

# Overview of Mental Health in Buddhist Psychotherapy approach

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## Abstract

This article aims to understand the overview of mental health; the magnitude, suffering and burden in terms of disability which affects the individuals, families and societies due to mental illness and abnormal behavior. It also explains that the illness which gives social stigma can results best outcome by adding and applying Buddhist Psychotherapy approach to these patients who do not response to western treatment. The paper also clarifies that practicing Buddhist meditation has a major/ key role in treating and curing the illness.

## 1. Introduction

Mental health has been hidden behind a curtain of stigma and discrimination for too long. It is time to bring it out into the open. The magnitude, suffering and burden in terms of disability and costs for individuals, families and societies are staggering. In the last few years, the world has become more aware of this enormous burden and the potential for mental health gains. All over the world, needs for mental illness treatment are high but responses for helping the suffering are insufficient and inadequate.

Among its many impacts, the COVID-19 pandemic has created a global crisis for mental health, fueling short- and long-term stresses and undermining the mental health of millions. Estimates put the rise in both anxiety and depressive disorders at more than 25% during the first year of the pandemic. At the same time, mental health services have been severely disrupted and the treatment gap for mental health conditions has widened.<sup>1</sup>

### 1.1 What is mental health?

Mental health is more than the mere lack of mental disorders. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence and recognition of the ability to realize one's intellectual and emotional potential. Mental health has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. It should be a concern for all of us, rather than only for those who suffer from a mental disorder.

Mental health problems affect society as a whole, and not just a small, isolated segment. They are therefore a major challenge to global development. No group is immune to mental disorders, but the risk is higher

among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly.<sup>ii</sup> WHO estimated that in the present global situation, roughly about 450 million people in the world, suffer from a mental (or) behavior disorder.

It is increasingly clear that mental functioning is inter-connected with physical and social functioning and health outcomes, because we have found from previous surveys that depression is a risk factor for cancer and heart diseases. And mental disorders such as depression, anxiety and substance abuse disorders in patients who also suffer from physical disorders may result in poor compliance and failure to adhere to their treatment schedules.

Mental illness or mental disorders are a significant burden on the family. The burden of mental disorders goes beyond that which has been defined by Disability Adjusted Life Years.

### **1.2 Causes of mental illness and abnormal behavior**

There are various factors or causes that lead to a person to get mental illness and abnormal behavior. It is also important to recognize that neither physical nor mental health exist separately – mental, physical and social functioning are interdependent. Furthermore, all health issues need to be considered within a cultural and developmental context, as do the social constructs of childhood and adolescence.

The quality of a person's mental health is influenced by idiosyncratic factors and experiences, their family relationships and circumstances and the wider community in which they live. Additionally, each culture influences people's understanding of, and attitudes towards, mental health issues. However, a culture-specific approach to understanding and improving mental health can be unhelpful if it assumes homogeneity within cultures and ignores individual differences. Culture is also one important factor that influences individuals' beliefs and actions. Interaction between different factors may lead to different outcomes for different individuals. It can be argued that the above approaches are rooted in western perspectives. However, they provide a useful starting point from which to discuss mental health issues with children and their families.<sup>iii</sup>

### **1.3 Social factors associated with mental illness and abnormal behavior**

There are a number of factors known to be associated with mental health problems, with effects that have the potential to persist and cumulate across generations. Mental health problems can both result from social factors like poverty and unemployment, and increase one's likelihood of experiencing these factors, especially where support is lacking or inadequate. In this section, we highlight some of the more pervasive yet intervenable factors, with particular attention given to the socioeconomic factors that contribute to mental health inequalities.

There is a strong socioeconomic gradient in mental health, with people of lower socioeconomic status having a higher likelihood of developing and experiencing mental health problems. In other words, social inequalities in society are strongly linked to mental health inequalities.

A 2006 paper exploring the results from WHO's Mental Health Survey found that socioeconomic disadvantage (eg. low education, unemployment, poverty or deprivation) was associated with increased mental health problems. Parental educational qualifications and their occupational group are also strong predictors of mental health problems in children. Lower educational qualifications and lower status occupational groups are both correlated with mental health problems in children.

Lower educational attainment and living in urban environments increased the risk of mood disorders (eg. anxiety and depression). In addition to poorer physical health, people with mental health problems are

more likely to be homeless, are more likely to live in areas of high social deprivation, have fewer qualifications, and are less able to secure employment.

Unsecured debt is strongly associated with depression, suicide and substance abuse. The mental health benefits of employment depend on the quality of work; work that is low paid, insecure or poses health risks can be damaging to mental health.

WHO study of eight European cities found poor-quality housing to adversely affect mental wellbeing, with effects exacerbated by poor physical neighborhood quality (e.g. public space, private gardens, security and access to amenities).

While an individual's socioeconomic status affects their mental health (those of lower status are more likely to have mental health problems than those of higher status), national levels of income inequality also play an important role in determining the prevalence of mental illness across societies, especially in high-income countries. A study of nine high-income countries found that higher levels of inequality (i.e. income differences) are associated with increased levels of mental health problems, particularly anxiety disorders, impulse-control disorders and severe mental health problems.

Childhood circumstances such as poor attachment, neglect, abuse, lack of quality stimulation, conflict and family breakdown can negatively affect future social behavior, educational outcomes, employment status and mental and physical health.

A 2008 study found that high marital quality was associated with lower stress and less depression. However, participants who were single had better mental health outcomes than those who were unhappily married.

A longitudinal study published in 2014 found that people in neighborhoods with higher levels of social cohesion experienced lower rates of mental health problems than those in neighborhoods with lower cohesion, independent of socioeconomic factors.<sup>iv</sup>

## 2. Overview of Mental illness in Western Medicine

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Clinical classification of common mental disorders is: Depression, Anxiety disorders, Schizophrenia, Eating disorders, Addictive behaviors and Personality Disorders.

Signs and symptoms of mental illness can vary, depending on the disorder, circumstances and other factors. Mental illness symptoms can affect emotions, thoughts and behaviors. These are some examples of behavior changes in mental illness patients such as –

- Feeling sad or down
- Confused thinking or reduced ability to concentrate
- Excessive fears or worries, or extreme feelings of guilt
- Extreme mood changes of highs and lows
- Withdrawal from friends and activities
- Significant tiredness, low energy or problems sleeping
- Detachment from reality (delusions), paranoia or hallucinations
- Inability to cope with daily problems or stress
- Trouble understanding and relating to situations and to people
- Problems with alcohol or drug use

- Major changes in eating habits
- Sex drive changes
- Excessive anger, hostility or violence, sometimes - suicidal thinking

### **2.1 Common causes of mental illness**

Mental illnesses, in general, are thought to be caused by a variety of genetic and environmental factors such as:

- Inherited traits. Mental illness is more common in people whose blood relatives also have a mental illness. Certain genes may increase your risk of developing a mental illness, and your life situation may trigger it.
- Environmental exposures. Exposure to environmental stressors, inflammatory conditions, toxins, alcohol or drugs while in the womb can sometimes be linked to mental illness.
- Brain chemistry. Neurotransmitters are naturally occurring brain chemicals that carry signals to other parts of your brain and body. When the neural networks involving these chemicals are impaired, the function of nerve receptors and nerve systems change, leading to depression and other emotional disorders.

### **2.2 Clinical and laboratory examination for diagnosis of mental illness**

1. A physical exam - A doctor must try to rule out physical problems that could cause your symptoms.
2. Lab tests - These may include, for example, a check of your thyroid function or a screening for alcohol and drugs.
3. A psychological evaluation - A doctor or mental health professional talks to you about your symptoms, thoughts, feelings and behavior patterns. You may be asked to fill out a questionnaire to help answer these questions.

The defining symptoms for each mental illness are detailed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association. This manual is used by mental health professionals to diagnose mental conditions and by insurance companies to reimburse for treatment.

### **2.3 Treatment of mental illness**

Treatment depends on the type of mental illness, its severity and what works best for patient. In many cases, a combination of treatments works best.

These patients should be treated by a group of medical professionals such as:

- Family or primary care doctor
- Nurse practitioner
- Physician assistant
- Psychiatrist, a medical doctor who diagnoses and treats mental illnesses
- Psychotherapist, such as a psychologist or a licensed counsellor
- Pharmacist
- Social worker
- Family member

Although psychiatric medications don't cure mental illness, they can often significantly improve symptoms. The best medications for patients will depend on their particular situation and how their body respond to the medication. Prescription psychiatric medications include:

- Antidepressants

- Anti-anxiety medications
- Mood-stabilizing medications
- Antipsychotic medications

Psychotherapy involves talking about your condition and related issues with a mental health professional. There are many types of psychotherapy, each with its own approach to improving your mental well-being. Psychotherapy often can be successfully completed in a few months, but in some cases, long-term treatment may be needed. It can take place one-on-one, in a group or with family members.

#### 2.4 Prevention of mental illness

There's no sure way to prevent mental illness. However, if you have a mental illness, taking steps to control stress, to increase your resilience and to boost low self-esteem may help keep your symptoms under control. Follow these steps:

- Avoid alcohol and drug use
- Stay active
- Make healthy choices
- Learn Psycho-education
- Learn to adopt a positive attitude
- Be Mindful

#### 2.5 Helpful aids in treating mental illness

Physical exercises - Walking, running, martial art, yoga, playing sports etc.

Therapies - Breathing exercises, mindfulness practices, self-awareness, self- management (EQ), empathy etc.

### 3. Mental illness in Buddhist Perspective point of view

In the Pali Canon that the Buddha clearly distinguished two kinds of illness:

#### (a) Physical illness (kāyiko rogo)

There is a list of eight physical diseases according to their causes:

- a. caused by bile (pittasamuṭṭhāna),
- b. caused by phlegm (semhasamuṭṭhāna),
- c. caused by wind (vātasamuṭṭhāna),
- d. caused by an imbalance of the humors (sannipātikā),
- e. caused by the change of weather, seasons (utupariṇāmaja),
- f. caused by a lack of care of the body (visamaparihāraja),
- g. external, sudden attack (opakkamika),
- h. caused by the result of kamma (kammavipākaja).

**Ref:** (Nd. i 10, 13-14, 281)

#### (b) Mental illness (cetasiko rogo)

The Buddha attributes mental illness to just one cause:

The manifestation of mental defilements in the mind of beings,

Buddha said to his disciples:

“Bhikkhus, those beings who admit to be freed from mental illness even for a moment are difficult to find in the world, except those who have destroyed the contaminants.”

**Ref:** (A. i 460)

### 3.1 Meaning of mental illness in Buddhist perspective

The manifestation of mental defilements in the mind of an individual is the basic criterion to determine the existence of mental illness. Mental defilements, according to Abhidhamma, are called unwholesome states (akusala dhamma).

Akusala Dhamma are (1) mentally unhealthy, (2) morally blameworthy, (3) unskillful, and (4) productive of painful results.

Opposite of kusala dhamma- mentally healthy (ārogya), morally blameless (anavajja), skillful (cheka), and productive of happy results (sukhavipāka).

**Ref:** (Dhs.A. 80-81)

Mental illness can be caused both by physical and mental factors or by a combination of both. According to Buddhist Psychotherapy, the mental factors that cause mental illness are identified as mental defilements – “*kileshas*”. The mind, even in its normal state, is full of defilements.

The meaning of mental illness in Buddhism as follows:

- Mental illness is determined by the manifestation of mental defilements
- Mental illness is impermanent
- Mental illness is conditioned
- Mental illness is an ultimate reality

### 3.2 Mental illness found in Darīmukha Jātaka Story

Dr. Harischandra (1998) has found 8 mental disorders in Darīmukha Jātaka Story

**Ref:** (Ja. 378)

1. Kāma Ummada - sexual dysfunction
2. Dassana Ummāda - hallucinosis, schizophrenia, delusional disorder
3. Moha Ummada - mental retardation/ development disorders
4. Krodha Ummada - mania and personality disorders
5. Yakkha Ummada - possession disorders/mental disorders due to organic diseases
6. Pitta Ummada - Melancholia/depressive mood disorder
7. Surā Ummada - Disorders due to alcohol/psychoactive substances
8. Vyasana Ummada - Depression, anxiety, neurotic and stress-related disorders<sup>v</sup>

### 3.3 Dhamma Therapy subject of mental illness needed for further study

- Three Universal characteristics
- Dependent origination
- The Four Noble Truths
- Theory of Kamma
- Theory of Re-becoming
- 37 Factors of Enlightenment
- Noble Eightfold Path

### 3.4 Buddhist treatment process

According to the psychosomatic situation of the client, therapist uses Sīla, Samādhi, Paññā.

#### Behavioural Training needed for Buddhist Psychotherapy

1. Ethical, Disciplinary and Morality
2. Physical training
3. Chemical

### **Cognitive Trainings needed for Buddhist Psychotherapy**

- Satipatthāna
- Patīccasamupāda
- 4 Ariya Saccā
- 3 Universal Truth
- Paññā

### **Three treatment factors that lead to Mental Development**

- 10 Kasiṇa meditation practices
- Ānāpānasati meditation, Four Sublime meditation
- Psycho-education

## **4. Practices of Buddhist Psychotherapy in Sri Lanka**

Mental patients, according to Prof. Storr, can be classified under the following four groups:

1. The hysterical personality
2. The depressive personality
3. The obsessional personality
4. The schizoid personality

**The hysterical personality** – the most characteristic feature of this symptom is that it serves a purpose of which the patient is unaware because such symptoms spring from the patient's own unconscious and acts on inner compulsions.

**The depressive personality** – they are known as 'neurotic' or 'psychotic'. Neurotic depression is usually caused by a perceivable external event experienced by the patient. A neurotic patient does not get deterioration of his personality, but, in psychotic patient, his personality gets deteriorated because of purely psychological factors due to certain psycho-somatic conditions.

**The obsessional personality** – patients with this type are prone to develop obsessional or compulsive symptoms in which unwelcome thoughts persistently intrude into consciousness and give rise to the urge to carry repetitive actions.

**The schizoid personality** – in this type, the hysterics seek attention, the depressives are pre-occupied with obtaining assent and the obsessional engage in putting up defenses. The schizoids are deeply disturbed persons who have withdrawn into themselves and they shun (avoid) any kinds of human intimacy. It causes are not very well known.

### **4.1 Forms of mental therapy**

In Sri Lanka, some forms of mental therapy done by traditional physicians have their own mental wards (called hospitals) where mental patients are treated as indoor patients. Some of these traditional mental hospitals are run by Buddhist monks. In ancient Sri Lanka, the subject of medicine was taught even to the laymen by those Buddhist monks at their temples or traditional schools called 'pirivenas'.

### **4.2 Teachings of Buddha in Psychotherapy**

The Buddha introduced Satipatthana Sutta in the following words: "This is the only way, Monks, for the purification of beings, for overcoming of sorrow and lamentation, for the destruction of suffering and grief, for reaching the right path, for the attainment of Nibbana – namely the four foundations of mindfulness".<sup>vi</sup>

At present in Sri Lanka, Buddhist monks are concerned with 'Satipatthana' to be used for therapeutical

purpose only that is to cure mental illnesses. In case of mental patients, Satipatthana has to be toned down and begin with a slower approach. This Satipatthana method is mainly divided into four types: Kaya-nupassana (development of body-awareness), Vedana-nupassana (seeing and knowing feelings), Citta-nupassana (seeing and knowing the mind) and Dhamma-nupassana (seeing and knowing oneself through Dhamma).

#### 4.3 Objectives and targets of Buddhist Psychotherapy

These are the objectives and targets of Buddhist Psychotherapy –

1. Reduction of tension and depression – psychiatric medication should be given before treatment of Buddhist Psychotherapy
2. Creation of catharsis – purging the unconscious of the patient
3. Development of communication with the patient
4. Probing into the conscious and unconscious mind of the patient
5. Getting the patient into the stream of knowing and seeing the defilements (*kelesas*) that cause his mental illness
6. Rehabilitation of physical, psychological, social and economic status

#### 4.4 Treatment of Buddhist Psychotherapy

According to the Buddhist Psychotherapy, a mental patient has to be taken through the six steps of treatment.

1. Development of communication between patient and therapist
2. Development of body awareness by the patient
3. Development of feeling awareness by the patient
4. Probing into the patient's conscious and unconscious mind and bringing to the light materials buried particularly in the unconscious mind
5. Analysis of the selected materials that are linked to the mental illness in which the causes of the illness are made to be seen and known by the patient himself
6. Rehabilitation and socialization of the mental patient who has successfully gone through the first five steps mentioned above.

An experienced Buddhist Psychotherapist can complete this psycho-therapeutical approach within eight to ten sessions, each running from one to one and a half hours per week. It may take five to six sessions more to treat a patient whose level of intelligence and perceptiveness is lower.

### 5. Psychotherapeutic approaches in Buddhism

To establish the behavioral and cognitive transformation of the personality structure, *Samatha* and *Vipassana* meditation approaches have been prescribed by Buddhism to eradicate every *dukkha* (suffering) existing of the individual.

According to the Buddhist psychology, every human behavioral pattern – wholesome and unwholesome functioned by emotions. The unwholesome behavioral patterns that are conducive to various abnormal behaviors are functioned by the influence of three unprofitable emotions, such as – *lobha* (greed), *dosa* (hatred) and *moha* (delusion). It is described in the Buddhist Psychology that the liberation of unprofitable emotions eliminates abnormal behavioral patterns.

The significant factor that must be mentioned here is that meditation is only one of the approaches in the Buddhist psychotherapy. The entire Buddhist psychotherapeutic foundation is described in foundation is



described in *Sabbāsava Sutta* of the *Majjhimanikāya* with seven modules. They are –

1. By vision (*dassanā*) – the transformation of the cognition.
2. By control (*samvarā*) - the transformation of the personality structure
3. By association (*patisevanā*) - the transformation of the personality structure
4. By endurance (*adhivāsanā*) - the transformation of the personality structure
5. By avoidance (*parivajjanā*) - the transformation of the personality structure
6. By elimination (*vinodanā*) - the transformation of the personality structure
7. By mind culture (*bhāvanā*) - the transformation of both cognition and the personality structure (behavior)

**Ref:** *Majjhimanikāya, Sabbāsava Sutta*

### 5.1 Mental disorders and abnormal behavior

This subject means aberrant of normal behavior. Abnormal behavior appears due to aberrant mind.

In *Anguttara Nikāya*, the Buddha explained the nature of mind thus: -

“Bhikkhus, I have never seen any phenomena like a mind which comes and goes so fast. It is so fast that I cannot give any example”. Then, in *Asutavā Sutta*, the Buddha explained the mind thus: the mind is just as the monkeys, our mind takes one object and then, changes another object leaving the object that had already taken.

The Buddha expounded abnormal behaviors in many types in his teachings. But, basically, according to *Raga Sutta*, there are only two types: physical illness and mental illness. In this world, exception of an Arahant, there is no one who does not experience mental pain. In *Sallekha Sutta*, there are 44 types of abnormal behaviors.<sup>vii</sup>

### 5.2 Buddha stories on mental disorders and abnormal behavior

There are some famous Buddha stories concerned with mental disorders and abnormal behavior.

**Case one** – Once upon a time, there was a lady name **Ubbari** whose daughter died. She went to cemetery, crying for her daughter every day. The Buddha went to the cemetery to give treatment to her. The Buddha treated her grief by spiritual transformation. He asked Ubbari, “In this burning ground, 84,000 daughters of yours have been burnt. For which one are you crying?” After conversation, she realized that everyone is possible to die at any age. Her sorrow was drawn out after the conversation with the Buddha.

**Case two** - Another example is the treatment to **Kisāgotamī**. The Buddha used various cognitive therapies. In this story, he used a cognitive mode of action to give insight to young mother who lost her dear little son. She was violated by grief. The Buddha instructed her to get the insight and meaning of death. She came to realize the death is a universal phenomenon, by experience. In this way, the Buddha used different treatment methods to different people with different mental disorders. The famous stories are Angulimāla, Patācari, Kisāgotamī and King Sakka etc.

**Ref:** (Ja. 378)

## 6. Conclusion

As many factors and evidence explained above, it will make clear that our Lord Buddha was the Physician as well as the Surgeon of the psyche, who, as borne out by the Canon, believed in treating the cause (*nidana*) and not only the symptoms of the human predicament, he also treats and eradicates the prime factor that makes mental illness and abnormal behavior of a human being.

Buddhism is a spiritual discipline and if properly practiced, could surely promote health. So, by the

contribution of this Buddhist Psychotherapy, it is bound to be very valuable since it should have a significant bearing on the prolongation of healthy human life.

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### End notes

1. **“World mental health report: transforming mental health for all”** by World Health Organization 2022, Chapter 2, P - 16.
2. **“Investing in mental health”** by Director-General- Lee Jong-wook, World Health Organization 2003, published by World Health Organization, Department of Mental Health and Substance Dependence, Avenue Appia 20 1211 Geneva 27 Switzerland, P - 7.
3. **“Defining mental health and mental illness”** by Sharon Leighton and Nisha Dogra, published by [www.researchgate.net/publication](http://www.researchgate.net/publication) Article · January 2009, P - 9.
4. **“Fundamental Facts about mental health 2016”** by Jenny Edwards, CBE Chief Executive, Mental Health Foundation, published by Mental Health Foundation: London, P - 62.
5. **“Psychiatric Aspects of Jataka Stories”** by Harischandra, D. V. J. (1998), S.N. Publishing Company, P - 129.
6. **“Buddhist Psychotherapy”** by H.S.S.Nissanka. MA. Ph.D. published by Buddhist Cultural Centre, No.125, Anderson Road, Nedimala, Dehiwela, Sri Lanka, P - 37.
7. **“MA 07-Buddhist Psychotherapy”** by Dr. Kyaw Ko Naing (Sayar Kyaw) published by Myanmar Institute of Oriental Studies, Yangon, Myanmar, 2021, P - 117.