

**DEANE, SUSANNAH 2018. Tibetan Medicine, Buddhism and Psychiatry. Mental Health and Healing in a Tibetan Exile Community.**

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SUSANNAH DEANE is a British Academy Postdoctoral Research Fellow at the Department of Religion and Theology of the University of Bristol (UK), focusing on a (medical) anthropological approach to the study of religion, in particular to Tibetan Buddhist perspectives on mental health, illness, and healing. With this monograph, she publishes her Ph.D. thesis (2015, University of Cardiff) as the result of qualitative ethnographic fieldwork among Tibetan refugees in Darjeeling, India (two six-month periods of fieldwork in 2011 and 2012). She investigates Tibetan therapeutic practices in the translocal frame of migration and medical diversity and focuses on mental health categories regarding socio-cultural concepts of personhood, self, and the body. Some crucial observations address the similarities of Ayurvedic and Tibetan humoral ideas (e.g., that “wind” [*rlung*] can be related to “Western” psychiatric concepts such as depression) and the perception of *subtle bodies*, *channels of energy*, and the involvement of *spirit* in human life processes. With my research interest and experience in Kardecism and related Brazilian Spiritist psychiatry, I spot various examples that illustrate the historical conceptual appropriation and acculturation of Buddhist knowledge and practice in the past and a certain correspondence in form and content of aesthetics and experiences of healing in the present. This personal remark does not intend to promote early phenomenological approaches to the comparison of religions but instead to add an aspect to DEANE’s other argument: biomedicine/psychiatry as cultural sets of practices are not as invariant or monolithic as they appear once practiced in different cultural contexts and models of *healing cooperation* (cf. *Curare* 41[2018]1+2), and medical diversity. Neither are “religious/traditional” healing practices and systems of knowledge which in DEANE’s example transform within a rather low-scale context of political escape of Tibetans from Chinese occupation to Indian refuge; they also do so in the large-scale distribution of so-called *complementary and alternative medicines* (CAM) worldwide, like e.g., mindfulness-training and yoga. It is, thus, another strength of her approach to not address

and compare *explanatory models* of health, illness, and healing in terms of culture-bound knowledge systems but instead *exploratory maps* as quests for pathways out of affliction and as an ongoing process of making sense/seeking meaning.

DEANE explores treatments of “madness” as located at the intersection of religious blessing and ritual, love and care, family and community support (an informant’s definition, p.3), and Tibetan perspectives on causation, management, and treatment of mental illness within an exile community in Darjeeling, India. She observes divergent perceptions of mental illness and healing and, accordingly, deviant health-seeking behavior in the context of medical diversity. In her point of view, professional healers’ perspectives, especially concerning *global (mental) health* strategies, have been highlighted in former research agendas. Accordingly, she turns to laypersons and patients with their experiences, e.g., mediumship, spirit possession, and transformational healing.

Apart from her introduction, conclusion, and thirteen illustrations, DEANE’s contribution consists of nine chapters divided into three parts with four thickly described and thoroughly analyzed case studies. *Part One* (“The Setting and the Approach”) delivers an overview of the field site and qualitative methodology (participant observation and semi-structured in-depth interviews). *Chapter 1* (“Residents, Migrants, and Exiles: A Brief History of Darjeeling and its Communities”) discusses historical, geographical, economic, and political implications, including aspects of structural violence, stigmatization, negotiation of identity, and coping strategies. *Chapter 2* (“Medicine and Healing in Darjeeling: Practitioners, Practices, and Institutions in Darjeeling and Around”) focuses on the diversity of populations and therapeutic facilities (governmental and private biomedical clinics and hospitals, ayurvedic, homeopathic, and Tibetan clinics as hybrids religious-spiritual and biomedical-psychiatric approaches). *Part Two* (“Medicine, Mental Health and Healing in the Tibetan Context: Theories & Practices”) introduces Tibetan approaches to mental health and illness, the role of spirits and deities, and biomedicine in

Tibetan contexts and policies. *Chapter 3* (“Tibetan Approaches to Mental Illness”) dedicates to discussions on body-mind-constellations, humors, and subtle bodies as an arena of contesting divergent perspectives on somatic-emotional afflictions and their relatedness to cognition/consciousness, cosmology, and the “self” as connected to certain environments and epistemologies. *Chapter 4* (“Spirits, Mental Health and Healing”) then focuses on spirit-mediumship as a causative explanation for affliction and explores the fundamental role of spirits in everyday life and resulting human-non/human relationships affecting health, illness, and healing. *Chapter 5* (“Biomedicine and the Tibetan Context”) serves as a delimiting ordering of the before-mentioned discourses to locate the following case studies within a frame of biological hegemony vs. therapeutic cooperation, professional vs. lay perspectives, curing vs. healing. *Part Three* (“The Case Studies”) compares experiences of DEANE’s research partners to “Western” notions of psychiatric categories (*Chapter 6* “Depression,” *Chapter 7* “Madness and its Causes,” *Chapter 8* “Belief, Faith and Healing,” and *Chapter 9* “Possession and Mediumship”) and considers contemporary uncertainties and conflicts.

In her conclusion, SUSANNAH DEANE remains humble, outlining strategies of navigating pluralistic medical systems between faith, belief, religion, tradition, and related communal and individual experiences (even though these terms seem to contradict her elaboration of deviant models of “self”). She describes dynamics of “mix and

match” (p. 198), “managing diverse worldviews in a medically pluralistic context” (p. 201) regarding experiences of distress. She discusses related strategies of health-seeking behavior at the intersection of ideology, pragmatism, political and economic frames, and transforming socio-cultural contexts towards diversity, contest, and integration of therapeutic approaches. I want to add that she also stresses the agency of *patients* who do not remain passive but develop coping strategies and specific *aesthetics of healing* (cf. *Curare* 42[2019]1+2) to negotiate experience and knowledge in sensory and spiritual terms. I take it as a strength of her argument to not refer too much to established *explanatory models* or *idioms of distress* but instead to *exploratory maps* as means to navigate in the realms of local and global (mental) health care challenges. It is one of the very few weaknesses of this monograph that these aims remain not clearly articulated in the introduction, which, naturally, causes confusion and inevitable ups and downs in her juxtaposition of approaches. I have missed a clear argument and, thus, maybe some innovative insight. However, her exciting thick description invites cross-cultural comparison and asks for further exploration, especially in terms of sensory ethnography. Further, it makes me declare it a “must-read,” at least for students of medicine and medical anthropology, when discussing health, illness, and healing in (trans)local/cultural contexts.

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