



AN APPLICATION OF BUDDHA'S TEACHINGS FOR HEALING TRAUMATIC MENTAL DISORDER

VEN. LAKA MITRA BHIKKHU

A Thesis Submitted in Partial Fulfillment of
The Requirements for the Degree of
Master of Arts
(Buddhist Studies)

Graduate School
Mahachulalongkornrajavidyalaya University
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The Graduate School, Mahachulalongkornrajavidyalaya University, has approved this thesis entitled “An Application of Buddha’s Teaching for Healing Traumatic Mental Disorder” as a part of education according to its curriculum of the Master of Arts Degree in Buddhist Studies.

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Abstract

The purpose of this study was to evaluate the concepts of Theravada Buddhism and its contemporary processes effective on trauma, mental and physical body, and to apply the knowledge of Theravada Buddhism to heal the Traumatic Mental and Physical Disorder of a person.

A State of anxiety or mental excitement after Traumatic Mental Disorder (all kinds of traumatic stress disorders included in TMD) is a general behavioral difficult situation which threatens the preservation of mentally imbalanced and affected persons and caregivers, interrupts the rehabilitation system, and becomes on excessive oppression on caregivers and guardian. Preferred skillfulness or moral acts, chanting and listening *suttas'* concentration of the mind, and abandoning unwholesome and wrong thoughts, nurturing concentration and its stability, charity and generosity as an

environmental intervention be able to decrease the mental excitement and Trauma mental disorder by prevailing on positive and wholesome thoughts of memories and emotional feelings, and recovering mental health and wellness, and also achieving peacefulness in a mentally disorder person.

This is documentary research. It was accomplished by collecting the related data from the various resources, like Canonical texts and modern texts, examined and categorizing the collected key teaching of the discourse, such as Sabbā' sava Sutta, the Karaniya Metta Sutta, the Gilāna Suttas, the Maha Satipaṭṭhāna Sutta, and the Kevatta or Kevaddha Sutta. By appointing the key discourse are identified and investigated applying the (Canonical texts) seven Factors of Enlightenment, Loving kindness radiating, Samatha (tranquility) and Vipassana (insight) Meditations, and developing and cultivating the base of psychic powers or therapies, and observing (Four Right Exertions) rightly the beneficial and harmful thoughts and feelings, abandoning those destructive thoughts and events, producing and nurturing those beneficial, wholesome behavioral thought and feeling events, as a result of these multiple procedures, an individual can reduce and overcome from the traumatic mental and physical stress and disorder.

According to the finding Buddhist and modern psychological sources, engaging with skillfulness or moral acts, associating with charity and generosity, chanting and listening *suttas*, concentration of the mind' and abandoning annihilated and violent thoughts, developing concentration and its stability have to provide therapeutic approaches for car of agitated person after TMD. Additionally, positive effects of concentration developing and cultivating on agitation can achieve mental health care providers and patients' family members' inspiration to explore more familiar environments for managing agitation, and Insightly letting go of stress, anxiety, trauma, chronic pain, and Theravada Buddhist Canonical instructions and suggestions may be rightly comprehending, practical application and developed with stating for the mental and physical health and happiness.

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May all beings in the Universe, be healthy, happiness and peaceful!

Ven. Laka Mitra Bhikkhu

2 March 2018

List of Abbreviations

The Pāli Sources and References are provided accordance with the volume and page number of Pali Text Society (PTS) edition.

D	Digha Nikāya
M	Majjhima Nikāya
S	Samyutta Nikāya
A	Anguttara Nikāya
K	Khuddaka Nikāya
Vin	Vinayapitaka
Thag	Theragāta
ThagA	Theragāta Atṭhakathā
Dhp	Dhammapada
DhA	Dhammapada Atṭhakathā
Mv	Mahāvagga
Sn	Suttanipata
SnA	Suttanipāta Atṭhakathā
PvA	Petavatthu Atṭhakathā
Khp	Khuddakapāṭha
Vism	Visuddhimagga
Miln	Milindapanha

Iti	Itivuttaka
PugA	Puggalapaññatti
VbhA	Vibhanga Atthakathā

Examples:	1) D. i. 254.	D. = Digha Nikaya i. = Volume i 254 = page 254 p.p. = Pages 54-60
	2) ThaA. 75	ThaA = Theragatha Atthakathā 75 = page 75
	3) Thag. 85	Thag = Theragatha 85 = page 85
	4) Dhp. 25	Dhp = Dhammapada 25 = Verse 25

Other abbreviations:

trans.	Translated by
ed.	Edited by
ibid	Ibiden/ in same book.
Et al	Et alia/ and others

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Chapter I

Introduction

1.1 Background and Significance of the Problems

There are various living beings in this Universe; among them the human beings are not to be an exaggeration to say. Because, the human beings have the power of thought where there the no other living beings than human beings. The human society is plagued with many problems or sufferings. Among the problems or sufferings, the “Traumatic Mental Disorder (all kinds of traumatic stress disorders are included in TMD)” is the unique of them. The “four sights”¹ were deeply affected to Siddhattha Gotama's mind and was frightening of the life circles or journey of saṃsāra by which turned the way to resolve or overcome from mental oppression or frightening of the life circles. Therefore, Siddhattha Gotama was left the palace to resolve the frightening of the life circle or saṃsāra for the benefit of the whole world.

There are many ways to seek about “happiness or satisfactoriness” in one’s life. It depends on oneself tendency. Of cause, some people can enjoy with doing evil indeed as well as some of them are enjoying with doing good indeed. However, when a person classifies the “happiness or satisfactoriness” as well as “unhappiness or unsatisfactoriness” in one’s life, he can divide it into two, such as the good deed and bad deed. According to the first sermon of the *Tathāgata*,² What is the suffering? How it arisen? How it ceases and what is the ways of cease of the suffering? Obviously, the worldly human being is fraught with unlimited or countless pains. The scientific and spiritual theory was found the birth, aging, illness, death, physical pain, associating disliking one,

¹I. B. Horner, (trans.), **The Minor Anthologies of the Pali Canon III, Chronicle of Buddhas (Buddhavaṃsa), and Basket of Conduct (Cariyapitaka)**, (Oxford: PTS, 2000), p. 95.

²Yaṃ kiñci samudaya dhammaṃ, sabbaṃ taṃ nirodha dhammaṃti. S. ii. 1846.

separation from what is liked, not to get what one wants, briefly the five aggregates are painful. The essential key of the arisen for the suffering or stress is craving for sensual pleasure, craving for existence, craving for extermination. In shortly, what is arisen, it has cessation too. It is the ultimate solution of suffering, stress, frustration of mental and physical body. It was denoted as “the mechanics of bondage and suffering”.³ The Science of the Buddha’s teachings are the laws that govern one’s nature, one’s life, the structure of the human mind, the working of our mind and how the mind can be systematically cultivated. Buddhism as a science teaches the laws that govern man’s behavior based on the mind.

The healing is in general sense, the protection of mind and body, protecting from unhappiness feeling, stress, dissatisfaction etc. One can protect himself in every hand of process with using the *Paritta*.⁴ On the other hand *dhamma* protects the person one who lives in righteous way of life, when he practiced in the right way. The result of the protecting *dhamma*, the person never goes to the hell.⁵ But, it is not easy to protect the mind and body too. There is a statement for it such as “The Mind is running far away, moving here and there alone, it isn’t a materials form, lies in a cave, one who could train this mind, he frees from the Mara or Suffering.⁶ The mind is almost luminous, pure, shiny, radiant, bright and guiltless; it is contaminated by incoming defilements. It is freed from incoming defilements.⁷ The Mind goes forward every natural phenomenon or certain natural phenomena. It is chief, it is mind-made. If one speaks or acts with contaminate mind, *dukkha* or Suffering follows him just as the wheel follows hoof print of the ox of the cart.⁸ It has a solution to heal our mind and body. The noble ones discern that the mind through the present nature of the mind developing. How the mind works, what is its nature, what is its structure etc. thinking thus the

³Lily de Silva, One foot in the Word Buddhist Approaches to Present Day Problems, (Kandy: The Wheel Publication, 1986), p. 5.

⁴Parisamantato rakkhatīti parittam. Vin. ii. 110. Vin. iv. 305.

⁵Dhammo have rakkhati dhammacāri. Thag. 303.

⁶Dhp. 37.

⁷Pabhāssaramidaṃ bhikkhave cittaṃ, tañca kho āgantukehi upakkilesehi upakkilittanti, Pabhassaram idam bhikkhave cittaṃ..... Vipamuttanti. A. i. 10.

⁸Dhp. 1.

skillful or noble person discerns the mind and well concentrate own mind himself.

The scientific theory is not contradicting but rather conforming to the demands on the reason and conforming science and modern researching. It has an intimate interdependence, between the science and art. Every education is based on psychology. That the base of essence and systematic educational practices are brightly appearing and was exposed in the general study of methodology of the *Rāhulovāda Sutta*.⁹ Also general study of methodology has interdependence to general educational systems and psychological theories or practices.

A creation of something is influence of mind and psychology theories. First of all, researcher have to mentioned that behind of every creation is created, enthrall or lay down in mind and later its structure and construction of fabrication inward and outward, such as remote-control Television, drone helicopter etc. It was the fruition or result of the basic development of the psychology of the scientists. The *Theravāda* Buddhism is beyond of it and mostly gave a place or emphasized to liberate or free from suffering oneself and not to run for anything. The reason for that every conditional theirs suffering.¹⁰

Once the great scientist Arthur C Clarke introduced a concept which was indicate and as published in “Wireless World” a leading journal in Electronics in 1945 October issue and made known it to the public. It was a great approached of the science and psychological systems and projects. Also, it was a penetration of the technology too. In his book “Deep Range” Clarke mentioned that the cricket is a game which wasted time of a man as mostly inactive time in one’s life (1995) and it is better, if one could turn it to useful time in one’s life. Further the scholar Arthur C Clarke has stated that by 2050 the Buddhism will be the only religion that blossoms of man’s mind.¹¹ Ven. *Aṅgulimāla*’s early boyhood life was innocence and obedience as his name shows as

⁹M. ii. 91-97.

¹⁰Sabbe saṅkhārā dukkhā. Dh. 278.

¹¹Hinthaṇṇa Wijewardena, An Article on “Arthur C Clarke-Great Contributor to Global Communication”, Vidurava, V. 22, No. 02, p.p. 16-17.

meaning *Ahiṃsa* (innocence).¹² How the *Ven. Aṅgulimāla* became as a murderer and robber, what kind of causes affected, harmed and damaged to him to become a traumatic mental disorder or how he lose the emotional balance and what and how the *Tathāgata* subdued, mended or healed him, using with which scientific methods of the spiritual way? The researcher wishes to research and how it will be benefited or appropriated to the medical field and the modern society for overcome from the sufferings, pains, stresses and as well as from the traumatic mental disorder and physical disorder. Among the common features of the *Tathāgata* was the supreme teacher and teaches and guidance the gods, brahmas and humans to free and overcome from sufferings, stresses, trauma, mental and physical pains and ultimately leads to *nibbāna*, where is no fears, no suffering, distresses, endless, deathless and extinguishment. Here especially human is precious being as well as more dangerous being in the world. In the competitive human world almost emulate with one to another. It was ignorance of one's life because of it the human is running with craving and it ties to challenging each other with losing great values of the humankind. Even one has different ideas than another. That will be yet the mostly benefit of the humankind of the world.

The purpose of this research is to analysis of why and how *Theravāda* tradition is influence on Traumatic Mental Disorder (all kinds of traumatic stress disorders are included in TMD) and its interpretation bringing out from *Pāli* Canon as well as from the other various scholar's statements on this matter or study of research. The success of the *Tathāgata's* forty-five-year mission was due to civilization of Buddhism through assimilation of mental and physical healing, trauma, social, ethical, political, aesthetic, religious and philosophical contexts in the contemporary society of India. The Great Personality of the *Tathāgata* endowed with great Compassion toward all living beings and the Great Wisdom, universal flexibility of the Doctrine and the relevance of the teaching of the Buddhism to humanity also contributed immensely to the civilized of Buddhism.

¹²M. ii. 284-292.

1.2 Objectives of the Research

1.2.1 To explore the concept, the causes and seriousness of the traumatic mental disorder in modern contexts.

1.2.2 To investigate the concepts of Theravāda Buddhism and its contemporary processes effective on trauma, mental and physical body.

1.2.3 To apply the knowledge of Theravāda Buddhism to heal the traumatic mental and physical disorder.

1.3 Statement of the Problems Desired to Know

1.3.1 What are the meanings and the causes of traumatic mental disorder?

1.3.2 What are the relevant Buddhist concepts and its contemporary effectiveness on the trauma and the modern treatment system?

1.3.3 How is the knowledge of *Theravāda* Buddhism applied to traumatic mental and physical disorder?

1.4 Scope of the Research

This research is mainly based on Traumatic mental disorder accordance with the *Theravāda* Buddhism and *Pāli* Canonical texts as secondary sources that have been written by observing various scholars on this particular subject such as; “*Sabbā’sava Sutta, Karanīya Metta Sutta, Gilāna Sutta, Maha Satipatthana Sutta, Kevatta or Kevaddha Sutta* etc.” and “What the Buddha Taught, by Walpola Rahula, What Buddhists Believe, by K. Sri Dhammananda, Buddhist Psychotherapy, by H S S. Nissanka, Dimension of Buddhist Thought, by Francis Story, The Five Mental Hindrances , by Ñāṇaponika Thera, A translation of the MN, by Bhikkhu Ñāṇamoli & Bhikkhu Bodhi, Healing from the Trauma of Childhood Sexual Abuse: The Journey for Woman. A Compendium of Buddhist Personal Names: Heritage and Significance of Adoption, by Karen A. Duncan, Healing Your Traumatized Heart – 100 Practical Ideas After Someone You Love Dies a Sudden, Violent Death, by Alan Wolfelt, and etc.”

1.5 The Definitions of the Terms Used in the Research

1.5.1 Healing:

The process of becoming or healthy again; the process of getting better after an emotional shock: the healing process or emotional healing; using the process of natural or psychic or spiritual powers and therapy rather than medicine; mental trauma, disorder, illness; relieving mental and physical stress and chronic pain.

1.5.2 Healing Suttas:

The Buddha's Discourses are using for recovery the illnesses, surpassing stresses, and protecting hygiene or body.

1.5.3 Traumatic Mental Disorder:

Fitness of mind; comparative ease from traumatic mental suffering, pain, frustration and distress; reflection of psychic and right vision; reveal mindfulness, tranquil, satisfactoriness, happiness, positive of mind, wisdom, loving kindness and sagacity

1.5.4 Traumatic Physical Disorder:

Fitness of body; comparative ease from traumatic bodily sickness, optimized; appropriate way of the bodily systems; capacity, longevity, physical, ease, positive conduct and behave.

1.5.5 Protecting:

Defending or resisting from every hazard, risk, injury, fortuity, damage and destruction, Mental Trauma Disorder.

1.6 Review of the Related Literature

1.6.1 Karen A. Duncan's, book "**Healing from the Trauma of Childhood Sexual Abuse: The Journey for Woman**".¹³ The Journey for Woman The traumatic effects of childhood sexual abuse can remain and recur throughout life for women who have not healed emotionally. This book by a family therapist shares stories from 18 women abused as children, explaining that healing can occur at any stage of life, and that healing, itself, occurs in stages. The author offers guidance to recognize the long-lingering potential effect of childhood sexual abuse including depression, anxiety, dissociation, and chronic shock, and she explains steps to take for recovery. Also presented are letters from women who have healed or are in recovery. Sexual abuse by men, juveniles, and female perpetrators is discussed, as is how children may act out the abusive behavior taught by perpetrators. The incidence of abuse by family members is also addressed. Duncan explains the dual dilemma-moral and legal-that women face in exposing a sexual perpetrator within the family when not protected by the legal system due to statutes of limitation. She also discusses controversial topics including false memory and disclosure of memory to the perpetrator.

1.6.2 Alan Wolfelt's, book "**Healing Your Traumatized Heart – 100 Practical Ideas After Someone You Love Dies a Sudden, Violent Death**".¹⁴ You've been traumatized by a sudden and violent death. How is this different from your reaction to an anticipated or non-violent death? As you know, the death of someone loved always causes painful feelings. But in the case of sudden, violent death, your mind has an especially difficult time acknowledging and absorbing the circumstances of the death itself. In this sense, the word "trauma" refers to in-tense feelings of shock, fear, anxiety and helplessness surrounding the cause of death. Trauma is caused by events of such intensity or

¹³Karen A. Duncan, *Healing from the Trauma of Childhood Sexual Abuse: The Journey for Woman*, (Westport: Praeger Publishers, 2004).

¹⁴Alan Wolfelt, *Healing Your Traumatized Heart – 100 Practical Ideas After Someone You Love Dies a Sudden, Violent Death*, (Colorado: Companion Press, 2002).

magnitude of horror that they would overwhelm any human being's capacity to cope.

1.6.3 Sighathon Narasabho's book "**Meditation: A Guide to A Happy Life**".¹⁵ Sighathon Narasabho mentions in his book that how to be peaceful or tranquil. It is a guide to a happy life. His intention is to guide man to safety, peace, happiness and the realization of Nibbāna; he also gives rise to the spirit of tolerance, sympathetic understanding and non-violence. Such practice makes beings live in the sphere of loving kindness, friendliness, compassion, sympathy, harmony, and equanimity which are regarded as the causes and conditions of a happy destiny.

1.6.4 John Yates's, Matthew Immergut's and Jeremy Graves's, book "**The Mind Illuminated: A Complete Meditation Guide Integrating Buddhist Wisdom and Brain Science for Greater Mindfulness**".¹⁶ It Concerns about the Establishing a Mindfulness and resolve the problems. The first section presents how the Mindfulness establishment, the second addresses points of intersection between the Understanding the Problems, the Disrupted Attention and Overcoming from Mind Wandering, and Extended Awareness and Resolved forgetting, the third part that the How Awareness Works, Stability of Awareness and Overcoming from Pointless Distraction and Strong Dullness, Fourthly The Moments of Consciousness Outline, as well as pointed out the nature of human mental conditions and personality.

1.6.5 Darren Littlejohn's, book "**The 12-Step Buddhist: Enhance Recovery from Any Addiction**",¹⁷ states important points to contribute to the understanding of the background of the theory of

¹⁵Sighathon Narasabho, **Meditation: A Guide to A Happy Life**, (Bangkok: Kurusapha Ladprao Press, 2000).

¹⁶John Yates, Matthew Immergut, Jeremy Graves, **The Mind Illuminated: A Complete Meditation Guide Integrating Buddhist Wisdom and Brain Science for Greater Mindfulness**, Touchstone: New York Publishing, (2017).

¹⁷ Darren Littlejohn, **The 12-Step Buddhist Enhance Recovery from Any Addiction**, Beyond Words: Hillsboro, Oregon Publishing & Atria Books: New York (NY) Publishing, (2009).

Recovery from the Addiction. The book reveals the importance of the causes of our thought, words and deeds and how they lead to results of happiness or suffering in this life. The effects of addiction do not only influence our physical organism, but also could nullify the potentiality of parental cells and genes, therefore the significance of the Buddha's enigmatic statement: "the 12-Step approach, Buddhist principles, and a compelling personal struggle with addiction and a quest for spiritual awakening". In addition, this book is preparing systematic approach to blending the Title of the Book with Buddhist Meditation and Wisdom.

1.7 Method of the Study

This research is a documentary research. Therefore, the research steps can be divided as follows:

1.7.1 Collecting the related data from various resources, like Canonical texts and modern texts that.

1.7.2 Examine and categorizing the collected source.

1.7.3 Constructing the entire outline of the work.

1.7.4 Discussing the problems encountered.

1.7.5 Facilitating and formulating conclusions, identifying significant results and areas for further research.

1.8 Expected Benefit of the Research

1.8.1 To understand the concept, the causes and seriousness of the traumatic mental disorder in modern contexts.

1.8.2 To understand the investigation the concepts of Theravāda Buddhism and its contemporary processes effective on trauma, mental and physical body.

1.8.3 To understand the application of the knowledge of Theravāda Buddhism to heal the traumatic mental and physical diso

Chapter II

The Concept of Traumatic Mental Disorder, its Causes and Seriousness in Modern Context

2.1 The Meaning and Definition of Traumatic Mental Disorder in General

The Traumatic Mental Disorder is a kind of damage or harmfulness in the mind occurs as a result of unbearably oppressing, distressing event. Trauma is a mental condition caused by severe shock, especially when the harmful effects last for long time, an unpleasant experience that makes a person feels upset or anxious, an injury, and chronic event or experience.¹⁸

Accordance with the Encyclopedia of Psychology indicated as “The Traumatic Mental Disorder” is an anxiety disorder that may enhance to a horrifying event or ordeal in which terrible mental and physical harm arisen or was threatened.¹⁹

However, the terrific symptoms of stress which is continue to experience by the people long after a traumatic event may have **post-traumatic stress disorder** (PTSD). The “Post-Traumatic Stress Disorder” may be continuing to experience as horrible symptoms of mental and physical stress disorder. It can also lead to depression as a result of symptoms to continued feeling of intense sadness which is interfere with one’s ability to function normally.²⁰

Further, the American Psychological Association via Encyclopedia of Psychology claimed that the PTSD may relieve the event via intrusive memories, flashbacks and nightmares; avoid or

¹⁸A S Hornby, **Oxford Advanced Learner’s Dictionary of Current English**, Oxford: Oxford University Press (7th ed. 2005), p. 1634.

¹⁹Alan E. Kazdin, **Encyclopedia of psychology: Vol. 8 Set**, p. 4128.

²⁰Alan E. Kazdin, **Encyclopedia of psychology: Vol. 8 Set**, p. 4128.

abstain anything reminds them of the trauma; didn't have anxious and unpleasant feelings before intense their lives from disrupted.²¹

Meanwhile, the meaning and definition of psychology on trauma was explained in the Longman Dictionary, is an unpleasant and upsetting experience that affects one for a long time such as death or divorce and also a mental state of extreme shock caused by a very frightening or unpleasant experience, and the Medical Science expounded it that the intense injury.²²

The Macmillan English Dictionary for Advanced Learners implied that the Trauma is a bad experience that of childhood traumas, there are some soldiers never recover from afraid or shocked after a bad experience: he continues to suffer emotional trauma and Medical Science explained it as a serious injury as trauma victim.²³ The traumatic events that may appear TMD or PTSD include personal assaults of violent, natural or unnatural disasters, accidents, military combat.²⁴

In 2013, the American Psychiatric Association reevaluated the traumas diagnostic criteria in the fifth edition of its *Diagnostic and Statistical Manual of Mental Disorders (DSM-5; 1)* PTSD is included in a new category in *DSM-5*, Trauma- and Stressor-Related Disorders and all of the conditions concluded in this classification require exposed to traumatic or stressful event.²⁵

According to the Oxford Dictionary explanation the Trauma is a *Psychological* word and it's used as a noun. Also, the Term means for mental condition caused by severe shock, especially when the harmful effects last for a long time, an anxious and medical term used as an

²¹American Psychological Association, <http://www.apa.org/topics/ptsd/>

²²L Pearson, **Longman Dictionary of Contemporary English**, New Edition For Advanced Learners, Essex: Harlow (5th ed. 2009), p. 1880.

²³R Michael, Macmillan English Dictionary for Advance Learners New Edition, Oxford: Macmillan (2nd ed. 2007), p. 1595.

²⁴Psychology today, <https://www.psychologytoday.com/conditions/post-traumatic-stress-disorder>.

²⁵U.S Department of Veterans Affairs, http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp.

injury. Traumatic is an adjective word and extremely unpleasant and causing you to feel upset and or anxious and experience before noun (psychology or medical) connected with or caused by trauma: traumatic amnesia. Also, the Post-Traumatic Stress Disorder noun (medical) a medical condition in which a person suffers mental and emotional problems resulting from an experience that shocked them very much and Traumatize or traumatize to shock and upset very much, often making them unable to think or normally.²⁶

The World Health Organization (WHO) was recognized as the Mental Disorders construct a broad range of problems, with different symptoms. Anyhow, they are generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others. As examples they expressed schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. The WHO, claims that most of these types of disorders can be successfully treated.²⁷

The global burden of disease has been attributed to *Neuropsychiatric Disorders* and the trauma disorders may often effect to neural systems to disability or instability.²⁸

The mental disorders or mood disorders or psychic disorders means paranormal or abnormal or unnatural performance of the mind which shows itself in various ways and ranging from reiterated stress, anxiety, neurosis, obsession of personality, illusion, delusion, personality disorder, hallucination, paranoia, schizophrenia and the most terrible is psychosis.²⁹

²⁶A S Hornby, **Oxford Advanced Learner's Dictionary of Current English**, Oxford: Oxford University Press (6th ed. 2000), p.p. 986, 1384.

²⁷World Health Organization (WHO), http://www.who.int/topics/mental_disorders/en/.

²⁸World Health Organization (WHO), Mental health systems in the Eastern Mediterranean Region Report based on the WHO assessment instrument for mental health systems, p.9.

<http://apps.who.int/iris/bitstream/10665/119926/1/dsa1219.pdf?ua=1>.

²⁹Priest, G. Robert, "**Hand book of psychiatry**", London: Williams Heinemann Medical Books, (1986) p. 1.

2.2 Significance of the Problems of Traumatic Mental Disorder in General

The Health problems have been a millennium challenges faced by the current world. Specially, trauma stress disorders, psychic disorders, depression disorders, trauma mental disorders so on, with many severe disorders arisen among human beings and many strategies have been taken by the World Health Organization (WHO) and the United National Organization as well as the other regional organization to overcome these burning issues which clasps the world.

In the year 1948, the world health organization was established as a specialized agency of the United Nations by 180 countries representatives to work together with primary responsibility for international health matters and public health.³⁰ Also the representatives were agreed to exchange their knowledge and experience with the purpose of making possible the fructification by the all citizens of the world by the year of 2000 of a level of health that will allow them to lead a socially and economically productive life and public secure. These board fields of endeavor encompass a wide variety of activities, such as developing primary health care, preventable diseases, improving mental health etc, that the whole population of the members of the countries.

2.3 Type of Traumatic Mental Disorder

A definition of trauma doesn't mean the name type of trauma or traumatic events.³¹ Instead of this is a description of the mental or physical *experience* of trauma and highlights the factors that influence the *perception* of trauma.³²

³⁰World Health Organization, **Eliminate Hepatitis: News** <http://www.who.int/bulletin/volumes/95/1/17-030117/en/>.

³¹**Trauma Definition.** Substance Abuse and Mental Health Services, Administration. Archived from the original on 5 Aug, 2016.

³²C. L. Storr, N. S. Ialong, J. C. Anthony, N. Brealau, **Childhood antecedents of exposure to traumatic events and post-traumatic stress disorder**, American journal of Psychiatry (2007), p.p. 119-125.

The trauma the unique individual experience of an event or permanent circumstances in which the individual sufficiency to implement one's emotional experience is inexorable and the individual experiences (either objectively or subjectively) a threat to one's life, bodily integrity, or that of a caregiver (Saakkvitne, L. et al, 2000).³³

“Also, the individual's sense of safety and self is threatened. It doesn't matter if an outsider thinks it's threatening or not. The perceived sense of threat is the key factor”.³⁴

2.3.1 There are Two Types of Trauma Diagnoses

The Center for Early Childhood Mental Health Consultation of Georgetown University Center for Child and Human Development claimed that there are two types of trauma diagnoses. It is very essential to know that all of the experiences of trauma don't lead to a trauma response or trauma-related disorder or diagnosis. It has normal period of time, which is following a traumatic state of event or experience that may expect to observe trauma related responses or sign that do not necessary to develop into a post-traumatic stress disorder. Anyway, according to their claimed, when the signs and symptoms of traumatic stress suffer over last (may be one month or longer than), entangle a child's or adult's daily life, such as their social and emotional health as well as meet it specific diagnostic criteria, there are two types of trauma diagnoses. They are below.

2.3.1.1 Post-Traumatic Stress Disorders.

The Post Traumatic Stress Disorder (PTSD) implies the symptoms associated with a traumatic event – like as a car accident, witnessing violence, natural disaster etc. These symptoms appeared as

³³A Melissa, **Distress Signals: How Early Trauma Impacts Brain Development and Behavior**, Tristate Trauma Network. <http://www.bcesc.org/documents/professional-development/2016/november/Melissa%20Adamchik%20-Distress%20Signals%20How%20Early%20Trauma%20Impacts%20Brain%20Development%20and%20Behavior.pdf>.

³⁴Ibid.

bad dreams, physical reactions, flashbacks, startle reactions, loss of interest in his/her usual life of activities, avoiding reminders of event, etc.³⁵

2.3.1.2 Complex Trauma Disorders.

The Complex Trauma is well-known as Complex PTSD,³⁶ has been proposed to include in an essential new diagnostic category, Developmental Trauma Disorder. Complex Trauma or Developmental Trauma Disorder –indicates how children's lead to multiple or long lasting traumatic events, also it is ongoing development. Generally, according to the description of the Psychiatric, the Complex Trauma indicates as it involves the simultaneous or sequential appearance in the child maltreatment and it include as psychological maltreatment, neglect, physical and sexual abuse and witnessing domestic violence. Complex Trauma is:

- (I) Chronic
- (II) Begins in early childhood and
- (III) Occurs within the child's primary care giving system or social environment.

These initial traumatic experiences, the resulting emotional abnormality, the loss of safety direction and the inability to danger states may one's development over lasting to lead repeated exposure in adulthood without any supports that might appeared the negative effects.³⁷

The term psychological disorder is often used to indicate to what are more usually knows as mental disorder or psychiatric disorders.

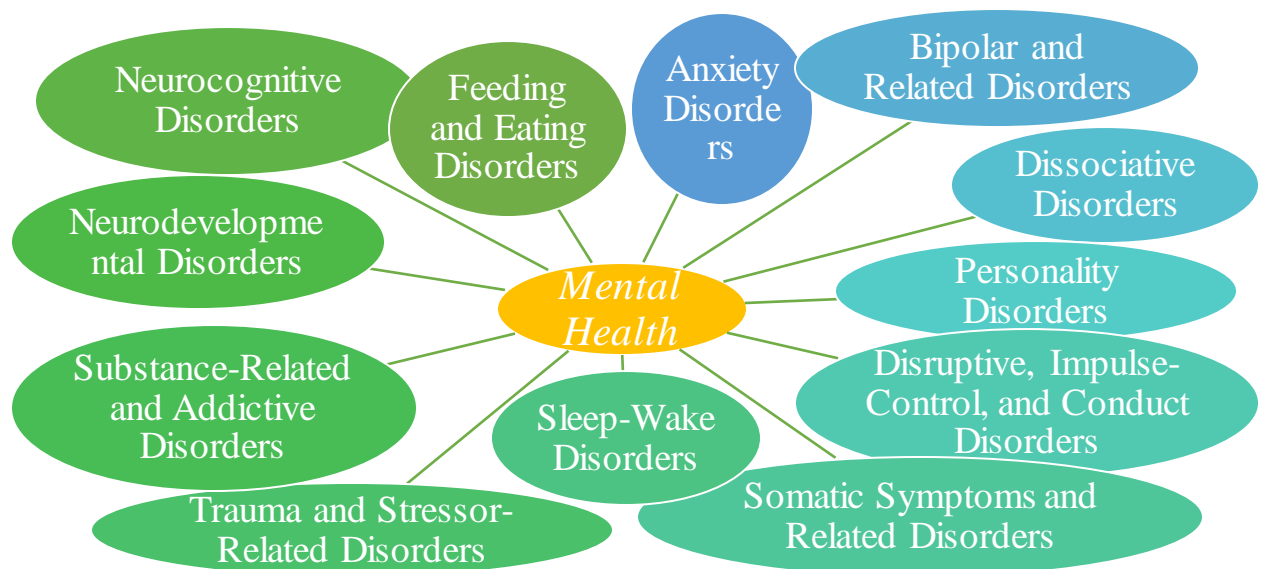
³⁵American Psychiatric Association, **Diagnostic Classification of Mental Health and Developmental Disorders of infancy and Early Childhood Revised** (DC: 0-3 R), DSM 5th ed. 2013, American Psychiatric Association, 2010.

³⁶A. Cook, **Complex Trauma in Children and Adolescents** *Psychiatric Annals*, et. al, (2005) 35:5, p. 398.

³⁷American Psychiatric Association, **Diagnostic Classification of Mental Health and Developmental Disorders of infancy and Early Childhood Revised** (DC:0-3 R), DSM 5th ed. 2013, American Psychiatric Association, 2010.

These Mental Disorders are forming of behavioral or psychological symptoms which effects multiple occurs in the life. These types of disorders could be appearing distress or stress for the individual experiencing these symptoms.³⁸

Whereas it's not widespread list of every mental disorder, these following lists encloses some of type of the major categories of disorders described in the Diagnostic and Statistical Manual of Mental Disorders (DMS). DSM is a most broadly used systems of aligning mental disorders and provides its ascertained diagnostic criteria. The latest edition of diagnostic manual is the DSM-5 and it was released in May of 2013. In this new version of psychological disorders list made many changes than the earlier version. There are some major types of disorders contain the following Tool:



(I) Anxiety Disorders³⁹

The characterizations of the Anxiety Disorders are which abnormal and excessive fears, worries, anxieties, connected with behavioral perturbations. The fear involves with an emotional response

³⁸Ibid. & **Mental Disorder**, *Medicine Plus*, U.S. National Library of Medicine. 15 Sep 2014. Retrieved 10 Jun 2016.

³⁹American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders**, American Psychiatric Association, Arlington: (5th ed. 2013), American Psychiatric Publishing, p.p. 189-195.

to a threat, whether it is real or perceived. The anxiety involves the conception that future threat may arise.⁴⁰

According to the Archives survey of General Psychiatry's published that was estimated as many as 18% of American adults suffer from at least one anxiety disorder. There are many types of disorders include under this anxiety disorder. They are as follows:

I. Generalized Anxiety Disorder⁴¹

The Generalized Anxiety Disorder (GAD) is a mental disorder and characterized by gradually and boundless worry occurred about a number of different issues.⁴² A person with GAD, faces obstacles and unable to control or manage own thoughts or worry.⁴³ They feel more worry than occurrence the actual events and may commit the worst even there is no apparent reason for concern (ICD-10).⁴⁴

II. Agoraphobia

Generally, Agoraphobia is a mental disorder, and one of an anxiety disorder. The characteristic of symptoms of anxiety in an event the person with agoraphobia feels or realizes the surrounding to be unsafe with no any simple way to get rid of it.⁴⁵ These event can be appears in the open place, public transport, public shopping malls, and entirely being outside of home.⁴⁶ It is also indicated as an involving of genetic and environmental factors.⁴⁷ The situation often arises in family

⁴⁰Ibid. p.p. 189-195.

⁴¹American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders**, Washington, D.C: (5th ed. 2013), American Psychiatric Publishing, p. 222.

⁴²**What is Generalized Anxiety Disorder**, National Institute of Mental Health (NIMH), Accessed 28 May 2008, & Torpy, M. Janet, A.E. Burke, R.M. Golub, (2011) **Generalized Anxiety Disorder**, JAMA, p. 522.

⁴³American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders**, Washington, D.C: (5th ed. 2013), American Psychiatric Publishing, p. 222.

⁴⁴**International Classification of Disease (ICD)-10.**

⁴⁵American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders**, Arlington: (5th ed. 2013), American Psychiatric Publishing, p.p. 217-221, 938.

⁴⁶Ibid. p.p. 217-221, 938.

⁴⁷Ibid. p.p. 217-221, 938.

as well as stressful events departing parent or being happened unlikely reasons.⁴⁸ Also it is classified as a phobia too.⁴⁹

III. Social Anxiety Disorder

This Social Anxiety Disorder (SAD) is a mental disorder, also well-known as social phobia.⁵⁰ It is one of the anxiety disorders. The characteristic of number of fear in one or more social events, which are causing with stress, depress and damaged or injured the handling ability to function in at least appears some parts of daily activities.⁵¹ Mostly, a physical symptom appears as bashing, shaking, pulsation, nausea and stuttering may be present, along with rapid speech.⁵²

IV. Specific Phobias⁵³

The Specific Phobia means any kind of anxiety disorder that numbers to an undue or unreasonable fear involved to revelation to specific objects or events. This person with specific phobia tries to avoid the relation with the objects or events and in terrible cases, any mention or drawing of them. The fear of anxiety can be mortifying the ability of them in their daily activities.⁵⁴

⁴⁸<http://www.dictionary.nowok.co.uk/agoraphobia.php>. **Agoraphobia** – **Dictionary of Psychotherapy**.

⁴⁹Wyatt, Jed Richard, H Robert, **Wyatt's Practical Psychiatric Practice: Forms and Protocols for Clinical Use**, (2008), American Psychiatric Pub. p.p. 90-91.

⁵⁰National Institute for Health and Clinical Excellence: Guidance. **Social Anxiety Disorder: recognition, Assessment and Treatment**, Leicester (UK): British Psychological Society; 2013.

⁵¹National Institute for Health and Clinical Excellence: Guidance. **Social Anxiety Disorder: recognition, Assessment and Treatment**, Leicester (UK): British Psychological Society; 2013.

⁵²International Statistical Classification of Diseases and Related Health Problems (**ICD-10**).

⁵³**Phobia: Specific Phobias Types and Symptom**, WebMD, n.d. <http://www.webmd.com/anxiety-panic/specific-phobias#1>.

⁵⁴**Phobia: Specific Phobias Types and Symptom**, WebMD, n.d. <http://www.webmd.com/anxiety-panic/specific-phobias#1>.

V. Panic Disorder⁵⁵

Panic disorder is mental disorder and it is under one of anxiety disorder characterized by recurrent and unexpected experiences as fearful or panic attacks.⁵⁶ The symptoms of panic disorder are sudden period of severe which may include vibrations, sweating, shaking, shortness of breath, or something feeling totally bad that is going experience.⁵⁷ Accordance with psychiatry, the symptom appears within minutes and the events or worries about having further attacks and avoidance of places where the attacks were happened in the past.⁵⁸ It is also may runs in the family,⁵⁹ the main facts include smoking psychological stress and a history of child abuse which is leading to cause of mental affected as disorder.⁶⁰

VI. Post-Traumatic Stress Disorder⁶¹

Posttraumatic stress disorder (PTSD) is a mental or psychological disorder which can develop after he/she is exposed to a traumatic experience, such as warfare, sexual assault, traffic collisions, or other threats on one's life.⁶² The syndromes may involve with disturbing thoughts feelings, or dreams related to the events, physical or mental distress and oppress to trauma-related cues, attempts to avoid trauma-related cues, also variation in how he/she think and feels, as well as an

⁵⁵**Anxiety Disorders**, NIMH, March 2016. Retrieved 1 October 2016.

⁵⁶**Anxiety Disorders**, NIMH, March 2016. Retrieved 1 October 2016.

⁵⁷*Ibid.*, & American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders**, (5th ed. 2013), Arlington: American Psychiatric Publishing, p.p. 208-217, 938.

⁵⁸*Ibid.* American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders**, Arlington: (5th ed. 2013), American Psychiatric Publishing, p.p. 208-217. 938.

⁵⁹**Panic Disorder, When Fear Overwhelms**. NIMH. March 2013. Retrieved 1 October 2016.

⁶⁰American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders**, Arlington: (5th ed. 2013), American Psychiatric Publishing, p.p. 208-217. 938.

⁶¹Search results: **Post-traumatic stress disorder in the title of a journal article**. *PubMed*, U.S. National Library of Medicine, Retrieved 21 January 2015.

⁶²American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders**, Arlington VA: (5th ed. 2013), American Psychiatric Publishing 2013, p.p. 271-280.

increase or decrease on its response.⁶³ A person with PTSD is at a higher risk for intentional self-harm and suicide too.⁶⁴

VII. Separation Anxiety Disorder

Separation anxiety disorder (SAD) is under one of anxiety disorder of mental disorder in which personal experiences excessive anxiety concerning separation or departing from strong emotional attachment, such as a parent, strong caregiver by means of all ways. It is common in infants or small children, basically between the age of 6-7 months to 3 years, as well as it may pathologically manifest in the any age of adult.⁶⁵ Generally, the separation anxiety is a natural part of developmental process. Common separation anxiety imparts for healthy growth in a child's cognitive maturation as well as it is not considered as a developing behavioral problem.⁶⁶

(II) Bipolar and Related Disorders

The characterizations of the Bipolar and Related disorders are which shifts in behavior as well as deflects in its activity and levels of energy. The disorder indicates experiencing shifts between ameliorated its behavior and periods of depression. Such ameliorated behaviors can be recognized and are prescribed to either as mania or hypomania.

It's compared to the previous edition of the DSM, in the DSM-5 the inference for manic and hypomanic episodes indicates an increased focus on deflects in its activity and levels of energy as well as ameliorates in behavioral depression.

⁶³Ibid. p.p. 271-280.

⁶⁴J.I. Bisson, S. Cosgrove, C. Lewis, **Post-traumatic stress disorder**, NP (26 November 2015), BMJ (Clinical research ed.). p. 6161.

⁶⁵Davidson, Tish. **Separation Anxiety**, Gale Encyclopedia of Children's Health: Infancy through Adolescence. 2006. Retrieved October 6, 2016, from Encyclopedia.com: <http://www.encyclopedia.com/doc/1G2-3447200510.html>.

⁶⁶Ibid <http://www.encyclopedia.com/doc/1G2-3447200510.html>.

(III) Disruptive, Impulse-Control, and Conduct Disorders⁶⁷

The disruptive, impulse-control and conduct disorders are engage an inability to control the emotional feelings and its mood of behaviors, out coming in harm to oneself or another.⁶⁸

Here the main facts with emotional and behavioral observation are characterized by the actions which violate the rights of others such as physical invasion, destroying property or conflict with societal norms, authority figures and laws. There are many types of disorders include under this disruptive, impulse-control and conduct disorder.⁶⁹ They are as follows:

I. Kleptomania (stealing)

Kleptomania or Klopemania⁷⁰ is a mental illness or mental disorder in which someone has a strong desire, which they incapable to control, to steal things. Generally, it is done for reasons other than individual use or financial benefit. Accordance with opinion of psychiatry's that was first found in 1816, and it was classified as an *impulse control disorder*.⁷¹ Meanwhile, the primary behaviors of the disorders are prescribed that *Kleptomania* could be an obsessive-compulsive spectrum disorder.⁷²

II. Pyromania (fire-starting)

According to Oxford Dictionary the Author explained it that the Pyromania means a mental illness which causes a strong desire to set fire to things. Also, it is mentioned that a person who suffers from

⁶⁷**International Classification of Diseases (ICD-10)**, World Health Organization, Archived from the original on 12 Feb, 2014.

⁶⁸ **Highlights of Changes from DSM-IV-TR to DSM-5** (PDF), DSM5.org. American Psychiatric Association. 2013. Achieved from the original (PDF) on 19 Oct, 2013. Retrieved 23 Oct, 2017.

⁶⁹**Highlights of Changes from DSM-IV-TR to DSM-5** (PDF), DSM5.org. American Psychiatric Association. 2013. Achieved from the original (PDF) on 19 Oct, 2013. Retrieved 23 Oct, 2017.

⁷⁰<http://phrontistery.info/mania.html>.

⁷¹Shulman D Terrence, **Something for Nothing: shoplifting Addiction & Recovery**, Haverford: Infinity Publishing (2004).

⁷²**Diagnostic and Statistical Manual of Mental Disorder IV**, p. 1211.

pyromania and one who enjoys making or watching fire.⁷³ The term pyromania came from the Greek word πῦρ (*pyr*, fire).⁷⁴ Pyromania is an impulse control disorder and also called it setting fire or psychiatric disorder⁷⁵. Further it indicated tension or affective arousal before the act.⁷⁶

III. Intermittent Explosive Disorder

The Intermittent explosive disorder is sometime called as IED and its behavioral disorder individualized by detonating consequences of anger and violence, also it could be changed time to time and depend on the situation.⁷⁷ It is further categorized in the Diagnostic and Statistical Manual of Mental Disorder (DSM-5) under the “Disruptive, Impulse-Control, and Conduct Disorders” range. Spontaneously, this disorder couldn’t have individualized itself and sometime exhibits with other disorders, According to Psychiatry, particularly bipolar disorder⁷⁸ individuals diagnosed with IED report outbursts as being brief as lasting less than an hour.

Meanwhile, the DSM-5 fits in several criteria for this Intermittent Explosive Disorder, such as repeatedly explosions which unravel an incapable to control impulses, within “verbal invasion (verbal arguments or fights) or physical invasion arises twice week-long period and doesn’t carry to destruction of property or physical injury (Criterion A1). And also mentioned that three outbursts or explosions which involve to injury or destruction within a year-long period (Criterion A2).⁷⁹

⁷³A S Hornby, **Oxford Advanced Learner’s Dictionary of Current English**, (Oxford: Oxford University Press, (7th ed. 2005), p. 1231.

⁷⁴Wikipedia, <https://en.wikipedia.org/wiki/Pyromania>.

⁷⁵E Robert, Hales, **Impulse Disorders Not Elsewhere Classified** and In C Stuart, Yudofsky, O Glen, Gabbard, **The American Psychiatric Publishing Textbook of Psychiatry**, American Psychiatric Pub (2008), p. 793.

⁷⁶B Steve, <https://psychcentral.com/disorders/pyromania-symptoms/>.

⁷⁷Wikipedia, https://en.wikipedia.org/wiki/Intermittent_explosive_disorder.

⁷⁸S L Mc Elroy, C A Soutullo, D A Beckman, P Taylor, P E Keck, **DSM-IV intermittent explosive disorder: a report of 27 cases**, (April 1998). *J Clin Psychiatry*, p.p. 203-210.

⁷⁹American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorder**, Arlington, VA: (5th ed. 2013), American Psychiatric Publishing.

IV. Conduct Disorder

The Conduct Disorder is indicated a range of behavioral and emotional obstacles in young hood.⁸⁰ Often it is difficult for them to following the rules and behaving in a social acceptable way.⁸¹ Also this disorder is obvious in the children, adults and social agencies as “bad” or offender rather than mentally ill. There are many reasons may contribute to a child developing conduct disorder, within brain damage, neglect or child abuse, school failure, genetic vulnerability and traumatic life experiences.⁸²

V. Oppositional Defiant Disorder

Oppositional defiant disorder (ODD) is a mental disorder⁸³ and indicated by the DSM-5 as “a model of agitated / irritable mood, controversial / defiant behavior or vengefulness and it is lasting at least six months”.⁸⁴ The Children with oppositional defiant disorder are not invective towards people or anyone else, do not destroy property and theft or deceit,⁸⁵ as well as no longer applicable if diagnosed it in an individual with reactive attachment disorder (RAD).⁸⁶

⁸⁰Wikipedia, https://en.wikipedia.org/wiki/Conduct_disorder.

⁸¹S P Hinshaw, S S Lee, **Conduct and oppositional defiant disorders: Child psychopathology**, (E J Mash & R A Barkley ed), New York (2003), Guilford Press, p.p. 144-198.

⁸²American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorder**, Arlington, VA: (5th ed. 2013), American Psychiatric Publishing, p. 659.

⁸³Wikipedia, https://en.wikipedia.org/wiki/Oppositional_defiant_disorder.

⁸⁴American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorder (5th ed.)**, Diagnostic criteria 313.81 (F91.3).

⁸⁵Nolen-Hoeksema, Susan, *(ab)normal psychology*. New York, NY: (2014), McGraw Hill. p. 323.

⁸⁶Wikipedia, https://en.wikipedia.org/wiki/Reactive_attachment_disorder.

(IV) Dissociative Disorders

The dissociative disorders (DD) are psychological disorders which embroil a dissociation or interruption in countenance of the consciousness, containing identity and breakdown of memory.⁸⁷

There are many types of disorders include under this disruptive, impulse-control and conduct disorder. They are as follows:

I. Dissociative Amnesia

The Dissociative amnesia also well known as psychogenic amnesia is indicated as a memory disorder distinguished by sudden retrogressive memory loss or damage.⁸⁸ It is happening because of gaps and unable to recall the personal information themselves, under the traumatic or stressful nature.⁸⁹ Its criteria were changed from DSM-IV to the DSM-5 and it is subsumed under dissociative amnesia.⁹⁰ The person with this dissociative amnesia, presence of a lack of conscious self-knowledge and could not recognized himself as who he is.⁹¹ According to psychiatry and psychogenic amnesia is revealed from organic amnesia and it is supposed to result from non-organic cause.⁹² Meanwhile some of them try to distinguished there are no structural brain damage or brain

⁸⁷American Psychiatric Association, *DSM-IV-TR*, (4th ed. (2000), American Psychiatric Press. p. 543.

⁸⁸S Arzy, S Collette, M Wissmeyere, F Lazeyras, P W Kaplan & O Blank, **Psychogenic amnesia and self-identity: a multimodal functional investigation**, *European Journal of Neurology* (2001), p.p. 1422-1425.

⁸⁹S Leong, W Waits, C Diebold **Dissociative Amnesia and DSM-IV-TR Cluster C Personality Traits** Psychiatry (January 2006, Edgemont), p.p. 51-55.

⁹⁰American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorder**, American Psychiatric Association, Arlington: (5th ed. 2013).

⁹¹L Serraa, L Faddaa, I Buccionea, C Caltagironea, C. & G A Carlesimoa, Psychogenic and organic amnesia. A multidimensional assessment of clinical, neuroradiological, neuropsychological and psychopathological features, *Behavioural Neurology* (2007). p.p. 53-64.

⁹²H. J. Markowitsch; G. R. Fink; A. Thone; J. Kessler; W-D. Heiss; **A PET study of persistent psychogenic amnesia covering the whole life span**, *Cognitive Neuropsychiatry* (1997), p.p. 135–158.

injure may be evident but some form of psychological stress should subside the amnesia. Any way it is still controversial.⁹³

II. Dissociative Identity Disorder

The Dissociative identity disorder (DID) is well-known as multiple personality disorder (MPD).⁹⁴ It is a mental disorder discriminated by individual and relatively adjusting identities or dissociated personality conditions. These conditions or states additionally occur in one's behavior and accompanied by memory losing, deprivation or impairment for important information not discussed by common carefulness and forgetfulness.⁹⁵

III. Depersonalization or Derealization Disorder

The Depersonalization disorder (DPD) or derealization disorder, is a well-known as a mental disorder, in which person has gradually or repeatedly feelings of depersonalization/derealization.⁹⁶ The Symptoms or Syndromes could be identified or classified as either depersonalization or derealization. Generally, depersonalization is indicated as a feeling detached or disengaged himself. It is reported as individuals experiencing depersonalization, as well as an outside observer of their own mind's thoughts or physical body, and also frequently the feelings gone out of range over their mental thoughts or bodily actions.⁹⁷ In some cases, it may be unable to recognize or receive their reflection of their own body or out-of-body experiences, when depersonalization is occurred as a sense of detachment from himself.⁹⁸ The derealization is denominated as detachment or disconnected from

⁹³F. Lucchelli, H. Spinnler, The "psychogenic" versus "organic" conundrum of pure retrograde amnesia: Is it still worth pursuing? (2003) *Cortex*, p.p. 665–669.

⁹⁴WHO **The ICD-10 Classification of Mental and Behavioural Disorders** Diagnostic Criteria for Research (PDF), World Health Organization, Geneva.

⁹⁵American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders-IV (Text Revision)**, Arlington: (2000), American Psychiatric Publishing, p.p. 526–529.

⁹⁶https://en.wikipedia.org/wiki/Depersonalization_disorder.

⁹⁷American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorder (5th ed. DSM-5)**, American Psychiatric Association, Arlington 2013.

⁹⁸D Simeon, **Depersonalization Disorder: A Contemporary Overview**, 2004, *CNS Drugs*, p.p. 343-354.

one's neighborhood or surroundings, as well as it is reported that individuals experiencing derealization, comprehends the surroundings and neighbors as foggy, nightmare, surreal or visually distorted.⁹⁹ In order to these depersonalization-derealization disorder symptoms, the inner restlessness occurred by disorder may outcome in depression, self-injure, low self-esteem so on. It is also may occur many kind of physical symptoms, including blurry vision, visual snow, chest pain, indigestion, physical weakness, distaste, nausea and the sensation of pins and needles in one's arms or legs.

Further, the psychiatrics expounded it clearly that the depersonalization-derealization disorder is mental thoughts caused excessive by exquisite traumatic lasting events, consisting bad drug experiences, childhood abuse, war, mental or physical torture, horrible accidents, natural disasters.¹⁰⁰ Any how it is not clear even genetics occurrences, however, many hormonal and neurochemical deflects in persons with depersonalization disorder.¹⁰¹

(V) Feeding and Eating Disorders¹⁰²

An eating disorder is a kind mental disorder which indicates abnormal eating habits.¹⁰³ The characterizations of the Eating or Feeding Disorders are which excessive suspense with weight and disruptive eating behavior which negatively impress physical and mental health.¹⁰⁴

There are many types of disorders include under this disruptive, impulse-control and conduct disorder. They are as follows:

⁹⁹American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorder (5th ed. DSM-5)**, American Psychiatric Association, Arlington 2013.

¹⁰⁰Simeon, Daphne. **Depersonalization Disorder: A Contemporary Overview**, Addis International. Archived from the original on 31 March 2014. Retrieved 13 October 2016.

¹⁰¹Ibid.

¹⁰²National Institute of Mental Health, **What are Eating Disorders? NIMH**, Retrieved 24 May 2015.

¹⁰³Ibid.

¹⁰⁴American Psychiatry Association, **Diagnostic and Statistical Mental Disorders (5th ed.)**, Arlington: American Psychiatric Publishing (2013), p.p. 329-354.

I. Anorexia Nervosa

It is defined as a mental disorder,¹⁰⁵ and is an eating disorder characterized by a low weight, fear of gaining weight, a strong desire to be thin food restriction.¹⁰⁶ The person with anorexia nervosa feels fear of overweight him or herself, even though he/she is underweight.¹⁰⁷ Usually, it's also denied if someone asked the person has a problem with low weight as well as overweight of anorexia nervosa.¹⁰⁸

II. Bulimia Nervosa

Bulimia nervosa is well-known as a part of eating disorder.¹⁰⁹ Generally it's called simply bulimia.¹¹⁰ Accordance with opinion of psychiatry, this bulimia of eating disorder individualized binge eating which is following by purging.¹¹¹ It is refer to eating large amount of food during short time, and also refers to endeavors for resolve the food decayed.¹¹² Often, As a result of the bulimia is losing of enamel (acid erosion) from the inside of the upper front teeth.¹¹³

Sometime, it is involving with other mental disorders likewise depression, anxiety and more over it is arisen with problems of drug or

¹⁰⁵Sari Fine Shepphird (2009), **100 Questions & Answers About Anorexia Nervosa**, Jones & Bartlett Learning, p. xvi.

¹⁰⁶National Institute of Mental Health, **What are Eating Disorders?** *NIMH*, Retrieved 24 May 2015.

¹⁰⁷Ibid & E. Attia, **Anorexia Nervosa: Current Status and Future Directions**, *Annual Review of Medicine* (2010), p.p. 425-435.

¹⁰⁸American Psychiatry Association, **Diagnostic and Statistical Manual of Mental Disorders**, Washington: DSM-5 (5th ed. 2013), American Psychiatric Publishing, p.p. 338-345.

¹⁰⁹American Psychiatry Association, **Diagnostic and Statistical Mental Disorders** (5th ed.), Washington D.C.: American Psychiatric Publishing (2013).

¹¹⁰Ibid.

¹¹¹National Institute of Mental Health, **What are Eating Disorders?** *NIMH*, Retrieved 24 May 2015.

¹¹²**Bulimia nervosa fact sheet**, Office on Women's Health, 16 July, 2012, Retrieved 27 June, 2015.

¹¹³U.S. Department of Health and Human Services, **Preventing Chronic Diseases: Investing Wisely in Health**, National Center for Chronic Disease Prevention and Health promotion. (8 August, 2007).

alcohol,¹¹⁴ as well as there is higher risk from it such as suicide and self-harm.¹¹⁵

III. Rumination Disorder

Rumination disorder is a kind of eating disorder. The syndrome with these people feels as spit up often and unexpectedly as well as refers undigested or partially digested meal from the abdomen.¹¹⁶ Also it is reported that as food tastes normal, not acidic like vomit.¹¹⁷ The rumination may appear typically every day and with the meal, usually may appear during 30 minutes of eating.¹¹⁸ Generally it is distracted with bulimia nervosa. Psychiatry says that some people have rumination syndrome and constipation affected by a rectal evacuation disorder.¹¹⁹

IV. Pica

The Pica disorder is also one of an eating and a mental disorder. It is characterized by appetite or craving for substances that excessively to eating non-food or non-nutritive, such as ice (pagopagia), hair (trichophagia), paper (xylophagia),¹²⁰ drywall or paint, metal (metallophagia), stones (lithophagia), or feces (coprophagia), glass (hyalophagia), or soil (geophagia), and chalk.¹²¹ Accordance with Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria, for these actions to be considered as pica, those must insist for more than one month at an age which eating such substances is

¹¹⁴**Bulimia nervosa fact sheet**, Office on Women's Health. 16 July, 2012. Retrieved 27 June, 2015.

¹¹⁵F.R. Smink, D.Van. Hoeken, H.W. Hoek, **Epidemiology of eating disorders: incidence, prevalence, and mortality rates**, *Current psychiatry reports*. p.p. 406-414.

¹¹⁶**Rumination Syndrome**, Diagnosis and Treatment Options at Mayo Clinic (<http://www.mayoclinic.org/diseases-conditions/rumination-syndrome/basics/definition/con-20037142>).

¹¹⁷Ibid.

¹¹⁸Ibid.

¹¹⁹Ibid.

¹²⁰Mahesh Gowda, Bhavin M. Patel, S. Preethi, and M. Chandrasekar, **An unusual case of xylophagia (paper-eating)**, *Industrial Psychiatry Journal* (2014), Archived from the original on 17 June 2017, Retrieved 17 June 2017.

¹²¹Luby, L. Joan, *Handbook of preschool mental health: development, disorders and treatment*, New York: Guilford Press (ed. 2009), p. 129.

considered as developmentally unsuitable, not culturally sanctioned practice and warrant clinical attention. It can lead to intoxication in children, which can cause of damage in both mental and physical development.¹²² Pica is most commonly seen in pregnant women.¹²³

V. Binge-Eating Disorder

The eating and feeding disorders are which involved to be diagnosed during infancy and childhoods have been moved to this category in the DSM-5. It is appeared by frequent and repeated as binge eating with associated negative social and psychological problems, but without any subsequent purging such as vomiting. The recent update of it was requisite to individualize binge eating as bulimia nervosa but without characteristic purging or refining.¹²⁴ Sometimes BED considers as a milder version of bulimia nervosa and that characteristics are the same criteria.¹²⁵

(VI) Neurocognitive Disorders

The characterizations of the Eating or Feeding Disorders are which acquired deficits in cognitive function.

These disorders do not include those in which impaired cognition was present at birth or early in life. When it happened to a person, physical changes appeared in the brain, such as neurological illness, mental illness, and drug use or brain injury.¹²⁶ Mostly the clinical neuropsychologist or specialist may detect and understand such deficits in using neuropsychological test and may be related in rehabilitation of an affected person.

¹²²Blinder, J. Barton, C. Salama **Anupdate on Pica: prevalence, contributing causes, and treatment**, (May 2008), *Psychiatric Times*. 25 (6).

¹²³L. B. López, C. R. Ortega Soler, M. L. De Portela, **Pica during pregnancy: a frequently underestimated problem**, (Mar, 2004), *Archivos latinoamericanos de nutricion*, p.p. 17–24.

¹²⁴Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia and related eating disorders, National Clinical Practice Guideline No CG9, Leicester: The British Psychological Society and Gaskell. 2004.

¹²⁵P. P. Hay, J. Bacaltchuk, S. Stefano, P. Kashyap, **Psychological treatments for bulimia nervosa and bingeing**, (7 Oct, 2009), *The Cochrane database of systematic reviews* (4): CD000562.

¹²⁶*Ibid.*

I. Delirium

According to DSM-5, Delirium is well-known as acute confusional state, is an organically caused collapse from previously baseline condition of mental function. Often it has a fluctuating condition, attention deficits, and disorganized of behavior. Most commonly it engages with other cognitive deficits and changing in arousal such as perceptual deficits, mentally delusions, hyperactive, hypoactive or mixed. Delirium is not a disease but as kind of symptoms.¹²⁷

II. Major or Mild Neurocognitive Disorder

The major or mild neurocognitive disorder is a mental disorder. The mental and behavioral symptoms of it are similar. The neuropsychologists included as a degenerate or downfall in capacity of mind in thinking skill,¹²⁸ such as the ability to plan, apathy of making decision, focus on a task, unable to remember the names of objects and people, perform daily tasks, act as speak and behave in socially accepted ways. When it is only a slightly degenerate in one or more of these functions, it is called mild.¹²⁹ Also it is severe decline in one or more of these functions; it is called and considered as major neurocognitive disorder. The cognitive disorders do not consider in the DSM-IV-TR, because loss of cognitive function is not the initial (causal) symptom.¹³⁰

The neurocognitive disorder is categorized into nine and caused by medical conditions which affect mental functions such as memory, thinking and the ability to reason, including Alzheimer's disease, Front temporal degeneration, Huntington's disease, Lewy body disease, traumatic brain injury (TBI), Prkinson's disease, and dementia/neuroconitive issues due to HIV infection. The symptoms

¹²⁷A. Clegg, J. B. Young, Which medications to avoid in people at risk of delirium: a systematic review, (January 2011), *Age and ageing*, p.p.: 23–29.

¹²⁸The International Classification of Disease, Version 9 (**ICD-9**) outline code (**780.93**).

¹²⁹The International Classification of Disease, Version 9 (**ICD-9**) outline code (**331.83**).

¹³⁰Anthony Guerrero, **Problem-Based Behavioral Science of Medicine**, New York: (2008) Springer, p.p. 367-379.

categorized and diagnosed as either major or mild in nature, depending on the intensity of symptoms. The major neurocognitive disorder is commonly considered as full-out dementia, while mild neurocognitive disorder is recognized as slight cognitive impairment.

III. Major or Mild Neurocognitive Disorder Due to Alzheimer's Disease

The neurocognitive disorders (NCDs) is well-known as cognitive disorders. Groups of mental health disorders are that basically affect cognitive abilities together with learning, memory, perception and problem solving. These neurocognitive disorders include delirium, mild and major neurocognitive disorders, are previously well-known as dementia,¹³¹ mentioned in DSM-III. The definition of the above disorder is deficit of cognitive efficiency which is as inverse to developmental generally represents decrease and may have interrelated brain pathology.¹³² According to DSM-5, there are six kinds of cognitive process due to Alzheimer's as follows the executive process, learning and memory, perceptual-motor process, language, complex attention and social cognition.¹³³ Also it is affected due to HIV disease and due to Parkinson's disease as well as Traumatic brain injury (TBI) etc.¹³⁴

IV. Major or Mild Neurocognitive Disorder Due to Parkinson's Disease

According to DSM-IV, the disorder is called as Dementia Due to Parkinson's disease (PD). The major or mild neurocognitive disorder due to Parkinson's disease is existence of dementia that is referred to be straight pathophysiological outcome of Parkinson's disease.¹³⁵ It is a

¹³¹The International Classification of Disease, Version 9 (ICD-9) outline code (290.0 -290.4).

¹³²Anthony Guerrero, **Problem-Based Behavioral Science of Medicine**, New York: (2008) Springer, p.p. 367 – 379.

¹³³The International Classification of Disease, Version 9 (ICD-9) outline code (331.0)

¹³⁴J. R. Simpson, **DSM-5 and Neurocognitive Disorders**, The Journal of the American Academy of Psychiatry and the Law: (2014), p.p. 164-259.

¹³⁵American Psychiatric Association, **Major or mild neurocognitive disorder due to Parkinson's disease (DSM-V)**, Washington: (2013).

gradually growing neurocognitive condition, individualized by vibration, inflexibility and postural imbalance or unstableness.¹³⁶ Dementia involved with Parkinson's disease is individualized by cognitive and motor slowly, impairment in memory retrieval.¹³⁷ The Cognitive performance declines in individuals with Parkinson's disease and it is frequently enhanced by depression.¹³⁸ There are a group of syndromes that may occur with major or mild cognitive disorder due to Parkinson's disease.¹³⁹ Some of them with Parkinson's disease and dementia are invented autopsy to have correlating neuropathology indicative of Alzheimer's disease or Lewy body disease.

(VII) Neurodevelopmental Disorders

The characterizations of the Neurodevelopmental Disorders are which generally diagnosed during infancy, childhood, or adolescence. There are many types of psychological disorders include under this Neurodevelopmental Disorder. They are as follows:

I. Intellectual Disability (or Intellectual Development Disorder), Formerly Referred to as Mental Retardation

It is well-known as mental retardation (MR),¹⁴⁰ also known as Intellectual Development Disorder. It is generalized under the neurodevelopmental disorder, characterized by significantly problematic intellectual and adaptive functioning. It is identified by an IQ score under 70 in addition to deficiency in two or more adaptive behaviors that

¹³⁶Ibid.

¹³⁷Ibid.

¹³⁸Ibid.

¹³⁹H. Royden Jones, **The Netter Collection of medical illustrations, a compilation of paintings**, Philadelphia, PA: (2nd ed. 2013), Saunders Elsevier, p. 161.

¹⁴⁰Authenticated U.S. Government Information GPO, **Rosa's Law (PDF Report no 111-244)**, Washington, D.C.: U.S. G. O. P. (2010), Archived from the original on 12 July 2017, Retrieved December 12, 2017, p. 2.

affect daily general living. An intellectual development disability (IDD), recognized as a “general learning disability”.¹⁴¹

II. Developmental Delay

It is a diverse group of chronic condition that is due to mental or physical impairments. The developmental delay is also known as developmental disabilities cause individuals living with them many difficulties in particular parts of life, especially in "language, mobility, education, self-help and independent living".¹⁴² This can be initially suspected when a child does not reach expected child development stages. Some of researchers have found that the prevalence of mild developmental delay or disabilities is likely to be higher in areas of poverty and deprivation and among people of particular ethnicities.¹⁴³

III. Communication Disorders

Any kind of disorder can be affects a person’s ability to perceive, detect, and apply language and speech to engage in oration effectively with others.¹⁴⁴ The delays and disorders can range from simple sound implantation to the incapability to understand or use one’s native language.¹⁴⁵

IV. Language Disorder

It is also well-known as language impairment is a disorder which related the procedure of linguistic information.¹⁴⁶ Significant problems

¹⁴¹Linda Wilmshurst, **General Learning Disability** (Clinical and Educational Child Psychology an Ecological- Transactional Approach to Understanding Child Problems and Interventions), Hoboken: Wiley (2012), p. 168.

¹⁴²Center for Disease Control and prevention, **Developmental disabilities**, (2013), Retrieved December 16, 2017.

¹⁴³Secretary of State (UK) for Health, **Valuing People-A New Strategy for learning Disability for the 21st Century**, Secretary of State (UK) for Health: (2001), p.16.

¹⁴⁴John William Collins, **The greenwood dictionary of education**, Greenwood: (2011), p. 86.

¹⁴⁵Jean Berko Gleason, **The development of language**, Boston: (2001) Allyn and Bacon, OCLC 43694441.

¹⁴⁶S. Heim, & A. A. Benasich, **Developmental disorders of language**, In D. Cicchetti & D.J. Cohen (eds.) **Developmental psychology**, Vol. 3. Risk, Disorder and adaptation, Hoboken, NJ: Wiley (2nd ed. 2006), p.p. 268-316.

that may be experienced can relate grammar, meaning or other aspects of language. These impairments may be receptive (relating impaired language perceiving), expressive (relating language production) and a combination of both. The disorders can be affect spoken and written language as well as can affect to sign language, these all forms of language will be impaired.¹⁴⁷

V. Autism Spectrum Disorder

It is a developmental disorder, individualized by troubles with social interaction and communication.¹⁴⁸ Frequently there are also restricted and repetitive behaviors.¹⁴⁹ Generally, parents notice the signs in the first two or three years of their child's life.¹⁵⁰ Autism spectrum disorder is caused by a group of genetic and environmental factors.¹⁵¹ The severe causes include particular infections during pregnancy such as rubella, valproic acid, alcohol, cocaine associate during pregnancy.¹⁵² After 2013 DSM-5, Autism is comprised within the ASDs, along with Asperger syndrome which is less intense, also pervasive developmental disorder, not otherwise specified (PDD-NOS).¹⁵³

VI. Attention-Deficit Hyperactivity Disorder

It is a mental disorder of the neurodevelopmental condition.¹⁵⁴ ADHD code is 314.01, is individualized by problems paying attention, excessive activity or difficulty of controlling behavior which is not

¹⁴⁷American Psychiatric Association, **Neurodevelopmental Disorders**, DSM Library: 2013-05-22.doi: 10.1176/appi.books.9780890425596.dsm01.

¹⁴⁸R. J. Linda, Diagnosis of autism spectrum disorders in the first 3 years of life, *Nat Clin Pract Neurol*. 4 (3): 138-47.

¹⁴⁹*Ibid.*

¹⁵⁰*Ibid.* & American Psychiatric Association, **Autism Spectrum Disorder, 299.00 (F84.0) DSM-5**, Washington: (2013).

¹⁵¹P. Chaste, M. Leboyer, **Autism risk factors: genes, environment and gene-environment interactions**, *Dialogues in Clinical Neuroscience*: (2012). p. 281-92.

¹⁵²A Ornoy, L. Weinstein-Fudim, Z. Ergaz, **Prenatal factors associated with autism spectrum disorder (ASD)**, *Reproductive Toxicology*: (2015), p.p. 155-169.

¹⁵³American Psychiatric Association, **Autism Spectrum Disorder, 299.00 (F84.0) DSM-5**, Washington: (2013).

¹⁵⁴S. C. Caroline, **Encyclopedia of Cross-Cultural School Psychology**, Springer Science & Business Media: (ed. 2010), p. 133.

adequate for an individual's age.¹⁵⁵ Initially, the syndromes occur before an individual is 12 years old, are last for more than 6 months and significant problems in at least two circumstances, such as school, home or recreational activities.¹⁵⁶

(VIII) Personality Disorders

The characterizations of the Personality Disorders are which maladaptive thought forms, feelings and behaviors that can cause serious detriments to relationships and other life areas. There are many types of disorders include under this Personality Disorder. They are as follows:

I. Antisocial Personality Disorder

The antisocial personality disorder (ASPD) is recognized as a sociopathy, and a personality disorder individualized by an overlong pattern of disregarding for, or violation of, the rights of others.¹⁵⁷ An unprivileged moral sense or conscience is often apparent, also a historical crime, legal problems or impulsive and aggressive behavior.¹⁵⁸

II. Avoidant Personality Disorder

It (AvPD) is a Cluster C personality disorder and these are extensive feelings of social interdiction and inadequacy, extreme sensitivity to negative evaluation and avoidance of social interaction despite a strong intention to be familiar to others.¹⁵⁹ A person with the disorder indicates him or herself as uneasy, anxious, lonely, unwanted

¹⁵⁵American Psychiatric Association, **Autism Spectrum Disorder (DSM-5)**, Arlington: (2013), p.p. 59-65.

¹⁵⁶Mina K. Dulcan, MaryBeth Lake, **Axis I Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence: Attention-Deficit and Disruptive Behavior Disorders, Concise Guide to Child and Adolescent Psychiatry**, (4th illustrated eds. 2011), American Psychiatric Association, p. 34.

¹⁵⁷Mayo Clinic Staff, **Overview- Antisocial personality disorder**, Mayo Clinic: (2nd April 2016), Retrieved 12 April 2016.

¹⁵⁸K. Fred Berger, **Antisocial personality disorder: Medline Plus Medical Encyclopedia**, Medline Plus: (29 July 2016), Retrieved 1st November 2016.

¹⁵⁹American Psychiatric Association, **Avoidant Personality Disorder**, American Psychiatric Association: (5th ed. 2013), p.p. 672-675.

and isolated from others.¹⁶⁰ Behavior typically appears by early adulthood and also occurs in many kinds of situations.¹⁶¹

III. Borderline Personality Disorder

Borderline personality disorder (BPD) is also well-known as emotionally unstable personality disorder.¹⁶² It is a long-lasting pattern of unnatural or abnormal behavior indicated by hectic relationship with other people, hectic sense of self, hectic emotions.¹⁶³ The symptom is manifold risky behavior such as a feeling of emptiness, self-harm, and extreme fear of (emotional) insecure,¹⁶⁴ and also the symptoms may be brought on even by seemingly general events.¹⁶⁵ BPD's causes are still unclear but seem to be coated genetic, brain, environmental and social factors.¹⁶⁶

IV. Dependent Personality Disorder

DPD known as aesthetic personality disorder, is personality or mental disorder which is indicated by infectious psychological reliance on someone else. It is a long-term pattern in which person relies on another to meet his emotional and physical needs with normal levels of independence. The causes of DPD, is unknown but sometime it may arise with somewhat subjective which makes sensitive cultural influences such as gender role expectations.¹⁶⁷

¹⁶⁰Theodore Millon, D Roger Davis, **Disorders of Personality: DSM-IV and Beyond**, (2nd eds. 1996), p. 263.

¹⁶¹American Psychiatric Association, **Avoidant Personality Disorder**, American Psychiatric Association: (2013), p.p 672-675.

¹⁶²**Borderline personality disorder**, NICE Clinical Guidelines, No. 78. British Psychological Society. (2009).

¹⁶³American Psychiatric Association, **Diagnostic and Statistical Manual of mental Disorders: DSM-5**, Washington: (5th ed. 2013), p.p. 645, 663-666.

¹⁶⁴National Institute of Mental Health, **Borderline Personality Disorder**, *NIMH*, Archived from the original on 22 March 2013, Retrieved 16 March 2016.

¹⁶⁵American Psychiatric Association, **Diagnostic and Statistical Manual of mental Disorders: DSM-5**, Washington: (5th ed. 2013), p.p. 645, 663-666.

¹⁶⁶National Health and Medical Research Council, **Clinical Practice Guideline for the Management of Borderline Personality Disorder**, Melbourne: (2013), p.p. 40-41.

¹⁶⁷Sederer, I Lloyd, **Blueprints Psychiatry**, Wolters Kluwer / Lippincott Williams & Wilkins, Philadelphia: (5th ed. 2009), p. 30.

V. Histrionic Personality Disorder

It (HPD) is defined by the American Psychiatric Association as a personality disorder indicated by a shape of pervasive attention-seeking emotions, generally it is arising in the early adulthood, including unsuitably seductive behavior and pervasive needs for proof. People with HPDS are lively, dramatic; vivacious enthusiastic and flirtatious as well as affects four times as many women as men.¹⁶⁸

VI. Narcissistic Personality Disorder

It is a personality disorder which is a long-term pattern of unusual behavior indicated by pervasive feelings of self-importance, an excessive necessity for admiration,¹⁶⁹ also a lack of understanding of others' feelings.¹⁷⁰ The person invaded by it frequently consumes many time thinking about acquiring power or success or about their appearance.¹⁷¹

VII. Obsessive-Compulsive Personality Disorder

This is a common, chronic and long-lasting disorder. A person has uncontrollable and personal thoughts to repeatedly arisen in details; mental and interpersonal control and a need for over control his/her environment.¹⁷² Sometimes these activities occur in a person as negatively take up more than an hour a day. Therefore, the condition is associated with anxiety disorder and excessive the risk of suicide.¹⁷³

VIII. Paranoid Personality Disorder

¹⁶⁸Seligman, E. P. Martin **Abnormal Psychology (Chapter 11)**, W. W. Norton & Company: (2009).

¹⁶⁹American Psychiatric Association, **Diagnostic and Statistical Manual of mental Disorders: DSM-5**, Washington: (5th ed. 2013), p.p. 645, 669-672.

¹⁷⁰E. Caligor, K.N. Levy, F.E. Yeomans, **Narcissistic personality disorder: diagnostic and clinical challenges**, *The American Journal of Psychiatry*: (May 2015), 172 (5): 415-422.

¹⁷¹American Psychiatric Association, **Diagnostic and Statistical Manual of mental Disorders: DSM-5**, Washington: (5th ed. 2013), p.p. 645, 669-672.

¹⁷²American Psychiatric Association, **Diagnostic and Statistical Manual of mental Disorders: DSM-5**, Washington: (5th ed. 2013), p.p. 237-242.

¹⁷³Ibid. p.p. 237-242.

It is a mental disorder individualized by paranoia and a pervasive, long-lasting suspiciousness or doubtfulness and couldn't keep trust on others.¹⁷⁴ A person with this disorder may be easily insulted, hypersensitive and habitually involve with another or world by vigilant scanning of the environment for clues or suggestions which may witness of person's fears or biases.¹⁷⁵ The people with this disorder think and suspect as he/she is in danger and signs and threats of that danger, generally not appreciating other evidence¹⁷⁶ and believe to be performed self-defense.¹⁷⁷

IX. Schizoid Personality Disorder

This a personality disorder indicated by a lack of interest in social relationships, a desire towards a solitary, secretiveness, emotional coldness, detachment and apathy.¹⁷⁸ A person with this disorder is unable to familiar to others and solely internal fantasy world.¹⁷⁹ SPD is not same as schizophrenia or schizotypal personality disorder. Anyhow, there is some links and relationship of genetic risky between SPD. Therefore, SPD is considered to be a "schizophrenia-like personality disorder".¹⁸⁰

X. Schizotypal Personality Disorder

It is known as schizotypal disorder and mental disorder individualized by severe social anxiety, thought disorder and unconventional beliefs. A people with this disorder feel excessive discomfort with maintaining close relationships with others, negative thoughts towards them and therefore avoid performing them. Peculiar speech and odd modes of dress are also symptoms of this disorder as

¹⁷⁴Robert J. Waldinger, **Psychiatry for Medical Students**, American Psychiatric: (1997), p. 632.

¹⁷⁵Ibid. p. 632.

¹⁷⁶Ibid. p. 632.

¹⁷⁷ A S Hornby, **Oxford Advanced Learner's Dictionary of Current English**, (Oxford: (6th ed. 2000), Oxford University Press, p. 1100.

¹⁷⁸Arthur S. Reber, **The Penguin Dictionary of Psychology** (4th ed.) London; New York: (4th ed. 2009), p.706.

¹⁷⁹Ibid.

¹⁸⁰Dennis S. Charney, Eric J. Nestler, **Neurobiology of Mental Illness**, Oxford Press: (2005), p. 240.

well as STPD may reoccur oddly in conversations, not respond or talk to themselves.¹⁸¹

(IX) Sleep-Wake Disorders

The sleep-wake disorders are embroiling an obstacle in sleeping systems which lead to distress or depression affect in day today. There are many types of disorders include under this Sleep-Wake Disorders. They are as follows:

I. Narcolepsy

This is a sleep disorder. It occurs when the nervous system does not work thoroughly.¹⁸² People with this disorder fall asleep in day time, even though they do not want to sleep. Mostly, these people could not sleep well at night and therefore the people fall asleep uncontrollably. This disorder can have categorized into two, such as more common symptom is recognized cataplexy or muscle failure and a less common one is without cataplexy. As a state of Neurologist, it affects the way of nerves system and is not a mental illness or caused by psychological problems.¹⁸³

II. Insomnia Disorder

It is well-known as sleeplessness, means sleep disorder. The person with this disorder has sleeping problem.¹⁸⁴ It may have difficulty to falling asleep or staying asleep as long as desire or motive.¹⁸⁵ Also it

¹⁸¹American Psychiatric Association, **Schizotypal Personality Disorder** (Diagnostic and Statistical Manual of mental Disorders: DSM-5), Washington: (5th ed. 2013), p.p. 655-659.

¹⁸²Wikipedia, <https://simple.wikipedia.org/wiki/Narcolepsy>.

¹⁸³National Institute of Neurological Disorders and Stroke, **NINDS Narcolepsy**, (June 27, 2011), Retrieved on December, 2017.

¹⁸⁴National Heart, Lung, and blood Institute, **What Is Insomnia**, *NHLBI*. December 13, 2011, Archived from the original on 28 July 2016, Retrieved 9 August 2016.

¹⁸⁵Stuart C. Yudofsky, Robert E. Hales, **Essential of Neuropsychiatry and Clinical Neurosciences**, Arlington: (4th eds. 2004), American Psychiatric Publishing, p.p. 315-340.

is typically met by daytime sleepiness, low energy, irritability and depressed mood.¹⁸⁶

III. Hypersomnolence Disorder

Hypersomnia or hypersomnolence, is a neurological disorder means recurrent and excessive daytime sleepiness or prolonged nighttime sleep.¹⁸⁷ Different from feeling tired because of not enough sleep at night, persons with this disorder are desired to nap frequently anytime anywhere. This kind of daytime naps usually no relief from the symptoms. Patients may feel difficulty to waking from a long sleep.¹⁸⁸ The hypersomnia affects approximately 5% of general population,¹⁸⁹ with a higher appearance for men due to the sleep apnea syndromes.¹⁹⁰

IV. Breathing-Related Sleep Disorders

This disorder is categorized to a scope of breathing exceptional ranging from chronic or habitual snoring to upper airway resistance syndrome (UARS) to genuine obstructive sleep apnea (OSA) and in some cases, obesity hypoventilation (inadequate breathing) syndrome (OHS).¹⁹¹

V. Parasomnias

These are sleep disorders which meet abnormal moments, behaviors, emotions, perceptions and dreams also occur while falling asleep, between sleep stages, during arousal from sleep. Syndromes of

¹⁸⁶Ibid. p.p. 315-340.

¹⁸⁷Charles F. Reynolds, Ruth O'Hara, **DSM-5 Sleep-Wake Disorders Classification: Overview for Use in Clinical Practice**, The American Journal of Psychiatry: (2013), 170 (10): 1099-1101. Retrieved 12 January 2017.

¹⁸⁸American Psychiatric Association, **Sleep Disorders**, American Psychiatric Association, (2015), Retrieved 12 January 2017.

¹⁸⁹J. Geddes, M. Gelder, J. Price, R. Mayou, R. McKnight, **Psychiatry**, Oxford University Press: (4th ed. 2012), p. 365.

¹⁹⁰Yves Dauvilliers, **Differential Diagnosis in Hypersomnia**, Current Neurology and Neuroscience Reports: (2006), p.p. 156-162.

¹⁹¹M. D. Mary E Cataletto, MD. Chief Editor Glen L Xiong, MD. Mohammed A Memon, PharmD. PhD Francisco Talavera, **Breathing-Related Sleep Disorder** Medscape: August 15, 2017, Archived from the original on 7 December 2017, Retrieved 7 December 2017.

parasomnias are disconnected sleep states and partial arousals during the transitions of wakeful and NREM sleep or wakeful and REM sleep.¹⁹²

VI. Nightmare Disorder¹⁹³

It is well-known as “dream anxiety disorder”; also, it is a sleep disorder indicated by frequent nightmares. People with these disorders, in a situation that jeopardizes their life or personal safety, usually appear during the REM stages of sleep person. The DSM-IV number 307.47 mentioned that even though such nightmares appear within many people, those with this disorder experience them with a greater frequency.

VII. Restless Legs Syndrome (RLS)

It is a disorder that a strong intention to move one’s legs.¹⁹⁴ Frequently the horrible feeling arisen in the legs that will be better with moving them.¹⁹⁵ These sleep-wake disorders are inter-related to other mental disorders as well as inter-connected with the general medical conditions. Therefore, this disorder has been removed from the DSM-5. The DSM newest edition also highly pronounces on coexisting states for sleep-wake disorders.

The explanation of American Psychological Association (APA) on this changing is “underscores that the individual has a sleep disorder warranting independent clinical attention, in addition to any medical and mental disorders that are also present and acknowledges the bidirectional and interactive effects between sleep disorders and coexisting medical and mental disorder”.

¹⁹²M. A. Mangan, U. Reips, Sleep, sex, and the Web: Surveying the difficult-to-reach clinical population suffering from sexsomnia, *Behavior Research Methods*: (May 2007), p.p. 233-236.

¹⁹³DSM-IV, p.p. 307-347.

¹⁹⁴National Heart, Lung, and blood Institute, **What Is Restless Legs Syndrome?** *NHLBI*. November 1, 2010, Archived from the original on 21 August 2016, Retrieved 19 August 2016.

¹⁹⁵*Ibid.*

(X) Somatic Symptoms and Related Disorders¹⁹⁶

Formerly it was prescribed as under the heading of somatoform disorders and it is well-known as somatic symptom and related disorders. The characterizations of the Somatic Symptom and Related Disorders are which stated of psychological disorders that engage eminent physical symptoms which may not have a diagnosable physical cause. The symptoms usually imitative medical diseases or injuries and cause significant deprivation and distress.

There are many types of disorders include under this Somatic Symptom and related Disorders. They are as follows:

I. Somatic Symptom Disorder

Formerly it is well-known as a somatoform disorder,¹⁹⁷ it is a complicated disorder which physical symptoms that suggest illness or injure, but cannot be explained fully by a common medical condition or by the straight cause of an element, and also not involve another mental disorder such as panic disorder.¹⁹⁸ Therefore, this disorder has groups which are included in a variety of diagnostic schemes of mental illness of DSM-5 as undifferentiated somatoform disorder.¹⁹⁹ Anyhow, the latest version of International Statistical Classification of diseases and Related Health Problems (ICD-10) still includes the somatization syndrome.²⁰⁰

II. Illness Anxiety Disorder

¹⁹⁶American Psychiatric Association, **Task force on DSM-IV (2000) Diagnostic and Statistical Manual of mental Disorders: DSM-IV- TR**, Washington: American Psychiatric Association Pub, p. 485.

¹⁹⁷Somatic Symptom and Related Disorder, psychiatryonline.org. Retrieved April 8, 2014. Also, Somatic Symptom Disorder Fact Sheet Archived 2013-11-02 at the Way Back Machine, Retrieved April 8, 2014.

¹⁹⁸American Psychiatric Association, Task Force on DSM-IV (Diagnostic and Statistical Manual of mental Disorders: DSM-IV-TR), Washington: (5th ed. 2000), p. 485.

¹⁹⁹American Psychiatric Association, **Highlights of Changes from DSM-IV-TR to DSM-5**, American Psychiatric Association: May 17, 2013. Retrieved September 6, 2013.

²⁰⁰**ICD-10 Version 2015**, Retrieved May 23, 2015.

The disorder is also recognized as hypochondria, a person with this disorder feeling boundless worried about having a serious illness.²⁰¹ That means repeatedly changed the redefinitions in its source.²⁰² According to DSM-5, the patient will refuse medical care due to anxiety about what they imagine will be found.²⁰³

III. Conversion Disorder²⁰⁴

It is a diagnostic category related in some psychiatric classification systems and applied for the person who effect with neurological symptoms, such as numbness, blindness, paralysis, which are not well-established organic cause, which cause significant distress. The mental health condition in response to stressful circumstances affecting mental health as depression, and conversion disorder is retained in DSM-5, even though given a subtitle as functional neurological symptom disorder.²⁰⁵

IV. Factious Disorder

The DSM-5 also contain hypocritical disorders, which usually used to have own collection, under the somatic symptom and related disorders classification. This factitious disorder is well-known as Munchausen Syndrome;²⁰⁶ it is imposed on self as mental or physical. A person with factitious disorder affected pretend or feign disease, illness or psychological trauma to pay attention, sympathy or reassurance to him. Basically, the Munchausen syndrome set in the sub-type of factitious disorder with mainly physical signs and symptoms, anyhow the patients also may have a history of frequent hospitalization, travelling and dramatic, extremely unimaginable stories of own past

²⁰¹G.E. Berrios, **Hypochondriasis. History of the Concept** (In V. Starcevic & D.R. Lipsitt (eds.) *Hypochondriasis*), Oxford: (2001) p.p. 3-20.

²⁰²Ibid. p.p. 3-20.

²⁰³**Illness Anxiety Disorder**, DSM-5 300.7 (F45.21).

²⁰⁴H. Akagi & A. O. House, **The epidemiology of hysterical conversion**, (2001). Also, In P. Halligan, C. Bass, J. Marshall, *Hysterical Conversion: clinical and theoretical perspectives*, Oxford: (eds.), Oxford University Press, p.p. 73-87.

²⁰⁵Ibid. p.p. 73-87.

²⁰⁶J. William Ray, **Abnormal Psychology**, SAGE Publication (2016), p. 794.

experiences.²⁰⁷ The factitious disorder is imposed on self and it is related to factitious disorder imposed on another, which indicates to the abuse of another individual, generally a child, in order to quest for attention or sympathy for the abuser.

²⁰⁷Jerald Kay, Allan Tasman, **Essentials of psychiatry**, (2006), John Wiley & Sons Ltd, p. 680.

(XI) Substance-Related and Addictive Disorders

The characterizations of the Substance-Related and Addictive Disorders are which engage the use and misbehavior of different substances such as cocaine, methamphetamine, opiates and alcohol.²⁰⁸ Accordance with the opinion of psychological scientists the disorders may comprise substance-instigated states which consequence with many connected diagnoses comprising intoxication, removal, the elevation or uprising of psychosis, anxiety and nonsense.²⁰⁹

There are many types of disorders include under this Substance-Related and Addictive Disorders. They are as follows:

I. Alcohol-Related Disorders²¹⁰

The Alcohol-related disorders are use leading to medically significant impairment or distress as exposed by one or more of following, appearing within a few months: as a result of it as failure to fulfill major role obligations at work, school, or home, example repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsion from school; neglect of children or household. It uses in situations of physically hazardous, example driving an automobile or operating a machine when impaired by alcohol use. And also, it is recurrent alcohol-related regal problems, example with arrests for alcohol-related disorderly conduct. Further, alcohol use despite having persistent or continued social or interpersonal problems caused or enhanced by the effects of the alcohol, example arguments with spouse about consequences of intoxication physical fights.²¹¹

²⁰⁸American Psychiatric Association, **Opioid Use Disorder: DSM-V Diagnostic Criteria (PDF)**, Washington: (2013), p.p. 1-9.

²⁰⁹Ibid. p.p. 1-9.

²¹⁰Jill Littrell, **Understanding and Treating Alcoholism Volume I: An Empirically Based Clinician's Handbook for the Treatment of Alcoholism: Volume II: Biological, Psychological, and Social Aspects of Alcohol Consumption and Abuse**, Hoboken: (2014), Taylor and Francis, p. 55.

²¹¹American Psychiatric Association, DSM-IV-TR.

II. Caffeine-Related Disorders

Accordance with clinician's handbook for the diagnosing mental disorders (DSM-IV-TR); caffeine-related disorders are categorized under the rubric of substance-related disorders.²¹² Especially the DSM-IV-TR mentioned that four kinds of caffeine-related disorders: caffeine intoxication, caffeine-induced anxiety disorder, caffeine-induced sleep disorder, and caffeine-related disorder not otherwise specified. A fifth caffeine withdrawal was listed to further study and caffeine-related disorders are often unrecognized for a number of reasons.²¹³

III. Cannabis-Related Disorders²¹⁴

According to DSM-5, simply cannabis related disorders are cannabis abuse and dependence, or both are considered as a part of same substance use disorder.²¹⁵ The DSM-5 disorder code no 292.89 is cannabis intoxication and characterized by (1) Recent use of cannabis, (2) Occurrence of problematic behavioral or psychological changes, (3) At least 2 kinds of following signs, arisen within 2 hours of cannabis use: Conjunctiva injection, increased appetite, Dry mouth, and Tachycardia, (4) Syndromes not due to a common medical condition and not better considered for by another mental disorder.

IV. Inhalant-Related Disorders

Inhalants are materials which contain mind-altering features when inhaled. Inhalants are also inhaled in through the mouth and nose.²¹⁶ They are well-known as huffing or sniffed or snorted. At least people are experiencing these maximum several minutes. Commonly used substances are glue, shoe polish, leather cleaner, spray paints etc. Addiction to inhalant is uncommon and it is possible which may cause

²¹²American Psychiatric Association, **Caffeine-Related Disorder: (DSM-5)**, Washington: (2013), p.p. 226-230.

²¹³Ibid. p.p. 226-230.

²¹⁴American Psychiatric Association, DSM-5 disorder code no **292.89**.

²¹⁵American Psychiatric Association, DSM-5 disorder code no **292.89**.

²¹⁶Michael B. First, Allan Tasman, **Clinical Guide to the Diagnosis and Treatment of Mental Disorders**, John Wiley and Sons: (2009), p. 203.

to seizures, comas and even death when inhaled.²¹⁷ These are called inhalant-related disorders as inhalant intoxication and inhalant-use disorder.²¹⁸ Accordance with a report of 1995, the most of serious inhalant abuse appeared among homeless children and teens those who live on the streets entirely without family accompanied.²¹⁹

V. Stimulant Use Disorder²²⁰

The psychoactive drugs are well-known as stimulants.²²¹ These stimulants use disorder is called as substance use disorder that engages with the abuse of stimulants. The DSM-5 mentioned that continued use of such (cocaine) substances or any other stimulants cause to clinically significant damage or distress from mild to severe.²²² These psychoactive drugs are widely used drugs in the world today.

VI. Tobacco Use Disorder²²³

According to DSM-III, it is called as tobacco dependence and DSM-IV recognized as nicotine dependence. Continued usage of tobacco despite clinically significant distress or deprivation is called tobacco use disorder. Generally, it includes a strong desire to use tobacco and very difficult to control its use, persisting in its use even harmful consequences also a higher priority given to drug use than other activities and obligations, increased tolerance and physical withdrawal state.²²⁴ Also this tobacco use disorder or nicotine dependence was

²¹⁷Michael B. First, Allan Tasman, **Clinical Guide to the Diagnosis and Treatment of Mental Disorders**, John Wiley and Sons: (2009), p. 203.

²¹⁸Ibid p. 203.

²¹⁹National Institute on Drug Abuse, **Epidemiology of Inhalant Abuse: An International Perspective (PDF)**, NIDA Research Monograph: (1995), p. 317.

²²⁰American Psychiatric Association, **Substance-Related and Addictive Disorder: (DSM-5)**, Washington: (2017), p. 16.

²²¹Ibid. p. 16.

²²²Ibid. & American Psychiatric Association **Opioid use disorder: DSM-diagnostic (PDF)**, American Psychiatric Association: (2017), p.p. 1-9.

²²³U.S. Department of Health and Human Services, **The health consequences of smoking: Nicotine addiction: A report of the Surgeon General (PDF)**, DHHS (1988), Publication No. (CDC) 88.8406.

²²⁴U.S. Department of Health and Human Services, **The health consequences of smoking: Nicotine addiction: A report of the Surgeon General (PDF)**, DHHS (1988), Publication No. (CDC) 88.8406.

diagnosis which beyond physical dependence such as a cluster of cognitive, behavioral and physiological symptoms.²²⁵

The gambling disorder also comprises under the classification of the DSM-5. According to American Psychiatric Association expresses that this deflect

“Reflects the increasing and consistent evidence that some behaviors, such as gambling, activate the brain reward system with effects similar to those of drugs of abuse and that gambling disorder symptoms resemble substance use disorders to a certain extent”.

(XII) Trauma and Stressor-Related Disorders

The characterizations of the Trauma and Stressor-Related Disorders are which engage the disclosure to a stressful or traumatic event. They were previously considered anxiety disorders and now they are compiled an individual criterion of disorders.²²⁶

There are many types of disorders include under this Trauma and Stressor-Related Disorders. They are as follows:

I. Acute Stress Disorder²²⁷

The Acute stress disorder also indicates an acute stress reaction as well as it is recognized as psychological shock, mental shock or merely shock.²²⁸ This psychological condition is appearing in response to horrifying or traumatic event witnessing a traumatic event which incites a strong emotional response within the individual.²²⁹ Acute stress reaction (ASR) is confused with unrelated circulated condition of shock/hypo-perfusion.²³⁰ It is individualized by reliving and avoiding

²²⁵American Psychiatric Association, **Diagnostic and statistical manual of mental disorders**, DSM-IV: (4th ed. 1994), p. 176.

²²⁶American Psychiatric Association, DSM-5.

²²⁷Reynaud Emmanuelle, Guedj Eric, **Acted Stress Disorder Modifies Cerebral Activity of Amygdala and Prefrontal Cortex**, *Cognitive Neuroscience*: (2015), p.p. 39-43.

²²⁸Ibid. p.p. 39-43.

²²⁹Ibid. p.p. 39-43.

²³⁰Reynaud Emmanuelle, Guedj Eric, **Acted Stress Disorder Modifies Cerebral Activity of Amygdala and Prefrontal Cortex**, *Cognitive Neuroscience*: (2015), p.p. 39-43.

reminders of an aversive event, as well as generalized as a hyper vigilance after primary exposure to a traumatic event.²³¹ Acute stress disorder (ASD) is foregoing event of the PTSD and if the symptoms everlasting more than one month, it will expand into PTSD.

II. Adjustment Disorders²³²

The Adjustment disorder (AD) is a mental disorder and sometime it is recognized as exogenous, reactive or situational depression.²³³ It is arisen when an individual is unable to adjust to a certain stress or a major life event. A person with this disorder commonly have the symptoms that depressed people faces such as losing interest, hopelessness and crying, therefore sometime this disorder well-known as situational depression, it is caused by an outside stressor and generally resolves the individual is enable to adjust the situation.²³⁴

III. Post-Traumatic Stress Disorder²³⁵

The PTSD generally recognized the syndrome related with a chronic event – such as a natural disaster, a witnessing violence, a car accident etc. These syndromes occurred as evil dreams, flashbacks, startle reactions, physical reactions, loss of interesting in his/her particular life of activities, avoiding reminders of condition etc.²³⁶

IV. Reactive Attachment Disorder

The reactive attachment disorder²³⁷ (RAD) is a mental disorder and implied in clinical literature as an intense and comparatively unusual

²³¹Ibid. p.p. 39-43.

²³²A Tomas Souza, **Differential Diagnosis and Management for the Chiropractor: Protocols and Algorithms**, (4th ed. Sudbury: 2009), MA: Jones and Bartlett, p.587.

²³³Ibid. p.587.

²³⁴**An Introduction to Adjustment Disorder**, Archived from the original on 2012-09-18. Retrieved on 2017
<https://web.archive.org/web/20120918215715/http://www.adjustmentdisorder.org/>.

²³⁵American Psychiatric Association, **Diagnostic Classification of Mental Health and Developmental Disorders of infancy and Early Childhood Revised (DC: 0-3 R)**, DSM 5th ed. 2013, American Psychiatric Association, 2010.

²³⁶Ibid.

²³⁷American Psychiatric Association, **DSM-IV-TR**, American Psychiatric Association, (2000), p. 129.

disorder which can affect children.²³⁸ This RAD is characterized by uncommonly disturbed and developmentally improper ways of anticipating socially in most contexts.²³⁹

2.4 Nature of Traumatic Mental Disorder²⁴⁰

The Nature of TMD is a disorder that enriches in someone who has experienced a shocking, depression, stress, threaten of dangerous event. It is naturally to feel anxiety, afraid and loneliness during and after this traumatic circumstance. Because of these anxieties, shocking and fear one may losing balance of many split-second changes in the mental and physical body to defend from effective danger or avoid it.²⁴¹ This trauma response is a typical reaction meant to maintain one from harm. Normally everyone will experience an extent of reactions after trauma; still most of them recover from primary symptoms naturally.²⁴² Those who develop ongoing to experience these symptoms or problems may be diagnosed with severe trauma as PTSD. One who has this problem he may feel the stressed, threatened, frightened even they are not in danger.²⁴³

Some feelings experiences, like the sudden and unexpected death of loved or departing from one, can lead to this severe trauma situation.²⁴⁴ The symptoms usually begin early within three months of trauma condition, but some of them begin years afterward. Some people can recover from it within 6 months or more than. Some of them the condition becomes chronic.²⁴⁵

²³⁸D. S. Schechter, E. Willheim, **Disturbances of attachment and parental psychopathology in early childhood**, (July 2009), Child and Adolescent Psychiatric Clinics of North America, p.p. 665-686.

²³⁹American Psychiatric Association, **DSM-5**, p.p. 665-686.

²⁴⁰B. F. Jeronimus, J. Ormel, A. Aleman, B. W. J. H. Penninx, H. Riese, **Negative and Positive Life Events Are Associated with Small but Lasting Change in Neuroticism**, (2013), Psychological Medicine, p.p. 2403-2415.

²⁴¹Ibid. p.p. 2403-2415.

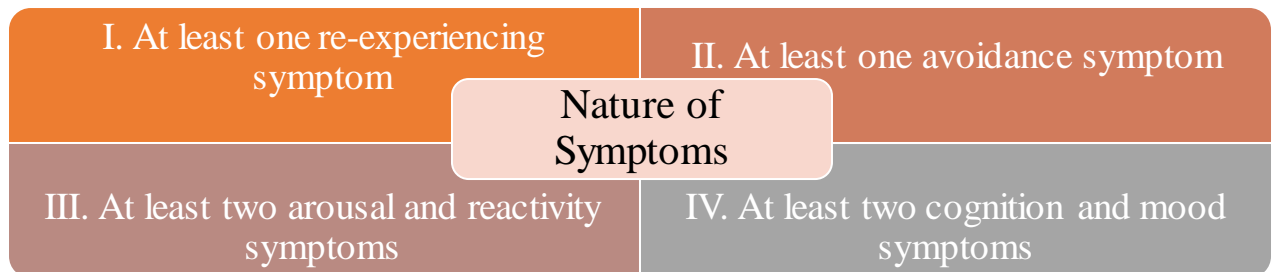
²⁴²Ibid. p.p. 2403-2415.

²⁴³Ibid. p.p. 2403-2415.

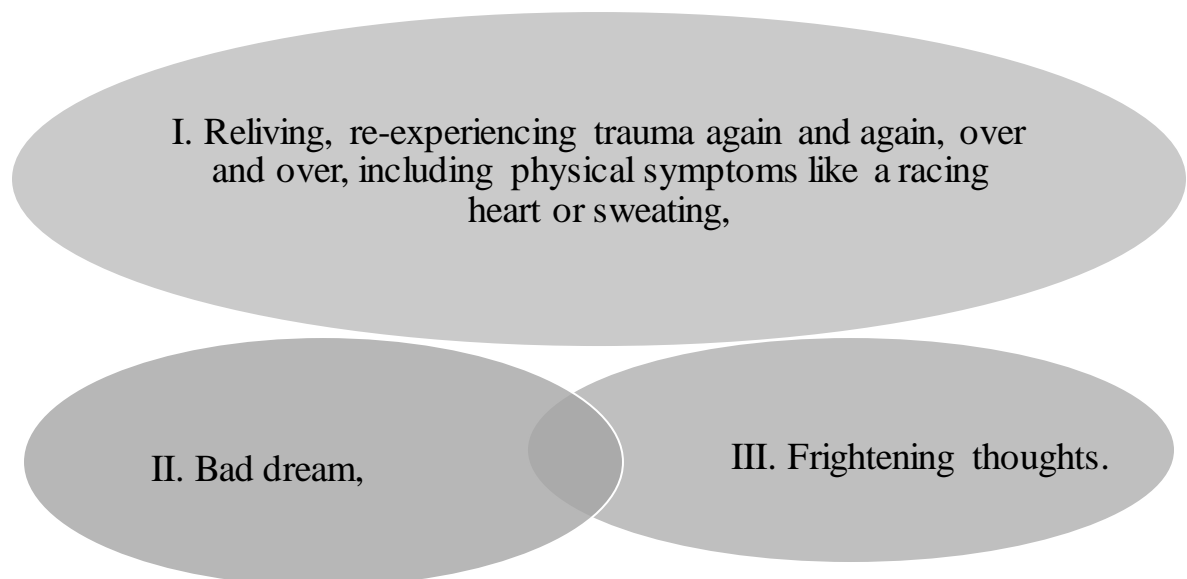
²⁴⁴Ibid. p.p. 2403-2415.

²⁴⁵Ibid. p.p. 2403-2415.

Generally, the nature of these symptoms was discussed in four ways.²⁴⁶ They are as follows:



(I) Re-Experiencing Symptoms²⁴⁷



These symptoms are reliving, re-experiencing trauma again and again, over and over, including physical symptoms like a racing heart or sweating, bad dream, frightening thoughts. These re-experiencing can

²⁴⁶American Psychiatric Association, **Diagnostic and statistical manual of mental disorders**, Arlington: (5th ed. 2013), p.p. 271-280.

²⁴⁷American Psychiatric Association, **Diagnostic and statistical manual of mental disorders**, Arlington: (5th ed. 2013), p.p. 271-280.

lead to problems in a person's life.²⁴⁸ The symptoms can start from the one's own thoughts and feelings. The words, objects or situations which are reminders of the event also fall in these re-experiencing symptoms.

(II) Avoidance Symptoms²⁴⁹

I. Staying away from places, events, or objects that are reminders of traumatic experience,

II. Avoiding thoughts or feeling related to the traumatic event.

These are staying away from places, events, or objects that are reminders of traumatic experience, avoiding thoughts or feeling related to the traumatic event.²⁵⁰

The events or objects that remind a person of the traumatic state and it can arise to avoidance symptoms. These problems also can lead to change a person and his or her daily life functions. Such as a person experiencing a bad motor-cycle accident, one who usually riding it and may avoid riding it.

(III) Arousal and Reactivity Symptoms²⁵¹

I. Being easily startled

II. Feeling tense or "on edge"

III. Having difficulty sleeping

IV. Having angry outbursts

These arousal and reactivity symptoms are generally continual, instead of being prompt by things that remind one of the injurious or

²⁴⁸American Psychiatric Association, **Diagnostic and statistical manual of mental disorders**, Arlington: (5th ed. 2013), p.p. 271-280.

²⁴⁹Ibid. p.p. 271-280.

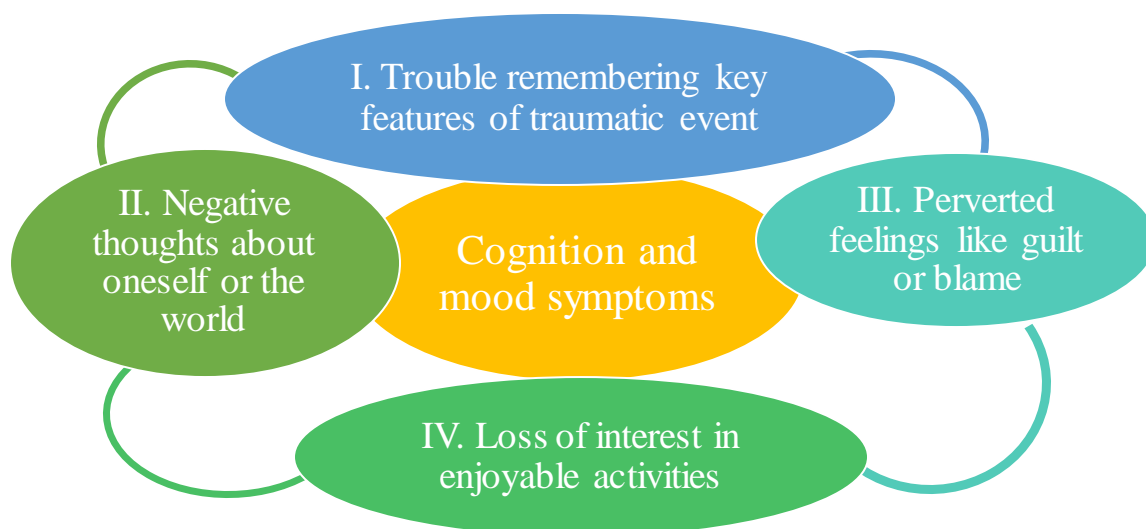
²⁵⁰Ibid. p.p. 271-280.

²⁵¹Ibid. p.p. 271-280.

traumatic events.²⁵² The symptoms can make someone feel angry and stressed. It is very hard to maintain his/her daily routine, such as sleeping, eating, concentrating etc.

(IV) Cognition and Mood Symptoms²⁵³

The cognition and mood symptoms can begin or deranged after the traumatic event. The natural behaviors of these are



But not due to injury or substance use. These the symptoms make a person feel detached, alienated or isolated from the friends and family members.²⁵⁴

Generally, some of these symptoms naturally to have after a dangerous event. These serious symptoms sometimes can arise to people and go away after few weeks. This is called acute stress disorder or ASD. According to the psychiatrics, if the symptoms last more than one month, it is seriously affect one's capability to function and they are not substance use, medical illness or anything except the event itself, they might be PTSD. This PTSD doesn't exposure any symptoms with some

²⁵²American Psychiatric Association, **Diagnostic and statistical manual of mental disorders**, Arlington: (5th ed. 2013), p.p. 271-280.

²⁵³Ibid. p.p. 271-280.

²⁵⁴Ibid. p.p. 271-280.

people for a weeks or months. Often the PTSD is accompanied by substance abuse, depression and one or more of other anxiety disorders.

2.5 Causes of Traumatic Mental Disorder²⁵⁵

Accordance with defining of American Psychological Association (APA) that the cause of trauma is the emotional reaction somebody has to a stiffly negative event. It is a normal reaction to a stiff event; the effects can be so danger that they interfere with a personal's ability to live a normal life. Sometimes in this situation, help may be needed to recover the stress of dysfunction caused by the traumatic event, also to restore the personal condition of emotional well-being.

2.6 What are the Primary Sources of Trauma?

Trauma can be caused by an oppressing negative event that causes a lasting influence on the person's mental and emotional durability. Meanwhile the many sources of trauma are physically affected in nature, some others are psychological and also some general sources of trauma as follows: 1. Rape, 2. Domestic violence, 3. Natural disasters, 4. Severe illness or injury, 5. The death of a loved one, and 6. Witnessing an act of violence.²⁵⁶

The trauma is sometimes but not always cooperated with being current at the space of a trauma-inducing event. It does also enable to preserve to trauma after witnessing an incident from a distance. Especially young children are penetrable to trauma and would be psychologically examined after a traumatic incident has appeared to ensure their emotional well-being.²⁵⁷

2.7 Theoretical Context and Explanation

The theoretical context is presented that clarifies how traumatic responses are performed into a disposal of DSM-5 PTSD symptoms, to explicit as hyperarousal subtype of TMD or PTSD.²⁵⁸ In short, the

²⁵⁵Ibid. p.p. 271-280.

²⁵⁶Charles Whitfield, **Psychiatric Drugs as Agents of Trauma**, (2010), The International Journal of Risk and Safety in Medicine, p.p. 195-207.

²⁵⁷Ibid. p.p. 195-207.

²⁵⁸L. W. Barsalou, **Grounded cognition**, *Annu Rev Psychol* (2008) p.p. 4510.

conceptual structural characteristic of traumatic responses, particularly those existing in brain as hyperarousal re-experiencing later occurred with trauma-related event, to re-generate hyperarousal symptoms.²⁵⁹ These kinds of symptoms are containing in grounded cognition, which consisted in brain regions that are actuate in an event and reactivate when those are recalled, also known to conduct in brain diverse regions.²⁶⁰ Hyper-arousal further actuates in the other bunch of symptoms,²⁶¹ and gradually generating the trauma or depression encountered the activity of diverse brain regions known to be engaged in PTSD, the Psychiatric shows it namely, brainstem, visual cortex, rostral anterior cingulated cortex (rACC), and medial orbit frontal cortex (mOFC). The result of a theoretical context and explanation summarized in figure (figure 2.2),²⁶² which integrates neuroscientific data on multiple brain regions, and widely psychiatric findings on PTSD, to elucidate the etiology, symptomatology, and neurocircuitry of the hyperarousal subtype of PTSD, also to conceive the new directions for theoretical or conceptual, prevention, and intervention research below.

²⁵⁹Ibid. p.p. 4510.

²⁶⁰Ibid. p.p. 4510.

²⁶¹G. N. Marshall, T. L. Schell, S. M. Glynn, V. Shetty, The role of hyperarousal in the manifestation of posttraumatic psychological distress following injury, *J Abnorm Psychol*, (2006), p.p. 624-628.

²⁶²DSM-5 PTSD symptoms, **DSM-5 PTSD symptoms**, Abbreviations: dACC, dorsal anterior cingulate cortex.

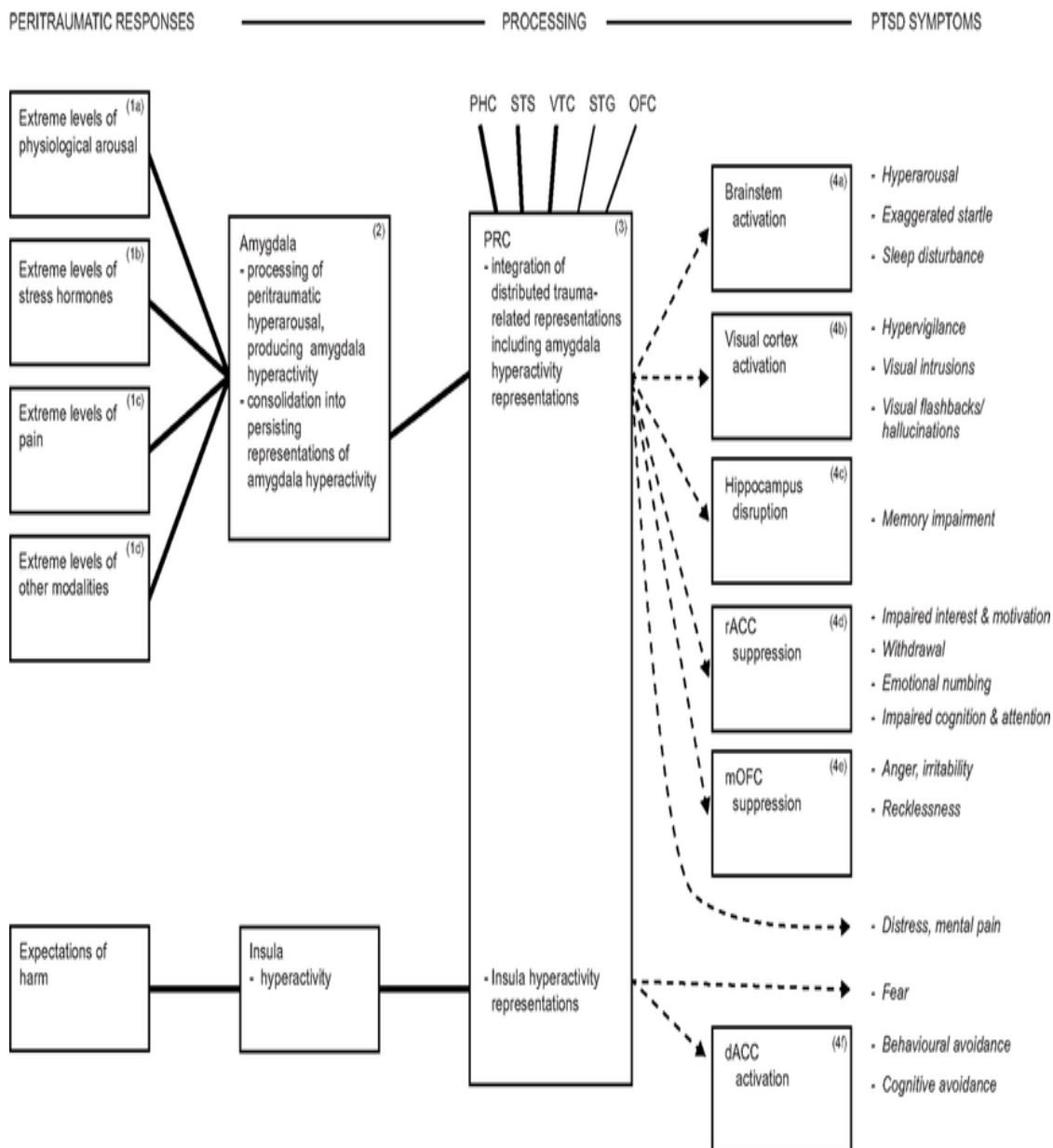


Figure 2. In addition to amygdala processing, the insula participates in the processing of fear and likely drives avoidance symptoms. Together, these mechanisms account for some 80% of DSM-5 PTSD symptoms. Abbreviations: dACC, dorsal anterior cingulate cortex; .

There are many subtypes of it. One is focused by hyperarousal, and a second by dissociation, numbness, and physiological unresponsiveness, accounting for approximately 70 and 30%

occurrences, respectively.²⁶³ Many different brain mechanisms are likely consisted,²⁶⁴ and only those comprising to the former, hyperarousal subtype is considered, which is simply termed PTSD in this work.

According to Neurologist explanation, the character of PTSD is well illustrated by the following vignette epitomizes the condition of severely traumatized Vietnam veterans' decades after active combat in Vietnam:

“I can't get the memories out of my mind! The images come flooding back in vivid detail, triggered by the most inconsequential things, like a door slamming or the smell of stir-fried pork. Last night, I went to bed, was having a good sleep for a change. Then in the early morning a storm front passed through and there was a bolt of crackling thunder. I awoke instantly, frozen in fear. I am right back in Vietnam, in the middle of the monsoon season at my guard post. I am sure I'll get hit in the next volley and convinced I will die. My hands are freezing yet sweat pours from my entire body. I feel each hair on the back of my neck standing on end. I can't catch my breath and my heart is pounding. I smell a damp Sulphur smell. Suddenly I see what's left of my buddy Troy, his head on a bamboo platter, sent back to our camp by the Viet Cong. Propaganda messages are stuffed between his clenched teeth. The next bolt of lightning and clap of thunder makes me jump so much that I fall to the floor....”²⁶⁵

²⁶³R. A. Lanius, R. Bluhm, C. Pain, **A review of neuroimaging studies in PTSD: heterogeneity of response to symptom provocation**, *J Psychiatry Res* (2006), p.p. 709–2910.

²⁶⁴R.A. Lanius, E. Vermetten, R. J. Loewenstein, B. Brand, C. Schmahl, J. D. Bremner, **Emotion modulation in PTSD: clinical and neurobiological evidence for a dissociative subtype**, *Am J Psychiatry* (2010), p.p. 640–710.

²⁶⁵M. Davis, **Analysis of aversive memories using the fear-potentiated startle paradigm**, in: L. R. Squire, N. Butters, (eds.), *Neuropsychology of Memory*, NewYork: (2nd ed. 1992), Guilford Press, p.p. 470-484.

Chapter III

The Relevant Buddhist Concepts to the Traumatic Mental Disorder (TMD) and its Effective Processes to the Treatment Systems.

The health problem is one of the very essential and serious issues of humankind. Therefore, the Buddha was pointed out that *ārogyaparamā lābhā* the greatest profit is the good health or health is the highest gain or gift.²⁶⁶ Before pointing out the relevant Buddhist concepts to the “Trauma”. What is called to the “trauma” in pāli and Buddhist Canonical Texts? The word “Trauma” means *vaṇa* in *pali* (its noun). Here “Traumatic” means *vaṇasahita*.²⁶⁷ Furthermore, A wound (*vaṇa*)²⁶⁸ is very sore, and painful,²⁶⁹ and Puggalapaññatti Commentary, that *purāṇa-vaṇa sadisa-citto* means “like old affected (traumatic) mind”.²⁷⁰ Samyutta Nikaya state that *vaṇam ālimpeti* means the injure is conflagration, burning and flame.²⁷¹ Vibhanga Commentary is mentioned word *colaka*²⁷² is dressing an injury, and *paṭikaṃma*²⁷³ that means restoration or healing of a wood and mental condition, meanwhile Dhammapada Commentary presented that *paṭicchādana* means remedying a wound, injure, and trauma.²⁷⁴ Traumatic Mental Disorder (TMD) is all kinds of Traumatic Stress Disorders included in it. When it is excessive, it is called *bālha*, and when it is long-lasting it is called *pabālha*, also it is re-experiencing then it is called Post-Traumatic Stress

²⁶⁶Dhp. 204, *ārogyaparamā lābhā*.

²⁶⁷A. A. P. Buddhadatta Mahāthera, English-Pali Dictionary, Oxford: (1995), The Pali Text Society Publishing, p. 542.

²⁶⁸T. W. Rhys Davids & William Stede, The Pali-English Dictionary, Oxford: (eds. 1998) The Pali Text Society’s Pub. p. 596.

²⁶⁹Vin. i. 205.

²⁷⁰PugA. 212.

²⁷¹S. iv. 177.

²⁷²VbhA. 361.

²⁷³DhA. ii. 164.

²⁷⁴DhA. i. 375.

Disorder (PTSD). Also, the Trauma may have appeared in both mental and physical too. Health consumption and new chronic, trauma, stress or depression, also infectious, diseases are stiffly increasing day by day around the world. Furthermore, the basic health and mental problems such as anxiety disorder, feeding or eating disorder, dissociating disorder and so on are still the most important causes of human suffer. Even though the number of new strategies taken by the primary health care and the universal coverage had been enhanced and applied to resolve the problems, the results are still questionable. The reason is needy or affected one couldn't get the basic benefits from health services, which are unavailable and still limited facilities or limited projects for the local and effected area. Capra (1982: p. XVII) is pointed out that the health issue is only one main crisis of our perception which is based on scientific reality.

Especially, Paṭācara life story is very important and it is pointing out several traumatic behavioral disorders. Paṭācara is former name of the Bhikkhuni Kisa Gotami. She felt in love with a servant of her father. So, she left the palace and marriage with the servant of her father. After marriage both of them, lived in happily. When Paṭācara was pregnant with her second child, she was returning to her parents' home, along with her husband and small firstborn child, to give birth. Along the way, a great storm blew up, and she said to her husband to provide shelter for the family. As he was cutting grass and sticks to build a shelter, a snake bit him and he died of the poison. So, she was unsheltered, and wondering at her husband's long absence, Paṭācara gave birth the second child and had to spend the night and looked after her both children. Next morning, she found her husband dead, heavily distraught and mental shocked of separation (emotional disorder) of her lovely husband. However, she decided to return to her parents' home. The river was swollen from the rain of the previous night and ran to her way. It was unable to carry both children to across the river. Anyhow, both of her children died there in the river. She was affected with heavy emotional Shock of disaster and horrible mentally shock of separation (disorder) of the two children's and husband's death. After asking many people – in vain – for medicine that may revive the child, she was finally went to the

Buddha. She told her whole story to Buddha. The Buddha asked her to provide some mustard seed to prepare the medicine for the child and said to her to obtain from a family in which no one died. She ran from house to house and asking for mustard seed, and no one refused to give it her. But, when she asked if anyone had died in family, the people response was always, “Oh, yes, of course”. After, she was understood that the “Death is universal”. As soon as she abandoning the child’s body to charnel ground and return to the Buddha and asked to be ordained as a nun, and afterwards she enlightened as an arahant. Here, it is clear that the Buddha was applied for her the psycho-therapy to recovery from the Traumatic mental disorder and heavy mental shocked. According to “Diagnostic and Statistical Manual of Mental Disorders (DSM-5)” the latest version (2013) of American Psychiatric Association recognized as there are several Jataka stories were mentioned in Buddhism. Almost all are related to the Traumatic Stress Disorders. Therefore, all kinds of Traumatic Stress Disorders may include in “Traumatic Mental Disorders” (TMD). Firstly, needs to examine, are there any place of emotions in Buddhism, and then will turn to analyzing the relevant Buddhist concepts of specific emotions – fear, hatred, stress, dissociation, shock, sorrow and grief – and negative and positive aspects of emotions including ethics and the psychology of Buddhism. There are numerous characters those who have affected with hysteria type of reactions that mentioned in Jataka stories – such as the Maranabheruka Jataka, one monk shows a post-traumatic reaction. The monk effects with the extreme fear, hyperarousal, avoidance, frightening mental pictures (flashbacks) and mental emotional anesthesia. This story is very similar to the clinical description of the American Psychiatry Association.²⁷⁵

Emotions are generally referred in mind of Buddhist as aspects of our individuality which interfered with the development of a spiritual life, as unwholesome states, morally unintentional, and interrupts to be

²⁷⁵ Dr. Ruwan M Jayatunge, Post-Traumatic Stress Disorder (PTSD) – A Malady Shared by East and West, <http://www.lankaweb.com/news/items/2015/09/16/post-traumatic-stress-disorder-ptsd-a-malady-shared-by-east-and-west/>.

unravel in the battlefield reason and emotion. In sustaining with this perspective of emotions are implied as conditions of “stimulation”, or “arousal” or “imbalance” or incompatibility of mind.²⁷⁶

There is enumerating of relevant emotional states categorized in Buddhist scriptures fix up in this paper, within the space of experimental psychology, some acknowledging from those emotions can be both methodized as making behavior more effective and not methodized. The space of emotions in the moral life is a disregarding subject in the ground of ethics criteria, even though there are a few utterances in the contemporary world have been disclosed as concepts which amplify the relevance of the psychology of emotions to moral evaluation, it was that vividly reported in Aristotle’s *Nichomachean Ethics*. According to these reports there is a conceptual creative role of emotions in the moral life of a person. That may be there was an emotional perspective which pervert his reasoning, feeds and darkens vision; anyway, it should not be dishonor of an emotional facet in person that expands one’s horizon of thinking, disintegrates through our egotism, exquisites with a gentle sense of the miserable and addresses the ennobling emotions of sympathy and compassion for mankind?²⁷⁷

Once the Buddha was enumerated the qualities which should be actual in a good nurse. He should be worthy to administer the treatment; he has to know what is agreeable to the patient and what is not suitable. The person should be admonishing from keeping away what is dislike and give only what is agreeable and also should be gracious and kind-hearted to perform his duties out of a sense of service and not for sake of remuneration (*metta citto gilānaṃ upatṭhati no amisantaro*). That the person should not feel repulsion towards phlegm, stools, sores, urine, saliva, so on. He should be skillful of encouraging and excitatory the patient with reality of noble ideas or suitable *Dhamma* talk.²⁷⁸

²⁷⁶J. Rune, *The Psychology of Nirvana*, London: (1969), p. 24.

²⁷⁷P. D. Silva, *The Psychology of Emotions in Buddhist Perspective Sir D. B. Jayatilake Commemoration Lecture*, Colombo, (1976)
<http://www.accesstoinsight.org/lib/authors/desilva-p/wheel237.html>.

²⁷⁸A. iii. 144.

Initially needs to understand traumatic mental disorders one has to understand individual. In Buddhism, the psychological bases of human being are highly concerned. Therefore, the subject of Buddhist psychotherapy is based on both *nama* and *rupa*. In Buddhism, the term of *nāma* is typically considered to refer to psychological element of the human being, while the term *rūpa* refers to the physical. So, a person has to enrich the real knowledge of both forms. As far as human being is concerned is the formation of these two-psychological basis and physical basis. Then the person can perceive that the person has psychological and physiological bases. Due to these psychological and physiological bases, the person has psychological and physiological health.

Especially the *Saṅgīti Sutta* of *Digha Nikaya*,²⁷⁹ the human body is considered as combination of the mind and matter, such as 1. *Rūpa* - Matter, 2. *Vedanā* - Feeling, 3. *Saññā* – Perception, 4. *Samkhāra* – Formation / disposition, and 5. *Viññāna* – Consciousness. In this discourse, explained that *rupa* or matter as *rūpakkhandha* or aggregates of matters, *vedanā* or feeling as *vedanākkhandha* or aggregates of feeling, others as they are etc. This formation of five aggregates is individual or human being. To explain the psychological term of human five terms has been given but define the psychological bases of human being in one term that is *rūpa*-matter. In the *Girimananda* discourse of *Aṅguttara Nikaya*,²⁸⁰ explained the physical illness that human beings have to face. Accordance with discourse that individual has face eye-disease, ear-disease, tongue-disease, body-disease, headache, earaches, toothache, cough and so on. The Buddha expressed the causes and root causes of mental disorder and physical illness with the fundamental knowledge of mental disorder and physical illness by observing through systematical method then see or decide what the bases of mental disorder and physical illness of their treatment. The primary resources for the physical illness and the treatments are found in the *Bhesajakkhandha* of *Mahāvagga Pali*.²⁸¹ And also mental disorders,

²⁷⁹D. iii. 207.

²⁸⁰A. v. 108.

²⁸¹I. B. Horner, (trans.), **The Book of the Discipline (Vinaya Piṭaka- IV)**, Cambridge: PTS, (2007), p.p. 269 – 350.

mental illness, mental resources have been explained in the *Sallekha Sutta* of the *Majjhima Nikāya*.²⁸² Further this *sutta*, pointed out the forty-four types of mental disorders, mental illnesses that exist in every human being.

The inter-relation of the psychological and physiological based of human being. It is mentioned that in the *Cittavagga* of *Dhammapada*. When the consciousness ceases from the material (physical) body, then the body becomes a useless wood. To functions the mind, the physical body should be there. And to functions the physical body, the mind should be there. So, the inter-relationship is there, without it this formation does not work entirely. Even, it is very difficult to define its strong relationship. Due to its inter-relationship, there is a *pali* term-“*nāma-rūpa paccaya viññāna*”, “*nāma* (name)-*rūpa* (body) arises as a consequence of *viññāna*”. Further explanation of the inter-relationship is here. Therefore, the inter-relationship between physical body and psychological bases, the physical disease or illness which is based on body that may effected to the human mind, as well as mental disorder which is based on mind that may effected to the human body.

An investigation of Buddhist principles and perspectives on health and healing grants an alternative practical perception for understanding health, illness, stress, distress and suffering that may lead to approaches for managing as well as solving health problems and mentally stress. There are two kinds of disorders or diseases (*rōga sutta*), (*Dve me Bhikkhave rogā*). What are they (*Katame dve*)? O’monks, they are physical disease or illness and mentally disease or disorder (*Kāyiko ca rogo, cētasiko ca rogo*).²⁸³

To proper understanding the *Roga Sutta* of *Anguttara Nikaya*, expounded that the disease or disorder has divided into two. They are as follows:

1. ***Kāya roga (Kāyika roga)*** – physical disease or illness and

²⁸²I. B. Horner, (trans.), **The Middle Length Saying of the Buddha (Majjhima Nikāya- I)**, PTS, p. 51.

²⁸³A. iv.

2. *Cetasika roga* – mental disease or disorder.

The discourse pointed out more over that a person who enjoys freedom from physical disease for one year, two years, even more than a hundred years. Any how it is rare in this world are those who enjoy freedom from mental disorder even for one moment, except those who are free from mental defilements.

This *kāya roga* - physical disease or illness are based on many types of reasons. The chemical is used for every nutritious food nowadays. People are using it, top to bottom, legally or illegally for commercial intention of long-lasting foods and substances. Anyway, it is very harmful to human and other beings, such as most of cancer cells are arisen from most of those foods because of made it with using the chemical substances. This kind of injure is called physical trauma. The term *Utu Niyāma* means the natural law. According to this natural law the change of seasons and phenomena, this is related to climate and weather. The nature of law was indicated the heat and fire, soil and steams, water and wind. The natural disasters such as floods and earthquakes would be governed by this natural law or *Utu Niyāma*. Accordance with the modern term of this *Utu Niyāma* is related with physics, chemistry, geology, and various sciences of inorganic phenomena. The natural law of the changing of seasons related to climate and weather, sometimes affect to human health. Therefore, various kinds of virus fever and other kinds of sicknesses are coming to exist with harming the human health so on.

The principal subject of this research is traumatic mental disorder. This *Sutta* was proclaimed that the term of *Cetasika roga*²⁸⁴ – mental disease or disorder. It is mind made disorder. An excessive or long-lasting negative and noxious behavioral condition of mind is called traumatic mental disease or disorder.²⁸⁵ The Buddha explained in *Aṅguttara Nikaya* that the mind is ever clean. Generally, the mind is affected or polluted by defilements or negative thoughts. Mostly, the

²⁸⁴A. iv.

²⁸⁵A. A. P. Buddhadatta Mahāthera, English-Pali Dictionary, Oxford: (1995), The Pali Text Society Publishing, p. 542.

symptoms are appeared through the behavioral defilements of the mind. The Buddhist term is *Vicikicchā* – skeptical doubt, suspicion, jealousy, mistrust, hesitation and anxiety. The modern western science of psychologist used for the term as anxiety disorder. In Buddhism, there are ten *saṃyojana* (Fetters) causes mental disorders, mentioned in the *Saṃyojana Sutta*.²⁸⁶ They are as follows: -

1. *Sakkāya diṭṭhi* – personality belief, Self-illusion, belief in permanent self,
2. *Vicikicchā* – skeptical doubt,
3. *Sīlbbata parāmāsa* – clinging to me rites and rituals,
4. *Kāmarāga* – sensual craving,
5. *Paṭigha* – malevolence,
6. *Rūparāga* – craving for fine material existence,
7. *Arūparāga* – craving for immaterial existence,
8. *Māna* – conceit,
9. *Uddhacca* – restlessness, and
10. *Avijjā* – ignorance.

Every individual person suffers (*salleka sutta*) from mental problems or stress, anxiety, trauma, depression and etc except the Arahant,²⁸⁷ one who has uprooted the three roots of poisons such as greed-hatred-delusion (*lōbha-dōsa-mōha*),²⁸⁸ (*mūla sutta*).²⁸⁹ Because this Arahant is freed from planting any causes of cultivation of above three roots of poisons which are leading to every stress, distress, anxiety, dissociation, suffering and so on.

Regarding the effects and causes of intentionally killing and injuring are the reasons to having short life as well as leading to stress, distress, suffering health in own future life. It's a basic principle for the

²⁸⁶A. v. 17.

²⁸⁷M. i. 40.

²⁸⁸A. i.

²⁸⁹A. v. 106.

keeping balance of own mentally state of health and avoiding to harming or injuring others. In the *Dhammapada* was mentioned that as follows:

“Whoever, seeking his own happiness by oppressing others, injures with violence creatures desiring happiness, he doesn’t gain happiness in his next existence”.

“Whoever, seeking his own happiness by not oppressing others, not injures with violence creatures desiring happiness, he gains own happiness in his next existence”.²⁹⁰

The *Cūla-kammaṅga Sutta*,²⁹¹ interpreted that the shorter exposition of *kamma*, its cause and effects, the action (*kamma*) has reaction, result, fruition, consequence, outcome and termination. The all such inequalities among human beings (and all sorts of beings) are coming because of *kamma*, they have made individually. Each person produces or reaps his own *kamma* or fruits. Therefore, one is conducted by short life, sickness, stress, distress, ugliness, insignificance, poverty, low birth and stupidity. According to the *Mahā-kammaṅga Sutta*,²⁹² says complex phenomena of the *kamma*, which are following the person of own fruitions. There are the *kamma* reasons for the causes of arisen some experienced that the effects too appeared as experiencing the discomfort, trauma stress, anxiety, suffering in our individual life journey, either next life and other future life. But important intention is one’s desire to admonishment that provides or produces the right action or *kamma* in the present. Should knowing oneself that what is harmful and what is helpful by remarking a wise man and no longer drifting away aimlessly but has some direction in own life also some technical train or practice over the sort of trauma events that will occur. Elsewhere, the *kamma* is not only important object to touching the experience, or causing stress, illness or painful feelings. The eight factors are the reasons for causes of stress or suffering as experiencing events, indicates in the *Sīvaka Sutta*,²⁹³ such as some kind of feelings reveal the caused and effected by bile (*pitta*), by phlegm (*semha*), by

²⁹⁰Dhp. 131 & 132.

²⁹¹M. iii. 202.

²⁹²M. iii. 207.

²⁹³S. iv.

internal wind (*vāta*), by a combination of three humors (*sannipātikā*), by changing of climate (*utupariṇāma*), by improper care (*visamaparihāra*), by injuries or trauma (*opakkamika*), by the result of *kaṃma* or previous action (*kaṃmavipaka*).²⁹⁴ One of these can be causes to lead the feelings sickness, stress, suffering event. Therefore, the *kaṃma* is not only causes to mental and physical health, to re-experience of the trauma stress disorders, illness, sickness, discomfort or frustration or pleasure or pain. The other causes also should be known while the person seeking to sustains and wellbeing of mental and physical health. Because, the *kaṃma* is critically essential point of view of Buddhism, and by the actions one becomes pure or impure mind, which is touching to happiness or distress in overall one's life.²⁹⁵

The right actions (*kusalakaṃmapathas*-glorious path of actions) are the most valuable training to abstain from wrong actions. There are ten kinds of those actions, which subsumed of three actions by body, four actions by speech, and three actions by mind.²⁹⁶ These actions are conducted to *dhamma*, which can lead to generate the pain, stress, suffering or pleasure or happiness in this life, next or other life.²⁹⁷ The masterly mind has to enrich with cultivation of it and increase the satisfactoriness, happiness, easiness and one who has never enrich the masterly mind with cultivation of it, will diminution and causes or leads to distress, stress, discomfort by polluting itself.²⁹⁸

The Buddha expounded the three ways of purification: which are indicated to be pure such as bodily actions (which are produce by body), verbal actions (which are produce by speech) and mental actions (which are produce by mind).²⁹⁹

3.1 The Sabbā'sava Sutta

Once the Buddha has admonished and expounded this *Sabbā'sava Sutta* for practically a way of life and implicit advice, what is stiff

²⁹⁴S. iv.

²⁹⁵Dhp. 1.

²⁹⁶M. i.

²⁹⁷M. i.

²⁹⁸M. iii.

²⁹⁹A. v.

injurious and benevolent of mental and physical phenomenon. The above *sutta* pointed out many technical and skillful ways to removed and resolve the trauma arising, causes harmfulness, discomfort, stress and anxiety disorders. Here the Buddha was profound the precious efforts to recover from the *āsavas*.

I. What is the meaning of the *āsavas*?

The *Pāli* word *āsava* is indicated in the Concise Pali-English Dictionary, as flows, spirit, and discharge from sore, ideas which intoxicate the mind.³⁰⁰ *Āsavas*- translated in many ways, such as taint, cankers, corruptions, fermentations, pollutants, inflows and outflows, influxes, and (corrupting) influences, - are mentioned in the *suttas* as exposure of the defilements, which being renovation of being, giving stress or depress or obstacles, diversify in stiff injure or suffering and causes to lead next birth, ageing, and death. There are three primary *āsavas* or taints mentioned in this *sutta*. They are the sensual desire, being, and ignorance, also mentioned as either taint or fetter of views. Secondly, the *sutta* reported to the taints or cankers should recognize as they are. Without individualizing the taints or cankers, it's complicated to understand in which ways, the taints or defilements, pestering a person and stress, oppress, depress, may arise in the mentally objects or may not arise.

II. What are the natures of the *āsavas*?

The natures of these *āsavas*, are common to arising in one's mind or mentally objects or events. *Āsavas*-are called as taints or cankers, and harassment is its nature, vexation and pestering to produce the taints, wrong views, pains and stresses are infection the nature of the mind.

III. What are the reasonable causes of the *āsavas* to arisen in one's mind?

The reasonable causes of the *āsavas* to arisen in one's mind, the mind is excitable and unsteady (*phandanam capalam cittam*); it is difficult to train, control and restrain (*durakkham dunnivarayam*); the

³⁰⁰A. P. Buddhadatta Mahāthera, "Concise Pāli-English Dictionary", Aggārāma: (2nd ed. 1955), Ambalangoda, p. 56.

wise person trains his/her mind to be upright (*ujum karōti mēdhāvi*); as a Fletcher straightens as arrow (*usukaro va tejanam*). As well as when a fish taken out of its watery home and thrown on to dry ground (*vārijo va thalekhitto, ōkamokata ubbhato*); Therefore, the mind quivers or trembles when it is taken out of the sensual world to escape from (round of moral defilements) the realm of Mara (*pariphandatidaṃ cittaṃ mārādheyyaṃ pahātave*).³⁰¹

Here further describes about unsteady mind as specify as *durakkhaṃ* it means difficult to keep the mind fixed on a single object when a person meditating. Also mentioned that the mind is *dunnivārayaṃ* difficult to train or restrain the mind from drifting towards sensual pleasures. More further, as the Fletcher straightens the arrow (*ujumkaroti*), the (*medhāvi*) wise person trains or deal his sensuous, unruly mind by means of Tranquility and insight Development Practice (*Samatha* and *Vipassanā*). There is a another verse, mentioned that the mind is unstable to fixed (*dunniggahassa lahuṇo*), swiftly and lightly it moves and lands wherever it pleases (*yattha kāmanipatino*); it is good to tame the mind (*cittassa damatho sādhu*), for a well-tamed mind brings good health, happiness, fortune, satisfaction, (*cittaṃ dantaṃ sukhā vahaṃ*) etc, and also brings the highest states of happiness as *Maggas, Phalas* and *Nibbana*.

It is also cleared that the untrained (mind) worldly person generally seeking the worldly objects to experience himself. By seeking or running to having experiencing through the worldly objects that the untrained mind or person unable to perceive as what is awful or worthless and what is helpful or wellbeing activities himself. Here immediately appears the ignorance in one's mind, and interrupted with the mind or person, then the untrained mind or person having experiencing the awful trauma, stress, distress event, as well as the wise or skillful person well treats his/her mind for wellbeing.

IV. How to overcome from the *āsavas*, and resolve the Traumatic Mental Disorders?

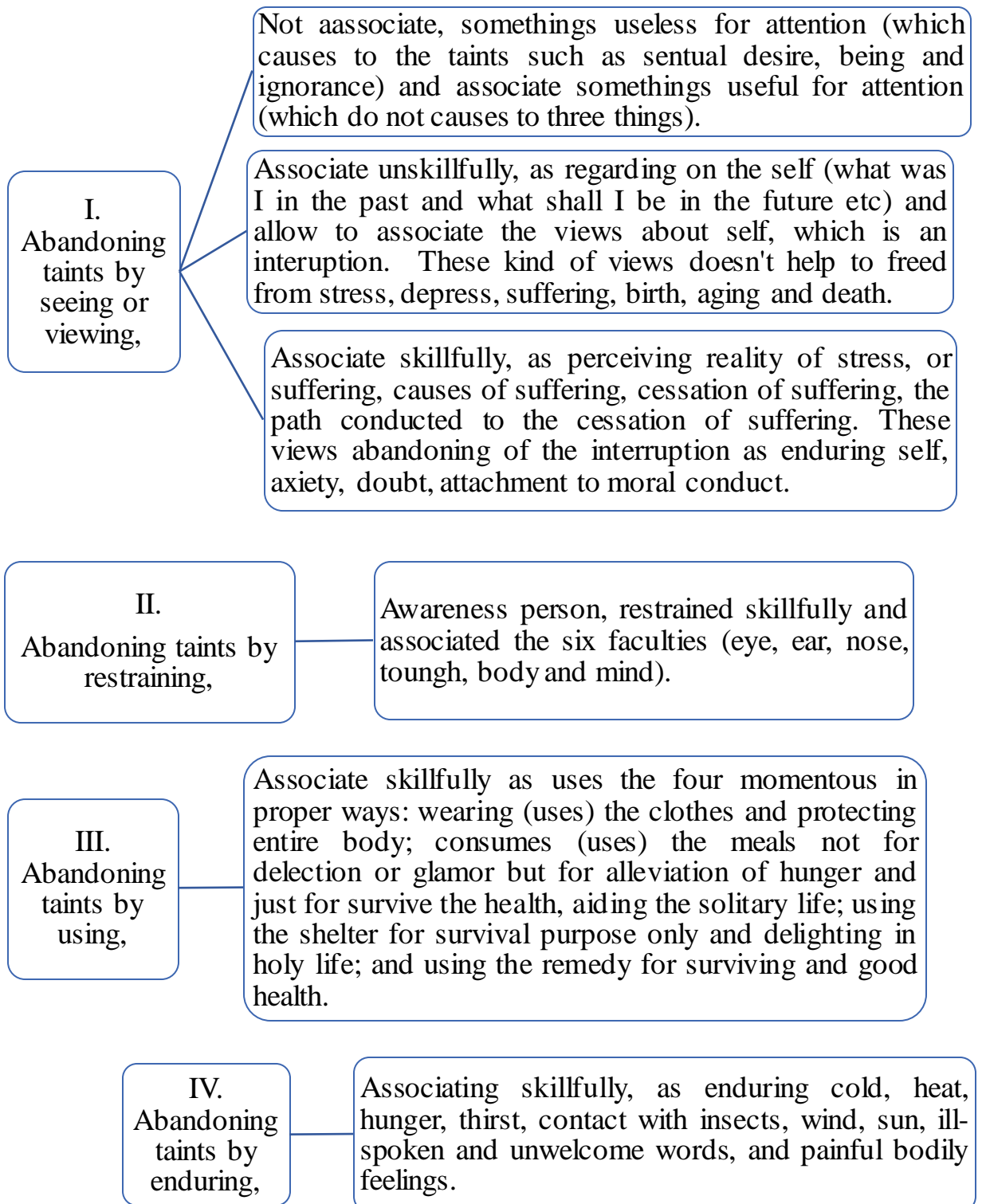
³⁰¹Dhp. 33 & 34.

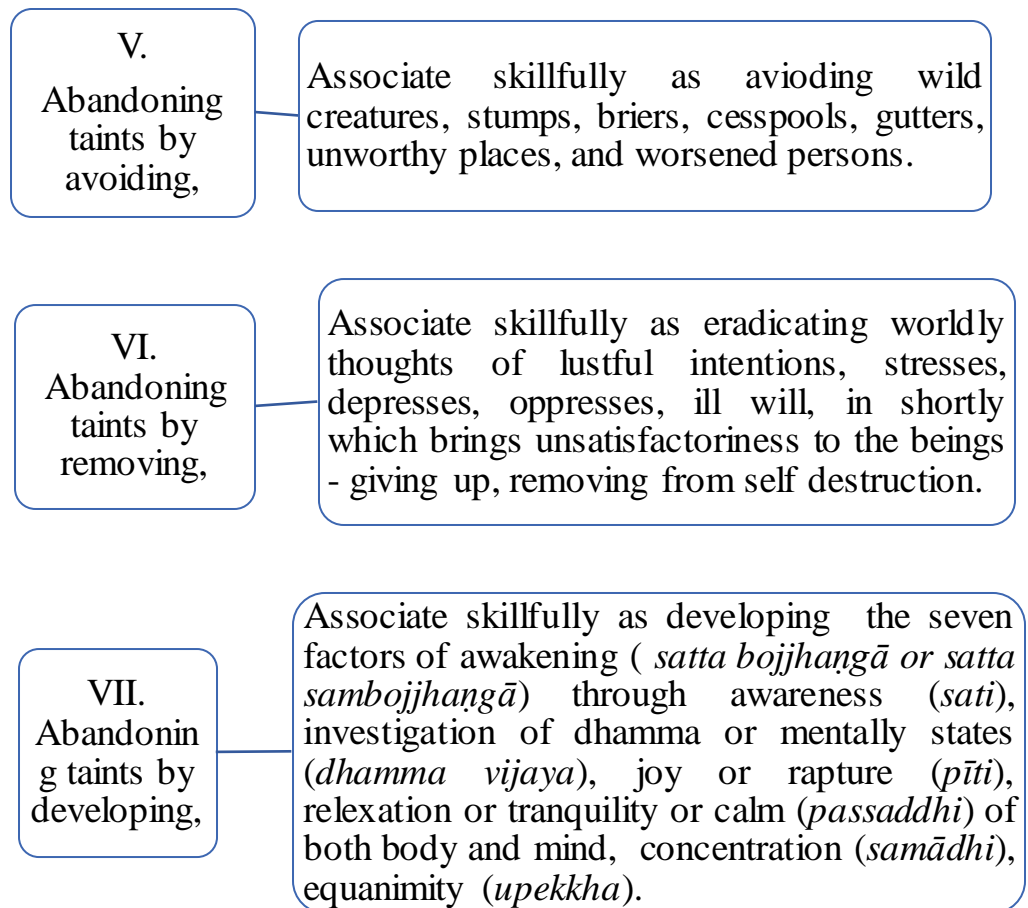
Once the Buddha has admonished and expounded this *Sabbā'sava Sutta* for practically a way of life and implicit advice, what is stiff injurious and benevolent of mental and physical phenomenon. The above *sutta* pointed out many technical and skillful ways to removed and resolve the trauma arising, causes harmfulness, discomfort, stress and anxiety disorders. Here the Buddha was profound the precious efforts to overcome from the *āsavas*.

Accordance with the states of the *Sutta*, are seven procedures only. They are not only referred to overcome from *āsavas*. The procedures are referred to any other reasons which are causes to give disturbance such as confusion, trouble, inconvenience, anxiety, distress, stress, vexation and oppression etc. It is also cleared that the seven methods of the *sutta*, have inter-related with both mental and physical functions. A person should develop the procedures by removing and perceiving, what is leading to worthless, unwholesome on over all. Also, the person develops it through practicing the skillful qualities (morality, awareness, wisdom, energy and patience) which are corroborated to removing the *āsavas*, stated in commentary.³⁰²

The seven procedures as follows:

³⁰²B Ñāṇamoli and B Bodhi, (trans.), **The Middle Length Discourses of the Buddha** (Majjhima Nikaya), (Boston: 1995), Wisdom Publication, p. 1169.





Through these seven procedures obviously pointed out of the *āsavas*, causes and effects in both sides. It was bringing the how the mentally objects come, lay down and polluted to mind. Most of bad external objects or defilements or *āsavas* arisen in the mind and those polluted thoughts are contaminated or soiled the mind. These *āsavas* are revealing the wrong views, stress, distress, suffering, anxiety etc. By removal with right views or understandings, right thought or right intension³⁰³ is keeping balance of the mind and healing and protecting from imbalances, stresses, anxieties and re-experiencing stiff thought of events. As above mentioned the abandoning taints or cankers should avoid by avoiding such dangers. The abandoning taints by using- uses

³⁰³M 117: B Thanissaro, (trans.), **The Great Forty**, see also D. iii. 215. S. ii. 143; eds. by T W Rhys Davids and S William, Pāli Text society-Pāli English Dictionary.

the four momentous in proper ways: wearing (uses) the clothes and protecting entire body; consumes (uses) the meals not for enjoyment nor glamour but for alleviation of hunger and just for survive the health, aiding the solitary life; using the shelter for survival purpose only and delighting in holy life; and using the remedy for surviving and good health. Further the Buddha indicated that the abandoning by using (moderation in food-*bhojane Mattaññutā*)- O’bhikkhus, I abstain by using food, not for fun, not for indulgence, not for beautification nor attractiveness, but just enough food for the sustenance and maintenance of *kāya* or body, the cessation of *vihimsa* or dangers, for the support of the *brahmacariya* or solitary life, I thus using or doing so, recovered from previous *vēdanās* or illnesses or distress, and enjoyed or feeling comforted without arousing new *vēdanās* or discomforts, and therefore, not will be for me subsistence, blamelessness, enjoyed health, dwelling at ease and peace.³⁰⁴ It is not only for solitary life, but for everyone to keep slimy health and continuing one’s physical body. Once the Buddha reported the moderation in food, while the King *Pasenadi* of *Kosala*, was facing discomfort due to excess eating, and opened his eyes through the stating obvious benefits of moderation in food, and after knowing this instruction from the Buddha, he eats in balance of food and return to the ease life.³⁰⁵

The qualities of the foods should be valuable one and numerical values of foods must contain in moderation in food for day to life. Peoples have to be careful taking to enough standard and enough full calories and vitamins in their daily usages. The excessive chemical using for growing hybrid animal, vegetable, sweets, and steadfast marketing products, which are well known to affirm to reveal the chronic, illness, such as diabetes, cancer, heart disease, stroke and arousal oppress. Therefore, the awareness person takes care with own assorted healthy foods, and free chemical and nourishing organic (natural) foods, which

³⁰⁴D. i. M. vi. S, vi. A. v.

³⁰⁵S. i. & B. Bodhi, (trans.), **The Connected Discourses of the Buddha** (Samyutta Nikāya) (Boston: Wisdom publication, 2000) p. 176.

are no more affected to sustaining and maintaining for assistance of the wellness health.

The necessity of the remedy to keeping the wellness health, protecting and healing, the Buddha prescribed numerical medicinal lists in the *Vinaya Piṭaka*. It was pointed out the usages of roots, leaves, herbs, fruits, and salts³⁰⁶ for various medications purpose, and particular remedy for particular treatments, such as jaundice, skin disease, snake bites, poisoning, and even dominating by demons, invisible, and non-human beings.

The appropriate hygiene, clean foods, bathing health, trimming nails, using tooth-wood to clean the teeth, cleaning feet before entering dwelling, so on instructions were mentioned in the *Vinaya Piṭaka*, to wellness of the health.³⁰⁷

Regarding the restraining of the six sense organs, control over indulging on multitude activities of the senses, *Āsavas* may arise, the sense objects bring full of vexation and distress, mental and physical sufferings. That those taints or wrong doing or viewing should be abandoning by restrain the six sense organs. By those negative objects bring stress, suffering to one's life. *Mahā-dukkhakkhandha Sutta*³⁰⁸ discovered, desiring to gratify the sensual organs, involves with those multitude troubles, stress, frustration such as injury from insects, cold, wind, so on.³⁰⁹

Regarding the removal wrong thoughts, sensual desire, anger, and delusion bring one's obstacle to abandoning taints by removal and established right path of enlightenment, wise man, removal it by knowing as they are not beneficiary to get peace, knowledge, enlightenment or *Nibbāna*.³¹⁰ The roots of these three wrong thoughts are greed, anger, and delusion, (*lōbha, dōsa, mōha*), which are leading to uncomforted and unwholesome event,³¹¹ while arisen these things for

³⁰⁶Mv. iv.

³⁰⁷Mv. iv.

³⁰⁸M. i. 83.

³⁰⁹M. i.

³¹⁰S. v.

³¹¹M. i.

discomfort, suffer, and harm;³¹² so that their removal may bring the ease, comfort, and peaceful life. Here *Nibbāna* meant an extinction of craving, anger, and delusion or confusion.³¹³ Those, harmful, unskillful, thoughts (*pāpake akusale dhamme*) should be removed, by understanding, avoiding, restraining and cultivating through wholesome activities etc.

The abandoning taints, cankers, corruption, fermentation, inflow and outflow, pollutant of mind by developing through the seven procedures of enlightenment, which are helpful to continuing to awareness, healing the craving, removing all kinds of taints and leading to end of suffering by means of all comforts, happiness and wellbeing. This *Sabbāsava Sutta*, is very important and essential for the healing, recovering, and protecting one's mental and physical life through the following procedures, developing, and cultivating wholesome things, with mindfulness, investigation of the *dhammas*, energy, rapture, tranquility, concentration and equanimity, can removing the negative thoughts, and established the positive thoughts, will bring the happiness in both mental and physical health.

3.2 Karaniya Metta Sutta³¹⁴ - The Discourse on Loving-kindness or Friendliness

I. What is the meaning of Metta?

The *Metta* is a *Pāli* word and in Sanskrit is maitry, which derived loving-kindness, friendliness, goodwill.³¹⁵ It is not related to the ordinary word “Love” (*pema*), but it is related with “Friend” (*mitta*). *Metta* also performed as unconditional and boundless love, which is not related with expectation of any desirable things, but it a moral conduct to be friendliness through the good indeed, goodwill, loving-kindness, and well-wishing oneself as well as another. It was almost always

³¹²S. i.

³¹³S. i.

³¹⁴Sn. 143 – 152, See also Khp. 9.

³¹⁵Thanissaro Bhikku explained that *Metta* is translated as “goodwill”, while Bhante Gunaratana refers it as “loving-friendliness”,
http://www.accesstoinsight.org/lib/authors/thanissaro/metta_means_goodwill.html.

emphasized by the Buddha, to practice diligently as an appropriate way of right and positive thoughts to well-wishing him or others.

V. What are the natures of the *Metta* in Buddhist perspective?

Regarding the *Metta*, “goodwill”, “friendliness”, unconditional loving-kindness, recommended in numerical *suttas*, as an essential part of practice in our life. It is an important *parami* of the ten *paramis* (ten perfections), practiced and cultivated by the all *Buddhas* in order to achieve Buddhahood. The *Metta* enriches or develops the mind for awareness and concentration,³¹⁶ thus prevent from the stress, depression, and keep in calm and peaceful mentioned in the *Sankhitta Sutta*.³¹⁷ Meanwhile, the *Brahma Vihāra Sutta*³¹⁸ – was mentioned that the four sublime attitudes, as *Metta* (loving-friendliness or kindness), *Karuana* (compassion), *Mudita* (joy or rapture), and *Upekkha* (equanimity). *Metta*, is one of first and important step of it. The goodwill or friendliness or loving-kindness, should develop and pervading the entire universe, everywhere and equally with one’s heart filled with goodwill, friendliness, loving-kindness, abundant, grown great, measureless, free from enmity as well as free from stress, distress, oppression, and suffering.³¹⁹ Further explanation of the *sutta* brings other three sublime of attitudes, to abiding in one’s life, in order to develop and pervading the entire universe, everywhere and equally with one’s heart filled with goodwill, friendliness, abundant, grown great, measureless, free from enmity as well as free from distress and suffering. This *Metta Sutta* further explained, that one should not be limited or restricted pervading only to the own peoples, own relatives, human beings (in this village, in this country, in this universe), non-human beings (ghosts, demons deities so on in other universes), and animals, but its nature should be boundless, unconditional and extended and pervading to the entire universe, weak, strong, without exception, long, large, middling, short, subtle, blatant, visible and invisible, born and seeking to birth, enmity, friends, sentient beings in other small or large cosmos or universes.

³¹⁶A. iv.

³¹⁷A. iv. 299.

³¹⁸A. v. 299.

³¹⁹A. v.

VI. Understanding to practice the *Metta*?

The *Metta* is an abidance of the anger and hatred; therefore, it is a very essential procedure to every human being for bring balance in own life, in order to can free from stresses, depressions, oppression, and suffering.³²⁰

The *dhammapada* verse five, refers that hatred is an indeed (*na hi vērēna verāni*), it is never extinguished by hatred in this world (*saṃmantidha kudācanaṃ*). It is only extinguished by loving-kindness and friendliness (*avērēna ca saṃmanti*). This is an ancient or eternal law (*ēsa dhaṃmo sanantano*).³²¹

Regarding this verse, expounded knowledge to conquer the angry one by not angry, be loving-kindness, be loving-friendliness, be with goodwill (*akkōdhena jine kodhaṃ*); conquer the wicked by goodness or good will (*asādhuṃ sādhuṇā jine*); conquer the stingy by generosity (*jine kadariyaṃ dānena*); and overcome the liar by speaking the truth (*saccēnālika vādiṇaṃ*).³²²

Radiating *Metta*, is wishing himself, protecting himself, look after himself, secure himself, producing happiness in mind, free from hatred and anger, free from oppression, relaxing mental and physical health, generating right thoughts, as well as can secure uncountable human beings, non-human beings, visible and invisible beings every universes.³²³ In order to radiate friendliness, goodwill towards the entire universe, above, below, and across – unhindered, without ill will, without enmity. It is also standing, walking, sitting or reclining can develop or cultivate this mindfulness, and it is called as “Noble Living” as mentioned in the same *sutta*.

Finally, the *sutta*, explained that no one falling into wrong view, being virtuous, endowed, with insight, free from lustful desire or sensual desire, verily the one who develop or cultivate mindfulness, friendliness,

³²⁰A. iii.

³²¹Dhp. 5.

³²²Dhp. 223.

³²³Sn. 143-152. & A. v.

and goodwill, he born in *brahma* world and never again or return to conceive in a womb or in this human world. Thus, the person never having any experiencing of trouble, oppression, traumas, stress, unhappiness and suffering, experiencing happiness, ease, comforts, developing and cultivating it more and more through the meditation, will attain the *Nibbāna* or having enlightenment.

Once the Buddha, disclosed the *Kakacūpama Sutta*,³²⁴ to understand how to practices the *metta* by means of all. As the *sutta*, refers, it is no matter how a person speak you, it is no matter how a person ill-treat you, it is no matter how a person maltreat you, misbehave you, abuse you, hatred you, whatever the bad things do you – even the person viciously detach your limbs with a saw – if you are becoming anger, than you are not be an appropriate followers of the Buddha’s teachings. Even in the such fierce invasion, the followers of the Buddha’s teaching, should train own mind, should be patience, forbearance and forgiveness to them, and an enmity of those not harboring such thoughts can be extinguished it.³²⁵ Thus one can free from immoderate adversity, ill feelings, resistance, traumas, injury, chronic, stress, oppression, depression, suffering, or physical or mental pain, and as well as the happiness and satisfactoriness arisen in the mind, continuing the ease, balance and wellbeing existence of mind and body.

In order to the *Metta*, can enrich, develop, the potential force to protect, healing mental objects and physical objects, brings the happiness, through the radiating it and in the universal friendliness and goodwill.

3.3 The *Gilāna Suttas*³²⁶ - The Discourse on Sick Persons

There are several *Gilāna Suttas*,³²⁷ were referred to several persons and several occasions. The *Gilāna* word is *Pāli* and it means sick. *Sutta* is discourse and the knowledge on sick and how to release those sicknesses. The *suttas* are related to the seven procedures or

³²⁴M. i.

³²⁵Dhp. 4.

³²⁶S. v.

³²⁷S. iv.

factors of enlightenment, and it the way of releasing the unhappiness, discomfort, stress, distress, oppression, depression, injures, chronic and mental and physical pains or sufferings. In *Pāli* word *Gilāna* is well-known as the word *Bojjhaṅga*.

Specially, the seven procedures or factors of enlightenment are highly recommended to mindfulness as a procedure for Awakening rightly taught by a person, and it should have developed, pursued, and leads to having direct knowledge, to self-Awakening as well another, to unbinding, to releasing, to recovery from the anxiety, stress, depression, oppression and boundless suffering or pains.

The number of diverse the Buddha gave instructions to his followers to recitation of these *Glāna* or *Bojjhaṅga Suttas*, for cure the sickness, anguish, and extreme pain, trauma, chronic or injure through the mindfulness. The reports as found in the Buddhist Texts, *Venerable Arahant Mahakassapa Thera*, *Venerable Arahant Maha Moggallana*, *Venerable Arahant Mahacunda* so on, were having recitations and hearing these *suttas*, fully had cured, released the extreme pains. Therefore, these *suttas*, are very important to be cultivated and to be increase the mental and physical powers, to recovering themselves and another, healing stress, depression, oppression of own mind and body.

The necessity of seven procedures of awareness, are very essential to keep balance of mind, sustaining balance of happiness, as well as the balancing due to unhappiness, unease, discomforts, sufferings, and continuing the wellbeing. What are those seven procedures of enlightenment? In Buddhism, the *Satta bojjhaṅga* or *satta saṃbojjhaṅga* is in *Pāli*, and *sapta bodhyanga* in Sanskrit. The Seven procedures of enlightenment or awareness are mindfulness (*sati*), investigation (of *dhammas*) (*dhammavicaya*), energy (*virīya*), happiness (*pīti*), tranquility (*passaddhi*), concentration (*samādhi*), and equanimity (*upekkha*).

According to explanation of Wikipedia,³²⁸ that the mindfulness (*sati*) is to recognize the *dhammas*, and the *dhammas* are divided into

³²⁸Wikipedia,
https://en.wikipedia.org/wiki/Seven_Factors_of_Enlightenment#cite_note-2.

two meaning such as phenomena and reality as it is. Investigation (*dhammavicaya*) is researching of *Dhamma*. Energy (*virīya*) is determination. Joy (*pīti*) is happiness. Tranquility (*passaddhi*) is relaxation of both body and mind. Concentration (*samādhi*) is clear awareness, a calm, one-pointed state of concentration of mind³²⁹ or clear awareness. Equanimity (*upekkha*) is to be fully aware of every phenomenon without being desire, lustful or averse toward them.

These evaluations of the seven awareness factors are one of the “Seven Sets” of “Awareness-related states” or (*bodhi pakkhiya dhamma*). The Pali word *bojjhaṅga* is a composite of *bodhi* (awareness) and *aṅga* (factor),³³⁰ and joint or cause.³³¹

The *Aggi Sutta*, “Fire Discourse”, the Buddha recognized that mindfulness is “always useful” (*sabbatthika*). Whenever, a person’s mentally down and effected with evil thoughts, the person should cultivate these seven factors to free from stress anxiety, depression to recover him from those effects.³³² For a while, Buddha was gravely ill and he asked to *Venerable Arahant Mahacunda*, to recite the *satta sambojjhaṅga* to him, and in order to the Buddha was release and cured from his illness.³³³

The illustration of the Venerable Ledi Sayadaw, the factors of awareness, can be decreased, released, recovered the disorder, injure, chronic, disease upon fully attention on the seven factors, when a person observing it, practicing it, meaningfully. Here, it is clear that the *Saddha* (unshakable faith) is important to hearing it, observing it, practicing it meaningfully.³³⁴

³²⁹Rhys Davids & Stede (1921-25), entry for *Samādhi*, retrieved 3 Feb. 2011. from "U.Chicago" at <http://dsal.uchicago.edu/cgi-bin/philologic/getobject.pl?c.3:1:3397.pali>.

³³⁰Rhys Davids & Stede (1921-25), p. 490, entry for *Bojjhaṅga* (retrieved 10 Jul 2007).

³³¹Critical Pali Dictionary, *Aṅga*, http://cpd.uni-koeln.de/intro/how_to_use .

³³²S 46-53, *Bodhi*, 2000, p.p. 1605-7; Walshe, 1985, *Sutta* 58, p.p. 69-70.

³³³S. v.

³³⁴Ledi Sayadaw, *The Requisites of Enlightenment*, (Kandy: 1983), Buddhist Publication Society, p. 107.

In *Bojjāṅgasamyutta*, the *suttas* are found, that the virtue is very fundamental step to be perceiving the cultivation of the seven factors, it is "flourished upon virtue, constituted upon virtue", in order to a person can rightly cultivates, and achieves the great happiness of mental states, and continuing its balance.³³⁵

Meanwhile, the factors are very much helpful to the loneliness, desolation, unpleasantness, cessation of hostilities, and fruition in giving up.³³⁶ These people conduct to decrease the desire, hatred, and delusion, annihilation of stress, depression, and suffering.³³⁷ After rightly practiced the seven procedures of awareness, one can realized the direct knowledge, and achieved the attainment, liberation, free from imprison of *Samsara* or life cycle, free from slavery of craving, hatred and confusion, release from stress, depression, and suffering.³³⁸

The Mindfulness is a first step of the seven factors of Enlightenment,³³⁹ and it is the seventh part of the Eightfold Path³⁴⁰ of Buddhism, also it is important to all of human beings to practice. Sati is referred to "right mindfulness" (*samma sati*), developing awareness, cultivating awareness, and levels of Awareness and mindfulness of things, oneself, feelings, thought, people and reality.

It is also referred to entire body and mind, awareness of current moment. It is should be fully actual moment, not lost in worry, indulgences, inattention, negligence, reverie. Further, mindfulness is disclosing to releasing usual characteristic of mind that hold down the confusion, illusion of detaches self. It is never judge between likes and dislikes. Mindfulness is indicated that dropping conceptualizations when being awareness of breath, such as it is not my breath just breathe. It has four-fold: and it is also consisting in contemplation of body

³³⁵S. v.

³³⁶M. ii.

³³⁷S. v.

³³⁸M. iii.

³³⁹S. v.

³⁴⁰S. v.

(*kāyanupassanā*), feeling (*vedanānupassanā*), mind (*cittānupassana*), and mental objects (*dhammānupassanā*).³⁴¹

Regarding the second step of factor is an investigation into *Dhammas*, and it has two meaning such as phenomena and reality or nature of reality as it is. In Theravada Buddhist perspective, this keen investigation is analytical. *Dhamma Vicaya*³⁴² is the *Pāli* term for the second procedure of the awareness which indicates to investigate the *Dhamma* or *dharma* (Sanskrit). The word *Dhamma* has broadest meaning in Buddhist Perspective, sometimes it is like “natural law”, anyway, further it is referring to the “teaching of the Buddha”, and also highly emphasized to the “nature of existence” or to phenomena as expositions of reality. Therefore, in the Buddha’s doctrines are the investigation of *dhamma* and an investigation into the nature of existence. To the followers, Buddha never allow to accept his teaching on blind faith, anxiety and fear, rather than that to investigate his teaching to perceive the reality of truth of him and himself.

The third factor of the seven factors of Enlightenment is *virīya*³⁴³ in *Pali*, means “energy”, “keen effort”. It is an important perfection of the ten perfections (*pāramis*).³⁴⁴ In the ten perfections, the *virīya* found in the position of fifth, and also found in Eightfold path as a position of sixth. Therefore, it is clear that the *virīya* has essential place in Buddhism. In the *Vyagghapajja Sutta*,³⁴⁵ it was showed as *Uttāna Sampadā* and it means the accomplishment of persistent effort. There are four conditions of worldly progress, which is very important to conduce to a householder’s weal and happiness in this very life. The Great Scholar *Venerable Piyadassi Thera* mentioned that when the prince who was became Buddha later, began his quest for attainment, so he took as his slogan “*ma nivatta; abhikkhama* – falter not; advance”. The quest for enlightenment was requisites enthusiastic effort, tireless strength and courage.

³⁴¹M. i. & D. ii.

³⁴²S. v.

³⁴³S. v. & S. ii.

³⁴⁴K. iii.

³⁴⁵A. iv. 281

There is fourfold right efforts *sammappadhāna viriya*.³⁴⁶ The functions of four energies or efforts are (1) the right effort to eradicate or remove “evils” or “unwholesome” or (*akusala*) which have arisen in the mind; (2) the right effort to prevent the arising of unarisen evils (*akusala*) in the mind; (3) the attempt to enhance and cultivate unarisen welfare or wholesome (*kusala*) in the mind; and (4) the attempt to enhance the further growth of good or wholesome (*kusala*), which already arisen in the mind.

The fourth factor of the seven factors of enlightenment is “Pīti-happiness”. It is come from own actions. The above fourfold of right energies or enthusiastic efforts are arisen; arousal of energy with internal joy, happiness can develop and continuing it with the arousal energy. The fifth factor of the seven factors of enlightenment is “*Passaddhi*-tranquility”. Because of happiness of developed or cultivated mind easily goes tranquility.

When the Mindfulness would be investigations of the *Dhamma* or nature of reality with wisdom, then energy or enthusiastic effort is arisen. The arousal of energy with the inward or spiritual joy, happiness can developed, through the developed or cultivated mind easily goes tranquility, and when the calmness or tranquility of body and consciousness is developed, the previous spiritual joy and happiness could be existing as continuance, so the happiness mind goes to concentrated, deepest concentrated mind is focusing all of one’s mental faculties into mental and physical object and practiced, cultivated and developed the mind, could realizing the equanimity of mental and physical faculties as well as equanimity on natural reality, or phenomena. *Venerable Bhikkhu Bodhi*, reported the equanimity is “evenness of mind, unshakeable freedom of mind, a state of inner mind”.³⁴⁷

In order to one who developed the seven factors of Enlightenment smoothly and gradually, the person enable to enriched the mind power

³⁴⁶A. vii.

³⁴⁷S. v. & B. Bodhi, (trans.), **The Connected Discourses of the Buddha (SamyuttaNikaya)**, (Boston: 2000), Wisdom Publications, p. 1572.

of healing to recover or cure those stress, anxiety, fear, trauma, chronic pain, and mental and physical suffering, and achieving the ultimate reality of *Nibbana*.

3.4 The Mahā-Satipaṭṭhāna Sutta – The Greater Discourse on the Establishment of Mindfulness.³⁴⁸

This is explored an essential foundation and instructions on the practices of mindfulness meditation, which is leading to the detachment as well as liberation. It is a direction or instruction of mindfulness. The *Sati* is a *pāli* word, which means stimulation of Mindfulness or Awareness. And also the *pāli* word *Upaṭṭhāna* or *paṭṭhāna*, means “establishment”, or “foundation”, or “based”, or “frames”, or “direction”, or “attendance”, or “waiting on”, or “looking after”, or “service”, or “care”, or “ministering”,³⁴⁹ or “setting forth” and “putting forward”.³⁵⁰ When the both words combined together *Sati* + *Upaṭṭhāna* = *Satipaṭṭhāna*, fully it means “an establishment of Mindfulness”. The opinions of many scholars for the “foundations (*paṭṭhāna*) of mindfulness”, translated were more traditional, while the contemporary Buddhist scholars are parsing and translating it as philological and textual authority.³⁵¹

Mindfulness is on what? Mindfulness is domain on four establishments or directions. Mindfulness is a thought to be engaged on four directions; it means continually observing the sensory experience in order to avoiding the arising of defilements or cravings, which lead to future causes as experiences to rebirths.³⁵² What are the four directions

³⁴⁸M. i.

³⁴⁹A. i. 151, 225. & The Pāli Text Society’s **Pāli-English Dictionary**, (*Upaṭṭhāna*), p. 141.

³⁵⁰The Pāli Text Society’s **Pāli-English Dictionary**, *Paṭṭhāna (Sati +Paṭṭhāna = Setting up of Mindfulness)*, p. 402.

³⁵¹For the traditional use of the translation, “foundations (*paṭṭhānā*) of mindfulness,” see, e.g., B Gunaratana (2012) and U Silananda (2002). For appraisals supporting the parsing of the suffix as *upaṭṭhāna*, see, e.g., Anālayo (2006), p.p. 29-30; and, Bodhi (2000), p. 1504.

³⁵²Gyori, I Thomas, “**The foundations of Mindfulness (Satipatthana) as a Microcosm of Theravada Buddhist World View** (M.A. dissertation, 1996). Cited in Anālayo, American University, (Washington: 2006).

(*cattāro satipaṭṭhāna*)? The four directions of mindfulness (*cattāro satipaṭṭhāna*)³⁵³ are *kāya* (body), *vēdana* (feelings/sensations), *citta* or *mana* (mind/consciousness), and *dhammas*³⁵⁴ (reality of existences/phenomena).³⁵⁵

The combination of the four establishments of Mindfulness is found in the *Mahāsatipaṭṭhāna Sutta* (The Great establishments of Mindfulness or Great frames of Reference) of *Dīgha-Nikāya*.³⁵⁶ It is the only way or path (*ekāyanā maggo*) to meet or gain the direct knowledge or wisdom for purification of begins, for uproots illness, ill will, hostility, fear, anxiety, stress, distress, chronic, injure, trauma, oppression, sorrow, frustration, sickness, disease, and in shortly all kinds of sufferings (*saṅkittena pañca upādanakkhandhā dukkhā*),³⁵⁷ for extinguishing suffering and grief, for achievement of the true way, and for the accomplishment of the *Nibbāna*. These are the highest goals in Buddhism. Meanwhile, the *Dīgha-Nikāya* commentary explored the mindfulness is focusing on the “five aggregates - *pañcakkhandhā*”. The contemplation of the body is concerned with aggregate of form (*rūpakkhandha*); the contemplation of the feelings is concerned with aggregate of feelings (*vedanākkhandha*); the contemplation of the mind is concerned with aggregate of consciousness (*viññānākkhandha*); the contemplation of the *dhammas* is concerned with aggregate of perception (*saññākkhandha*); and of mental formations (*saṅkārakkhandha*).³⁵⁸

The *pāli* word *Ānā* means “breathing in or inhalation” and *Pali* word *Pāna* means “exhalation or breathing out”, and also *Sati* means

³⁵³M. i.

³⁵⁴Kuan, Tse-fu, **Mindfulness in Early Buddhism: New Approaches through Psychology and Textual Analying of Pali**, Chinese and Sanskrit Sources, Routledge.

³⁵⁵Sharf, Robert, **Mindfulness and Mindlessness in Early Chan**, (PDF), *Philosophy East & West*, (October 2014) Vol 64, p.p. 933-964.

³⁵⁶D. ii.

³⁵⁷S. v.

³⁵⁸S. v.

“mindfulness or awareness”.³⁵⁹ *Ānā+Pāna +Sati =Ānāpānasati* fully meaning of it is “inhalation and exhalation of mindfulness or rising-falling”.³⁶⁰ It is also called “insight or *Vipassana*” Mindfulness. Commencement with *Ānāpāna* is a first point the contemplation and excising indicated to lead directly to *Vipassana* or insight mindfulness, thus the practice of the four *satipaṭṭhānas*. According to Buddha’s states that even while observing the mind, one is not engaging properly unless mindfulness of impermanence with the experience of the cognition or consciousness.

Especially the establishment of mindfulness is mainly categorized into four, as follows: body, feelings, mind, and *dhammas*, and also these are gradually setting up again into twenty-one and cultivates for investigation and supervision through these four categories. They are (1) The observation of Body – *Kāyānupassanā*; (2) The observation of sensations (*Vēdanānupassanā*); (3) The observation of mind (*Cittānupassanā*); and (4) The observation of mental contents (*Dhammānupassanā*). Here is a brief outline of the procedures in discourse:

The four Establishments of mindfulness in the Mahā-Satipaṭṭhāna Sutta	
Mindfulness of body	
Breathing	Going to a tree, forest, or empty place, sitting cross-legged, with body erect, one is mindful of breathing in and out, one knows the long breath, short, and trains oneself to experience the whole body of breath and to calm the body of breath
	Knowing when one is walking, standing, sitting, lying down, or however the body is

³⁵⁹The Pali Text Society’s **Pali-English Dictionary**, Digital Dictionaries of South Asia, University of Chicago.

³⁶⁰M. Sayadaw Ven, **Satipaṭṭhāna Vipassanā** (1995), <http://www.accesstoinsight.org/lib/authors/mahasi/wheel1370.html>.

Postures	disposed.
Clear Comprehension of Activities	Acting with clear knowing when performing various activities (going forward, returning, bending, stretching, eating, drinking, chewing, tasting, defecating, urinating, falling asleep, waking up, talking, keeping silent, etc.)
Foulness – The Body Parts	Reviewing this body and identifying the 31 parts of body
Elements	Reviewing this body as consisting of the four elements – earth, water, fire, air
Copses (Nine Contemplations)	Contemplating corpses in nine stages of decay and comparing one’s own body with it, that it is of same nature and will become like that
Mindfulness of feelings	
Feelings	Knowing when one feels a pleasant, painful, or neither-painful-nor-pleasant feeling. Knowing when one feels a worldly or spiritual pleasant, painful, or neither-painful-nor-pleasant feeling
Mindfulness of Mind	
Mind	Knowing the stage of one’s mind, (a mind affected by lust, hate, confusion or not, developed or undeveloped, concentrated or not

	concentrated, liberated or not liberated, etc.)
Mindfulness of dhammas	
The Five Hindrances	Knowing if the five hindrances are present in one or not; understanding how they arise, are abandoned, and do not arise in the future. (Sensual desire, ill will, sloth and torpor, restlessness and worry, and doubt)
The Five Aggregates	Knowing the five aggregates subject to clinging, knowing their origin and passing away. (Form, feeling, perception, mental formations, and consciousness)
The Six Sense Based	Knowing the six internal and external sense bases, knowing the fetter that arises dependent on both, and how there comes to be the arising, abandoning, and future non-arising of the fetter. (Eye and forms, ear and sounds, nose and odors, tongue and tastes, body and tactile objects, mind and mind-objects)
The Seven Factors of Enlightenment	Knowing if the enlightenment factors are present in one or not, knowing how they arise and how they are developed. (Mindfulness, investigation of <i>dhammas</i> , energy, joy, tranquility, concentration, equanimity)
The Four Truths of the Noble One	Knowing as it actual is: “This is suffering”, “This is the Origin of suffering”, “This is the cessation of suffering”, and “This is the way leading to the cessation of suffering”.

Following each of these contemplations is a passage which reads as follows (insert “feeling”, “mind” or *dhammas* in place of “body” for those sections):

“In this way one dwells contemplating the body in the body internally, or one dwells contemplating the body in the body externally, or one dwells contemplating the body in the body both internally and externally. Or else one dwells contemplating the nature of arising in the body, or one dwells contemplating the nature of passing away in the body, or one dwells contemplating the nature of both arising and passing away in the body. Or else mindfulness that “there is a body” is simply established in one to the extent necessary for bare knowledge and mindfulness. And one dwells independent, not clinging to anything in the world”.³⁶¹

Meanwhile the inward and outward outlines are frequently indicated as contemplating the physical body (or feelings, etc.) of oneself and that of others, A Buddhist respectively scholar *Venerable Bhante Gunaratana* expresses that it is not always the case. The inward and outward thought of the components, that means the one perceives that the inward earth, water, fire, and air components (within oneself) are basically the same as their outward similitude (in the outside the world) – these are all only components. It engages to the body parts outline as well as the body parts overlooked either belongs to the classification of earth component or water component as there either stiff or fluid. The inhale also, inward is the air we inhale in and out, outward is outside air, which are both merely air component. Basically, the case of feelings inwardly implies feelings involved by the mind or by the memory of cognitive objects; outwardly implies feelings involved by outward cognitive objects arising in the current moment.

Reflecting the character of arising, the character of passing away and the character of both arising and passing away which sees and

³⁶¹Ellen Gervasi, **Healing Suttas of the Pāli Canon: A Study of the Buddha’s Teaching for Healing and Protecting the Body and Mind**, Wang Noi: MCU (2012), p. 52.

experiences by oneself, how the several matters arise, change, and pass away. The inhale, feelings, moment of mind, and therefore the future arise relying on reasons, experience the changes, and thereafter cease. The person should look for and be awoken of this gradually keep changing and this instability; the knowledge and sagacity of a person acquires is that all these physical and mental factors are keep changing and instability, and therefore physical and mental factors are keep changing and bang to as “self”. A person should not attach to anything else in this world as well as the restrain or subdue from the point of view of “self”.

The *Sutta* concludes with an outline that if a person cultivates or develops the four establishment of mindfulness through this way for seven years or even for as little as seven days, that the person will achieve either the third or fourth level of enlightenment (either non-returning or *Arahantship*, “the final or ultimate realization here and now”). In this way, the establishments of awareness were instructed in this *sutta* which leads to the state of pure or factual ease, happiness and the freeing of suffering, in the Buddhist utterance of enlightenment, liberation, and *Nibbāna*.³⁶²

3. 5. The *Kevaṭṭa (Kevaddha) Sutta*³⁶³

This is a discourse or a discussion between Buddha and *Kevatta*. Once, the *Kevatta* came to meet and saluted to the Buddha. Then *Kevatta* requested to Buddha, that to display the supernormal knowledge or psychic power. At the first three times, Buddha refused to display it. However, over requisition of *Kevatta*, the Buddha agreed to disclose it for educational or pedagogical purpose. Buddha has pointed that the humans can demonstrate abilities which may surpass the normal capabilities of man. Buddha taught that miracles should never be measure of power or greatness, for longing for greatness is insubstantiality and insubstantiality causes of suffering. Therefore, recommending a miracle or psychic is well, as is developing and

³⁶²*Nibbāna* is the **Highest Happiness in the Buddhist view**, Dhp. p.p. 200-203. *Nibbānaṃ paramaṃ sukhaṃ - Nibbāna is greatest/best happiness/bliss.*

³⁶³D. i. 211.

cultivating psychic powers, as long as it is done for the right events and causes.

According to this discourse, the psychic powers or abilities is stated that as the Miracle of Psychic Power, the Miracle of Telepathy, and the Miracle of Instruction.

The Miracle of Psychic Power is a person can be many; having been many becomes one, he appears and invisible, he goes through the walls, mountains as through the space without any damage. He walks in and out of the earth as well as on the water without sinking and on dry land. Sitting cross-legged he flies through the air like a winged bird. He touches and strokes any things with his hand even the sun and moon. The exercises influence with his body even as far as the Brahma world. This is the Miracle of Psychic Power.

The Miracle of Telepathy is the person can read the minds, the mental events, the thoughts, the regarding of other beings, other individuals – such as one’s thinking, where his mind is and how it works now and ever. This is the Miracle of Telepathy.

The Miracle of Instruction is a person (follower of Buddha) gives instruction in this way: ‘Direct one’s thought in this way, this is skillful and that is not, apply it in this way and don’t practice (the *dhamma* or any things) that way, this is the stress (*dukkhā*), this is the cause of stress (*samudaya*), this is cessation of stress (*nirodha*), this is the path to the cessation of stress (*magga*),³⁶⁴ and also let it go this way, enter and remain in that way. The *Tathāgata* appears, his teaching is worthy and rightly self-awakened, the *Dhamma* is the holy life both in its particulars and its essence, entirely perfect, surpassing pure. This is the Miracle of Instruction.

Further, after some time, a person abandons his mass of wealth, leaves his circle of relatives, shaves off hair and beard, wears the yellow robes, and goes forth from the sensual life into homelessness. The person gone forth and refrained by the rules of the monastic code, seeing and knowing the danger in the slightest faults or offenses, consummated

³⁶⁴S. v. 420.

in his virtue, he defends the doors of his senses, is possessed of mindfulness and alertness, and remains in content.

Furthermore, the psychic powers or abilities are stated in the *Iddhivida Sutta* that as one of the six types of “higher knowledge”³⁶⁵ (*chalabhiññā*), “Direct Knowledge”³⁶⁶, and “supernormal knowledge”³⁶⁷. These psychic skills or abilities are well-known as commonly as *Iddhi* or *abhiññā*.³⁶⁸ They are as follows:-

1. “Higher powers” (*iddhi-vidhā-ñāna*), such as walking on water, through the walls, on the mountains, and empty spaces.
2. “Divine ear” (*dibba-sōta-ñāna*), such as clairaudience, what is inaudible as far as heaven or other worlds.
3. “Telepathy” (*cēto-pariya-ñāna*), such as mind-penetrating knowledge, communication without using the words or symbols.
4. “Recalling one’s own past lives” (*pubbe-nivāsanussati-ñāna*), such as knowing and remembering one’s former lives.
5. “Divine eye” (*dibba-cakkhu-ñāna*), such as a knowledge or an ability to see other’s karmic paths or destinations.
6. “Extinction of mental suffering and intoxicants” (*āsavakkhaya-ñāna*), such as the removal of mental suffering and intoxicants, and cessation of mental and physical stress, unease, distress, depression, oppression, trauma, chronic pain, unsatisfactoriness, and all of sufferings.

The achievement of these six higher powers is mentioned in many discourses. The most famous discourse is the “Fruits of Contemplative

³⁶⁵T. W. Rhys Davids, W. Stede, **The Pali Text Society’s Pali-English Dictionary**, Motilal Banarsidass (1921-25), p. 6465 & entry for *Abhiñña*.

³⁶⁶B. Bodhi, (trans.), **The Connected Discourses of the Buddha: A Translation of the Samyutta Nikaya**, Boston: (2000), Wisdom Publication, p.p. 1557-1558.

³⁶⁷Dale H. Hoiberg, **Encyclopedia Britannica** Chicago, Illinois: (ed. 2007), Encyclopedia Britannica Inc, p. 31 & entry for *Abhiñña*.

³⁶⁸T. W. Rhys Davids, W. Stede, **The Pali Text Society’s Pali-English Dictionary**, Motilal Banarsidass (1921-25), p.p. 64-65, 115-116, 121-122, 272, 288-289, 372, 432 & entry for *Abhiñña*.

Life Discourse – *Samanānāphala Sutta*³⁶⁹ of the *Digha Nikaya* and also similarly three knowledges or wisdoms are mentioned in the *Tevijja* or *Tivijja Sutta*,³⁷⁰ that the “Recalling one’s former abodes (*pubbenivāsanussati-ñāna*)”, “Divine eye (*dibba-cakkhu-ñāna*)”, and “Removal of mental stress or suffering and intoxicants (*āsavakkhaya-ñāna*)”. The three abilities or powers are also mentioned in numerous discourses including the *Maha-Saccaka Sutta* of *Majjhima Nikaya*,³⁷¹ in which the Buddha described that obtaining each of these three powers.

The first five of powers are achieved through practicing the precepts or morality (*Sila*), - (such as including *Samṃā Vāca* - Right Speech, *Samṃā Kamṃanta* - Right Action, and *Samṃā Ājīva* - Right Livelihood), and developing and cultivating the concentration (*Samādhi*), - (such as including the Right Exertion or Effort -*Samṃā Vāyama*, Right Awareness – *Samṃā Sati*, and Right Concentration - *Samṃā Samādhi*), while the sixth achieving through the insight (*Vipassanā*) or wisdom (*Panānā*), (such as including the Right Understanding -*Samṃā Ditthi*, and Right Intention - *Samṃā Saṅkappa*). The sixth of knowledge or power is the final goal of Buddhism, which is the path leading to the cessation of mental and physical stress, unease, distress, depression, oppression, trauma, chronic pain, unsatisfactoriness, and all sufferings, and destruction of all ignorance and unwholesome thoughts and feelings. Accordance with the stated of the Buddha, indulgence in the *abhiññā* wants to be abandoned and avoided, as they can distract from the final goal of Enlightenment, and true happiness and wellness.

The Meditating person can achieve healing, wholesome skills, abilities, Miracle of Psychic Powers, Miracle Powers of Telepathy, and Miracle Powers of Instruction, as well as most of all enlightenment, happiness, and wellness. One who is properly developed and cultivated the meditation (especially *Samatha* Meditation), he or she is able to be achieving the supernatural powers without any border of gender. The Insights (*Vipassanā*) meditation is particularly for the final goal of

³⁶⁹D. i. 47.

³⁷⁰D. i. 235.

³⁷¹M. i. 237.

Enlightenment. However, Buddha was not recommended it much, because the powers should not be the final goal, rather focus on achievement of *Nibbāna*. The Buddha himself has had realizes regarding the psychic powers or states and perceived his former lives when he meditated under the *Bodhi Tree* and achieved the Enlightenment. The experiences were about the reality of universe, birth-rebirth, stress, suffering, karmic and other stresses. According the *Apadāna* (one of 15 books of *Kuddhaka Piṭaka*), mentioned that Buddha was suffered by the serious headache or Migraine. Then the Buddha immediately enter to “attainment of extinction (*nirodha-samāpatti*)”, it is also called as “extinction of feeling and perception (*saññā-vedayita-nirodha*)”, is the uncertainty avoidance of all consciousness and mental functions. Then the “neither-perception nor-non-perception” is arisen as a result of that the mental and physical functions have been ceased and become to a steadiness. However, life is not exhausted, the bodily heat is not extinguished, and the faculties are not spoiled.³⁷²

One meditates; let’s go of the monitoring of his mind and focuses on concentration, breath or other some things that wants to be concentrated on. An individual lets go of his/her stress thoughts and feelings and compromises own mind to be free. Once the mind is free, an individual may see the right visions and perceive that a closed mind may not sight. Thus, one should practice and develop the concentration and letting go of negative thoughts, felling, and behaviors of own mind established on positive thoughts, feelings, and moral behaviors, and compromises own mind to be free. The freed mind or an individual has no stress, depression, trauma, chronic pain, and all of sufferings, and reduction of pain is there, extinction of trauma is there, destruction of chronic pain is there. It is the antidote and therapeutics of all kinds of mental traumatic disorders. Also, the freed mind or an individual achieved the ease, comfort, satisfactoriness, direct knowledge of the happiness, wellness, fruition, benefit, and everlasting bliss are there.³⁷³

³⁷²Vism. XXIII.

³⁷³Dhp. 35.

Chapter IV:

An Application of Buddha's Teachings for Healing Traumatic Mental Disorder (TMD)

The hard core of Buddha's teachings is available and accessible in the Holy Scripture of *Tipiṭaka* for healing traumatic mental disorder. Therefore, in the commentary of *Majjhima Nikāya 'Papanācasūdani'*, mentioned that "All worldly beings are deranged – *Sabbe puthujana uṃmattaka*. Accordance with the *Sallekha Sutta* of the *Majjhima Nikāya*,³⁷⁴ that the forty-four psychological illnesses or disorders, all worldly beings are suffering from these concomitant illnesses or disorders and systematic treatments and instructions given by Buddha to overcome from trauma, stress, distress, oppression, depression, anxiety, boundless suffering or pains. There are many other discourses of resources and processes enrolled in the Four Right Exertions or great efforts. In order to the instructions of this chapter will be accomplished by four exertions of the systems, the "paramount gradual development processes", and it is obvious and worthy practicing, developing, and absorbing the process in one's life to achieved the welfare of the mental health recovery and happiness.

4.1 Right Exertions

The Four Right Exertions³⁷⁵ is known as Four Right Efforts, four Great Efforts, Four Proper Exertions, Four Energetic Efforts, Four Energetic Strivings, Four Right Endeavors, and Four Right Concentration of Mind.³⁷⁶ *In Pali* is *Cattārimāni Saṃmappadhānāni* and in Sanskrit *Samyak-pradhānā* or *Samyakprahāna*. What are they?

³⁷⁴M. i. 40.

³⁷⁵Rhys Davids & Stede, *Saṃmappadhāna* (1921-25), p. 411, also *padhāna* found in other Pali texts: S. i. 105. iii. 96. A. ii. 15. iii. 12. iv. 125. SnA. 124. PvA. 98.

³⁷⁶D. iii. 30, 77, 104, 108, 214, 238. M. ii. 174, 218, S. i. 47, S. ii. 268. S. iv. 360.

They are the knowledge of the sake of the non-arising evil and unskillful qualities that have not yet arisen, knowledge of evil and unskillful qualities that have arisen, knowledge of skillful qualities that have not yet arisen, and knowledge of skillful qualities that have arisen. These qualities are consisted on recognition of the arising and non-arising of the various mental thoughts and feelings, and an observation of recurrent events in stability and instability qualities. The Four Right Exertions motivate to the abandonment of harmful mental behavior and nurturing of skillful mental behavior.

4.1.1. The sake of the Non-arising (*Samvara-padhāna* - Prevent) of evil, Unskillful qualities that have not yet arisen

In order to the knowledge of the sake of the Non-arising (*anuppannānam pāpakānam akusalānam dhammānam anuppādāya*)³⁷⁷ of evil, unskillful qualities that have not yet arisen. The unskillful quality includes the right understanding (*Samma-diṭṭhi*) and observing, the evil or unskillful qualities of physical acts and mental thoughts. The nature of the negatives thoughts has to perceive as it is. The negative thoughts of reality have not yet arisen, which is stress, distress, trauma, oppress, anxiety, pain and suffering have to be perceived. A person should be abandoning the unskillful thoughts that have not produced yet, means reality of suffering should be perceived. In Buddhism, the term of “*dukkhā*-suffering” has broad meaning. According to the first sermon of the Buddha, the “suffering” means birth is suffering, aging is suffering, sickness is suffering, death is suffering, sorrow, lamentation, pain, disappointment are suffering, being related that what is association with dislike is suffering, being separated from what is liked is suffering, not to get one wants is suffering; in brief, the five aggregates subject to griping are suffering.³⁷⁸

Even though, the term *dukkhā* is indicated as suffering, it has broad range of illustration on this. The “Suffering” is defined as stress, distress, frustration, pain, anxiety, unsatisfactoriness, dissatisfaction,

³⁷⁷D. ii. 120. M. iii. 296. M. ii. 11.

³⁷⁸S. v. 420.

interruption, oppress, concerning separation or departing from the strong attachments so on. The statement of the Buddha, this is the noble truth of suffering. Therefore, a person should be perceiving the reality of evil or unskillful qualities or thoughts that the mental and physical depression, oppression, anxiety, stress, distress, frustration, unhappiness, pain and suffering, increase or decrease on its responsible - due to the inborn for short period or long-period as stability and instability³⁷⁹ of the five aggregates subject to griping of suffering, disease or disorder. When the person personally experiences the obsessive chronic, incurable and long-standing the conditions affected the mental health that is called as Post-Traumatic Stress Disorder (PTSD). It is an outline or evidence to the cause of affliction, stress, depress and suffering. Accordance with definition of psychologist, it is a symptom, syndrome and clue for the reason or cause of application, stress, oppression, depression, disease, and disorder. Therefore, the symptom should be found out that this signifies the certain stress, aggravation or emotional condition invading an individual should be perceived oneself and systematically to be capable to recover it or resolve it.

According to Buddhism, the reason of suffering is evil, unskillful quality, negative intention, and craving (*taṇhā*) which frequently leading to arisen and renovation of being, this is related to the desire and enjoyment, finding rejoice and lust, and also enjoys reasonable and unreasonable thoughts. Here, craving is for sensual pleasure (*kāma-taṇhā*), craving for existence (*bhava-taṇhā*), and craving for (*vibhava-taṇhā*). In shortly, they are called the noble truth of origin of suffering (*dukkhā-samudaya-ariya-sacca*).³⁸⁰ In order to it is clear that initially an individual produce and enhances the sufferings as he/she intents and by him or herself, not by another. Accordance with the point of view of the psychologist, there is various reasons or causes for these the trauma, stress, distress, disorders and etc. Further they state, the syndromes may involve with disturbing evil, unskillful thoughts and feelings, or dreams related to the events, mental (or physical) stress, pain, and depression to trauma related cues, in how he/she thinks and feels, as well as a growth

³⁷⁹Vism. 610. & S. iii. 66.

³⁸⁰S. v. 420.

or reduction on its response. Therefore, an individual should be careful not to enthusiasm the sake of non-arising (*anuppādāya*) of evil, unskillful of qualities, thoughts and feelings that have not yet arisen (retrain (*saṃvara padhāna*) from the unskillful (harmful) thoughts or feelings by (*salāyatanāni*) six internal and external senses), because they are leading to cause of the stress, pain, trauma, unsatisfactoriness, dissatisfaction, interruption, and suffering, as well as increase or reduction on its response or reaction.

4.1.2. The sake of the Abandonment (*Pahāna-padhāna*- Abandon) of evil, Unskillful qualities that have arisen.

The knowledge of the sake of the abandonment (*uppannānaṃ pāpakānaṃ akusalānaṃ dhammānaṃ pahānāya*)³⁸¹ evils, unskillful qualities, thoughts and feelings that have arisen is one of the four right exertions. It is associated to the (*saṃma-vāyāma*) factor of “right effort” of the Noble Eightfold Path’s factors. The faculty of “energy (*virīya*)” is a faculty of Five Spiritual Faculties, and one of the seven sets of Qualities Conducive to Enlightenment (seven factors of Enlightenment-*Satta Bojjhaṅga*).

According to states of the *Bhikkhu Bodhi*, on faculty of the energy is as follows:

“And what, bhikkhu, is the faculty of (*virīya*) energy? Here, bhikkhus, the noble disciple dwells with energy aroused for the abandoning of unwholesome states and the acquisition of wholesome states; he is strong, firm in exertion, not shirking the responsibility of cultivating wholesome states. This is the faculty of energy”.³⁸²

³⁸¹D. ii. 120. M. iii. 296. M. ii. 11.

³⁸²B. Bodhi (2000), p 1671. Thus, here the Buddha speaks of abandoning and acquisition as opposed to the abandoning, non-arising, arising and maintenance of S 48.10.

Here the “unskillful” or “unwholesome” (*akusala*) and the “skillful” or “wholesome” (*kusala*) qualities is mentioned in the *Abhidhamma Piṭaka* and the post-canonical Pali commentaries.³⁸³

Basically, the “unskillful states” or “Cause of stresses or disorders” are recognized in Buddhism, is as the three defilements (*kilesa*) such as greed (*lobha*), hatred (*dosa*), and delusion (*moha*) and the skillful states are indicated as defilements’ opposites such as non-greed (*alobha*), non-hatred (*adosa*), and non-delusion (*amoha*). These three are also the unwholesome roots (*akusalamūla*) of the *saṃsāric* existence. The defilements (*Kilesas*) are mental states that cloud the mind and obviously reveal in unwholesome actions. They are included mental states for example anxiety, fear, jealousy, desire, anger, depression, stress, suffering, etc. For the term of *Kilesas*, the modern scholars used variety English words to translate and description, such as afflictions, defilements, destructive emotions, disturbing emotions, negative emotion, mind poisons, mental stress, mental disturbance, and so on.

In Buddhism, the concept of the greed (*lōbha or rāga*) is referring to any form of sensuality, greed, lust, desire, an attachment to a sensory object.³⁸⁴ It is characterized by affliction or poison of mind.³⁸⁵ *Pali* term *dosa*³⁸⁶ means translated as hate, hatred, aversion and it is an opposite of the *raga* (greed, desire, and lust). *Dosa* is characterized by the affliction or poison of the mind too.³⁸⁷ *Moha* refers to confusion,³⁸⁸ delusion,³⁸⁹

³⁸³Bhikkhu Bodhi (2000), p 1939, n. 245 identifies the following sources: the *Abhidhammic vibh* 208-14; and the post-canonical *Vibh-atthakatha (Saṃmohavinodi)* p.p. 289-96. & Vism. 679.

³⁸⁴Robert E. Buswell Jr, Donald S. Lopez Jr, **The Princeton Dictionary of Buddhism**, Princeton University Press (2013), p.p. 59, 68, 589.

³⁸⁵T. W. Rhys Davids, W. Stede, **Pali-English Dictionary**, Motilal Banarsidass (1921), p. 567. Also see Damien Keown, **A Dictionary of Buddhism**, Oxford University Press (2004), p.p. 8, 47, 143.

³⁸⁶T. W. Rhys Davids, W. Stede, **Pali-English Dictionary**, Motilal Banarsidass (1921), p.p. 323, 438.

³⁸⁷Robert E. Buswell Jr, Donald S. Lopez Jr, **The Princeton Dictionary of Buddhism**, Princeton University Press (2013), p. 29.

³⁸⁸T. W. Rhys Davids, W. Stede, **Pali-English Dictionary**, Motilal Banarsidass (1921), p. 543.

dullness;³⁹⁰ and this is a similar with “ignorance” (*avidyā*).³⁹¹ One of these three poisons that in part or causes of stress, unwholesome, unsatisfactoriness, suffering, (*dukkhā*)³⁹² and so on, because they have inter-relationship with each other.³⁹³ Therefore, one should be abandon, discard, discontinue and cease the three of “root causes of mental suffering” or “root causes of disease, disorders”, and because these are also called “threefold fires” or “affective obstacles to the achieving direct knowledge” (*kilesa* and its correlate *upakilesa* are affective obstacles to the achieving direct knowledge *abhiññā* and wisdom *paññā*) in *pali* canon that should be extinguished.³⁹⁴

The mental and physical behavioral characters of disorders are divided into many criteria in western psychology, and recognized, suggested, and medicated to removal of those disorders. While Buddhism, setting up in six types of “*Caritas*”,³⁹⁵ is a predominant nature of human being’s in behavioral pattern. The behavioral nature or characters (*Caritas*) are as follows-:

1. *Lōbha* or *Rāga carita* (the greedy or passionate nature or behavior),
2. *Dōsa carita* (the nature of angry),
3. *Mōha carita* (the delusion or confusion or anxiety nature),
4. *Saddhā carita* (the faithful nature),
5. *Buddhi carita* (the intelligent nature or behavior), and

³⁸⁹Robert E. Buswell Jr, Donald S. Lopez Jr, **The Princeton Dictionary of Buddhism**, Princeton University Press (2013), p.p. 59, 68, 546.

³⁹⁰Damien Keown, **A Dictionary of Buddhism**, Oxford University Press (2004), p.p. 8, 47, 143.

³⁹¹Robert E. Buswell Jr, Donald S. Lopez Jr, **The Princeton Dictionary of Buddhism**, Princeton University Press (2013), p.p. 59, 68, 546.

³⁹²Paul Williams, **Buddhism: Buddhist origins and the early history of Buddhism in South and Southeast Asia**, Routledge (2005), London and New York, p. 123.

³⁹³Peter Harvey, Steven M. Emmanuel, **A Companion to Buddhist Philosophy**, John Wiley (2015 ed.), p. 39.

³⁹⁴David Webster, **The Philosophy of Desire in the Buddhist Pali Canon**, Routledge (2005), p. 2-3.

³⁹⁵Vism.

6. *Vitakka carita* (the ruminating or pondering nature, feelings, thoughts, reflection and investigation).

The first three are mentioned above, and they are bad tendencies and other three are good. An individual can have one or more (mixture) of two or three *caritas* or behaviors. The Master of meditation, generally identify an individual's *caritas* or behaviors by seeing and observing his/her movements and gestures, living style, the choosing of foods and behavioral response and reactions. An individual with *rāga carita* and with *saddhā carita* displayed in common *carita* and these with *buddhi carita*. Also, individuals with *mōha carita* and those with *vitakka carita* are closely related in nature and behavior. The Masters are teaching or giving a technique to overcoming by Observing, identifying, suggesting, from those harmful behavioral response and reactions of a person. In order to one can achieve the true happiness and wellness.

According to *kilesa samyutta* of the *Samyutta Nikaya*, further exposure of *Arahant Ven. Sariputta*, that state that any involved of nutrition of the six sense objects (desire-passion or *chanda-raga*) with the six senses (physical and mental), is a *Cetaso upakkilesa* or “defilements of the mind”.

“Monks, any desire-passion with regard to the eye is a defilement of the mind. Any desire –passion with regard to the ear... the nose... the tongue.... The body.... The intellect is a defilement of the mind. When, with regard to these six bases, the defilements of awareness are abandoned, then the mind is inclined to renunciation. The mind fostered by renunciation feels malleable for the direct knowing of those qualities worth realizing”.³⁹⁶

Therefore, the abandonment evils, unskillful qualities, defilements, unwholesome roots, thoughts, and feelings that have arisen in one's mind, should be abandoned (*pahānāya*) through the right understanding (*sam̐ma-ditthi*) of direct knowledge (*abhiññā*) and wisdom “*paññā*”. It is also related with the Noble Truth of the Cessation

³⁹⁶S. iii. Thanissaro and Bhikkhu Bodhi, (trans.), **defilement of awareness**, (1994), and also see B. Bodhi, (trans.) *cetaso upakkilesa-mental corruption*, Boston (2000), p. 1012.

of Suffering (*dukkhā nirodha*). The Cessation of suffering is the craving that thoroughly eradicating and disconnecting from this, and free from suffering is abandoning from attachment, release and letting go of that very craving.³⁹⁷ To the reduction or free from stresses or depressions, mental illnesses and mental disorders in the psychology, is avoiding harmful thoughts and feelings, also endeavoring not to recurrent those events, and proper caring with using accurate medicine.

4.1.3 The sake of the Arising (*Bhāvanā-padhāna* - Develop) of skillful qualities that have not yet arisen.

Here, the arising of skillful qualities that have not yet arisen, are recognized as wholesome roots (*kusalamūla*) that have not yet arisen in one's mind, should be endeavor to arising (*anuppannānaṃ kusalānaṃ dhammānaṃ uppādāya*)³⁹⁸ it. The wholesome roots are opposite of unwholesome roots (*akusalamūla*), and they are non-greed (*alobha*), non-hatred (*adosa*), and non-delusion (*amoha*). Wholesome is fully antidote of the aforementioned unwholesome mental and physical actions, such as non-greediness (*anabhijja*), non-ill will or antipathy (*avyapāda*), and right understanding or knowledge (*Samma-ditṭhi*).

Here, Pali term “*alobha*” is translated as non-greed or non-attachment. The *alobha* is defined as the absence of attachment or absence of desire unto worldly objects and worldly existence.³⁹⁹ This means an individual not associate in unwholesome behavior.⁴⁰⁰ According to (*Abhidhamma*) Buddhist psychology, that it is a kind of virtuous mental factors. The *Abhidharma-samuccaya* states (what is *alobha*?) that not to be attached to a range of life and all that is related

³⁹⁷S. v. 420. Thanissaro Bhikkhu, (trans.), *Dhammacakkappavattana Sutta: Setting the Wheel of Dhamma in Motion*, (1993), See at SN 56.11 Access to Insight (<https://www.accesstoinsight.org/tipitaka/sn/sn56/sn56.011.than.html>).

³⁹⁸D. ii. 120. M iii. 296. M. ii 11.

³⁹⁹Herbert V. Guenther, & Leslie S. Kawamura, *Mind in Buddhist Psychology: A Translation of Ye-shes rgyal-mtshan's The Necklace of Clear Understanding*, Kindle Edition (1975), Dharma Publishing, p.p. 536-537.

⁴⁰⁰Erik Pema Kunsang, (trans.), *Gateway to Knowledge*, (North Atlantic Books Vol. 1) Kathmandu (2004), p. 25.

with this. Because the functions as a basis for not being touched up in non-virtuous action.⁴⁰¹

The *pali* term *adosa* is translated as “non-anger” or “non-hatred”. It is defined as the absence of invasive behavior unto anyone or anything else that causes stress,⁴⁰² depression, chronic pain, trauma, mental illness and disorder etc.⁴⁰³ Accordance with the (*Abhidhamma*) Buddhist psychology, that it is a kind of virtuous mental factors. What is *adosa* or *advesha*? It is no any intention to harm to any sentient beings, to invade with frustrating events, and to invade on those who are the matter of frustration. This is a base that not associated with unwholesome behavior.⁴⁰⁴

In Buddhism, the *pali* term *amoha* is “non-confusion” or “non-fascination”. The contemporary various scholars are translated it as “non-delusion” or “non-bewilderment”. There is another definition on “*amoha*” is an absence of stupidity or delusion.⁴⁰⁵ *Ven. A. P. Buddhadatta Mahathera*, that the term is translated as “wisdom”.⁴⁰⁶ It is defined as a person without delusion concerning what is reality or true, due to elimination or discrimination;⁴⁰⁷ the basis of its function is to cause a person to not involve in unwholesome actions or events.⁴⁰⁸ According to Buddhist psychology (*Abhidhamma*), that it is also a kind

⁴⁰¹Herbert V. Guenther, & Leslie S. Kawamura, *Mind in Buddhist Psychology: A Translation of Ye-shes rgyal-mtshan's The Necklace of Clear Understanding*, Kindle Edition (1975), Dharma Publishing, p.p. 536-537.

⁴⁰²Ibid. p.p. 538-539.

⁴⁰³Erik Pema Kunsang, (trans.), *Gateway to Knowledge*, (North Atlantic Books Vol. 1) Kathmandu (2004), p. 25.

⁴⁰⁴Herbert V. Guenther, & Leslie S. Kawamura, *Mind in Buddhist Psychology: A Translation of Ye-shes rgyal-mtshan's The Necklace of Clear Understanding* Kindle Edition (1975), Dharma Publishing, p.p. 538-539.

⁴⁰⁵D. iii. 214.

⁴⁰⁶Vin. i. 325. M. ii. 248. D. iii. 214. Also see at The Pali Text Society's Pali-English Dictionary, p. 74.

⁴⁰⁷Herbert V. Guenther, & Leslie S. Kawamura, *Mind in Buddhist Psychology: A Translation of Ye-shes rgyal-mtshan's The Necklace of Clear Understanding* Kindle Edition (1975), Dharma Publishing, p.p. 542-544.

⁴⁰⁸Erik Pema Kunsang, (trans.), *Gateway to Knowledge*, (North Atlantic Books Vol. 1) Kathmandu (2004), p. 25.

of virtuous mental factors. A Mahayana text of the *Abhidharma-samuccaya* states that

“What is non-deludedness? It is a through comprehension of (practical) knowledge that comes from maturation, instructions, thinking and understanding, and its function is to provide a basis for not becoming involved in evil behavior”.⁴⁰⁹

Therefore, this exertion is useful and beneficial to an individual to developed for prevent from unwholesome actions or events, which is causes to produce the stress, oppression, depression, chronic pain, trauma, mental illness, mental disorder, and suffering. From the psychological perspective, the psychologist also is suggested that the syndrome or symptom of experiences, insecure events, mental impairments, should be perceived individual, and uprooted through the positive thinking, as well as effective mind care and medication.

Accordance with the *Samma-ditṭhi Sutta*⁴¹⁰ and its commentary, explained on wholesome that refrain from killing living beings is wholesome; refrain from taking what is not given is wholesome; refrain from misconduct in sensual pleasure is wholesome; refrain from false speech is wholesome; refrain from malicious speech is wholesome; refrain from harsh speech is wholesome; refrain from gossip is wholesome; non-greediness is wholesome; non-ill will is wholesome; and right view or understanding is wholesome. These are called wholesome and beneficial to the individuals. There is further explanation on the roots of wholesome such as Non-greed is a root of the wholesome; non-hatred is a root of the wholesome; and non-delusion or confusion is a root of the wholesome. They are called the root of the wholesome. Therefore, it is very essential to one for right understanding, practicing, and developing in own life.

⁴⁰⁹Herbert V. Guenther, & Leslie S. Kawamura, *Mind in Buddhist Psychology: A Translation of Ye-shes rgyal-mtshan's The Necklace of Clear Understanding*, Kindle Edition (1975), Dharma Publishing, p.p. 542-544.

⁴¹⁰M. i. 46.

4.1.4. The Maintenance (*Anurakkhanā-padhāna* - Maintain) non-confusion, increase, plenitude, development and culmination of skilful qualities that have arisen.

Here the *pali* term in Buddhism, is *Anurakkhanā* which is translated as maintenance. It is defined as (*uppannānaṃ kusalānaṃ dhammānaṃ thitiyā*)⁴¹¹ non-confusion, wisdom, increase, affluence, sustainment and culmination of skillful qualities, positive thoughts and feelings, appropriate realities that have arisen.⁴¹² The threefold roots of unwholesome (*akusalamūla*) or extremely a root causes of stress, distress, chronic pain, trauma, and a suffering is greed (*lobha*), hatred (*dosa*), and delusion (*moha*). Instead of the unskillful behaviors, one should be invented the skillful uproot threefold causes of behaviors, which is included the non-greed (*alobha*), non-hatred (*adosa*), and non-delusion (*amoha*). A person, with right understanding of the true knowledge of the absence of desire unto worldly objects and worldly existence is not involve in evil, injurious, unhygienic, and unhealthy behavior. So, it is leading to a person in beneficial, wholesome, hygienic, mental health behavior.⁴¹³

The consequences of evil behaviors may involve with disturbing unwholesome thoughts, feelings, or dreams included to the reasons of the case, stress, disease and disorder, suffering, then arising (origin) the mental or physical oppress or depress to trauma-involved symptoms, right exertions to abandon the countless or boundless suffering hints, also changing in how a person thinks and feels, as well as a produce or extinguish on its reactions. The person, who produced extremely the evils, unskillful thoughts, feelings, anger, is extremely danger for self-destruction and self-annihilation.

⁴¹¹D. ii. 120. M. iii. 296. M. ii. 11.

⁴¹²S. ii. 2. & Thanissaro Bhikkhu (trans.), *Magga-vibhanga Sutta: An Analysis of the Path*, (1996), (SN 45.8) Retrieved on 18-01-2018 from Access to insight, at: <https://www.accesstoinsight.org/sn/sn45/.008.than.html>, Note: Thanissaro translates as “evil, unskillful qualities” is *Pāpakānaṃ Akusalānaṃ Dhammānaṃ*” and for the “skillful qualities” is *Kusalānaṃ Dhammānaṃ*.

⁴¹³Erik Pema Kunsang, (trans.), *Gateway to Knowledge*, (North Atlantic Books Vol. 1) Kathmandu (2004), p. 25.

To maintenance (*Anurakkhanā*) the skillful qualities that have arisen is the last exertion of the four exertions. To prevent from stress, mental illness and disorder, and so on, one should be producing, dwelling on something, setting one's thoughts to application, developing by means of again and again practicing (*bhāvitā-bahulikatā*)⁴¹⁴ (it a kind of therapy) cultivation, well-balanced, well-trained by mind, which is including Loving-kindness meditation or Loving-friendliness therapy. Then the four noble truths of stress, causes of stress, cessation (letting go therapy) of stress, and the path of practice leading to the renunciation or cessation of mental (and physical) traumatic stress or disorder, is disappeared in an individual, instead of that the Noble Eightfold path—right understanding, right resolve, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration, is appeared in one's mind.⁴¹⁵

In a well-trained mind the happiness of vision is arisen, happiness of insight is arisen, happiness of discernment is arisen, happiness of knowledge is arisen, happiness of illumination is arisen by comprehending the noble truth of stress or disorder, abandoning the arisen of stress, directly experiencing the renunciation of stress, and developing the path of leading to renunciation of mental stress, disorder, suffering.⁴¹⁶ It is the maintenance (*Anurakkhanā*) or well-balanced the wisdom, increase, affluence, development and culmination of skillful qualities (mental states) that have arisen.

In the Western Psychological Science, the Trauma, Chronic, injury and mental disorders of individuals are characterized by observing their behavioral events to treatment. These behavioral disorders are categorized into variety sequence of events, such as abnormal events or excessive recurrent events. The excessive recurrent and long-lasting events are recognized as trauma stress (disorders) events and post-trauma stress (disorders) events. According to consultation of the psychologist and psychiatrist, for prevention the diagnosis behavioral

⁴¹⁴S. v. 164. A. iii. 110. Miln. 373. Also at The Pali Text Society's **Pali-English Dictionary**, p. 503.

⁴¹⁵S. v. 420.

⁴¹⁶S. v. 420.

symptom, the specialists are used the appropriate therapy to relieve or heal a (trauma) disorder. Example, A mental stress or disorder, like many trauma disorders, requires ongoing treatment as a result; mental circumstances can be effectively treated with one or a combination of the following therapies: Medication and Psychotherapy, as well as the treatment of mental disorder by psychological rather than medical means. "Hypnosis is now used in medical treatment as hypnotic psychotherapy to treat diseases of both the body and the mind". Here, its (hypnosis) use in therapy, typically to recover suppressed memories or to allow modification of behavior by suggestion, has been revived but is still controversial.

The Buddhist Psychological Theories are quite similar to Western Psychological Techniques; merely different is using worldly medicine in Western technique. But, in the *Milinda Pañña*, it is clearly mentioned that "Among of all the medicine in the world, numerous and various, there is nothing like the medicine of *Dhamma*: Therefore, O friends, drink this immortal of medicine".⁴¹⁷

The Four Right Exertions are motivated to restraint (*saṃvara*⁴¹⁸ *padhāna*) of the senses, then one should be abandonment (*pahāna*⁴¹⁹ *padhāna*) of (defilements) harmful mental behavior, Cultivate (*bhāvanā*⁴²⁰ *padhāna*) or nurturing of skillful mental behavior (of Enlightenment Factors), (by love one should be quench the fire of hatred, by wisdom the fire of delusion, confusion, fear, anxiety, and the supreme men extinguish confusion, fear, anxiety with wisdom that breaks through to truths),⁴²¹ and preservation (*anurakkhaṇā*⁴²² *padhāna*)

⁴¹⁷Miln. 335.

⁴¹⁸T. W. Rhys Davids, W. Stede, **Pali-English Dictionary**, Motilal Banarsidass (1921), p. 657.

⁴¹⁹T. W. Rhys Davids, W. Stede, **Pali-English Dictionary**, Motilal Banarsidass (1921), p. 448.

⁴²⁰T. W. Rhys Davids, W. Stede, **Pali-English Dictionary**, Motilal Banarsidass (1921), p. 503.

⁴²¹Iti. 93.

⁴²²T. W. Rhys Davids, W. Stede, **Pali-English Dictionary**, Motilal Banarsidass (1921), p. 41.

of concentration,⁴²³ for instance, using charnel-ground contemplations, as well as a person should be heal himself, and to prevent others from hazardous, risky, injure, Anxiety, stress, depression, chronic pain, trauma, mental illness, mental disorder, sufferings etc.

⁴²³D. iii. 225. A. ii. 16. Note: *padhāna* is fourfold, viz. *saṃvara*, *paḥāna*, *bhāvana*, *anurakkhanā* or exertion consisting in the restraint of one's senses, the abandonment of sinful thoughts, practice of meditation and guarding one's character.

4.2. Analysis of the bases of Power (*Iddhipāda-vibhaṅgaSutta*). These are four types and its four bases of Power. How the types of Power will be benefit to heal the Trauma, Mental and Physical as well as the Medical Systems?

According to *Iddhipāda-vibhaṅga Sutta*, it is indicated itself that is an analysis of the bases of power. Here, the *Pali* term *iddhi* is translated as “power” or “potency” (*Sanskrit* term is *ṛddhi*) and the term *pāda* is “base”, “basis” or “constituent”.⁴²⁴ The combination of the both terms (*Iddhipāda*) in a one is referred to “spiritual powers”. Generally, the combination of the word is translated by the many scholars are “base of power” or “base of spiritual power”.⁴²⁵ It is pursuit of Enlightenment; the related spiritual powers are secondary to the four exertions (base) mental qualities that acquire such powers. The mental states or qualities are concentration on intention or purpose (*chanda*), concentration of exertion or energy or will (*viriya*), concentration on consciousness or mind or thoughts (*citta*), and concentration on investigation or discrimination (*vīmaṃsā*).⁴²⁶ They are the four bases of mental qualities: that related to develop the wholesome (skillful) mental states and get rid him of unwholesome (unskillful) mental states.⁴²⁷

4.2.1. Development of Power

The “Development of power” means here the “Spiritual power”. Some modern scholars it is indicated as “Psychic power”. The spiritual

⁴²⁴W. Rhys Davids, W. Stede, **The Pali Text Society’s Pali-English Dictionary**, Motilal Banarsidass (1921-25), p.p. 120-121.

⁴²⁵Bhikkhu Bodhi, (trans.), *The Connected Discourses of the Buddha: A Translation of the Samyutta Nikaya*, Boston: (2000), Wisdom Publication, p.p. 1718-1749, & See Thānissaro Bhikkhu, (trans.), *Iddhipada-vibhaṅga Sutta: Analysis of the Bases of Power* (S 51.20). Retrieved 2018-01-07 from “Access to insight” <https://www.accesstoinsight.org/tipitaka/sn/sn51/sn51.020.than.html>.

⁴²⁶B. Bodhi, (trans.), **The Connected Discourses of the Buddha: A Translation of the Samyutta Nikaya**, Boston: (2000), Wisdom Publication, p. 1718-49. & Ajahn Brahm, **Simply this Moment**, Perth: (2007), Bodhiyāna Monastery, p. 394. & Also see W. Rhys Davids, W. Stede, **The Pali Text Society’s Pali-English Dictionary**, Motilal Banarsidass (1921-25), p.p. 120-121, & entry for *Iddhi*.

⁴²⁷For an above discussion of Buddhist means for developing wholesome qualities and removing unwholesome qualities, see, for instance, the Four Right Exertions.

power is above mentioned “bases of power”. There are four types of power, which is called here as “development of power”.⁴²⁸ To development of the power, one should establish the concentration, for this one should have an intention (chanda-desire) to acquire it. Here, concentration of mind⁴²⁹ means “*Citta-Samādhī*”⁴³⁰ and one-pointedness of mind⁴³¹ (*citt’ekaggatā*) in *pali*.⁴³² The centering of mind represents the function of unifying the mental consciousnesses putting in the tool of cognition. It is called concentration of mind due to will. One should produce his will for the non-arisen of that have not yet arisen harmful feelings and unwholesome thoughts. The *chanda* or will is the first basis for the development of power or spiritual power. With the establishment of an exertion and arouses energy (*virīya*), it is second basis of development of power, one should proceed to applies his mind (*citta*). It is the third basis of development of power. Well establishment of the will, an exertion and arousal energy, one should apply his mind lead to strive (*vimamsā*) for ending of the effluent. It is the fourth basis of development of power.

One should produce his will for the abandoning of arisen harmful feelings and an unwholesome thought, with an exertion, arousal energy, applies his mind, and strives for investigation of *dhamma* or direct knowledge. A person should produce his will for the arising of unarisen wholesome thoughts, with an exertion, arousal energy, applies his mind, and strives for investigation of *dhamma* or direct knowledge. And also, an individual should produce his will for the constantly of arisen wholesome thoughts, with an exertion, arousal energy, applies his mind, and strives for investigation of *dhamma* or direct knowledge, as well as for its non-confusion, for its stability, for its increase, for its abundance, for its cultivation, and for its completion. Therefore, they are called volitions of striving. In order to one’s will, produces the concentration due to will, and these excessive of striving: it is the basis of development

⁴²⁸S. v. 276.

⁴²⁹DhA. iii. 425. ThagA. 75.

⁴³⁰A. i. 125. A. ii. 20.

⁴³¹Vin. iii. 56. M. i. 43. Iii. 45.

⁴³²Vism. 84.

of power or spiritual power that is endowed with concentration due to will and excessive of striving.

One should produce his energetic exertion for the abandoning of arisen harmful feelings and an unwholesome thought, with will, apply his mind, and strives for investigation of *dhamma* or direct knowledge. A person should produce his energetic exertion for the arising of unarisen wholesome thoughts, with will, applies his mind, and strives for investigation of *dhamma* or direct knowledge. And also, an individual should produce his energetic exertion for the constantly of arisen wholesome thoughts, with will, applies his mind, and strives for investigation of *dhamma* or direct knowledge, as well as for its non-confusion, for its stability, for its increase, for its abundance, for its cultivation, and for its completion. Therefore, they are called volitions of striving. In order to one's energetic exertion, produce the concentration due to energetic exertion, and these excessive of striving: it is the basis of development of power or spiritual power that is endowed with concentration due to energetic exertion and excessive of striving.⁴³³

One should produce his mind for the abandoning of arisen harmful feelings and an unwholesome thought, with will, arousal energy, and strives for investigation of *dhamma* or direct knowledge. A person should produce his mind for the arising of unarisen wholesome thoughts, with will, arousal energy, and strives for investigation of *dhamma* or direct knowledge. And also, an individual should produce his mind for the constantly of arisen wholesome thoughts, with will, arousal energy, and strives for investigation of *dhamma* or direct knowledge, as well as for its non-confusion, for its stability, for its increase, for its abundance, for its cultivation, and for its completion. Therefore, they are called volitions of striving. In order to one's mind, produces the concentration due to mind, and these excessive of striving:

⁴³³B. Bodhi, (trans.), **The Connected Discourses of the Buddha: A Translation of the *Saṃyutta Nikaya***, Boston: (2000), Wisdom Publication, p.p. 1718-1749.

it is the basis of development of power or spiritual power that is endowed with concentration due to mind and excessive of striving.⁴³⁴

One should produce his strives for the abandoning of arisen harmful feelings and an unwholesome thought, with will, an exertion, arousal energy, and applies his mind, for investigation of *dhamma* or direct knowledge. A person should produce his strives for the arising of unarisen wholesome thoughts, with will, arousal energy, and applies his mind for investigation of *dhamma* or direct knowledge. And also, an individual should produce his strives for the constantly of arisen wholesome thoughts, with will, arousal energy, and applies his mind for investigation of *dhamma* or direct knowledge, as well as for its non-confusion, for its stability, for its increase, for its abundance, for its cultivation, and for its completion. Therefore, they are called volitions of striving. In order to one's strives, produces the concentration due to strives, and these excessive of striving: it is called the basis of development of power or spiritual power.⁴³⁵

4.2.2. Pursuing of Power

The development power of one's will, that is pursuing with concentration due to will and excessive of striving- quite away from craving, away from harmful thoughts and feelings- the person enters and stable in the first *jhāna*: joy and delight grown from away, related by directed thought and evaluation. With the stability of directed thoughts and evaluation- the person enters and stable in the second *jhāna*: joy and delight grown from endurance, consolidated of awareness free from directed thoughts and evaluation- inward assurance. With the fading of joy, the person stables forbearing, awareness and alertness, and senses delight with the body that the person enters and stables in the third *jhāna*.⁴³⁶

According to Buddha's stated, the forbearing and awareness, one enables to a pleasant abiding. With the abandoning of delight and pain – as with the earlier disappearance gladness and stress – the person enters

⁴³⁴A. ii. 44.

⁴³⁵S. v. 276.

⁴³⁶S. v. 276.

and stable in the fourth *jhāna*: because of purification of equanimity and awareness, neither delight nor pain or suffering. This is the development of concentration that when developed and pursued, which is leading to a delight abiding in here and now. Well-trained mind opens the perception of light and resolved on the perception of daytime, as well as nighttime.⁴³⁷

4.2.3. Great Fruit and Benefit of the Power

The developed and pursued will, energetic effort, applying the mind, and strive, are bringing the great fruit and benefit of the power. Whatever desire is associated by laziness, combined with laziness that is called overly inactive desire of one. Whatever desire is associated by restlessness, combined with restlessness that is called overly active desire of one. Whatever desire is related by laziness and snooze, combined with laziness and snoozed, that is called internally restricted desire of one. Whatever desire is handled by the five doors of sensuality externally dispersed and dissipated, which is called externally scattered desire. Instead of laziness, restlessness, both laziness and snoozed, and five doors of sensuality, one should have developed and pursued his will, energetic effort, (applying the) mind (for evaluation of thoughts), and strives, for leading to abandoning and avoiding the harmful thoughts and wrong perceptions, and directed knowing their evaluation of effectiveness, and as well as for established the four-development power.⁴³⁸

When a person is well established his mindfulness and concentrated on the four developed and pursued power – then the mind is calming, psychic power focus, developing skillful qualities and away from unskillful qualities, loving-kindness or benevolence and compassion occurred, the empathetic joy and equanimity appeared, insight delight stabled from detachment of craving, – arisen the insight vision, directed knowledge of reality (such as birth is suffering, aging is suffering, illness is suffering, death is suffering, sorrow, lamentation, pain, grief, and despair are suffering, association with the dislike one,

⁴³⁷S. v. 276.

⁴³⁸S. v. 276.

and separation from the loved one is suffering, not get what one wants is suffering, in short, the five aggregates are suffering) and knowing their instability.⁴³⁹

Awareness is also inspired to keep away from harmful and negative thoughts, to cultivate and develop the appropriated thoughts, to perceive the functions of health and letting go them and be enable to heal the traumatic mental disorder and physical suffering. Therefore, the “Health is the greatest gift or profit or happiness – *Arogya paramā lābha*”, (but it is changeable) mentioned in *dhammapada*.⁴⁴⁰ Further, it is mentioned in same verse, that “*Nibbana* is the ultimate bliss or happiness”, where ultimate happiness is stable, happiness is not changeable, no any kind of illness, no any stress, distress, disease, and disorder, no more origin of harmful thoughts, because eradicated the root of origin, helpful thoughts and feeling arisen, no burning from negative thoughts or defilements, mind is authentic, genuine and pure, no uneasy, no unsatisfactoriness generates, no uncomfortable, insight rapture and pleasure are there, mental states are stable and steady, emancipation, liberation, no rebirth, freed from suffering, final mental states static, ultimate achievement and bliss.⁴⁴¹

⁴³⁹ S. v. 276.

⁴⁴⁰ Dhp. 204.

⁴⁴¹ Dhp. 204.

Chapter V

Conclusion

4.2 Conclusion

Accordance with this Buddha's states, that the teaching is highly obvious and perceivable as "beautiful in the beginning, beautiful in the middle, and beautiful in the end- *dhammaṃ deseti ādi kalyānam, majjhe kalyānaṃ, pariyosāna kalyānaṃ*".⁴⁴² It is appropriated, beneficial, insight perceivable, healing technique. In the beginning, one need to understand the *dhamma* clearly, in the middle, need to practice the *dhamma* properly, and in the end, need to heal the mental and physical illness, disorder. He taught the four Noble truths are suffering, cause of suffering, cessation of suffering, and the path leading to cessation of suffering, and becoming free from mental stress, mental distress, trauma, chronic pain, and all kinds of sufferings, and to achieve the unchangeable happiness, the ultimate bliss of *Nibbāna*.

The *Dhamma* is clear, that not led into other doctrines, perfectly enlightened and healing with the perfect knowledge and systematic way of technique. Therefore, in the *Milinda pañña*, directly instructed that "to (after) drink this *Dhamma* medicine, a person will be ageless and beyond death; so, developed and see the truth, then the one will be extinguished, free from craving". Here, drink the *Dhamma* medicine means well practiced and developed the *Dhamma* properly, see the truth of reality, will be extinguished, free from stress, mental illness and disorder, achieving happiness and recovery. There are various instructions or discourses especially for the healing traumatic mental illness and disorder.

⁴⁴²A. i. 188.

On this subject – the “healing traumatic mental disorder” – this research pointed out and explored the teachings that the Buddha and his followers.

A person with stress, depression, trauma, chronic pain, and disorder, is to healing, also for the common motivations of the both mental and physical health, preservation, and overwhelming uneasiness, distress and suffering. The teachings are the Sabbā’sava Sutta, the Karaniya Metta Sutta, the Gilāna Suttas, the Maha Satipaṭṭhāna Sutta, and the Kevatta or Kevaddha Sutta.

In order to expound the causes and seriousness in modern context, and effective processes of the instructions, how the content of the discourses can affect for the traumatic mental health and healing. The research traces from the several information to investigate and expound the discourses’ essential for enhancing wellness. This information comprised the modern context; relevant Buddha’s teaching and involving mental states or health, and contemporary psychological processes.

Initial concepts and Buddha’s teachings or discourses were defined and explored, and their effectiveness for flourish mental wellness, and current psychiatry processes or systems and by scientific exploration. Substantial are: the mind is almost luminous, but it is intensified by the anxiety, emotional thoughts and feelings, and when it is long lasting in a person, is called trauma or chronic pain or disorder. So, the psychologists prescribed to their patients to avoid those types of symptoms, as well as enrich the positive thoughts and feelings.

While Buddhism determined the mind is naturally pure and clean, vivid and authentic, it is profaned or desecrated with defilements, unwholesome thoughts and feelings. So, a person generates a purpose, endeavors, activates persistence, upholds and exerts his intent for: the non-arising of harmful thoughts and feelings, and unskillful qualities that have not yet arisen, the abandonment of evil or harmful thoughts and feelings, and unwholesome qualities that have arisen, the arising of harmless thoughts and feelings, and skillful, wholesome and moral values that have not yet arisen, and the maintenance non-confusion,

increase, plenitude, development, and culmination of wholesome, moral and skillful values that have arisen; to heal or recover from affliction, stress, illness, trauma, mental disorder, to abandon and remove for wellness and happiness of mental and physical health, cultivate and fully develop the seven factors of Enlightenment, the mindfulness, Investigation of the Dhamma, Persevering exertion, Rapture, Tranquility, Concentration, and Equanimity; let go of craving, proper inhale and exhale of oxygen supplying natural or fresh air, engaging posture of *Samatha* and *Vipassana* (insight), and Loving-friendliness Meditation so on; due to practicing, developing, realizing, and achieving the higher wisdom, satisfaction, wellness, free from all kinds of mental sufferings, and ultimate happiness or bliss of mind.

These noteworthy of sources; assuredly any individuals can take the advantage for promoting their mental and physical health; the Buddha's teachings are well practiced and developed. On this subject, the research concise and dedicated the Four Right Exertions to be applicable for the abandonment of harmful mental behavior and nurturing of harmless mental behavior, to healing and prevent from the hazardous, risky, anxiety, stress, depression, chronic pain, trauma, mental illness, mental and physical disorders, and sufferings, as well as avoid the inferior and evil doing, accomplished the positive deeds which is benefit for himself and another, well train the mind, this the shorten and brief teaching of the Buddha.

4.3 General Discussion

The better health is very essential for everyone. Nowadays, the Mental and physical health are crucial issues of the world. Peoples are unexpectedly experiencing pain, stress, depression, mental traumas and boundless sufferings. The Psychological Trauma and mental health issues are still not all sufficiently resolve by modern medical processes. To achieving proper mental (and physical) health sometimes requires vocational assistance. People may need a therapy or heal to deal with such disorders as stress, depression and anxiety. Gradual Scientific and Psychic Techniques such as Buddhism instructed several basement and techniques of mental enhancement, guidance for morality, and

implementation for sustaining mental happiness and inner peace, that enable to be healing with a little brain tune-up, as well as both mental traumas or mental disorders and physical health.

The initial purpose of this research is to compile the resources of Buddha's instructions and suggestions for how to overcome personality eccentrics or unhealthy patterns of thoughts that lead people functioning less than happiness and wellness. Several approaches that the studies have been found, and people who are interesting to get benefit, and may reduction their traumatic mental stress disorder, and improve mental health. The Canonical Texts of Theravada Buddhist psychological science is included a huge number of valuable sources for sustaining the balance of mental states, which are very useful to the modern society, and their day-to-day life. Hence, this research has attempted to compose and offering the resources to the intention for enhance the mental bliss and mental health. Accordance with the instructions and suggestions of the discourses is essential to rightly understanding the directions by those interesting people and developing well in maintain their mental health. Thus, one who practiced it rightly, the benefit is assured, and confirmed by the scientific research and investigation.

The secondary purpose of this research is to investigate the point of view of psychology on this remedial Buddha's teachings, to disclose how the instructions and suggestions could be beneficial for mental health and healing, pursuant to Buddhist psychology and the Modern Psychology.

The secondary purpose of this research is to investigate the point of view of psychology on this remedial Buddha's teachings, to disclose how the instructions and suggestions could be beneficial for mental health and healing, pursuant to Buddhist Psychology and the Buddhist Moral Behaviors of science. The research has offered and examination and differentiation of Buddha's Teaching and Modern Psychological sagacity and reflected on the several Buddha's instructions including a variety of inspiration from the Psychological Science. In order to this research could be expedient for a person to application his/her day to

day life and educational field of Buddhism, Psychology, Mental and Physical health and spiritual welfare in common.

4.4 Suggestions for Further Research

- 5.3.1. The Management of Emotion with Social Research to Vitakkasanthana Sutta.
- 5.3.2. An Application of Mindfulness Meditation for Heal the Mental Illness.
- 5.3.3. An Effective Study of Vatthupama Sutta for Mental Disorder.
- 5.3.4. A Study of Six (Caritas) Behavioral Patterns for Mental Remedy.
- 5.3.5. An Analytical Study of Distortions of the Mind (Vipallasa Sutta).

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