

**Mental disorders from a Buddhist View, especially
those within the *Nikāya*, the *Vinaya Piṭaka* and
the corresponding Chinese translations**

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1. Introduction

When we try to explain Buddhist ethics regarding the mentally disordered ⁽¹⁾ , ⁽²⁾ , it is important to know how Buddhism recognizes and treats these people who, although they are part of all societies cross culturally, are often isolated and thus tend to be excluded from the community.

How societies cared for the mentally disordered are not only a gauge of the attitude of the community towards 'odd' persons or for people with problems involving their lack of competence, but also can provide some good examples for showing the view of a religion professing *mettā*⁽³⁾ , ⁽⁴⁾ , or *agape*⁽⁵⁾ . In addition, we need psychiatric knowledge on ethical explanations of this theme. As far as I know, although there has been some research regarding the medicine⁽⁶⁾ , ⁽⁷⁾ , ⁽⁸⁾ in Buddhist texts, I have almost never seen or heard of precedent research from an ethical and psychiatric

⁽¹⁾*ummatta*, *ummattaka*, [ud +matta of mad]: out of one's mind, mad. In Rhys Davids, T.W. and Stede, W., *The Pali Text Society's Pali-English Dictionary*, Pali Text Society, Oxford, 1921, 1998, p.154, 狂 [*kuáng*] in Chinese translation

⁽²⁾Mental Disorder is defined as follows : a clinically significant behaviour or psychological syndrome or pattern that occurs in a person and that is associated with present distress (a painful symptom) or disability (impairment of one or more important areas of functioning) or significant increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable response to a particular event, e.g. the death of a loved one. In Gelder, M. , Mayou, R. and Cowen, P., *Shorter Oxford Textbook of Psychiatry*, Oxford University Press, 2001, p.101

⁽³⁾*mettā* : friendliness, good will, kindness, love, charity. In Childers, R.C., *A Dictionary of the Pali Language*, Trubner and Co. London, 1875, Asian Educational Services, New Delhi, 1993

⁽⁴⁾*mettā* : love, amity, sympathy, active interest in others. *ibid.* 1, p. 540.

⁽⁵⁾*agape* : love of God especially in Christianity.

⁽⁶⁾Fukunaga, K., *Bukkyo Igaku Shousetsu (Details on Buddhist Medicine)*, Yuzankaku, Tokyo, 1972, pp.227-231(in Japanese): He collected medical findings in the Buddhist texts, however, neither from Buddhist view nor based on text critics as in some research of Buddhist medicine (Koike, K.).

⁽⁷⁾Chattopadhyaya, D., *Science and Society in Ancient India*, Research India Publications, Calcutta, 1977, Sato, T. (Japanese Translation) *Kodai Indo no Kagaku to Shakai*, Dohosha Schuppan, Kyoto, 1985, pp.356-390: He noticed broadly the relationship between Buddhist medicine and Ayurvedic medicine(Koike, K.).

⁽⁸⁾Zysk, K.G., *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*,

viewpoint on Buddhism.

There are many descriptions regarding mental disorders within Buddhist texts. For example *soka*⁽⁹⁾ and *bhaya*⁽¹⁰⁾ were born from *piya*⁽¹¹⁾ and *pema*⁽¹²⁾ and because of this, some people went mad.

Following is an example:

piyato jāyatī soko piyato jāyatī bhayaṃ, piyato vippamuttassa n'atthi soko kuto bhayaṃ. (*Dhp.212*)⁽¹³⁾

We can find some cases of mental illness⁽¹⁴⁾ where a person had lost their children or parents. Also some cases of monks with abnormal behavior who did not attend the *uposatha*⁽¹⁵⁾ (*Vin.* I et al., I will elaborate later). A monk who had not been able to memorize a *gāthā* (stanza) was suspected to be mentally retarded⁽¹⁶⁾ . He continued to clean the sandals of other monks⁽¹⁷⁾ and eventually did attain arhatship.

Oxford University Press. 1991, Kajita, A. (Japanese Translation), *Kodai Indo no Kugyō to Iyashi, Bukkyō to Ayurveda no Aida*, Jikushuppan, Tokyo, 1993.: This is the systematic research based on texts (Koike, K.).

⁽⁹⁾ *soka* : grief, sorrow, mourning, *ibid.* 1, p. 724

⁽¹⁰⁾ *bhaya* : fear, fright, dread, *ibid.* 1, p. 498

⁽¹¹⁾ *piya* : dear, beloved, pleasant, agreeable, liked, *ibid.* 1, p.460

⁽¹²⁾ *pema*: love, affection, *ibid.* 1, p. 472

⁽¹³⁾ Selfish attachment brings suffering; selfish attachment brings fear. Be detached, and you will be free from suffering and fear. Translated by Easwaran, E. *The Dhammapada*, Arkana, Penguin Books, 1986, p. 143

⁽¹⁴⁾ 『雜阿含』 44, 大正 2,317b-318a: M. 87. *Piyajātika-sutta*

⁽¹⁵⁾ On the 15th day of the half-month held a chapter of the Order to expound their *Dhamma*, they also utilized one or other of these *Uposatha* days for the recitation of the *Pāṭimokkha*. *ibid.* 1, p.151

⁽¹⁶⁾ Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18. American Association on Mental Retardation, *Mental Retardation, Definition, Classification, and Systems of Supports*, 10th Edition, Washington, DC, 2002, p.8

⁽¹⁷⁾ *Cūḷapanthaka*, 『四分律』 12, 大正 22,647b-648a: 『增壹阿含』 8, 大正 2, 585c-586c: *Thera G* 557-566: *Abhidharma-mahāvibhāṣā-sāstra* 180

According to the *Vinaya Piṭaka*,⁽¹⁸⁾ a monk who suffers mental disorder is suspended monk's duties by the pious proceedings called the *Kamma*⁽¹⁹⁾. The monk is, however, considered blameless even when he violates the *sikkhāpada*⁽²⁰⁾. Once he has recovered from his mental illness, he is permitted to be reinstated in the *saṃgha*⁽²¹⁾ by the *Kamma*. On the other hand, if a lay person who wishes to become a monk has a mental illness, he cannot become a priest (a member of the *saṃgha*, that is; he cannot be ordained to the *upasampadā*⁽²²⁾).

The cause of mental disorders was discussed in the *Sutta* and in the *Abhidhamma* texts. Though the theory of *kamma* (karman)⁽²³⁾ offers few clues on causes, some parts are understandable from the viewpoint of modern psychological medicine.

In this article, I will examine the *Nikāya* and the *Vinaya Piṭaka* in the *Pāli* Canon, which is the basis of Theravada Buddhism; the orthodox traditional southern Buddhism which has been kept and handed down in the *saṃgha*. I will also refer to the *Abhidhamma* and the corresponding Chinese translations.

As I have already pointed out, we can access the essence of Buddhism by examining the above texts which were written during the early stages of the formation of Buddhism. Because Buddhism has spread widely geographically over a very long period of time, and has evolved throughout history as it blended with native cultures⁽²⁴⁾,⁽²⁵⁾ getting to the roots of Buddhist thinking and ethics simply by looking at modern versions is both more difficult as well as problematic.

How did this early Buddhism recognize mental disorders, i.e. *ummattaka*, *kuáng* (Chinese) and what did they suppose were the causes?

In the *saṃgha*, a patient's behavior is not blamed, as a rule. I will try to clarify

⁽¹⁸⁾code of ethics, monastic discipline, rule, rules of morality or of canon law. *ibid.* 1, p.623

⁽¹⁹⁾proceedings, ceremony, performed by a lawfully constituted chapter of *Vin.* *ibid.* 1, p.190

⁽²⁰⁾preceptorial code of training, instruction, precept, rule. *ibid.* 1, p.708

⁽²¹⁾Buddhist community of monks

⁽²²⁾Taking up the bhikkhuship, higher ordination, admission to the privileges of recognized bhikkhus. *ibid.* 1, p.147

⁽²³⁾action, deed, doing., *ibid.* 1, pp. 190-193

⁽²⁴⁾Koike, K. "Suicide and Euthanasia from a Buddhist Viewpoint -On *Nikāya* and *Vinaya Piṭaka* and Chinese Canon-", *Journal of Indian and Tibetan Studies*, No.5-6, pp. 144-190, 2003

⁽²⁵⁾Koike, K. "The Philosophical Argument Against The Right to Die", 2004, unpublished.

how the *saṃgha* treated the mentally disordered, and will try to investigate the particularities of ethics and medical ethics from the Buddhist viewpoint. Moreover, I will refer how it can contribute to modern society.

2 The descriptions on the mentally disordered in the *Nikāya*, the *Āgama* and the *Vinaya Piṭaka*

Followings are descriptions from extracts of texts to show how they had recognized the state of mental disorders and how they had understood them in the *saṃgha* in Early Buddhism.

There are some cases of mental disorders written about in the Sutras. These descriptions are of people with mental illnesses who were saved and recovered from their illnesses by *Dhamma* : i.e. preaching of Buddha. That is, mentally disordered cases were described as an example in order to clarify *Dhamma*.

On the other hand, *Vinaya Piṭaka* describes about the monks who suffered with mental disorders, and discusses how the *saṃgha* had treated them with pious proceedings (*Kamma*). It also describes the daily duties of the mentally disordered monks who had lost their ability to function in the *saṃgha*. How they were not blamed for their conducts and also the restrictions placed on them regarding being ordained to receive the *upasampadā* is also described.

2-1 Cases of mentally disordered who had lost their families

According to *M.* 87⁽²⁶⁾, 『雑阿含』 44⁽²⁷⁾, 『別譯雑阿含』 5⁽²⁸⁾, *Therīgāthā*⁽²⁹⁾, there were preaching's about people who had lost their children or parents and therefore had mental illnesses who were running around on the road in deep grief, and who were then saved by *Dhamma*. Another description indicates an example of *ditṭhi* (false view, evil viewpoint): a man who was thought to be mad by others

⁽²⁶⁾ *Majjhima-Nikāya (M.)* 87. *Piyajātika-Sutta*, Childers, R. (Edit.) Vol. 2, P.T.S., Oxford, 1896, 1993, pp.106-112

⁽²⁷⁾ 『雑阿含』 44, 『大正』 2, 317b-c

⁽²⁸⁾ 『別譯雑阿含』 5, 『大正』 2, 405b

⁽²⁹⁾ *Therī-Gāthā*, 133-138, Oldenberg, H., Pischel, R., Norman, K.R. & Alsdorf, L. (Edits.), P. T. S. Oxford, 1883, 1999, pp. 136-137

because of his talk and conduct⁽³⁰⁾.

tena kho pana samayena aññatarassa gahapatissa ekaputtako piyo manāpo kālakato hoti. Tassa kālakiriyāya n'eva kammantā paḍibhanti, na bhattaṃ paṭibhāti. So ālāhanaṃ gantvā gantvā kandati: Kahaṃ, ekaputtaka? Kahaṃ, ekaputtakāti. Atha kho so gahapati yena bhagavā ten' upasaṃkami, upasaṃkamtivā Bhagavantam abhivādetvā ekamantaṃ nisīdi. Ekamantaṃ nisinnaṃ kho taṃ gahapatiṃ Bhagavā etad avoca: Na kho te, gehapati, sake citte ʔhitassa indriyāni atthi; te indriyānaṃ aññathattan ti.

Evam etaṃ, gahapati ; piyajātikā hi, gahapati, sokaparidevadukkhadomanas-supāyāsā piyappabhavikā ti.....

.....Bhūtapubbaṃ, brāhmaṇa. imassā yeva Sāvattiyā aññatarassā itthiyā pitā kālam akāsi—pe—bhātā kālam akāsi, bhaginī kālam akāsi, putto kālam akāsi, dhītā kālam akāsi, sāmiko kālam akāsi. Sā tassa kālakiriyāya ummattikā khittacittā rathiyāya rathiyaṃ siṅghāṭakena siṅghāṭakaṃ upasaṃkamtivā evam āha : Api me sāmikaṃ addasatha? Api me sāmikaṃ addasathāti?

Iminā pi kho etaṃ. brāhmaṇa. pariyāyena veditabbaṃ, yathā piyajātikāsokaparidevadukkhadoamanassupāyāsā piyappa bhavikā ti.
(M.87)⁽³¹⁾

⁽³⁰⁾Once there was a swineherd who was going from his own village to another. There he saw a heap of dry dung that had been thrown away, and he thought: "There's a lot of dry dung somebody's thrown away, that would be food of my pigs. I ought to carry it away". And he spread out his cloak, gathered up the dung in it, made it into a bundle and put it on his head, and went on. But on his way back there was a heavy shower of unseasonable rain, and went on his way bespattered with oozing, dripping down to his finger-tips, and still carrying his load of dung. Those who saw him said: "You must be mad! You must be crazy! Why do you go along carrying that load of dung that's oozing and dripping all over you down to your finger-tips?" "You're the ones that are mad! You're the ones that are crazy! This stuff is food for my pigs." *D. XIII. 25: The Long Discourses of the Buddha, A Translation of the Dīgha Nikāya* by Walshe, M., p. 357-358: 『長阿含』7, 弊宿經, 大正 1,46a

⁽³¹⁾Now on the occasion a certain householder's dear and beloved only son had died. After his son's death, he had no more desire to work or to eat. He kept going to the charnel ground and crying : "My only son, where are you? My only son, where are you?"

Then that householder went to the Blessed One, and after paying homage to him, sat down at one side. The Blessed One said to him: "Householder, your faculties are not those of one in control

時有婆四吒婆羅門尼。有六子相續命終。念子發狂。裸形被髮隨路而走。至彌絺羅國菴羅園中。爾時世尊。無量大衆圍繞說法。婆四吒婆羅門尼遙見世尊。身已即得本心。慚愧羞恥斂身蹲坐。爾時世尊告尊者阿難。取汝鬱多羅僧。與婆四吒婆羅門尼。令著聽法。尊者阿難即受佛教。取衣令著。時婆羅門尼得衣著已。至佛前。稽首禮佛退坐一面。爾時世尊爲其說法。云教照喜已。如佛常法說法。次第信心清淨。受三自歸。聞佛所說歡喜隨喜。作禮而去。彼婆四吒婆優婆夷於後事。第七子忽復命終。彼優婆夷都不啼哭憂悲惱苦。時婆四吒婆優婆夷夫。說偈而告婆四吒婆優婆夷言。

先諸子命終 念子生憂苦 晝夜不飲食 乃至發狂亂 今喪弟七子 而不生憂苦 婆四吒婆優婆夷即復說偈答其夫言

兒孫有千數 因緣和合生 …… 若知生要者 何足生憂苦 我已知出離 生死存亡相 不復生憂苦 入佛正教故 (『雜阿含』44)⁽³²⁾

The summary of 『雜阿含』44 is as follows:

of his own mind. Your faculties are deranged.”

”How could my faculties not be deranged, venerable sir? For more desire to work or to eat. I keep going to the charnel ground and crying: ”My only son, where are you? My only son, where are you?”

”So it is, householder, so it is! Sorrow, lamentation, pain, grief, and despair are born from those who are dear, arise from those who are dear.”

”Venerable sir, who would ever think that sorrow, lamentation, pain, grief and despair are born from those who are dear, arise from those who are dear? Venerable sir, happiness and joy are born from those who are dear.” Then, displeased with the Blessed One’s words, disapproving of them, the householder rose from his seat and left.

”And it can also be understood from this how sorrow, lamentation, pain, grief, and despair are born from those who are dear, arise from those who are dear. Once in this same Sāvattihī there was a certain man whose mother died....whose father died....whose brother died...whose sister died....whose son died....whose daughter died....whose wife died. Owing to her husband’s death, she went mad, lost her mind, and wandered from street to street and from crossroad to crossroad, saying: ’Have you seen my husband? Have you seen my husband?’ ” And it can also be understood from this how sorrow, lamentation, pain, grief, and despair are born from those who are dear, arise from those who are dear..... ” *Majjhima-Nikāya*. II. 87, Chalmers, R. Ed., P. T. S., 1896, 1993. p.106-112 : *The Middle Length Discourses of the Buddha, A Translation of the Majjhima Nikāya* by Bhikkhu Ñāṇamoli and Bhikkhu Bodhi, 1995, 2001, Wisdom Publications, Massachusetts. p.718-720

⁽³²⁾ 『雜阿含』44, 大正 2, 317b-c

婆四吒婆羅門尼 had lost six children, one after another. She then went insane with grief over her children and began running around naked in the street. However, after seeing a Buddha and being given clothing and listening to the teaching of Buddha, her mind became pious and pure. After she had lost her seventh child, she did not feel grief because she had realized the teaching of Buddha.

Vāsīṭṭhi of *Therīgāthā*⁽³³⁾ had been wandering from place to place for three years after she had lost her child. She was naked, had disheveled hair and had been suffering from hunger and thirst. However, when she saw Buddha, she recovered herself by listening to Buddha's teaching. She became a nun after being spiritually awakened and was able to throw away the root of her grief.

Applying modern concepts, this state of mind (as described in the ancient texts related above) could be called an intense "bereavement⁽³⁴⁾ reaction" or a "reactive psychotic state" according to modern classification of psychiatric diseases. It is more appropriate to recognize such a state not as a neurotic state caused by stress but as a psychotic state. However, of course this opinion is based on limited information.

2-2 Cases of monks who had committed misconduct both within and outside the *saṃgha*

Examples of mental disorders described in the *Vinaya* (the Book of the Discipline) would include; the absence of attending to the *uposatha* (a routine duty), or committing some misconduct against the Discipline. I presume that such conduct is mostly caused by mental illnesses, including organic disease of the brain or a reactive state.

All monks of the *saṃgha* recognized such conduct as mental disorders according to the *Kamma* (狂羯磨 in Chinese). Therefore, none of them were seen as offences. Monks of the *saṃgha* recognized such monks who behaved contrary to social rules

(33) *puttasoken'ahaṃ aṭṭā khittacittā visaññinī naggā pakiṇṇakesī ca tena tena vicāri 'haṃ vīthisaṅkarakūṭesu susāne rathiyāsu ca acariṃ tīṇi vassāni khuppiṇāsāsamappitā. ath' addasāmi sugataṃ nagaraṃ Mithilaṃ gataṃ adantānaṃ dametāraṃ sambuddham akutobhayaṃ. saṃ cittaṃ paṭiladdhāna vanditvāna upāvisiṃ so me dhammaṃ adesesi anukampāya Gotamo. tassa dhammaṃ suṇṇitvāna pabbajiṃ anagāriyaṃ yuñjantī satthu vacane sacchākāsiṃ padaṃ sivaṃ. sabbe sokā samucchinaṃ pahīnā etadantikā pariññātā hi me vatthū yato sokāna sambhavo. Therīgāthā 133-138*

(34) Bereavement is the loss through death of a loved person. Grief is the involuntary emotional and behavioural responses to bereavement. *ibid.* 2, p.208

for monks as having mental disorders. Therefore, this recognition was based on social standards. I will explain in more detail later.

atha kho bhagavā bhikkhū āmentesi : sannipatatha bhikkhave, atthi saṃghassa karaṇīyan ti. evaṃ vutte aññataro bhikkhu bhagavantam etad avoca: atthi bhante Gaggo nāma bhikkhu ummattako, so anāgato 'ti. dve 'me bhikkhave ummattakā : atthi bhikkhu ummattako sarati pi uposatham na pi sarati, sarati pi saṃghakammaṃ na pi sarati, atthi n'eva sarati, āgacchati pi uposatham na pi āgacchati, āgacchati pi saṃghakammaṃ na pi āgacchati, atthi n'eva āgacchati. tatra bhikkhave yv āyaṃ ummattako sarati pi uposatham na pi sarati, sarati pi saṃghakammaṃ na pi sarati, āgacchati pi uposatham na pi āgacchati, āgacchati pi saṃghakammaṃ na pi āgacchati, anujānāmi bhikkhave evrūpassa ummattakassa ummattakasammūtiṃ dātuṃ. (*Vin. I. II. 25*)⁽³⁵⁾

佛在王舍城。爾時長老施越。狂心顛倒。是長老。有時來布薩。有時不來。有時來僧羯磨。有時不來。諸比丘有疑心悔。諸比丘以是事具白佛。佛以是因緣集僧。集僧已。佛知故問施越。汝實爾不。答言。實爾世尊。佛語諸比丘。汝等集與施越作狂羯磨。若更有如是。狂比丘。僧亦應與羯磨。如是應作。(『十誦律』22)⁽³⁶⁾

The following case of *Vin. II.* is thought to be that of a *bāla* (ignorant) monk whose problem is his deviated conduct. I cannot properly diagnose him from the texts, although I suspect he is mentally retarded.

⁽³⁵⁾“Then the Lord addressed the monks, saying: “Gather together, monks, there is the business for the Order.” When he has spoken thus to the Lord: “There is, Lord, the mad monk *Gagga* ; he has not come.” He said : “there are, monks, these two (kinds of)madmen : there is the mad monk who now remembers the Observance, now does not remember it ; who now remembers a (formal)act of the Order, now does not remember it. He is one who does not remember aright. (And there is the one)who now comes for the Observance, now does not come for it, who now comes for a (formal) act of the Order, now does not come for it. He is the one who does not come aright. ”In a case, monks, where this madman now remembers the Observance, now does not remember it....now comes for a(formal)act of the Order, now does not come for it, I allow you, monks, to give the agreement for a madman to such a madman. *Vin.I.II.25, The Book of the Discipline, Vol. IV,* Translated by Horner, I. B., P.T.S., Oxford, 1951, 1996, p.163

⁽³⁶⁾*Sarvāstivādin-vinaya* 『十誦律』22, 七法中布薩法第二, 大正 23,161a-b

tena kho pana samayena āyasmā Seyyasako bālo hoti avyatto āpattibahulo anapadāno, gihisaṃsaṭṭho viharati ananulomikehi gihisaṃsaggehi, api 'ssu bhikkhū pakatā parivāsaṃ dentā mūlāya paṭikassantā mānattaṃ dentā abbhantā. (*Vin.* II.)⁽³⁷⁾

2-3 Descriptions on melancholy and depression⁽³⁸⁾

There are quite a few words expressing 憂⁽³⁹⁾, 愁⁽⁴⁰⁾ in Buddhist texts which relate to my present studies. For example, I can find more than 190 words including 憂 and 愁 in the Index of Āgama⁽⁴¹⁾ in the *Taisho Shinshu Daizokyo*⁽⁴²⁾.

They are not psycho-medical concepts, but rather more broadly based. However, they are deeply related to the preaching of Buddha and the practices of monks in Early Buddhism.

According to many of the *Vinayas*, there were some cases where monks had become pessimistic and had given up all hope to live. Some had asked someone to kill them or had killed each other while they had practiced the *asubha-bhāvanā*⁽⁴³⁾. These stories are the reason why the Commandment against the destruction of life was

⁽³⁷⁾Now at that time the venerable *Seyyasaka* was ignorant, inexperienced, full of offences, not rid of them ; he lived with in company with householders in unbecoming association with householders. So much so that the monks were done up with granting him probation, sending him back to the beginning, imposing *mānatta*, rehabilitating him. *Vin.*II.I.9, *ibid.*35, Vol. 5, pp. 10-11

⁽³⁸⁾depression or depressive symptoms or depressive episode; depressive mood such as loss of interest and enjoyment, reduced energy and decreased activity and reduced concentration such as reduced self-esteem and confidence, ideas of guilt and unworthiness, pessimistic thoughts, idea of self-harm, disturbed sleep, diminished appetite and so on according to the International Classification of Diseases, 10th edition.

⁽³⁹⁾depression, melancholy, gloom, dismal

⁽⁴⁰⁾worry, distress, sorrow, sadness

⁽⁴¹⁾the Āgama-sūtras in the Chinese Tipitaka there are four *Āgama-sūtras* which are Chinese translations from Sanskrit originals and correspond, more or less, to the *Pali Nikāyas*. *Japanese-English Buddhist Dictionary*, Daito Shuppansha, Tokyo, 1991, p.4

⁽⁴²⁾*The Taisho Shinshu Daizokyo* (『大正新脩大藏經』)(大正) are the collections of Chinese translations: *The Tripitaka in Chinese*, Edited by Takakusu, J. and Watanabe, K., The Taisho Shinshu Daizokyo Kanko Kai, Tokyo, 1926, 1989

⁽⁴³⁾contemplation of the impurity. *ibid.* 1, p. 89

proclaimed into many of the *Vinayas*.

There are also some suicidal cases described in the *Vinayas* which follow shortly. They are close to the modern psychiatric concept of depression, and attempting or committing suicide is mostly assumed to be caused by this disease. This Commandment against the destruction of life is also the rule against suicide (by the word of Buddha). Furthermore, euthanasia and assisted suicide are also recognized as the gravest sins according to the Commandment against the destruction of life. This is because suicide is regarded as murder⁽⁴⁴⁾.

比丘語言。汝等已修生天福業。何用受此骨肉生離憂悲之苦而不自殺。答言。我雖憂悲不能自殺。何以故。在世遭苦知修道業。又訶言。沙門之道慈忍衆生。云何讚死欲人自殺。自殺讚死。有何等異。『五分律』2⁽⁴⁵⁾

有一比丘。病久羸瘦背僂。作是念。我何用是活。今可自投坑。坑中先有野干噉死人。比丘墮上。野干死。比丘背便得直。是比丘生疑。我將無得波夜提耶。是事白佛。佛言。無罪。從今日莫小因緣自殺。(『十誦律』58)⁽⁴⁶⁾

⁽⁴⁴⁾ *ibid.* 24. As I discussed before, in *Sarvāstivādin-vinaya* 『十誦律』, the sentences refers to the first offender. So it is 'from now on it is forbidden'. It is the rule to forbid committing suicide. This point has been overlooked by other researchers.

⁽⁴⁵⁾ A monk asked the seriously wounded lay Buddhist, "You will be reborn in heaven, because you had been already done good deeds. Why not commit suicide?" Then the lay Buddhist answered. "I am gloomy and sad, but can not commit suicide, because I can know the true way of life through *dukkha* (suffering)." He then scolded the monk who had suggested suicide. "A *samaṇa* (recluse) must give compassion to all sentient-beings. Why do you praise death and propose suicide? What is the difference between killing yourself and praising death?" (Translated by Koike, K.) *Mahāśāsakanikāya-pañcavarga-vinaya* 『五分律』2, 第一分初第三事, 大正 22,8a

⁽⁴⁶⁾ A monk suffered from a chronic disease, and he became skinny and his backbone became crooked. He thought that he lost his worth, and decided to throw himself into a big hole. But when he threw himself in, he fell on a fox who was eating the dead person, and his backbone was cured, but the fox was dead. He thought that he might have sinned and asked Buddha. Then Buddha told, "You have not sinned, but you should not try to suicide again from today." (Translated by Koike, K.) *Sarvāstivādin-vinaya* 『十誦律』58, 第10誦殺戒, 大正 23, 436c:

3 Views on causes of mental disorders in Early Buddhism

As I have already mentioned⁽⁴⁷⁾, texts often described bereavement as a causes of insanity. They teach us that it is *piya* (love) that causes insanity due to bereavement, which comes from the basic stance of Buddhism that we should not cling to love or worldly desire.

Of course other causes are described in the texts, especially in the *Abhidhamma*, which is more systematical than other Buddhist texts.

According to *Sarvāstivādin-vinaya* (『十誦律』57)⁽⁴⁸⁾, the causes of mental disorders fall into five categories: death of families, loss of property or job, splitting of the *cattāri mahābhūtāni* (the four elements) and *kamma*.

Abhidharmajñānaprasthānaśāstra (『發智論』12)⁽⁴⁹⁾ recognizes mental disorder as the oppressed state of mind due to environment, and indicates some causes like the *amanussa*⁽⁵⁰⁾, being shocked by the sighting of *amanussa* in a strange form or being physically struck by the *amanussa*. In addition, splitting of the four elements and *kamma*-results cause mental disorders.

According to the *Abhidharmakośabhāṣya*(AKB.15)⁽⁵¹⁾, the cause of insanity comes from thought-consciousness and all sentient beings can become insane because of one of these five. The first is *vipāka*⁽⁵²⁾ of *kamma*, such as; abusing others with drugs, magic, poison, alcohol or arson. The second is fear after encountering *yakkha*⁽⁵³⁾. The third is injuring *yakkhas* who inhabit large trees. The fourth is conflicting and splitting amongst the *cattāri mahābhūtāni* (four elements) and among

(47) 『雜阿含』44; 『別譯雜阿含』5: 『大毘婆沙論』83, 大正 27,429b; 有梵志婦……。喪失六子心遂狂亂。追念子故露形馳走。: *Therīgāthā* 133-138; 『中阿含』60、大正 1, 800 c-802a: M. 87, *Piṇḍika-Sutta*

(48) 問佛說狂人不犯。齊何名狂。佛言。有五相名狂人。親里死盡故狂。財物失盡故狂田業人民失盡故狂。或四大錯亂故狂。或先世業報故狂。『十誦律』57, 大正 23,424b

(49) 云何心狂亂。答謂由四緣勢力所逼。令心狂亂。一由非人現惡色像遇已驚恐。令心狂亂。二由非人忿打支節苦受所逼。令心狂亂。三由大種乖違。令心狂亂。四由先業異熟。令心狂亂。『阿毘達磨發智論』12, 大正 26, 981a

(50) a being which is not human, a fairy demon, ghost, god, spirit, *yakkha*. *ibid.*1, p.73

(51) 心狂唯意識由業異熟生及怖害違憂。AKB 『阿毘達磨俱舍論』15, 分別業品第四之三, 大正 29, 82c-83a

(52) result, effect, consequence of one's act either as good & meritorious or bad & detrimental. *ibid.* 1, p. 627

(53) non-human being as spirits, ogres, dryads, ghosts, spooks. *ibid.* 1, p.545

wind, fever, phlegm in the body. The fifth is grief due to the loss of a beloved. For saints, however, there are no other causes for becoming insane except the splitting of the *cattāri mahābhūtāni* in the world of desire.

Also, insanity(心狂) and confusion(心亂) are seen as separate, and someone who has both insanity and confusion is a madman having a mind suffering worldly desires. And all the *sattā*⁽⁵⁴⁾ throughout the world of desire can become insane.

I can understand that the ancient people recognized that the causes of insanity came from *kamma* and *yakkha*. It was the way of thinking in those days. Also in modern times, some Asian people also believe such thinking. Regarding the splitting of the *cattāri mahābhūtāni*, there is something in common between Buddhist medicine and medicine of *Āyurveda*.

I think that the above descriptions in texts includes the modern concept of 'stress disorders', especially in the case of a bereavement reaction. Furthermore, there are some mental disorders which are caused by possession.

They are all indicating a severe level of mental disorders at that time. In those early times, as far as we read texts literally, we know that they had some equivalent of our modern psycho medical point of view and that they did not explain everything from the viewpoint of *kamma* or that of "a mind suffering worldly desires" as in the Buddhist meaning.

According to the *Milindapañha*⁽⁵⁵⁾, not all feelings stem from *kamma*. There are eight causes of the arising of feelings: an excess of wind, bile and of phlegm, the mixture of the three bodily fluids, variations in temperature, stressful circumstances, some external agent and *kamma*. When one's wind is disturbed it happens in one of ten ways; by cold, heat, hunger, thirst or overeating. Also, by standing too long, over exertion, running, medical treatment or as a result of *kamma*.

People with a shallow understanding of Buddhism go too far when they say that everything that is experienced is produced as the fruit of *kamma*. According to the *Milindapañha*, without Buddha's insight, no one can ascertain the extent of the

⁽⁵⁴⁾ *sattā*: living beings, creature, sentient & rational beings, persons. *ibid.* 1, p. 673

⁽⁵⁵⁾ Bikkhu Pasala ed. *The Debate of King Milinda. An Abridgement of The Milinda Pañha.* Motolan Banarsidas Publishers. Delhi, 1991, pp.41-42 : *Milinda Pañha. Mirinda O no Toi* 2, Japanese translation by Nakamura, H. and Hayashima. K., Toyobunko15, Heibonsha, Tokyo, 1964, 1994, pp.56-57

action of *kamma*.

There are some things which do come from the fruit of *kamma*, however, most come from other causes (by chance etc.) as listed above. In the *Sārasaṅgaha* ⁽⁵⁶⁾, they listed *surā* (liquor), *yakkha* and bile as the cause of *ummattaka*.

4 How the *saṅgha* treated the mentally disordered monks

Although there are some differences between the *Vinayas* which are held by Buddhist schools, there is agreement that not just anyone can become a monk.

This is because the *Vinayas* have some restrictions, including mental disorders as well as other diseases (including incurable diseases) and physical handicaps and so on. However, for someone who is already a monk, even if he commits misconduct or *abrahmacariya*, breaking the rules which monks should keep, he should not be blamed. It is not an offence against the rules of the Discipline if he is recognized as having mental disorder by a proceeding of the *saṅgha* called *ummattakasammuti*(狂羯磨).

Furthermore, he can be reinstated to the *saṅgha* when he has gotten better and been judged by the proceeding of *amūlḥavinaya*(不癡毘尼).

4-1 Monks who are not permitted to receive the *upasampadā*

At that time, I think mental disorders were not so rare. However, in the *Vin.I*. 39, people who have five diseases; *kuṭṭha* (leprosy), *gaṇḍa* (cutaneous diseases, swelling), *kilāsa* (cutaneous diseases), *sosa* (consumption, tuberculosis) and *apamāra* (epilepsy?)⁽⁵⁷⁾, which were frequent in *Magadha* country were not the permitted to receive the *upasampadā*.

Some secular people wanted to be cured of above mentioned diseases, but they were rejected by *Jīvaka* (who was a busy doctor for royal families and monks). So, these people became monks and received the kind care of the monks in the *saṅgha* and they were also treated and cured by *Jīvaka*. However, they returned quickly to

⁽⁵⁶⁾*Sārasaṅgaha* : *Sarasangaha no Kenkyu*, Japanese translation by Naniwa. S. Heirakuji, Kyoto,1998, pp.457-458

⁽⁵⁷⁾epilepsy, *ibid.* 1, p.52 : Epilepsy may be defined as tendency to recurrent seizures, a seizure consisting of a paroxysmal electrical discharge in the brain and its clinical sequelae. *ibid.* 2, p.432

secular lives after they had been healed. This made *Jīvaka* angry, and he reported this to Buddha. After that, Buddha decided that people with five diseases could not become monks.

I think that the stipulation regarding the five diseases was not supposed to be the primary point of Buddha's decree. The fundamental problem was the intention of some secular people to become monks simply to be cured of their diseases before returning to their normal lifestyles soon after they had been cured. Similar stories are found in Chinese translations⁽⁵⁸⁾ of the *Vinayas*.

Furthermore, in Chinese translations, *apamāra* was translated as '顛狂', which means both epilepsy and insanity or insanity only. According to a theory in old China, 癲狂⁽⁵⁹⁾ means insanity. Also the *VA*⁽⁶⁰⁾ refers to the state in which somebody is possessed and distressed by a dead enemy or nonhuman-being.

'Told is the Portion on Thirty-two (Cases) where one should not let go forth' (thirty two people who are not permitted to receive the *upasampadā*) including criminals who had their hands, feet or other body parts cut off as a penalty, the physically handicapped i.e. the limbs impaired, deaf-mute, the blind and those with speech defects and serious illnesses. No insanity (mental illness) is included within this list. However, we can find conditions which exclude insanity from the requirements to become a monk in the following citations in the *Vinayas*.

爾時有與狂者授具足戒。狂者得心已便還家。諸比丘言。汝止莫去。汝已受具足戒。答言。我不受具足戒。佛言。不得與狂者。授具足戒。有三種人。不得受具足戒。眠醉狂。是三種不得授具足戒。(『四分律』35⁽⁶¹⁾)

⁽⁵⁸⁾ 爾時摩竭國人七種重病。舉身惡癰白癰半身枯鬼着赤斑脂出。.... 佛種種訶責已。告諸比丘。不應度重病。『五分律』17, 第三分初受戒法下, 大正 22, 116a-b 從今有如是惡重病。癰癰疽。癰瘡病人。不應與出家受具足。若與出家受具足。得突吉羅罪 『十誦律』21, 七法中受具足戒法第一, 大正 23, 152b-c 從今日後病人不應與出家。病者。疥癬黃爛。癰病癰..... 癰狂熱病風腫。乃至服藥未得平復。『摩訶僧祇律』24, 明雜誦跋渠法之二, 大正 22, 420b-c 爾時摩竭國界五種病出。一者癰二者癰三者白癰四者乾瘡五者顛狂。..... 不得度五種病人授具足戒 『四分律』34, 受戒難度之四, 大正 22, 808c

⁽⁵⁹⁾ 癲狂。走呼妄言妄見。陽明之脈病也。(insanity, running around screeching incoherent and delusional speech), Citation from the commentary of 『素問』, *Ko Kanwa Jiten* 中, Morohashi, T. et al, Daishukan, Tokyo, 1982, p.1252

⁽⁶⁰⁾ *Samantapāsādikā, Buddhaghosa's Commentary on The Vinaya Pitaka.(VA)*, Edited by Takakusu, J., Nagai, M., Mizuno, K., P.T.S., Oxford, 1936, 1998, p. 995-996

⁽⁶¹⁾ *Dharmaguptaka-vinaya* 『四分律』35, 受戒難度之五, 大正 22, 814a

na bikkhave bālena avyattena upasampādetabbo. yo upasampādeyya, āpatti dukkaṭassa. (*Vin.I.31.8.*)⁽⁶²⁾

According to the *Dharmaguptaka-vinaya* (『四分律』), the mentally retarded who cannot tell their own names, youths under twenty years of age, people without three robes and a bowl, people with debts, slaves, public officials etc. are unable to receive the *upasampadā*⁽⁶³⁾. The *Vinaya*'s rules also exclude such types of people as wrongdoers, severely ill patients, odd-looking people, homosexuals and so on.

The *saṃgha* rejected them, because they would not go begging for food for themselves daily or practicing other training in the duties of monks.

As the *saṃgha* became larger, criminals, orphans, the jobless would run into the *saṃgha*, these rules would have been needed to prevent problems. An additional attraction of the *saṃgha* was that we know some ran hospitals.

4-2 The insane are not accountable

In the Discipline (the *Vinaya Piṭaka*), insane monks are not accountable for misconduct while suffering from mental illness. This 狂者不犯 is based on one of the basic principles of the Discipline. Even if a monk commits murder, which is the gravest offence (called *pārājika*⁽⁶⁴⁾).

It is natural that some arguments stemming from or about misconduct arise in the *saṃgha*. That is the reason why they established protocols of the *adhikaraṇasamathādhamma*⁽⁶⁵⁾.

⁽⁶²⁾"Monks, one who is ignorant, inexperienced should not ordain. Whoever (such) should ordain, there is an offence of wrong-doing." *ibid.* 35, Vol. IV., p.78

⁽⁶³⁾我今問汝、汝當隨實答我。汝字何等。和尚字誰。汝年滿二十未。三衣鉢具不。父母聽汝不。汝不負債不。汝非奴不。汝非官人不。汝是丈夫不。丈夫有如是病。癩癰疽白癩乾癩狂病。汝今有如是病無若言無者。當作白四羯磨。『四分律』35, 受戒韃度之五, 大正 22, 815a
佛言。不應授眠人乃至異見人具足戒。(乃至: 醉人狂人散亂心人病壞心人)『五分律』16, 第三分初受戒法中, 大正 22,111c

⁽⁶⁴⁾*pārājika* 波羅夷, the four gravest offences for Buddhist monk. Any monk, having committed one of these serious sins, is to be deprived of all rights of a monk, and expelled from the *saṃgha*. Unchastity, stealing, destruction of life, and false statements form the four *harai*(*pārājika*). *ibid.* 41, p. 111

⁽⁶⁵⁾*adhikaraṇasamatha* 滅諍法, the settings of questions that have arisen. There are seven rules for

The rules of non-accountability for the mentally disordered monks are described in four codes of *pārājika* as well as in each rule of *pātimokkha*⁽⁶⁶⁾. We need more examination about the reasons of these rules. However, we can easily see that these basically come from Buddhist thought, such as compassion for all beings and having no intention to kill somebody⁽⁶⁷⁾.

In the Discipline of each school, breaking rules while in a state of insanity and the first offence are presumed to be innocent (not guilty).

Following is the description of a mentally disordered monk who is assumed innocent in spite of committing the gravest offence, as dealt with in the Commandment against the destruction of life(不殺生戒).

anāpatti asañicca ajānantassa na marañādhippāyassa ummattakassa ādikammikassā 'ti. (*Vin.* III. III. 4.)⁽⁶⁸⁾

不犯者最初未制戒癡狂心亂痛惱所纏不犯 (『四分律』2)⁽⁶⁹⁾

As to the rule of the *Vinaya* regarding the incompetent mentally disordered, the same descriptions as above are also in the *Vin.*III, these are *ummattaka*, *khittacitta*⁽⁷⁰⁾, *vedanaṭṭa*⁽⁷¹⁾.

anāpatti adhimānema anullapanādhippāyassa ummattakassa khittacittassa vedanaṭṭassa ādikammikassā 'ti. (*Vin.*III.IV.7.)⁽⁷²⁾

setting cases enumerated. *ibid.* 1, p.27

⁽⁶⁶⁾*pātimokkha* 波羅提木叉, code of precepts in the *vinaya*, according to which monks are governed. *ibid.* 41, p.111

⁽⁶⁷⁾不犯者。慈愍心無殺心『五分律』2, 第一分初第三事, 大正 22, 9a

不犯者狂癡心亂無罪。『摩訶僧祇律』4, 明四波羅夷法之四, 大正 22, 257c

又無犯者。最初未制戒。癡狂心亂痛惱所纏。『根本有部毘奈耶』, 斷人命學處第三之三, 大正 23,668c

⁽⁶⁸⁾There is no offence if it was unintentional, if he did not know, if he were not meaning death, if he was out of his mind, a beginner. *ibid.* 35, Vol. I, p.136

⁽⁶⁹⁾『四分律』2, 四波羅夷法之二, 大正 22,577b

⁽⁷⁰⁾one whose mind is thrown over, upset. *ibid.*1, p.236

⁽⁷¹⁾afflicted by pain. *ibid.* 1, p.648

⁽⁷²⁾There is no offence if there is an undue estimate of oneself, if he is not intentionally putting forward a claim, if he is mad, if he is unbalanced, if he is afflicted by pain, if he is a beginner. *ibid.* 35, Vol. I, p.171

This explanation of insanity is quite broad because it uses the above mentioned words. As each of these words has a slightly different meaning, the description of insanity becomes much broader.

In comparison, the following extract has a very narrow meaning of insanity, in my opinion.

tena kho pana samayena Gaggo bhikkhu ummattako hoti cittavipariyāsakato, tena ummattakena cittavipariyāsakatena bahum assāmaṇakam ajjhāciṇṇam hoti bhāsitarikantaṃ. (*Vin.II.IV.5*)⁽⁷³⁾

We cannot obtain detailed knowledge on insanity from the texts, because we must assume the mental disorder within the contexts of the time and region. Therefore, I withhold more minute analysis on symptoms of mental disorder from this time.

4-3 The *ummattakasammuti* and the *amūlḥavinaya*

so evaṃ vadeti: ahaṃ kho avuso ummattako ahosiṃ cittavipariyāsakato, tena me ummattakena cittavipariyāsakatena bahum assāmaṇakam ajjhāciṇṇam bhāsitarikantaṃ, nāhaṃ taṃ sarāmi, mūlḥena me etaṃ katan ti. evaṃ pi naṃ vuccamānā codent' eva sarat' āyasmā evarūpiṃ āpattiṃ āpajjitā 'ti. ye te bhikkhū appicchā te ujjhāyanti khīyanti vipācenti: katham hi nāma bhikkhū Gaggaṃ bhikkhuṃ ummattakena cittavipariyāsakatena ajjhāciṇṇena āpattiyā codessanti sarat' āyasmā.....āpajjitā 'ti, so evaṃ vadeti: ahaṃ kho.... mūlḥena me etaṃ katan ti, evaṃ pi naṃ....āpajjitā 'ti. atha kho te bhikkhū bhagavato etaṃ atthaṃ ārocesuṃ. saccaṃ kira bhikkhave—la—, saccaṃ bhagavā. vi-garahitvā dhammiṃ kathaṃ katvā bhikkhū āmentesi: tena hi bhikkhave saṃgho Gaggassa bhikkhuno amūlḥassa amūlḥavinayaṃ detu. (*Vin.II.IV.5*)⁽⁷⁴⁾

⁽⁷³⁾Now at that time the monk *Gagga* was mad, out of his mind, and while he was mad, out of his mind he perpetrated much and spoke in a way that was not worthy of a recluse. *ibid.* 35, Vol. IV, p.105

⁽⁷⁴⁾Those who were modest monks looked down upon, criticised, spread it about, saying: "How can these monks reprove the monk *Gagga* because of offences done (by him) when he was mad, out of his mind, saying: 'Does the venerable one remember having fallen into an offence like this?' and he spoke thus: 'I, your reverences, was mad, out of my mind; while I was mad, out of my mind, much was perpetrated and spoken by me that was not of a recluse. I do not remember that. That

The *saṃgha* does not expel the monk who violates the Rules (*Śīla* and *Vinaya*) while he is suffering from mental illness. After the *saṃgha* has evaluated his misconduct and made certain whether he was lying or not, and whether he can remember or not (that he cannot remember what he has done is one of the important criteria of ascertaining that he has an illness), the *saṃgha* recognizes his misconduct was caused by mental illness through the proceeding of the *ummattakasammuti*.

The monk, once determined as mentally ill, is therefore recognized as not accountable for his misconduct.

If he recovered from his mental disorder, and voluntarily offers and confesses what he had done while he was ill, the *saṃgha* recognizes the recovery from mental illness by the proceeding of the *amūḥhavinaya* (不癡毘尼, 不癡羯磨, 解羯磨). Complaints and disagreements from other monks in the *saṃgha* are aired, sometimes cooled, and dealt with by the above two proceedings.

I think that these procedures are the indication of the generous attitude of the *saṃgha* towards the mentally ill. I have already commented on *ummattakasammuti* (*Vin.I.II*).

There are three cases which the *saṃgha* cannot give the *amūḥhavinaya* to the monk who is acted against the rules of the Discipline. The first case; he violated the rules and can remember, however he confesses that he cannot remember. The second case; he can remember his violations, however he confesses that he did them while dreaming. The third case; he was not mentally ill, but he pretended illness, or advised other monks to pretend illness (*Vin.II*).

The *Vinaya* assures that mentally ill monk can be reinstate if he is recognized by the *amūḥhavinaya* as having recovered from the illness. However, necessary conditions for this are as follows; he must voluntarily announce his recovery, confess what he had done and affirm that he could not remember his misconduct while he was ill. In the *Vinayas*, there are descriptions on the *ummattakasammuti* and the

was done by me while I was insane.' And although being spoken to by him thus, they still reproved him, saying: 'Does venerable one remember having fallen into an offence like this?'" Then these monks told this matter to the Lord. He said: "Is it true, as is said, monks...?" "It is true, Lord." Having rebuked them, having given reasoned talk. He addressed the monks, saying: "Well then, monks, let the Order give a verdict of past insanity to the monk *Gagga* who is no longer insane. *ibid.* 35, Vol. V, p.106

amūlḥavinaya together with some stories⁽⁷⁵⁾.

As I above mentioned, we can confirm that the *saṃgha* does not easily exclude the mentally disordered monks. However, it is difficult to apply those psychopathologies to the modern classification of mental disorders, because the description of mental illness is not detailed, but stereotypical in the *Vinayas*. In addition, period of time and the native cultures color the formation of mental disorders. In any case it might be assumed that illnesses described there were not so severe because they could be recovered. If the illness re-occurs, the *saṃgha* gives the *ummattakasammuti* again.

(75)佛在王舍城。……。有一比丘從坐起白佛言。伽伽比丘近得狂病。有時來有時不來。亦復不憶來不來。以是廢行僧事。今復不來。佛言。遣一比丘呼來。受教往呼。遍求不得還。以是白佛。佛言。今聽諸比丘逢與作狂白二羯磨。……諸長老忍默然若不忍者說。僧已與某甲作狂羯磨竟。僧忍默然故是事如是持。……彼後得差求解羯磨。以是白佛。佛言。聽白二羯磨爲解。『五分律』18, 布薩法, 大正 22,125b-c : 『五分律』23, 第四分初滅諍法, 大正 22,155b-c

有四種諍。一言二教誡三犯罪四事。以此事故。爲諸比丘結七滅諍法若有諍起以徐滅。應與現前毘尼與現前毘尼。應與憶念毘尼與憶念毘尼。應與不癡毘尼與不癡毘尼。應與自言與自言。應與多人語與多人語。應與草布地與草布地。應與本言治與本言治。『五分律』23, 第四分初滅諍法, 大正 22,154a

爾時世尊在羅閱城耆闍崛山中。時有一比丘名那那由。心亂狂癡。或時憶說戒。或不憶說戒。或時來。或不來。時諸比丘。以此事往白佛。佛言。自今已去。與那那由比丘作心亂狂癡白二羯磨。……與那那由比丘解狂癡病羯磨竟。僧忍默然故是事如是持。時諸比丘各心念言。與狂癡病者作羯磨已。後還得止得解狂癡羯磨。若復更狂癡。後得與作羯磨不。佛言。自今以去。隨狂癡病。與作羯磨。狂止還解。『四分律』36, 說戒度下, 大正 22, 823b-824a

佛告阿難有。問言。何者是。佛告阿難。是中有比丘。癡狂心亂多犯衆罪。後還得心。諸比丘皆言。犯重罪波羅夷僧殘偷蘭遮。即問言。汝憶犯波羅夷僧殘偷蘭遮不。彼不憶犯重罪。答言。我不犯波羅夷乃至偷蘭遮。我癡狂心亂時多犯衆罪。此非故作。是我癡狂故耳。諸長老。莫數難詰問我。而諸比丘故難詰不止彼作如是念。我當云何。白諸比丘。諸比丘白佛。佛言。聽僧與此比丘不癡毘尼。『四分律』48, 滅諍撻度乃二, 大正 22,920c : 『四分律』47, 滅諍撻度, 大正 22,914b-c

佛在舍衛國。爾時有比丘。名施越。癡狂心顛倒故。多作不清淨非法不隨順道非沙門法。是人還得本心。先所作罪。若僧三人二人一人常說是事。施越語諸比丘。我本狂癡心顛倒故。多作不清淨非法不隨順道非沙門法。我今還得本心。『十誦律』20, 七滅諍法乃四, 大正 23,143a-c : 『十誦律』22, 七法中布薩法第二, 大正 23,161a-b

佛住舍衛城。廣說如上。尊者劫賓那有二共行弟子。一名難提。二名鉢遮難提。是二比丘本狂癡病。病時作種種非法。今已差諸梵行人。猶故說其癡狂時所作。是二比丘聞是語時。用爲羞愧。以是因緣。……僧應與作不癡毘尼滅。毘尼滅。『摩訶僧祇律』13, 明單提九十二事之二, 大正, 332a-b

5 Summaries of discussions and conclusions

I think it is important to know how the *saṃgha* treated the mentally disordered, because that is an outcome of ethical practices in the religious communities of Early Buddhism. As part of my continuing quest to better understand Buddhist ethics and medical ethics, I have examined the descriptions of psychopathologies, causes, accountability, and attitude of the *saṃgha* regarding mental disorders examining the *Nikāya*, the *Āgama*, and the *Vinayas*.

Here I will summarize what I have described in above chapters. However, I wish to consider some other points later in this chapter. I have already mentioned how the *saṃgha* dealt with the mentally disordered monks. I can assume the existence of various kinds of mental diseases at that time; descriptions were mostly of reactive psychoses, partly of supposed organic diseases or mental retardation.

The Sutras assume the causes of mental disorders as *piya* (love), while the *Vinayas* and the *Abhidhamma* describe multi-dimensional views regarding the causes of mental disorders which were fairly common to ayurvedic medicine. It is notable that they do not assume the causes of mental disorders simply as a result of *kamma*. Such symptoms as the reactive psychotic states caused by psychic trauma and possession state are still valid in today's psychiatry.

The character 憂 (melancholy etc.) and the character 愁 (sorrow etc.) occurs often within the Sutras. Failing to endure the rigorous religious training, or suffering an intolerably long term illness, some monks became depressed and wanted to either commit suicide or have an assisted suicide (euthanasia). This made Buddha proclaim the Commandment against the destruction of life⁽⁷⁶⁾. It may be said that some aspects of Buddhist thought can cause melancholy in some people. However, those with grief and sorrow will be saved by *Dhamma* and by the way of life based on *Dhamma* from the Buddhist view.

Through the proceedings of *upasampadā*, people can be inducted to the (ordained) monks. The *saṃgha* excludes some people such as criminals, people with debt, minors, the physically handicapped, the mentally handicapped and the severely ill from receiving the *upasampadā*. I think this is because those people would not go begging for food for themselves or diligently practice routine training as a member

⁽⁷⁶⁾ibid. 24, 25

of the *saṃgha*.

In order to become a monk, the intention must be pure. Therefore, a person cannot be allowed to become a monk simply to be cured of illness in the *saṃgha*.

Mentally ill monks are not accountable for their misconduct while suffering from mental illness. Regarding the mentally ill as incompetent is common to modern criminal law.

It is not the physician who diagnose the ill monk. It is the assembly of the *saṃgha*; the religious community, who examine his case through the proceeding of the *ummattakasamuti*. They decide if he is mentally ill or not, according to his conduct and if it is in violation of the rules of the Discipline. For example, he does not attend regularly the *uposatha*, if he violates the rules by misconduct and if he cannot remember what he has done. Of course, faking illness or advising someone to pretend illness is never accepted. The discrimination between mental illness and deliberate deception is clear.

The monk who has been regarded as having a mental disorder is able to live under the care of another monk. If he has recovered from his illness, if he confesses what he did while he was ill, also assuming he wants to be reinstated into the *saṃgha*, then he goes through the proceeding of the *amūlḥavinaya*. Once having been found sane, he can be reinstated as a monk. The *saṃgha* as a whole treats the mentally disordered systematically.

It is of note that the *Vinaya Piṭaka* i.e. *saṃgha* recognizes the mentally ill with the presumption of their later reinstatement. Isn't this a more generous attitude than our modern society has towards mentally disordered people? However, it should be said that the while *saṃgha* recognized recovery or the possibility of recovery from mental illness and the subsequent reinstatement, that this would depend on the severity of the disease.

As the expressed psychopathologies of the patients are strongly influenced by the native cultures and the historical time period, a definitive analysis of the illness should be avoided. Therefore, I withhold further comprehensive analysis on mental disorders from that time.

As described in the *Vinaya Piṭakas* and in the Suttas, the lifelong goal is the

purifying their mind⁽⁷⁷⁾,⁽⁷⁸⁾. Therefore, they must not lie and must confess at the regular assembly of *uposatha*. It is natural that 'intention' is so important from the viewpoint of purifying one's mind. This can be seen as a kind of subjectivism or of 'intentionalism'.

In the *Vinaya*, the first offender is fundamentally presumed innocent. Each rule of the Discipline is proclaimed after a new type of misconduct has been committed. This will be enacted as a new general rule in the name of Buddha. This stance of the *Vinayas* is same as that of modern criminal law, which imposes penalty only under legislated law; no penalty without law. Therefore, regarding the *Vinayas*, I think its objectivism redeems the subjectivism or 'intentionalism' in Early Buddhism.

In this paper I have mentioned how Early Buddhism understood the mentally disordered and how the *saṃgha* treated those ill monks. I am preparing another, more detailed paper on the legal in competency of the mentally disordered and their treatment by further examination of the *Vinayas*.

Key words; Buddhist ethics, mental disorder, *Vinaya piṭaka*, *Nikāya*, *Āgama*, *saṃgha*, *ummattaka*

⁽⁷⁷⁾ *sabbapāpassa akaraṇaṃ kusalassa upasampadā sacittapariodapaṇaṃ etaṃ buddhāna sāsanaṃ* (*Dhammapada*), 183). Avoid all evil, cultivate the good, purify your mind: this sums up the teaching of the Buddhas. Translated by Easwaran, E., *The Dhammapada*, Askana, Penguin Books, 1987, p. 132

⁽⁷⁸⁾ Hirakawa, A., *Collected Works of Hirakawa, A. Vol.XI, Buddhist Community of Primitive Buddhism I*. Shinjusha, Tokyo, 2000, pp. 105-113