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Somatic Energies and Emotional Traumas: A Qualitative Study of Practice-Related Challenges Reported by Vajrayāna Buddhists

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Abstract: A qualitative study of Western practitioners of Buddhist meditation investigated unexpected, challenging, difficult, and distressing experiences. This paper reports on a subset of 12 practitioners within Tibetan Vajrayāna lineages who described energy flowing through their body, knots of pain, pressure or tension, and/or concurrent emotional changes. In some cases, somatic changes were appraised as practice-related transient states, and in other cases practitioners were given a Tibetan medical diagnosis of *rlung* disorder. Releases of tension in the body or subtle body also sometimes coincided with an upwelling of emotionally charged content. Practitioners reported emotional upwelling during subtle body practices as well as during other Vajrayāna practices, such as visualizations. While some practitioners viewed these experiences in relation to a normative Tantric soteriology of purification, almost all practitioners with a trauma history reported traumatic re-experiencing and tended not to adopt a purification framework. These practitioners were also more likely to seek additional psychotherapeutic or medical treatment to help resolve their practice-related challenges. The manner in which somatic and affective experiences manifest, how they are appraised, and how they affect the practitioner's ability to engage in the Vajrayāna path depends upon many individual, interpersonal, and cultural factors.

Keywords: Vajrayāna Buddhism; meditation; purification; trauma

1. Introduction

1.1. *The Study of Vajrayāna Buddhism in the West*

The recent entrance of meditation into the mainstream in the modern West is not only due to members of religious communities whose lineages reach back to Asia; meditation has also been increasingly championed by other authorities, especially the scientists and psychologists who have studied and promoted its effects on health and well-being. Such applications tend to be built on an assumption that engaging in meditation techniques leads to predictable, replicable, and almost universally positive outcomes. They often downplay—if not outright ignore—the diversity of contemplative practices, the range of experiences associated with them, and the meaning or value ascribed to both practices and experiences in different cultural contexts. There has been little research on the lived experience of Vajrayāna Buddhist practitioners in the modern West and how their experiences might compare to the more widely studied forms of Buddhist meditation such as concentration and insight practices. From a scientific and psychological perspective, the work of [Kozhenikov et al. \(2009\)](#) and [Amihai and Kozhenikov \(2014\)](#) has provided some evidence for practice-specific effects of deity yoga—a finding that will come as no surprise to scholars of Buddhist Tantra ([Amihai and Kozhenikov 2014](#); [Kozhenikov et al. 2009](#)). However, hypothesis-driven

studies employing behavioral and neurobiological measures are insufficient for capturing the range of experiences associated with Tantric practice or their significance and impact on the lives of practitioners.

Textual accounts of practices found in *sādhana*s and commentaries offer a sense of the ideal structures of Vajrayāna practice and trajectories towards embodied buddhahood, and biographical and hagiographical literature may provide some scant accounts of the lived experience of the celebrated lamas and yogis of Tibetan history. However, little is currently known about the various ways in which contemporary practitioners negotiate Vajrayāna practices, especially in their relatively recent transmission beyond Tibet and throughout the modern world. While a growing body of scholarship has documented the transmission and translation of Buddhist meditation traditions from Asia to the West (McMahan 2008), scholars of “Buddhist modernism” generally assume that given the differences in their cultural contexts, practitioners in the West will approach meditation in different ways than Asian practitioners. However, there have been very few studies designed specifically to gather the necessary data that would allow scholars to understand the potentially unique approaches to meditation, the range of experiences resulting from meditation, and the interpretations of meditative experiences of contemporary practitioners of Buddhism in the West.

The “Varieties of Contemplative Experience” research project has the explicit aim of investigating the range of effects associated with the practice of Buddhist meditation in the West. In particular, this study aims to investigate experiences that meditation practitioners report as being challenging, difficult, distressing, or functionally impairing (Lindahl et al. 2017). The study sample includes more than 60 meditation practitioners and more than 30 meditation experts from across Buddhist lineages. A qualitative research approach and purposive sampling were used because these are the approaches best suited for documenting and describing underreported phenomena about which little is known.¹ Interviews with meditation practitioners queried the range of experiences they associate with meditation; in particular they were asked about experiences that could be described as unexpected, challenging, or difficult and the impact those experiences had on them. Practitioners were then asked about how they and others interpreted their experiences and if there were other factors that influenced their nature or trajectory. Finally, practitioners were queried about how they and others responded to their experiences and which responses they found to be either helpful or unhelpful. Expert interviews with meditation teachers followed a similar structure, but pertained to unexpected, challenging, or difficult experiences they have seen in their students, how they interpret such experiences, and what responses they advocate for navigating them.² Further demographic data, data on practice types and amounts, causality assessment, and an assessment of impact and severity were gathered through a follow-up questionnaire.³ The qualitative data from subject interviewees were transcribed and coded in line with methods for exploratory, content-driven thematic analysis. Two coding structures were developed. The phenomenology codebook documented the range of experiences practitioners reported. The influencing factors codebook documented the responses given by practitioners and experts to questions concerning the interpretation of meditation-related challenges, the causal or contextual factors that influence their nature, impact, or duration, as well as the remedies for and

¹ For a more extensive description of the project’s methodology and for an overview of the results, see Lindahl et al. (2017). In particular, on the appropriateness of qualitative methodology, see Methods: Qualitative approach and research paradigm. For more information on subject recruiting see Methods: Participants, and Methods: Sampling strategy. As a qualitative methodology, purposive sampling precludes the ability to assess the frequency of meditation-related challenges beyond the study sample. On the topic of assessing non-representative samples, see Discussion: Limitations.

² The practitioner interview protocol can be found as the supporting information S1 appendix associated with Lindahl et al. (2017). The expert interview protocol can be found in the supporting information S2 appendix associated with the same publication.

³ For more information on this instrument, see Methods: Additional instruments and quantitative measures in Lindahl et al. (2017).

responses to meditation-related challenges.⁴ The research methodology for this project was approved by the Brown University Institutional Review Board.

The present paper offers a focused analysis of the subset of 12 practitioners from Tibetan lineages from the Varieties of Contemplative Experience project who engaged in some form of Vajrayāna practice. This subset is equally balanced in terms of gender (six female; six male), is entirely white, and 11 of the 12 are from the United States. They are also highly educated (five have a bachelor's degree, four have a master's degree, and three have a doctoral degree). Only one was raised as a Buddhist.⁵

These practitioners had engaged in a wide variety of practices associated with Buddhist Tantra, including preliminary practices (*sngon 'gro*) such as prostrations, mantra recitations, and visualizations; *sādhana*s (*sgrub thabs*) and deity yoga (*yi dam*) practice associated with various Tantric cycles; subtle body yogas (such as *gtum mo* and *rtsa rlung 'phrul 'khor*); and transference of consciousness (*'pho ba*). They reported affiliations with various Tibetan lineages—10 were in a Bka' brgyud lineage (Karma = 5; Shangs pa = 3; 'Bri kung = 2), six practiced Shambhala Buddhism in the tradition of Chogyam Trungpa Rinpoche (Chos rgyam Drung pa, 1939–1987), and five trained in Rnying ma lineages.⁶ Their average age at the time of interview was 50 years (range 33–65), though most practitioners had taken up some type of meditation practice when they were in their teens or twenties (average age: 25.5 years). Almost all practitioners had many years of prior daily practice and had done multiple retreats, some of which were months or years in duration (lifetime practice hours: 1000–5000 h = 2; 5000–10,000 h = 5; 10,000 h+ = 5).

These practitioners reported a wide range of effects from engaging in Tantric practices. Fifty-seven out of 59 phenomenology categories analyzed in the Varieties of Contemplative Experience study were reported by this subset of practitioners.⁷ In line with the objectives of the broader research project, many types of experiences were reported as unexpected, challenging, difficult, or distressing, and some led to functional impairments lasting from weeks to months to years. Seven practitioners reported that meditation-related challenges did not emerge until a year or many years after beginning to practice, whereas five reported difficulties within the first year of practice. Two Vajrayāna practitioners experienced meditation-related difficulties sufficiently severe to require inpatient hospitalization. All practitioners had a relationship with a meditation teacher and meditation community at the time of their challenging experiences, and 10 of the 12 practitioners had themselves been meditation teachers at some point prior to the time of interview.

This qualitative research project on the range of experiences reported by practitioners of Vajrayāna Buddhism in the West attempts what Hugh Urban has proposed as an “embodied” approach to the study of Tantra, where the object of study is not just texts but “*actual human agents and their struggles in the messy world of history, politics, economics, and social change*” (Urban 2003, p. 273). The complex narratives of contemporary practitioners raise numerous hermeneutical challenges for scholars accustomed to studying Tantric practices and experiences in relation to idealized textual sources such as *sādhana*s and hagiographies. Furthermore, these narratives of lived experience of contemporary practitioners in the West introduce issues that may be unique to their epistemic contexts. As with practitioners from other traditions in the Varieties of Contemplative Experience project, Vajrayāna Buddhist practitioners not only faced the primary challenges that emerged from their Tantric

⁴ A more detailed discussion of the qualitative content analysis can be found in Methods: Data analysis in Lindahl et al. (2017). A summary of these codebooks can be found in Results: Phenomenology: Domains and categories, and Results: Influencing factors: Domains and categories. The complete codebooks are available as the supporting information S4 and S5 appendices associated with the same publication.

⁵ I will refrain from attempting to make a case for fitting these practitioners into a particular “typology” of American Buddhists, the pros and cons of which have been well addressed by Hickey (2010). It is worth mentioning, however, that this sample's demographics precludes making broader claims about “American Buddhism” and that the findings reported in this paper may or may not extend to other demographics, communities, or traditions.

⁶ The total number here exceeds 12 due to many practitioners practicing in multiple lineages.

⁷ For a complete list of categories and for a description of the phenomenology see Lindahl et al. (2017). The supporting information, Appendix S4, provides a detailed description of each of the 59 phenomenology categories.

practices, they also often grappled with secondary challenges concerning how these challenges should be appraised, interpreted, and responded to. Although there is considerable scholarship on the science and psychology of Buddhist meditation, there is very little information available on the how scientific and biomedical frameworks—so pervasive in contemporary America—affect the lives of American Buddhist practitioners and how these frameworks are negotiated in relation to traditional Buddhist appraisals of contemplative experiences (Gleig 2016).

This paper will explore this and other themes through an analysis of two related phenomena: first, changes in the body or in the “subtle body,” especially those described as “energies” or the release of “tension,” and secondly, the upwelling of strong emotionally charged content. In addition to illuminating the dynamic relationship between affective experiences and changes in the body or subtle body, this analysis will also focus on how individual differences—in particular a practitioner’s trauma history—influence the nature, trajectory, and appraisal of somatic and affective experiences. Although some practitioners drew upon Tantric soteriological frameworks of purification to explain their experience and cast it as ultimately beneficial, others described affective changes in terms of traumatic re-experiencing or PTSD and sought additional support from psychotherapists or discontinued their practice. Whether an intense emotional experience is described in terms of trauma depends not only upon the practitioner’s individual history, it also depends upon his or her social context. While there are often discernable differences in the nature or intensity of a given experience, the full impact and significance of any given experience is determined in part through appraisals of meaning, value, and appropriate response that are negotiated with meditation teachers, with other members of the Sangha, and with doctors and psychologists (Taves 2009). Many experiences of somatic energy and changes in the subtle body were diagnosed in relation to the Tibetan medical framework of *rlung* (or “wind”) disorder.⁸ By contrast, trauma is a Western concept without a clear correlate in the vocabulary of Tibetan Tantra or traditional Tibetan medicine. For Vajrayāna practitioners in the West, cultural frameworks, biomedical conceptions of health and well-being, interactions with teachers and other authorities, and expectations around the practice of meditation—even the notoriously challenging and potentially dangerous practices of the Vajrayāna—all influence how somatic and affective experiences are appraised, responded to, and resolved.

1.2. Methods of Purification and Self-Transformation in Vajrayāna Buddhism

While contemplative practices are often thought of as a form of mental training, these practices inevitably also require engaging embodiment. The various practices of Vajrayāna Buddhism implement techniques that quite deliberately work with the body as well as the mind in order to transform the default state of the practitioner by progressively incorporating the ideal qualities of buddhas, bodhisattvas, and other realized beings. In their own ways, empowerment rituals (*dbang*), preliminary practices (*sngon 'gro*), generation stage practices (*bskyed rim*), and completion stage practices (*rdzogs rim*) each “ripen” and “transform” the practitioner’s body, as well as their faculties of speech and mind. Empowerment rituals are not only a ceremonial initiation of the aspirant into the realm of Tantric practice—and specifically into the mandala of a particular deity—the power conferred through the rituals led by the lamas also “purifies” (*sbyong ba*) the practitioner of various stains, defilements, or obscurations and “ripens” the practitioner for subsequent practices (Kongtrul 2005, pp. 226–35). Similarly, the various preliminary practices (*sngon 'gro*)—in particular prostrations, mantra recitations, and mandala offerings—are thought to further purify and ripen the practitioner’s body, speech, and

⁸ While in the context of Tantric Buddhism, especially the subtle body practices of the completion stage, *rlung* is more commonly and perhaps better translated as “energy” or “energies”, in the context of Tibetan medicine, where bodily functions are described in terms of various elemental processes, *rlung* is often translated as “wind”. This ambiguity is in part due to one Tibetan word being used to translate both the Sanskrit term *prāna* and the term *vāyu*. For comparisons between Tantric and medical conceptions of the subtle body and the interplay between these two systems see Gerke (2013) and Gyatso (2015).

mind, respectively. More explicitly linked with purification is the visualization and mantra associated with Vajrasattva, which will be discussed in greater detail below.

Deity yoga practices of the generation stage have a somewhat different objective.⁹ Jam mgon Kong sprul Blo gros Mtha' yas (1813–1899) sees the defining purpose of generation stage practice as “purification of birth, death, and the intermediate state in general, and the purification of the process of birth in particular” (Kongtrul 2008, p. 65). Here the purpose is to purify “the habitual patterns of the body as they relate to the four modes of birth” in particular, although these practices also address “the habitual patterns of deluded speech” and “negative mindsets” (Dahl 2007).¹⁰ Furthermore, the generation stage practices “mature” the practitioner for completion stage practices through “refining” the body’s “channels” and “verbal winds” and through “familiarity with the reality of nondual appearance and emptiness” ((Nyima and IV 2003, pp. 69–70). Completion stage practices further refine and transform the practitioner at the level of the “subtle body” (*phra ba'i lus*) comprised of “energies” or “winds” (*rlung*), “channels” (*rtsa*), “wheels” (*'khor lo*), and “drops” (*thig le*). Completion practices “with signs”—the visualization, breathing, and physical exercises such as *gtum mo* and *rtsa rlung 'phrul 'khor*—circulate the “energies” through the subtle body. These energies are sometimes called the “karmic winds” on account of how subtle patterns of craving, desire, anger, ignorance, conceptuality and so forth “ride” along the energies of the subtle body, conditioning the practitioner’s mind and behavior (on this see Kongtrul 2005, p. 180). Thus, completion stage practices also entail a subtle deconditioning that is thought to facilitate a practitioner’s self-transformation and realization.

1.3. Classification of Somatic and Affective Experiences

Vajrayāna Buddhist practitioners in the Varieties of Contemplative Experience study reported a wide range of experiences associated with different practices. The sections that follow focus primarily on a few specific, and related, somatic and affective changes. In the somatic domain, the two principal categories of experience that will be discussed are “pressure, tension or the release of pressure, tension” and “somatic energy.”¹¹ Pressure or tension could be distributed or, more commonly, local to a specific part of the body. Increased pressure or tension was described with metaphors of “tightness,” “constriction,” or “knots,” whereas its alleviation was described as “opening,” “releasing,” or “relaxing.” Tension could be identified as occurring in the physical body or in relation to the “subtle body” channels and energies. The experience of somatic energy was usually described as sensations moving throughout the body where metaphors of “vibration,” “current,” “electricity,” or “energy” were used. Somatic energy could be voluntarily directed or passively experienced. In the affective domain, the focus will be on “re-experiencing of traumatic memories or affect without recollection.” The primary characteristic of this category was a report of an upwelling of strong emotional content, either with or without a corresponding memory. Corresponding memories or mental content could be reported as connected to past trauma history, whether acknowledged or latent; they could also include memory-like mental images that were not specifically connected with autobiographical events.

A practitioner’s trauma history was assessed in two ways. The semi-structured interview queried the practitioner’s practice history and upbringing, and in this context trauma history—including emotional, physical, or sexual abuse or neglect—was reported. To establish a consistent measure of trauma history across all subjects, the structured follow-up questionnaire contained the following

⁹ Generation stage practices typically involve visualization of Tantric deities and mandalas. They are considered preparatory for completion stage practices and are distinguished from the latter insofar as completion stage practices have the purpose of controlling the energies of the practitioner’s subtle body. On these two main aspects of Vajrayāna Buddhism. On these two main aspects of Vajrayāna Buddhism, see Cozort (1986) and Kongtrul (2002).

¹⁰ The “four modes of birth” (*skye gnas bzhi*) that are purified through generation stage practice are “miraculous birth,” “heat-moisture birth,” “egg birth,” and “womb birth.”

¹¹ For the inclusion criteria and exclusion criteria of these and other categories from the Varieties of Contemplative Experience phenomenology and influencing factors codebooks, see the Supplementary Information appendices S4 and S5 associated with Lindahl et al. (2017).

question: “Before you began experiencing meditation-related difficulties, did you experience any significant traumas?” A definition of “significant trauma” was also provided.¹² As will be shown below, the presence or absence of a trauma history considerably influenced the nature and appraisal of intense emotional experiences that arose in the context of Vajrayāna practice. First, the following section introduces reports of somatic changes that were described in terms of “somatic energy,” “pressure, tension,” or both.¹³

2. Somatic Energies

2.1. Practitioner Narratives

The first example provides a report of somatic changes that illustrates pressure and tension as well as phenomena associated with somatic energies. Simon¹⁴ is a 52-year-old male practitioner who had been practicing in a Tibetan Buddhist tradition for a little more than 10 years prior to the interview. He estimated undertaking a cumulative total of approximately two years of solitary or group retreat, comprised of at least one retreat of two months or more and many shorter week-long or weekend retreats annually. During his earlier retreats, he worked on completing the Vajrayāna preliminary practices (*sngon 'gro*), “doing maybe 300, 400 [prostrations] a day spread out over several sessions.” This led to a range of challenging somatic experiences. Simon describes how

at one point it was like someone cut a razor in my chest on both sides. Very, very, very strong and unpleasant. If you think of channels opening and purifications, it's like that kind of stuff. The same with pains deep inside your bones, pain deep in your joints, muscles, in your organs. [Being] really, really sore. Basically feeling after the afternoon and morning session that you've been in a boxing match for about ten rounds.

He goes on to describe how he also had some “initially very disconcerting physical sensations of tingling, flows of energy or heat, vibrations. [. . .] It really feels like if you put your hand in front of the exhaust when the car engine is running, it's a bit like that sometimes.” Since 2003, he describes how he now has “tensions and movements of energy, heat, and pressure in different places, particularly in my neck. It wakes me up at night quite a lot.” Simon compares his experiences to what “in Tibetan they call *rlung*,” and this is the main framework he draws upon in interpreting these experiences. He comments on how initially “disconcerting” it was not understanding these changes because “you start feeling things in your body that you haven't experienced before and you're wondering what the hell is it, and is this supposed to be healthy or is this a problem?” Although the pressure, heat, and energy are now “a daily reality” in which “those kinds of things are going on the whole time,” Simon manages his *rlung* symptoms by doing “certain exercises the whole day to keep it flowing and keep it balanced.”

Richard is a 55-year-old male who by the time of interview had completed the *sngon 'gro* twice, sat approximately 20 retreats, and maintained a daily practice for many years. He describes bodily tension and corresponding cognitive changes, which he also characterizes as “what Tibetans call *rlung*.” For Richard, these experiences did not necessarily arise from practice “but more like having overworked and a few other things”; however, they affected his ability to continue practicing. Richard explains how in periods of intense *rlung* he felt like he

Couldn't really sit [in meditation] anymore because my upper body got completely tense when I was sitting. It felt like being in a big kind of squeeze [. . .] like [it's] between two

¹² Specifically, “As a child: physical/sexual/emotional abuse or neglect; loss, injury or death of a family member or caregiver. Any age: Experienced or witnessed life-threatening injury/illness, rape, violence, death, warfare.”

¹³ All practitioner narratives quoted below were reported as either resulting from or interacting with one or more Vajrayāna practices. Transcript excerpts have been lightly edited for the sake of brevity and clarity, and key Tibetan terminology has been rendered according to the Wylie system of transliteration.

¹⁴ All names have been changed to protect the identities of those who participated in the study.

metal plates and then it gets squeezed together. [. . .] When that happened, I would just lie down. And that helped a lot.

Richard reports various cognitive changes that corresponded with the physical tension. During these periods, “there was no point to even try to meditate because my mind was like a whirlwind. I couldn’t sleep. I felt generally wired, like having drunk 50 cups of coffee. [. . .] I couldn’t focus on anything.” In particular, he found Tantric visualization practices exacerbated his problems with *rlung*:

What definitely I couldn’t do was try to do some visualizations. That would definitely make it worse. There were several episodes of that happening. And it just was an ongoing thing, like whether I meditated or not. But particularly visualization practice would then make it worse, so I didn’t do that.

Richard reports consulting a Tibetan doctor about these challenges, who “basically also said, ‘Yeah, don’t meditate. That makes it worse at this point.’”

The next practitioner, Ashley, is a 47-year-old female whose main period of difficulty took place during a six-month solitary retreat in the wilderness. She had already completed multiple shorter retreats, during one of which she completed the preliminary practices. The remote location of her solitary retreat entailed practicing without contact from her teacher for long periods of time. During this retreat, Ashley reports being engaged primarily in various generation stage and completion stage practices. As the retreat progresses, she describes finding the breathing component of *gtum mo* increasingly difficult to execute, and after a euphoric experience, begins to feel like she is being guided and instructed by a “projected guru.” This “inner guru” becomes “my new teacher who’s replaced [teacher’s name], who’s no longer there for me because he’s inaccessible.” The inner guru gives her a new subtle body yoga practice that like her practice of *gtum mo*, involved a combination of breathing and visualization. She also abandons her counterbalancing “energy stabilizing practices,”¹⁵ which she said was “a big part of the problem” because she “let the structure [of her retreat] go.” In addition, her sleeping and food intake began to wane, and she became increasingly destabilized. At this point, Ashley describes how her “breath had gotten incredibly sticky [. . .] it was just terrible. Just breathing became terrifying.”

When her teacher finally returns to her retreat environment and meets with her, he “got me doing some basic physical practices to balance my energy, got me eating. He said the traditional Tibetan remedies were to drink beer, have sex and eat meat. I don’t think I had access to any of those.” This suggests her teacher identified her difficulties as symptoms of *rlung* imbalance as these dietary and behavioral remedies are often prescribed by practitioners of Tibetan medicine. Within a few days, though, Ashley started “to feel energy running out of my body.” She describes how she and others could feel a “downward rush or energy” by placing a hand on her belly or between her legs. She said, “it just felt like I was bleeding to death.” To halt the otherwise ceaseless draining of energy, she would have to twist her body from side to side while walking or sitting, and she would also have to “sleep twisted at night.” Her teacher decides to pull her from the retreat, and after re-stabilizing her sleep and diet and a few sessions of acupuncture and energy healing, Ashley’s “draining” subsided and never resumed.

Meg, a 35-year-old female practitioner, reported some similar challenges during a three-year retreat. Of the many somatic challenges she faced due to environmental conditions, illness, and the difficulties of the practices themselves, relevant to this discussion are her reports of recurring fatigue, intense body pains, and “fire burning all over my body,” which she asserts can be a consequence of “doing the *gtum mo* practice incorrectly,” although she also acknowledges that “there were a lot of

¹⁵ She describes these as types of qigong and yoga, though they seem to be serving a similar purpose for her as ‘*phrul khor*’ practices, which other practitioners reported engaging in conjunction with subtle body yogas such as *gtum mo* for similar reasons.

confusing, overlapping experiences where it was a little bit unclear what was happening.” Like Ashley, Meg thinks the intensity of her practice and retreat context was a factor. She explained that she undertook her retreat with “bravado” and that she “wanted to blaze and purify as much negative karma as I could.” On the one hand, she recognized the importance of maintaining the “form” of the retreat structure, while on the other hand her intensity and striving wore out her body and ultimately her mind until she was unable to continue the practice and had to be pulled from the retreat a few months prior to its conclusion. In retrospect, Meg hinted that things might have been different “if I had maybe been a little bit more of a marathon runner and less of a sprinter.”

While the experiences reported in this section to this point have illustrated a range of unexpected somatic effects from Vajrayāna practices, many of which have required some degree of intervention to ameliorate their deleterious impact, the next two examples of practitioner reports of somatic changes are more explicitly connected to the theory and practice of intentionally working with the subtle body.

Brandon is a 33-year-old male who has completed multiple three-year retreats. Like Ashley, he also engaged in *gtum mo* and *'phrul 'khor* practices during the course of one of his three-year retreats, which he described as “extremely destabilizing for my heart area.” He said that this was “the physical experience of trying to incorporate more energy than you can accommodate comfortably.” He acknowledged that a similar experience started when he was engaged in the *sngon 'gro*, especially associated with *mandala* practice, where “the visualization is generally coming from your head and your heart. That’s when I started to realize, or tune into this experience more, it was a pain or tension, constriction. And then guru yoga was the same story.” Adopting different postures or lying down and trying to “simply breathe with my heart” would mitigate the pains and pressure, but he admits that “after that, it was always there.”

Brandon went on to connect his experiences with Tantric theories of the subtle body and its system of channels.

Before I even learned about that, I had a very distinct feeling of a line of pain that would go from my neck on my right side all the way down into my pelvis and then sometimes into my leg. Once we actually learned to generate those [channels] intentionally, it intensified. And that was [during] deity practice, an intensive practice of visualizing mantra garlands moving through the channels of the body in order to purify them. And [during] that practice in particular—again a lot of heart pain—but that channel in particular flaring up and being extremely sensitive.

He further interpreted experiences of pain, tension, heat, or cold as “constrictions or obscurations” where “the flows of *rlung*, or wind, through the subtle body have been constricted.” Practices like *'phrul 'khor* or the mantra garland visualization intentionally circulate wind through the channels, but when a channel is obscured “it squeaks, and that squeak is an emotion or a conception in the mind.” In retrospect, Brandon believes that his practice approach “should be more gentle, more allowing things to release rather than pumping energy through it.”

The last report in this section comes from Christopher, a fifty-six-year-old male, who has also completed a three-year retreat. He also describes the process of purifying the subtle body through practices like *'phrul 'khor* and *gtum mo*, which he calls “the X-rated practices where you are working very directly with the thermonuclear energy of the body, and these practices are designed to go in there and quite physically and quite forcefully break loose these knots.” For Christopher, the “subconscious mind [is] actually embedded and embodied in your subtle body,” and the “knots” in the subtle body are

the places where we say “no” to experience; they’re the places where we reject experience. When we reject experience, it gets lodged into our body-mind matrix, and meditation and these practices are designed to de-repress those—they’re designed to break those things loose. You know, you get the shit blessed out of you. So these knots come loose . . . It’s almost as if you’re given a second chance to purify this experience by relating to it with equanimity, which is the fundamental curative agent.

2.2. *Rlung Disorders and Differential Diagnosis*

These practitioner reports introduce a number of themes pertaining to somatic changes associated with Vajrayāna practices. Experiences described as energetic imbalances or places of pressure or tension were in some cases reported as deriving from Vajrayāna practices, whether preliminary practices, visualization practices, or subtle body techniques. Somatic problems could also be attributed to other factors—such as life stress or an intense practice approach—but which were nevertheless exacerbated by Vajrayāna practices. Some practitioners found that certain practice techniques or approaches could also be used to alleviate difficult somatic experiences, while others sought out other remedies from Tibetan medical perspectives or other systems of medicine. Somatic changes that were particularly long lasting needed to be managed by ongoing physical exercises, dietary practices, or assistance from healers. Energy imbalances sometimes co-occurred with a practitioner no longer being able to hold or maintain the retreat structure, and some attributed this to the intense effort involved in maintaining a retreat discipline causing or exacerbating such imbalances.

Interpretations of these experiences ranged from unwelcome obstacles arising from practice to mechanisms of psychosomatic purification. Many practitioners acknowledged the framework of purification and its connection to somatic experience, even when the primary appraisal of their somatic changes was that of a *rlung* imbalance. For those more intentionally working with subtle body practices when pressure, tension, or energies became challenging, the purification narrative was more prominent, and these changes were interpreted as a mechanism of purification. In such instances, appropriate degree of effort and an equanimous response were highlighted as ways of negotiating somatic challenges, especially when releases of tension in the subtle body corresponded with cognitive or affective experiences. We will return to this theme in the following sections.

In Vajrayāna Buddhist soteriology, somatic experiences of energies, pressures, and tensions can be an expected outcome of practice, if not a necessary and normative part of a path of purification. As summarized by Sferra (1999), the classical literature of Indian Buddhism tends to characterize the process of purification as largely entailing the removal of cognitive and affective habitual tendencies that obscure the basic purity of the mind (Sferra 1999). Early sources offer little to no theorizing about the specific role of the body in this process of purification, but the discourses of the subtle body developed in Buddhist Yoga and Tantra provide novel ways of conceptualizing how purification works. This reflects a shift from the mind to the subtle body as the “basis of purification” (Dorje 2009, p. 228). Some Tibetan teachers, such as Jigs med gling pa (1729–1798) or Shar rdza Bkra shis rgyal mtshan (1859–1933), are explicit about how subtle body yoga practices can be employed in overcoming physical health imbalances as well as for transformations of consciousness resulting in bliss (*bde ba*), visionary experiences (*nyams snang*), and potentially realization (*rtogs pa*) (Gyatso 1998; Chaoul 2006).

Although Vajrayāna texts and their commentaries acknowledge the existence of tens of thousands of channels pervading the body, the practices of Buddhist Tantra tend to emphasize the withdrawal of energies into the central channel of the subtle body and the undoing of “knots” along that channel, especially at the heart *cakra*. For example, *The Ornament of Stainless Light: An Exposition on the Kālacakra Tantra* explains that the practice of *prānāyāma* purifies the obscurations of the mind: “What is to be purified? The clear-light mind and the empty forms that are of the same nature as this mind are the phenomena to be purified. What is the purifier? It is *prānāyāma* practice, which induces the special entry of the winds into the central channel” (Gyatso 2004, p. 479). Similarly, a modern commentary by Kirti Tsenshap Rinpoche (Blo bzang Jigs med Dam chos Dpal bzang po, 1926–2006) on another Kālacakra commentary states: “Our aim is to loosen the knots at the various sites along the central channel, but the channel knots at the heart are the most difficult to undo” (K.T. Rinpoche 2011, p. 143 *et passim*). The descriptions Vajrayāna practitioners in our study gave of “blockages” or “squeaks” in peripheral locations in the (subtle) body are not explicitly discussed in most Tantric sources. The principal exceptions to this are commentaries on the practice of *phrul 'khor*, which entails a purification of channels of the head, limbs, and torso prior to working with the three central channels. Although this approach describes the releasing of “obstacles” through the limbs and

extremities, the connection the practitioners quoted above made between specific blockages and the upwelling of emotional content is not explicitly mentioned; rather, the practitioner is instructed to maintain a “clear” and “fresh” state of mind while executing the practices (Chaoul 2006).

Many of the experiences reported in the previous section also resemble the phenomenology of *rlung* disorders discussed in Tibetan medical treatises and occasionally in religious literature. Some practitioners drew upon this explanatory framework or were given it by teachers. In the context of a *rlung* disorder diagnosis, the rhetoric and framework of purification is downplayed or non-existent, and *rlung* imbalances may need to be managed before further progress with meditation can be undertaken.

Scholarship has shown that in Tibetan culture, *rlung* disorders are attributed to an array of causes—dietary, physiological, emotional, socio-cultural, religious, or supernatural (Clifford 1984; Janes 1999; Prost 2006; Jacobson 2007; Lewis 2013). There are many symptoms that can be indicative of a *rlung* disorder, including breathing difficulties, digestive issues, insomnia, anxiety, depression, irritability, fatigue, musculo-skeletal pains and tensions, restlessness, problems with concentration, and psychiatric illnesses (Jacobson 2007; Rominger 2013; Deane 2014). These symptoms are understood to arise as the result of a psychosomatic imbalance, and dietary changes, ingestion of herbal medicine, lifestyle changes, mental relaxation, and healing rituals are all possible remedies for *rlung* imbalances. Note that in the first excerpt above, the Tibetan medical doctor advises against continuing with the visualization practices or meditation more generally. For Tibetan medical doctors, the practice of meditation is potentially contraindicated for people with a *rlung* disorder, especially when the practice is intense or might otherwise exacerbate, rather than alleviate, one’s mental strain (Rominger 2013; Benedict et al. 2009).

Tibetan Buddhist teachers also sometimes employ medical frameworks towards the diagnosis of somatic and affective difficulties associated with meditation.¹⁶ Similar to the perspective of Tibetan medical doctors, teachers both within and beyond our study have suggested that one cause of *rlung* imbalances is having a driven, striving, or effortful approach to practice (Rabten 1992; Cayton 2007; Preece 2011; Rinpoche 2016), a theme that also emerges in the reports from Ashley, Meg, and Brandon. It is also likely that Tibetan teachers and doctors would draw a parallel with Richard’s development of *rlung* symptoms from life circumstances, since excessive stress, thinking, or busyness in life are also believed to contribute to *rlung* disorder. According to Tsoknyi Rinpoche (Ngag dbang Tshogs gnyis Rgya mtsho, b. 1966) (Rinpoche 2016) and other teachers of Tibetan Buddhism in the West (e.g., Rabten 1992), these are conditions to which modern Westerners are particularly prone, and they have even suggested that *rlung* disorder in the West is virtually a cultural epidemic unheard of in Tibet.

3. Some Teachers’ Perspectives on Somatic and Affective Purification

Meditation teachers and meditation communities play a prominent role in shaping expectations about and providing interpretations for unexpected experiences. While many Tibetan Buddhist teachers are informed by the Tibetan medical perspective on *rlung*, they are likely to hold this medical framework in conjunction with a purification framework. Precisely how meditation teachers establish differential diagnosis for somatic changes is not always apparent, and teachers themselves sometimes acknowledge the ambiguity.¹⁷ As discussed by some practitioners in the previous section, the flow

¹⁶ The dialectic between Buddhist and medical views of the body has a longstanding history in Tibet and elsewhere in Buddhist Asia, see Gyatso (2015).

¹⁷ For instance, Meg reports the following exchange with her teacher about changes in her menstrual cycle during a three-year retreat: “I stopped having my menstrual period for a year and a half, and that was also really confusing because I’ve had really painful menstrual cramps my entire life, and when I entered retreat I made this really powerful prayer that I did not want my menstrual cycle to interfere with my practice. [. . .] So I made really powerful aspiration prayers for my period not to interfere with my practice, and then I lost my period for a year and a half. And I asked Rinpoche, I said, ‘Is this the blessing of the *yidam*, or is this part of my health problem?’ And he said, which is very surprising to me, ‘It’s not clear.’ He didn’t know. He can see most things, so it was very surprising to me that he couldn’t tell.”

of energies and the release of tensions or pressure in the subtle body or physical body can also be associated with other somatic, cognitive, and emotional changes. Some of these changes—such as racing thoughts or chest tension—could lend support to a diagnosis of *rlung*. But other emotional changes might be more commonly interpreted in support of a purification framework.

One Tantric model for the somatic and affective experiences described by these practitioners is that emotionally-charged experiences get “lodged” in the structure of the subtle body. An American male teacher interviewed in our study thought that problems with *rlung* were due to a subtle body in which “everything is twisted and knotted up and the winds don’t turn properly.” Through various Tantric practices such as *’phrul ’khor*, these “blockages” and “knots” can become “straight,” or “cleared”—a purification process he likened to “detoxing” or “deconditioning.” However, the same teacher acknowledged that “as we sit down to sit down to meditate, all this dirt and this refuse that we’ve lodged into our body and mind matrix is going to break lose; it is going to come up.” As Glen Hayes (2014) has pointed out, it is useful to understand subtle body practices as methods of cultivating a novel sense of body schema (Hayes 2014). Practitioners might initially understand the subtle body only conceptually as a novel body image. Thus, the Vajrayāna practices described here and above could be read as attempts to entrain the body schema such that somatosensory perception is in accordance with the new (subtle) body image. The relationship between this entrainment and the purification of negative thoughts and emotions also suggests that in addition to somatosensory changes, the Tantric (subtle) body image also incorporates affective and cognitive dimensions of experience, rendering the body schema multi-modal.

Some practitioners and teachers appraised certain types of unexpected changes as “meditation experiences” (*nyams*). The *nyams* discussed in Tibetan Buddhist literature typically refer either to a common triad of “bliss, luminosity, and non-conceptuality” (*bde ba, gsal ba, mi rtog pa*) (Martin 1992; Gyatso 1999; Chagme 2000; Namgyal 2006), or, alternately, to a range of cognitive, perceptual, and affective distortions (Lingpa 2015), as opposed to the dominantly somatic changes emphasized here. According to one teacher in our study, a Tibetan male teaching in the United States, challenging experiences involving strong emotional responses could just be *nyams*. His view was that *nyams* were a necessary part of the process of purification. Like some of the practitioners quoted above, he expressed a similar theory of how habits and emotions are “very much stuck or stored in our body,” and so his retreats aim to help meditators “to work with their body and perhaps to go into their body.” Like Christopher described above, he suggested that the best way to do this was by adopting a stance of equanimous non-reactivity to whatever emotional content arises in order to effectuate karmic purification.

Mainly it seems what *nyams* does is kind of enhance, almost blow up, everything very large—all your extremes. Like if you have a little anger and your anger becomes really strong. If you have some paranoia, the paranoia gets really strong. And if you’re having a more beautiful state of mind like love, compassion, it gets really big in the meditation. So *nyams*, for most people, is like this enhancement, this total blowing, blowing the proportion of their experience. [. . .] So as a teacher I tell people, “Don’t react to it. Don’t get attached to it. Just witness it until it dissolves.” And that is the way to purify your consciousness of karmic patterns or to undoing your grooves in your brain; it is through abiding awareness.

While some Vajrayāna practitioners in our study also reported that a non-reactive “witnessing” approach or responding with “equanimity” was sufficient for navigating transient meditation difficulties, as the next section will demonstrate, emotional experiences that are too intense, intrusive, and prolonged make this approach not viable for some practitioners.

4. Emotional Traumas

4.1. Practitioner Narratives

The practitioner reports that comprise this section will often describe how various Vajrayāna practices—from the prostrations and visualizations that are part of the Tantric preliminaries (*sngon 'gro*) to the more advanced generation and completion stage practices—can result in the upwelling of strong emotional and psychological content. In some cases, these practitioner reports closely follow the model of purification offered by teachers in our study and found in Tibetan Buddhist literature, especially when the arising emotional content is not connected to a personal trauma history. Traumatic events were also described by practitioners who did not report a trauma history, and perhaps more surprisingly, some practitioners with a trauma history reported emotional upwelling but did not report a re-experiencing of past traumas.¹⁸ Those practitioners who had a trauma history and who also re-experienced their traumas in the context of practice reported being particularly distressed and impaired. These practitioners were also more likely to question a purification framework, not mention it, or emphasize other ways of interpreting their experiences.

Rachel is a 46-year-old female practitioner who engaged in Vajrayāna preliminary practices while living in a nunnery in India. During this time, she dedicated herself to diligently and quickly completing the *sngon 'gro*, estimating “maybe I got up to where I was doing 2200 a day of the prostrations.” She likened this diligence to being “an overachiever in some ways and also addictive in some ways.” She also expressed a belief that “the Tibetans do their *sngon 'gro* really fast, right? So it’s the way it is supposed to be done.” Rachel found that “the effects are more dramatic if you do eight hours of prostrations a day, you get a really intense physical and emotional effect from it.” Despite reporting both a history of abuse and an anxiety disorder, Rachel described only upwelling of emotions associated with different parts of the *sngon 'gro*. She “experienced a lot of grief and sadness, like crying for days,” which she described as “kind of cathartic.” She recalls having thoughts about how her parents were eventually going to die, and then she “would just bawl for like four hours.” During the *mandala* part of the preliminaries, Rachel also experienced “uncontrollable laughter,” which she found “a little off-putting,” and “a little hysterical” on account of not being able to control the experience. She interpreted this experience as “some kind of nervous energy that needed to get out or clear because I was sitting there a lot every day.”

Bill is a 61-year-old male who for many years considered himself a “program practitioner” who would do most of his practice in the context of weekend long to multi-week retreats. But after a significant life change, he decided to start “practicing like my hair was on fire” and began working on his *sngon 'gro* in the context of self-directed daily practice. Bill also started working with Vajrasattva practice, a process he characterized as “a basic purification practice” in which “you’re continually purifying all your habitual patterns, all your karmic tendencies, all the *samskāras*.” While engaged in Vajrasattva practice—a mantra recitation with a corresponding visualization—he experienced a prolonged and involuntary upwelling of emotionally charged content that was accompanied by intense mental imagery.

So I’m doing the Vajrasattva mantra practice and right around the 20,000th mantra, something opened up—wherever, in my brain or in my consciousness—and it was like all this bizarre, unconscious, psychological material started to surface. It was the most bizarre, hell-realm, bizarre sexuality, animal . . . just the most bizarre stuff. Like everything you could possibly think of that might freak you out. And having grown up as a middle-class white Catholic boy, it doesn’t take much. Just about everything is taboo. Anything that you

¹⁸ Given the open-ended and semi-structured nature of the interviews, this does not mean that we can conclude that such practitioners did not have re-experiencing in the context of their practice, as they were not asked directly one way or the other.

can imagine that was possibly culturally taboo was arising—just the most horrific display. Like a Fellini movie on steroids. And it was like this was being blown into the side of my brain with a fire hose.

He describes the content arising as “very clear visual images and thoughts” and says it was “completely involuntary; I couldn’t stop it at all. And I was just living with it.” Bill described how “throughout the day, the intensity varied, but it was always present and, at times, was one of the more frightening experiences I’ve ever been through.” This went on from the 20,000th to around the 80,000th mantra, and then after more than a month, “it just ended one day.” Although he did not have close contact with his teacher during this time, he was able to heed some of his advice, in particular his instruction to “hold your seat.” Bill explained that this teaching this means “just don’t freak out, just stay with it. [. . .] Not only did I know I had to hold my seat, but I knew I had to keep practicing. So I just kept practicing and just stayed with it.” He said he knew allowing these images to arise without reactivity would be “an incredible purification process if I can allow that and stay with it. If I freak out, I could go crazy.”

Ashley—who was introduced above in the section on somatic changes—also experienced intense emotional experiences while on her solitary retreat. She describes practicing meditations on death that entail contemplating the subtle body in terms of its “elements.” During the “dissolution process” in which earth dissolves into water, water into fire and so on, Ashley reports corresponding changes in her body or her mind. In the later stages of the practice, during the dissolution into redness and blackness, she explains how

It got to this point where I would feel like there was almost this primal element that lives somewhere around my right neck and shoulder that would seize up. I would go through that process a few times. Then, in this process, I started to run through this thing where I had to re-live every experience in my life up until the present moment that I had failed to experience the first time around. Of course, they were only the negative ones.

Ashley focused on one experience in particular, which she said “felt like early childhood—where the sensations were of burning in my right nostril, burning in my ears, burning in my right tonsils, in my vagina, on the exterior of my vagina.” She said she “had to re-experience that one a number of times, to experience all of the detail of it,” and over time a story came together about these parts of her body being burned with a cigarette by the husband of a babysitter. However, Ashley denied having a trauma history, and emphatically stated, “I have no reason to believe this actually happened.” She continued to go through the process of re-experiencing her life for at least “a week of all day long and into the night.” Some experiences surfaced multiple times because “some of them you had to re-experience until it was not a thing, almost—until it lost its energy. I had to experience the energy out of them. [. . .] And then I went on to the next.”

The remaining narratives in this section are from practitioners who found the arising of strong emotions to be much more difficult to manage, and who connected it with their prior psychiatric history, trauma history, or simply life history. Barbara is a 65-year-old female practitioner who reported a history of acute depression. She began having practice-related difficulties while engaged on her sixth three-month retreat—her first Tantric retreat after completing her *sngon ’gro*. It was while engaged with subtle body visualization practices when she “really started to get into trouble.” After completing her daily *sādhanā*, she would rest her mind in calm abiding, and it was during these periods when she experienced a resurgence of depressed feelings and emotions as well as suicidal ideation. Barbara felt that she “wasn’t prepared for it, and it wasn’t explained to me in psychological terms that I could understand. I didn’t know that ‘*māras*’ [demons] meant my own *māras*, right?”

Susan, a 50-year-old female, was engaged in a short-term retreat comprised of *shamatha*, *Mahāmudrā*, and various Tantric elements, including ritual offerings and subtle body yogas. She was the only Vajrayāna practitioner in our study who had not undertaken the *sngon ’gro*. During this retreat, she began re-experiencing childhood traumas, though unlike Ashley, Susan did report a trauma history. Susan’s story also demonstrates the relationship between the resurfacing of memories, the

physical body, and what she calls her “subtle body” or “energetic body.” She describes being engaged in a sitting meditation period when

I had a flash of my father leaving, which I’d not really had a memory of before. And that put me in touch with some pain at the back of my spine that I often feel, like I want to crack that part of my back or adjust that part of my back. And I decided, I knew there was something . . . Emotionally I knew some pain wanted to come up around that. After the practice, I thought there might be some sound that would want to come out, and so I waited to really go into that pain in my back, to bring all my focus into that pain until there was a break in the practice period and everybody went to lunch. And so I just sat in the meditation hall with about ten people, and I brought all my awareness into that point of soreness in the back and could feel this sound that wanted to come out of my body. It wasn’t like crying or yelling or anything like that. It was a very primitive sound, and it came up very slowly. My body went down so that my head was on the floor. And it felt very easy to do that.

Then, she went on to describe how “this vibrating sound that seemed to come out of my body, [. . .] and then I knew. It felt done.” Susan attributed this process to her becoming more embodied through the practices she was doing and described how “it just felt like the subtle body outline of my three-year-old self came in to my adult body.” She explained that this was her age when her parents divorced and her father left. While at the time this process “was a really beautiful experience, [. . .] I think later it opened up all the trauma of my life.” Later, as she tried to make sense of her experience, she realized that “I was doing all these basically Tantric practices that are [. . .] awakening those energies, and that’s the goal. But I was so ignorant. All I knew was: ‘I love these practices, I feel really connected with [this] lineage, Go for it.’ And nobody really stopped me or slowed me down.”

Betsy, a 60-year-old female engaged in *sngon ’gro* practice, reported repeatedly experiencing memories of prior abuse that pervaded her attempts to engage in prostrations over the course of two and a half years. She wasn’t doing the prostrations daily, but “would do some weekend intensives.” Even at the outset, she “started to have a sense that something was wrong.” Then, “a month to the day of starting *sngon ’gro*, I wrote down on my calendar: ‘Remembered.’” Betsy had experienced a “very strong flashback of being abused.” She described being initially quite confused about this.

For the first couple of months that this went on—because this went on for quite a while—I didn’t even believe them. I thought I was going crazy and that I had made it up, that something was wrong with me now, and that—why would this be going on when I’m doing these practices?

The flashbacks came intermittently, sometimes during practice sessions, and other times during dreams or upon waking up. For Betsy, the flashbacks “were a very physical sensation.”

There’d be this sense of tension and tightness, and then when either the memory would come up or a lot of emotion would come up, it would release. [. . .] I could feel sometimes when I was prostrating that sense of it building up energetically in my body—getting tighter and tighter. And it would either release while I was prostrating and I’d be crying, or it wouldn’t and later on I would have a flashback. [. . .] I can remember one time even looking at my hand, and it looked like a child’s hand. I guess that made it even more destabilizing, because it was like literally going through the trauma again, physically as well as—it wasn’t just remembering things like you remember a memory. So, it had a very, very strong effect at the time. [. . .] It’s literally like feeling as though I was in a child’s body again. It wasn’t just looking at my hand, but it’s like my hand felt like a three year old, and so having an experience of my body being very young again.

It took Betsy some time—as well as some assistance—to figure out how to understand and respond to what was happening to her. When she mentioned her experiences to another practitioner who had gone through the *sngon 'gro*, the practitioner told Betsy, “I went through that too. [. . .] It’s just part of the purification. If you’ve been keeping any secrets from yourself, they are going to come up now.” Betsy described being “really pissed” about this and wondered “why didn’t anybody tell me that this could be a part of it?” Initially, these experiences “weren’t interfering with my life—yet,” although “they did later.” She decided to seek therapy, and her first therapist “believed in encouraging the memories,” which she found destabilizing. Her second therapist was much more supportive of her and did not work so directly with the memories. However, Betsy was not able to continue with her preliminary practices because she “wasn’t able to do prostrations at all.” She “ended up going into a pretty serious depression” and was having “difficulty dealing with the world.” Then, she lost her job and “got diagnosed with PTSD at that point. Was hospitalized for a short period of time because I felt suicidal.” After that, she met with her teacher, who encouraged her to do *shamatha* instead, but Betsy “couldn’t even do that at that point.” Over the next three years, she worked with therapists, friends, and family to heal from her trauma history and learned ways of managing her PTSD response. Then, she took monastic vows, which she experienced as “a container of protection” that had a “very positive effect.” From this, she “gradually moved back into my meditation practice again,” eventually practicing the Vajrasattva mantra and completing her cycle of prostrations.

The last example is from Kevin, a 36-year-old male, who was living in a monastic community. The intensity of the monastic lifestyle resulted in an ongoing struggle with his personal trauma history, starting in the context of *shamatha* practice, during which he “started to have little flashback memories of sexual abuse and other abuse issues that were incredibly frightening.” The memories would be “extremely intrusive” and affected his concentration. He had ongoing “thoughts about rape and sex and terror,” and “the actual practice of sitting generally made that worse.” Kevin describes feeling like “a madman engaging in religious behavior” during this period. These challenges continued through his attempts to engage with Tantric practices, which he did under the direction of both Tibetan and American teachers in his monastery.

I still believed that I should be doing the Vajrayāna practices because that’s what these big Rinpoches were telling me to do. So I went back to doing the *sngon 'gro* and the deity yoga and all this weird stuff and it never helped. I don’t even know why I did it, because it wasn’t helpful. In fact I think it was very damaging and detrimental and wrong. I’m finished with those Vajrayāna practices and taking all these vows and commitments. I would never recommend that people struggling with mental health problems as much as I was go down that road. [. . .] Trying to do Vajrayāna practices when you’re suffering from horrible, untreated PTSD is just a god-awful idea. The visualizations would just turn into nightmares, where I’d be beheading and raping the deities and stuff. And then absolutely convinced that I was gonna go to hell because of desecrating the sacred Vajrayāna. The visualization practice itself was extremely unstable and frightening and infused with—The intrusive, violent imagery became part of the visualizations, so then I was battling with that. I think that’s an important thing to note.

Kevin decided to seek help from a licensed therapist who was also a Buddhist and ultimately joined a different Buddhist community where therapists were “heavily involved with everything.”

4.2. When Does Purification Become Re-Experiencing?

In these practitioner narratives, various Tantric practices lead to an upwelling of emotional content. The body-oriented practices of the *sngon 'gro* in particular feature prominently in many narratives, although challenging emotional experiences could persist into subsequent stages of Tantric practice. The affective experiences that arose, while intense for many practitioners, were not necessarily reported as being traumatic or re-traumatizing in nature. Some practitioners were able to adopt a stance of

non-reactivity and practice through these challenges, especially when the emotions were devoid of content or when the content was impersonal. In such instances, appraising these challenging experiences as part of a process of purification situates them in relationship to normative discourses from Vajrayāna Buddhism. However, practitioners with a trauma history or intense emotional events in their childhood reported much more distress associated with their resurfacing. They also reported greater difficulty integrating these challenges into their practice, and in these cases other appraisals and conceptual frameworks were mentioned in their attempts to understand and respond to their challenging experiences. Some practitioners found relief from traumatic re-experiencing only when they stopped engaging in Vajrayāna practices or sought out psychotherapy or psychiatric treatment.

As suggested in the section on somatic changes, many practitioners reported that their upwelling of emotions correlated with pressure, tension or a release of pressure or tension in the body. For Susan and Betsy, these effects were particularly strong, and they also reported feeling like their body, their subtle body, or their perception was connecting back to their period of childhood trauma. Ashley's challenging experiences with the dissolution practice had many parallels, but it may have been the absence of trauma history in her case that allowed her to disidentify with the content that was arising even though it was disturbing. This might also account for the apparent differences in how Bill and Kevin responded to ongoing intrusive imagery. Bill was able to "hold his seat" through the upwelling of disturbing mental images and found it to be an "incredible purification," while for Kevin the images interfered with his attempts to engage in visualization, and he ultimately found the practices to be "very damaging" to him.

Analogous to the varied appraisals of somatic changes, some practitioners interpreted an upwelling of emotional material through a framework of karmic purification, whereas others saw these effects as undesirable obstacles to practice. As detailed above, the various practices of Vajrayāna Buddhism can all, to various degrees, be understood as methods for the purification of the practitioner. *Sādhanās* for Vajrasattva practice in particular explicitly mention purification in the practice instructions. For example, Jamyang Khyentse Wangpo ('Jam dbyangs Mkhjen brtse'i Dwang po, 1820–1892) presents a set of instructions that ends with a brief dialogue between the practitioner and Vajrasattva (Wangpo 2010, p. 87). Just prior to being dissolved into the practitioner, Vajrasattva is envisioned to proclaim that through the practice "All of your negativity, obscurations, breaches, and transgressions of *samaya* are now purified!" Other instructions encourage the practitioner to keep a particular afflictive emotion (*nyon mongs*) in mind while doing the practice in order to weaken that affliction specifically (Kongtrul 2002, p. 89).

Traditional teachings on these preliminary practices describe how they purify the four types of obscurations (*sgrib bzhi*).¹⁹ However, it is important to recognize that these obscurations are emotional or cognitive faults associated with the practitioner's own previous actions (Rinpoche 1998). Such purificatory practices do not explicitly include reference to emotional patterns or traumas that arise as a consequence from the actions of others—although, according to Buddhist theories, even these events could be attributed to karmic repercussions from previous actions, even in a previous life.

Perhaps more telling is that the signs of making progress in purification do not include re-experiencing difficult or distressing emotions. Rather, they are supposed to include more positive phenomena such as "a feeling of physical buoyancy, little need for sleep, good health, clear thinking, and glimpses of realization" (Kongtrul 1977, p. 82). They can also include symbolic visions of becoming clean and purged of filth. According to Bdud 'joms Rinpoche (1904–1987), the signs of success in purification of obscurations are:

Meditational experiences or dreams in which you vomit or purge, are washing, are dressed in white, cross a wide river, fly through the sky, see the sun and moon rising, and so forth,

¹⁹ The four types of obscurations are: karmic obscurations (*las kyi sgrib pa*), obscurations of afflictive emotions (*nyon mongs kyi sgrib pa*), conceptual obscurations (*shes bya'i sgrib pa*), and obscurations of habitual tendencies (*bag chags kyi sgrib pa*).

are signs that you have purified negative actions. Dreams or experiences in which dirt, pus, blood, and lymph come out of your body are some of the indications that you have purified illnesses. Those in which minute animals such as ants emerge show that you have expelled negative forces. In particular, you may have real, direct experiences of clear awareness, of physical lightness, and of spontaneous devotion and determination to be free. (D. Rinpoche 2011, p. 214)

These visions parallel visualization instructions from the *sādhanās* that entail imagining how the descent of nectar flows from Vajrasattva's body into the top of the practitioners head, and then "all illness flows out of your pores and two lower orifices in the form of pus and blood, negative forces emerge as insects, and negativity and obscurations pour out as black liquid" (Wangpo 2010, p. 86).²⁰

In his book on Vajrasattva practice written for a Western audience, Thub bstan Ye shes (1935–1984) describes the process of purification as not only karmic but also energetic. He explains how "impure energy creates both physical and mental hindrances, and also leaves certain imprints" (Yeshe 2012, p. 10). However, through Vajrasattva and other practices "all negative imprints [*bag chags*] can be completely purified" (Yeshe 2012, p. 114). As suggested above, the general approach in this literature is to view these obstacles—whether physical, mental, or energetic—as a consequence of the practitioner's own negative actions. But what about the physical and emotional "imprints" associated with trauma? Tsoknyi Rinpoche, a contemporary Tibetan teacher active in the West, suggests that physical or emotional traumas deriving from environmental or interpersonal conditions can "twist" or leave "imprints" on the channels of the subtle body (Rinpoche 2012). Thus, it seems that, in theory, traumas could potentially be resolved through purification practice in the same way as negative imprints from practitioners' own actions. However, the idea that a practitioner's trauma history could be resolved through Tantric practices might also be unique to the modern Western context and not explicitly shared by Tibetan Buddhists teaching and practicing in a more traditional context.

While in principle trauma may be "purified" through corresponding changes in the energies and channels of the subtle body, in practice the emphasis on somatic processing may still be harmful for some people with a trauma history. Clinicians and meditation researchers have suggested that body-focused meditation practices can lead to affectively charged memories, flashbacks, dissociation, dysregulated arousal, and retraumatization accompanied by significant distress and functional impairment (Miller 1993; Treleaven 2012). Rob Preece (2011)—a long-term Tibetan Buddhist, meditation teacher and psychotherapist writing for a Western audience—acknowledges that successful navigation of Tantric practice "may require more than just the traditional preliminaries," as for some practitioners there is more "groundwork" needed to establish a "stable psychological vessel" (Preece 2011, pp. 4–5). He suggests that Tantric preliminaries could resolve trauma if "done not with an attitude of purification but more with an attitude of healing" (Preece 2011, p. 23).²¹ Preece also advocates for distinguishing between the traditional rhetoric of purification of one's own negative karma and the feeling of blame or responsibility that often plagues victims of trauma, suggesting that it is particularly unhelpful to frame trauma as the result of one's karma. Along with many of the practitioners in our study, he also acknowledges that there are cases in which Vajrayāna practices are best engaged when supplemented by psychotherapy or other treatments.

5. Some Practitioners' Perspectives on Teachers

Interpretations of an experience's meaning and value are inevitably negotiated with other members of a practice community, with psychologists and doctors beyond the community, and,

²⁰ Similar visualization instructions can also be found in Rinpoche (1998) and Kongtrul (1977).

²¹ Specifically, he proposes undertaking practices such as Vajrasattva visualization with a change in "intention" and "attitude" from "purification" to "healing," which primarily entails removing the evaluative judgments traditionally part of "the power of release." An explanation for why he thinks a shift in intention is sufficient to make Tantric preliminaries helpful rather than harmful is not provided.

perhaps most importantly, with meditation teachers. Teachers themselves bring varying types and degrees of expertise to bear on the appraisal of challenging meditation experiences. Western students working with Tibetan teachers may be offered only traditional Buddhist frameworks, although some Tibetan teachers also embrace perspectives from their own medical system and increasingly from Western psychology and biomedicine in interpreting and responding to challenging experiences. This is particularly evident in the appraisal of certain energetic problems as *rlung* disorders. The Tantric soteriological framework of purification seems to play a larger role in the appraisal of difficult affective experiences, especially when those arise in a practice context that is already explicitly associated with purification such as the preliminary practices.

But in addition to providing appraisals of meaning and value, meditation teachers and communities had other effects that impacted the trajectory of the Vajrayāna practitioners in this study. Relationships to other practitioners could be helpful in navigating and stabilizing practice-related difficulties. Susan explained how after her period of emotional upwelling and release in the meditation hall, two other practitioners who were “part of the protection *mandala* sat with me and were working with me to get more grounded.” For practitioners on longer retreats, though, the intensity of group practice could compound arising emotional difficulties. Christopher describes how “the whole retreat went through a kind of crisis situation” because “*kleśa* activity—the emotional upheavals, all this shit—breaks loose.” He describes the dynamic as “very, very intense” and “like a little crazy house in there for a while.” One of the reasons he gives for the intensity was that they did not have a *sgrub dpon*—a retreat master—there to guide them during that period. Similarly, Brandon reported that on his first three-year retreat, there was “little guidance” and this meant that “everyone is implicated in the same soap opera.” He also said that not having consistent contact with his teacher during this time was “a source of great pain.”

Other practitioners were also impacted by the absence of their teacher, and this is perhaps most clearly illustrated in Ashley’s narrative. Her prolonged social and geographical isolation led ultimately to her “projecting” an “inner guru” to serve as a surrogate, which she described as leading to an imbalanced practice approach and increasingly destabilizing experiences. Reflecting on this, she said, “if I had spoken to [my teacher], he would have told me to turn left about fifteen blocks ago, but here I am still heading off of my trajectory with no course correction because he just wasn’t there to correct.” Meg’s experiences on her three-year retreat also illustrate the challenges of working for a long time without close contact with a teacher. She described herself as very devoted to and trusting of her *lama*. Her teacher and retreat master encouraged her that

there would be obstacles in my retreat, but that if I persevered through the hardships, then I would perfectly accomplish my retreat. And so even though I kind of had a knowing of what I needed to do, I really trusted him and really admired him, and so I transgressed my own sense of what I needed to do because I trusted him. [. . .] That kind of a split happened where I stopped listening to myself and I gave over my power or my sense of things to someone who I thought knew more than me. [. . .] I think I had that mistaken concept or notion that, if I just followed everything that my lamas were saying, that . . . everything would be okay. [. . .] And so that was a little bit disconcerting, actually, that I got into a place that they couldn’t help me out of. And I still don’t quite know how to make sense of that, and in some ways I’ve felt really let down by that.

She felt a similar letdown when she found that her community, which had previously also been supportive of her retreat, “didn’t have any extra energy or time to put into someone whose life was in crisis. [. . .] And in a lot of ways, they didn’t understand.” By contrast, other practitioners, such as Bill, were able to draw upon their devotion to feel connected to their teacher even if he or she was absent. About being away from his teacher’s presence, Bill said that practice “never felt destabilizing because there was some quality of being held [. . .] by his mind.” Although he practiced for many years without regular contact with his teacher, he felt “plugged into” and “connected” to his guru’s mind, which he attributes to “my ability to generate that through this practice.”

For quite a few practitioners, though, feeling a deep connection with teachers could be difficult even when they were present. Like Meg, we saw above how Kevin described his trust of “these big Rinpoches” playing an influential role in his continued engagement with Vajrayāna practices. He admits, though, that he “wasn’t really totally honest with those teachers about what was going on with me either.” Kevin stated that this was in part due to embarrassment, but he also felt a “massive disconnect” in attempting to talk to a Tibetan Rinpoche about his trauma history. Reflecting on the differences in sociocultural context, he said that the fact that the Vajrayāna path

is based on this complete surrender to a teacher is just really, really hard to mesh with the kind of trauma history that I had and, critically, without the cultural context of not being born and raised in Tibet. I mean I’m sure that for a Tibetan who maybe was tortured by the Chinese or something and then runs into the Rinpoche—it’s all good, you know? But that’s too much to ask for someone born and raised in the United States to bridge that gap, culturally.

Similarly, Barbara also found it difficult to navigate the expectation of trust and devotion and the differences in sociocultural context. In particular, she was critical of “the whole way that the Tibetan community treats, number one: women, and number two: Westerners, and number three: ordained women Westerners. So I constantly felt like I was the red-headed bastard step-child, who wasn’t worth teaching or worth getting any training.” Rachel also found that even when working with a female Tibetan teacher, cultural differences and the hierarchical nature of the community were hard for her to adapt to. She attributed some of her dedication to her *sngon ’gro* as an attempt to gain more recognition in her teacher’s eyes. “I felt very like, like I had to really prove myself to her. [. . .] I think she was proud of me, but I felt still disappointed in her response or something.” On the one hand, Rachel felt like her relationship to her teacher was “parent-wound-related,” but she also felt that “people shouldn’t abdicate all their own power to the teacher and feel like their self-worth has to come from that.” Even practitioners working with Western teachers found that the influence of their trauma history on their practice was not fully appreciated or understood. Betsy described how her teacher suggested transitioning to other practices such as *shamatha* (a concentration practice) or *tonglen* (a visualization practice on suffering and compassion) in order “to get me to work with my mind with practice. And I just couldn’t, you know?” She felt like the response she was getting from her American teacher was “well you should just get over this and keep going,” whereas the way she saw it was, “no . . . it’s part of my path, and I have to deal with it.” Later on, Betsy heard a talk by a Tibetan teacher. He addressed a situation she felt was similar to hers by saying that some practitioners “don’t need to work with their own mind [because] they are not strong enough yet.” She felt validated by that and wished that had been the support and advice that she had received from her own teacher. In addition to the perceived appropriateness of practical advice, the narratives from this section suggest that differences in sociocultural context, access to a teacher, student–teacher bond, and the hierarchical nature of practice communities and student–teacher relationships are all important variables in both interpreting and responding to practice-related challenges.

6. Concluding Thoughts on Trauma and Culture

The appraisals of somatic and affective experiences among practitioners of Vajrayāna Buddhism in the West are varied, as are the responses to them. Practitioners are often caught between multiple explanatory frameworks, ranging from Tantric explanations to psychological and medical perspectives. Reports of somatic changes of energy and tension and the upwelling of emotionally charged content provide two examples of how practitioners attempt to reconcile their own experiences with the concepts and values presented to them by the personal and textual authorities of their tradition.

The differential response to these experiences depends upon a number of variables. As the last section demonstrated, practitioners’ experiences could also be understood and supported by their teachers and communities to greater or lesser degrees. These relationship factors were particularly

influential among practitioners whose trauma history impacted their ability to engage in Vajrayāna practices. At the practitioner level, the presence or absence of a trauma history and ongoing problems with trauma likely also play a role in the intensity and valence of the emotional content that arises. Some practitioners were more willing than others to adopt the normative framework of purification as an explanation for their experiences. They also varied in their capacity to engage in a corresponding practice approach that takes a non-reactive, equanimous stance towards intense affective changes—and perhaps the relative intensity of the experiences is an important determining factor here.

The application of the category “trauma” in relation to experiences of Vajrayāna practitioners raises serious challenges in cross-cultural psychology that are more often engaged by anthropologists studying Tibetan medical traditions than humanists studying Buddhist Tantra. Recent scholarship has begun to investigate some ways in which Tibetan medical practitioners diagnose trauma and psychiatric disorders in relation to *rlung* disorders. Deane (2014) shows the complicated and often contradictory causal attributions made by doctors, religious specialists, and the laity when diagnosing mental illnesses (*sems nad* and *smyo nad*), especially when religious practices can serve as both cause and cure (Deane 2014). Benedict et al. (2009) explores the relevance of dual diagnosis of PTSD and *rlung* disorder for Tibetan refugee monks who, like practitioners in this study, reported traumatic re-experiencing during meditation (Benedict et al. 2009). Although some somatic elements of the monks’ distress allow for a nice fit between the diagnostic categories of *rlung* disorder and PTSD, they found that the former does not capture the resurfacing of intrusive traumatic memories. Lewis (2013) has argued that while the label “trauma” is not entirely unknown among Tibetan refugee cultures in India, due to the cultural preference for “letting go” of negative emotions, discourses around trauma “seem to lose, rather than gain momentum through social interactions” (Lewis 2013, p. 316). By extension, for the Vajrayāna practitioners in our study, the more pervasive discourses around trauma and PTSD in the United States likely influence the extent to which they can adopt a religious framework over a psychological framework when interpreting their experiences. Lewis (2013) also argues that appropriate responses to trauma might also be culturally specific; while Westerners seem to benefit from narrativizing (Brewin et al. 2010),²² such approaches “are in some ways antithetical to Tibetan notions of health coping” (Lewis 2013, p. 317). Keeping this key principle of transcultural psychiatry in mind, the converse might also be equally true: namely, there might be limitations to the application of Tibetan Buddhist frameworks of purification and stances of non-reactivity for the negotiation of trauma among certain populations in the West.

To understand the complex nature of lived experience of contemporary Vajrāyana practitioners, qualitative data from practitioner interviews is critical. The varied appraisals of and responses to somatic and affective changes resulting from Tantric practice show how Vajrayāna paths have many more twists and turns than suggested by the idealized structures of *sādhana*s, the discourses of Tibetan lamas, or the hagiographies of realized saints.

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²² In support of this view, neuroscientific models of trauma Brewin et al. (2010) contend that recurrent intrusive memories (flashbacks) are created and maintained by an overemphasis on somatic and sensate rather than contextual and conceptual processing, such that the lack of linguistic, temporal, and contextual frameworks impairs the ability to integrate the experience into a meaningful narrative.

References

- Amihai, Ido, and Maria Kozhenikov. 2014. Arousal vs. Relaxation: A Comparison of the Neurophysiological and Cognitive Correlates of Vajrayana and Theravada Meditative Practices. *PLoS ONE* 9: e102990. [[CrossRef](#)] [[PubMed](#)]
- Benedict, Adriana Lee, Linda Mancini, and Michael A. Grodin. 2009. Struggling to Meditate: Contextualising Integrated Treatment of Traumatised Tibetan Refugee Monks. *Mental Health, Religion, and Culture* 12: 485–99. [[CrossRef](#)]
- Brewin, Chris R., James D. Gregory, Michelle Lipton, and Neil Burgess. 2010. Intrusive Images in Psychological Disorders: Characteristics, Neural Mechanisms, and Treatment Implications. *Psychological Review* 11: 210–32. [[CrossRef](#)] [[PubMed](#)]
- Cayton, Amy. 2007. *Balanced Mind, Balanced Body: Anecdotes and Advice from Tibetan Buddhist Practitioners on Wind Disease*. Portland: FMPT.
- Chagme, Karma. 2000. *Naked Awareness: Practical Instructions on the Union of Mahamudra and Dzogchen*. Translated by B. Alan Wallace. Ithaca: Snow Lion Publications.
- Chaoul, Marco Alejandro. 2006. *Magical Movements ('Phrul 'Khor): Ancient Yogic Practices in the Bön Religion and Contemporary Medical Perspectives*. Ph.D. dissertation, Rice University, Houston, TX, USA.
- Clifford, Terry. 1984. *Tibetan Buddhist Medicine and Psychiatry*. York Beach: Weiser Books.
- Cozort, Daniel. 1986. *Highest Yoga Tantra: An Introduction to the Esoteric Buddhism of Tibet*. Ithaca: Snow Lion Publications.
- Dahl, Cortland, ed. 2007. *Deity, Mantra, and Wisdom: Development Stage Meditation in Tibetan Buddhist Tantra*. Ithaca: Snow Lion Publications.
- Deane, Susannah. 2014. From Madness to Sadness: Tibetan Perspectives on the Causation and Treatment of Psychiatric Illness. *Religions* 5: 444–58. [[CrossRef](#)]
- Dorje, Rangjung. 2009. *Luminous Heart: The Third Karmapa on Consciousness, Wisdom, and Buddha Nature*. Translated by Karl Brunnholzl. Ithaca: Snow Lion Publications.
- Gerke, Barbara. 2013. On the 'Subtle Body' and 'Circulation' in Tibetan Medicine. In *Religion and the Subtle Body in Asia and the West: Between Mind and Body*. Edited by Geoffrey Samuel and Jay Johnston. London: Routledge.
- Gleig, Ann. 2016. External Mindfulness, Secure (Non-)Attachment, and Healing Relational Trauma: Emerging Models of Wellness for Modern Buddhists and Buddhist Modernism. *Journal of Global Buddhism* 17: 1–21.
- Gyatso, Janet. 1998. *Apparitions of the Self: The Secret Autobiographies of a Tibetan Visionary*. Princeton: Princeton University Press.
- Gyatso, Janet. 1999. Healing Burns with Fire: The Facilitations of Experience in Tibetan Buddhism. *Journal of the American Academy of Religion* 61: 113–47. [[CrossRef](#)]
- Gyatso, Khedrup Norsang. 2004. *The Ornament of Stainless Light: An Exposition on the Kālacakra Tantra*. Translated by Gavin Kilty. Boston: Wisdom Publications.
- Gyatso, Janet. 2015. *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet*. New York: Columbia University Press.
- Hayes, Glen A. 2014. Possible Selves, Body Schemas, and Sādhana: Using Cognitive Science and Neuroscience in the Study of Medieval Vaiṣṇava Sahajiyā Hindu Tantric Texts. *Religions* 5: 684–99. [[CrossRef](#)]
- Hickey, Wakoh Shannon. 2010. Two Buddhisms, Three Buddhisms, and Racism. *Journal of Global Buddhism* 11: 1–25.
- Jacobson, Eric. 2007. Life-Wind Illness' in Tibetan Medicine: Depression, Generalized Anxiety, and Panic Attack. In *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives, Proceedings of the Tenth Seminar of the International Association for Tibetan Studies*. Edited by Mona Schrempf. Leiden: Brill, pp. 223–43.
- Janes, Craig R. 1999. Imagined Lives, Suffering, and the Work of Culture: The Embodied Discourses of Conflict in Modern Tibet. *Medical Anthropology Quarterly* 13: 391–412. [[CrossRef](#)] [[PubMed](#)]
- Kongtrul, Jamgon. 1977. *The Torch of Certainty*. Boston: Shambhala Publications.
- Kongtrul, Jamgon. 2002. *Creation and Completion: Essential Points of Tantric Meditation*. Boston: Wisdom Publications.
- Kongtrul, Jamgon. 2005. *Systems of Buddhist Tantra*. Translated by Elio Guarisco, and Ingrid McLeod. Ithaca: Snow Lion Publications.
- Kongtrul, Jamgon. 2008. *Elements of Tantric Practice*. Translated by Elio Guarisco, and Ingrid McLeod. Ithaca: Snow Lion Publications.

- Kozhenikov, Maria, Olga Louchakova, Zoran Josipovic, and Michael A. Motes. 2009. The Enhancement of Visuospatial Processing Efficiency through Buddhist Deity Meditation. *Psychological Science* 20: 645–53. [CrossRef] [PubMed]
- Lewis, Sara E. 2013. Trauma and the Making of Flexible Minds in the Tibetan Exile Community. *ETHOS* 41: 313–36. [CrossRef]
- Lindahl, Jared, Nathan Fisher, David Cooper, Rochelle Rosen, and Willoughby Britton. 2017. The Varieties of Contemplative Experience: A Mixed-Methods Study of Meditation-Related Challenges in Western Buddhists. *PLoS ONE* 12: e0176239. [CrossRef] [PubMed]
- Lingpa, Dudjom. 2015. The Vajra Essence. In *Dudjom Lingpa's Visions of the Great Perfection*. Boston: Wisdom Publications.
- Martin, Dan. 1992. A Twelfth-Century Tibetan Classic of Mahamudra, the Path of Ultimate Profundity: The Great Seal Instructions of Zhang. *Journal of the International Association of Buddhist Studies* 15: 243–319.
- McMahan, David. 2008. *The Making of Buddhist Modernism*. New York: Oxford University Press.
- Miller, John J. 1993. The Unveiling of Traumatic Memories and Emotions through Mindfulness and Concentration Meditation: Clinical Implications and Three Case Reports. *The Journal of Transpersonal Psychology* 25: 169–80.
- Namgyal, Dakpo Tashi. 2006. *Mahāmudrā: The Moonlight: Quintessence of Mind and Meditation*. Translated by Lobsang P. Lhalungpa. Boston: Wisdom Publications.
- Nyima, Kunkhyen Tenpe, and Shechen Gyaltso IV. 2003. *Vajra Wisdom: Deity Practice in Tibetan Buddhism*. Translated by Dharmacakra Translation Committee. Ithaca: Snow Lion Publications.
- Preece, Rob. 2011. *Preparing for Tantra: Creating the Psychological Ground for Practice*. Boston: Snow Lion Publications.
- Prost, Audrey. 2006. Causation as Strategy: Interpreting Humours among Tibetan Refugees. *Anthropology and Medicine* 13: 119–30. [CrossRef] [PubMed]
- Rabten, Geshe. 1992. *The Essential Nectar: Meditations on the Buddhist Path*. Boston: Wisdom Publications.
- Rinpoche, Patrul. 1998. *The Words of My Perfect Teacher*. Boston: Shambhala Publications.
- Rinpoche, Dudjom. 2011. *A Torch Lighting the Way to Freedom: Complete Instructions on the Preliminary Practices*. Boston: Shambhala Publications.
- Rinpoche, Kirti Tsenshap. 2011. *Principles of Buddhist Tantra*. Translated by Ian Coghlan, and Voula Zarpani. Boston: Wisdom Publications.
- Rinpoche, Tsoknyi. 2012. *Open Heart, Open Mind*. New York: Random House.
- Rinpoche, Tsoknyi. 2016. Tsoknyi Rinpoche Interview on *Lung*. Available online: <http://www.tsoknyirinpoche.org/8877/tsoknyi-rinpoche-interview-lung/> (accessed on 16 June 2016).
- Rominger, Alma. 2013. Illuminating Rlung: The Vital Energy of Tibetan Medicine. *SIT Independent Study Project (ISP) Collection*. Paper 1745. Available online: http://digitalcollections.sit.edu/isp_collection/1745 (accessed on 16 June 2016).
- Sferra, Francesco. 1999. The Concept of Purification in Some Texts of Late Indian Buddhism. *Journal of Indian Philosophy* 27: 83–103. [CrossRef]
- Taves, Ann. 2009. *Religious Experience Reconsidered: A Building-Block Approach to the Study of Religion and Other Special Things*. Princeton: Princeton University Press.
- Treleaven, David A. 2012. *Meditation and Trauma: A Hermeneutic Study of Western Vipassana Practice through the Perspective of Somatic Experience*. Ph.D. dissertation, California Institute of Integral Studies, San Francisco, CA, USA.
- Urban, Hugh B. 2003. *Tantra: Sex, Secrecy, Politics, and Power in the Study of Religion*. Berkeley: University of California Press.
- Wangpo, Jamyang Khyentse. 2010. The Quintessential Nectar of the Profound Meaning. In *Entrance to the Great Perfection: A Guide to the Dzogchen Preliminary Practices*. Ithaca: Snow Lion Publications.
- Yeshe, Thubten. 2012. *Becoming Vajrasattva: The Tantric Path of Purification*. Boston: Wisdom Publications.

