

Journal of Buddhist Ethics

ISSN 1076-9005

<http://blogs.dickinson.edu/buddhistethics/>

Volume 21, 2014

Female Monastic Healing and Midwifery: A View from the *Vinaya* Tradition

Amy Paris Langenberg
Eckerd College

Copyright Notice: Digital copies of this work may be made and distributed provided no change is made and no alteration is made to the content. Reproduction in any other format, with the exception of a single copy for private study, requires the written permission of the author. All enquiries to: cozort@dickinson.edu.

Female Monastic Healing and Midwifery: A View from the *Vinaya* Tradition

Amy Paris Langenberg¹

Abstract

Monastic lawyers who formulated the various classical Indian Buddhist *Vinaya* collections actively promoted the care of the sick within monastery walls and treated illness as a topic of great importance and relevance for monks and nuns, but also mandated that monastics should exercise caution with respect to practicing the healing arts and provide medical care to lay people only on a restricted basis. A closer examination of *Vinaya* sources shows that this ambivalence is gendered in interesting ways. The *Vinaya* lawyers regulated nuns's involvement in the healing arts, and other types of service, with special care, suggesting that nuns were

¹ Email: langenap@eckerd.edu. I am indebted to a number of generous and wise colleagues who read and commented on earlier drafts of this paper. My sincere thanks to: Bhikkhu Anālayo, Pierce Salguero, Natalie Gummer, and Alice Collett. Thanks also to participants, especially Janet Gyatso, in the conference where this paper was first presented: "Healing Texts, Healing Practices, Healing Bodies: A Workshop on Medicine and Buddhism," held in 2012 at the University of California, Berkeley.

more likely than monks to take up community work, especially the work of healing. This study attempts to sort out the subtleties of *Vinaya* attitudes towards the public (as opposed to internal monastic) practice of medicine by nuns, suggesting that social constraints forced laywomen and nuns into relationships of collusion and mutual need and created a situation in which nuns were more likely than their male counterparts to engage in the healing arts. A female monastic ethic emphasizing reciprocity and mutual obligation made it doubly unlikely that Buddhist nuns would turn away from the medical needs of laywomen. Thus, a complex combination of factors accounts for the disproportionate focus on nuns in *Vinaya* prohibitions regarding the practice of the healing arts.

The provision of community-based medical care, the building and running of medical clinics on monastery grounds, and large-scale fundraising for the construction of hospitals are features of the engaged Buddhism characteristic of post-colonial period Buddhist revivals in Asia. To give just one example, Buddhist organizations founded and run by Buddhist nuns in Taiwan typically interpret Buddhism in a social-activist vein. Influenced by an important reformist line of Chinese Buddhist thought called “Buddhism for the human realm” (*renjian fojiao*) (DeVido 93-101), organizations like the Ciji Compassion-Relief Foundation and the Luminary Buddhist Institute consider the relief of illness and promotion of health to be a part of their Buddhist mandate. The ordained women involved in these organizations are contemporary examples of what appears to be a longstanding propensity of female monastics to engage in health-

related activities. In fact, in some ways, their interpretation of Buddhist monastic ethics closely resembles that of the ancient nuns whose behavior is said to have prompted injunctions against monastics practicing medicine among the laity during the Buddha's time.

The monastic lawyers who formulated the various classical Indian Buddhist *Vinaya* collections actively promoted the care of the sick within monastery walls and treated illness as a topic of great importance and relevance for monks and nuns. In the Mahāvihāra *Vinaya* (usually called the Pāli *Vinaya*), the Buddha clearly ordains that monks should nurse one another in sickness because they no longer have biological family to fulfill that function (*Mahāvagga* 8.28; Horner 4.432; Kitagawa 11).² In his article, "Byō" ("Illness"), a classic study on Buddhist medicine, Paul Demiéville draws our attention to an additional set of concerns qualifying the monastic practice of medicine. While noting the overall compatibility between the Buddhist ethic of compassion and the healing arts, as well as the fondness of Buddhist teachers for medical metaphors, Demiéville remarks upon the cautious attitude of monastic lawyers with respect to monks and

² This *Vinaya* directive reportedly came about when the Buddha happened upon a sick monk left lying in his own waste, abandoned by his fellow monks (Liyanaratne 133; Paonil and Luechai 102-103; Schopen "Good Monk" 8). In his 1991 monograph, *Asceticism and Healing in Ancient India*, a classic in the field of Buddhist medicine, Kenneth Zysk argues for a close connection between Buddhist monasticism and the practice and development of the medicine in general in ancient India. Zysk documents the rich tradition of monastic medicine and the many references to sickness in the *Vinaya*. Zysk and Gregory Schopen both argue for the affinity of Buddhist monasticism and the healing arts, though Zysk emphasizes the intellectual aspects of this affinity, while Schopen focuses on the institutional fit between monasteries and the practice of medicine. Both believe Indian monasteries were, by the Middle and Early Medieval periods, capacious institutions wealthy and stable enough to house infirmaries (Schopen, "Good Monk" 8; Zysk 38-49). In several Buddhist countries, including Sri Lanka and Tibet, the practice of traditional forms of medicine has thrived within monastic settings (Kitagawa 22; Liyanaratne 127-132).

nuns practicing medicine among the laity (35-37). Indeed, the canonical sources discourage monks from making their medical skills generally available to the laity, with some carefully drawn exceptions. Gregory Schopen, for instance, points out a *Vinaya* passage concerning a “shaven-headed householder.” This passage seems to describe an accepted practice in which ailing and presumably childless householders begin the process of becoming monks in order to receive monastic nursing. It is implied that, in exchange, they are to will their worldly possessions to the monastery (“Good Monk” 10-11). The scenario described by Schopen can be seen as a refinement of the more general rule forbidding the ordination of persons suffering from grave illness (Demiéville 36).³ The *Samantapāsādikā*, the most important commentary on the Mahāvihāra *Vinaya*, specifies a variety of laypeople to whom a monk may legally distribute medicines. These include: his mother, his father, their servants, domestic servants of the monastic community, his elder and younger brothers, his sisters, his various aunts and uncles, and children pledged to the monastery but not yet initiated. Even medical advice cannot be directly distributed to lay people who fall outside of these certain categories.⁴

³ See, for instance, *Mahāvagga* 1.39. Schopen observes, “Here it is hard to miss the hand of the monastic lawyer: whoever wrote this latter narrative must have been fully aware that there were rules against admitting the sick into the order and deftly avoided that difficulty by having the man’s illness become manifest only after initial and most visible aspects of his admission—the shaving of his head—had occurred” (“Good Monk” 10).

⁴ This commentary also specifies that if a patron wants to receive a medical recommendation from a monk, he or she must state it impersonally, in reference to an absent third party, or a monk may deliver medical advice to a layperson by fabricating a conversation with another monk in the layperson’s presence (Demiéville 39-40, Liyanaratne 133-134). In the *Mahāvihāra Vinaya*, the Buddha promulgates a ruling in reference to the rainy season retreat (*vassa*). A monk receives word that his mother is ill and longs to see him. Since he is supposed to remain in retreat during *vassa*, he wonders if he is permitted to go. The Buddha rules that monks may go to visit certain

Scholars of Buddhist medicine agree that monastics are mandated to heal and nurse one another but should provide medical care only to certain lay people and to others only indirectly. A closer examination of *Vinaya* sources shows that this ambivalence is gendered in interesting ways. The *Vinaya* lawyers regulated nuns's involvement in the healing arts and other types of service with special care, suggesting that nuns were more likely than monks to take up community work, especially the work of healing. Demiéville notes, "in the treatises of monastic discipline, this interdiction [against providing medical care to the laity] seems to apply to nuns more than to monks" (36). Although Demiéville mentions "formal interdictions," in the case of monks he cites only a passage from the *Dīgha-nikāya* by way of textual documentation and makes no reference at all to any specific *Vinaya* rules.⁵ He details several rules, however, forbidding nuns to engage in worldly forms of knowledge, including those associated with healing. Designating the special *Vinaya* focus on nuns practicing the healing arts "an anomaly," Demiéville includes a parenthetical caveat that it "may be only apparent, based upon insufficient research" (36). Taking a skeptical view of Demiéville's offhand suggestion that such an important gendered distinction is anomalous, this study attempts to sort out the subtleties of *Vinaya* attitudes towards the public (as opposed to internal monastic) practice of medicine by nuns. Why, as

relatives and laypeople in order to provide food, medicine and nursing, even during *vassa*, as long as they return to the *vihāra* within seven days. The categories of laypeople that are worthy of nursing and care by a monk in retreat include *upāsakas* and *upāsikās*, parents, sisters, and brothers, and other (presumably close) relations (*Mahāvagga* 3.7).

⁵ Here, Demiéville cites the *Brahmajāla-sutta*, which condemns ascetics and Brahmins who make a living through various magical and healing arts, including healings charms, divination, the making and distribution of herbal medicines and ointments, and medical procedures such as giving emetics and purges. *Dīgha-nikāya* i.11-12 (Walsh 71, 73).

Demiéville suggested, would practicing the healing arts out in the community be a particular tendency of nuns and, so, a particular feature of the nuns's *Vinaya*? What appear to be the reasons for its censure?

Recent *Vinaya* scholarship indicates that ancient monastic lawyers were aware that the status of nuns, female and celibate, was inadequately understood and accepted, prompting monastic lawyers to, for instance, actively discourage nuns from blurring the lines between Buddhist ascetic and healer, soothsayer, ritual specialist, or midwife (Finnegan; Jyväsjärvi; Langenberg; Schopen “Urban Buddhist Nun”). Here, I build on this research, suggesting that social constraints forced laywomen and nuns into relationships of collusion and mutual need and created a situation in which nuns were more likely than their male counterparts to engage in the healing arts. I draw on scholarship about ancient nuns's communities to further argue that a female monastic ethic emphasizing reciprocity and mutual obligation made it doubly unlikely that Buddhist nuns would turn away from the medical needs of laywomen (Blackstone; Finnegan; Ohnuma). My contention is that this complex combination of factors (a pragmatic collusion between lay women and nuns, a distinctive female monastic ethic, and the constant need to shore up nuns's social status and distinguish them from ordinary laywomen) accounts for the disproportionate focus on nuns in *Vinaya* prohibitions regarding the practice of the healing arts.

Deviant Lore

Of the *Vinaya* traditions I have been able to consult directly, which include the Mahāsāṅghika-lokottaravāda *Bhikṣuṇī-vinaya*, the Mahāvihāra

Vinaya,⁶ the Mūlasarvāstivāda *Vinaya*, and the Dharmaguptaka *Bhikṣuṇī-vinaya* (the latter in translation only), the most complete example of an interdiction against practicing medicine is found at *pāccatika-dharma* 82 of the Mahāsāṅghika-lokottaravāda *Bhikṣuṇī-vinaya*.⁷

The Lord was staying at Kauśāmbī. A nun, mother of Chandaka, was accepted in the inner household of the king. She was skillful with root medicines, leaf medicines, and fruit medicines. With the king's relatives, the ministers' relatives, merchants' families, and [other] excellent families, she established a hostel (*basti*) for women. She cured fainting fits. She offered medical treatments such as black ointment, [other] ointments, emetics, purgatives, sweat-treatments, nasal treatments, and bloodletting. Before she left, she received soft food and hard food. Then the nuns found

⁶ This text is more commonly called the Pāli *Vinaya* or the Theravāda *Vinaya*. It is referred to here instead as the Mahāvihāra *Vinaya*: a) for consistency since the other *Vinaya* traditions cited are designated by their school affiliation; b) and because the term *Theravāda* has multiple divergent meanings in both pre-modern and modern sources and has therefore come under scrutiny of late (Skilling, Carbine, Cicuzza, Pakdeekham). Also, as Schopen points out, there is evidence of “competing versions or understandings of ‘The Theravāda *Vinaya*’ in both Sri Lanka . . . and in South India” (Schopen “Monastic Ownership” 213 n. 11). The version used here was transmitted in the Mahāvihāra lineage.

⁷ The Mahīśāsaka *Vinaya*, accessible in Chinese translation, may be the only other *Vinaya* besides the Mahāsāṅghika-Lokottaravāda *Bhikṣuṇī-vinaya* that specifically legislates the practice and teaching of medicine by nuns. According to Demiéville, this *Vinaya* claims that nuns came in for criticism after reciting something called the “Sūtra of the Treatment of Maladies” (Demiéville 37). According to Pierce Salguero, the passage in Chinese (found at Taisho 1421: 94c27) could just as easily be read as saying: “At that time the nuns were treating disease by chanting scriptures,” a more general statement that does not reference any specific text (Personal email communication 7.10.2013). See also Jaworski.

out. “This is not a renouncer,” they said, “This is a doctor (*vaidyikā*).” The nuns informed Mahāprajāpatī about the situation. [She informed the Lord.] The Lord said, “Summon the mother of Chandaka.” She was summoned. The lord said, “Is it true, mother of Chandaka, that you make a living by your knowledge of medicine (*cikitsita-vidyā*)?” “Yes, Lord.” “This is badly done, mother of Chandaka. It is not suitable to make your living by your knowledge of medicine.” And so the lord [ordained] . . . : “Whichever nun makes a living by knowledge of medicine commits a fault requiring expiation.”

“Knowledge of medicine” includes knowledge about snakebite and poison as well as spirit possession. Making a living by these means is a fault requiring expiation. Such is the ruling. It is not suitable for nuns to practice medicine. It is suitable to show how. A monk also who makes a living by knowledge of medicine transgresses the discipline (*vinayātikrama*). (Roth 221)⁸

In this story, we hear of a nun by the name of Chandakamātā (mother of Chandaka) who has opened a sort of clinic where she treats upper class women. She administers a variety of treatments and is characterized as a skilled herbalist. Although she does not accept direct payment, she receives food from the women she treats. Her fellow nuns find her behavior inappropriate, accusing her of acting like a [female] physician (*vaidyikā*), not a nun. The Buddha ordains that it is

⁸ Translations of Mahāsāṅghika-lokottaravāda *Bhikṣuṇī-vinaya* passages are based on the published edition of Gustav Roth. My translations benefitted from comparison with Édith Nolot’s French translation and analysis of this text.

unacceptable for nuns to make their living by means of medical knowledge (*cikitsitā vidyā*).

According to this story, which charters the injunction against nuns making a living through the practice of medicine, a *bhikṣuṇī* should not also be a *vaidyikā*. Unlike in many other *Vinaya* stories in which a certain public behavior is proscribed, Chandakamātā does not immediately provoke the criticism of laypeople. Indeed, her lay patrons welcome her medical expertise and flock to her for cures for a variety of ailments. The rule promulgated here derives, rather, from a different concern. It is actually one of a series of stories found in various places in both the Mūlasarvāstivāda *Vinaya* and the Mahāsāṅghika-lokottaravāda *Bhikṣuṇī-vinaya* that seek to differentiate clearly between nuns and laywomen, blocking slippage between these two categories (Finnegan 327-340; Langenberg; Ohnuma 36-41). In these stories, a nun, often the inimitable Sthūlanandā whose narrative function it is in the *Vinaya* to push the boundaries of monastic discipline, engages in work of a type typically associated with laywomen such as childcare or housework. The Buddha then ultimately proscribes the behavior, saying that it is not suitable for *bhikṣuṇīs* to make a living in this way. In her analysis of such stories, Damchö Diana Finnegan comments that the forbidding of nuns to perform household tasks typically gendered female may “help gain women acceptance for their hard-won identity as ascetics and the prestige that comes with that identity when it is assumed by men” (339). Gregory Schopen has noticed a related but not identical series of rules in the Mūlasarvāstivāda *Vinaya* (and elsewhere) in which the nun Sthūlanandā launches various businesses, including door-to-door divination, a whorehouse, a tavern, and pimping for street prostitutes. Based on a tale in which Sthūlanandā provokes the ire of a local female soothsayer, Schopen suggests that that her activities are proscribed, not on moral terms, but because they “create conflict with, and

criticism by, other working women and the community at large” (“Urban Buddhist Nun” 377). Unlike Sthūlanandā, however, Chandakamātā is not competing in the local economy, but merely collecting alms. Furthermore, the narrative specifically refers to her violation of the normative category “female renouncer” (*pravrajyā*). The Chandakamātā story fits better, then, with Finnegan’s texts and analysis regarding the proscribed blending of social identities than with Schopen’s regarding competing with local tradespeople.

The next rule in the Mahāsāṅghika-lokottaravāda *Bhikṣuṇī-vinaya*, *pācattika-dharma* 83, specifies that nuns are not allowed to teach medicine; in particular, they are not allowed to recite medical verses with the aim of teaching them to a layperson:

The Lord was at Kauśāmbī. The rule “it is not suitable to practice medicine” was ordained by the Lord. The mother of Chandaka no longer practiced medicine. A person came to her. “Please, noble lady, heal me.” She said, “The Lord has ordained that it is not suitable to practice medicine. Give me something and I will teach you how to recite something.” She taught [how to recite] householder and renouncer medical knowledge (*āgārikā ca parivrājakā ca cikitsita-vidyā*). The nuns saw her. “This is not a renouncer,” [they said,] “this is a reciter of medical knowledge.” The Lord said: “Whichever nun teaches how to recite householder or monastic medical knowledge commits a fault requiring expiation.”

...

“Householder” means: grasping [worldly pleasures].

“Renouncer” means: having become bound by Gautama or Jaṭilaka.

“Knowledge of medicine” means knowledge about snakebite and poison as well as spirit possession.

“Teaches how to recite medicine for the body” means: instructs (*uddiśet*).

Such is the ruling. It is not suitable for nuns to teach how to recite householder or renouncer medical knowledge. It is suitable to advise (*upadiśitum*). Monks also who teach how to recite medical knowledge transgress the discipline (Roth 221-222).

The rule distinguishes between “renouncer medical knowledge” and “householder medical knowledge” but applies to both. Medical knowledge is then glossed as knowledge about how to cure snakebite and poisoning, as well as spirit possession.⁹ The commentary also adds that while it is not suitable for a nun to “instruct” (*uddiś*), it is suitable for a nun to “advise” (*upadiś*).¹⁰ At least one *Vinaya* commentary allows monks to give specific medical advice to unrelated

⁹ Notably, this gloss fails to mention any of the herbal and clinical treatments listed in the charter narrative of *pācattika-dharma* 82 but details instead several magico-religious treatments of which there had previously been no mention. This may not be significant, as ancient Indian medicine, Buddhist and non-Buddhist, combined clinical treatments and religious elements, relying on the causal agency of malign spirits to explain certain types of illness. The text may simply be clarifying in a concise manner that all types of healing are to be included in this general ban.

¹⁰ The difference between the Sanskrit verbs *uddiś* and *upadiś* is perhaps not as dramatic as the difference in English between instruct and advise—both Sanskrit verbs have the basic meaning “instruct or point out or declare or indicate.” From the context, I am assuming that *upadiś* is meant to express a form of communication not quite as direct and forceful as *uddiś*, a feeling that is somewhat supported by the connotative differences between the prefixes *upa* (near, towards) and *ud* (up, on).

laypeople, as long as it is done indirectly through a third person (Demiéville 39-40). This may be the reference here. Alternatively, the distinction between “instructing” and “advising” can be read as another effort to carefully parse what is proper for a layperson, and what is proper for a nun. In other words, nuns may occasionally advise on medical matters, but may not behave as professional medical reciters.

Versions of these two rules, one proscribing the practice of medicine, the other the transmission of medical knowledge, appear in every nuns’s *Vinaya* considered here, but are subject to wide variation.¹¹ Two rules from the Mūlasarvāstivāda proscribe nuns reciting or teaching magical lore:

Prāyaścittika 95:¹²

. . . in Śrāvastī. Sthūlanandā, her desire rising up because of attachment, went to the son of an incense and perfume purveyor¹³ and said, “Can you recite a little beauty lore?¹⁴ Please recite!” “Listen and I will recite,” he replied. “*Saraphu Bisiriphu Siribi Svāhā!*” “Say it again,” said Sthūlanandā. Getting a little angry, he said, “You

¹¹ Roth, the editor of the Mahāsāṅghika-lokottaravāda *Bhikṣuṇī-vinaya*, mistakenly assumes that these two rules have parallels only in the Chinese Mahīśāsaka *Bhikṣuṇī-vinaya*.

¹² Derge Kangyur ‘dul wa, Volume 9, Ta 302b.1-7. All Kangyur references are to *chos kyi ‘byung gnas, bka’ gyur (sde dge par phud)*, TBRC W22084, 103 vols (Delhi: Delhi karmapae chodhey gyalwae sungrab partun khang, 1976-1979), <http://tbr.org/link?RID=W22084>.

¹³ *spos ‘tshong gi khye’u*. *Spos* can also mean “medicinal powder” or “aromatic powder,” according to Jeffrey Hopkins. <http://www.thlib.org/reference/dictionaries/tibetan-dictionary/translate.php>.

¹⁴ *bzhin bzang rig pa*.

are a shaven headed witch (*mgo reg mo ngan*)! You are an ascetic devoted to external appearance! If you can't even grasp two words, how will you grasp the three baskets?" She answered, "Although I grasped it the first time, I made only the words my own." "It is a wonder that you don't become aflame with desire, being an ascetic devoted to appearances who recites in this way!" he replied. The nuns told the Buddha. The Buddha appeared and said . . . : "Any nun who recites lore from a householder (*khyim pa les rig pa*) commits an infraction."

Prāyaścittika 96:¹⁵

. . . in Śrāvastī, Sthūlanandā, setting out to recite spells to someone, said "Hey, sir! *Siriphu bisiriphu sirivisiriphu svāhā!* Learn it!" After he chanted this two or three times, the man said, "Noble lady, I have mastered it." "Apprehend it again and again," instructed Sthūlanandā. The man became angry and said, "You shaven-headed witch! You have not renounced! It boils down to the fact that you don't know any better because you are an ascetic devoted to external appearances! Noble lady, why do you do this?" Sthūlanandā replied, "Because I have made only the words my own." "It is a wonder that you don't become stained with defilements, being an ascetic devoted to appearances who recites in this way!" he replied. The nuns told the Lord. The lord appeared and said . . . : "Any nun that sets out to recite lore (*rig*) to someone commits an infraction."

¹⁵ Derge Kangyur 'dul wa, Volume 9, Ta 302b.7-303a.6

According to the introductory story of *prāyaścittika* 95, the difficulty comes because the nun in question, Sthūlanandā, asks a layman for what appears to be a beauty spell. He then criticizes her for apparent stupidity and being an “ascetic devoted to external appearances.” Sthūlanandā protests that she grasped the words of the formula immediately, but only the words (not their meaning or effect). In *prāyaścittika* 96, Sthūlanandā protests against the same accusation (that she is “an ascetic devoted to external appearances”) by again stating that her knowledge and use of this formula is superficial, possibly implying a steadfast commitment to the Buddhist path. Although the spell Sthūlanandā learns is a beauty charm, comparison with versions of this rule from other Vinayas suggest this phrase “an ascetic devoted to external appearances” refers not just to her apparent desire for pulchritude, but also to the suspicion that she prefers worldly knowledge over the Buddha’s teachings. Sthūlanandā’s excuses suggest that she aspires only to a superficial, and therefore strategic or mercenary mastery of such worldly knowledge.

In the Mahāvihāra version of these rules,¹⁶ nuns are prohibited from learning or teaching problematic forms of knowledge labeled “deviant” (*tiracchāna*: Sanskrit *tiraścīna*)¹⁷ and further defined as “any unprofitable compendium, belonging to outsiders”:

¹⁶ Translations from the Pāli are based on Oldenberg’s edition. My translations benefited from comparison with Horner’s translations and footnotes.

¹⁷ This term translates literally as horizontal or going sideways. The Pali Text Society’s *Pāli-English Dictionary* gives the definitions low, common, idle. Regarding the somewhat similar term, *tiracchānakathā*, Bhikkhu Bodhi writes: “Many translators render this expression as ‘animal talk. However, *tiracchāna* means literally ‘going horizontally,’ and though the term is used as a designation for animals, M[ajjhima Nikāya] A[ṭṭakathā] explains that in the present context it means talk that goes ‘hori-

Pācittiya 49:

At that time the Lord was staying at Sāvatti in the Jetavana Park of Anāthapiṇḍika. At that time the band of six nuns mastered deviant forms of knowledge (*tiracchānavijjā*). People were annoyed, irritated, and angered: “How is it that even nuns master deviant forms of knowledge, just like those who enjoy householder pleasures?” The nuns heard those [annoyed, irritated, and] angered people. They asked [them why they were] angry. [The people answered], “How is it that this band of six nuns master deviant forms of knowledge?” . . . and so forth. . . “Is it true, monks, that the band of six nuns masters deviant forms of knowledge?” “It is true lord.” The lord Buddha scolded [them]. “How is it, monks, that [nuns] master deviant forms of knowledge? This, monks, is not suitable. May they be instructed that: ‘Any nun who may master deviant forms of knowledge commits a fault requiring expiation.’”

....

“Deviant forms of knowledge (*tiracchānavijjā*)” means: any unprofitable compendium belonging to outsiders (*bāhirakaṃ anattasaṃhitam*).

“May master” means: she masters it by quarter verse. With each quarter verse, she commits a fault requiring expiation. [If] she masters it phonetically, she commits a fault requiring expiation with each sound.

zontally’ or ‘perpendicularly’ to the path leading to heaven and liberation.” (Ñāṇamoli and Bodhi 1282 n. 748)

Learning writing (*lekha*), mastering mnemonics (*dhāraṇa*), and mastering a protective verse (*paritta*) in order to safeguard, is not a fault. [Mastering deviant knowledge] is also not a fault for the insane or beginners.

Pācittiya 50:

Whatever nun may teach (others) deviant forms of knowledge commits a fault requiring expiation (Oldenberg *Vinaya Piṭaka* 4.305-306).

Specific examples of *tiracchāna vijjā* are not given. As in the Mūlasarvāstivāda version, nuns who master deviant forms of knowledge are criticized by laypeople who accuse them of behaving like ordinary enjoyers of worldly pleasures. In response, the Buddha establishes the rule. Certain forms of *tiracchāna vijjā* are then singled out as acceptable, namely writing, mnemonics, and the recitation of protective verses (*paritta*).

The Dharmaguptaka *Vinaya*, extant in Chinese translation, also contains this pair of rules. Here nuns are prohibited from practicing or instructing others to practice what Ann Heirman translates as “worldly magic arts” and which are described as “magic art concerning marks on the body, magic art concerning *kṣatra* [power or dominion], magic art concerning beings, magic art concerning fate; or . . . divination by means of turning the zodiac; or . . . the knowledge of cries” (2.760).

Pācittika 4.17:

If a bhikṣuṇī applies herself to worldly magic arts, she [commits] a *pācittika*.

Commentary:

There is no committing if she applies herself to magic arts in order to cure the illness of the small creatures in the belly; if she applies herself to magic arts in order to make sure that preserved food does not decay; if she learns to write; if she applies herself to worldly magic arts in order to subject non-Buddhists; if she applies herself to magic arts to be cured of poison in order to protect herself.

Pācittika 4.18:

If a *bhikṣuṇī* tells others to apply themselves to magic arts, she [commits] a *pācittika* (Heirman 2.760-761).

Here, the magic arts include a wide array of techniques for divination, prognostication, ritual protection, and demonology. Certain practices are exempted, however, including ritual cures for stomach parasites and poisoning, rituals of food preservation, or, as in the Mahāvihāra rule, writing.

The common denominator in this series of rules is not a prohibition against the practice of medicine, as only one of the four, the Mahāsāṅghika-lokottaravāda rule, specifically concerns the healing arts. Indeed, the Dharmaguptaka *Bhikṣuṇī-vinaya* actually specifies that ritual protections for stomach illness are legitimate exceptions to the rule and the Mahāvihāra *Vinaya* permits the reciting of protective verses (*paritta*), which are often used to protect against demonic attack and snakebite. What is explicitly discouraged in all versions of these rules is the learning of, reciting of, and teaching of heretical *vidyā* (Pāli *vijjā*, Tibetan *rig*). Here we must understand *vidyā*

not as any sort of considered view, but as magical lore, and in particular, spells and ritual formulas. It might be better, than, to retranslate the whistle-blowing nuns's criticism of Chandakamātā in the first Mahāsāṅghika-lokottaravāda rule discussed as “She is not a renouncer, she is a charmer! A shamaness!” or even “She is a witch!”

Monastic Midwifery?

The rules prohibiting nuns, and to a lesser degree monks, from learning and teaching unsuitable *vidyā* are not the only monastic recommendations that touch on the issue of medical services to the lay community. The Mahāvihāra *Vinaya* provides a lengthy commentary on the third *pārājika* (offense requiring expulsion from the community), the rule proscribing killing humans. This commentary includes a few short narratives about pregnant or infertile women asking monks for medical assistance:

Pārājika 3:

Another time, a woman whose husband was abroad committed adultery and became pregnant. She said to a monk who frequented her family, “Go, sir! Please find out about an abortifacient (*gabbhapātana*).” “Very well, sister,” he said, and gave her an abortifacient. The child died. [The monk] became remorseful. [The monks told this matter to the lord. He said,] “You have committed a downfall, monk. You have entered a state of defeat. “

....

Another time, a barren woman said this to a monk who frequented her family: “Go, sir! Find out about a

medicine by which I might become pregnant!” “Very well, sister,” he said. He gave her the medicine. She died. He became remorseful. [The monks told this matter to the lord. He said,] “This is not a downfall entailing defeat, monk. This is a *dukkata* downfall (offense of wrong-doing).”

At one time a fertile woman said this to a monk who frequented her family: “Go sir! Find out about a medicine by which I may become infertile.” “Very well, sister,” he said. [He gave her the medicine. She died. He became remorseful. The monks told this matter to the lord. He said, “This is not a downfall entailing defeat, monk.] This is a *dukkata* downfall” (Oldenberg *Vinaya Piṭaka* 3.83-84).¹⁸

In the first rule, an adulterous wife has become pregnant. She begs a monk who is dependent on her family for alms to find an abortifacient. He procures such a drug for her. She takes it and the fetus dies. In the second of these narratives, a barren woman asks a monk trusted by her family to locate a fertility drug. He procures one for her but, after she takes it, *she* dies. The third narrative tells of a monk locating birth control for a fertile woman who also dies from the drug he gives her. In the first case, the monk is guilty of a downfall entailing defeat. In the other cases, the monk is guilty only of a *dukkata* or offense of wrong-doing, a significantly lesser infraction, probably because the crime was

¹⁸ *Suttavibhaṅga* iii.5.17, iii.5.20-21. My translation in consultation with Oldenberg and Rhys Davids (3.83-94). The Dharmaguptaka *Vinaya* apparently doesn’t include such instructions, though it does specify that a fetus is a person, and that causing death by prescribing medicines counts as a *pārājika* (Herimann, 2.292). A perusal of the Mūlasarvāstivāda *Vinayavibhaṅgha* rules also did not turn up any reference to abortifacients and fertility drugs in the *Pārājika* 3 commentary, though further research is required to definitely settle the issue.

intentional in the first case, and only accidental in the other two. Thus, monks are prohibited from providing abortifacients, fertility drugs, or birth control to women. It is in reference to these passages that the *Samantapāsādikā* addresses the issue of monks dispensing medicines to the laity.

In the Mahāvihāra *pārājika* 3 addenda regarding monks dispensing abortifacients, fertility drugs, and birth control, the main concern of the lawmakers is the taking of life, either intentionally or unintentionally. Obviously the monastic community would not wish to cause or be blamed for deaths in the lay community, or to become involved in dispensing potentially dangerous treatments.¹⁹ The inappropriateness of a monk and a laywoman discussing sexually related issues is not mentioned in these passages, though it is mentioned in another context. The Mahāvihāra *Vinaya* includes a *saṅghādisesa* (offense requiring a formal meeting of the order) rule forbidding monks to speak in a lewd manner to women. Scenarios in which barren women or women wishing for boy children request help from monks are specifically mentioned in that context (Horner 1.226-227). There are, then, according to the Mahāvihāra *Vinaya* tradition at least, two reasons why a monk should not become involved with a laywoman's fertility or pregnancy issue: sexual morality and the potential for medical malpractice and death.

One of the rules of thumb for interpreting Vinaya literature is that a monastic prohibition constitutes good evidence that the behavior in question did occur in the community. In the patriarchal social milieu of ancient India, as in many such societies, women's

¹⁹ As mentioned above, according to the *Samantapāsādikā* exceptions can sometimes be made in the case of family members and other close associates. Presumably, those individuals would not be inclined to create difficulties for the community by virtue of their special connections to the monastic community.

continued security and happiness would have depended in large part on successfully giving birth to their husbands' children (and no one else's). Therefore, matters of fertility, barrenness, and abortion were of the greatest importance and sensitivity for women. The fact that laywomen may have consulted certain monks around these matters, monks they not only trusted to keep their secrets but who also may have been literate and were perceived as having access to special medical knowledge, is not altogether surprising. That women may have turned to nuns for help in these matters is even less surprising. Legally, the *pārājika* 3 addenda translated above apply equally to monks and nuns. In addition, both the Mahāsāṅghika-Lokottaravāda and Mahāvihāra *Vinayas* contain a passage that hints at the special role nuns may occasionally have played on behalf of laywomen. The Sanskrit passage is as follows:

Bhikṣuṇī-prakīrṇaka 32

The lord was staying at Śrāvastī. The nun Sthūlanandā was on begging rounds. She approached a great and superior household for alms. There, a stillborn (*lolagarbha*) male child [had been born] to a woman. She said to her, “Noble lady! Take this child away! Please take it, Noble lady! I will give you something.” “I will not take this away,” said the nun. “I will give you anything and everything!” [the woman pleaded]. Greedy, [Sthūlanandā] replied, “Put it in this bowl.” After covering it, she left. The elder Mahākāśyapa had gone forth on his begging rounds. But the elder had made a commitment that “I will present the first alms obtained to a monk or nun.” Then he saw [Sthūlanandā] and said, “Give your bowl here” She pulled [the bowl] away and covered [it], so as not to show it. The elder said, “Give

your bowl here.” Rebuked by the eminent elder, equivalent to the Teacher [himself], she trembled and offered him the bowl. The fetus [was seen] by the elder, who said, “Alas! What a thing she has done!” The Venerable Mahākāśyapa reported this situation to the monks, who reported to the lord. The lord said, “Summon [Sthūla]nandā.” She was summoned. She was questioned. “Yes, it happened in that way, lord,” [she confessed.] The lord said, “You have committed an infraction, [Sthūla]nandā. This is not the Dharma. This is not the Vinaya. It is like this: You covered your bowl, but it is not fitting to cover the bowl.

This is the situation concerning covering the bowl. It is not appropriate for a nun to go for alms with an open bowl. She is to go with it covered. Just as she covers the alms (at first), having uncovered it, it is to be covered [again]. If she sees a monk in the road, she should uncover her bowl and reveal [its contents]. A nun who goes with a bowl uncovered transgresses the discipline. If, seeing a monk, she shows [her bowl] without uncovering it, she transgresses the discipline. This is said regarding covering the bowl. (Roth 316-317)²⁰

Here, a highborn woman begs the nun Sthūlanandā to carry away a stillborn or aborted fetus. Sthūlanandā puts the dead fetus in her

²⁰ Finnegan discusses the charter story for the Mūlasarvāstivāda rule requiring nuns to cover (rather than uncover) their bowls. In this story, a misogynist alms-seeking Brahmin has been turned away from the house of a laywoman supportive of Sthūlanandā and the other nuns. When she is fed, not he, the angry Brahmin demands to see the contents of her bowl, and then spits in her alms food. Noting “Other common men too will inflict violence on women,” the Buddha ordains that *bhikṣuṇīs* should keep covers on their begging bowls (251-253).

begging bowl, and walks away from the house. On the road, she happens to encounter the great monk Mahākāśyapa, who insists that she uncover her bowl so he may share his own alms with her. She finally does so with great reluctance. He is appalled at its contents. This results in a rule requiring nuns to display the contents of their begging bowls to monks upon request. The rule directly following this one also concerns covering things and dead fetuses:

Bhikṣuṇī-prakīrṇaka 33

The lord was staying at Śrāvastī. Those nuns used [closed] latrines that concealed their waste. A woman threw a stillborn fetus in a latrine. The *caṇḍāla* women used to take away the excrement with various vessels, so they saw the child. Grasping it with one arm, they lifted out the child. They said: “The female ascetics are giving birth in the latrine. That is the reason!” The nuns heard this [and reported the matter to Mahāprajāpatī, who reported the matter to the Lord. The Lord ordained:] It is not permitted [for nuns] to use latrines that conceal their waste. Regarding latrines: nuns may not cause covered latrines to be built. Open places must be constructed.²¹ (Roth 318)

Here, the nuns have quite reasonably built closed latrines. One day a woman throws a dead fetus into the latrine. It is later discovered by the *caṇḍāla* women whose job it is to clean latrines for the nuns. This leads to a ruling that nuns must build open latrines. These two rules regarding covering bowls and latrines are suggestive of a link between

²¹ The rule also says that nuns may not build latrines through which water flows, nor may they build latrines outside of the boundaries of the nunnery. If they do so, it will be a transgression (Roth 318).

concealment and laywomen's reproductive vulnerabilities. In both cases, seemingly innocuous types of concealment allow Buddhist nuns to provide both direct and indirect cover for laywomen who need or want to conceal the fact that they have miscarried or aborted a fetus. Furthermore, both involve intentional or unintentional collusion between nuns and laywomen.

The Mahāvihāra *Vinaya* contains a parallel to the first of these passages. In the *Cullavagga* is a rule that states that nuns shall not carry fetuses away in their bowls, and that nuns must reveal the contents of their bowls to monks, should they be requested to do so. As in the Sanskrit story, this ruling comes about because an adulterous woman miscarries and begs a nun with whom she has an ongoing relationship to carry the dead fetus away. The nun does so by placing the fetus in her bowl and covering it with her robe. This version of the rule mentions not only the issue of bowl-covering but also the dead fetus in the begging bowl explicitly, more firmly linking the bowl-covering theme to lay-nun collusion regarding reproductive matters (Oldenberg *Vinaya Piṭaka* 2.268-269).²²

Care, Necessity, and Social Positioning

Passages concerning lay-monastic collusion around fertility, miscarriage, and abortion allow for a deeper understanding of the story concerning the nun and herbalist Chandakamātā, with which this discussion began, and for the *Vinaya* ban on nuns practicing the

²² The rule following this one concerns what appear to be male genitals (*purisavyaṅjana*) discarded by the side of the road. Happening by, some nuns examine the remains closely and are criticized by townspeople, resulting in the rule that neither monks nor nuns should closely scrutinize [discarded] male genitals (Oldenberg *Vinaya Piṭaka* 2.269).

worldly arts in general. Most of the rules discussed here are specific to the nuns's *Vinaya* tradition. Granted, the Mahāsāṅghika-lokottaravāda versions of these rules stipulate that monks also should refrain from making a living from and passing along their knowledge of medicine. It is also true that the Mahāvihāra *Vinaya* proscribes monks learning what is called *lokāyata*, or materialistic science.²³ This disapproval of monastic involvement in worldly forms of knowledge, including healing, is further expressed, with greater specificity, in the *Brahmajāla-sutta* of the *Dīgha-nikāya*. The *pārājika* addenda concerning contraceptive medications, abortifacients, and fertility drugs are also apparently directed at monks, though they apply also to nuns. Neither monks nor nuns are encouraged to engage in worldly lore and practice as a means of making their living, the healing arts included. Furthermore, neither the nuns's nor the monks's community is permitted, in general, to ordain gravely ill candidates seeking monastic care. Still, nuns appear to be a special focus of *Vinaya* rules forbidding the practicing and teaching of charms, herbal medicines, and other types of "deviant knowledge," which, if they include monks, do so as an afterthought. Furthermore, the associated level of offense for nuns is graver for nuns than for monks. Several related interpretations of the disproportionate focus on nuns's practicing the worldly arts seem plausible.

First, the fact that nuns are the special focus of such rules, and that they are punished more severely than monks for engaging worldly forms of knowledge, suggest that nuns were more likely than monks to be drawn into functioning as healers in the lay community. This may be attributed, in part, to their greater financial vulnerability. It is likely that, by virtue of their lower status, most nuns experienced greater difficulty than monks in making a living, although some nuns were

²³ *Cullavagga* v.33.2.

wealthy enough to make donations at Buddhist sites (Schopen “Vulgar’ Practices” 248-251). The relative poverty of nuns is, as Schopen has pointed out, explicitly mentioned in the Mahāvihāra and Mūlasarvāstivāda *Vinayas* and implicitly recognized in the Mahāsāṅghika-lokottaravāda *Bhikṣuṇī-vinaya* (“Urban Buddhist Nun” 377). The Tang dynasty Chinese pilgrim, Yijing, observes, “Nuns in India are very different from those of China. They support themselves by begging food, and live a poor and simple life” (I-ching 80).²⁴

Nuns’s lower status and greater difficulty in securing patronage is a compelling explanation for why they may have been more likely than their male counterparts to peddle medical wares and services among the laity. While particular monks and nuns from both communities likely possessed the skills and knowledge to provide medical care to the lay members of their communities, nuns enjoyed unique access to certain social groups. For instance, they were able to pass in and out of the “inner households” of women, and in particular those of high status or wealth. The Mahāsāṅghika-lokottaravāda *Bhikṣuṇī-vinaya* often describes relationships between nuns and noble ladies. Chandakamātā, we are told, administers therapies to women of prominent families. Sthūlanandā is waylaid by a woman from a “great and superior household” and asked to take away a dead fetus. A number of other stories from this *Vinaya* describe nuns providing various services to upper class women.²⁵ While monks were likely confined to the public rooms of upper class households, nuns would have been able to penetrate farther into their interiors. Once inside, nuns may have been motivated by need or ambition to provide medicine and advice in order to secure laywomen’s patronage. It

²⁴ Nancy Auer Falk has also proposed poverty as an explanation for the apparent premature decline of nuns’s communities in ancient India.

²⁵ For instance, *bhikṣuṇī-prakīrṇakas* 25 and 26 tell of the nuns making their living by providing garlands and cosmetics to noble women.

makes sense that nuns may have been drawn into such patronage relationships since providing confidential medical and domestic advice or services to upper class women as part of a delicate and mutually beneficial exchange would have been an avenue to patronage for which male monastics were not well suited, despite their greater prestige.

Furthermore, a symbiotic dependence between nuns and laywomen may have made it especially likely for nuns to provide obstetrical services of various sorts to laywomen. In difficult and restrictive marital environments, in which great emphasis was placed on female fertility, women would sometimes have wished to conceal pregnancies and miscarriages, or their use of contraception or abortion to space pregnancies. Since monastic discipline prohibited monks and nuns from publicly displaying their worldly know-how, nuns would also have had reason to conceal their involvement, occasional or frequent, with the medical needs of women. Collusion between nuns and laywomen regarding, especially, women's reproductive health, would have been a natural outgrowth of this shared need for secrecy, resulting in a veil of discretion shielding certain of nuns's medically related activities from view.

In her careful and sensitive study of ethics and gender in the *Mūlasarvāstivāda Vinaya*, Finnegan notes several features of her text's vision of ideal community that suggests an additional reason that nuns may have been disproportionately likely to offer health care and related services in the community. For Finnegan, the *Vinaya* authors clearly conceived of the nuns's community as gendered female, despite its commensurability to the male community. This suggests that nuns were to go about the business of being monastics differently than monks (322-354). Finnegan also argues that, while the distinction between nuns and laywomen is marked clearly, nonetheless, the text

portrays nuns and laywomen in relationships of mutual care and benefit (355-367). Finally, Finnegan cites “asymmetrical reciprocity” as a principle that arches across and structures all human interaction in her text’s descriptions of ideal human community. In other words, while monks are ranked above nuns, and nuns above laypeople, such relationships are also understood in terms of reciprocal benefit, obligation, and nurturance (368-395). Finnegan’s portrait of the nuns’s community emphasizes a particularist ethic of care, in which each person takes on context-specific nurturing roles for particular others. Although Finnegan’s study does not compare ideals for monks and nuns in any thoroughgoing fashion, her view that, despite its renunciation of householder values, the nuns’s community is nonetheless gendered female, suggests that the nuns’s style of engagement in branching networks of asymmetrical reciprocity should also be “gendered.” In other words, nuns should relate to laywomen as nuns but also as women, with female bodies, menstrual cycles, fertile wombs, problematic male authority figures, and sometimes children, of their own.²⁶ By this analysis, it was not only the negative pressures of financial need and social restrictions, but also the positive motivation of their gendered vision of ideal human community that

²⁶ Kathryn Blackstone’s study of the Pāli *Therīgāthā* adds ballast to Finnegan’s important idea of a female-gendered monastic ethic. Blackstone’s study is explicitly comparative, and contains strong evidence that the *therīs* described in what she argues is a female-authored text strived toward and experienced the Buddhist liberation differently than their male counterparts. In particular, she emphasizes the ways in which the *therīs* viewed themselves as situated in a web of relationship. For them, liberation was not the absence of relationship, but relationship transformed (37-58, 108-112).

led to scenarios in which nuns provided medical care to their lay sisters, and therefore to their careful regulation.²⁷

Special prohibitions against nuns practicing the healing arts evidences a perceived predilection among nuns for acting in a medical capacity among the laity. Gendered social pressures, and a particularistic gendered monastic ethic, are both plausible explanations for this apparent predilection of nuns. Scholarship supports one additional interpretation of the disproportionate focus on nuns in *Vinaya* prohibitions against practicing the worldly arts. The *Vinaya* ban on nuns acting as healers or ritualists in the community, while not unconnected to the general *Brahmajāla-sutta* prohibitions on Buddhist ascetics practicing the worldly arts, fulfills the added function in the case of nuns of protecting the fragile identity and vocation of *female* Buddhist ascetics. Recent work on *Bhikṣuṇī-vinaya* traditions has approached this question of nuns's social status and identity from different angles but reached conclusions that are compatible. In her study of medieval Jain and Mūlasarvāstivāda commentarial traditions, Mari Jyväsjärvi points out male commentators' anxious concerns regarding the moral status of ascetic women, deeming them women of fragile virtue due to their unguarded status. Finnegan, also working in the Mūlasarvāstivāda tradition, reads *Vinaya* narratives as portraying nuns and their path in strongly gendered terms but simultaneously lifting female ascetics above laywomen. In writing on the Mahāsāṅghika-lokottaravāda *Bhikṣuṇī-vinaya*, I have suggested that monastic lawyers kept conventional norms and practices for women *and* the requirements of Buddhist asceticism ideals simultaneously in mind when writing *Vinaya* law, carving out a social location women for female Buddhist asceticism at

²⁷ Nirmala Salgado's study of healing practices within a Sri Lankan nunnery provides an example of how the dynamics of gender, healing, heterodox belief, and an ethic of caring I have attempted to elucidate play out in a contemporary Buddhist setting.

the intersection of lay expectations for female virtue, and the disciplinary ideals of monastic Buddhism. These three studies overlap regarding two assertions, in particular. First, all three argue for the gendered (rather than gender-neutral) status of Buddhist nuns. *Vinaya* texts make it clear that Buddhist nuns are to be viewed as female, despite their renunciation of female garb, female work, female desire, and certain aspects of normal female subordination. Second, all three studies call attention to the contested nature of nunhood in ancient India. Jyväsjärvi and I both emphasize the insecure social toehold of nuns and their occupation of a social location that is constantly under negotiation. Nuns do not follow ordinary female norms (being neither sexual partners of men, nor mothers of sons) nor, as women, can they smoothly and seamlessly perform Buddhist ascetic norms in exactly the way that monks do. Finnegan, emphasizes the insecurity of this position less strongly, but does recognize the ongoing negotiation and maintenance involved in maintaining nuns's proper status, especially in their interactions with laywomen.

Conclusions

The consensus of the ancient monastic lawgivers is that monks and nuns should avoid involving themselves in publicly learning, practicing, or teaching outsider lore, including the medical arts. Monastics are strongly encouraged, however, to nurse one another, and allowed to make use of certain medicinal substances within the monastery setting. Some quarters of the *Vinaya* tradition also allow monks and nuns to provide certain laypeople with medical or hospice care, but circumscribe such practices. Imposing an absolute ban on the dispensing of medical care and advice in the community does not appear to have been the goal of the Buddhist lawgivers, and may have

been an impractical ambition in any case. The *Vinaya* texts included here indicate just how porous and unstable were the boundaries between laypeople and Buddhist monastics, and between worldly and Buddhist forms of knowledge. These boundaries of discipline and knowledge were evidently in need of constant policing, resulting in many subtle prescriptions regarding outsider *vidyā*, and the provision of medical advice. The rules considered here also indicate that breaches were a common and expected occurrence. Lawyers may have seen the monastic practice of healing and midwifery as an especially powerful and sensitive arena for the negotiation of lay patronage, perhaps because it involved life and death situations, intimate contact with lay bodies, and social-sexual dynamics within lay households.

Vinaya rules concerning nuns practicing medicine, which exist in greater number and severity than those concerning monks, afford a telling sightline onto the social landscape of pre-modern Buddhist India. The special focus on nuns in rules concerning caring for the health of laypeople indicates that lawyers recognized the financial and social vulnerability of nuns, and that they considered nuns more likely than monks to breach monastic injunctions against practicing the healing arts, especially in their interactions with wealthy laywomen. In addition, monastic lawyers appear to have observed, or at least anticipated the potential for, female/lay monastic collusion in the face of pervasive male authority. Most intriguing of all, such rules provide vivid snapshots of the gendered nature of female monastic life, especially its particularistic ethic of reciprocal care.

The female communal life depicted in these *Vinaya* traditions differs somewhat from the female monasticism of contemporary Taiwan. Taiwanese nuns place great emphasis on economic self-sufficiency and avoid dependence on lay contributions for their personal upkeep (DeVido 66-68, 81, 98). Also, there is no evidence as of

yet that nuns in ancient India engaged in the public forms of social criticism or large-scale projects of social improvement for which Taiwanese nuns have become well-known. But instructive continuities also present themselves when ancient Indian and contemporary Taiwanese female monasticism are compared. Just like their ancient predecessors, the nuns of Taiwan work together with laywomen, attend to their problems and vulnerabilities, and mutually pool energies around shared concerns. Important among such shared foci are health and issues related to reproduction. These concerns evidence a socially contextualized, gendered monastic ethic resembling that of Chandakamātā, Sthūlanandā, and their cohort. Ancient monastic lawyers encouraged nuns to view themselves as distinct from and superior to laywomen, but they clearly assumed they would relate to them as women. Stories in which nuns appear to respond to the health and reproductive vulnerabilities of particular laywomen are especially illustrative of this gendered monastic ethic. Thus, far from a meaningless “anomaly,” as Demiéville tentatively suggested, the special proscription of female monastics’ practice of medicine and midwifery provides revealing information regarding the challenges faced by Buddhist nuns in ancient India, their ongoing adaptations of monastic life, and the unique features of their female gendered monasticism, distinct from male monasticism then as now.

Works Cited

Blackstone, Kathryn R. *Women in the Footsteps of the Buddha: Struggle for Liberation in the Therīgāthā*. Richmond: Curzon, 1998.

Buddhaghosa. *Samantapāsādikā: Buddhaghosa’s Commentary on the Vinaya Pitaka, Volume 2*. Edited by J Takakusu and M Nagai. London: Pali Text Society: Routledge & Paul, 1927.

Cunningham, Alexander. *Inscriptions of Asoka*. Vol. I. Corpus Inscriptionum Indicarum. Calcutta: Office of the Superintendent of Government Printing, 1877.

Demiéville, Paul. *Buddhism and Healing: Demiéville's Article "Byo" from Hobogirin*. Translated by Mark Tatz. Lanham, MD: University Press of America, 1985.

DeVido, Elise Anne. *Taiwan's Buddhist Nuns*. Albany: State University of New York Press, 2010.

Falk, Nancy Auer. "The Case of the Vanishing Nuns: The Fruits of Ambivalence in Ancient Buddhism." In *Unspoken Worlds: Womens Religious Lives in Non-western Cultures*, eds. Nancy Auer Falk and Rita Gross, 206-224. New York: Harper and Row, 1980.

Finnegan, Damchö Diana. "For the Sake of Women Too": Gender and Ethics in the Narratives of the *Mūlasarvāstivāda Vinaya*. Madison: University of Wisconsin Dissertation, 2009.

Heirman, Ann. "The Discipline in Four Parts" Rules for Nuns According to the *Dharmaguptakavinaya*. Delhi: Motilal Banarsidass, 2002.

Horner, I. B., trans. *The Book of the Discipline: (Vinaya-pitaka)*. London: Luzac and Ć, 1949.

I-ching. *A Record of the Buddhist Religion as Practised in India and the Malay Archipelago (A.D. 671-695)*, trans. Junjirō Takakusu. Oxford: Clarendon Press, 1896.

Jaworski, Jean. "La Section des Remèdes dans le Vinaya des Mahīśāsaka et dans le Vinaya Pali." *Rocznik Orjentalistyczny* 5 (1927): 92-101.

Jyväsjarvi, Mari Johanna. *Fragile Virtue: Women's Monastic Practice in Early Medieval India*. Cambridge: Harvard University Dissertation, 2011.

Kitagawa, Joseph Mitsuo 1989: “Buddhist Medical History,” in *Healing and Restoring: Health and Medicine in the World’s Religious Traditions*, Lawrence E. Sullivan (ed.), 9–32, New York and London: Macmillan

Langenberg, Amy Paris. “Mahāsāṃghika-lokottaravāda Bhikṣuṇī Vinaya: The Intersection of Womanly Virtue and Buddhist Asceticism.” In *Women in Early Indian Buddhism: Comparative Textual Studies*, ed. by Alice Collett, 80-96. Oxford: Oxford University Press, 2013.

Liyanaratne, Jinadasa: “Buddhism and Traditional Medicine in Sri Lanka.” *Pacific World* 11/12 (1995/1996), 124–142.

Nolot, Édith. *Règles de Discipline Des Nonnes Bouddhistes: Le Bhikṣuṇīvinaya de L’école Mahāsāṃghika-Lokottaravādin*. Paris: Collège de France, 1991.

Ñāṇamoli, Bhikkhu and Bhikkhu Bodhi. *The Middle Length Discourses of the Buddha: A Translation of the Majjhima Nikāya*. Boston: Wisdom Publications, 1995.

Ohnuma, Reiko. “Bad Nun: Thullanandā in Pāli Canonical and Commentarial Sources.” *Journal of Buddhist Ethics* 20 (2013): 17-66.

Oldenberg, Hermann. *The Vinaya Piṭaka: one of the principal Buddhist holy scriptures in the Pāli language*. London: Published for the Pali Text Society by Luzac & Co., 1964.

Oldenberg, Hermann, and T. W. Rhys Davids, trans. *Vinaya Texts*. Delhi: Motilal Banarsidass, 1881.

Paonil, Wichit and S. Luechai 2002: “Buddhist Perspectives on Health and Healing.” *Chulalongkorn Journal of Buddhist Studies* 1 (2): 93-105

Prebish, Charles S. *Buddhist Monastic Discipline: The Sanskrit Prātimokṣa Sūtras of the Mahāsāṃghikas and Mūlasarvāstivādins*. Delhi: Motilal Banarsidass, 1996.

Roth, Gustav. *Bhikṣuṇī-Vinaya: Including Bhikṣuṇī-prakīrṇaka and a Summary of the Bhikṣu-Prakīrṇaka of the Ārya-Mahāsāṅghika-Lokottaravādin*. Patna: K.P. Jayaswal Research Institute, 1970.

Salgado, Nirmala S. 1997: "Sickness, Healing, And Religious Vocation: Alternative Choices at a Theravāda Buddhist Nunnery," *Ethnology*, 36.3.: 213-226.

Schopen, Gregory. "On Monks, Nuns, and 'Vulgar' Practices: The Introduction of the Image Cult into Indian Buddhism." In *Bones, Stones, and Buddhist Monks: Collected Papers on the Archaeology, Epigraphy, and Texts of Monastic Buddhism in India*, 138-257. Honolulu: University of Hawai'i Press, 1997.

_____. "The Good Monk and His Money in a Buddhist Monasticism of 'the Mahāyāna Period'." In *Buddhist Monks and Business Matters: Still More Papers on Monastic Buddhism in India*, 1-18. Honolulu: University of Hawai'i Press, 2004.

_____. "The Monastic Ownership of Servants or Slaves: Local and Legal Factors in the Redactional History of Two *Vinayas*" In *Buddhist Monks and Business Matters: Still More Papers on Monastic Buddhism in India*, 193-218. Honolulu: University of Hawai'i Press, 2004.

_____. "The Urban Buddhist Nun and a Protective Rite for Children in Early North India." In *Pāsādikadānam: Festschrift Für Bhikkhu Pasadika*, 259-380. Marburg: Indica et Tibetica Verlag, 2009.

Skilling, Peter, Jason A. Carbine, Claudio Cicuzza, and Santi Pakdeekham, eds. *How Theravāda is Theravāda: Exploring Buddhist Identities*. Chiang Mai: Silkworm Books, 2012.

Walshe, Maurice, trans. *Thus Have I heard: The Long Discourses of the Buddha*. London: Wisdom Publications, 1957.

Zysk, Kenneth G. *Asceticism and Healing in Ancient India : Medicine in the Buddhist Monastery*. New York: Oxford University Press, 1991.