“Unbalanced Flows in the Subtle Body:”
A Talk by Professor Geoffrey Samuel

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This semester, McGill’s School of Religious Studies (SRS) had the honor to invite Professor Geoffrey Samuel from Cardiff University and University of Sydney, as the annual Numata Visiting Scholar of 2017. With the support of the Numata foundation, SRS and McGill’s Division of Social and Transcultural Psychiatry, Prof. Samuel delivered the talk “Unbalanced Flows in the Subtle Body: Tibetan Understandings of Psychiatric Illness and How to Deal With it” in the Birks building of McGill University, on November 2. Faculty members and students from SRS, psychiatry, and philosophy participated in the event. Prof. Samuel’s lecture also marked the beginning of McGill’s Contemplative Science Lecture Series.

Scholars speak of subtle body as one that goes beyond a body of material and psycho-physical existence.¹ In the Tibetan tantric tradition, subtle body practices are formulated to control the flow of breath and to channel the travel of energies, which will consequently cure a wide

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range of mental illness. Considering this depiction of subtle body practices, Prof. Samuel embarked on investigating the possibility of interdisciplinary and intercultural dialogues between Tibetan medicine and Western psychiatry. This investigation unfolds in four parts.

In the first part of his lecture, Samuel introduced the audience to an interpretation of mental disorder preserved in Tibetan medical tradition. According to the *Four Tantras* (c. twelfth century), human health results from the balance of three pathogenic factors (Tib. *nyes pa*): *rlung*, *mkhris pa*, and *bad kan*. These three terms can be literally translated as wind, bile, and phlegm, but refer to processes within the organism which originate from the “root kleśa” or afflicted emotions of passion, aggression, and ignorance, accordingly. Once the balance of these three factors are upset, one will suffer from a wide range of physical and mental disease. In later centuries, this was developed into, among other things, a model for understanding and treating psychiatric illness.

Positioning his talk in this pathological framework, Prof. Samuel focused on *rlung*, the first of the three factors, which is also an important term in Tibetan Tantric practice. Articulated in a metaphorical manner, *rlung* represents the energy that travels through one’s mind and the body, constitutes the person’s emotional and mental processes, and therefore shapes the existence of the subtle body. The irregular move-

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3 As Prof. Samuel acknowledges, his paper did not elaborate the difference between “Ayurvedic” *rlung* and “Tantric” *rlung*. The two are different concepts in India, yet being translated by the same term in the Tibetan language and further merged to a significant degree.

ment of *rlung*, which could be caused by a rise of passion, could bring about what Western medicine might classify as psychiatric illness. For Prof. Samuel, the disorder of *rlung* deserves a closer examination, not only because the notion of *rlung*, as a life-sustaining, immaterial energy, has similarities to concepts in other cultures, such as the Chinese idea of *qi* (氣), but also because of the parallels between the Tibetan concept of unbalanced flows in the subtle body, and Western ideas of imbalance in the autonomic nervous system.

In the second part of his talk, Prof. Samuel delved deeper into several case studies of *rlung* disorders. These cases enabled Prof. Samuel to explore the foundational relationship between *rlung* and Tibetan Tantric Buddhism in the third part of his presentation. There are many tantric practices that guide practitioners to reach the subtle layer of consciousness, channeling the flow of *rlung*, retaining control of their subtle body for the purpose of awakening their Buddhahood. This understanding of mind and body lays the ground for studies between meditation and the autonomic nervous system (ANS), the last topic of Prof. Samuel’s presentation. According to recent studies, meditation can trigger both arousal and relaxation responses, consequently being able to affect both the parasympathetic and sympathetic nervous systems.

To conclude his talk, Prof. Samuel summarized the convergences and divergences between the Tibetan and Western medical views of mental illness. For convergences, Tibetan medicine and Western psychiatry both perceive mental illness as a result of the disorder of the holistic system of a person’s body and mind. Nonetheless, differences emerge from the two medical traditions in two aspects. Regarding the viewpoint of the mind-body relationship, Western biomedical tradition endorses a mind-body dualism that is not espoused by the Tibetan system. Moreover, they have dissimilar modes of discourse, in that Western medicine presents itself as concerned with empirical reality, whereas the Tibetan
approach is often more metaphorical. The talk ended by asking, What are the points where there are real contradictions between the two languages? Can one bring them closer together, and what would this involve?

**Bibliography**

