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# Getting Sick Where Karma is Gravity: Disease in the Tibetan Perspective

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## Getting Sick Where Karma is Gravity: Disease in the Tibetan Perspective

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## Abstract

Karma is the Buddhist idea that our actions from current and previous lives affect our fortune in this life. In particular, if we suffer in the current life, it is due to negative action in the past. Likewise, if we prosper, it is due to past positive acts, such as compassion. The idea of karma extends to illness; in simplification, sickness is attributed to negative past action.

The purpose of this study was to investigate the belief of karmic disease in the Tibetan Buddhist community of Shangri-La. Although disease is often used as an example of karmic suffering, and there is extensive literature on this concept, there is significantly less literature on karmic disease. To my knowledge, there are no published studies (in English) exploring karmic disease through the voices of Tibetan peoples.

In this study, twelve people in Shangri-La and the surrounding villages were interviewed about their perspectives on karmic disease. Interviewees included eleven Tibetans, two of whom were doctors, and one American doctor. The series of in-person interviews were conducted over the period of two weeks with the assistance of a translator when necessary.

Findings show that it is generally the most insidious and inexplicable diseases that are attributed to karma. Small illnesses are more likely to be explained through bad luck, poor hygiene or imbalance of the three humors characteristic of Tibetan medicine. The advice of a lama as well as accruing good karma through compassionate acts are essential for healing karmic disease. To conclude this paper analyzes the efficacy of healing karmic disease through Tibetan practice via a western lens, including an evaluation of the science of Buddhist healing.

Key words and terms: *karma, karmic disease, rebirth, Tibet, Shangri-La*  
ISP topic codes: *Public health, Asian studies, Theology*

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Finally, many thanks extend to all of my interviewees;\* your ideas and experiences have taught me so much!

\*The names of all interviews (found in “Works Cited”) have been changed to protect their confidentiality.

## **Introduction**

If we suffer a lot or are not healthy in this life, it is because we did something bad in a previous life.<sup>1</sup> This sentiment, shared by Tenzin lama on my first day in Shangri-La, is common sense in the minds of Tibetan Buddhists, yet instantly confused and fascinated me. Are all diseases caused by Karma? Can some diseases come exclusively from the environment? If karma causes disease, is it your fault when you get sick? Does karmic disease make people feel guilty when they get sick, and does that pose barriers to treatment? How do the concepts of karma and reincarnation impact the lives of average Tibetan peoples? While some of these questions were answered through simple research on Tibetan Buddhism, others could only be answered through the voices of a community. Although there is extensive literature regarding the foundational concepts of Buddhism and how they relate to health, there is significantly less information regarding the way these ideas play out in the everyday lives of Tibetan peoples. The objective of this study was to investigate Tibetan Buddhist belief on the origin of disease, with a special focus on the concept of karmic disease, and the implications of assigning responsibility to disease. Finally, eastern religion and belief systems are not only commonly misinterpreted in the west, but also deemed unrealistic, and unbelievable and impossible. The final objective of this paper will be to utilize the western perspective to explain Tibetan health beliefs in a way that legitimizes their belief system by making it understandable to the average western reader.

### **Background on Healing in Tibetan Buddhism**

Buddhist teachings come from prince Siddhārtha Gautama, who is said to have been born in 563 B.C.E. in southern Nepal (Lopez, 2001). For 29 years, the prince was protected from old

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<sup>1</sup> Harry.\* Reincarnated lama. Class lecture and discussion. April 24<sup>th</sup>, 2018.

age, sickness, and death within the walls of his castle. When the prince left, he was met with the immense suffering of the world. Through meditation, Siddhārtha found enlightenment and became the Buddha. The Buddha began to teach the path to enlightenment, the cure to suffering.

The Buddha taught four noble truths, which summarize the Buddhist path. The four noble truths are: 1. The truth of suffering, 2. The truth of the origin of suffering, 3. The truth of ending suffering, 4. The truth of the eightfold path (to overcome suffering). Several pages could be utilized to define each of the noble truths. For sake of brevity, these definitions are merely cursory. The truth of suffering explains that cyclic existence is inextricably defined by suffering, whether it be physical or emotional discomfort, dissatisfaction, or sorrow (Powers, 2007). The second noble truth teaches that suffering is the result of desire fueled by ignorance. The third noble truth teaches that, to bring suffering to an end, we must transcend afflicted desire. Here, the third noble truth is teaching that we need to “restructure one’s cognition in accordance with reality in order to bring suffering to an end” (Powers, 2007). The way to restructure one’s cognition is through the fourth noble truth, the eightfold path, which is the way to overcome cyclic existence and thus transcend suffering. The eightfold path includes 1. correct view, 2. correct intention, 3. correct speech, 4. correct action, 5. correct livelihood, 6. correct effort, 7. correct mindfulness, and 8. correct meditative absorption (Powers, 2007).

Buddhism’s philosophical and historical roots are deeply intertwined with health and healing. Central to Buddhist practice is alleviating suffering through distancing oneself from desire and performing compassionate acts. The Buddha worked to alleviate others’ suffering through both his teachings and his work with medicine. Today, religious leaders such as monks and lamas have important roles as healers in many Tibetan communities, where they provide

both pragmatic and spiritual advice (Hawter, 1995). The healing advice these leaders provide is inseparable from the Buddhist understanding of the origin of disease.

### **Tibetan Medicine**

Traditional Tibetan Medicine has a deep philosophical and practical foundation in Buddhism. A complex medical system of its own, Traditional Tibetan medical teaching and practice elucidate Buddhist beliefs on the origin of disease. Tibetan medical beliefs are centralized around the idea of mind-body unity, capacity for self-healing, interaction with the environment and balance of the elements.

Tibetan medicine teaches that there are five small elements (gold, wood, water, fire, soil) and five big elements (qi, fire, soil, water, and space). The small elements correspond with organs in the body. The big elements form the universe as well as the human body (Yu Yan, 2006). Finally, Tibetan medicine is based in humoral theory, where the three main humors are rlung, chiba, and pagan. Rlung corresponds to qi, chiba to fire, and pagan to water and earth.<sup>2</sup> The imbalance of any of these factors can cause disease. Thus, the objective of Tibetan medicine is to bring these factors back into balance. While diet and other visible factors can throw the three humors out of balance, unseen factors such as karma can also put the humors out of balance.

A foundational idea in Tibetan medicine is that the root cause of disease stems from suffering in the mind (Clifford, 1984; Dorjee, 2005). Tibetan medicine also tends to focus on the agency of the patient (Silva, 2011). For example, some scholars write that Tibetan medicine

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<sup>2</sup> James.\* Tibetan Doctor. Personal interview. April 26<sup>th</sup>, 2018.

claims that ‘every person has the capacity for self-healing and self-regulation’ (Dorjee, 2005: 269). The agency of the patient, combined with no recognized divide between the mind and the body has interesting ramifications for the treatment of mental illness. Western research has shown that the feedback loop between the mind and the body renders it so that in physiological reality, there actually is no divide between mind and body (Silva, 2011). This lack of divide tends to result in a focus on treating the whole person rather than parts of the person.

Despite the fact that Tibetan medicine is widely revered as one of the most scientific and effective traditional medical practices, as well as the most advanced medical system among the Chinese minority systems (Yu Yan, 2006), it does not claim to be able to cure all diseases. On my first day in Shangri-La, during a lecture and discussion with a reincarnated lama, the lama told our class that if you could find the source of disease, a good doctor can effectively prescribe medicine. If you cannot find the source of disease, you cannot prescribe medicine effectively.<sup>3</sup> Although some diseases are physical and can be cured by medicine, for others, medicine will not completely heal you unless you reflect on your past life and or recent karma.<sup>4</sup> The idea that sometimes we cannot be cured by medicine because of our past lives brings us to the next concept, cyclic existence.

## **Reincarnation**

Perhaps one of the most well-known but least-understood Buddhist concepts is reincarnation. Reincarnation comes from the belief that the Buddha’s soul never leaves the earth because it is continually reborn in an effort to spread the Buddha’s teachings and help others achieve enlightenment. Simply put, reincarnation is the belief that when we die, we are reborn in

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<sup>3</sup> Harry.\* Reincarnated lama. Class lecture and discussion. April 24<sup>th</sup>, 2018.

<sup>4</sup> Harry.\* Reincarnated lama class lecture and discussion. April 24<sup>th</sup>, 2018.

another form. For Buddhism, there are six realms of existence that we cycle through. The six realms include the hell realm, hungry ghost realm, animal realm, human realm, demi-god realm and the god realm.<sup>5</sup> Depending on your actions in a given life, you can move up a realm or down a realm. You can also be reborn within the same realm. For example, although someone might be a part of one family in this life, in the next they could be born to another family within the same town or within a different country.<sup>6</sup> You may be born healthy and strong, or you may be born weak and sick. Altruism and compassion are important because reincarnation blurs the line between nationality, friend and foe. Tenzin Lama told a story about how an old man's enemy was reborn as his grandson. The old man loved his grandson, and thus his old enemy. Thus, Buddhism teaches that we should treat everyone as our mother.<sup>7</sup> Another reason why altruism and compassion are so important to the individual is because these actions can move you up a realm in the reincarnation wheel in your next life. Although the cycle of rebirth helps promote the Buddhist teaching of peace and nonviolence, it is this cyclic existence that is pointed to as the source of suffering. Eventually, the objective of Buddhism is to escape the cycle of rebirth and achieve enlightenment. The way to break the cycle of rebirth is through the eightfold path, and accruing good karma through compassionate acts.

## **Karma**

If cyclic existence is a wheel, karma is the hand spinning the cycle of rebirth. To grossly simplify a complex concept, karma is a cause and effect process by which the accumulation of good action results in good outcomes and the accumulation of bad action results in bad

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<sup>5</sup> Harry.\* Reincarnated lama personal interview May 3<sup>rd</sup> 2018.

<sup>6</sup> Harry.\* Reincarnated lama personal interview May 3<sup>rd</sup> 2018.

<sup>7</sup> Harry.\* Reincarnated lama personal interview May 3<sup>rd</sup> 2018.

outcomes. According to Tenzin lama, in “true” karma, positive actions receive happiness and negative actions receive suffering. Negative action comes from speech, body and mind. Saying something unkind, physically fighting or killing, and feeling jealousy are all examples of negative action.<sup>8</sup>

Although we are constantly making decisions that impact karma in the present life, whether the effects of our karma will be experienced in this life, the next, or even the one after is beyond the scope of human knowledge. If you do something wrong today you may experience the consequence tomorrow, but you might experience it when you are reborn. Once the “seed” of karma is planted, it will grow depending on the conditions and catch you at any point in the cycle of rebirth.<sup>9</sup> One of the Buddha’s famous sayings was “We are the heirs of our own actions.” This is, in essence, what the concept of karma teaches.

As mentioned earlier, this paper is chiefly concerned with the concept of karmic disease. Often incurable and chronic diseases are, labeled as karmic. Such diseases include leprosy, AIDS and Ebola (Hawter, 1995). The remainder of this paper will attempt to elucidate greater intricacy in the concept of karmic disease and how it fits into the larger narrative of sickness in Buddhist teaching and Tibetan people’s lives.

As a child, I understood karma through the westernized idea that people get what they deserve—good things happen to good people and bad things happen to bad people. Karma cannot be passed from one person to another and thus is exclusively about the individual. Buddha taught that you are your own master, your fortune depends on yourself.

## **Western Interpretations of Karma**

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<sup>8</sup> Harry.\* Reincarnated lama class lecture and discussion. April 24<sup>th</sup>, 2018.

<sup>9</sup> Harry.\* Reincarnated lama class lecture and discussion. April 24<sup>th</sup>, 2018.

Karma is a challenging topic to understand because it can be superficially similar to western theological and moral teaching, yet is profoundly different beneath the surface. For me as a westerner, to interpret the results of this study in the most unbiased way as possible, a comprehensive review of the western confusion and controversy surrounding karma is necessary.

While some westerners have pronounced karma “brilliant in its straightforwardness and simplicity” (Burley, 2012) and others even compared it to Newton’s Third Law of Motion, (Powers, 2007) others find karma as nothing more than a personally offensive method of victim-blaming. The stark differences between these opinions stem from different interpretations and lived experiences.

Retributive karma generally attributes suffering and misfortune to “sins” within this life or a previous life. In popular western discourse, as well as in the view of many western scholars, holding a victim responsible for his or her own misfortune (“victim blaming”) is considered emotionally damaging and socially unjust (Burley, 2012). In 1999, a well-known English football coach by the name of Glenn Hoddle was quoted claiming that the disabled are born handicapped “for a reason” because their karma was working from another lifetime (Burley, 2012). Hoddle was met by the instant backlash of outrage from the general population as well as disabled population. In one American study, 75% of trauma survivors “expressed a strong disagreement” with the concept of karma (Davidson, 2005). Today, there are shadows of karmic concept in blaming sexual assault survivors for their attack due to their clothing choices and or past sexual encounters. The emotional burden associated with victim-blaming in the west creates a barrier to reporting assault and tends to stigmatize survivors rather than perpetrators. As an American woman in the present political climate of my country, I have always felt that victim blaming is inherently wrong. Prior to this project, the concept of retributive karma did not sit

right with me. Part of me was expecting to find a connection between victim blaming and karmic disease that would create feelings of guilt and impact access to treatment. Although I am still wary of the potential for karma to perpetuate the narrative of victim blaming, further research has shown me how karma can also provide a theologically and existentially satisfying explanation of the source of evil and function as a compassionate motivator rather than a source of hopelessness.

When something bad happens to someone we don't like in the States people might laugh and say "karma!" Herein lies the problem of the western interpretation of karma. Westerners tend to think of karma exclusively as retributive karma, when in actuality "the inevitable result of karma is not so much a reward or a punishment in the way we imagine it but rather as an innate sequence" (Narada, 1990). The Buddha did not teach of a divine ruler that would punish the wicked, he taught of the law of cause and effect within an ethical realm. Of Buddhism's five "all-embracing realms," karma is only one. Here, karma is akin to gravity, and the other laws of nature. Although karma is often used to explain good fortune or misfortune, it is not intended to be a tool for explaining inequity. There is no promise of happiness in the afterlife, and thus no explanation as to why the fortunate deserve to be rich and the poor to be poor (Narada, 1990). The intent of karmic teaching is rather to serve as a reminder of individual responsibility to do good deeds.

One of the more positively interpreted aspects of karmic theory is its ability to provide an intellectually satisfying solution to the problem of evil (Burley, 2012). Here, the problem of evil is found in several questions: "why do the innocent suffer and the wicked flourish? Why is the world not better ordered and more just?" These questions aim at "the obvious imperfect correlation between sin and suffering in an individual's lifetime" (Burley, 2012). Western

religions have found creative ways to explain this issue, such as through the concept of “original sin”. While western theology tends to assert that humans are “born evil” and that this is the cause of our suffering (BBC, 2009), some intellectuals assert that the idea of karma being the source of suffering is more probable and even a more “rational” explanation than is found in western theology (Berger, 1967).

The common person is not searching for an “intellectually” satisfying solution to the problem of evil. Instead, they are looking for an emotionally satisfying answer, one that makes them feel safer and happier in what can be a hostile world. I argue that karma is able to do just that; it can provide an emotionally satisfying answer to the problem of evil. As one intellectual pointed out: karma "manages to affirm and deny human responsibility at the same time" (Keyes, 1983). A combination of responsibility with a lack of control helps remove the emotional burden of questioning what we did to “deserve” suffering. We cannot control our past karma, and so although it is technically our “fault” that we are suffering, there is nothing we can do about it except from focus on the present, which is arguably the most productive way to deal with suffering.

My hope is that this brief review of controversy in the west will help me to better understand karma in the east and transcend some part of my own bias. From here it is time to exit the realm of the theoretical and listen to the voices of people for whom karma exists not simply as an idea or a theological concept but as a form of gravity.

## **Methods**

### **Study Location**

This study was conducted in Shangri-La, a city in northwestern Yunnan province within the Diqing Tibetan Autonomous region. This location was first and foremost selected because of the majority Tibetan Buddhist population. Shangri-La was chosen over other Tibetan autonomous towns/cities due to SIT restrictions to stay within the province as well as the convenience of contacts in the area who helped make this project possible. Due to the language barrier, a more rural location was not selected; Shangri-La has enough English-speakers to assist in communication with the local community.

### **Data Collection Method**

To collect data, I conducted a series of 12 in-person interviews. Utilizing a survey was considered for this project, but after several preliminary interviews I decided the content of my project was too complex and abstract to simplify into a survey. The translations for my questions were often challenging and needed to be rephrased during the interview to fit the understanding of the subject. In addition, interview questions were often tailored to fit the individual. For example, included within my group of interviewees was an American doctor who has spent over 20 years treating Tibetan patients in the area, two Traditional Tibetan Medicine doctors, a reincarnated lama, as well as average Tibetan men and women. Each of these interviewees provided a unique perspective. Although I kept some questions consistent, it was necessary to tailor my questions, sometimes mid-interview, in order to get the most out of each session. Apart from the American doctor mentioned above, all subjects interviewed were Tibetan Buddhist. Aside from this unifying characteristic, subjects varied in both gender and age. Interviewing a diverse group of Tibetan people was important so that my data did not simply reflect the

perspective of a specific generation or gender. To see a comprehensive list of interviewees in this study, see the “Works Cited” section.

To record data, I carried a notebook everywhere I went. This prepared me for several impromptu interviews. I also utilized my phone to record the audio of interviews. After conducting interviews, I transcribed the audio into a script on my computer. As all of my data were qualitative, analysis consisted of reflection on the thoughts of my interviewees and how they fit into the literature, as well as my project and research questions as a whole.

### **Limitations of this study**

Perhaps the most obvious limitation of this study was the sample size. More accurate results would have been reflected in a wider diversity of perspectives if more subjects had been interviewed. Due to time constraints as well as contact constraints, I was only able to interview 12 subjects as well as use data from a class lecture and discussion period.

Another obvious limitation of this study was the language barrier. Although some interviews were conducted in English, others were translated from Chinese, or even more challenging, from Tibetan to Chinese to English. A lot may be lost in translation and more accurate results would have been obtained if I had the language ability to conduct interviews in the native language of my subjects. In addition, my role as a westerner and my connections in the community may have skewed my results to have a heavier prevalence of western influence and perspective than if I were able to truly do a random sample within the community. To combat this, I tried to connect with many people, so that my results would reflect the greatest diversity of perspectives as possible. Some data that may be particularly biased are from the voices of the patients interviewed while shadowing the American doctor. As they were seeking out western

medicine, they likely had a heavier western influence than other interview candidates and may have invested more faith in western medicine than in Buddhist healing practices and traditional Tibetan Medicine.

Finally, my personal identity as a white, middle-class American female influenced not only the questions I asked during interviews, but also the way that I interpreted both personal interviews and academic literature. As an American, I approached this project with the stereotype of Buddhism being a peaceful religion that is connected with mindfulness practices, such as yoga. In addition, my identity as a woman gave me both biases and advantages. I tend to be somewhat wary of men, and thus there are less male voices in this study than would be preferred. However, my identity as a woman may have provided me an advantage by making it easier to talk with female interviewees, for which I am thankful.

## **Results and Discussion**

Due to the qualitative nature of this study, the results and discussion have been combined for more efficient and accurate analysis of interviews. The objective of this section is to clarify the Buddhist perspective on karmic disease, in particular how to distinguish between karmic and non-karmic sourced diseases. I will include several case studies from my interviews to serve as real-world examples of how sickness is interpreted and healed by Tibetan people. A large portion of this section will focus on the role of religious leaders in treating karmic disease. I will discuss both the Buddhist perspective on how karmic disease is healed as well as include the western perspective of how healing these diseases is possible from a scientific standpoint. I will also discuss Buddhism's culture of compassion and how it is related to healing. I will then evaluate the danger of karma, and the potential for karma to work as a social injustice and promote

discrimination against leper victims. Finally, I will discuss how modernization and western influence may be changing Tibetan belief systems in Shangri-La.

### **What Role Does Karma Play in Disease?**

Most of my interviewees agreed that karma plays a very large role in health; though their explanations and definitions varied, the general sentiment remained consistent. According to one Tibetan Doctor, the large role reincarnation and karma play in health make it so that “the doctor is not almighty.”<sup>10</sup> Even when a doctor does his best to heal a patient, he may be unable to do so due to a person’s karma. Other interviewees echoed this sentiment. One Lama noted that it does not matter how healthy our living habits are, there is a piece of our health that is always out of our control.<sup>11</sup> One Tibetan Doctor compared the concept of karma to genetics. Genetic influence has a huge impact on health that is largely outside the control of the individual. You inherit your genetics from your parents, but you inherit your karma from yourself.

One example of the pervasiveness of karmic impact on health came from a lama. According to him, karma can influence where you are born and what family you are born to. Thus, karma can influence your childhood environment and how that impacts your health.

### **When is a Disease Karmic?**

At the outset of this study, my biggest confusion was in the distinction between karmic disease and environmentally-sourced disease. One could argue that all disease can be traced back to karma. If someone is born to a home with lead paint and gets lead poisoning as a child, is it the bad karma that landed you in that home and made you sick, or is it simply the fact that there

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<sup>10</sup> James\* Tibetan doctor personal interview. April 26<sup>th</sup>, 2018.

<sup>11</sup> Harry\* Reincarnated Lama personal interview. May 3<sup>rd</sup>, 2018.

was a toxin in your environment that made you sick? Likewise, if you have the common cold, is it just chance that you got sick, or did karma put the cold virus in your environment? The line between karmic disease and environmentally sourced disease is somewhat blurry and there may be components of both in one illness. According to one interviewee, about 50% of the time diseases are karmic, and the other 50% they are not karmic.<sup>12</sup> While people I spoke with believed that a high frequency of minor illnesses could be an indicator of karmic disease, they also believed in common illnesses that lay outside the influence of karma. During one of my interviews, a woman's daughter had some sort of stomach illness; this, she believed was not related to karma but instead "bad food" her daughter might have eaten at school the day before.<sup>13</sup> Consistent with Tibetan medical theory, common illnesses can be caused by the imbalance of the three humors (described in the introduction) and result in the 101 common diseases recognized by Tibetan medicine.<sup>14</sup> Another Tibetan woman told me that common diseases are not related to karma—you might have the common cold simply because you stayed out too late the night before. Quite literally, this woman believed that the common cold is sourced from spending too much time in the cold.<sup>15</sup>

As a general rule of thumb, one doctor told me that if there are signs that explain the disease, it is not karmic. If the source of disease is inexplicable, it is likely karmic.<sup>16</sup> It is thus the most insidious and the most inexplicable diseases that are almost exclusively attributed to a person's karma. Common karmic diseases are chronic illness, such as life-long back pain and hip

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<sup>12</sup> Luna\*. Personal interview. May 29<sup>th</sup>, 2018.

<sup>13</sup> Lavender\*. Personal interview. April 30<sup>th</sup>, 2018.

<sup>14</sup> James\*. Tibetan doctor personal interview. April 26<sup>th</sup>, 2018.

<sup>15</sup> Ginny\*. Tibetan woman personal interview. April 26<sup>th</sup>, 2018.

<sup>16</sup> Lily\*. Tibetan doctor personal interview. April 27<sup>th</sup>, 2018.

pain.<sup>17</sup> Perhaps the most common examples of karmic diseases provided by interviewees were strokes, and injuries due to car crashes. In the Traditional Tibetan Medicine hospital in Shangri-La, when a patient's illness is not healing through Tibetan medicine and or western medicine, the doctor will often advise his patient visit a reincarnated lama or a living Buddha.<sup>18</sup>

### **Haunted Diseases: Owners and Ghosts**

In several of my interviews, I learned about the local belief of “luo” which translates to “owner.” Local belief teaches that a luo can be the owner of a tree, a stone, or even a piece of land. It is for this reason that cutting down a tree might make you sick. When you build a new house, it is imperative that you take four samples of soil (one at each corner where you want to build a house) to a lama to see if there is a luo of the land. If there is a luo, various rituals must be performed to ask permission to use the land that the luo owns. If you offend a luo, you can get sick. This is when you get “haunted” by a luo. One woman told me that she had been haunted by a luo and needed a lama to help her to get rid of it with various rituals, though she did not go into the specifics of her condition.

Another way you can get haunted is by a ghost. When someone dies and is not yet in the cycle of rebirth, they can haunt people, usually family members. These hauntings are characterized by erratic and unexplained behavior, not unlike mental illness. One interviewee told stories of a relative who only spoke Tibetan one day spontaneously speaking fluent Chinese, and another relative talking and acting like a deceased uncle. When you are haunted by a ghost, you also inherit the sickness the ghost had when they were alive.

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<sup>17</sup> Lavender\*. Personal interview. April 30<sup>th</sup>, 2018.

<sup>18</sup> James\*. Tibetan doctor personal interview. April 26<sup>th</sup>, 2018.

Hauntings by a *luo* or ghost are only partly karmic. If you get haunted, the percentage that is not due to karma is simply due to chance. You could be unlucky in a way that is not due to karma, if you are in the wrong place at the wrong time you could get haunted by a ghost or *luo*.

According to my interviewee, there are two ways to cure hauntings. If the connection between the ghost and the person is not too strong, the ghost can be beaten out with a broom. Because the broom is considered unclean and because of the pain, the ghost will leave. However, if the connection is too strong the haunted person will need to go to a lama, who will perform various purification rituals.

### **The Role of the Lama**

Religious leaders such as reincarnated lamas, Living Buddhas, and monks are central to both to diagnosing and treating karmic disease. Although Tibetan doctors sometimes refer patients with challenging diseases to religious leaders, it is more typical that a patient consults a lama before even going to the hospital. This is because a living Buddha is a type of doctor to Tibetan people.<sup>19</sup> With small problems, a lama might offer practical advice, such as encouraging them to smoke less or improve their diet.<sup>20</sup> A lama can also determine how serious a person's illness is, if they should go to a hospital, and what type of hospital they should go to including the style (Western, Tibetan, Chinese) and the level (county-level, prefecture-level). If the disease is karmic, the lama will tell the patient that the disease is karmic, but he/she will not necessarily tell her/him what he/she did to get bad karma.<sup>21</sup> According to one interviewee, the lama will

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<sup>19</sup> Ginny\*. Personal interview. April 26<sup>th</sup>, 2018.

<sup>20</sup> Ginny\*. Personal interview. April 26<sup>th</sup>, 2018.

<sup>21</sup> Lily\*. Tibetan doctor personal interview. April 27<sup>th</sup>, 2018.

comfort them, he will tell them not to worry and that this happens to many people.<sup>22</sup> Treatment for karmic disease varies on an individual basis but generally involves various blessings and Buddhist rituals performed by a lama, usually combined with medical treatment at a lama's chosen hospital. A lama may give someone a scripture to chant themselves, or may chant for them. In an ISP in from fall 2017, Annaliese De Vita noticed that many patients in the Tibetan Medical hospital wore talismans or amulets that had been blessed by a lama and were said to protect the wearer (De Vita, 2017).

While the role of the lama in treating karmic disease is to provide advice, blessings, and other rituals, the role of the patient generally revolves around building good karma. There are many ways to build good karma. The lama will often suggest that people do good deeds, or that they help the poor or handicapped, assist in building a road in an underserved area, and or donate to the Monastery.<sup>23</sup> Compassionate acts and selflessness are thought to help accrue good karma and can help make a person healthy again.

### **Select Case Studies**

In this section I will include a brief review of some interesting interviewee's experiences with karmic disease. Not only are these case studies interesting in the way that they relate to the concepts explored in the literature and in other interviews, they provide examples of how common people interact with the concept of karmic disease when they fall ill.

One woman had a problem with hypotension and anemia about ten years ago. When she traveled to Kunming, doctors were unable to help her. Then, she went to a town 2-3 hours away to consult a certain living Buddha. The living Buddha gave her Tibetan medicine and chanted for

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<sup>22</sup> Lily\*. Tibetan doctor personal interview. April 27<sup>th</sup>, 2018.

<sup>23</sup> Lily\*. Tibetan Doctor Personal Interview. April 27<sup>th</sup> 2018.

her. She has had no problems with her health since then. Although she thinks the medicine was helpful, it is the chanting that she believes has given her long-lasting health. She believes that chanting is able to decrease recovery time from illnesses.

Although one of my interviewees had not experienced karmic disease herself, her uncle had a karmic-influenced skin disease. Her uncle was a famous Tibetan doctor, but was incapable of healing his own skin disease. The Chinese and western doctor both did not know what his skin problem was. Her uncle traveled all over the country, and even saw doctors in the north of the country in Beijing. Eventually, a lama advised chanting and providing offerings to various demigods. The uncle spent a significant amount of money on offerings. Although he was not “cured” her uncle’s disease improved and stabilized. His disease only became manageable after he started seeing the lama.

Another young woman I spoke with was pregnant and had contracted what the western doctor thinks was chickenpox. Although I spoke with this woman at a western doctor’s office, she had consulted a lama before coming to see the doctor. The lama told her that she had done something to offend a mountain god, who was now affecting her and that she needed to chant and offer prayer flags to the mountain—as well as go to the hospital.<sup>24</sup> At the conclusion of this study, the woman had left Shangri-La to seek better medical care in Kunming.

One woman I spoke with was having trouble sleeping during her pregnancy. She went to see a lama, who gave her a scripture to chant. Almost immediately, she was able to sleep again. Instead of going to the hospital during her pregnancy, this woman went to the lama periodically to check on her pregnancy. About a year ago, this same woman had an ovarian cyst. She went to the hospital first, and then to the lama to ask if she should have surgery or take medicine for the

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<sup>24</sup> Hermione\*. Personal interview. May 3<sup>rd</sup>, 2018.

cyst. The lama recommended surgery. She had surgery and has been fine since. Sometimes, a lama's advice is simply to get medical treatment.

### **Curing the Incurable: Western Interpretation**

From a Tibetan Buddhist perspective, rituals, blessings, and accruing good karma are logical cures to karmic disease. Although it is possible that appeasing a mountain god and building good karma can heal disease, it is difficult for me, as a westerner, to understand how this could be possible. When a particularly tricky disease, one that Tibetans would likely consider karmic, is healed it is considered a scientific anomaly or perhaps a miracle within the western medical community. When I explained this to one woman and asked how these miracles could possibly happen, she told me that it was through a combination of the Tibetan people's faith and the comfort the lama provides.<sup>25</sup> Here, the interpersonal connection, empathy, and comfort of the lama act as healing agents. The role of the lama in Tibetan culture is therefore not unlike the role of a western psychotherapist, whose job is to listen, provide advice, and perhaps make patients feel less alone. Additionally, belief in karmic disease may do more than give Tibetan people the comfort of a religious leader, as discussed earlier, it may provide an emotionally satisfying explanation for the existential crisis of individual suffering and promote self-responsibility and resilience. The network of emotional comfort from religious leaders and comfort and the normalization of suffering are two ways westerners can explain the healing of karmic disease, however there are other aspects of the Buddhist faith and Tibetan culture that may be able to explain curing the incurable, amongst them the relaxation response, the placebo effect, a culture of compassion, and individual responsibility.

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<sup>25</sup> Lily\*. Tibetan doctor personal interview. April 27<sup>th</sup>, 2018.

## Science and Buddhism

Buddhism is perhaps the most scientific of the five major world religions. In one article the author claimed that “what science and Buddhism really share is the goal of understanding the nature of reality” (Hewapathirane). Although they share a common goal, Buddhism uses introspective methods, such as meditation, whereas science uses the scientific method.<sup>26</sup> The idea about the similarity between Buddhism and science is voiced by more than just westerners. In the words of one lama, “Buddhist beliefs are very similar to scientific beliefs.”<sup>27</sup> This lama went further to say that although science already supports a lot of Buddhist ideas, science is not advanced enough to explain some of the more abstract ideas, such as reincarnation.

When the scientific method has been applied to Buddhism, the results have been amazing. For example, Dr. Herbert Benson discovered the “relaxation response” which shows how meditation can reduce cortisol levels and bolster the immune response. Other research utilizing advanced equipment such as EEGs, fMRIs, and other neuro-imaging machinery has shown that when monks start meditating in a way that is supposed to generate compassion, the nature of their neural activity changed in a way that showed brain activity characteristic of joy (Hewapathirane). Yet another study on the benefits of meditation showed that meditation can reshape the brain and shift neural activity from the right hemisphere to the left hemisphere, which has been showed to decrease the prevalence of fight-or-flight mode and other stress, anxiety and depression related mental health disorders. This has huge implications in the west, where studies have shown that up to 90% of physician visits are due to stress-related issues (Hewapathirane). Meditation is often recommended to patients with chronic stress in the United

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<sup>26</sup> Harry\*. Reincarnated lama personal interview. May 3<sup>rd</sup>, 2018.

<sup>27</sup> Harry\*. Reincarnated lama personal interview. May 3<sup>rd</sup> 2018.

States. In Tibet, meditation and prayer are huge parts of the lives of not only religious leaders, but in the lives of every-day Tibetan people.

These studies primarily focused on the benefits of Buddhist techniques in western patients who are suffering from psychiatric illness. In traditional Tibetan households, a room of worship is the center of the household and meditative prayer and chanting are more mundane than a health technique, but simply a part of daily routine. Perhaps it is the practice of mindfulness that explains why one woman told me that Tibetan people tend to be healthy, happy, and easily satisfied. Actually, according to this woman, the influence of western and Chinese culture on Tibetan culture in Shangri-La has actually led to troubles with both health and contentedness.<sup>28</sup> To my knowledge, there is no scientific studies on the impact of common Tibetan people's worship on health.

Another way science supports the legitimacy of Buddhist healing practice is through the placebo effect. The placebo effect is the phenomenon through which when an individual believes they are being healed, they will begin to feel better. The placebo effect is often regarded as being "in the head" of the individual, people are convinced they are better when in actuality nothing has happened. Recent research, however, has shown that the placebo effect does in fact help stimulate healing. For example, in chronic pain patients, the bodies of people who received a placebo (but believed they had an active medication) began to produce natural pain killers. Somehow, belief in healing can trigger the body's built in healing mechanisms. In the west, examples of the efficacy of placebos demonstrate westerner's faith in science. In Shangri-La, it could be that faith in Buddhist religious leaders like a lama are able to trigger similar physiological healing pathways. Additionally, as one scholar noted, because seeing a physical

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<sup>28</sup> Lily\*. Tibetan doctor personal interview. April 27<sup>th</sup>, 2018.

aspect of disease or healing are not necessary for Tibetan people to believe in sickness or in health, the placebo effect has perhaps an even bigger potential to work in Tibetan peoples than in the west (Silva, 2011).

### **A Culture of Compassion**

According to one interviewee, the three most important characteristics of a doctor should be their compassion, clear mind, and tolerance.<sup>29</sup> The first, and most important, compassion, came up over and over again during almost all of my interviews. Not only is compassion important for a doctor, it is through compassionate acts that the individual has the ability to change their inherited karma.<sup>30</sup> According to one lama, compassion is the core of Buddhism, and the seed to enlightenment. We need compassion to be happy, healthy, and accrue good karma. When Buddhists pray, they pray for all beings. In a Tibetan village on the outskirts of the old town in Shangri-La, at least one representative from each of the fifty families meet to do a compassion chant from 8-12 p.m. every night in the month of May. In the danger of straying too far from the acceptable rhetoric of an academic paper, I feel compelled to say that if there is a place where you can feel altruistic prayer, it is in Shangri-La. This sentiment was shared by classmates, locals, and SIT staff. There is something warm, peaceful, and soft about this place, both within the towns and the places of worship. Compassion is found in Shangri-La not simply in a “feeling” but in the center of the old town, where a giant prayer wheel is almost continually spun by people who are releasing prayer into the world. In addition to helping prevent and heal karmic disease, compassion is seen as an agent that can heal environmentally-caused diseases. In Tibetan teaching “the cultivation of compassion and empathy is seen as central to the logic of

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<sup>29</sup> James\*. Tibetan doctor personal interview. April 26<sup>th</sup>, 2018.

<sup>30</sup> James\*. Tibetan doctor personal interview. April 26<sup>th</sup>, 2018.

health itself” namely because compassion and empathy are supposed to cultivate positive emotional health and act as the opposite of negative emotions, which can unbalance the three humors and lead to disease (Silva, 2011).

Western research on compassion confirms what Tibetan people already knew: being compassionate is good for your health. In particular, research shows that we are equally as happy doing things for others as we are when receiving things. In one study, people who experienced happiness sourced from compassion had lower levels of inflammation, in contrast to another study group, who described themselves as “very happy” but their happiness was not associated with compassion. Inflammation is associated with a wide diversity of health problems, including cancer, and other autoimmune and non-communicable diseases (Chopra, 2016).

Finally, even if compassion is not an effective way to promote healing of the empath, the compassion that is received by the people around the empath can only promote happiness and kindness in the world, which is an incredible way to turn suffering into something beautiful.

### **Responsibility and Acceptance Replace Guilt**

As discussed in the introduction, I expected to find a sense of guilt in those who had experienced karmic disease. However, none of my interviewees expressed guilt, despite the fact that their sickness was their fault in the Buddhist doctrine. This puzzled me during the process of my interviews, but in a more extensive review of the literature I found what replaces guilt: responsibility.

One article claimed that the concept of karma does “not lead to fatalism or to pessimism” but rather taking responsibility for health (Ratankul, 2004). Here, to believe in karma is “to take personal responsibility for one’s health.” The author points out that good deeds can also be

health related. For example, if we have good eating, exercise, and living habits, we will be rewarded with good health. Here, the good deeds are taking care of ourselves and the bad deeds are not taking care of ourselves-- of course good and bad health will follow. The concept of karmic health extends to our moral choices and the ways in which we choose to live our lives. Karmic health can cause people to analyze their own lives for healing before looking for external means, such as pills.

Taking responsibility for a disease is not the same as being responsible for a disease. Environmentally sourced-disease makes it so that the sufferer is not necessarily always responsible for their disease. What is significant about the concept of karma is not so much being responsible for one's suffering, but taking responsibility for one's health. Because a disease can have been sourced from a previous life, there is little guilt; although it is the sufferer's fault, their past actions are out of their control. Thus, the concept of karma thrusts the sufferer into the present where the only thing they can do is take responsibility for their healing and do compassionate acts.

### **Who is Left Out: Karma as Social Injustice**

When I began this research, I was wary of the concept of karmic disease. I assumed that attributing disease to karma would foster a profound sense of guilt and hopelessness that could pose a barrier to treatment. What surprised me is how the concept of karma does not seem to foster guilt. Instead I was shown how karmic diseases makes the role of a lama central to healthcare, and how the lama is able to provide comfort essential for healing. Instead, I was shown how Buddhist beliefs on the source of disease tend to foster a culture of personal responsibility and compassion.

Despite these positive aspects of Tibetan belief in karmic disease, there are some challenges that this belief poses to certain groups of people. For example, sometimes patients cannot afford the lama's advice. Either they cannot afford to go to the hospital the lama recommends (which could be very far from their home) or they may not be able to afford the various offerings and rituals suggested by the lama.

In addition to financial constraints associated with healing karmic disease, there is some controversy regarding how karma impacts the treatment and livelihoods of leprosy victims. While shadowing a western doctor, I met a 70-year-old leprosy victim. This woman, as well as her husband, had been afflicted by leprosy many years ago. They lived with two healthy sons and their grandchildren. Leprosy is considered one of the most karmic diseases. For many years, the woman lived in a cave below her local monastery. According to the American doctor, for years, monks at the monastery would burn her family's crops, in an attempt to get her to leave her home. When the monks relocated other villagers to a less harsh environment and built roads to their houses, the family with leprosy was excluded from this generosity. On the day I was shadowing, this woman spent most of her doctor's visit in tears. Although her sons and grandchildren are not victims of leprosy, the discrimination also impacts the children at school and makes it challenging for her sons to find work. The heavy discrimination against leprosy victims is nothing new. In most cultures and religions leprosy is discriminated against even though it is not contagious after a very brief infectious period of 48 hours.<sup>31</sup>

Although this example was heart-wrenching and disappointing, there is some confusion whether the discrimination against leprosy victims comes from the tradition of Tibetan Buddhism or rather other local history and culture. The literature also seems to disagree whether

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<sup>31</sup> Tom.\* American Doctor. Personal interview. May 2<sup>nd</sup>, 2018.

or not Buddhism extends compassion to lepers. While it has been said that “lepers are seen not as suffering fellow humans deserving of our empathy and care, but primarily as a pedagogical tool for Buddhist meditation in the quest for enlightenment,” there are also stories of monks caring for lepers within the monastery in medieval China, giving emotional support, washing their clothing, and even sucking the pus from lesions in their feet to show the depth of their compassion for lepers (DeVido, 2006). Why this same type of care and compassion was not extended to this woman is unclear to me. However, it is clear from this situation that in modern practice, the concept of karma has the potential to shame and ostracize those with leprosy.

### **Changing Ideas: Implications for the Future**

Although Buddhist teachings and concepts such as karma are prevalent within the minds of many Tibetan peoples, traditional beliefs, relationship to religious leaders, and understanding of karma and disease are changing. For example, one of my interviewees told me that traditional practices and advice from a lama are more rigidly followed in her more traditional hometown than in Shangri-La.<sup>32</sup> Other people echoed this sentiment about other communities being more traditional than Shangri-La in practice and belief.

Perhaps one of the most striking examples of changing belief about karma was voiced from a woman with arthritis and a broken hip from a car crash. At this point in my research, the example of a car crash being karmic retribution has been used by at least four interviewees. Expecting to hear this yet again, I asked this woman if there was a karmic component to the car crash. This woman shocked me by saying that she did not believe that the car crash was from karma, it was just an accident. According to this woman, “people believe less in karma than they used to,

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<sup>32</sup> Lavender.\* Personal interview. April 30<sup>th</sup>, 2018.

especially young people.”<sup>33</sup> This woman also believed that only the really traditional villages in Sichuan still believe in karma in a traditional way.

According to one of my interviewees, Tibetan people used to almost never go to the hospital. If they did seek out medical advice, it was always from a lama.<sup>34</sup> This could be a reflection of changing faith. One interviewee spoke about how nowadays the younger generation believe a doctor can do everything and anything. The lack of unpredictability in health means that the younger generation may not be praying for good health as much as the older generation.<sup>35</sup> The faith in Shangri-La could be shifting from Buddhism to science, as it is in the west.

Although western and Chinese influence may be changing health practices, there may also be a practical component associated with seeking healthcare from hospitals rather than religious leaders. As one interviewee pointed out, the advent of insurance has made it so that 90% of villagers’ healthcare expenditures are reimbursed by the government when they visit a hospital.<sup>36</sup> Chinese health insurance, however, does not cover donations to the monastery, or offerings to a mountain god.

Another interviewee told me that although she often visits a lama for life and health advice, she is “not actually an obedient follower of the lama.”<sup>37</sup> For example, when deciding on her education after high school the lama told her to go to technical school. The interviewee went to the technical school to get the support of her parents, but then chose to continue her education at a university. According to her father, the lama’s advice will not work unless you believe it from the beginning. For this woman, following the lama’s advice was more something she did to

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<sup>33</sup> Molly.\* Personal interview. May 3<sup>rd</sup>, 2018.

<sup>34</sup> Lavender.\* Personal interview. April 30<sup>th</sup>, 2018.

<sup>35</sup> Rowena.\* Personal Interview. May 16<sup>th</sup>, 2018.

<sup>36</sup> Lavender.\* Personal interview. April 30<sup>th</sup>, 2018.

<sup>37</sup> Lavender.\* Personal interview. April 30<sup>th</sup>, 2018.

appease her parents than because she believed in it herself. In yet another generational example, when one interviewee's grandfather fell seriously ill, his first reaction was to take him to the hospital. The grandfather refused to go to the hospital until he had consulted a lama.<sup>38</sup>

At the same time, while several interviewees found a generational difference between their beliefs and their parents' beliefs, one interviewee claimed that her views do not differ significantly from her parents. A larger sample size would be necessary to more accurately reflect any generational difference between beliefs, and could be interesting to investigate in a future ISP project.

Although Buddhist practice and beliefs may be becoming less traditional in Shangri-La, they are becoming increasingly popular in western countries, such as the United States. Buddhism in the west is unlike Buddhism in Shangri-La; its practices have been commercialized as health practices for the wealthy. For example, within my town alone there are at least two yoga studios, one of which offers meditation classes and workshops. An hour-long yoga class in my town costs \$12-15 U.S. dollars. The studio is generally packed with about fifty white upper-middle class Americans hoping to reduce their stress levels and maybe work on their flexibility. I am not sure what implications the commercialization of Buddhist practices has for both the east and the west in the future. It will be interesting to see how the religion changes both where it is deep-seated in the culture, and where it is being adopted as a fad.

### **Prayer Beads on the Coat Rack**

Part way through one of my interviews in a Tibetan home, a grandmother walked across the room and took a set of prayer beads down from where they were resting on the family coat

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<sup>38</sup> Ron\*. Personal interview. May 15<sup>th</sup>, 2018.

rack. The woman began to chant quietly as she sat by the fire. In this household, prayer beads, hats, and coats, are all common objects, utilized every day. During my time in Shangri-La I went on a run almost every day. Almost every time I ran, I noticed someone walking with prayer beads in hand. While I was shadowing the American doctor, multiple patients gave him a white scarf. Gifting a white scarf, called a “khata,” symbolizes purity and compassion in Tibetan culture and is generally presented at ceremonial occasions to respected people.

The mundane normality of these religious actions illustrates an important point; what is most important about a religion is not necessarily how it is defined, described, or interpreted by other cultures, but how people interact with it in every-day setting. As one interviewee told me, 90% of Tibetan Buddhists are not actually educated in Tibetan Buddhism. What they know is from their family life and daily practice. This “journey of practice is different for each person,” and so each person has a different understanding of Buddhism. As this interviewee pointed out, it is the same in any religion; there is no single definition or type of worship. Everyone has their own way of interacting with their religion, and also of understanding karma. The woman who kept her prayer beads on the coat rack told me that she could not explain or define karma. She has always known about karma and been told that if you do bad things (such as steal from others or disrespect elders) then bad things would happen-- you will get sick and have a terrible death. Although she cannot define karma, her son, who was translating for me, said that “she believes in karma from the depth of her heart.”<sup>39</sup> Although practice and belief vary between people, the foundational concepts, such as karma and compassion, are consistent among people because of their pervasiveness in the culture. Yet again, karma becomes akin to natural law in Tibetan culture, not unlike gravity.

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<sup>39</sup> Rowena.\* Personal Interview. May 16<sup>th</sup>, 2018.

Different understandings of karma are representative of different ways of knowing. There is a difference between knowing something through study, being able to explain and define and analyze it, and knowing something because it is a piece of the nature of your reality. As an outsider, I have defined, questioned and deconstructed what karma means in order to gain a deeper understanding through my western perspective. Although I can understand karma through this lens, I cannot know karma in the way the people of Tibet know karma.

### **Conclusion**

If the glass is half full, then we are optimistic and tend to see good things in the world. We tend to think more positively about ourselves and the world around us. If the glass is half empty, we are pessimistic and tend to see bad things in the world. We tend to think more negatively about ourselves and the world around us. As this old western anecdote illustrates, the way we choose to explain what we see impacts the way we see ourselves, the world, and this in turn impacts our health. In particular, by explaining severe and chronic illnesses as “karmic disease” Tibetan’s have found a unique way to answer the “why me?” question. This question deals with existential morality and has the potential to add mental health struggles to physical health struggles. The Tibetan answer simultaneously assigning responsibility while removing an aspect of control relieves pressure on the individual and encourages a culture of compassion.

It is these differing ideas about the source of disease that makes the Tibetan perspective unique and some might claim beautiful. *What is most important to do to stay healthy?* I asked all of my interviewees this question, and received many different answers. Some people claimed hygiene was important, some prayer, others chanting to exercise, but perhaps the simplest and

most summative of this paper is in the words of one woman who told me that the most important thing you can do to stay healthy is “do good deeds.”<sup>40</sup>

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<sup>40</sup> Lily\*. Tibetan doctor personal interview. April 27<sup>th</sup>, 2018.

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## Interviews

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2. James.\* Tibetan Doctor. Personal interview. April 26<sup>th</sup>, 2018.
3. Ginny.\* Personal interview. April 26<sup>th</sup>, 2018.
4. Lily.\* Personal interview. April 27<sup>th</sup>, 2018.
5. Lavender.\* Personal interview. April 30<sup>th</sup>, 2018.
6. Tom.\* American doctor. Personal interview. May 2<sup>nd</sup>, 2018.
7. Hermione.\* Personal interview. May 3<sup>rd</sup> 2018.
8. Molly.\* Personal interview. May 3<sup>rd</sup>, 2018.
9. Minerva.\* personal interview. May 3<sup>rd</sup>, 2018.
10. Harry\*. Reincarnated lama personal interview. May 3<sup>rd</sup>, 2018.
11. Luna.\* Personal interview. May 9<sup>th</sup>, 2018.
12. Ron\*. Personal interview. May 15<sup>th</sup>, 2018.
13. Rowena.\* Personal Interview. May 16<sup>th</sup>, 2018.

\*All names have been changed to protect the confidentiality of the people interviewed.

## Appendices

### Appendix A: Difficulties Encountered

This project was an incredible learning experience, but not without some pretty challenging difficulties. First and foremost, the language barrier posed a huge problem for me. Although there were ample opportunities to meet Tibetan people, I was not able to interview very many of them on the spot, because I did not have a translator with me on hand. Because of this, my interviewees were limited to people who spoke English who could introduce me to other people who spoke English and or translate for me. I able to eventually find 12 interviewees, but would have loved to be able to incorporate more voices into this study.

Another challenge was finding places to work. I do not like to do work in my room, so the first two weeks I paid for coffee at many different café's to have a place to do work. Each coffee was about 20 yuan, which was a little outside my ISP budget. If you also do not work efficiently in your room, I recommend trying to find a hostel that has communal space so that you can have a place to work on ISP that you do not have to pay for.

## **Appendix B: Recommendations for Future Students**

I highly recommend working on ISP in Shangri-La. The community is very welcoming and there is a great environment for academic research and writing. In order to follow the customs of the local community, I would also recommend learning several Tibetan phrases out of courtesy to those who do not speak Chinese. This was something I did halfway through ISP period but wish I had done from the beginning. Another recommendation I have is to stay in a hostel where someone speaks English. For the first half of ISP I stayed in a more western-style hotel and did not feel as connected to the community as when I moved into a youth hostel. It was easier to make friends in a more communal living style. In particular, I recommend “Up in the Air Youth Hostel” which is 30 yuan a night for a dorm-style room and has a beautiful view of the town from a deck.

In terms of conducting interviews, I would recommend asking simple, straightforward questions. Translation is often challenging with more complicated questions. You are more likely to get satisfying answers if you ask questions that almost seem too simple to be interview questions. Asking interviewees to tell you a story about their experiences is also an especially useful interview tactic. Interviewees also tend to be shy about personal matters, such as disease. Try to make interviewees feel as comfortable with you as possible, by explaining your project before asking interview questions, as well as stressing the confidentiality with which you will treat their responses.

In my ISP there was very little work done on a comprehensive view of the source of illness in the Tibetan perspective, and I was unable to find any work specifically related to karma. Thus, this ISP is a rather shallow review of how karma impacts health ideas in Tibet. In the future, it would be interesting to try to target a more specific population of interviewees. For example,

interviewing patients with only chronic or life-threatening illnesses would be really interesting. Alternatively, as there was conflicting information about the perspective of Buddhism on leprosy. In particular, the literature seemed to describe Buddhism having a great deal more compassion toward lepers than I observed. It would be interesting to just study leprosy victims in the area. Unfortunately, the missionary who worked exclusively with Lepers will be leaving the country within the month, but if you can find another way to communicate with these people it would be interesting. Finally, if I had more time and a better background in the subject matter I would have liked to have followed healing “miracles.” To do this, you would need to find patients who had been healed in a way that is outside the explanation of western medicine. Another project that would be interesting would be the impact of the idea of the impermanence of the physical body, the ego, and the self and how that relates to identity and healing. I would advise trying to make as many contacts with lamas and monks as possible for any project as their perspective tends to align most closely with Buddhist teachings and they are wonderful people who will show you the Shangri-La area.

## Appendix C: Sample Interview Questions

- What role does karma play in disease?
  - Does it ever lead to feelings of guilt?
- When you get sick, do you often consult a reincarnated lama?
- If yes, how does the lama help you?
  - Does he chant, what does the chanting do, how does it work?
  - Do you feel comforted by the lama?
- Has a Doctor ever told you to visit a reincarnated lama?
- How do you think karma has impacted your health?
- When you get sick, do you think it is because of bad karma in this life or a past life?
- Have you ever gotten a sickness unrelated to karma?
- How might your perception of disease differ from that of your parents/children?
- Do you think the Tibetan perception of sources of illness changed has changed in the modern time, and if it has, why?
- What things do you think are most important to do to keep healthy?
- What is mindfulness and how is it a part or not part of your life?
- How is compassion a part of your life/ how do you think it has impacted your health and the health of those around you?
- What is your view on death?
- What impact does karma have on death?