

Mental Illness according to Theravada Buddhism

Towards a Theory of Mental Illness Based upon the Buddha's Teachings

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Introduction:

An important contribution of Buddhism to the science of mental health and its treatment of mental illness would be to provide a “theory” that accurately describes reality. Considering that according to one recent report² by the World Health Organization (WHO), within the next 20 years more people will be suffering from depression than any other health problem, the matter of understanding what really is mental illness is of the utmost importance if we are to find a successful treatment.

Meaning of Illness

In the Pali Canon there are various words³ used to describe what in English is called “illness,” “disease,” “sickness.”

Among these, the most commonly used words are roga, byādhī and ābādha. Since there is a discourse where the Buddha utilizes the word roga to describe different kinds of illness, and considering that all these terms, according to the ancient Pali grammarians,⁴ are synonyms, for the purpose of this paper I take this word as a representative of the Pali language to describe what in English is called “illness,” “disease,” “sickness.”

The word roga, which is derived from a root that has the meaning of breaking up and dissolution,⁵ is explained as that which afflicts either the major or minor constituents of the body.⁶ From what has been said it is clear that the meaning of illness in Theravada Buddhism is primarily related to what we call “physical illness.” To further strengthen this argument it is worth to note that the word roga seems to be closely related to rūpa, form, matter, since the characteristic of matter is the apparent change and oppression.⁷

Two Kinds of Illness

Although the meaning of illness is primarily associated with the physical body, there is evidence in the Pali Canon that the Buddha clearly distinguished two kinds of illness: physical illness (kāyiko rogo) and mental illness (cetasiko rogo).⁸ While physical

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https://docs.google.com/Doc?docid=ah7ht8cdqj64_135mm7cqc&hl=en.

² See <http://news.bbc.co.uk/2/hi/health/8230549.stm>.

³ The following seven words are canonical: roga (D. i 10), ābādha (D. ii 84), ātaṅka (Sn. 427), byādhī (D. ii 245), gelaṅṅā (D. ii 84), rujā (Ap. ii 138), akalla (T. ii 428). Also found in the Pali literature are amaya, gada; see (Sad. ii 11). A list of the abbreviations used for the references is provided at the end.

⁴ See Sad. ii 11.

⁵ The root is ruja which is glossed as bhaṅga. See Sad. ii 48.

⁶ Rogo ti rujati bhaṅjati aṅgapaccāṅgānī ti rogo. Sad. ii 48.

⁷ According to Sad. ii 234, the root rūpa has the meanings of “changing,” “striking,” and “oppressing.”

⁸ A i 460, Roga Sutta.

illness is classified and attributed to different causes,⁹ the Buddha seems to attribute mental illness to just one cause:¹⁰ the manifestation of mental defilements in the mind of beings.¹¹

Here it should be mentioned that even though mental illness manifests itself through the mind, this does not exclude the existence of physiological conditions among mental illnesses. But the defining characteristic of a mental illness is, as the Buddha said, the manifestation of mental defilements. How these mental defilements arise in the mind of beings can be traced to different conditions as it will be shown later.

Why two kinds of illness? Because there are only two conditioned ultimate realities,¹² mind and matter.¹³ Therefore it is clear that the twofold classification of physical illness and mental illness is directly related to the conditioned ultimate realities rather than to the conventional or consensual reality.¹⁴

The Meaning of Mental Illness

In Buddhism the manifestation of mental defilements in the mind of an individual is the basic criterion to determine the existence of mental illness. In the Abhidhamma the mental defilements, which are states that afflict and defile the mind of beings,¹⁵ are globally included in the category of unwholesome states (*akusalā dhammā*).¹⁶ They are called unwholesome because they are (1) mentally unhealthy, (2) morally blameworthy, (3) unskillful, and (4) productive of painful results.¹⁷ Since the unwholesome states always arise depending on other states, they are conditioned, and as such they are impermanent.¹⁸ And because they hold their own intrinsic nature, they belong to the domain of ultimate realities.¹⁹

With the information that has been gathered we can summarize the meaning of mental illness in Buddhism as follows:

⁹ In Nd. i 10, 13-14, 281, there is a list of eight physical diseases according to their causes: (1) caused by bile (*pittasamuṭṭhāna*), (2) caused by phlegm (*semhasamuṭṭhāna*), (3) caused by wind (*vātasamuṭṭhāna*), (4) caused by an imbalance of the humors (*sannipātikā*), (5) caused by the change of weather, seasons (*utupariṇāma*), (6) caused by a lack of care of the body (*visamaparihāra*), (7) external, sudden attack (*opakkamika*) and (8) caused by the result of kamma (*kammavipākaja*).

¹⁰ N.B. In this paper the word “cause” is used to indicate only the relation between mental illness and the arising of mental defilements.

¹¹ “*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.” A. i 460.

¹² *Paramattha-sacca*. See D.A. iii 166. Although in the Abhidhamma literature mind (*nāma*) is considered to be composed of consciousness (*citta*) and mental factors (*cetasika*)—both ultimate realities—, since both have the nature of taking an object and are immaterial, for the purpose of this paper they are taken as only one ultimate reality.

¹³ D. iii 178, *Saṅgīti Sutta*. D. iii 228–*Dasuttara Sutta*. Here it is said that mind (*nāma*) and matter (*rūpa*) should be completely comprehended, which means that these two dhammas are included in the First Noble Truth, the Noble Truth of Suffering.

¹⁴ There are two kinds of speech used by the Buddha: (1) conventional speech (*sammutikathā*) and ultimate reality speech (*paramatthakathā*). See D.A. i 315. Regarding the term *sammuti-sacca* see *Pañcappakaraṇa-aṭṭhakathā* 187.

¹⁵ The technical term *kilesa* has the meanings of afflicting, obstructing (*bādhana*), tormenting (*upatāpa*), hindering (*vibādhana*), and defiling (*kilissana*). For the first three meanings see *Sad.* ii 179, 238, 255. For the last meaning see *Ps.A.* i 292.

¹⁶ *Dhs.* i.

¹⁷ See *Dhs.A.* 80-81. The unwholesome states are the opposite of the wholesome states which are mentally healthy (*ārogya*), morally blameless (*anavajja*), skillful (*cheka*), and productive of happy results (*sukhavipāka*).

¹⁸ See *Saṅkhatālakkaṇa Sutta* (A. i 150) and *Commentary*. This applies to all conditioned states, wholesome (*kusala*), unwholesome (*akusala*) and indeterminate (*abyākata*).

¹⁹ In the *Dasuttara Sutta* (D. iii 229) a term used to describe mind and matter is *bhūta*, real. The *Commentary* glosses this term as *sabhāvato vijjamānā*, (things) existing according to their own intrinsic nature. The *Sub-commentary* adds that this refers to the ultimate realities. See *D.A.* iii 241 and *D.Ṭ.* iii 280.

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

Differing Interpretations of Mental Illness between Buddhism and Western Science

When attempting to determine the meaning of mental illness or mental disorder²⁰ according to modern psychology and medical science, we will find a broad spectrum of opinion including, among others, psychological and behavioral patterns which differ from the norm; disruptions in an individual's thinking, feelings, moods; inability to relate to others. We will also find different criteria for classifying mental disorders,²¹ and regarding their treatment, options ranging from psychotherapy to psychiatric medication to other methods.

Undoubtedly the merits of each system of treatment should be determined by its ability to cure or improve the mental condition of the patient. But when statistics show that mental disorders are among the most expensive medical conditions,²² and that within the next 20 years more people will be suffering from depression than any other health problem,²³ the matter of understanding mental illness comes to the forefront if we are to find a successful treatment.

Depression, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR), belongs to the group of "mood disorders" or "affective disorders" because it is characterized by a pervasive low mood. Common symptoms of depression are mental states of sadness, irritability, frustration, feelings of worthlessness, guilt, low self-esteem, hopelessness, despair, as well as insomnia, ruminating thoughts, fatigue, and so on.

From the perspective of Buddhism this approach, based on a group of the symptoms to pinpoint and name a particular mental disorder, while quite efficient at what it does, seems to miss the fact that it is dealing with concepts, eternalizing for later treatment something that it is just persistently and recurrently impermanent.²⁴ That is so because conventional reality is built upon the ultimate reality or as an ancient Buddhist sage said, concepts only exist in the form of shadows of the ultimate realities.²⁵

²⁰ This is the term most commonly used nowadays.

²¹ The two main systems of classification are (1) The ICD-10 Chapter V: Mental and behavioural disorders used by the World Health Organization (WHO) and (2) the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) used by the American Psychiatric Association (APA).

²² This is for the USA. The study name is "National Health Spending by Medical Condition, 1996-2005" by Dr. Charles Roehrig of Ann Arbor, Michigan-based Altarum Institute.

²³ According to a recent report by the World Health Organization. See note 2.

²⁴ It seems that during the period of dreamless sleep and during many moments of waking consciousness there are no symptoms and, therefore, no mental disorder. However, when the symptoms and the mental disorder are conceptualized, that fact seems to be missed and not taken into account.

²⁵ See Abhidhammattha Saṅgaha by Anuruddha page 57. The phrase paramatthato avijjamānā pi atthacchāyākārena cittuppādānamārammaṇabhūtā, can be literally translated as "although (concepts) do not exist as ultimate realities, they are objects of consciousness as shadows of (ultimate) things."

Conditions, Ultimate Reality and Conventional Reality

While the common symptoms of depression could be identified with unwholesome mental states that are ultimate realities, packaging all of them with the label of depression represents an intellectual leap to grasp something that can be only grasped by taking its individual components. There is no depression apart from its components. And there are no components without conditions.

Now that we have these three realms, (1) the realm of conditions, (2) the realm of the components of a mental disorder, and (3) the realm of the mental disorder itself, it would be important to understand what each of these three realms represents. The last realm, the realm of the mental disorder, is a mere conventional reality, a packaging of concepts pointing to a global name concept such as depression or phobia. The middle realm consists of the components which are the real thing because name concepts such as anxiety or guilt or sadness, if correctly identified, point to the ultimate realities of the mind. The first realm consists of the various conditions that could make these components, the ultimate realities, arise in the mind of a being. These conditions can be material, when, for example, a certain mental disorder is related to a brain tumor or another physical disease, or mental, when views, perceptions and mental attitudes influence the way an individual relates to a certain experience; or both material and mental; or even concepts. Also ethics can be a powerful condition of the mental states that arise in the mind of a being.²⁶

Recognizing the Ultimate Realities

Perhaps one of the biggest stumbling blocks for understanding mental illness is the assumption that the mind is just a function of the brain. This assumption is not only contrary to the insight of the Buddha that mind and matter are two different ultimate realities, but also stands between us and a correct understanding of mental illness.

The assumption that mind and matter, although depending on each other, are equally real²⁷ on the ultimate sense, qualifies to what Buddhists call “Right View,”²⁸ the indispensable ingredient or prerequisite to arriving at a correct understanding of reality.

Without this assumption which recognizes the two ultimate realities of mind and matter, we may err in identifying the components of a mental disorder by what they really are, that is, the cause²⁹ of the mental disorder, and there also might be confusion between what are conditions and causes of mental disorders. Furthermore, there is the risk of “freezing” a mental disorder as a category of a system of classification that then has alternative methods of treatment according to the school of thought professed by whoever happens to take that case.

²⁶ There cannot be mental health without ethics. That is why it is said that virtue or ethics (*sīla*) is a precondition of concentration (*samādhi*) and wisdom (*paññā*). See S. i 13. Here concentration and wisdom should be considered as mental health.

²⁷ *Bhūta*. See note 19.

²⁸ *Sammā-ditṭhi*. See D. iii 224.

²⁹ See note 10.

Understanding Mental Illness

Given the fact that depression is on the rise and more common than much-feared physical diseases such as cancer and HIV-AIDS, let us take this mental disorder and explore it using the paradigm that we have set forth so far.

Regarding the symptoms of depression, before we mentioned sadness, irritability, frustration, feelings of worthlessness, guilt, low self-esteem, hopelessness, despair, etc. There may be other symptoms, but from the perspective of Buddhism, the first observation we have to make is that all those symptoms are associated with a particular type of mental feeling (*vedanā*), that is, displeasure or unpleasant feeling.³⁰

According to the *Abhidhamma*, any mental state associated with unpleasant mental feeling is included within the unwholesome root of aversion (*dosa*). Here it should be mentioned that the term *dosa* comprises states ranging from mild aversion to rage, including in-between states such as ill will, fear, anxiety, boredom, annoyance, etc. The rule here is to include any mental state associated with unpleasant feeling within this root. The unpleasant mental feeling, unlike the pleasant and neutral feelings, has the peculiarity that it is always unwholesome and it is invariably associated with the root of aversion.³¹ Although we are including the different symptoms of depression within the root of aversion, it should be said that they may correspond to other particular unwholesome mental states. However, they all, because of being associated with unpleasant mental feeling, are grouped together with the root of aversion.

This first observation regarding the symptoms of depression can be summed up as follows:

- They are associated with unpleasant mental feeling
- They may be distinct, identifiable unwholesome mental states
- They are all grouped within the mental root of aversion
- They are always unwholesome mental states
- They are ultimate realities of the mind

Why do these symptoms arise? To answer this question we have to move from the middle realm of the components of the mental disorder, to the first realm, the realm of conditions.

As it was said, there may be various and multiple conditions for these symptoms to arise. Using the categories of Buddhism, the conditions may be grouped as (1) material, (2) mental, (3) both mental and material, and (4) concepts.

Bearing in mind that in the absence of conditions, there are no symptoms, it is clear that a great deal of attention should be paid to identify these conditions. However, in many cases this may not be simple for various reasons. Even when conditions have been identified, the question remains of the degree of certainty of the connection between the conditions and the symptoms. As an assessment is made, it may be possible to catalog the

³⁰ *Domanassasahagatacittuppādā*. See Dhs. 266.

³¹ All this is taken from the Canonical *Abhidhamma* and later literature. Recommended reading *A Comprehensive Manual of Abhidhamma*, Bhikkhu Bodhi-General Editor (BPS 1993, First Edition).

different cases in the categories mentioned. And from there we should proceed to deal with the conditions in order to eliminate or reduce them. In this realm of conditions undoubtedly science has an important role to play because this is a realm of discovery and possibility. Finally, it should be said that even when some of these conditions may be inevitable, they are still just conditions, not fixed, determined causes. This last point will become clearer when we deal with the third observation.

This second observation regarding the conditions of depression can be summarized as follows:

- It may be possible to identify them
- They could be grouped in four categories
- Once identified and grouped they should be removed or reduced
- Science has an important role to play in the realm of conditions
- Even when they may be inevitable, they are never determined causes

The third observation has to do with the nature of the symptoms. In the first observation we mentioned that the symptoms of depression can be related to the ultimate reality of mind, or, to be more specific, to the contents of consciousness. Also we were able to identify that all those symptoms, as many or diverse as they may be, have only one mental feeling associated with them: unpleasant feeling. The unpleasant mental feeling is always associated with unwholesome states rooted in aversion. If this is true, we come to the astonishing discovery that depression, unlike physical illness in general, is an illness of choice.

Let us elaborate briefly on this. The nature of wholesome states is that they belong to our own domain.³² And regarding the unwholesome states, which define depression, they arise because we choose to have them arise. Therefore, when it comes to wholesome and unwholesome states, there is free will. The exercise of free will is directly related to Right View. Independent of the conditions, it ultimately depends on the individual to have a wholesome or unwholesome state of consciousness. From the Abhidhamma standpoint, what we have called the realm of conditions belongs to the indeterminate states³³ which include the resultant, functional, and matter—they do not belong to the category of present wholesome or unwholesome states.³⁴

Since the components of depression only belong to the category of unwholesome states, it could be said that depression is an auto-generated mental disorder. In brief the mechanism of depression could be described as an individual's unskillful reactions to certain adverse conditions in the present moment.

From what has been said, it follows that a treatment for depression would consist of teaching the individual to skillfully relate to the various adverse conditions experienced in the present moment. Of course this does not exclude different treatments to deal with

³² It depends on us to have wholesome states.

³³ This is the last member (abyākata dhammā) of the first triplet of the Dhs. The realm of conditions, as it was said, may also include concepts. In theory also past wholesome and unwholesome states can be a condition of present wholesome and unwholesome states, however, it seems that the material and resultant states have greater influence as conditions of mental illness.

³⁴ These are the first two members of the first triplet of the Dhs.

the conditions, but by now it should be clear what is possible in each of the three realms and where the main focus should be.

Final Considerations

In this paper I have set forth a theory of mental illness based on the material found in the Pali Canon and related literature. This theory takes into account the ultimate realities of mind and matter and also conditionality—concepts have been indispensable for conveying all the interactions.

According to this theory, consciousness is an ever-flowing stream since the moment of conception to the moment of death, and then it would continue in another life. This stream of consciousness is continuously changing according to the type of consciousness we experience through the six sense-doors,³⁵ and also depending on the mental states associated with these door-consciousness. As the Buddha said, we are mentally ill only when defilements associate with the stream of consciousness. Mental defilements are not an intrinsic part of the stream of consciousness but rather are considered “guests.”³⁶

Under the heading “Understanding Mental Illness” we applied this theory to explore one mental disorder, namely, depression. The same method could be equally used to study other mental disorders belonging to the group of mood disorders. Regarding psychotic disorders and other severe delusional disorders, though the theory should still hold true, the weight of the equation seems to move so much to the realm of conditions, that the probability of a successful treatment should be radically diminished.

We mentioned that one of the biggest obstacles for understanding mental illness was the assumption that the mind is a function of the brain. Taking into account that equating the mind with the brain is a mainstream scientific position—a position rejected by the Buddha as a wrong view—, it becomes clear that this view has a much larger and encompassing influence, touching even the field of ethics. Therefore, when discussing Buddhism and Science, the ontological assumptions of science should be contrasted with what Buddhists call Right View, not just for the purpose of comparing them, but also to try to open new windows to the understanding of reality.

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³⁵ And doorless-consciousness (dvāra-vimutta-citta). See *Sīlakkhandhavagga-abhinavaṭṭikā* ii 108.

³⁶ In Dh.A. i 15, the term used is āgantuka, guests, because they associate sporadically with different types of consciousness.

Abbreviations of References

D. i	Dīgha Nikāya-Volume I–Sīlakkhandhavagga
D. iii	Dīgha Nikāya-Volume III–Pāthikavagga
S. i	Saṃyutta Nikāya I–Sagāthāvaggasaṃyutta-pāḷi
S. iii	Saṃyutta Nikāya III–Mahāvaggasaṃyutta-pāḷi
A. i	Ānguttara Nikāya I–Ekaka-duka-tika-catukka-nipāta-pāḷi
Sn.	Suttanipāta-pāḷi
T. ii	Therīgāthā-pāḷi
Ap. ii	Apadāna-pāḷi II
Nd. i	Mahāniddeśa-pāḷi
Dhs.	Dhammasaṅgaṇī-pāḷi
D.A. iii	Commentary of the Dīgha Nikāya-Pāthikavagga-aṭṭhakathā
Dh.A.	Commentary of the Dhammapada
Dhs.A.	Commentary of the Dhammasaṅgaṇī–Aṭṭhasālinī
Ps.A.	Commentary of the Paṭisambhidāmagga
D.Ṭ. iii 280	Subcommentary of the Dīgha Nikāya-Pāthikavagga-aṭṭhakathā
Sad. ii	Saddanīti Dhātumālā by Aggavaṃsa

All references provided refer to the Sixth Buddhist Council Edition.