

**BUDDHISM AND HEALING**  
**in the Modern World**



# **BUDDHISM AND HEALING in the Modern World**

Edited by  
C. Pierce Salguero, Kin Cheung,  
and Susannah Deane



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# Introduction

Kin Cheung, Susannah Deane, and C. Pierce Salguero

In the midst of the coronavirus pandemic, a Buddhist temple in Thailand advertises on their social media page face masks adorned with talismanic incantations that protect wearers from COVID-19.<sup>1</sup> Further east, in Japan, Buddhist leaders conduct rituals asking deities to alleviate suffering caused by the pandemic.<sup>2</sup> In contemporary Tibetan Buddhist communities, traditional healers respond to the crisis by chanting mantras and visualizing healing energies.<sup>3</sup> Meanwhile, huge multinational Buddhist organizations spring into action around the world to help raise funds for personal protective equipment and other public health measures.<sup>4</sup> Buddhist ideas and practices related to health and healing such as these have a long history in Asia and are now routine aspects of health care around the world.

Today, such complex and multifactorial overlaps between Buddhist and medical traditions are often referred to using the term “Buddhist medicine.”<sup>5</sup> While this is a neologism dating to the twentieth century, health and healing have indeed been integral to Buddhism’s popularity throughout its twenty-five-hundred-year history. The most visible recent examples of this intersection, of course, are the Buddhist-derived mindfulness practices that have received significant popular interest as of late in the West. Not only have meditation-based mindfulness practices become widely known, but the concept of “mindfulness” has entered mainstream discourse in relation to everything from “mindful eating” to “mindful sex.”<sup>6</sup> However, a broad range of Buddhist ideas and practices beyond the sphere of mindfulness remain key to the ways in which many people understand health and illness in contemporary Buddhist communities.<sup>7</sup>

Methods for the prevention and healing of illness described in historical Buddhist texts are employed by Buddhist healers around the world today. Buddhist notions of the mind-body and the nature of reality continue to inform traditional Asian medical systems, such as Sowa Rigpa and traditional Thai massage, that are internationally widespread. Buddhist charities assist in the provisioning of both modern and traditional medicine on the global scale.

This is the first scholarly volume to explore in detail the nexus between Buddhism and healing in the modern and contemporary world. A large part of our focus here is to analyze how Buddhists are rethinking the relationship between health and well-being against the backdrop of the modernization and globalization of Buddhism. Today, as transnational flows of knowledge lead to the increased use of English-language terms and concepts worldwide, Buddhist notions of well-being sit alongside and are entangled with biomedical, scientific, and New Age concepts of mind, body, health, illness, and healing. As a result, people often find themselves navigating multiple explanatory frameworks and treatment options—as well as shifting configurations of legitimacy, authority, and authenticity—in nuanced and complex ways in their search for health and healing. Medical practitioners also often find themselves having to balance “traditional” and “modern” diagnoses and treatment protocols. In this volume, we examine how both healing specialists and lay Buddhists have navigated these tensions, as well as how they have found commonalities between Buddhist practice and contemporary systems of mental and physical health care.

It is a truism that as ideas circulate they change, and the chapters in this volume also map the transnational pathways of exchange as knowledge about Buddhism and medicine has traveled from Asia to the West and back again. We explore the multiplicity of ways that Buddhism has adapted in response to and in dialogue with modernity from the nineteenth century to today. In so doing, we demonstrate that modern Buddhist healing activities are much more diverse than the narrow range of mindfulness techniques that have dominated the Western popular media. It becomes abundantly clear that “Buddhism,” “medicine,” and “modernity” cannot be understood as discrete things. While these are useful analytical categories, the complex and messy behavior of real people resists such neat boundaries. It can sometimes even be difficult to determine exactly what these terms mean in different places. Our goal is to challenge the stability that these terms may

suggest and to prioritize the entanglement of these categories in practice. We do so by introducing multiple case studies, which provide us with a series of insightful glimpses into the multifaceted phenomena of modern Buddhist medicine.

### **Scholarship on Buddhist Medicine**

The scholarly exploration of Buddhist medicine has recently undergone a renaissance of sorts. In part, this has been due to a series of monographs and collaborative publications organized over the past decade by Pierce Salguero. Salguero has brought nearly one hundred contributors together for various projects, in the process making explicit strides toward the creation of an interdisciplinary subfield that might be called “Buddhist medicine studies.”<sup>8</sup> While most of the materials produced through those efforts have concentrated on the premodern period, a large percentage has focused on modern and contemporary contexts. Rather than founding a field *de novo*, Salguero’s work can mainly be understood as bringing to light connections between what had been thought of as unrelated research agendas. Whereas historians of Buddhist healing in ancient India, medieval China, and early modern Japan previously may not have spoken to one another—never mind to ethnographers working in Tibet, Bhutan, or Myanmar—thanks to Salguero’s work, all those projects can now be seen as so many parts of the same conversation.<sup>9</sup>

Nevertheless, the shape of that larger conversation is, at present, still grossly distorted by uneven geographic and temporal coverage. Researchers have poured attention onto the healthful benefits of mindfulness and other Buddhist-derived meditations. Yet, although there are literally thousands of papers of this type, they are written primarily by psychologists, neuroscientists, and other clinically focused researchers and therefore do not often focus on the cultural and social factors that are most relevant to the present volume.<sup>10</sup> The clinical research dwarfs the number of publications by historians and ethnographers. Although China, Japan, and Tibet in the medieval period have received some amount of attention, there are still times and places where Buddhist medicine was extremely popular about which next to nothing has been published in Western languages.<sup>11</sup>

When it comes to humanistic research on modern and contemporary Buddhist medicine, two areas stand out as particularly significant centers of scholarly study. The first is the Theravāda Buddhist countries of Southeast Asia. While hardly ever using the term “Buddhist medicine,”

scholars making important forays into this area have included some of the most celebrated anthropologists of the twentieth century. Gananath Obeyesekere (1930–) and Stanley Jeyaraja Tambiah (1929–2014) both published articles about connections between religion and medicine in Sri Lanka and Thailand, respectively, while Melford E. Spiro's (1920–2014) books on Buddhism in Myanmar are periodically sprinkled with tidbits about healing.<sup>12</sup> More recently, works by Bruce Kapferer and Jason Carbine have reexamined Buddhist healing rituals in Sri Lanka.<sup>13</sup> Studies by Pinit Ratanakul and Pierce Salguero have focused on the integration of Buddhism into traditional medicine in contemporary Thailand.<sup>14</sup> Guillaume Rozenberg, Thomas Patton, and Céline Coderey have provided a great amount of detail about the practices and social roles of contemporary Buddhist healers and wizards (*weikza*).<sup>15</sup> Cambodian Buddhist healers have been the subject of work by Maurice Eisenbruch, Didier Bertrand, Jan Ovesen, and Ing-Britt Trankell.<sup>16</sup> Buddhist medicine in Laos has also received some attention from Phou Ngeum Souk-Aloum and Elizabeth Elliott.<sup>17</sup> Taken as a whole, these works definitively show the foundational role Buddhism plays in contemporary Southeast Asian medicine, as well as the centrality of healing in both Buddhist monastic institutions and lay practice.

A second area that has attracted scholarly investigation is the nexus of Buddhism and medicine among Tibetan peoples in the Himalayan region and in diasporic communities in Asia and beyond. Enduring overlaps and tensions between tantric and medical notions of mind-body structure and functioning have been explored in works by Janet Gyatso, Frances Garrett, and Vincanne Adams.<sup>18</sup> Studies by Carmen Simioli, Olaf Czaja, and William McGrath have examined descriptions of Buddhist mantras, meditative practices, and rituals in historical medical texts, and the incorporation of medical diagnosis into Tibetan Buddhist tantric texts.<sup>19</sup> Meanwhile, scholars such as Vincanne Adams, Stephan Kloos, and Barbara Gerke have focused on ethnographic research highlighting diverse ways that practitioners and laypeople navigate the overlapping spheres of medicine, science, Buddhism, and traditional culture in contemporary communities.<sup>20</sup> The diverse practices, identities, and political contexts of contemporary Tibetan healers and their patients have been explored by Mona Schrempf, Sienna Craig, and Theresia Hofer.<sup>21</sup> Works by Geoffrey Samuel have highlighted the key role of spirits in illness causation and the ways that Tibetan Buddhist understandings of the

self can be key to notions of health and illness in contemporary Tibetan communities in India.<sup>22</sup> Finally, Susannah Deane has explored how overlapping Buddhist and medical notions of causation impact mental health treatment choices in contemporary Tibetan communities.<sup>23</sup> These studies have repeatedly emphasized the close, intertwined relationship between Buddhism and medicine in Tibetan cultural areas.

Rather than further building upon these strengths, the intention of the present book is to jump-start research into Buddhist medicine in some of the areas that are as yet relatively underrepresented. We do not claim to be able to fully remedy all the lacunae in the present scholarship in this one volume, but we have begun a movement in that direction. For example, chapters on early modern Japan (Curley), colonial Sri Lanka (McKinley), contemporary South Korea (Salguero), and a Chinese American community in the United States (Cheung) bring into focus sociocultural contexts that have not appeared in recent studies of Buddhist medicine. Multiple chapters (Cheung, King, Langenberg, Salguero) break out of the constraints of geographic boundaries altogether by tracing out dialogues and exchanges on a transnational and even global scale. Some chapters (Cheung, Langenberg, Salguero) focus on healing in nontraditional, post-sectarian, or controversial new forms of Buddhism. Others (Curley, Deane, Helderman) buck mainstream trends by showcasing the potential dangers of meditation for practitioners' mental and physical health. As a whole, the volume has prioritized novel approaches and fresh contributions to the field over geographic, temporal, or sectarian coverage.

### **Contents of This Volume**

The chapters fall into two general categories. The first concerns nineteenth- and twentieth-century Buddhist responses to modern science. In chapter 1, "A Cure for Mindfulness: Buddhism, Anxiety, and the Problem of Work in Modern Japan," Melissa Anne-Marie Curley analyzes how the nineteenth-century Japanese author Kurata Hyakuzō (1891–1943) turned to the teachings of Zen master Hakuin Ekaku (1686–1769) to treat anxiety. Both Kurata and his psychiatrist, Morita Shōma (1874–1938), used Buddhist tropes to make sense of and address mental and physical ailments. Kurata understood his anxiety to be caused by incorrect meditation that led to stagnation of the bodily energies that are necessary for mental and physical health. Curley examines how work in modern Japan was both the cause of and cure for illness.

The second chapter considers Sri Lankan Buddhist responses to the biomedical paradigm promoted by Christian missionaries and printing technology. Alexander McKinley's "Healing Buddhist Knowledge from Palm Leaves to Print: Exorcising *Yakṣas* from Sinhala Literary Reproduction" examines nineteenth-century Sri Lankan Buddhists and their changing relationship with healing. *Yakṣa* texts explained how spirits may cause illnesses that can be healed with Buddhist rituals. Written on palm leaves and meant for secretive transmission, these texts did not endure the change in printing technology that led to books being made for mass public circulation. McKinley shows how Sri Lankan Buddhists not only reacted to colonizing powers but also asserted agency in adapting to how changes in technology and material culture impacted the circulation of healing methods.

In the third chapter, which rounds out the section on the nineteenth and twentieth centuries, "If You Meet the Medical Buddha on the Road, Kill Him!: Lobsang Gyatso and the Shadow of the Mind & Life Dialogues," Matthew W. King describes another Buddhist response to modern biomedicine. Lobsang Gyatso (1928–1997) refuted the biomedical mind-body, diverging from other Tibetan Buddhist leaders, including the fourteenth Dalai Lama, who was promoting a search for common ground between biomedicine and Buddhist worldviews via the Mind & Life Dialogues. King pays attention to the style of argumentation and debate that undergirded Gyatso's discourse. Instead of passive acceptance or optimism toward the convergence of biomedicine's physicalism and Buddhist metaphysics, Gyatso emphasized incommensurability between a physicalist view and a Tibetan ~~medical~~ understanding of mind-body.

Next we turn to an exploration of ideas about healing and illness among contemporary Buddhist communities. Focusing on the causes of and treatments for mental health conditions, Susannah Deane's chapter 4, "'For This Kind of Thing, the Lama Is Better': Religion, Medicine, and the Treatment of 'Madness' among Tibetans in Amdo," shows how state regulation and policies impact the boundaries between religious and scientific medicine for Tibetans in contemporary China. Due in part to the past century of efforts by the People's Republic of China to secularize Tibetan medicine, Amdo residents often favor the consultation of Buddhist lamas over Tibetan medical experts to treat madness caused by spirits, heart illness, or improper tantric practice. Deane demonstrates how Tibetan notions of wind, heart, and mind present difficulties in the state's attempt to conflate biomedicine with Tibetan medicine.

Teachers of Buddhist-affiliated practices adapt to new audiences as they move to new locations, sometimes eliciting controversy or pushback from other Buddhists leaders. In chapter 5, “Better (Buddhist) Sex in the USA: Mindfulness, Non-harm, and Dr. Nida’s *Yoga of Bliss*,” Amy Langenberg investigates the transnational teachings of Dr. Nida Chenagtsang (b. 1971), a Tibetan medical doctor and non-celibate tantric practitioner, on sexual healing and the “therapeutic potential of sexual pleasure.” Langenberg compares Nida’s teachings on partnered sexual meditation (karm **ra** **udra**) to orgasmic meditation, a contemporary Buddhist-affiliated method of mindful sex, in order to highlight emergent forms of erotic mindfulness in North America. She concludes with a discussion of Nida’s focus on preventing sexual abuse in Buddhist contexts in his anglophone teachings on karm **ra** **udra**.

Questions of authority and legitimacy in Buddhist healing practices are also spotlighted by Ira Helderma’s chapter 6, “Mindful of the Media: Framing ‘Adverse Meditation Effects’ in Popular Media in the United States.” As anglophone popular media increases its coverage of the potential side effects of meditation, practitioners are introduced to three ways to frame their understandings of these dangers. Helderma argues that media narratives position their work in somewhat contradictory ways as revealing: (1) common knowledge and secret knowledge; (2) at once a universal phenomenon and particular phenomena; and (3) a religious experience and psychopathology. The chapter shows that authority figures on the healing potential and negative effects of meditation are not limited to Buddhist teachers but also include clinical neuroscientists, psychologists, psychotherapists, and scholars of Buddhism.

Against the majority of writing about American Buddhists that focuses on practitioners of European descent, Kin Cheung’s chapter 7, “Buddhist Healing in the Community: A Chinese American Healer in New York City,” features a contemporary Asian American Buddhist healing community. Cheung Seng Kan (b. 1955) is a Chinese American religious healer who employs an eclectic mix of qigong, Reiki, and Buddhist spells. He shares these practices and exchanges healing with an immigrant community of relatives, friends, students, and patients in the New York City area. The perceived efficacy of his healing lends him legitimacy when he teaches Buddhism, and he spreads religion to his community by explaining karmic causes of disease and prescribing Buddhist healing rituals. This chapter also presents the Sinophone resources he uses to teach himself and

others religious healing arts as an example of the transnational network of Chinese American Buddhist information.

The last chapter highlights cross-cultural exchange and the complexity of contemporary Korean Buddhist medicine. In chapter 8, “Entangled Threads, Gordian Knots: Won Buddhism and the Globalization of Buddhist Medicine,” Pierce Salguero employs two case studies of Won Buddhism in Korea and the United States in order to reveal dynamics of countercurrents, counterappropriation, accommodation, and attenuation. The first part presents how Dr. Kang Hyeongweon adapts a Western form of mindfulness into traditional Korean medicine psychiatry. The second part examines the Won Buddhist Temple and Won Institute of Graduate Studies in Philadelphia, focusing on differences in perceptions between the temple’s Korean- and English-language communities. Both case studies serve to emphasize the “amorphous,” “contentious,” and “fractal-like” complications of globalized Buddhist medicine in the twenty-first century.

## Notes

Earlier versions of some of these chapters were presented at the Association of Asian Studies 2022 Annual Conference. On behalf of the authors, the editors wish to thank the audience members there for their feedback.

- 1 Yunkang Liu, “Commercialization and Transformation of Buddhist Temples in Thailand during the COVID-19 Pandemic,” Asia Research Institute, National University of Singapore, June 10, 2021, <https://ari.nus.edu.sg/20331-92>.
- 2 Levi McLaughlin, “Japanese Religious Responses to COVID-19: A Preliminary Report,” *Asia Pacific Journal*, May 1, 2020, <http://apjjf.org/2020/9/McLaughlin.html>.
- 3 “Lama Zopa Rinpoche Offers Advice to Protect from the Coronavirus,” Foundation for the Preservation of the Mahayana Tradition (FPMT), January 25, 2020, [http://fpmt.org/lama-zopa-rinpoche-news-and-advice/advice-from-lama-zopa-rinpoche / lama-zopa-rinpoche-offers-advice-to-protect-from-the-coronavirus](http://fpmt.org/lama-zopa-rinpoche-news-and-advice/advice-from-lama-zopa-rinpoche/lama-zopa-rinpoche-offers-advice-to-protect-from-the-coronavirus)
- 4 Salguero 2022, 177–178.
- 5 For the history of this term in East Asia, see Salguero 2015.
- 6 See Wilson 2014.
- 7 For an overview of Buddhist medicine in the modern and contemporary periods that discusses all these developments, see Salguero 2022, 154–175.
- 8 See Salguero 2017a, 2020; Salguero and McGrath 2017; Salguero and Macomber 2020.

- 9 This argument is laid out most explicitly in Salguero 2022, 7–11.
- 10 More than 16,500 publications on mindfulness came out between 1966 and 2021 (see Baminiwatta and Solangaarachchi 2021).
- 11 There is too much scholarship to comprehensively list here, but highlights include Strickmann 2002; Goble 2011; Salguero 2014; Gyatso 2015; Triplett 2019; McGrath 2019; Salguero and Macomber 2020.
- 12 See, e.g., Obeyesekere 1969, 1970; Spiro 1982; Tambiah 1977.
- 13 Carbine 2000; Kapferer 1991.
- 14 Ratanakul 1999a, 1999b; Salguero 2016, 2017b.
- 15 See, e.g., Rozenberg 2012; Brac de la Perrière, Rozenberg, and Turner 2014; Patton 2018; Coderey 2012, 2019, 2020.
- 16 Eisenbruch 1992; Bertrand 2005; Ovesen and Trankell 2010, 129–168.
- 17 Souk-Aloum 2001; Elliott 2021.
- 18 Gyatso 2015; Garrett and Adams 2008.
- 19 Simioli 2019; Czaja 2015, 2020; McGrath 2017, 2019.
- 20 Adams 2001; Kloos 2011; Gerke 2012, 2017, 2019, 2021.
- 21 Schrempf 2011; Craig 2012; Craig and Bista 2005; Hofer 2018.
- 22 Samuel 2001, 2007, 2009.
- 23 Deane 2018, 2019.

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