If coming to terms with disability requires acceptance of both social and individual identity death and rebirth, what might a transitional phase from isolation to re-emergence actually hold for those who die before they die? At its root, this question seems to me to present a fundamental opportunity for the exploration of impermanence. The anthropologist Robert Murphy, who understood his and other's impairments in terms of ritualized initiation, wrote of the structure of liminality and its transformative potential:

Initiation rituals have the purpose of involving the community in the transformation of an individual from one position in society to another. They typically do this in three phases: isolation and instruction of the initiate, ritual emergence, and reincorporation into society in the new role. It is during the transitional phase from isolation to emergence that the person is said to be in a liminal state - literally, at the threshold - a kind of social limbo in which he or she is left standing outside the formal social system. (Ingstad and Whyte, 153)

Although Murphy was accurate in defining disability as a "standing outside the formal social system," I have often wondered if that is necessarily a bad thing, if there might not be something of the liminal to assist each of us in creating a more meaningful re-emergence - one that addresses the problem of the nature of impermanence and involves a coming to terms with the social illusoriate - that underlying aspect of all thought that introduces an obsessional and anxiety-inducing fantasy of solidity. One would want to consider the qualities of the liminal - the vastness of its isolation, the way its solitude may be laced with the suddenness or lingering quality of fear, dislocation, the unexpected shock of accident, or the dread of wasting away. Second, it would be useful to learn how to court the liminal - to endear oneself to what there might be about oblivion that is undifferentiated, essential, unharmed, continuous, and loving. The pursuit of a means of transformative
impairment awareness is, in large part, what drew me to the idea of ancient Tibetan culture and the development of disability mahamudra. As Keith Dowman suggests in his introduction to Masters of Mahamudra (5-8), the engagement of non-identity has the potential of transforming our perceptions of the decompositional body - something of use to persons with or without disabilities.

Mahamudra incorporates an understanding of being as empty space, awareness, visionary enjoyment, and compassion. The adepts of mahamudra, venerated by Tibetans for their skillful attainment of fluid and less rigid social consciousness codes, are known as siddhas. The lives of the siddhas emphasize the ordinary quality of self-initiated liminal transition from a life beset with the despair and the illusion of ability-bound rewards to an emergent way of living without internalized notions of deviancy. This internal transformation of consciousness, which is the winning of siddhi - literally, "success in practice" - frees the individual to act in whatever way is most efficacious to transmit the understanding that all activity can be an expression of human essence.

The stories of the eighty-four Indian masters, considered the founders of the siddha lineage that passed into Tibet during the eighth through the eleventh centuries, represent a text of "all those throughout the ages" who have, within a single lifetime, attained direct realization of the transitory nature of the body and its perceived impairment as a function of impermanence (Robinson, 2-6). The lives of the siddhas were passed on in dohas (songs), and many of the dohas illustrate the capability for self-transformation of disturbing or negative socially induced habits and patterns of thought. Having, in a subtle way, collaborated with society to uphold the desire for appearances leads the siddha to the realization of the emptiness of these conventions and their myriad resultant sufferings. The methodology directs the siddha toward a fundamental insight that individual sentience contains the opportunity for a release from self-limiting conceptions of identity.

The siddhas, as agents of disability mahamudra consciousness, represent a link between a ancient Indian and Tibetan society and the efforts of disability scholars and theorists in the modern era. If one is to understand this linkage, consider klesha, the turmoil-producing aspect of human mental activity. Klesha, in terms of contemporary disability study, might be understood as those persistent fields of thought related to the obsessive history of projecting upon disability anti-democratic and afflictive emotions prohibitive of full social participation, disingenuous scientific and technologic advance promoting undisabling "recovery cures or preventative anti-disabling genomic preventions, and habitually distorted beauty media and literary figure moral symbolism or hyperbolic cliche." Klesha might be understood as being the force driving every aspect of our social and mental life that works toward social ambivalence, misportrayal, and silence regarding the assignment of impairment as an aspect of identity that does not, in actuality, exist in and of itself.

In order to address the central problem of turmoil - turmoil when facing or not facing one's own impermanence - the siddha stories make a distinction between propriety and reality and
point out that anyone, regardless of ability, is free at any time to rid himself of notions that do not correspond to the inherent dissolution of all material composites. The key factor, as suggested by James Robinson in his translation of Abhayadatta's Buddha's Lions (1979) - is not whether one conforms or does not conform to a particular set of social proprieties. Rather, disability is a state of mind with which one acts. If the rigid holding to social convention - in this instance, the societal meaning of impairment - is a barrier to one's development, then it is the convention itself that the siddha must overcome.

To "overthrow" conventional impairment habituation in traditional Tibetan discourse, practitioners develop an awareness of the tri-kaya, the "Three Bodies of Buddha." Tri-kaya represents a symbology for the perception of the unimpaired essence within one's body, whatever its condition. Terry Clifford, author of the formative pioneer study in Tibetan expressions of modern psychiatric disturbances, The Diamond Healing, describes tri-kaya as the "absolute truth body" (chos-sku) - that which is unborn, undying; the "enjoyment body" (longs-sku) - that which is energetic, truthful; and the "form body" (sprul-sku) - the undifferentiated body characterized "by the unobstructed action of compassion" (32).

The awareness of personhood from the Tibetan point of view, as it applies to the transcendence of conventional impairment conceptualizations, involves the practitioner in a psychosomatic pedagogy from the extremes of disability's imposed social surface regarding the deluded nature of impairment to the undisturbable tri-kays. This is not to say that impairment-as-wound itself does not exist, but only that one's perception of the woundedness is distortable. It should also be noted that the effort to see one's sufferings in relation to social materialism (not getting what we want, not wanting what we get, being separated from whomever or whatever is dear to us, and being joined to people and things we dislike) plays a significant part in Abhayadatta's original text. In fact, the Caturasiti-siddha-pravrtti contains no less than thirty of the eighty-four lives of the siddhas as having some direct or indirect relation to either visible or nonvisible disabilities.

As a disability specialist in daily contact with people with disabilities, I paid particular attention to Robinson's comparative listing of the siddhas (284-288). Making my own list of "siddhas with disabilities" - who, if they walked into any disability services office on any college campus today might possibly receive some measure of support or accommodation - I made these brief notations (numbers refer to the order of appearance): 5. Savaripa (aggression); 7. Kankaripa (depression); 10. Caurangi (loss of extremities); 11. Vinapa (possessiveness); 12. Santipa (old age); 13. Tantipa (decrepitude); 14. Camaripa (disillusion); 19. Thaganapa (lying); 21. Shalipa (anxiety); 26. Ajokipa (laziness/apathy (or ADD)); 27. Kalapa (agoraphobia); 33. Tandhepa (compulsivity); 50. Medhina (daydreaming (or ADD)); 51. Pankaja (anger); 52. Ghandhapa (slander); 53. Yogipa (learning disability); 54. Caluki (narcolepsy); 56. Lucika (sadness); 57. Niguna (indifference); 63. Kumari (despondence); 64. Manibhadra (physical/verbal abuse); 68. Kalakala (ostracized/talkative); 69. Kantali (physical pain); 70. Dhahuli (physical pain); 72.
Kapalapa (grief for lost love); 75. Sarvabhaksa (obesity); 83. Samudra (depression); 84. Vyali (delusions).

As a brief aside, readers with and without a wide understanding of disability services may ask how credible a list of persons with disabilities the above is, and rightly so. "Disillusion," "lying," "laziness," "sadness," "physical pain," and "grief for lost love" do not fall under the American legal definition of disability: a significant impairment to a major life function. Who among us does not, in fact, at times such labels fit? The inability to accept one's circumstances, or tell the truth, or stop putting things off, or manage pain, or go beyond affairs of the heart - although not disability by any stretch of the United States government and surely not excusable from its vision of social responsibility - do nevertheless represent a subjective garden of difficulty with achievement in accordance to expectations of a particular social institution or job, or in relation to one's family expectations, or in the expectations a person may have for his or her self. More often than not, the fruit of a concern with achievement regards self-reflection of one's choices, or self-exploration through diagnostic evaluation - in short, with improving the means to personal achievement. In most cases, a person can do something to do better at what he or she values, or believes is valuable - become more efficient in the use of resources. However, because we also live in a world where there are many without even the means of attaining disability status, the exhibition of commonplace anti-social labels may signify a significant obstruction to paths of achievement others take for granted as disabling. Such concerns would make a disability specialist not turn a "disabled-like" siddha away.

In developing methods of achievement, two of the above siddhas might be of use to secular people of the liminal, or people suffering liminal trauma without a way to let die the notion that one does not need to be afraid of the illusory. The story of the musician Vinapa relates to those impairments that affect mind. A second story - of the poor farmer Kucipa - regards an impairment of the body. Each tale contains a siddha with a specific impairment, a liminal experience of social limbo, a meeting with an initiator to an individualized "means of accomplishment" - sadhana, which refers to a spontaneous, meta-psychological epiphany used to usher a shift of consciousness within the practitioner, and a disability-mahamudra - a reincorporative worldview characterized by the recognition of a deepened awareness of impairment as something unafflicting of universal personhood.

Vinapa

Born of a royal family, the eleventh siddha, Vinapa, was affected by obsessiveness. When Vinapa, whose name means "the Man Who Plays the Vina" (a lute-like stringed instrument still popular in India today), played the vina he became totally involved with the sound of the music. Cognizance of the world simply did not enter his mind. As heir-apparent to the throne, his father and mother found his disinterested in the affairs of the kingdom troublesome. "He must be cured of this obsession," they complained. Asked by a yogin if he would receive advisement,
the prince replied, "I cannot give up my instrument. If there exists a method of accomplishing the Dharma - the way - without giving up the vina, I will practice it." The yogin replied, "Give up distinguishing the sound of the vina from the hearing of it. Make the two - the experience of the sound and the idea of it - into one."

The recognition that "the sound and the idea of it" are one and the same served as the basis of Vinapa's sadhana. Without a limiting sense of what he could or could not be, he became free to re-emerge into society and rule the kingdom as he was (Robinson, 58-59). The yogin's advisement - to make the experience of sound and the idea of it into one - served as the transformative means of accomplishment used by Vinapa to approach his obsessiveness and related inattention. By formulating a methodology from his own life experience, Vinapa became free to disown the proprietary delusion of his identification with his instrument ("the experience of sound") at the negation of ruling the kingdom ("the idea of it"). In other words, he was able to identify a degree of harmony in the operations of both that no longer required their separation in his mind.

Note that the instruction centered on transference of real strength - Vinapa's penetrating focus and understanding of musical values of melody and harmony. Hence, to realize that his instrument creates the "unstruck sound out of which all sounds rise and which is inherent in all sound," Vinapa realizes that within each being there is the insight of "identitylessness" and the compassionate, skillful means gained from not clinging obsessively to his obsessive-impairment-identity as something real. By awakening to the disability mahamudra of "the unstruck sound out of which all sounds rise," Vinapa is able to dissolve his own obsessiveness with music without losing himself in worldly matters. This awareness serves as a "maturing initiation" through which Vinapa was successfully transformed into a good king. (Dowman, 92-93)

Kucipa

Kucipa, "the Man with a Neck Tumor," was a low caste farmer. The thirty-fifth siddha, Kucipa noticed one day that a tumor had begun to grow on his neck. Soon it grew larger, more painful, and he went "to a lonely place so that no one could see him." Upon meeting the revered teacher, Nagarjuna, Kucipa said, "I can hardly endure this pain." "Meditate that the tumor on your neck is growing larger," said the teacher Nagarjuna to Kucipa, "[then,] that all existing things are contained in your tumor." This last statement provided Kucipa with the awareness needed for his own sadhana. Soon thereafter, the tumor vanished. (Robinson, 131-132)

In suggesting to Kucipa that he visualize the tumor on his neck and imagine it growing larger, Nagarjuna supports Kucipa in "courting the liminal." In fact, the tumor does grow and with it the pain increases, but the quality of Kucipa's dread toward the tumor has changed. The growth of the tumor engages Kucipa in a powerful transformation regarding his conceptualization of his own body-mind awareness. In becoming an ally of his own suffering, Kucipa then entertains the idea of imagining the whole world gathered in his tumor. This novel idea suggested to Kucipa
that despite his impairment, there was no loss of his interconnectedness with all beings. At that, the poor farmer has the realization that pleasure and pain act as phantoms coming and going from his mind and that such thinking is without real substance.

The analogy can be related to the history of Western attitudes towards the assertion of pleasure and the denial of pain. As Dowman stated: "One of the great achievements [in Kucipa's sadhana] was to produce a logical formula that places the mind outside the extremes of affirmation, denial, both, and neither - the place that Kucipa sees as the extreme of no extreme." That the tumor soon vanishes suggests Kucipa's ability to realize his own essential nature as a manifestation of the same emptiness from which arise both impairment and able mind. Since empty space is inherently without concept of suffering or joy, the vanished tumor represents the understanding that "all specific characteristics of existential situations dissolve into the continuum of space" (Dowman, 204-207).

Clifford suggested that the siddha histories, and their intrinsic participatory message, represent the potential of disability to provide opportunities to dissolve the difficulty of confronting the socially induced psychic aspects of impairment. Instead, disability may offer people greater opportunity to intensify the aspiration for developing awareness, compassion, and release from the aversion to pain and unhappiness (83). The transformational aspect of aspiration is the essential function of liminality. In moving from emotional aversions, Tibetan methodology employs the entire gamut of human activity as the basis of answering the question of one's own neurotic confusion and/or startlingly perverse concepts. As Dowman elaborated:

The king meditates on his throne, the farmer in his fields, the lecher meditates in bed, and the widower in the cremation ground. . . . Every mind-state whatsoever is the means to its own transformation. Thus the infinite variety of imperfect human personalities is also the multiplicity of means to attain mahamudra-siddhi. (15-17)

This multiple means methodology, concluded Dowman, is understood to be antithetical to conventional normative values. It works towards the creation of "spontaneous action," free of any connotation of impulsively and integrated within the physical, verbal, and mental capacities of the person operating in total responsiveness to a given situation. Given the means to the achievement of transformative impairment awareness, and its resulting ability - spontaneous action - impairment can be an instrument against the perception of prejudices, preconceptions, and other nondisabled conceptualizations that persons with disabilities may rejoice in eradicating. If the terminus of the liminal is a kind of crazy wisdom, a flaunting of social convention, an uninhibited emotivity, an authentic divine madness, it is to large part the attainment of some version of siddhi(22-23).

Bibliography


