



Modes of teaching and learning in Tibetan medicine and the performance of authority

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Background:

- series of interviews with Tibetan doctors on Tibetan medicine for the Magister thesis in Tibetology and Buddhist Studies at Vienna University

Köttl, M. (2009).

Heilung aus der Perspektive Tibetischer Medizin.

- after eight years of studies of Tibetan language and Buddhist philosophy in monastic context in Nepal

Interviews:

- knowledge taught in Tibetan medicine goes back to the Bon tradition (in the respective area)
- Narrative in Tibetan medicine:

Yuthog Yonten Gonpo as an emanation of the Medicine Buddha being the founder of Tibetan Medicine

Change in perspective by doctors of Men Tsee Khang Institute in 2008: exchange of medical traditions at the that time and the medical conferences organized by him

Thokmay, P., Passang, W., Sonam, D. (transl.) (2008)
The Basic Tantra and The Explanatory Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra by Yuthog Yonten Gonpo.

Modes of teaching and learning in Tibetan medicine encompass concepts of male authority going back to the concept of the Medicine Buddha emanating -

effecting on:

- educational structure that is maintained in exile
- long-standing oral traditions

Internalised gendered view on authority -

in the interviews:

lecturing the female researcher with stereotypical
narratives

Tibetan medicine nowadays:

- preservation of knowledge in more than fifty years in exile (Mentsee Khang Dharamsala, Chakpori Institute Darjeeling/ India, Varanasi university/India and Thimpu Medical University/ Bhutan)
- learning-paths of lineage holders which are acutely endangered of extinction

but narratives and predominance of male authority hinder the connection to contemporary medical approaches

Connection of cognition, emotion and body in Tibetan medicine:

- implicit reference to Buddhist Philosophy - concepts of emotion and *karma* in Tibetan medicine explained in Buddhist philosophy
- Three Factors (wind, bile, phlegm) in combination with the Three Fundamental Emotion Complexes (attachment, anger, ignorance)

Connection of cognition, emotion and body in Tibetan medicine

- holds true for the patients and
- the physician and healers as well

- Physicians educated in exile:
 - learning herbs and astrology
 - in the traditional texts ne chapter with ethics talking on the six qualities of a healer

- Physicians of Oral Lineages:
 1. learning on the development of empathy and bodhicitta (often from very early age) within themselves and
 2. emphasized that the process of communication with the patients and even the healing process itself is very much influenced by these qualities

Teaching structures in Tibetan medicine - in lineages as well as in the medical education system in exile:

- basic reference to key concepts of Buddhist philosophy, ethics or the six qualities of a doctor in both
- differing communication on diagnosis and treatment within these two education structures

Implicit learning processes of lineage holders:

- historically closely linked to monastic life and practice
- core points for the development of empathy and *Bodhicitta* (empathy beyond limitations; “thought of enlightenment”)
- individual training processes
- their loss during the further development of the training lines has enormous influence on explicit and implicit learning processes

Distinction between medicine and philosophy/spirituality is related to the way in which they learn:

- change in the training structures (in exile) had direct impact on learning processes
- lineage holders emphasized that the transmission on empathy and *Bodhicitta*, which in the writings are of vital relevance for the healing process, are no longer conveyed
- medicine is no longer taught as application-oriented learning processes in the sense of ones own training, personality development and reflection processes

Preservation of authority as "hidden curriculum" in both teaching structures:

- external authority of the Medicine Buddha, handed down in the narrative, seems to lead to an
- internalized authority without the corresponding processes being questioned or even further reflected on by the individual

which is changing slowly as there is a lot of profits from preserving feudal structures

Summery:

- unreflected idealization of various narratives of historical or symbolic content in Buddhism and in Tibetan medicine
- hidden power structures
- inherent manipulation leading easily to exploitation

Suggestions:

- strengthening and learning from Oral Lineages
- medical discourses implying contemporary medical knowledge
- female perspectives



Thank you for your attention.