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Investigating the Tibetan Healing System: A psychosocial needs assessment of Tibetan refugees in Nepal

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This article is based on an assessment study of the mental health problems of 21 Tibetan refugees in Nepal. It describes Tibetan views on health and healing. Most of the refugees that were interviewed used the Tibetan healing system, with a few using Western allopathic medicine.

Introduction

In 1949 the armed forces of China invaded and began what has now been over 55 years of occupation of Tibet. Since then, thousands of Tibetans have escaped their homeland and have sought refuge in settlements in India, Nepal and Bhutan (Ketzer & Crescenzi, 2002). While an assessment of the psychosocial needs of Tibetan refugees has been done in India, very little is known about the psychosocial needs and stress reactions of Tibetan refugees living in Nepal. The purpose of this study is to generate an initial impression of the current situation, assess available resources, including a look into the Tibetan healing system, and the possible need for psychosocial services.

Nepal is a Himalayan kingdom that rests between the borders of Tibet and India, and has a number of escape routes from Tibet across the Himalayan mountain range. It is the home of roughly 20.000 Tibetans in 12 settlements, and is the transition country for those who are on their way to India to meet the Dalai Lama.

The Centre for Victims of Torture (CVICT), a non-governmental organisation based in Nepal, has conducted this assessment study of the Tibetan refugee community with the aim of conducting an initial exploration of:

1. Exposure to adverse experiences, including pre-flight, captivity (torture and other experiences) and refugee experiences.
2. Psychosocial distress that may be present related to above experiences.
3. Present resources to deal with this distress, including an assessment of the traditional Tibetan healing system and the other services available to Tibetan refugees. The extent to which traditional Tibetan coping mechanisms can address the severe emotional reactions of torture survivors is not well understood (Crescenzi, Ketzer, Van Ommeren, Phuntsok, Komproe, & De Jong, 2002). As a result, a detailed look at the traditional coping mechanisms found within the Tibetan refugee community has been undertaken.
4. Possible need for psychosocial interventions (individual or community-based).

Tibetan views on health

An important component of this study is its exploration of the Tibetan healing system, and in particular how it addresses psy-

chosocial distress. Our definition of the Tibetan healing system consists of Buddhist spirituality and Tibetan medical practice. For this study, two Tibetan *lamas*, or Buddhist teachers, and four doctors in three traditional Tibetan medical clinics, were asked to share their experience of treating mental disturbance in the Tibetan refugee community, and their views on healing psychosocial distress.

Tibetan medicine is one of the oldest surviving medical traditions in the world, having come from India in the 7th century, AD. In Tibetan medicine, religion and medicine are not viewed as separate entities. One Tibetan doctor said that the greater the understanding of *Dharma* (the Buddha's doctrine) the faster and more efficient the medical treatment will work. Although some Tibetan people may use one method and over the other, often both methods are used in a simultaneous and coordinated effort. At other times, it is either the doctor, or the *lama,* who will incorporate both spiritual and medical components in the treatment.

The teachings of the Buddha consist of an elaborate understanding of the mind, how it functions, why and how it suffers and therefore, how it can heal. Thus, Buddhist teachings can be thought of as an extensive and complete psychological system. In this system, suffering and its healing are direct expressions of the mind itself, whether of a physical or psychological nature.

According to Tibetan tradition, all medical knowledge has its origin in the wisdom of the Buddha. The basis of healing in this tradition is that of balance; balance within the body, and between it and the outer world. Balance within the body is the harmony of the three humours: *wind*, *bile* and *phlegm*. Each of these humours corresponds with various aspects of our psychological functioning, as well as the organs and systems of the body. For example, *wind* is directly related to the thinking process or mind, and is located in the lower part of the body or abdomen. Meanwhile, *bile* is related to energy, and is located in the central part of the body. And finally, *phlegm* is related to matter, and is located in the upper part of the body. When these humours are balanced they perform the function of a healthy body, when disturbed they become the cause of physical and mental disorders. Each of the humours can be disturbed by the afflictive emotions of desire, hatred and ignorance (Dhonden, 1986). Of particular interest is the humour of *wind (Tibetan: Lung)*, because it is the one most directly related to mind it is always involved in mental or emotional illness. It also is said that *wind* controls the other two humours, and can mix with them. This indicates that *wind* is always involved in any kind of health problem, which means there is always a mind, or psychosomatic, aspect of any disease (Clifford, 1984).

Since *wind* is the subtlest of all the humours, it is the one most like the mind. It is said that stabilising the *wind* stabilises the mind. Likewise, disturbed *wind* leads to mental instability, including depression, anxiety, and neurotic behaviour (Clifford, 1984). When talking with one Tibetan doctor in Kathmandu, she said that the Tibetan expression for the range of emotional experience, from tension/anxiety to depression, is *wind imbalance*. During the interviews for this study, all participants were asked about their experience of strong emotions, with the understanding that these are expressions of a *wind disturbance* or *imbalance*.

Another traditional Tibetan doctor described the causes of wind *imbalance* in her patients as: being in prison in Tibet, being hurt or harassed by the Nepal police, family disturbances and societal pressure.

The most common cause of *wind imbalance* is being unable to live the life people want to live because of being refugees. Common symptoms include sleep disturbance, heart pain and palpitations, excessive fear, bad dreams, stress, tension, and general unhappiness. The treatment for *wind imbalance* is personalised for each patient, based on a description of symptoms, the reading of the pulse, looking at the tongue and at a sample of urine. Another doctor stated that he typically listens to the patient, encourages him to accept what has already occurred within his experience, and to understand it in relation to the force of cause and effect. He then prescribes Tibetan natural medicine, changes in behaviour (including meditation) and diet in order to balance the *wind* in each of the organs so that it is not too low, or too high. One study participant described the immediate reduction of strength in her emotions after taking Tibetan medicine. All four doctors from the three medical clinics said they see many patients with *wind disorders*, and three of them treat a number of torture and trauma victims. One doctor said that roughly 10-15% of his *wind imbalance* patients could not be effectively treated with Tibetan medicine and were referred to a hospital. Meanwhile, another doctor reported that roughly 15-20% of all her patients have had some form of *wind imbalance*, with only a few very heavy cases. Even in these cases though, she indicted that the Tibetan medical approach is very effective in treating problems of *wind imbalance*. Nonetheless, she emphasised that treating *wind imbalance* is most effective when spiritual methods are used in conjunction with medical ones.

Tibetan Spiritual Methods

For the purpose of this study, two highly respected and revered Buddhist *lamas* who live in Kathmandu were asked about their approach to healing the problems associated with torture and trauma in the Tibetan refugee community. Both acknowledged that they see and meet with Tibetans who have been tortured and exposed to traumatic events that produce psychosocial distress. One of these *lamas*, who lives in Boudhanath, said that he sees many Tibetans who have been tortured and have other problems as a result of having lived in Tibet. He says that because spiritual methods and practices of the Dharma are aimed at purifying the negative emotions, in general, most Tibetan people do not seek revenge or respond with aggression toward those who have harmed them. By having confidence in Buddhist spiritual methods, such as eating *mendrup* (special medicine made by *lamas* that reduces the negative emotions), sponsoring monks to engage in spiritual practice, engaging in spiritual practices themselves, and performing positive and helpful actions for others, the problems of the mind can be remedied. This is because, according to this *lama*, these methods purify the causes of negative experiences as well as the tendency to respond to situations that arise with strong emotional reactions. When people come to visit him with problems as a result of their previous experience, he listens well to them and offers healing medicine. He will also often use a form of divination to determine what prayers, practices and Buddhist ceremonies would be the most helpful in addressing their specific problems. The more trust and belief in the Buddhist teachings, the deeper a person will be able to understand how his negative experience is related to previous negative actions. The spiritual methods being prescribed are aimed at reducing the negative emotions and thought patterns that have emerged as a result. This, he said, will pro-

duce positive experiences in the future and is a very effective way to address the pain of horrific experiences like torture and trauma.

The other *lama* interviewed for this study, lives near Swayambhunath, and is the *lama* that the Tibetan Refugee Reception Centre refers to when a spiritual problem arises for a new arrival to Nepal. In general, when he sees Tibetans who have been tortured and traumatised, he addresses the nature of cause and effect. He explains that what happened is a result of their own previous actions and the fact that these horrible things have occurred means that the potential for a negative result has now been actualized and exhausted. When people describe having strong emotions he tells them to focus their mind on the suffering that all beings experience, and to think that because he has had these horrible experiences may no other being suffer like this. If people can train their mind to respond to their negative emotions with compassion for those who harmed them and for all those in the world who suffer in the same way, then the mind can be healed of its trauma. There are specific practices that can train the mind in this way, as well as purify the causal force behind the traumatic events. By understanding our suffering to be a result of our own actions, this *lama* said, all people can understand that helping others is the virtue that leads to healing the mind and reduces the possibility of negative events arising in the future.

Tibetan Healing System

We can see how the spiritual methods and traditional medicine connect and overlap while at the same time focus on different aspects of the healing process. Tibetan medicine manages the strong emotional responses that disturb the mind and so allows the spiritual methods to develop insight. This further weakens the emotional and cognitive habit patterns that intrude on the lives of those who have experienced traumatic distress. In this way the Tibetan healing system works to heal the mind of psychosocial distress and trauma.

With this understanding of the traditional Tibetan form of healing, we have carried out the following qualitative study designed to look beyond Western conceptualizations of posttraumatic stress reactions.

The assessment study

The development and execution of the current study took place from November 2003 to January 2004.

Sample and participants. Our exploration of the Tibetan refugee community in Nepal began with meetings at the Tibetan Refugee Welfare Office, representing the Tibetan Government In Exile, the United Nations High Commissioner for Refugees (UNHCR) office, the Tibetan Refugee Reception Centre, with various leaders of the Tibetan community, and with a number of Tibetan doctors at a variety of Tibetan health clinics. All of these meetings, as well as the entire study, were carried out in the area of Kathmandu.

The Tibetan refugees were interviewed individually, and as groups, were specifically targeted as a representative sample of those who may have psychosocial problems or distress. Requests for these interviews were typically addressed to ex-political prisoners, ex-Tibetan Army guerrilla fighters, and those seeking health care services. Interviews were conducted by one Western social worker working with a number of different interpreters. As the individual and group interviews were gathered through snowball and convenience sampling, other Tibetans refugees who were not necessarily members of any of these high-risk groups for

psychosocial distress, were also included.

Procedures. Two interview instruments were designed to invite participants to discuss their personal experiences according to four themes that correspond to the study's objectives: a group interview instrument and a key informant instrument (De Jong, 2002).

Contact was made with each of the eight individual interviewees or with a representative of each group either through an independent interpreter, or by means of a family member or friend, who then briefly described the study and requested their participation.

Participants were informed that the content of the interviews would be used to write a report, and that participation was voluntary and confidential. A consent form was drafted according to the guidelines and protocol of CVICT for establishing and documenting verbal consent for participation with torture survivors (informed verbal witnessed consent).

Instruments. The group and key informant interview instruments were each designed to explore four themes that correspond to the objectives of the study. The first theme addressed participants' experience in Tibet, with a particular emphasis on possible psychosocial stressors and pre-flight difficulties such as witness to the invasion, oppression, participation in protests, experience of the Cultural Revolution, loss, captivity experience, witness to stressful events, and exposure to personal danger.

The second theme invited participants to share their experience in Nepal, including their flight from Tibet. They were asked to discuss flight and post flight difficulties including encounters with police, time in jail, political and religious freedoms or lack thereof, experience of resources, refugee status and experience of bureaucratic processes, other contact with Nepalese culture, and life as a refugee. These two themes were explored in an open-ended manner; responses were guided so that the interviewer could gain an understanding of what, if any, difficulties and possible exposure to psychosocial stressors has been experienced.

The third theme invited participants to describe the kind of problems they currently experience or have had as a result of the previously described experiences in Tibet and Nepal. In particular, they were asked about their physical and mental health, and how the previously described experiences have impacted their body and mind. To gain an understanding of how their experience may have caused psychosocial distress, each participant was probed for the experience of *wind imbalance* and nightmares.

The fourth and final theme invited participants to describe how they have dealt with the problems they experience. Use of Tibetan doctors, spiritual teachers (or *lamas*) and use of Buddhist spirituality were specifically probed in an attempt to cultivate an understanding of the traditional Tibetan healing system of medicine and spirituality. If time permitted, participants were then invited to share their ideas regarding how CVICT or other non-government organisations might be able to support the Tibetan community in Nepal. This final objective was a key point of discussion during the meetings with the Tibetan Refugee Welfare Office and UNHCR, at the Tibetan Refugee Reception Centre, and with the Tibetan doctors at the traditional medical clinics.

Results

Five group and eight individual interviews were conducted for a total of 21 study participants. The participant age range was from 22 to 90 years old, averaging 52 years. The participants averaged living 17.5 years of their life in Nepal as refugees, ranging from 1.5 months to 46 years.

Table 1: demographic data

Category	*Number*	*%*
Male	16	76%
Female	5	24%
Age 20-39	8	38%
Age 40-59	5	24%
Age 60-79	6	9%
Age over 80	2	9%
Monk or nun	3	14%
Lay person	18	86%
Under one year living in exile in Nepal	1	5%
1-10 years living in exile in Nepal	9	42%
11-20 years living in exile in Nepal	4	20%
21-30 years living in exile in Nepal	2	10%
31-40 years living in exile in Nepal	3	14%
Over 40 years living in exile in Nepal	2	10%

Table 2: stressors

	Number	*%*
Imprisoned in Tibet	9	42%
Tortured	7	33%
Combat veteran in Tibetan guerrilla army	4	19%
Family members imprisoned or killed	4	19%
Witnessed executions	2	10%
Jailed in Nepal	6	29%
Total Number of Participants incarcerated (In Tibet and/or Nepal)	14	67%

Table 3: psychosocial distress

	number	*%*
Endorsed a health or mental health symptom	21	100%
Health complaint	12	57%
Pain	6	29%
High blood pressure	3	14%
Headaches	3	14%
Excessive weight loss	1	5%
Wind imbalance	16	76%
Mentioned anger	12	57%
Mentioned sadness	6	29%
Mentioned stress, anxiety, worry or fear	8	8%
Sleep disturbance or nightmares	11	52%

Table 4: coping and resources

	number	*%*
Participants who use the Tibetan healing system	18	86%
See Tibetan doctor and use Tibetan medicine	16	76%
Consult *lamas* and spiritual teachers	11	52%
Talk to family and/or friends	5	24%
Use political activism/meaningful work	6	29%
Use Western allopathic medicine	3	14%

Conclusion

The purpose of this study was to generate a greater understanding of the Tibetan healing system and gain an initial impression of the psychosocial needs and stress reactions of Tibetan refugees living in Nepal. We recognise that across the traditional cultures of the world, there is knowledge that can be helpful in addressing the problems of modern society. By looking into the healing system of Tibetan culture, we find a source of information that can enhance our understanding of, and ability to address, the response to traumatic events.

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