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Asian, printing assignment, the general outcome is excellent, and only in a few cases are there slips which baffle—I mention those which caught my eye, some also sent me by my long-time friend Dr. Frye. Page 77 ends, “my hurt is ready to burst” (my heart); p. 102 end, “It is unquestionably our” (read “our child”); p. 117 mid, “a ready riverbed” (read “a reedy riverbed”), p. 169 end, “we would be deviled” (read “defiled”).

The volume, one in a series of the Library of Tibetan Works and Archives, is their first translation from Mongolian, and the editors hold out the hope that this store of material might provide future volumes. With such encouragement, let Dr. Frye and other Mongolists find useful parallel works to supplement this praiseworthy beginning!

John R. Krueger

*Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing*, by Terry Clifford. York Beach, ME: Samuel Weiser Inc., 1984. xx + 268 p. \$15.95.

Terry Clifford's book is not the best book I have seen on the different systems of Asian medicine, but it is one of the best on the subject of Tibetan medicine. Unfortunately, much of what has been written on the subject lacks scholarly rigor: the books that have come out have been incomplete, redundant (virtually everybody repeats an analysis of the *rGyud bZhi* that was first done by Csoma di Korosi), poorly organized, apologetic and sometimes downright silly.

Dr. Clifford's book, while showing a strong strain of apology and critical shortcomings, is nonetheless well organized, and quite complete in fulfilling her stated intentions. She wants to introduce us to psychiatry as seen through the *rGyud bZhi* and Tibetan Buddhism, and she does. Further, she does so in a lucid and comprehensive way.

The book itself is divided into two main parts, plus appendices. Part One gives a general view of the medicine of Tibet, its relationship to Dharma and tantra and some general comments on its history, āyurveda, and Tibetan somatic medicine. Part Two deals with the title subject: Tibetan medical psychiatry. Included here is a translation of chapters 77–79 of the *rGyud bZhi*. These three chapters are not very long, covering less than seven Tibetan

pages in all, and they are written in a very straightforward manner. The three chapters comprise a classification list of various types of spirits thought to cause mental illness, the humors affected, and general remedies.

Put together, the two parts of Dr. Clifford's book give a good overview of how a Tibetan Buddhist doctor sees mental illness. Mental illness, indeed any illness, has to be viewed within the structure of Buddhist assumptions about suffering. All beings, according to Buddhism, can be said to be ill. They all have a primal fault, ignorance, which can be said to be the downfall of us all. From ignorance breed attraction and aversion, and from these arise the karma that brings about all our travails. Ignorance, then, is like a germ that needs to be destroyed, and it is the mission of every Buddha to destroy that germ. While the Judeo-Christian tradition uses a more or less legal and familial model to explain our suffering and redemption, Buddhism has almost always used a medical model. In the Judeo-Christian-Islamic tradition, our suffering is due to our disobedience of our Heavenly Father or Creator. Our salvation consists in recognizing this crime and returning to an obedient state. In Buddhism, our suffering is due to the fact that we are sick. The Buddhas are our physicians; the Dharma is our medicine; the Saṅgha are the nurses and other health-care professionals. Laws in Buddhism have the character of health prescriptions rather than administrative regulations. To extend the metaphors: disobeying a law in Buddhism has the effect of running in the rain when your doctor has told you to stay home in bed, rather than the effect of cheating on your taxes and being caught by the IRS.

Viewed this way, the ultimate cure for any disease is Buddhahood, and the fighting of any disease, physical or mental, is an extension of the work of the Buddhas. Thus, medicine and religion are inextricably mixed. Religious practices, such as attending pūjās and saying mantras, ultimately are as important to health care as taking a pill prescribed by the physician. It is to Terry Clifford's great credit that she brings this out in her book. Keeping this in mind explains also the whole host of interrelationships between the mind and the body found in Buddhism, particularly in its tantric form.

While I did not see it in Dr. Clifford's book, the three poisons—ignorance, attraction, aversion—are considered to be the root causes of the three humors—phlegm, wind, bile—the imbalance of which is the efficient cause of both physical and mental disorder. In the tantras, where the physiology of the body

is explored by means of yoga and speculation to a great depth, we find the body and the mind to be inseparably related. Dr. Clifford touches on this when she writes about the winds in the body and the different veins involved in the support of different types of consciousness. She does not go beyond an introduction to this point, but she does mention it.

Mental illness, then, is not seen as being fundamentally different in nature from physical illness. The three chapters of the *rGyud bZhi* which deal specifically with mental illness prescribe physical remedies for it, i.e., medicine. Along with listing spirits as a possible cause of forgetfulness, chapter 79 also lists imbalances of the three humors. Chapter 78 speaks of demons as "secondary causes" (*rkyen*) to the primary cause of excessive thinking, bad diet, etc.

The book does have shortcomings. Particularly irksome is the author's constant use of the words "madness" and "insanity" for mental illness. It makes it sound as if the book was written in the 1930's instead of in the 1970's. While once used by the psychiatric profession, the terms are now regarded as archaic and not suitable as technical psychological terminology. The word "insane," particularly, presently exists only as a legal, and not a psychological term. Even on the chance that these terms were used by her informants or by others from another country, they should not have been used here. Her citation of W.H. Sheldon's classification of "ectomorph," "mesomorph," and "endomorph" also seems archaic in a section on parallels to modern psychiatry.

While these shortcomings are serious, they are easily correctable, and I hope they will be amended in subsequent editions. The book over all is good, and while not strong when dealing with psychological issues from a Western perspective, it does afford the reader an opportunity to glean an overall understanding of Tibetan Buddhist medicine.

Todd Fenner