate Responses to Suffering. Psychological Science 24(10):2125–7.

Connerton, Paul
1989 How Societies Remember. Cambridge: Cambridge University Press.

Corwin, Anna I.
2012 Changing God, Changing Bodies: The Impact of New Prayer Practices on Elderly Catholic Nuns' Embodied Experience. Ethos 40(4): 390–410.

Craig, Sienna R, Liana Chase, and Tshewang Norbu Lama
2010 Taking the MINI to Mustang, Nepal: Methodological and Epistemological Translations of an Illness Narrative Interview Tool. Anthropology & Medicine 17(1): 1–26.

2008 Horses like Lightning : A Story of Passage through the Himalayas. Boston: Wisdom
      Publications.

2012a Healing Elements Efficacy and the Social Ecologies of Tibetan Medicine. Berkeley:
      University of California Press.

2012b Social Suffering and Embodied Political Crisis. Cultural Anthropology Online. Self-
      Immolation as Protest in Tibet. http://www.culanth.org/fieldsights/97-social-suffering-
      and-embodied-political-crisis.

Cramer, Phoebe
    1998 Coping and Defense Mechanisms: What's the Difference? Journal of Personality
      66(6): 919–946.

Csordas, Thomas J.
    1999 Ritual Healing and the Politics of Identity in Contemporary Navajo Society. American
      Ethnologist 26(1): 3–23.

Csordas, Thomas J., C Dole, A Tran, and M Strickland
    2010 Ways of Asking, Ways of Telling. Culture, Medicine and Psychiatry 34(1): 29–55.

Csordas, Thomas J., Storck, Michael J., and Milton Strauss
    2008 Diagnosis and Distress in Navajo Healing. The Journal of Nervous and Mental Disease
      196(8): 585–596.

Central Tibetan Administration
    2012 Tibet in Exile. Electronic document, http://tibet.net/about-cta/tibet-in-exile/, accessed
      October 30.

Clarke, Adele E., Janet K. Shim, Laura Mamo, Jennifer Ruth Fosket, and Jennifer R. Fishman
    2003 Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S.
      Biomedicine. American Sociological Review 68(2): 161–194.

Da Col, Giovanni
    2012 Five Armchair Reflections on Tibetan Personhood. Cultural Anthropology Online.
      Self-Immolation as Protest in Tibet. http://www.culanth.org/fieldsights/99-five-armchair-
      reflections-on-tibetan-personhood.

Das, Veena
    2007 Life and Words Violence and the Descent into the Ordinary. Berkeley: University of
      California Press

    2000 Violence and Subjectivity. Berkeley: University of California Press.

Das, Veena, and Ranedra K. Das
    2007 How the Body Speaks: Illness and the Lifeworld Among the Urban Poor. *In*

Subjectivity: Ethnographic Investigations Pp. 66–97. Berkeley, CA: University of California Press.

Davidson, Richard J.
　2013　Change Your Brain by Transforming Your Mind. Resilience Through Compassion and Connection conference, May 17, New Orleans, LA.

Davidson, Richard J., Daren C. Jackson, and Ned H. Kalin
　2000　Emotion, Plasticity, Context, and Regulation: Perspectives from Affective Neuroscience. Psychological Bulletin 126(6): 890–909.

Del Vecchio Good, Mary-Jo, Tseunetsugu Munakata, Yasuki Kobayashi, Cheryl Mattingly, and Byron J. Good
　1994　Oncology and Narrative Time. Social Science & Medicine 38(6): 855–862.

Deleuze, Gilles
　1987　A Thousand Plateaus : Capitalism and Schizophrenia. Félix Guattari, ed. Minneapolis: University of Minnesota Press.

Denzin, Norman K., and Yvonna S. Lincoln, eds.
　2000　The Handbook of Qualitative Research. 2nd ed. Thousand Oaks, CA: Sage Publications.

Derluyn, Ilse, Eric Broekaert, Gilberte Schuyten, and Els De Temmerman
　2004　Post-Traumatic Stress in Former Ugandan Child Soldiers. The Lancet 363(9412): 861–863.

Desjarlais, Robert R.
　2003　Sensory Biographies : Lives and Deaths among Nepal's Yolmo Buddhists. Berkeley, CA: University of California Press.

　1992　Body and Emotion : The Aesthetics of Illness and Healing in the Nepal Himalayas. Philadelphia: University of Pennsylvania Press.

Devereux, George
　1980　Basic Problems of Ethnopsychiatry . Chicago: University of Chicago Press.

Doran, Jennifer M.
　2012　The Relationship between Trauma and Forgiveness in Post-Conflict Sierra Leone. Psychological Trauma 4(6): 614–623.

Dreyfus, Georges B. J.
　2003　The Sound of Two Hands Clapping the Education of a Tibetan Buddhist Monk. Berkeley, CA: University of California Press.

Ellenberger, Henri F.

   1993 Beyond the Unconscious: Essays of Henri F. Ellenberger in the History of Psychiatry. Mark S. Micale, Ed. Princeton, NJ: Princeton University Press.

Epstein, Mark
   1999 Going to Pieces Without Falling Apart: A Buddhist Perspective on Wholeness. New York: Broadway.

Engstrom, Maria, and Birgitta Soderfelft
   2010 Brain Activation During Compassion Meditation: A Case Study. Journal of Alternative and Complementary Medicine 16(5): 597–599.

Evans, Dabney
   2008 Shattered Shangri-La: Differences in Depressive and Anxiety Symptoms in Students Born in Tibet Compared to Tibetan Students Born in Exile. Social Psychiatry and Psychiatric Epidemiology 43(6): 429–436.

Evans-Pritchard, E.E.
   1937 Witchcraft, Oracles and Magic Among the Azande. Oxford: Clarendon Press.

Farman, Abou
   2013 Speculative Matter: Secular Bodies, Minds, and Persons. Cultural Anthropology 28(4): 737–759.

Farmer, Paul
   2003 Pathologies of Power : Health, Human Rights, and the New War on the Poor. Berkeley: University of California Press,

   2001 Infections and Inequalities : The Modern Plagues. Berkeley: University of California Press.

Farquhar, Judith
   2013 Same and Different in Trans-Local East Asian Medicine. Culture, Medicine, and Psychiatry 37(1): 105–110.

Fassin, Didier
   2009 The Empire of Trauma : An Inquiry into the Condition of Victimhood . Richard Rechtman, ed. Princeton, NJ: Princeton University Press.

   2012 Humanitarian Reason: A Moral History of the Present Times. Berkeley: University of California Press.

Felman, Shoshanna and Dori Laub
   1992 Testimony: Crises of Witnessing. New York: Routledge.

Fischer, Andrew M.
   2012 The Geopolitics of Politico-Religious Protests in Eastern Tibet. Cultural Anthropology

Online. http://www.culanth.org/fieldsights/100-the-geopolitics-of-politico-religious-protest-in-eastern-tibet.

Foucault, Michel
  1965 Madness and Civilization; a History of Insanity in the Age of Reason. New York: Pantheon Books.

  1979 Discipline and Punish : The Birth of the Prison. New York: Vintage Books.

  1980 The History of Sexuality. 1st Vintage Books ed. New York: Vintage Books.

Frankl, Viktor E.
  1992 Man's Search for Meaning : An Introduction to Logotherapy. 4th ed. Boston: Beacon Press.

Freud, Anna
  1936 The Ego and the Mechanisms of Defense. New York: International Universities Press.

Freud, Sigmund, and J. Strachey
  1917 Mourning and Melancholia. *In* The Standard Edition of the Complete Psychological Works of Sigmund Freud.

Garcia, Angela
  2008 The Elegiac Addict: History, Chronicity, and the Melancholic Subject. Cultural Anthropology 23(4): 718–746.

  2010 The Pastoral Clinic : Addiction and Dispossession along the Rio Grande. Berkeley: University of California Press.

Gardiner, Michael
  1996 Alterity and Ethics: A Dialogical Perspective. Theory, Culture & Society 13(2): 121–143.

Geertz, Clifford
  2000 The Interpretation of Cultures. New York: Basic Books.

Giddens, Anthony
  1991 Modernity and Self-Identity. Stanford, CA: Stanford University Press.

Goffman, Erving
  1990 Asylums : Essays on the Social Situation of Mental Patients and Other Inmates. New York: Doubleday.

Gone, Joseph P.
  2013 Redressing First Nations Historical Trauma: Theorizing Mechanisms for Indigenous Culture as Mental Health Treatment. Transcultural Psychiatry 50(5): 683–706.

Good, Byron J.
    1977 The Heart of What's the Matter The Semantics of Illness in Iran. Culture, Medicine
        and Psychiatry 1(1): 25–58.

    1994 Medicine, Rationality, and Experience : An Anthropological Perspective. Cambridge:
        Cambridge University Press.

    2010 Medical Anthropology and the Problem of Belief. *In* Medicine, Rationality, and
        Experience: An Anthropological Perspective Pp. 64–78. Cambridge: Cambridge
        University Press.

    2012 Phenomenology, Psychoanalysis, and Subjectivity in Java. Ethos 40(1): 24–36.

Good, Byron J., Subandi, and Mary-Jo DelVecchio Good
    2007 The Subject of Mental Illness: Psychosis, Mad Violence, and Subjectivity in Indonesia.
        In Subjectivity: Ethnographic Investigations. Joao Biehl, Byron J. Good, and Arthur M.
        Kleinman, eds. Berkeley, CA: University of California Press.

Goodman, Nelson
    1977 The Structure of Appearance. Boston: Reidal.

Gyatso, Janet
    2012 Discipline and Resistance on the Tibean Plateau. Cultural Anthropology Online. Self-
        Immolation as Protest in Tibet. http://www.culanth.org/fieldsights/96-discipline-and-
        resistance-on-the-tibetan-plateau.

    1998 Apparitions of the Self: The Secret Autobiographies of a Tibetan Visionary. Princeton,
        NJ: Princeton University Press.

Gyatso, Palden
        1997 The Autobiography of a Tibetan Monk. Tsering Shakya, ed. 1st. Amer. ed. New
            York: Grove Press.

Haaken, Janice
    1998 Pillar of Salt: Gender, Memory, and the Perils of Looking Back. New Brunswick, NJ:
        Rutgers University Press.

Hacking, Ian
    1998 Rewriting the Soul Multiple Personality and the Sciences of Memory. Princeton, NJ:
        Princeton University Press.

    1999 The Social Construction of What?. Cambridge, MA: Harvard University Press.

    1999 Making Up People. *In* The Science Studies Reader, Mario Biagiolo, Ed. Pp. 161–171.

New York: Routledge.

2002 Mad Travelers : Reflections on the Reality of Transient Mental Illnesses. Cambridge, MA: Harvard University Press.

Hallisey, Charles and Anne Hansen
1996 Narrative, Sub-Ethics, and the Moral Life: Some Evidence from Theravada Buddhism. Journal of Religious Ethics 24(2):305-327.

Haraway, Donna Jeanne
1989 Primate Visions : Gender, Race, and Nature in the World of Modern Science. New York: Routledge.

1991 Simians, Cyborgs, and Women : The Reinvention of Nature. New York, NY: Routledge,.

Harvey, Peter
2001 Buddhism. New York: Continuum.

Herman, Judith Lewis
1992 Trauma and Recovery. New York: Basic Books.

Hernández-Cordero, Lourdes J. and Mindy Thompson Fullilove
2008 Constructing Peace. Helping Youth Cope in the Aftermath of 9/11. American Journal of Preventive Medicine 34(3).

Hinton, Devon E.
2008 Healing Through Flexibility Primers. *In* The Oxford Handbook of Medical Ethnomusicology. Benjamin D. Koen, ed. Pp. 121–163. New York: Oxford University Press.

2011 The Cross-Cultural Validity of Posttraumatic Stress Disorder: Implications for DSM-5. Depression and Anxiety 28(9): 783–801.

Hinton, Devon E., Alexander L. Hinton, Kok-Thay Eng, and Sophearith Choung
2012 PTSD and Key Somatic Complaints and Cultural Syndromes among Rural Cambodians: The Results of a Needs Assessment Survey. Medical Anthropology Quarterly 26(3): 383–407.

Hinton, Devon E., Edwin I. Rivera, Stefan G. Hofmann, David H. Barlow and Michael W. Otto
2012 Adapting CBT for Traumatized Refugees and Ethnic Minority Patients: Examples from Culturally Adapted CBT (CA-CBT). Transcultural Psychiatry 49(2):340-365.

Hinton, Devon E., and Roberto Lewis-Fernández
2011 The Cross-Cultural Validity of Posttraumatic Stress Disorder: Implications for DSM-5. Depression and Anxiety 28(9): 783–801.

Hinton, Devon, Khin Um, and Phalnarith Ba
    2001 Kyol Goeu ("Wind Overload") Part I: A Cultural Syndrome of Orthostatic Panic among Khmer Refugees. Transcultural Psychiatry 38(4): 403–432.

Hirsch, Marianne, and Nancy K. Miller, eds.
    2011 Rites of Return Diaspora Poetics and the Politics of Memory. New York: Columbia University Press.

Hollan, Doug
    2004 Self Systems, Cultural Idioms of Distress and the Psycho-Bodily Consequences of Childhood Suffering. Transcultural Psychiatry 41(1): 62–79.

Holtz, TH
    1998 Refugee Trauma versus Torture Trauma: A Retrospective Controlled Cohort Study of Tibetan Refugees. The Journal of Nervous and Mental Disease 186(1): 24.

Hooberman, JB
    2007 Classifying the Torture Experiences of Refugees Living in the United States. Journal of Interpersonal Violence 22(1): 108–123.

Hooberman, Joshua
    2010 Resilience in Trauma-Exposed Refugees: The Moderating Effect of Coping Style on Resilience Variables. American Journal of Orthopsychiatry 80(4): 557–563.

Hopper, Kim
    1991 Some Old Questions for the New Cross-Cultural Psychiatry. Medical Anthropology Quarterly 5(4): 299–330.

Horton, Richard
    2013 Is Global Health Neocolonialist? The Lancet 382: 1690.

Hussain, Dilwar
    2009 Development and Validation of the Refugee Trauma Experience Inventory. Psychological Trauma 1(2): 107–117.

    2011 Cultural Factors Promoting Coping among Tibetan Refugees: A Qualitative Investigation. Mental Health, Religion & Culture 14(6): 575–587.

Hussain, Dilwar, and Braj Bhushan
    2011 Posttraumatic Stress and Growth among Tibetan Refugees: The Mediating Role of Cognitive-Emotional Regulation Strategies. Journal of Clinical Psychology 67(7): 720–735.

    2012 Posttraumatic Growth Experiences among Tibetan Refugees: A Qualitative Investigation. Qualitative Research in Psychology 10(2): 204–216.

Iyer, Pico
    2013 The Value of Suffering. The New York Times, September 8: SR1.

Jacobson, E
    2007 "Life-Wind Illness" in Tibetan Medicine: Depression, Generalised Anxiety Disorder,
        and Panic Attack. *In* Soundings in Tibetan Medicine: Anthropological and Historical
        Perspectives Pp. 225–227. Boston: Brill.

Janes, Craig R
    2002 Buddhism, Science, and Market: The Globalisation of Tibetan Medicine.
        Anthropology & Medicine 9(3): 267–289.

Janes, Craig R.
    1999 Imagined Lives, Suffering, and the Work of Culture: The Embodied Discourses of
        Conflict in Modern Tibet. Medical Anthropology Quarterly 13(4): 391–412.

    1999 The Health Transition, Global Modernity, and the Crisi of Traditional Medicine: The
    Tibetan Case. Social Science and Medicine 48(12): 1803–1820.

Jones, Dan
    2011 Mindfulness in Schools. Psychologist 24(10): 736–739.

Jong, Joop T.V.M. de
    2002 Trauma, War, and Violence : Public Mental Health in Socio-Cultural Context . New
    York: Kluwer Academic/Plenum Publishers,.

Kakar, Sudir
    1989 Intimate Relations. Chicago: University of Chicago.

Kapstein, Matthew
    1996 gDams Ngag: Tibetan Technologies of Self. *In* Tibetan Literature: Studies in Genre.
        Jose Ignacio Cabezon and Roger R. Jackson, Eds., Pp. 275-289. Ithaca, NY: Snow Lion.

Kashdan, Todd B.
    2010 Psychological Flexibility as a Fundamental Aspect of Health. Clinical Psychology
        Review 30(7):865-878.

Keller, Allen
    2006 traumatic Experiences and Psychological Distress in an Urban Refugee Population
        Seeking Treatment Services. The Journal of Nervous and Mental Disease 194(3): 188–
        194.

Ketzer, Eva and Antonella Crescenzi
    2002 Addressing the Psychosocial and Mental Health Needs of Tibetan Refugees in India. *In*
        Trauma, War, and Violence: Public Mental Health in Socio-Cultural Context. Joop Jong,

Ed. Pp. 283–315. New York: The Springer Series in Social/Clinical Psychology.

Khyentse, Dzongsar Jamyang
  2008 What Makes You Not a Buddhist. Berkeley, CA: Shambhala.

Kidron, Carol A.
  2004 Surviving a Distant Past: A Case Study of the Cultural Construction of Trauma
      Descendant Identity. Ethos 31(4): 513–544.

Kirmayer, Laurence J.
  1989 Cultural Variations in the Response to Psychiatric Disorders and Emotional Distress.
  Social Science & Medicine 29(3): 327–339.

Kirmayer, Laurence J, Nutt, Lecrubier, and Lepine
  2001 Cultural Variations in the Clinical Presentation of Depression and Anxiety:
      Implications for Diagnosis and Treatment. The Journal of Clinical Psychiatry 62(13): 22–
      30.

Kirmayer, Laurence J, and Norman Sartorius
  2007 Cultural Models and Somatic Syndromes. Psychosomatic Medicine 69: 832–840.

Kirmayer, Laurence J, Stéphane Dandeneau, Elizabeth Marshall, Morgan Kahentonni Phillips,
and Karla Jessen Williamson
  2011 Rethinking Resilience From Indigenous Perspectives. Canadian Journal of Psychiatry
      56(2): 84–91.

Kleinman, Arthur
  2011 Deep China: The Moral Life of the Person : What Anthropology and Psychiatry Tell
      Us about China Today. Berkeley: University of California Press.

  2004 Culture and Depression. New England Journal of Medicine 351(10): 951–953.

  1988 The Illness Narratives : Suffering, Healing, and the Human Condition . New York:
      Basic Books.

Kleinman, Arthur, Veena Das, and Margaret M. Lock
  1997 Social Suffering. Berkeley: University of California Press.

Kleinman, Arthur, and Byron Good
  1985 Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of
      Affect and Disorder. Berkeley: University of California Press.

Kleinman, Arthur M.
  1982 Neurasthenia and Depression: A Study of Somatization and Culture in China. Culture,
      Medicine, and Psychiatry 6: 117–190.

Kloos, Stephan
    2012 Processing Exile-Tibetan Identity: The Alchemy of Tibetan Medicine's Pharmaceutical and Political Efficacy. Curare 35(3): 197–207.

Koen, Benjamin D.
    2013 "My Heart Opens and My Spirit Flies": Musical Exemplars of Psychological Flexibility in Health and Healing. Ethos 41(2): 174–198.

Kohrt, Brandon A.
    2005 "Somatization" and "Comorbidity": A Study of Jhum-Jhum and Depression in Rural Nepal. Ethos 33(1): 125–147.

Kohrt, Brandon A., and Ian Harper
    2008 Navigating Diagnoses: Understanding Mind–Body Relations, Mental Health, and Stigma in Nepal. Culture, Medicine, and Psychiatry 32(4): 462–491.

Kohrt Brandon A., Jordans MD, Tol WA, and et al
    2008 Comparison of Mental Health between Former Child Soldiers and Children Never Conscripted by Armed Groups in Nepal. JAMA 300(6): 691–702.

Kongtrul, Dzigar
    2009 Have Courage and a Sense of Humor. *In* In the Face of Fear: Buddhist Wisdom for Challenging Times. Barry Boyce, ed. Pp. 129-136. Boston, MA: Shambhala.

Kongtrul, Jamgon
    2005 The Great Path of Awakening: The Classic Guide to Lojong, a Tibetan Buddhist Practice for Cultivating the Heart of Compassion. Ken McLeod, trans. Boston, MA: Shambhala.

Krippner, Stanley
    1987 Cross-Cultural Approaches to Multiple Personality Disorder: Practices in Brazilian Spiritism. Ethos 15(3): 273–295.

Lamrimpa, Gen
    1999 Transcending Time: An Explanation of the Kalachakra Six-Session Guru Yoga. B. Alan Wallace, tran. Boston: Wisdom Publications.

Landau-Stanton, Judith
    1990 Issues and Methods of Treatment for Families in Cultural Transition. The Social and Political Contexts of Family Therapy, Marsha Pravder Mirkin, Ed., Pp. 251–275. Needham Heights, MA: Allyn and Bacon.

Lazarus, Richard S.
    1999 Stress and Emotion: A New Synthesis. New York: Springer.

Lazarus, R.S., and S. Folkman

1984 Stress, Appraisal, and Coping. New York: Springer.

Leaman, Suzanne C.
    2012 Religious Coping and Risk Factors for Psychological Distress among African Torture
        Survivors. Psychological Trauma 4(5): 457–465.

Leigh, Janis, Sarah Bowen, and Alan G. Marlatt
    2005 Spirituality, Mindfulness and Substance Abuse. Addictive Behaviors 30: 1335–1341.

Lempert, Michael
    2012 Discipline and Debate: the Language of Violence in a Tibetan Buddhist Monastery.
        Berkeley: University of California Press.

Lester, Rebecca J.
    2005 Jesus in Our Wombs Embodying Modernity in a Mexican Convent. Berkeley:
        University of California Press.

    2013 Back from the Edge of Existence: A Critical Anthropology of Trauma. Transcultural
        Psychiatry 50(5):753–62.

Lévi-Strauss, Claude
    1966 The Savage Mind. Chicago: University of Chicago Press.

Lewis, Sara E.
    2013 Trauma and the Making of Flexible Minds in the Tibetan Exile Community. Ethos
        41(3): 313–336.

Lewis-Fernández, Roberto, PeterJ. Guarnaccia, IgdaE. Martínez, et al.
    2002 Comparative Phenomenology of Ataques de Nervios, Panic Attacks, and Panic
        Disorder. Culture, Medicine and Psychiatry 26(2): 199–223.

Lhewa, D.
    2007 Validation of a Tibetan Translation of the Hopkins Symptom Checklist 25 and the
        Harvard Trauma Questionnaire. Assessment (Odessa, Fla.) 14(3): 223–230.

Linehan, Marsha
    1993 Skills Training Manual for Treating Borderline Personality Disorder. New York:
        Guilford Press.

Link, Bruce G., and Jo Phelan
    1995 Social Conditions As Fundamental Causes of Disease. Journal of Health and Social
        Behavior 35: 80–94.

Litzinger, Ralph
    2012 Tibet Talk-on Life, Death, and the State. Cultural Anthropology Online. Self-
        Immolation as Protest in Tibet. http://www.culanth.org/fieldsights/104-tibet-talk-on-life-

death-and-the-state.

Lock, Margaret M.
    2002 Twice Dead: Organ Transplants and the Reinvention of Death. Berkeley:
        University of California Press.

Lopez, Donald
    1998 Prisoners of Shangri-La: Tibetan Buddhism and the West. Chicago: University of
        Chicago Press.

Luhrmann, T. M.
    2010 Review of The Empire of Trauma: An Inquiry into the Condition of Victimhood.
        American Journal of Psychiatry 167(6): 722.

    2012 When God Talks Back : Understanding the American Evangelical Relationship with
        God. New York: Alfred A. Knopf.

Luhrmann, T. M., and Rachel Morgain
    2012 Prayer as Inner Sense Cultivation: An Attentional Learning Theory of Spiritual
        Experience. Ethos 40(4): 359–389.

Lutz, Catherine
    1988 Unnatural Emotions: Everyday Sentiments on a Micronesian Atoll & Their Challenge
        to Western Theory. Chicago: University of Chicago Press.

Lutz, Anotine, Lawrence L. Greischar, David M. Perlman and Richard J. Davidson
    2009 BOLD Signal in Insula is Differentially Related to Cardiac Function During
        Compassion Meditation in Experts vs. Novices. NeuroImage 47(3):1038-1046.

Mahmood, Saba
    2005 Politics of Piety: The Islamic Revival and the Feminist Subject. Princeton, NJ:
        Princeton University Press.

Makley, Charlene
    2005 "Speaking Bitterness": Autobiography, History, and Mnemonic Politics on the Sino-
        Tibetan Frontier. Comparative Studies in Society and History 47(1): 40–78.

    2008 The Politics of Memory: Gender, Autobiography and Maoist Violence in Amdo. *In*
        Conflict and Social Order in Tibet. Fernanda Pirie and Toni Huber, eds. Boston: Brill.

    2012 The Political Lives of Dead Bodies. Cultural Anthropology Online. Self-Immolation as
        Protest in Tibet. http://www.culanth.org/fieldsights/95-the-political-lives-of-dead-bodies.

Martin, Emily
    1994 Flexible Bodies : Tracking Immunity in American Culture from the Days of Polio to
        the Age of AIDS. Boston: Beacon Press.

2007 Bipolar Expeditions: Mania and Depression in American Culture. Princeton, NJ:
    Princeton University Press.

Mattingly, Cheryl, and Linda C. Garro
    2000 Narrative and the Cultural Construction of Illness and Healing. Berkeley: University
        of California Press.

McGranahan, Carole
    2010 Arrested Histories: Tibet, the CIA, and Memories of a Forgotten War . Durham
        NC: Duke University Press.

McGranahan, Carole, and Ralph Litzinger
    2012 Self-Immolation as Protest in Tibet. Cultural Anthropology Online. Self-Immolation as
        Protest in Tibet. http://www.culanth.org/fieldsights/93-self-immolation-as-protest-in-
        tibet.

McKinney, Kelly
    2007 "Breaking the Conspiracy of Silence": Testimony, Traumatic Memory and
        Psychotherapy with Survivors of Political Violence. Ethos 35(3):265-299.

Mercer, Stewart W., Alastair Ager, and Eshani Ruwanpura
    2005 Psychosocial Distress of Tibetans in Exile: Integrating Western Interventions with
        Traditional Beliefs and Practice. Social Science & Medicine 60(1): 179–189.

Metzl, Jonathan, and Anna Rutherford Kirkland
    2010 Against Health: How Health Became the New Morality. New York: New York
        University Press.

Mills, Martin A., Toni Huber, and Poul Pedersen
    1998 Ecological Knowledge in Tibet. The Journal of the Royal Anthropological Institute
        4(4): 783–786.

Mol, Annemarie
    2002 The Body Multiple: Ontology in Medical Practice. Durham, NC: Duke University
        Press.

Morone, Natalia E., Cheryl S. Lynch, Carol M. Greco, Hilary A. Tindle, and Debra K. Weiner
    2008 "I Felt Like a New Person." The Effects of Mindfulness Meditation on Older Adults
        with Chronic Pain: Qualitative Narrative Analysis of Diary Entries. Journal of Pain 9(9):
        841–848.

Mrazek, Michael D., Michael S. Franklin, Dawa Tarchin Phillips, Benjamin Baird, and Jonathan
W. Schooler
    2013 Mindfulness Training Improves Working Memory Capacity and GRE Performance
        While Reducing Mind Wandering. Psychological Science 24: 776–781.

National Institute of Mental Health
    2014 Traumatic Stress Research Program. measurement-and-intervention-
        program/traumatic-stress-research-program.shtml, accessed January 11, 2014.

Nichter, Mark
    1981 Idioms of Distress: Alternatives in the Expression of Psychosocial Distress: A Case
        Study from South India. Culture, Medicine and Psychiatry 5(4): 379–408.

    2010 Idioms of Distress Revisited. Culture, Medicine and Psychiatry 34(2): 401–16.

O'Connor, Lynn E.
    2012 Depression, Guilt, and Tibetan Buddhism. Psychology 3(29): 805–
        809.

Oberle, Eva, Kimberly A. Schonert-Reichl, Molly Stewart Lawlor, and Kimberly C. Thomson
    2011 Mindfulness and Inhibitory Control in Early Adolescence. The Journal of Early
        Adolescence 32(4): 565–588.

Obeyesekere, Gananath
    1985 Depression, Buddhism, and the Work of Culture in Sri Lanka. *In* Culture and
        Depression, Arthur Kleinman and Byron Good, eds., Pp. 134–152. Berkeley, CA:
        University of California Press.

Ong, Aihwa
    2003 Buddha Is Hiding : Refugees, Citizenship, the New America. Berkeley: University of
        California Press.

    1999 Flexible Citizenship: The Cultural Logics of Transnationality. Durham, NC: Duke
        University Press.

Ortner, Sherry
    1989 High Religion: A Cultural and Political History of Sherpa Buddhism. Princeton, NJ:
        Princeton University Press.

Ozawa-de Silva, Chikako and Brendan R. Ozawa-de Silva
    2011 Mind/Body Theory and Practice in Tibetan Medicine and Buddhism. Body & Society
        17(1):95-119.

Ozer, Emily J., Suzanne R. Best, Tami L. Lipsey, and Daniel S. Weiss
    2003 Predictors of Posttraumatic Stress Disorder and Symptoms in Adults: A Meta-
        Analysis. Psychological Bulletin 129(1): 52–73.

Pace, Thaddeus W.W., Lobsang Tenzin Negi, Daniel D. Adame, Steven P. Cole, Teresa I. Sivilli,
    Timothy D. Brown, Michael J. Issa and Charles L. Raison
    2009 Effect of Compassion Meditation on Neuroendicrine Innate Immune and

Behavioral Responses to Psychosocial Stress. Psychoneuroendoncrinology 34:87-98.

Paldron, Tenzin Mingyur
    2012 Virtue and the Remaking of Suffering. Cultural Anthropology Online. Self-Immolation as Protest in Tibet. http://www.culanth.org/fieldsights/98-virtue-and-the-remaking-of-suffering.

Pandolfo, Stefania
    2007 `The Burning': Finitude and the Politico-Theological Imagination of Illegal Migration. Anthropological Theory 7(3): 329–363.

    2008 Testimony in Counterpoint: Psychiatric Fragments in the Aftermath of Culture. Qui Parle 17(1): 62–123.

    2008 Knot of the Soul: Postcolonial Conundrums, Madness, and the Imagination. *In* Postcolonial Disorders, Byron J. Good, MaryJo DelVecchio Good, Sandra J. Hyde, and Sarah Pinto, Eds. Berkeley, CA: University of California Press.

Panter-Brick, Catherine
    2010 Conflict, Violence, and Health: Setting a New Interdisciplinary Agenda. Conflict, Violence, and Health 70(1): 1–6.

Patton, Michael Q.
    2002 Qualitative Interviewing. *In* Qualitative Designs and Data Collection Pp. 339–399.

Phayul
    2013 China Shuts down Drongna Monastery in Driru, Arrests Teacher. Phayul.com. http://www.phayul.com/news/article.aspx?id=34413.

Pinto, Sarah
    2012 The Limits of Diagnosis: Sex, Law, and Psychiatry in a Case of Contested Marriage. Ethos 40(2): 119–141.

Postert, Christian
    2012 Emotion in Exchange: Situating Hmong Depressed Mood in Social Context. Ethos 40(4): 453–475.

Proust, Audrey
    2006 Causation as Strategy: Interpreting Humours Among Tibetan Refugees. Anthropology & Medicine 13(2): 119–130.

    2008 Precious Pills: Medicine and Social Change among Tibetan Refugees in India. New York: Berghahn Books.

Rabinow, Paul

    1996 Essays on the Anthropology of Reason . Princeton, NJ: Princeton University Press.

Raghavan, Sumithra
    2013 Correlates of Symptom Reduction in Treatment-Seeking Survivors of Torture. Psychological Trauma 5(4): 377–383.

Redfield, Peter
    2013 Life in Crisis: The Ethical Journey of Doctors without Borders. Berkeley: University of California Press.

Ricoeur, Paul
    1981 Narrative Time. *In* On Narrative. W.J.T. Mitchell, ed. Pp. 165–186. Chicago: University of Chicago Press.

Rinchen, Sonam
    1997 Atisha's Lamp for the Path: An Oral Teaching by Geshe Sonam Rinchen. Ruth Sonam, Ed. Ithaca, NY: Snow Lion Publications.

Robins, Clive J.
    2002 Zen Principles and Mindfulness Practice in Dialectical Behavior Therapy. Cognitive and Behavioral Practice 9:50–57.

Rubin, Gayle
    1975 The Traffic in Women: Notes on the "Political Economy" of Sex. *In* Toward an Anthropology of Women. Rayna Reiter, ed. New York: Monthly Review Press.

Sachs, Emily
    2008 Entering Exile: Trauma, Mental Health, and Coping among Tibetan Refugees Arriving in Dharamsala, India. Journal of Traumatic Stress 21(2): 199–208.

Safran, Jeremy D.
    1999 Faith, Despair, Will, and the Paradox of Acceptance. Contemporary Psychoanalysis 35: 5–23.

Said, Edward
    1978 Orientalism. New York: Pantheon Books.

Samuel, Geoffrey
    1993 Civilized Shamans: Buddhism in Tibetan Societies. Washington DC: Smithsonian Institution Press.

Saul, Jack
    2014a Collective Trauma, Collective Healing: Promoting Community Resilience in the Aftermath of Disaster. New York: Routledge.

    2014b Letter to author, February 15.

Scheid, Volker
    2013 Depression, Constraint, and the Liver: (Dis)assembling the Treatment of Emotion-Related Disorders in Chinese Medicine. Culture, Medicine, and Psychiatry 37(1): 30–58.

Scheper-Hughes, Nancy
    1992 Death without Weeping : The Violence of Everyday Life in Brazil. Berkeley, CA: University of California Press.

    1994 Embodied Knowledge: Thinking with the Body in Critical Medical Anthropology. *In* Assessing Cultural Anthropology. Rob Borofsky, ed. Pp. 229–242. New York: McGraw-Hill.

    2007 Violence and the Politics of Remorse: Lessons from South Africa. *In* Subjectivity: Ethnographic Investigations Pp. 179–233. Berkeley, CA: University of California Press.

Scheper-Hughes, Nancy, and Margaret M. Lock
    1987 The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. Medical Anthropology Quarterly 1(1): 6–41.

Schröder, Nike-Ann
    2011 Discussing Psychotrauma with Tibetan Healing Experts-A Cultural Translation. Berlin: Weissensee Verlag.

Seeley, Karen M.
    2008 Therapy after Terror 9/11, Psychotherapists, and Mental Health. Cambridge: Cambridge University Press,.

Shakya, Tsering
    2012 Transforing the Language of Protest. Cultural Anthropology Online. Self-Immolation as Protest in Tibet. http://www.culanth.org/fieldsights/94-transforming-the-language-of-protest.

Sharp, Lesley Alexandra
    1993 The Possessed and the Dispossessed: Spirits, Identity, and Power in a Madagascar Migrant Town. Berkeley: University of California Press.

    2006 Strange Harvest: Organ Transplants, Denatured Bodies, and the Transformed Self. Berkeley: University of California Press.

    2007 Bodies, Commodities, and Biotechnologies: Death, Mourning, and Scientific Desire in the Realm of Human Organ Transfer. New York: Columbia University Press.

    2014 The Transplant Imaginary: Mechanical Hearts, Animal Parts, and Moral Thinking in Highly Experimental Science. Berkeley: University of California.

Shiromani, Priyattam J., Joseph E. LeDoux, and Terence Martin Keane, eds.
    2009 Post-Traumatic Stress Disorder Basic Science and Clinical Practice. New York: Humana Press.

Shir-Vertesh, Dafna
    2012 "Flexible Personhood": Loving Animals as Family Members in Israel. American Anthropologist 114(3): 420–432.

Shore, Bradd
    1996 Culture in Mind: Cognition, Culture, and the Problem of Meaning. New York: Oxford University Press.

Simons, Ronald C., and Charles C. Hughes
    1985 The Culture-Bound Syndromes: Folk Illnesses of Psychiatric and Anthropological Interest. Dordrecht: D. Reidel.

Singer, Merrill
    1995 Beyond the Ivory Tower: Critical Praxis in Medical Anthropology. Medical Anthropology Quarterly 9(1): 80–106.

Smith, Linda Tuhiwai
    1999 Decolonizing Methodologies : Research and Indigenous Peoples. London: Zed Books.

Sontag, Susan
    1978 Illness as Metaphor. New York: Farrer, Strauss & Giroux.

Southwick, Steven M., Meena Vythilingam, and Dennis S. Charney
    2005 The Psychobiology of Depression and Resilience to Stress: Implications for Prevention and Treatment. Annual Review of Clinical Psychology 1: 255–91.

Spiro, Melford E.
    1997 Gender Ideology and Psychological Reality: An Essay on Cultural Reproduction. New Haven, CT: Yale University Press.

Storck, Michael J., Thomas J. Csordas, and Milton Strauss
    2000 Depressive Illness and Navajo Healing. Medical Anthropology Quarterly 14(4): 571–597.

Suarez, Eliana
    2013 The Association between Post-Traumatic Stress-Related Symptoms, Resilience, Current Stress and Past Exposure to Violence: A Cross Sectional Study of the Survival of Quechua Women in the Aftermath of the Peruvian Armed Conflict. Conflict and Health 7(1): 21.

Tan, Gillian G.
    2012 The Place of Hope in Acts of Protest and Offering. Cultural Anthropology Online.

Self-Immolation as Protest in Tibet. http://www.culanth.org/fieldsights/101-the-place-of-hope-in-acts-of-protest-and-offering.

Taussig, Michael T.
    1980 Reification and the Consciousness of the Patient. Social Science & Medicine. Part B: Medical Anthropology 14(1): 3–13.

    1993 Mimesis and Alterity : A Particular History of the Senses. New York: Routlege.

Taylor, Charles
    2007 A Secular Age. Cambridge, MA: Harvard University Press.

Taylor, Diana
    2007 Double-Blind: The Torture Case. Critical Inquiry 33(4): 710–733.

Tedeschi, Richard G. and Lawrence G. Calhoun
    1996 The Posttraumatic Growth Inventory: Measuring the Positive Legacy of Trauma. Journal of Traumatic Stress 9(3):455–471.

The Office of His Holiness the Dalai Lama
    2013 His Holiness's Middle Way Approach for Resolving the Issue of Tibet. http://www.dalailama.com/messages/middle-way-approach, accessed December 30, 2013.

Throop, Jason C.
    2003 On Crafting a Cultural Mind: A Comparative Assessment of Some Recent Theories of "Internalization" in Psychological Anthropology. Transcultural Psychology 40(1):109-139.

Thurman, Robert
    2008 Why the Dalai Lama Matters: His Act of Truth as the Solution for China, Tibet, and the World. New York: Atria Books.

Tibetan Review
    2014 China Shuts down 3 Tibetan Monasteries in Besieged Driru County. January 9. http://www.tibetanreview.net/news.php?&id=13079, accessed January 9, 2014.

Tidwell, Tawni
    2014 Letter to Author, January 14, 2014.

Tirch, Dennis D.
    2010 Mindfulness as a Context for the Cultivation of Compassion. International Journal of Cognitive Therapy 3(2):113–123.

Trungpa, Chogyam
    1973 Cutting Through Spiritual Materialism. Berkeley, CA: Shambhala.

1988 Shambhala: The Sacred Path of the Warrior. Boston, MA: Shambhala.

Ungar, Michael
2003 Qualitative Contributions to Resilience Research. Qualitative Social Work 2(1): 85–102.

2011 Community Resilience for Youth and Families: Facilitative Physical and Social Capital in Contexts of Adversity. Children and Youth Services Review 33:1742-1748.

United Nations Human Rights
2013 Office of the High Commissioner for Human Rights. Committee Against Torture. http://www2.ohchr.org/english/, accessed November 5, 2013.

Vahali, Honey Oberoi
2009 Lives in Exile: Exploring the Inner World of Tibetan Refugees. London: Routledge.

Walker, Ana Paula Pimentel
2013 Embodied Identity and Political Participation: Squatters' Engagement in the Participatory Budget in Brazil. Ethos 41(2): 199–222.

Walsh, Froma
2006 Strengthening Family Resilience. New York: Guilford Press.

Walsh, Froma, and Monica McGoldrick
2004 Living beyond Loss : Death in the Family, 2nd ed. New York: W.W. Norton.

Ward, Shannon
2013 Conceiving Modernity. Medical Anthropology Quarterly 27(2): 175–192.

Ware, Norma C, Toni Tugenburg, Barbara Dickey
2003 Ethnography and Measurement in Mental Health: Qualitative Validation of a Measure of Continuity of Care (CONNECT). Qualitative Health Research 13(10):1393–406.

Watters, Ethan
2010 The Americanization of Mental Illness. The New York Times, magazine section, January 8.

Weine, Stevan M.
2006 Testimony after Catastrophe: Narrating the Traumas of Political Violence. Evanston, IL: Northwestern University Press.

Wexler, LM, G DiFluvio, and TK Burke
2009 Resilience and Marginalized Youth: Making a Case for Personal and Collective Meaning-Making as Part of Resilience Research in Public Health. Soc Sci Med. 69(4): 565–70.

Wupperman, Peggilee, G. Alan Marlatt, Amy Cunningham, et al.
    2012 Mindfulness and Modification Therapy for Behavioral Dysregulation: Results from a
        Pilot Study Targeting Alcohol Use and Aggression in Women. Journal of Clinical
        Psychology 68(1): 50–66.

Winnicott, D.W.
    1971 Playing and Reality. London: Routledge.

Yankey, T.
    2012 Life Skills Training as an Effective Intervention Strategy to Reduce Stress among
        Tibetan Refugee Adolescents. Journal of Refugee Studies 25(4): 514–536.

Yanos, Philip T. and Kim Hopper
    2008 On "False, Collusive Objectification": Becoming Attuned to Self-Censorship,
        Performance and Interviewer Biases in Qualitative Interviewing. International Journal of
        Social Research Methodology 11(3):229–237.

Yeh, Emily T.
    2012 On "Terrorism" and the Politics of Naming. Cultural Anthropology Online. Self-
        Immolation as Protest in Tibet. http://www.culanth.org/fieldsights/102-on-terrorism-and-
        the-politics-of-naming.

Young, Allan
    1995 The Harmony of Illusions : Inventing Post-Traumatic Stress Disorder. Princeton,
            NJ:Princeton University Press.

    2007 America's Transient Mental Illness: A Brief History of the Self-Traumatized
        Perpetrator. In Subjectivity: Ethnographic Investigations Pp. 155–178. Berkeley, CA:
        University of California Press.

Zraly, Maggie, Sarah E. Rubin, and Donatilla Mukamana
    2013 Motherhood and Resilience among Rwandan Genocide-Rape Survivors. Ethos 41(4):
        411–439.

Appendix A: Community Members Interview Guide

<u>Migration from Tibet:</u>

1) What are some of the reasons people leave Tibet? Why did you leave?

2) Can you describe what your life was like in Tibet? How long have you been a monastic/were you ever monastic?

3) How did you come to live in Dharamsala? How was it adapting to life here?

4) What advice would you give to someone who just came from Dharamsala from Tibet?

<u>Mental Distress:</u>

5) I understand there are some political prisoners in Tibet. Can you tell me why some Tibetans are arrested?

6) Although many Tibetans faced political problems, there seems to be a lot of hope and social support here in Dharamsala. Can you tell me how people in this community get on with life after dealing with such problems?

7) There are also people who are struggling after witnessing or experiencing disturbing events in Tibet. How can you tell if someone is not doing very well?

8) Some people who have witnessed or experienced disturbing events will suddenly remember these events, sometimes as if they are happening right in this moment. Some other people have dreams about the events. Have you heard of people in the community having difficulty with this?

9) Some other people will try hard to avoid places, people, things and activities that might cause them to think about the distressing events. Is this a problem in your community?

10) Some other people after being exposed to a disturbing event may have difficulties where they suddenly become very angry, have difficulty falling asleep, and become startled or scared very easily. Do you think this happens here?

11) Some people say that when you are feeling troubled you may develop a *lung* disorder. What does this mean?

12) If someone experiences mental distress will they first visit a doctor or a lama? (What can each do to help?)

13) If someone in the community develops a mental illness, what do others think about that person? How do they treat him or her?

14) Are these problems dealt with differently in monasteries and nunneries?

15) What role do spirits play in causing illness?

16) Have you been to the doctor for any reason since coming to Dharamsala?

Coping and Resilience:

17) Can you describe some difficulties in your life and how you have coped with these problems?

18) Some people who have been faced with many problems seem to do better than others. How is this explained?

19) Are there certain groups within the exile community who seem to be particularly resilient/tough in the face of adversity? What accounts for their toughness?

20) Some people use alcohol or drugs to cope with problems. Is this a problem in Dharamsala?

21) How does the community fail to help people who are having difficulty adjusting to life in exile?

22) Some people say Buddhist practices, such as prayers or mantras, help you to work with your mind. Why is this?

23) Can you describe the concept of karma and how this works in explaining the difficulties people experience in life?

ཚོགས་ཨེ།

བོད་ནས་གནས་སྡོ།

༡། བོད་པ་ཚོ་བོད་ནས་ཡོང་དགོས་དོན་རྒྱུ་མཚན་གང་དང་གང་རེད། ཁྱེད་རང་ག་རེ་བྱས་ནས་ཡོང་པ་ཡིན།

༢། ཁྱེད་རང་བོད་ལ་ཡོད་དུས་ཁྱེད་རང་གི་འཚོ་བ་གང་འདྲ་ཡིན་མིན་འགྱེལ་བཤད་གནང་ཐུབ་ཀྱི་རེད་དམ།

༣། ཁྱེད་རང་ལྷ་རམ་ས་ལར་གང་འདྲ་བྱས་ནས་ཡོང་པ་ཡིན།

འདིར་ཁྱེད་རང་གི་འཚོ་བའི་གོམས་འདྲིས་ཙི་འདྲ་རེད། འགྱུར་བ་གང་འདྲ་ཕྱིན་སོང་།

༤། བོད་ལ་ཆབ་སྲིད་བཙོན་པ་འགའ་རེ་ཡོད་པ་ངས་དུ་གོ་ཡི་ཡོད།

བོད་མི་ཚོ་ག་རེ་བྱས་ནས་འཛིན་བཟུང་བྱེད་ཀྱི་ཡོད་པ་ཁྱེད་རང་གིས་གསུང་ན་འགྲིག་གི་རེད་དམ།

༥། བོད་ནས་ལྷ་རམ་ས་ལར་གསར་དུ་འབྱོར་བའི་མི་ཞིག་ལ་ཁྱེད་རང་གིས་ལམ་སྟོན་ག་རེ་གནང་གི་ཡིན།

༦།

བོད་མི་མང་པོ་ཞིག་གིས་དཀའ་སྡུག་ཆེན་པོ་ལ་གདོང་ལེན་བྱེད་ཀྱི་ཡོད་ཀྱང་ལྷ་རམ་ས་ལར་ཁོང་ཚོར་རེ་བ་ཆེན་པོ་དང་རྒྱབ་བསྐྱོར་ཆེན་པོ་ཡོད་པའི་བཟོ་འདྲ་འདུག

སྐྱི་ཚོགས་འདིའི་ནང་གི་མི་མང་ཚོས་ཉམས་ཉེས་དེ་འདྲ་ཞིག་ལ་གདོང་ལེན་བྱེད་ཀྱི་ཡིན་འཚོ་བ་གང་འདྲ་བྱས་ནས་སྐྱོང་གི་ཡོད་རེད།

ཤེམས་སྟུག་གི་སྐྱོང་བ་དང་གསལ་བཤད།

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༡

མི་སྨྱོ་ཁག་མང་པོ་ཞིག་གིས་བོད་ནང་གི་ཟིང་འཁྲུག་དོན་རྐྱེན་དེ་ཚོ་དངོས་སུ་མིག་མཐོང་སྦྱོང་ཚུལ་བྱུང་ཡོད་རེད
། མི་སྨྱོ་ཁ་ཤས་གནས་བབས་དེ་དག་གི་ཆ་ནས་ལུས་བཤམས་པའི་ཐབས་ཞེ་དྲག་ཡོད་མ་རེད།

མི་གང་རུང་ཞིག་བདེ་ཐང་མིན་ན་ཁྱེད་རང་གིས་གང་འདྲ་བྱས་ནས་ཚོས་འཛིན་གནང་ཐུབ་ཀྱི་འདུག

༢

ཟིང་འཁྲུག་གི་དོན་རྐྱེན་དངོས་སུ་མིག་མཐོང་སྦྱོང་ཚུལ་བྱུང་བའི་མི་སྨྱོ་ཁ་ཤས་ཀྱིས་སློ་བྱུར་དུ་དོན་རྐྱེན་དེ་ཚོ་ཡི
ད་ལ་དྲན་གྱི་ཡོད་པ་མ་ཟད།

མཆམས་རེ་ཁོང་ཚོར་རྣབས་དེའི་རང་ལ་དངོས་སུ་རྐྱེན་ཛན་དེ་རིགས་འཕྲད་པའི་སྣང་ཚུལ་ཡོང་གི་ཡོད་རེད།

མི་སྨྱོ་ཁ་ཤས་ལ་དོན་རྐྱེན་གྱི་གནས་བབས་དེ་ཚོ་སྐྱེ་ལམ་གཏོང་གི་ཡོད་རེད།

ཁྱེད་རང་གིས་སྤྱི་ཚོགས་ནང་དུ་དཀའ་ངལ་ཅན་གྱི་མི་སྨྱོ་དེ་འདྲ་ཡོད་པ་གོ་སྐྱོང་ཡོད་དམ།

ཁྱེད་རང་གི་འདིའི་སྐོར་ལ་འགྲེལ་བཤད་ག་རེ་གནང་ཐུབ་ཀྱི་རེད།

༣ མི་གཞན་གྱིས་དཀའ་སྡུག་གི་དུས་རྐྱབས་ཡིད་ལ་འཁོར་བའི་རྒྱུ་རྐྱེན་གྱི་ཡུལ་དང་། མི། དངོས་པོ།
བྱ་སྤྱོད་སོགས་ལ་གཡོལ་ཐབས་ཀྱི་འབད་བརྩོན་ཞེ་དྲག་བྱེད་ཀྱི་རེད།

འདི་ཁྱེད་རང་གི་སྤྱི་ཚོགས་ནང་གི་དཀའ་ངལ་རེད་དམ།

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༡༩། མི་ལ་ལ་ཟིང་འཁྲུག་གི་དོན་རྐྱེན་མཐོང་གྱུར་བྱུང་བའི་རྗེས་ལ་སྐྱོ་བྱར་དུ་ཁོང་ཁྲོ་ལངས་བ་དང་།

གཞིད་མ་ཁུག་པ། དོན་མེད་དངངས་སྐྲག་གམ་ཞེད་སྣང་སྐྱེ་བ་སོགས་ཡོང་གི་ཡོད་རེད།

ཁྱེད་རང་གིས་བསམ་པར་འདིར་གནས་སྟངས་འདི་འདྲ་ཡོང་གི་ཡོད་རེད་དམ།

༡༡༠།

མི་ཁ་ཤས་ཀྱིས་ལབ་སྒྲོལ་ལ་ཁྱེད་རང་ཚོར་མནར་གཅོད་དང་བཙན་འཛུག་བྱེད་པའི་སྐབས་ལ་སྒྲོག་རྐྱང་འཕར་གྱི་ རེད་ཟེར། འདིའི་གོ་དོན་ག་རེ་རེད།

༡༡༡།

གལ་སྲིད་བཙན་ཕྱོལ་སྤྱི་ཚོགས་ནང་དུ་མི་གང་རུང་ཞིག་ལ་སྒྲོག་རྐྱང་གི་ན་ཚ་དེ་འདུ་ཞིག་འཕར་ན་གཞན་གྱིས་ ཁོང་ལ་བསམ་ཚུལ་ག་རེ་ཡོང་རེད། ཁོང་ཚོས་རྣམ་འགྱུར་གང་འདུ་སྟོན་གྱི་རེད།

༡༡༢།ན་ཚ་ཕོག་ནད་པ་ཚོས་སུ་མཐུད་ལས་ཀ་བྱེད་པའམ་ཁོང་ཚོའི་ལས་ཁུར་ལ་ཞུགས་རྒྱུའི་རེ་སྨོན་བྱེད་ཀྱི་རེད་ དམ།

༡༡༣། དགོན་སྡེ་ལྷག་ནས་དགའ་ངལ་དེ་ཚོ་བཅོས་ཐབས་མི་འདུ་བའི་ཕོག་ནས་གནང་གི་རེད་དམ།

༡༡༤། འདི་གདོན་གྱིས་རྐྱེན་པས་ན་ཚ་ག་རེ་ཡོང་གི་རེད།

༡༡༥། མི་གང་རུང་ཞིག་སེམས་སྡུག་གིས་མནར་བཞིན་པ་ཡིན་ན་ཁྱེད་རང་གིས་གང་འདུ་བྱས་ནས་ཤེས་ཀྱི་རེད། རྟགས་མཚན་གང་དང་གང་ཡོད་རེད།

གདོང་ལེན་དང་གསོན་ཤུགས་ཀྱི་ནུས་པ།

༡༢། ཁྱེད་རང་རྡ་རམ་ས་ལར་སྐྱེབས་ནས་བཟུང་རྒྱ་མཚན་གང་དུང་གི་ཆ་ནས་སྐྱེན་པ་ལ་གཏུག་སྐྱིང་ཡོད་དམ།

༡༣། ཁྱེད་རང་གིས་མི་ཚེའི་ནང་གི་དཀའ་སྡུག་ལ་གདོང་ལེན་གང་འདྲ་བྱས་པ་ཡིན།

༡༤།

སེམས་སྡུག་གིས་མནར་བའི་མི་མང་ཚོའི་དཀའ་ངལ་སེལ་སྐྱེད་མཐུན་སྐྱོར་རོགས་འདེགས་དགོས་ཚེ་དང་ཐོག་ཁོ
ང་ཚོ་བླ་མ་ལ་བཅར་གཏུག་བྱེད་ཀྱི་རེད་དམ་སྨན་པ་ལ་བཅར་གཏུག་བྱེད་ཀྱི་རེད།

བླ་མ་རྣམ་པས་བཅོས་ཐབས་ག་རེ་གནང་གི་རེད། ཨེམ་ཆི་ཚོས་བཅོས་ཐབས་ག་རེ་གནང་གི་རེད།

༡༥།

དཀའ་ཚེགས་ཆེ་བའི་གནས་སྟངས་ལ་གདོང་ལེན་བྱེད་བཞིན་པའི་མི་སྣ་ཁ་ཤས་གནན་ལས་སྐྱག་པའི་བདེ་ཐང་ད
ང་ནུས་ཤུན་ཡིན་བཟོ་འདུག

མི་སྣ་ཁ་ཤས་ནི་མི་གཞན་དག་ལ་དཀའ་སྐྱག་ཡོད་ན་ཡང་བདེ་སྐྱིད་ཡིན་པའི་སྟང་ཚོར་མཚོན་གྱི་ཡོད་པ་འདྲེས
འཁྱིལ་བཐད་ག་རེ་གནང་གི་ཡོད་རེད།

༡༦། མི་སུ་ཞིག་བདེ་སྐྱིད་ཡིན་པ་ཁྱེད་རང་གིས་གང་འདྲ་བྱས་ནས་ཤེས་ཀྱི་འདུག

འཕྲོད་བསྟེན་ཡག་པོ་ཡོད་པ་དང་། དངུལ་མང་པོ་ཡོད་པ།

ཤེས་ཡོན་ཡག་པོ་ཡོད་པའི་རྒྱ་མཚན་སོགས་ཀྱིས་རེད་དམ།

༡༧།

ཁྱེད་རང་གིས་མཐོང་ཆུལ་བྱས་ན་བོད་པའི་སྤྱི་ཚོགས་ནང་དུ་དཀའ་ངལ་དང་ཉམས་ཞེས་ཀྱི་གནས་སྟངས་ལ་ཐུག

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རྗེས་དྲིས་བསལ་གྱི་ནུས་པ་ཡོད་པའི་མི་སྣ་རིགས་འདུག་གམ།

ཁྱེད་རང་གིས་ཁོང་ཚོའི་གདོང་ལེན་གྱི་ནུས་པ་ལ་འགྱེལ་བརྗོད་ག་རེ་གནང་གི་ཡོད། ⌠

དཔེར་ན་མི་རབས་དང་། པོ་མོ། ཚེས་ལུགས་ཀྱི་སྤྱི་བཅོན་སོགས་ཀྱིས་མཚོན།

༢༣ༀ

མི་ཁ་ཤས་ཀྱིས་ཁ་འདོན་དགེ་སྦྱོར་དང་ཞབས་ཆེན་སོགས་ཀྱིས་མཚོན་ནང་ཆོས་ཉམས་ལེན་བྱས་ན་སེམས་ཁམས་ལ་ཕན་ཐོག་ཡོད་རེད་ལབ་ཀྱི་འདུག འདི་རྒྱུ་མཚན་ག་རེ་བྱས་ནས་རེད།

༢༤ༀ མི་ཚེའི་རྒྱུད་རིམ་ནང་ལ་འགྲོ་བ་མི་ལ་དཀའ་ངལ་རིགས་བྱུང་གི་ཡོད་པར་ལས་འབྲས་ཀྱི་དོས་ནས་འགྱེལ་བརྗོད་གང་འདྲ་གནང་གི་ཡོད་མིན་དང་ལས་འབྲས་ཀྱི་ལྟ་ཚུལ་འཛིན་སྟངས་ལ་ཁྱེད་རང་གིས་གསལ་བཤད་ཅིག་གནང་ཐུབ་ཀྱི་རེད་དམ།

༢༥ༀ

བཙན་བྱོལ་ནང་དུ་འཚོ་བའི་བགོད་སྒྲིག་ཐད་ལ་དཀའ་ངལ་ཡོད་མཁན་གྱི་མི་མང་ཚོར་ཚོགས་པའི་སྒྲིག་འཛུགས་ཀྱིས་གང་གི་ཆ་ནས་མཐུན་སྦྱོར་འདང་གི་ཡོད་མ་རེད།

Appendix B: Expert Informant Interview Guide

<u>Definition and Experience of Mental Distress:</u>

1) Sometimes people will seek out treatment if they are not doing well in exile. What brings community members in to see you?

2) When people want to seek help for mental distress would they usually visit a lama or doctor first? (prompt: what do lamas do? What do doctors do?)

3) A significant number of people in Dharamsala witnessed or experienced very disturbing events in Tibet. Some of them, I understand, are not doing so well following these experiences. How can you tell if someone is not doing well?

4) Some people who have witnessed or experienced disturbing events will suddenly remember these events, sometimes as if they are happening right in that moment. Some other people have dreams about the events. Do you find that people in the community have difficulty with this?

5) Other people will try very hard to avoid places, people, things and activities that might cause them to think about the distressing events. Is this a problem that you have encountered?

6) Some people after being exposed to a disturbing event may have difficulties where they suddenly become very angry, have difficulty falling asleep, and become startled or scared very easily. Do you find that people come to you with these kinds of problems?

7) How would you know if someone was experiencing mental distress? What are some of the signs?

8) Some people have said that when you are tortured or imprisoned you may develop a *srog-rLung* "life-wind" disorder. Can you help me understand what this means?

9) If someone in the exile community develops one of these disorders what do others think of him or her? How do they respond?

10) Are people who develop an illness expected to continue working or engaging in their vocation? How does that work?

11) What role do spirits play in causing illness?

12) Are these problems dealt with differently in monasteries and nunneries?

Coping and Resilience:

13) Although many Tibetans have faced very difficult experiences, there seems to be a lot of hope and strong support in Dharamsala. How do people in this community get on with life after dealing with such adversity?

14) How else do people tend to cope with mental distress?

15) Some people who have been imprisoned, tortured, or suffered very painful circumstances seem to do better than others. It is not always clear why some people seem to do okay even in the face of such extreme events. Have you witnessed this phenomenon? [if yes] what explains it?

16) Are there certain groups within the Tibetan community who seem to you to be particularly tough in the aftermath of extreme events? What would you say accounts for their toughness? (prompt: generations, gender, religious ordination status)

17) Buddhist beliefs and practices seem to be very important to many people in Dharamsala. Does this have anything to do with how people work through a difficult time?

18) Can you describe the concept of *karma* and how this works in explaining the troubling things that happen to people in the course of their lifetime?

19) Where does the community fail to help people who are having difficulty adjusting to life in exile?

གནས་ཚུལ་མཁོ་སྦྱོང་གི་འགག་ཆ།

སེམས་སྐྱག་གི་ཕྱོང་བ་དང་གསལ་བཤད།

༡༽ བཅོན་ཕྱོལ་ནང་གི་མི་མང་ཚོ་སྐབས་རེ་བདེ་ཐང་མིན་ན་སྨན་བཅོས་བྱེད་ཐབས་འཚོལ་གྱི་ཡོད་རེད།

སྐྱག་འཇུགས་ཚོགས་མི་ཡི་ངོས་ནས་བྱེད་རང་ལ་ལྷ་ཆོགས་ག་རེ་བྱེད་ཀྱི་རེད།

༢༽

མི་མང་ཚོའི་སེམས་ཀྱི་དཀའ་སྐྱག་སེལ་སྐྱད་མཐུན་སྐྱོར་ཐབས་འཚོལ་དགོས་ཆེ་དང་ཐོག་ཁོང་ཚོན་རྒྱུན་དུ་ལྷ་མ་ལ་བཅར་གཏུག་བྱེད་ཀྱི་རེད་དམ་སྐྱན་པ་ལ་བཅར་གཏུག་བྱེད་ཀྱི་རེད། ལྷ་མ་རྣམ་པས་ག་རེ་གནང་གི་རེད།

ཡིམ་ཆེ་ཚོས་ག་རེ་གནང་གི་རེད།

༣༽

ལྷ་རམ་ས་ལར་གནས་ཕྱོང་གནས་ཡོང་མི་སྐྱ་ལྷག་ཆིག་གིས་ཕོད་ནང་གི་ཟིང་འཁྲུག་ཏོན་རྐྱེན་དཀོས་སུ་མིག་མཐོ་ང་ལག་ཟིན་བྱུང་ཡོད་རེད།

ངས་ཕེས་ཏོགས་བྱུང་བ་ལ་ཡོང་ཚོ་ཁ་ཤས་གནས་བབས་དེ་ཚོའི་ཆ་ནས་སེམས་ཁམས་བདེ་ཐང་མི་འདུག
མི་གང་རུང་ཞིག་བདེ་ཐང་མིན་ན་བྱེད་རང་གིས་གང་འདྲ་བྱས་ནས་ཏོས་འཛིན་གནང་ཐུབ་ཀྱི་འདུག

༤༽

ཟིང་འཁྲུག་གི་ཏོན་རྐྱེན་དཀོས་སུ་མིག་མཐོང་སྐྱོང་ཚུལ་བྱུང་བའི་མི་སྣ་ཁ་ཤས་ཀྱིས་སྦོ་བྱར་དུ་ཏོན་རྐྱེན་དེ་ཚོ་ཡི་དལ་དྲན་གྱི་ཡོད་པ་མ་ཚད།

མཆམས་རེ་ཁོང་ཚོར་སྐབས་དེའི་རང་ལ་དངོས་སུ་དོན་ཕྱེན་དེ་འདུ་འཕྲད་པའི་སྣང་ཚུལ་ཡོང་གི་ཡོད་རེད།

མི་སྣ་ཁ་ཤས་ལ་དོན་ཕྱེན་གྱི་གནས་བབས་དེ་ཚོ་ཀྲེ་ལམ་གཏོང་གི་ཡོད་རེད།

ཁྱེད་རང་གིས་སྒྲི་ཚོགས་ནང་དུ་དགའ་ཁལ་དེ་འདྲ་ཡོང་མཁན་ཏུ་གོ་ཡི་ཡོད་དམ།

༤། མི་གཞན་གྱིས་དགའ་སྤྲག་གི་དུས་སྐབས་ཡིད་ལ་འཁོར་བའི་རྒྱུ་ཕྱེན་གྱི་ཡུལ་དང་། མི། དངོས་པོ།

བྱ་སྤྱོད་སོགས་ལ་གཡོལ་ཐབས་ཀྱི་འབད་བརྩོན་ཞེ་དྲག་བྱེད་ཀྱི་རེད།

འདི་ཁྱེད་རང་ལ་འཕྲད་པའི་དཀའ་ངལ་རེད་དམ།

༥། མི་ལ་ལ་ཟིན་འཁྲུག་གི་དོན་ཕྱེན་མཚོན་འགྱུར་ཡོང་བའི་ཉེས་ལ་སློ་བུར་དུ་ཁོང་ཁྲོ་ལངས་བ་དང་།

གཞིད་མ་ཁྱག་པ། དོན་མེད་དངངས་སྐྲག་གས་ཞད་སྙང་སྐྱེ་བ་སོགས་ཡོང་གི་ཡོད་རེད།

ཁྱེད་རང་ལ་དགའ་ངལ་དེའི་རིགས་ཡོད་པའི་མི་སྣ་ཐུག་གི་འདུག་གས།

༦། མི་གང་ཞིག་སེམས་སྤྲག་གིས་མནར་བཞིན་པ་ཡིན་ན་ཁྱེད་རང་གིས་གང་འདུ་བྱས་ནས་ཤེས་ཀྱི་རེད།

རྟགས་མཚན་གང་དང་གང་ཡོང་རེད།

༧།

མི་ཁ་ཤས་ཀྱིས་ལབ་སྒྲོལ་ལ་ཁྱེད་རང་ཚོར་ནར་གཏོད་དང་བརྩོན་འགྲག་བྱེད་པའི་སྐབས་སྒྲག་སྐྱིང་འཕར་གྱི་ཡོད་རེད་ཟེར། ཁྱེད་རང་གིས་དེའི་དོན་གནད་གང་ཡིན་ང་ལ་གོ་རྟོགས་སྤྲོད་ཐུབ་ཀྱི་རེད་དམ།

ཉེ

གལ་སྲིད་བཙན་བྱོལ་སྤྱི་ཚོགས་ནང་དུ་མི་གང་རུང་ཞིག་ལ་སྦྱག་ཀྲུང་གི་ན་ཚ་དེ་འདུ་ཞིག་འཕར་ན་གཞན་གྱིས་ཁོང་ལ་དགོངས་ཆུལ་ག་རེ་ཡོད་རེད། ཁོང་ཚོས་རྣམ་འགྱུར་གང་འདུ་སྟོན་གྱི་རེད།

༡༠

ན་ཚ་ཕོག་པའི་ནད་པ་ཚོས་སུ་མཐུད་ལས་ཀ་བྱེད་པའམ་ཁོང་ཚོའི་ལས་ཁུར་ལ་ཞུགས་རྒྱུའི་རེ་སྒོས་བྱེད་ཀྱི་རེད་དམ།

༡༡ འདི་གདོན་གྱིས་རྐྱེན་པས་ན་ཚ་ག་རེ་ཡོང་གི་རེད།

༡༢ དགོན་སྡེ་ཁག་ནས་དཀའ་ངལ་དེ་ཚོ་བཙས་ཐབས་མི་འདུ་བའི་ཐོག་ནས་གཉན་གི་རེད་དམ།

༡༣

བོད་མི་མང་པོ་ཞིག་གིས་དཀའ་སྡུག་ཆེན་པོ་ལ་གདོང་ལེན་བྱེད་ཀྱི་ཡོད་ཀྱང་ད་རས་ས་ལར་ཁོང་ཚོར་རེ་བ་ཆེན་པོ་དང་རྒྱབ་བསྐྱོར་ཆེན་པོ་ཡོད་པའི་བཟོ་འདུ་འདུག

སྤྱི་ཚོགས་འདིའི་ནང་གི་མི་མང་ཚོས་ཉམས་ཞེས་དེ་འདུ་ཞིག་ལ་གདོང་ལེན་བྱེད་ཀྱིན་འཚོ་བ་གང་འདུ་བྱས་ནས་སྐྱོང་གི་ཡོད་རེད།

༡༤ མི་མང་ཚོས་སེམས་ཀྱི་དཀའ་སྡུག་ལ་གདོང་ལེན་བྱེད་ཐབས་གཉན་གང་འདུ་གཉན་གི་རེད།

༡༥

བརྩོན་འགྲུག་དང་མནར་གཅོད་ཀྱི་གནས་སྟངས་འོག་དཀའ་སྡུག་སྐྱོང་བཞིན་པའི་མི་སྣ་ཁག་གཞན་ལས་སྡུག

པའི་བདེ་ཐང་དང་ནུས་ཤུན་ཡིན་པ་མཚོན་གྱི་འདུག

མི་ཁ་ཤས་ནི་ཚོད་ལས་བཀལ་བའི་དུས་ཟིང་དེ་འདུ་ལ་འཕྱུང་ཀྱང་སེམས་ཁམས་བདེ་ཐང་ཡིན་པ་གསལ་སྟོན་བ

ནང་གི་ཡོད་པ་དེའི་རྒྱུ་མཚན་གསལ་པོ་ཤེས་ཀྱི་མི་འདུག

ཁྱེད་རང་གིས་འཆར་སྣང་འདི་དངོས་སུ་མཐོང་གི་འདུག་གམ། གལ་སྲིད་འདུག་ན།

དེས་འགྱེལ་བཤད་ག་རེ་གནང་གི་ཡོད་རེད།

༡༥༡

ཁྱེད་རང་གིས་མཐོང་ཚུལ་བྱས་ན་བོད་པའི་སྤྱི་ཚོགས་ནང་དུ་དཀའ་ངལ་དང་ཉམས་ཞེས་ཀྱི་གནས་སྟངས་ལ་ཕྱག

 རྗེས་དམིགས་བསལ་གྱི་ནུས་པ་ཡོད་པའི་མི་སྣ་རིགས་འདུག་གམ།

ཁྱེད་རང་གིས་ཁོང་ཚོའི་གདོང་ལེན་གྱི་ནུས་པ་ལ་འགྱེལ་བརྗོད་ག་རེ་གནང་གི་ཡོད། །

དཔེར་ན་མི་རབས་དང་། ཕོ་མོ། ཚོས་ལུགས་ཀྱི་སྤོམ་བཙན་སོགས་ཀྱིས་མཚོན།

༡༥༢

ནང་ཚོས་ལ་ཉམས་ལེན་གནང་རྒྱུ་དང་དད་ཚོས་ནི་རྣ་རས་ས་ལར་གནས་སྟོང་མི་མང་པོ་ཞིག་ལ་དུ་ཅང་གལ་ཆེ

ན་པོ་ཡིན་པ་མཚོན་གྱི་འདུག

ནང་ཚོས་འདི་ཡིས་དཀའ་ཁག་ཆེ་བའི་རྒྱུད་རིམ་ནང་མི་མང་ཚོས་ཕྱག་ལས་གནང་ཕྱོགས་ལ་གང་ཡང་གནང་ད

གོས་པ་ཡོད་རེད་དམ།

༡༣།

མི་ཚེའི་རྒྱུད་རིམ་ནང་ལ་འགྲོ་བ་མི་ལ་དཀའ་རྙོག་རིགས་བྱུང་གི་ཡོད་པར་ལས་འབྲས་ཀྱི་དོས་ནས་འགྲེལ་བརྗོད་གང་འདྲ་གནང་གི་ཡོད་མིན་དང་ལས་འབྲས་ཀྱི་ལྟ་ཚུལ་འཛིན་སྟངས་ལ་ཁྱེད་རང་གིས་གསལ་བཤད་ཅིག་གནང་ཐུབ་ཀྱི་རེད་དམ།

༡༤།

བཅན་བྱོལ་ནང་དུ་འཚོ་བའི་བཀོད་སྒྲིག་ཐད་ལ་དཀའ་ངལ་ཡོད་མཁན་གྱི་མི་མང་ཚོར་ཚོགས་པའི་སྒྲིག་འཛུགས་ཀྱིས་གང་གི་ཆ་ནས་མཐུན་སྦྱོར་འདང་གི་ཡོད་མ་རེད།

Appendix C: Open Letter from 17th Karmapa

Reports have just emerged that three more Tibetans set themselves ablaze within a single day in eastern Tibet. This comes shortly after four Tibetans immolated themselves and others died in demonstrations in Tibet during the month of January. As tensions escalate, instead of showing concern and trying to understand the causes of the situation, the Chinese authorities respond with increasing force and oppression. Each new report of a Tibetan death brings me immense pain and sadness; three in a single day is more than the heart can bear. I pray that these sacrifices have not been in vain, but will yield a change in policy that will bring our Tibetan brothers and sisters relief. Having been given the name Karmapa, I belong to a 900 year old reincarnation lineage that has historically avoided any political engagement, a tradition I have no intention of changing. And yet as a Tibetan, I have great sympathy and affection for the Tibetan people and I have great misgivings about remaining silent while they are in pain. Their welfare is my greatest concern. Tibetan demonstrations and self-immolations are a symptom of deep but unacknowledged dissatisfaction. If Tibetans were given a genuine opportunity to lead their lives as they wished, preserving their language, religion and culture, they would neither be demonstrating nor sacrificing their lives. Since 1959, we Tibetans have faced unimaginable loss, yet we have found benefit in adversity. Many of us rediscovered our true identity as Tibetans. We rediscovered a sense of national unity among the people of the three provinces of Tibet. And we came to value a unifying leader, in the person of His Holiness the Dalai Lama. These factors have given us all great grounds for hope. China speaks of having brought development to Tibet, and when I lived there it was materially comfortable. Yet prosperity and development have not benefited Tibetans in the ways that they consider most valuable. Material comfort counts for little without inner contentment. Tibetans live with the constant suspicion that they will be forced

to act against their conscience and denounce His Holiness the Dalai Lama. The Chinese authorities persistently portray His Holiness as the enemy. They have rebuffed his repeated efforts to find a peaceful and negotiated solution to the Tibetan-Chinese problem. They dismiss the heartfelt faith and loyalty with which the Tibetan people universally regard His Holiness. Even Tibetans born in Tibet decades after His Holiness the Dalai Lama had gone into exile still regard him as their guide and refuge not only for this life, but for life after life. Therefore, constantly depicting His Holiness the Dalai Lama in hostile terms is an affront that benefits no one. In fact, striking at the heart of Tibetan faith damages the prospect of winning Tibetans' trust. This is neither effective nor wise. I call on the authorities in Beijing to see past the veneer of wellbeing that local officials present. Acknowledging the real human distress of Tibetans in Tibet and taking full responsibility for what is happening there would lay a wise basis for building mutual trust between Tibetans and the Chinese government. Rather than treating this as an issue of political opposition, it would be far more effective for Chinese authorities to treat this as a matter of basic human welfare. In these difficult times, I urge Tibetans in Tibet: Stay true to yourselves, keep your equanimity in the face of hardship and remain focused on the long term. Always bear in mind that your lives have great value, as human beings and as Tibetans. With the prospect of the Tibetan New Year in sight, I offer my prayers that Tibetans, our Chinese brothers and sisters, and our friends and supporters across Indian and around the world may find lasting happiness and true peace. May the New Year usher in an era of harmony, characterized by love and respect for each other and for the earth that is our common home.

Ogyen Trinley Dorje,

17th Gyalwang Karmapa

Februrary 6, 2012 – Bodhgaya.

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