

## Psychosomatic Disorders: A Buddhist Psychological Perspective

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### ABSTRACT

The COVID-19 pandemic has triggered a global mental health crisis, leading to widespread psychological distress and long-term impacts, as highlighted by the WHO on World Mental Health Day 2022. Beyond the pandemic, increasing life pressures and traumatic experiences further elevate the risk of mental disorders, particularly psychosomatic conditions where psychological factors affect physical health. This study aims to examine the psychological factors contributing to psychosomatic disorders and explore their management through a Buddhist psychology approach. Employing qualitative methods, the research involved ten participants from diverse religious, ethnic, cultural, educational, and professional backgrounds. Findings indicate that, from a Buddhist psychological perspective, psychosomatic disorders are largely rooted in unhealthy mental states. These are characterized by 16 forms of unwholesome consciousness (*citta*), primarily driven by greed (*lobha*), hatred (*dosa*), and delusion (*moha*), which can lead to misperceptions (*saññā-vipallāsa*) and cognitive distortions. The study identifies two key processes in the development of these disorders: the mental process (*citta-vīthi*) and the physical process (*rūpa-vīthi*), with unhealthy thoughts shown to negatively affect bodily health. Buddhist psychotherapy addresses these disorders through an integrated approach involving ethical conduct (*sīla*) as behavioral therapy, mental concentration (*samādhi*) as psychological therapy, and wisdom (*paññā*) as cognitive therapy. The application of this framework has demonstrated positive outcomes in improving physical, psychological, and social well-being. These results suggest that Buddhist psychotherapy offers an effective and holistic alternative for managing psychosomatic disorders.

**Keywords:** mental state, Buddhist psychology, psychosomatic, Buddhist psychotherapy, *saññā-vipallāsa*

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### INTRODUCTION

Every human being certainly expects health in their life, because health is one of the sources of happiness in life that is very valuable and basic. Healthy and sick are events that are a series of processes that run continuously in human life. Being healthy is not only limited to "not being sick," because mental health affects every aspect of human life, including physical health, as defined by the WHO (World Health Organization) in the International Health Conference held in New York from June 19 to July 22, 1946. Health is a state of complete physical, mental, and social well-being and not just the absence of disease or weakness, a very well-known definition used to this day (WHO; 1948: 100). Meanwhile, mental health is described by WHO as a state of well-being in which a person is aware of their own abilities, can cope with normal life pressures, can work productively, and is able to contribute to their community (WHO; 2004: 10).

The COVID-19 pandemic has created a global crisis for mental health, triggering short- and long-term distress and damaging the mental health of millions of people, as declared by the *WHO* on World Mental Health Day 2022. It is estimated that the rate of anxiety and depressive disorders increased by more than 25% during the first year of the pandemic (Mehm Tin Mon, 2018). During the pandemic, many people have experienced trauma or emotional wounds. Both inner wounds caused directly by the SARS-CoV-2 virus, the cause of COVID-19 disease, and inner wounds that arise due to the effects of the pandemic that affect various sectors of life. At the same time, mental health services have also experienced similar issues, which have been severely disrupted, resulting in a gap in the treatment of mental health conditions broadly (WHO; 2022: xiv). These problems are considered to be able to be handled openly, just like social and economic recovery.

The Indonesian Association of Psychiatric Specialists (*PDSKJI*) conducted a self-examination during the period from March 2020 to March 2022, related to the psychological problems caused by the two-year COVID-19 pandemic in Indonesia. The self-examination involved 14,988 respondents, with an age range of under 20 years to 60 years. The most common age range of respondents was 20-30 years, with 9,286 people. The majority were women (75.8%), and men (24.2%), coming from West Java (22.7%), DKI Jakarta (18.4%), East Java (12.4%), Central Java (10.8%), Banten (7.4%), and others (28.2%). The results of this self-examination revealed that an average of 75% experienced psychological problems, with increases year by year: 70.7% in 2020, 80.4% in 2021, and 82.5% in 2022 (Maslim, 2013). The examination covered three psychological issues: anxiety, depression, psychological trauma, and suicide problems. The average results were as follows: 71.7% of respondents admitted to being anxious, 72.9% were depressed, 84% experienced psychological trauma, and 85.1% faced suicide-related issues.

In addition to COVID-19, there are many other events that can result in trauma or emotional wounds. Trauma-inducing events are those experienced by a person that can cause anxiety, fear, or other negative emotions, such as accidents, natural disasters, terrorist attacks, criminal acts, and other adverse events. Especially if the incident occurs unexpectedly and is experienced during childhood, this has the potential to cause childhood trauma. Likewise, with the higher pressure of life today, the risk of mental illness increases. Thus, mental health problems will continue to rise in the coming years, requiring serious attention and treatment.

Humans are a mixture of mind and physical body. The relationship between the two—psychic and physical—has been a fascinating subject of study for centuries. The existence of the mind or psyche, commonly referred to as psychic, is still a mystery to science to this day, whether the mind is the same as the physical body or different. In reality, there are psychological factors that can affect medical conditions or psychosomatic disorders. These are psychological or behavioral problems that clearly worsen the course or outcome of a general medical condition, or increase a person's risk of experiencing a worse outcome or condition. The symptoms of this psycho-physiological disorder are more caused by mental processes than by direct physiological causes. Studies have found that severe and chronic stress can trigger the onset of somatic diseases,

though some researchers question the validity of the concept of psychosomatic medicine (Kusumadewi; 2014: 310).

Mental health is the result of the interaction between a human’s biological or physical state and its psychological state in interaction with the social environment, as illustrated in the diagram below.



**Figure 1. Bio-psycho-socio-environmental model for mental health**

Source: processed data

**Physical, psychological conditions** and their interaction with the social environment must be in a balanced state to produce healthy conditions in a human being. From the diagram above, it can be seen that the physical and psychological state; physical and environmental; environmental and psychological can affect each other. In fact, there are often physical complaints that cause pain in a person, where in physical examinations body abnormalities are found, but in other medical supporting examinations, no meaningful abnormalities are found. However, by digging deeper into the anamnesis, it is found that there is trauma or inner wounds and behaviors that produce negative mindsets. General psychosomatic approaches have generated a number of subdisciplines within their own fields of application, such as: *psychooncology*, *psychonephrology*, *psychoneuroendocrinology*, *psychoimmunology*, *psychodermatology*, and others.

According to Buddhism (Kaharuddin, 2011; *Nandamālābhivamsa*, 2005; Shirley, 2012; Tan, 2019; Thamrin, 2018; Rowlands, 1982), human beings consist of mind/mental (*nāma*) and matter/physical body (*rūpa*, there are 28 types of *rūpa*), which are analyzed and explained in great detail in the *Abhidhamma*, which contains the essential truth. *Abhidhamma* explains mind/mind as a combination of consciousness/mind (*citta*, there are 89/121 *citta*) and mental factors (*cetasika*, there are 52 *cetasika*). So that man is a combination of the process of consciousness/mind, mental factors, and the physical body, which in the *Abhidhamma* is described as a conditioned phenomenon, the process of which is described in great detail. Thus, the relationship between the

mind and the physical body is very close. The physical body can arise due to four things, namely: *kamma* (deeds, i.e., the will contained in the 25 *cittas*), *citta* (consciousness/mind, there are 75 *cittas* that can give rise to *rūpa*), *utu* (temperature or climate), and *āhāra* (food juice or nutrients) (Kaharuddin, 2011: 184-188). These four factors also maintain the sustainability of the physical body. *Citta* and *rūpa* appear and disappear in a very short period of time. Each moment of their appearance is called a *khana*, which is often described as a circle to facilitate learning. One *khana* is further divided into three *anukhanas* or three minor *khanas*, namely *uppāda-khana* (emerging), *thiti-khana* (ongoing), and *bhanga-khana* (vanishing). A circle is the same age as a *citta* that appears to disappear as many as 17 circles. Thus, each *rūpa* is equal in age to 51 *anukhanas* or 51 minor *khanas*, namely *uppāda-khana* (*khana* that gives rise to *rūpa*) one, *thiti-khana* (*khana* that performs *rūpa*) 49, and *bhanga-khana* (*khana* that eliminates *rūpa*) one. The *rūpa* that arises because of *kamma* appears in every *anukhana* belonging to the *citta*, starting from the *uppādakkhana* belonging to *patibandhi citta* (consciousness of rebirth) and so on. The *rūpa* that arises because of the *citta* first appears together with the *uppādakkhana* belonging to the *bhavanga-citta* of the first sphere, and will only appear in each *uppādakkhana* belonging to the *citta* because at that time the mind is strong, while the *thiti-khana* and *bhānga-khana* belonging to the *citta* are declining and weak, so that there is not enough energy to give rise to the *rūpa*. The *rūpa* that arises due to *utu* is caused by *kamma* and *citta*.

From the brief description above, it can be seen that the role of consciousness/mind is very important. Three of the four factors that form the physical body are caused and conditioned by consciousness/mind, and the mind is also the determinant of life (Tan, 2019; Tjhin, 2022).

The interdependent process of man's psycho-physical function in relation to the outside world will give rise to consciousness, perception, reflection, and disposition, which interact to produce a view of the self, a coherent sense of identity, and the 'I-an' that defines who we are, all of which will be the cause of the emergence of the physical body (*rūpa*). Therefore, physical health and mental health affect each other.

Based on the results of the search for studies that have been conducted by previous researchers, several research findings related to this research were found:

Kelly (2022), in the journal titled "Beyond mindfulness: Buddhist Psychology and the *Abhidharma*," *Journal of Spirituality in Mental Health*, explores an important theme in the development of mental health care based on Buddhist Psychology. This increasingly informs mental health through therapies such as cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT), as well as Buddhist therapy explicitly. The main principles of Buddhist Psychology are explored in *Abhidharma* (Sanskrit for *Abhidhamma (Pāli)*), which is a collection of psychological concepts from the traditional canon. In the *Abhidharma*, a detailed exposition of the structure of consciousness is provided; the nature of active cognitive processes and the passive state; the relationship between material and mental phenomena, conditionality, and "dependent emergence"; and the practice of meditation (Penyusun, 2012, 2023; Thamrin, 2018; Tolan and

Cameron, 2019; Anonymous, 2022). These concepts are increasingly relevant with the continued emergence of psychotherapeutic practices (e.g., mindfulness) with significant roots in Buddhism.

Prabhu (2022), in a journal titled "Psychological View On Mind In Buddhism," writes: in Buddhism, the study of the mind is classified as an internal science. Psychology (the study of the mind) and cognition (the study of how the mind works) are important aspects of the spiritual path. Although medicine and logic are considered external sciences, and more importantly, they are given less importance than the internal sciences. Because everything that the Buddha taught, everything contained in the Buddhist canon, helps to get rid of suffering and achieve happiness, it only happens with the mind. Medicine can heal the body, but it can't make us happy. According to Buddhism, physical health is also related to mental conditions. Therefore, the true treatment of our health is the three basic thoughts that are deceived (*akusalamūla*), namely attachment (*lobha*), anger (*sin*), and ignorance (*moha*), which can lead to all other sufferings, both mental and physical. While the ultimate goal of studying the mind is to be completely free from suffering, we can also study the mind for more immediate therapeutic reasons. Investigating the mind by analyzing our thoughts, emotions, and so on is the first step to alleviating all sorts of mental illnesses. In his first teaching, the Buddha compared the stages of liberating the mind to recovery from illness: if we don't recognize first that we are sick, we will not seek help, and if we do not know the origin of our disease, we cannot choose the most effective therapy.

Roosihermiatic (2018), in a case report entitled "Diagnosis and Treatment of Psychosomatic Gastritis at a Primary Health Clinic in West Surabaya, Indonesia," wrote that out of 238,452,952 Indonesians, there were 274,396 cases of gastritis. This study aims to determine the diagnosis and treatment of psychosomatic gastritis in a primary health clinic in West Surabaya. This is a case study of psychosomatic gastritis. This case occurred in a 45-year-old woman, with a high school education, married status, and having a child. This woman has gastritis reflux and a condition with depressive disorders and anxiety. She received therapy from a psychiatrist for the first time and treated her gastritis on her own. After not visiting a psychiatrist, she experienced the gastritis problem for four months. Then, the woman was referred to an internal medicine specialist and received an abdominal ultrasonography examination with normal results. There is a conventional method for determining psychosomatic gastritis, which consists of lifestyle assessments, psychological factors, social factors, and behavior. The patient is a local migrant who is struggling to make a better life in the city, has a trigger for her father's death, has a relatively low socioeconomic status, lives in a monthly boarding house, and is a part-time worker (IMF 2018; 54:155-160).

Mahatthanadull (2015), from the International Buddhist Studies College Mahachulalongkornrajavidyalaya University, in his research entitled "Integrated Buddhist Psychology: Model and Processes to Promote the Holistic Health of Family and Society," showed that four elements of health, when combined together, will give rise to holistic health. Each of these elements is an innate characteristic of physicality, social morality, a calm mind, and the emergence of wisdom. These four elements result in holistic health. Such an outcome is the result

of a "Balanced Way of Life," i.e., the right balance between two dimensions; both the physical body of man and the mind must be in harmony in terms of: (1) physical body, figure, personality, etc.; (2) individual, environmental, social, cultural, etc., behavior both now and in the future; (3) thoughts, mental experiences, emotions, thoughts, feelings, conscience, etc.; (4) wisdom, intellect, skill in assessing welfare, etc. Holistically, as follows: when human needs follow Maslow's hierarchy of needs, namely physiological, security, social, rewarding, and self-actualization needs must be met. There are four ways to promote health, namely: (1) practicing satisfaction to promote physical health; (2) observing the five precepts, having good friends, and practicing the four pillars of popularity to promote good morals; (3) practicing calmness meditation and *Mindfulness Based Cognitive Therapy* (MBCT) to promote mental health; and (4) augmenting wisdom by practicing the four corners of mindfulness and the four paths toward promoting intellectual health. As a result, with "Health" and "Balanced Ways," one can finally achieve the highest goal.

Szczyfiel (2015) wrote a Buddhist framework for psychotherapy behavioral approaches in his dissertation entitled "A Buddhist-Informed Conceptual Framework for Approaching Difficult Emotions in Psychotherapy." From the dissertation, it can be concluded that psychotherapy theory aims to address general emotional problems related to behavior. Researchers have established a conceptual framework for a difficult approach to emotional experiences in the context of psychotherapy. It is based on the wisdom of *Buddhism*. *Zen Buddhism* relies heavily on the development of the following themes: sitting together, middle path, healthy interdependence, and compassion. Furthermore, a case sketch of the clinical composition is presented to show how the theme can be worked on in therapy. This framework can serve as a guide for clients and clinicians as they face the challenges of the emotional field in the psychotherapy space.

Historically, *Zen* can be considered the fulfillment of an extension of the cultural traditions of India and China, although, in fact, it is more rooted in China than India, since the twelfth century, it has been deeply and creatively rooted in Japanese culture. As a result of a great culture that is unique and distinctive in instructive examples of liberation, *Zen* is one of the most numerous, as a valuable gift from Asia to the world (Watts, 1989).

The practice of *Zen* meditation produces changes not only in the mind but also in the body. This influence is of interest to the study of science from the perspective of psychology and physiology. In the study "An Electroencephalographic Study on *Zen* Meditation (*Zazen*)" (Kasamatsu and Hirai, 1966), the EEG (electroencephalographic) changes accompanied by *Zen* meditation have been revealed and described in detail. *Zen* meditation confirms the slowing down of EEG patterns on the one hand, and the dehabitation of alpha wave blocking on the other. This indicates a specific change in consciousness.

Varamangalo (2012), in his research report entitled "An Analytical Study of Buddhist Psychology in *Tipitaka*," on the concept and purpose of Buddhist psychology, concluded that Buddhist psychology examines the mind and its work process in the sense of practicing as a mental exercise through meditating, either with calmness meditation or enlightenment meditation. The goal is to improve the mind's ability to overcome or control impurity. Therefore, the practice can

be utilized for individual and social life in various ways, including in terms of learning, teaching, self-development, and solutions to suffering using the Buddhist counselor method.

Rungreangkulkij (2008), in his study entitled "The Psychological Impact of Buddhist Counseling for Patients Suffering from Symptoms of Anxiety," examined the results of individual Buddhist counseling interventions for patients suffering from symptoms of anxiety. A single-group pretest and posttest design was used to measure the results. Twenty-one patients participated in the study as voluntary subjects, all of whom completed two sessions of Buddhist counseling interventions. Individual Buddhist counseling programs were developed by researchers based on Buddhist doctrine. The results were evaluated using the *State-Trait Anxiety Inventory*. Data were analyzed using the Friedman test, which provides indicators for evidence-based outcomes related to anxiety reduction scores. The results revealed that scores on the general anxiety test, in relation to the trait anxiety test, had decreased with a one-month follow-up. The findings of this analysis show that when patients practice mindfulness, they are able to accept unpleasant situations calmly. Sixteen patients were prescribed low-dose anti-anxiety medications. Additionally, treatment was discontinued for two patients, and the other three patients continued their prescribed treatment regimen completely. The study shows that counseling based on Buddhist principles has the potential to be beneficial for patients with emotional anxiety-based problems.

All the studies that have been conducted show that there is a close relationship between physical and mental conditions in the context of overall health. In this regard, Buddhist psychological theories, which often focus on understanding thoughts, feelings, and perceptions, have been applied as a method to support psychotherapy. Meditation, which is an important part of Buddhism, has also been used as a tool to address mental health issues such as stress, anxiety, and depression. The application of meditation in this therapy has had a positive impact, with many studies showing improvements in the mental health of patients undergoing this Buddhist-based therapy.

In addition, conventional medical science has also been integrated with principles from Buddhist psychology and meditation to improve overall therapeutic outcomes. The combination of scientifically based medical approaches with holistic psychotherapy techniques shows promising results in improving both physical and mental health. However, although many studies have highlighted the effectiveness of this approach in improving mental and physical health separately, there has been no study that has specifically applied this method in the therapeutic management of psychosomatic disorders (Sīlānanda, 2012; Silva, 2014; Semiun, 2021; Smith, 2021). Psychosomatic disorders are conditions in which physical symptoms, such as pain or body tension, appear as manifestations of unresolved mental or emotional problems (Egan, 2010; Elvira and Hadisukanto, 2014; Davids, 2016; Galmangoda, 2017; Hutchison, 2019). Therefore, the gap in this study opens up opportunities to develop more comprehensive therapies, which not only address the physical or mental aspects separately but also look at both aspects simultaneously in order to manage psychosomatic disorders more effectively.

By understanding and harnessing the knowledge of the linkages between body and mind, Buddhist-based therapies integrated with medical science can potentially be a new approach to dealing with psychosomatic disorders, assisting individuals not only in coping with physical symptoms but also in understanding and addressing the root causes of accompanying emotional or psychological problems (Ikrar, 2015; Jung, 2017; Kalat, 2020).

The use of theory in scientific research is very important for the success of data analysis, serving as a tool to study problems. In this study, Buddhist Psychology is used as the main theoretical framework, which is complemented by several theories of modern psychology and science for comprehensive analysis. The Stress Theory developed by Hans Selye explains the Generalized Adaptation Syndrome, which consists of an alarm phase, a defensive phase, and a fatigue phase. Selye emphasizes the adaptability of humans to the stresses of modern life, as well as the psychological impacts and physiological processes involved in the response to stress. In addition, *Neuroscience* describes the mechanisms underlying thoughts, emotions, and behaviors, as well as the impact of prolonged stress on brain function.

Furthermore, the bio-psycho-social model for mental health categorizes influences into biological, psychological, and social factors. The Humanistic Theory of Personality Psychology, especially the Person-Centered Theory of Carl Rogers and the Holistic Dynamic Theory of Abraham Maslow, address individual motivations and needs. Erikson's Theory of Psychosocial Development describes the stages of development from trust to integrity, with an emphasis on interpersonal relationships throughout life. Finally, Buddhist psychology views humans as a combination of mind and body, where meditation plays an important role in achieving mental well-being through concentration and calm. This holistic approach aims to reduce psychological discomfort and improve overall health through a variety of meditation practices, thus enriching the theoretical basis of this study.

In general, this study aims to analyze and explore the existence of psychological factors that can affect physical and mental health conditions in Buddhist psychology and compare them with modern medical science, as well as the integration of both in the treatment and psychotherapy processes of psychosomatic disorders, thus resulting in new alternatives in the effective and efficient detection and management of psychosomatic disorders.

## RESEARCH METHOD

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This study uses a qualitative method approach, with the primary data source being individuals who are then called participants, specifically patients with psychosomatic disorders in the category of somatoform disorders, who are purposively designated (Kailan, 2012; Sujarweni, 2014). This research uses several supporting instruments, such as: bio data and informed consent forms, medical record cards, the *Mental Health Assessment* (MHA) form, *Mental Condition based on Buddhist Psychology* (MCBP), counseling report cards, worksheets, stationery, recording devices, handling procedures, computers, cameras, and other tools that can assist researchers in collecting data in the field. Data collection techniques are carried out through observation, clinical

interviews, and document studies, either face-to-face, online, or both. The research was conducted in the city of Bandung, West Java, Indonesia.

**RESULTS AND DISCUSSION**

This study involved 10 participants who met the psychosomatic diagnostic criteria based on DSM 5 (Diagnostic and Statistical Manual of Mental Disorders), and or ICD 10 (International Classification of Diseases), PPDGJ III (Guidelines for the Classification and Diagnosis of Mental Disorders).

**Table 1. Condition of participants**

Participant (P)	Complaints, length of complaints	Medical diagnosis	MHA
P1: Female 30 years old, nurse, Javanese, Islamic	Since 2 years ago, I have often had heartburn, recurrent mag pain, nausea, chest pain, cold sweats, a bit of shortness of breath, like I want to faint. Discomfort scale: 7	GERD, psychosomatic	Merah: <i>Extra care</i>
P2: male, 31 years old, <i>freelance</i> Chinese, Catholic	Since 6 years ago, dysfunction in daily life due to symptoms of excessive anxiety accompanied by panic attacks, fear of death Discomfort scale: 9	GERD, psychosomatic	Orange: Change
P3: Female, 39 years old, Entrepreneurial, Karo, Christian	Since 6 years ago, a sensation throughout the body that is very annoying, dizzy, staggering, shortness of breath disappears arose, fear of death Discomfort scale: 8	GERD, there is swelling in the nose, psychosomatic	Merah: <i>Extra care</i>
P4: male, 23 years old, employee, Sundanese, Islam	Since 6 years ago, it has often leaked blood from the nose Discomfort scale: 5	Epistaxis, psychosomatic	Orange: Change
P5: 28-year-old female, employee, Sundanese, Islamic	Since 4 years ago, excessive anxiety, panic attacks, shortness of breath, chest palpitations, weakness, staggering, <i>overthinking</i> , GERD Discomfort scale: 9	GERD, psychosomatic	Orange; Change
P6: 36-year-old female, housewife, Sundanese, Muslim	Since 2 years ago, vertigo, a frequent relapse of heartburn, resolves in 2-3 days, then recurs again, sometimes shortness of breath Discomfort scale: 6	Gastritis, psychosomatic	Merah: <i>Extra care</i>
P7: 49-year-old female, employee, Sundanese, Islamic	Since 12 years ago, menstrual pain Since 15 years ago, there has been an idur disorder Discomfort scale: 7	Dysmenorrhea Insomnia, psychosomatics	Green; Comfortable-Relieved
P8: 40-year-old woman, nurse, Sundanese, Islamic	Since 4 years ago, heartburn, nausea, vomiting, palpitations, relapsed briefly Discomfort scale: 7	GERD, psychosomatic	Orange; Change

Participant (P)	Complaints, length of complaints	Medical diagnosis	MHA
Q9: Female, 59 years old, entrepreneur, Chinese, Buddhist	Since 12 years ago, white patches all over the body have become more widespread, and it feels itchy when under stress Discomfort scale: 5	DM, hypertense, vitiligo, psychosomatic	Kuning: Was-was
P10: Female, 28 years old, pharmacist, Chinese, Protestant Christian	Since 12 years ago, Emotions/ <i>mood</i> is often unstable or up and down, often feeling anxious, depressed, <i>over thinking</i> , <i>sleep disturbances</i> , body aches Discomfort scale: 6-7	Autoimmune (spondylarthritis), HNP, liver disease, cholesterol, asthma, magnification, vertigo, frequent dry eyes, itching/irritation, scoliosis, sciatica	Orange; Change

Source: processed data

Participants consisted of: 2 males and 8 females; age range 23-59 years; from the Javanese, Chinese, Karo and Sundanese tribes; Islam, Catholicism, Christianity and Buddhism; high school-S1 education range with various professions/jobs. Diseases suffered: GERD, swelling in the nose, epistaxis, vertigo, dysmenorrhea, insomnia, DM, hypertension, vitiligo, autoimmune (spondylarthritis), HNP, liver disease, cholesterol, asthma, mag, vertigo, frequent dry eyes itching/irritation, scoliosis, sciatica. The duration of the complaint suffered is between 2 years to 12 years. MHA results: 3 people in red, need extra care; 5 oranges, need changes; 1 yellow person, need to be careful; and 1 green person, need relaxation.

### Factors Causing Psychosomatic Disorders

The causative factors of psychosomatic disorders were reviewed from the bio-psycho-socio-environmental model for mental health from Rezaie and the psychosocial development theory developed by Erikson as a complement to the data and comparators to better understand the participants.

Buddhist psychology used: Mahābhūta 4 (the four basic elements of physical formation, namely: pathavī (solid element/earth), āpo (liquid element), tejo (fire/temperature), vāyo (element of motion/wind), Pañcakkhandha (five aggregates/five groups of life), Rupasamutthana (stripping of the origin of rūpa caused by four kinds of conditions, namely: kamma (deed), citta (consciousness), utu (temperature), āhāra (food).

Summary of Psychosomatic Disorder Causative Factors from 10 participants:

1. Bio-psycho-socio-environmental model for mental health from Rezaie: Biological: impaired physical health; Psychological: misperception, lack of coping skills, lack of appreciation, interpersonal relationships, trauma/inner wounds; Social Environment: interpersonal relationships, trauma/inner wounds, cultural differences.
2. The theory of psychosocial development developed by Erikson as a comparator, there are three participants whose stages are not well passed.
3. The causative factors from the perspective of Buddhist Psychology can be summarized into two; that is, based on the physical body (rūpa) and mental/mind (nāma).

Rūpa is reviewed from the Mahābhūta, there is an imbalance of Mahābhūta 4 and Rūpa-samutthāna: kamma, citta, and mano-sañcetanā (the mental will that gives rise to words and deeds or mental wills) are incorporated into the citta in the nāma section; UTU: there is no cause of UTU in all participants; āhāra: kabalinkārāhāra (material food) There are several foods that influence; and phassa (the contact between the Senses and the object).

Nāma is reviewed from vedanā (feelings): dukkha (physical pain), domanassa (mental discomfort), upekkhā (neutral feelings); saññā (perception, memory): saññā-vipallāsa (misinterpreting/perceiving); saṅkhāra (mental factors): lobha (greed), diṭṭhi (wrong view), māna (vanity), sin (hatred), issā (envy), macchariya (selfishness), kukkucca (regret, worry), moha (delusion), ahirika (not ashamed of doing evil), anottappa (not afraid of evil), uddhacca (restlessness), vicikicchā (indecision), thina (sluggishness), middha (dullness); citta, there are 16 cittas that have the potential to be the cause of psychosomatic disorders, which play a role in thought processes (Citta-Vīthi), namely:

- 1) Somanassasahagatam diṭṭhigatasampayuttam asaṅkhārikaṃ: Consciousness/thoughts that arise without invitation, accompanied by pleasure, allied with wrong views.
- 2) Somanassasahagatam ditthigatasampayuttam sasankhārikam: Consciousness/thoughts that arise by invitation, accompanied by pleasure, in alliance with wrong views.
- 3) Somanassasahagatam ditthigatavippayuttam asankhārikam: Consciousness/thoughts that arise without invitation, accompanied by pleasure, not in alliance with wrong views.
- 4) Somanassasahagatam ditthigatavippayuttam sasankhārikam: Consciousness/thoughts that arise by invitation, accompanied by pleasure, are not allied with wrong views.
- 5) Upekkhāsahagatam diṭṭhigatasampayuttam asaṅkhārikam: Consciousness/thoughts that arise without invitation, accompanied by neutral feelings, allied with wrong views.
- 6) Upekkhāsahagatam ditthigatasampayuttam sasankhārikam: Consciousness/thoughts that arise by invitation, accompanied by neutral feelings, allied with wrong views.
- 7) Upekkhāsahagatam ditthigatavippayuttam asaṅkhārikam: Consciousness/thoughts that arise without invitation, accompanied by neutral feelings, not allied with wrong views.
- 8) Upekkhāsahagatam ditthigatavippayuttam sasankhārikam: Consciousness/thoughts that arise by invitation, accompanied by neutral feelings, not allied with wrong views.
- 9) Domanassa-sahagatam patighasampayuttam asaṅkhārikam: Consciousness/thoughts that arise without invitation, accompanied by displeasure, allied with resentment.
- 10) Domanassa-sahagatam patighasampayuttam sasankhārikam: Consciousness/thoughts that arise by invitation, accompanied by displeasure, allied with revenge.
- 11) Upekkhāsahagatam vicikicchāsampayuttam: Consciousness/thoughts that arise accompanied by neutral feelings, allied with doubts.
- 12) Upekkhāsahagatam uddhaccasampayuttam: Consciousness/thoughts that arise accompanied by neutral feelings, allied with anxiety.

- 13) Upekkhāsahagatam sampaticchanacittam (akusala): Consciousness/mind that receives the five objects of panca-senseal insight, accompanied by neutral feelings. Or the awareness of accepting objects accompanied by a neutral feeling.
- 14) Upekkhāsahagatam santīranacittam (akusala): The consciousness/mind that examines the five objects of the insight, accompanied by neutral feelings. Or the awareness of examining objects arises accompanied by a neutral feeling.
- 15) Upekkhāsahagatam pañcadvārāvajjanacittam: Consciousness/mind that investigates objects from the five doors of the senses, accompanied by neutral feelings.
- 16) Upekkhāsahagatam manodvāvāvajjanacittam: Consciousness/mind that investigates objects from the door of the mind, accompanied by neutral feelings.

Based on the results of the MCBP test, mental condition or disposition tendencies of a person as one of the predisposing factors, there were eight participants whose mental condition was unhealthy (non CPAB). One participant with CPAB test results with a percentage value of greed began to increase (40%), and another with CPAB whose MHA results were also green.

### **The process of psychosomatic disorders**

According to the theory of general adaptation syndrome stress (Hans Selye), stress consists of three phases, namely: the alarm reaction phase, when faced with the stressor homeostasis (internal balance) of the body is disturbed, the body tries to restore homeostasis; the defense phase, which is when the adaptation process is expected, the body tries to restore homeostasis by holding the alarm phase; The phase of exhaustion of energy is used physically and emotionally to fight stressors.

Neuroscience Theory: Prolonged stress causes pain or damages brain function. Responses to the neurotransmitter system, endocrine system, and immunological system due to stress that causes pain.

These two theories are complementary to data and comparisons to better understand the health conditions of participants. Buddhist psychology on the interdependent relationship of psycho-physical functions (Citta Vithi, Rūpa Vithi) described in the Abhidhamma, is described in five steps by Galmangoda (2017:2), to explain the process of psychosomatic disorders.

Summary of the process of the occurrence of psychosomatic disorders:

1. Model stress general adaptation syndrome; There were three participants in the defense phase and seven participants in the fatigue phase.
2. Neuroscience Theory; the body's response to stress, in the form of physiological response, endocrinal response, immunological response
3. The psycho-physical processes of the human personality in Pancadvāra Vithi (the process of mind through the door of the senses) that occur in all participants are:

Step I: Contact between the senses and sensory objects. In this step, contact occurs between the senses and objects that are not good or unpleasant.

Step II: Mental awareness that is not useful or bad arises due to contact with an unpleasant or unpleasant object from one of the senses.

Step III: Reflection on sensory objects that are unpleasant or unpleasant in relation to the reception, investigation and determination of the nature of the object. In this step, there is awareness of the results of acceptance of bad objects, as well as investigation and determination of the nature of the object incorrectly (misperception/ misunderstanding/ understanding/ saññā-vipallāsa).

Step IV: Mental experience or enjoyment of sensory objects during the seven moments of the mind. In this step, there is an awareness of uselessness / unhealthy accompanied by unpleasant feelings that can manifest bad actions and words.

Step V: Recording of experience-senses in two moments of mind, awareness arises of recording results that are not useful

The next process is through the process of "mind door" (manodvārāvajjana). The mind as a sense also interacts/contacts with mental objects or ideas directly, and then the consciousness of determining the nature of the object arises, followed by mental experience or enjoyment of the object during the seven moments of the mind. In this step, there is an awareness of uselessness / unhealthy accompanied by unpleasant feelings that can manifest bad actions and words. The last is the recording of experience-senses in two moments of thought, the awareness arises of recording results that are not useful, this can happen repeatedly. So this process of passing through the "door of the mind" is very important in the Buddhist psycho-therapeutic method. The consciousness that arises during the thought process (Pancadvāra Vithi, Manodvāra Vithi) will give rise to the physical body (rūpa), through the "rūpa process" (rūpa-vīthi). Unhealthy consciousness will give rise to an unhealthy physical body.

### **Implementation of Buddhist Psychology and its implications for health, mental state and social life.**

Abraham H. Maslow's Holistic Dynamic Personality Theory, about the hierarchy of needs based on the order of its prepotents, namely; (1) physiological needs; (2) the need for security; (3) the need for love and possession; (4) the need for awards; (5) the need for self-actualization; This theory is knowledge to better understand the conditions of participants' needs.

The theory of Buddhist Psychology is the main foundation or principle in therapy management, while the therapy technique used uses the basic counseling technique of the Person Centered theoretical approach of Carl R. Rogers (Egan: 2010), which is modified with the theory of Buddhist Psychology, as a psychotherapy model.

Based on the theory of Buddhist Psychology, the principle of psychotherapy is based on the three stages of mental impurity (kilesa) which correlate with the three stages of mental development in Buddhism (Galmangoda; 2017).

The three stages of impurity correlate with the three stages of mental development, resulting in three ways of psychotherapy. These three ways of psychotherapy are used in the

management of psychosomatic disorders, namely: (1) *Sīla*: the development of moral behavior called Behavioral therapy: the control of the five senses, mainly responsible for physical and verbal behavior; (2) *Samādhi*: the development of concentration is called Psychological therapy: the control of mental disorders called greed (*lobha*), hatred (*sin*) and delusions (*moha-māna*); (3) *Paññā*: the development of meaning, understanding is called Cognitive therapy: the development of understanding of the true nature of the world and experience.

Behavioral therapy as the development of *sīla*, participants are guided to recognize beneficial (good) and unbeneficial (bad) deeds, so that after understanding it the participant is expected to reduce unbeneficial deeds, keep unbeneficial deeds from appearing, increase or add to beneficial deeds, and keep existing good deeds from disappearing, as the Buddha explained in *sammāppadhāna 4* (the four kinds of diligent and enthusiastic effort; AN II.16). In this therapy, participants are guided by worksheet 2 (LK-2).

Psychological therapy with the development of *samādhi* as a control of mental disorders is used relaxation meditation, meditation of consciousness of the breath (*ānāpānassati*), meditation of developing love (*mettā bhāvanā*), modification of meditation of awareness of one's own physical body or contemplation of actions, and sensations arising in the body (*kāyānupassanā*), developing joyful satisfaction, due to the development of gratitude, and gratitude. (*santuṭṭhi katavedī bhāvanā*) and forgiveness therapy. Participants are also directed to focus on positive things, being able to recognize the positives that exist in themselves and others through the worksheet 3 tool (LK-3).

Cognitive therapy as the development of the meaning of understanding is carried out to participants to correct misunderstandings, understandings or misperceptions of the phenomena they experience. Participants are directed to be able to see and understand the true nature of the world and its experiences. Participants are guided to be able to reflect on the phenomenon they experience as a development of their understanding of the phenomenon they experience with the worksheet 5 (LK-5) tool (Beck, 2011). The meaning and understanding of the phenomenon that is being experienced is also used to prepare the participants' minds to be ready to go outside of the suffering they are experiencing. In this preparation phase, participants are guided by worksheet 1 (LK-1), participants are also guided to know their potential through worksheet 4 (LK-4).

Psychotherapy based on the theory of Buddhist Psychology gives positive results, mental health improves, and there is an improvement in MHA scores (Rathnayaka, 2018; Roosiermiatie, 2018; Sarwono, 2021). Three participants recovered from the pain they suffered, five participants improved their symptoms and complaints of the disease improved or the recurrence time was longer, the pain/discomfort scale decreased by 3-5 points. Two participants experienced only a slight improvement because one participant was still not willing to let go of all the problems that were his mental burden, and one participant was unwilling to change his perception, felt that there was no problem with his mental health and stopped therapy, the pain/discomfort scale dropped by 1-2 points (Cantor and Ramsden, 2014; Bodhi, 2015).

One participant initially experienced obstacles in meditating on love, after doing the *kāyānupassanā*, then the meditation of love could be practiced smoothly.

One participant experienced an obstacle in meditating on love, *santutṭhi katavedī bhāvanā* and forgiveness therapy, the participant stopped and was unwilling to continue. These participants do relaxation meditation and mindfulness meditation on the breath (*ānāpānassati*) so that it can reduce overthinking and sleep disturbances which originally took three hours to fall asleep, after meditation it only took one hour to fall asleep.

The psychotherapy process lasts two to five sessions, for three to three and a half months face-to-face, online, or both.

In their social lives, the participants experienced improved relationships, both relationships in family, friends, the work environment and their performance improved, except for two participants who were not willing to let go of their mental burden.

## CONCLUSION

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There is a positive and significant relationship between psychosomatic disorders and mental states. Unhealthy mental conditions (*nāma*) that are rooted (*hetu*) in *lobha* (greed), *sin* (anger), and *moha* (ignorance) have a great influence as the cause of psychosomatic disorders. This unhealthy mental condition has the potential to cause an unhealthy physical body (*rūpa*). The process of psychosomatic disorders from the perspective of Buddhist psychology occurs due to the interdependent relationship of the psycho-physical functions of the human personality or thought processes (*citta-vīthi*: *pancadvārā-vīthi* and *manodvārā-vīthi*). Understanding this process is very important, as it is the foundation of the implementation of Buddhist psychotherapy.

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