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The Promoting Mental Health through Buddhadhamma for Members of the Elderly Club in Nakhon Pathom Province, Thailand

Phramaha Chakrapol Acharashubho Thepa
Faculty of Religion and Philosophy, Mahamakut Buddhist University, Thailand
Email: chakrapol.the@mbu.ac.th

Phramaha Khanob Sahayapanno Khethong
Faculty of Religion and Philosophy, Mahamakut Buddhist University, Thailand
Email: Khanob.khe@mbu.ac.th

Jantima Saengphrae
Faculty of Religion and Philosophy, Mahamakut Buddhist University, Thailand
Email: jantima.sae@mbu.ac.th

***Abstract*---**Promoting Mental Health (PMH) through Buddhadhamma is researched by qualitative methodology using the technique of phenomenological and followed Interpretative Phenomenological Analysis (IPA) with an in-depth interview and semi-structured forms under the research and development approach by a focus group to create a guideline for the PMH project. Participants are individual 27 interviewees consisting of interview 20 participants from the elderly club members and 7 specialists for a focus group. The purpose of the study is to analyze the important base features of PMH, to analyze the general condition and behaviors for PMH involving practicing in Buddhadhamma belief, and to create a guideline for PMH. The result found the significance of PMH behaviors involving the major of Buddhadhamma focuses on Trisikha. Trisikha approaches daily life, especially by observing the precepts and practices mindfulness regularly and the experiences of facing mental health problems raised when working or doing business, especially during the economic crisis were down. Significant behaviors through the experience of self-promoting mental health were found most of all mentioned the utility of Trisikha is upraising mindfulness. The guideline for PMH focuses on an overview of the practice guidelines management for promoting mental health through Buddhadhamma for Members of the Elderly Club in Nakhon Pathom Province, Thailand that consist of 5

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***Corresponding author**: Thepa, P. C. A.; Email: chakrapol.the@mbu.ac.th*
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components i.e., concept, activities, management, policy, and goal base on 3 concepts of Sila, Samadhi, and Panna.

***Keywords*---**promoting mental health (PMH), Buddhadhamma, elderly, social support groups, religion.

Introduction

The mental health of the elderly is a topic that has been raised as a factor that negatively affects humanity. Failure to improve the mental state of the elderly has implications for the society and economy of developing countries that are affiliated with the "World Health Organization (WHO)". Joint planning on the global stage to improve the well-being of humanity, especially in underdeveloped and developing countries where the elderly are neglected by governments and society. In helping PMH program was therefore implemented under the awareness of the problems WHO has studied. Recognizing it is an urgent problem with a 30-year long-term development plan to address all dimensions of the problem. At the meeting in Geneva, Switzerland of representatives of WHO has defined health as "A state of perfection both physical, mental and social, which is well-being and not merely the absence of disease or weakness" (Mirzayev, Viney, Linh, Gonzalez-Angulo, Gegia, Jaramillo, Zignol, & Kasaeva, 2021). Mental health is an important part of the definition of health. The goal and tradition of public health are that a sick body results in a weakened mind. Mental health reinforcement can respond to patients who are physically and mentally frail or vulnerable, such as the elderly, chronically ill, and those who control smoking.

Problems related to the debilitating disease are a part that has changed the lives of the elderly, and when there is a physical problem, it affects the mind and affects the coexistence of society. It can be found that starting to change causes mental deterioration and mental illnesses such as Depression, sorrow, irritability, loss of hope, boredom with life. Enhancing the mental health of the elderly was conducted by researchers on different issues and objectives. Abusalehi, Vahedian-Shahroodi, Esmaily, Jafari, & Tehrani (2021) conducted a study to examine the impact of educational interventions based on social cognitive theory (SCT) (Bandura, 2001). It was found that taking into account personal, environmental, and behavioral factors can significantly improve the mental health of the elderly. Mental health is considered an essential component of general health (Lahtinen, Lehtinen, Riikonen, Ahonen, 1999). Mental health is influenced by various attractive factors, e.g. childhood experiences, etc., accelerated factors, e.g. stressful events in life, etc., social context, and personal resources e.g. self-esteem and previous experience (Barry, Holloway, Seager, 2019).

This research has used the technique of phenomenological research (Engelland, 2020) in this study especially phenomenal approaches to the practice of religious belief (Rajasinghe, 2020). Analyzing the data by interpreting phenomenology used qualitative research methodology followed Interpretative Phenomenological Analysis (IPA) (Morrow, Rodriguez, & King 2015; Bernard, & Bernard, 2013) approach plan of PMH. This will provide a new approach and lead to a proposal for enhancing mental health through Buddhist principles to members of ECNPP.

Research Purpose

- To analyze the important base features to promoting mental health through Buddhadhamma.
- To analyze the general condition and promote mental health involving behaviors of members of ECNPP.
- To create the guideline of PMH through Buddhadhamma approach of members of ECNPP.

Theoretical and Conceptual

Trisikha and practices of Buddhadhamma to PMH

The Trisikha or the 3 sikkhā is a study of the practice that should be studied. Training oneself in matters that should be studied, called Athisilasikkha, Athhichittasikkha, and Athipanyasikkha. (Department of Religious Affairs, 2006; Tipitaka Roman, 20: 310-314; Sa-ard-iam, Khunavero, Vadakovido, Panya-aek, 2018). Buddhism is a religion that places great emphasis on people. Every individual has their own potential even a person's good or bad will depend karma only on themselves. Because he is the one who determines his own role in life. This concept includes taking care of one's own health as well health care in Buddhist concepts. These are seen as the importance of maintaining physical and mental health in order to maintain it as one of the components of the good life at the level of the present benefit. Thus, it shows that Buddhism places great importance on health care. Buddhism has spoken about the elements of life that must consist of four elements and five khandhas, or in short, the body and the mind.

Health Promotion Model (HPM)

The Health Promotion Model (HPM) is a widely applied and applied theory of promoting exercise for lifestyle modifications. This theory focuses on individual characteristics and experiences Behavioral specific cognitions and affect and Behavioral Outcomes. Knowing the variables that influence behavior is helpful in designing activities to support behavior. From this theory, it is shown that individuals have characteristics and specificity of factors that will change behavior. The developer of this theory is Dr. Nola J. Pender (Pender, Murdaugh, & Parsons, 2002). Health Promotion Model, this theory is based on Albert Bandura's theory relative to social learning (Smith, 2021), which is interested in the learning process of changing behavior, and Fishbein's theory (Sok, Borges, Schmidt, & Ajzen, 2021), which states rational action and social norms. This theory is similar to the Health Belief Model (Jose, Narendran, Bindu, Beevi, Manju, & Benny, 2021), but does not limit the description of disease and behavioral disease prevention that brings good health. Therefore, psychology experiments have introduced social psychology and the theory of learning comes as a part of the theory.

Phenomenology for philosophical and psychological studies

Phenomenology comes from the Greek Phenomenon, meaning appearance, and Logos, meaning rational consideration. The phenomenological paradigm (Walter, 1995; Erawun, 2021) focuses on human life experience and focuses on thinking about life experience and giving meaning to one's experience (Omery, 1983; Thomas, 2021; Phattongma, 2021). The study of phenomenology has philosophical concepts and psychology that are very important foundations for study, but nowadays phenomenological research is significant to interest in the subject "the method of obtaining information is important more than the theory of the method" (Koch, 1995; Jayashree, & Rajendra, 2021). The scope of phenomenology relevant philosophical and psychological are divided into four categories i.e., (1) Realistic phenomenology focuses on finding the universal essence of different genres including human action, motivation and self as well as within the mind (Baltzer-Jaray, 2021). Max Scheler added ethics, value theory, religion, and philosophical anthropology (Piazza, 2021). (2) Constitutive phenomenology, this method compound phenomena in modern traditions have been applied (De Santis, Hopkins, & Majolino, 2021). (3) Existential phenomenology, it is a method of metaphysics in which this third tendency deals with subjects i.e., action, conflict, gender issues and old age (Pulido & Fernández, 2022). (4) Hermeneutical phenomenology is emphasis placed on interpretation of the person's experience (Jedličková, Müller, Halová, & Cserge, 2021).

Interpretative Phenomenological Analysis (IPA)

In phenomenological data analysis, it is similar to data analysis in other types of qualitative research, but the subtleties are different according to the main concepts used to guide the study. This research applied IPA analysis based on the concept of Colaizzi's seven-step (Chenari, Vahedi, Bayrami, & Gharadaghi, 2021), i.e. (1) reading and rereading description (2) extracting singigicant statement (3) formulating meaning, (4) categorizing into clusters of themes and validating with original text, (5) describing, (6) returning to participant, and (7) incorporating any changes. Colaizzi's method analysis is often used in studies of health experience (Chan, Phang, Glass Jr, & Lim, 2019). The importance of the Colaizzi's analysis is to re-check the data or informant to verify the validity of the data obtained (Chien, Tsai, & Lin, 2001).

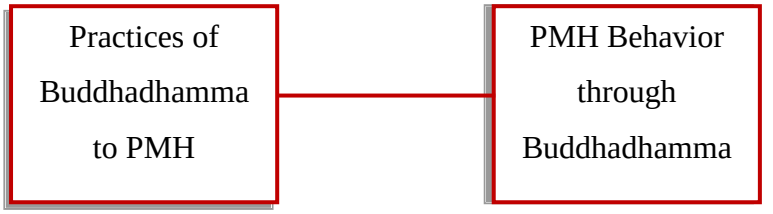

Figure 1. Theoretical and Conceptual Framework

Methodology

Process and Tools

- Steep 1 R-I: Analysis context
  Make a clear analysis of the problem condition, it is qualitative including the study of theories and concepts related to the base features of promoting mental health through Buddhist principles using the significant four terms analysis.
- Steep 2 R-II: Tools creating
  Created an interview form on the basic characteristics of the importance of promoting the mental health of the elderly with Buddhist principles and analyzed the importance of enhancing the mental health of the elderly with Buddhist principles. Created a personal general information form consisting of gender, age, status, etc., and an open-ended semi-structured Interview Form to interview about behaviors for enhancing mental well-being with Buddhist principles from the experiences of elderly members. The tools were reviewed by panel review and examined for concordance and appropriateness of interviews by 3 experts and assessed the index of item objective congruence (IOC) (Turner, & Carlson, 2003). Improving, assessing, and compiling the results of content analysis to develop approaching mental health through Buddhist principles to solve problems found in the study of fundamentals of improving mental health or to develop better practices.
- Steep 3 R-III: Collecting data and analyzing data
  Collecting data on behaviors for PMH through Buddhist principles for the elderly club members are used in-depth interviews followed seven steps of Colaizzi's descriptive phenomenological method (Abbott, Berry, Meredith, 1990) i.e. familiarization, identifying significant statements formulating meanings, clustering themes, developing an exhaustive description producing the fundamental structure, and seeking verification of the fundamental structure (Nastasi, & Schensul, 2005). Analyzing was done by content analysis, the demography analysis uses a percentage, and IPA analysis (Biggerstaff, & Thompson, 2008) with frequency and relative frequency distribution.
- Steep 4 D-I: Create and develop the guideline of PMH through Buddhadhamma approach
  This steep has created a protocol of the guideline of PMH through Buddhadhamma approach for the Elderly Club in Nakhon Pathom Province, Thailand. The research team was discussed in the focus group with 7 specialists to develop and analyze themes for the verification of the guideline involving the objective of the study base on the framework, theory, and also result of the study in steep 3.

Participant

Participants were obtained from purposive sampling (Colaizzi, 1978) totaling 20 participants, divided into 2 groups: Group 1 consist of multidisciplinary 7 specialists i.e. elderly monks, monk officer, director of the Department of Public Health, nurses, volunteers working in aged care, Buddhist scholar, and psychologist or psychotherapist. Group 2 consisted of 27 participants (McLeod,

2011) who were interviewed key informants, i.e. 6 club leaders and 14 club members of the Elderly Club in Nakhon Pathom Province, Thailand.

Data collection

Collecting data on behaviors to enhance mental health through Buddhist principles for members of the Elderly Club is done by in-depth interviews. Firstly, the research team makes contact with individuals, secondly, briefly inform informants and make an appointment, and thirdly, provides details of the study and interviews. Interviews are conducted by individual interviews (Heal, & Sigelman. 1995) for 7 specialists and focus group interviews (McLafferty, 2004) for 20 participants from elderly clubs done by following seven steps of Colaizzi's (Barton, 2020). However, the subject significant to the convenience and permission of the informant is taking into account the voluntariness of the informant important until data saturation.

Data analysis

- The analysis finds out the importance from the four significant terms analysis of strengths, weaknesses, opportunities, and obstacles in enhancing the mental health of the elderly with Buddhist principles from a group of 7 multidisciplinary contributors.
- The demography analysis consists of gender, age, status, etc. uses percentage statistics of 6 club leaders and 14 club members.
- IPA analysis is an analysis of promoting mental health behaviors based on Buddhist principles from interview data. Qualitative analysis of research data was conducted according to the Interpretative Phenomenological Analysis IPA of Colaizzi. Conducting an analysis consistent with Meclaud's interpretation of therapists' experiences working in mental health services (Cohen, 1994; Wallace, & Shapiro 2006) to create a guideline for enhancing mental well-being through Buddhist principles.
- Validation is done by an IPA process in conjunction with a triple check to verify the reliability of the theoretical data of Cohen & Monion (Gajaweera, & De Angelo, 2021). Verification of the researcher's data can be performed before the researcher analyzes the data to verify how reliable the data is obtained or may be done during the analysis using multiple analysts from three researchers to eliminate bias on the same issue and may also be done after the analysis of the data to verify the results by frequency and relative frequency distribution.

Results and Discussion

The important base features to promoting mental health through Buddhadhamma

The Analysis is focusing on four majors of content analysis i.e., strengths, weaknesses, opportunities, and obstacles in enhancing the mental health of the elderly with Buddhist principles finds the significance and results in the major specifics identified from the analysis (table 1) as composed of *Strengths* i.e. the familiarity of Thai Buddhist belief and practices, Thai Buddhist are aware of

Buddhadhamma as the principle of life, people have perception and awareness with good thoughts and good practices so it is similar to the core of Buddhadhamma, people are aware of Buddhadhamma as effective to improve mental health and curie, and Buddhadhamma is approaching in daily life and sustainably encouraging gain happiness. *Weaknesses* have significant features i.e. lack of promotion, lack of practice experience, unknown suitable Buddhadhamma for motivating, lack of good friends for sharing and persuading, Buddhadhamma studying is scope only specific group not general, the economic situation has the impact to follow, and the last state found the user has no knowledge of Buddhism, which may cause problems in applying. *The opportunity* has narrated significant features i.e. nature of morality is the mental health developing principle that everyone can touch up and be aware of, that inspires people enhances PMH, integrating and promoting for instructors or trainers, organizing diversity activities and programs cultivated for PMH, training programs have continually and open for more group of multi-participant, and the last feature is to spread Buddhadhamma widely. Threats have been significantly found i.e. Pali language is used in the Thai Buddhist community, which is difficult to understand and essential of Buddhadhamma can be verified and interpreted diversity which easy mistake to understand.

Table 1
Analysis of the importance of PMH of the elderly with Buddhadhamma

Content	Issues
Strengths	▪ The familiarity of Thai Buddhist beliefs and practices. ▪ Thai Buddhists are aware of Buddhadhamma as the principle of life. ▪ People have perception and awareness with good thoughts and good practices so it is similar to the core of Buddhadhamma. ▪ People are aware of Buddhadhamma as effective to improve mental health and curie. ▪ Buddhadhamma is approaching in daily life and sustainably encouraging gain happiness.
Weaknesses	▪ Lack of promotion. ▪ Lack of practice experience. ▪ Unknown suitable Buddhadhamma for motivating ▪ Lack of good friends for sharing and pursuing ▪ Buddhadhamma studying is scope only specific group not general ▪ The economic situation has an impact to follow. ▪ The user has no knowledge of Buddhism, which may cause problems in applying
Opportunities	▪ Nature of morality is the mental health developing principle that everyone can touch up and be aware of, that inspires people enhances PMH. ▪ Integrating and promoting training for instructors or trainers. ▪ Organizing diversity activities and programs cultivated for PMH. ▪ Training programs have continually and open for more groups of multi-participant. ▪ To spread Buddhadhamma widely.

Threats	▪ Pali language is used in the Thai Buddhist community, it is a barrier to understanding essential at all. ▪ That difficult to understand and essential of Buddhadhamma can be verified and interpreted diversity which easy mistake to understand

The demography analysis used percentage illustrating important data was subjected to suitable preview in table 2 and graph 1 display that out of 20 participants with coding (ID: 1,2,3,...,20) from, males were males 10 and females 10. The highest 9 % were in age a range of 66-70 years measured 45 %. 7 participants were a range of 60-65 years total of 35 %. The next 3 participants were 15 % from a range of 71-75 years and lastly, only 1 participant was the range of over 76 years total of 5 %.

Table 2
The demography analysis distingue gender, age group, education, and period of joining the elderly club.

Demography	N (%)
Gender	
Male	10 (50 %)
Female	10 (50 %)
Age group (year)	
60-65	7 (35 %)
66-70	9 (45 %)
71-75	3 (15 %)
Over 76	1 (5 %)
Education level	
Lower Bachelor	8 (40 %)
Bachelor	4 (20 %)
Higher Bachelor	2 (10 %)
Other	6 (30 %)
Period of joining the elderly club (year)	
0 to 3	7 (35 %)
3 to 5	7 (35 %)
6 to 8	5 (25 %)
Over 9	1 (5 %)

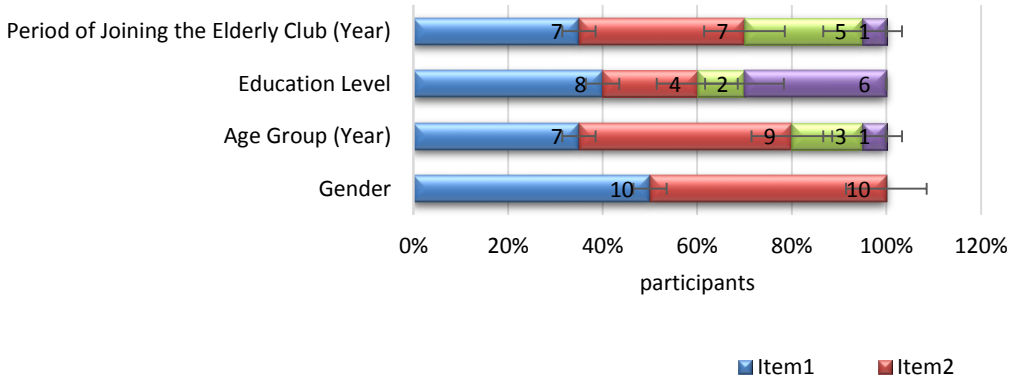

Figure 2. Demography report

The general condition and promote mental health involving behaviors of members of ECNPP

The analysis of mental health-promoting behaviors based on Buddhist principles specific to Trisikha (precept, meditation, and wisdom) used IPA had found that in relevant physical and mental with approaching in the lifestyle of participates in eight main points.

Heading 1: Good mental health is worth seeking out. Under this, the topic found data saturation was 14 participants with the measurement as 70 % and the main essential was ID. 2-4, 6, 8, 11-16, 18-20 deferring in the same massage as "Mental happiness is very valuable and is an important goal that people seek. Good mental health is like a magic pill that strengthens physical health."

Table 3
Heading 1 data saturation

Heading 1 Good mental health is worth seeking out	Data saturation (participants)	Percentage
▪ Mental happiness is very valuable and is an important goal that people seek. Good mental health is like a magic pill that strengthens physical health.	14	70 %
▪ Other	6	30 %
	20	

Heading 2: Experience of facing mental health problems, that interview opened and found the significant, e.g.

Personal thought interacted with social seem "The facing when family members or relatives do not understand us and do not listen when problems arise." (ID. 4) In the carry and work experiences found "discouragement in doing business, especially when the economic crisis was down." (ID. 6, 7, 10, 12) But someone

had not faced troubles or fine resolved reasonable such as “There had learned and practiced Buddhadhamma as well as skills for applying in daily life even when facing with hazardous or troubles.” (ID. 5, 11)

In this heading found the data saturation 12 participants with a measurement of 60 % (table 4) had significantly the key message as “the experiences of facing mental health problems raised when working or doing business, especially during the economic crisis was down.” And there are applying Buddhist principles of wisdom and equanimity mind to release the problems.

Table 4
Heading 2 data saturation

Heading 2 experience of facing mental health problems	Data saturation (participants)	Percentage
▪ The facing when family members or relatives do not understand us and do not listen when problems arise.	3	15 %
▪ There had learned and practiced Buddhadhamma as well as skills for applying in daily life even when faced with hazardous or troubles.	3	15 %
▪ The experiences of facing mental health problems raised when working or doing business, especially during the economic crisis were down.	12	60 %
▪ Other	2	10 %
	20	

Heading 3: Previous experience of self-promoting mental health, this heading scope into previous experiences found the significant aspect e.g.

Participants had diversifying experiences because they were from different backgrounds that influenced their enhancing mental health illustrated “try to understand the nature of the problems” (ID: 3), “apply Dhamma principles to solve problems” (ID: 1, 2, 7), “seek new experiences that would strengthen their mind” (ID: 5), “when had free time want to Buddhist temples to practice the Dhamma” (ID: 2, 14), and “observed the precepts and practices mindfulness”. (ID: 1, 5-7, 10, 13, 15)

The diversified background of participants had found the data saturation 10 participants with the measurement as 50 % (table 5) and the most key message the practice of religious belief point to the mindfulness was important and utilized to everyone when under the poor mental state, e.g. depress, pressure, melancholy, and confuse, etc.

Table 5
Heading 3 data saturation

Heading 3 Previous experience of self-promoting mental health	Data saturation (participants)	Percentage
▪ try to understand the nature of the problems	3 4	15 % 20 %
▪ apply Dhamma principles to solve problems	1	5 %
▪ seek new experiences that would strengthen their mind	2	10 %
▪ when had free time want to Buddhist temples to practice the Dhamma	10	50 %
▪ upright to practice mindfulness		
	20	

Heading 4: Experience of self-promoting mental health by Buddhadhamma, the scope topic narrated to determine Buddhadhamma approaching found significant key messages as “everyone had been adaptation Buddhadhamma as pills to cure their poor mental health most of the way directed to listening to Dhamma and praying, and observing the precept ” as follow. The data saturation is 12 participants with the measurement as 60 % (table 6).

Table 6
Heading 4 data saturation

Heading 4 Experience of self-promoting mental health by Buddhadhamma	Data saturation (participants)	Percentage
▪ listening to Dhamma	12	60 %
▪ praying for a calm mind	5	25 %
▪ observing the precepts	3	15 %
	20	

Heading 5: Experiences of self-promoting mental health by Trisikha i.e., Sila, Samadhi, and Paññā (precept, meditation, and wisdom), there were adopted directly and automatically because everyone belongs to Buddhist families and almost the Trisikha had been tough through generation to generation and were applying in life. Most of the significant key messages that found of the experiences illustrated “aware the utilizes of Trisikha, integrating for self, family, community, and society, practice regularly, and when faced with bad mental attitude recollect and used it like a tool to solve the problems by though to the nature of things instanced an impermanent event the problems will changing and going to the character of non-self.” The data saturation is 9 participants with the measurement as 45 % (table 7).

Table 7
Heading 5 data saturation

Heading 5 Experience of self-promoting mental health by Trisikha	Data saturation (participants)	Percentage
▪ aware the utilizes of Trisikha	3	15 %
▪ integrating for self, family, community, and society	5	25 %
	9	45 %
▪ practice regularly	3	15 %
▪ when faced with a bad mental attitude recollect and used it like a tool to solve the problems by though to the nature of things		
	20	

Heading 6 Experience of advice other for promoting mental health, in the topic of advice other, had not to decide analysis because each participant illustrated diversifying and no the same ways or direction. That cannot determine the data saturation but had an outstanding experience sharing i.e.

“ID: 6 she had experienced advice from an employee who would suicidal herself because of resentment of a husband who is unfaithful to have another wife. It caused the employee to be very sad, not seeing the value of his life, her mental dependence, and her inability to control herself. After she was advised by telling the employee to see her worth and to look at the world fairly, understand that the change in the human mind was a normal occurrence. Acknowledging the problem and understanding the futility of regret, was a conscious use of wisdom and it could successfully suppress the employee's suicidal thoughts.”

In terms of experience was counted the number of participants who were experiencing to advice other the measure found estimated among 16 participants had experienced in the previous with the measurement as 80% and only 4 participants wear no experience with the measurement as 20%.

Table 8
Heading 6 Experience of advice other for promoting mental health

Heading 6 Experience of advice other for promoting mental health	Data saturation (participants)	Percentage
▪ experience	16	80 %
▪ no experience	4	20 %
	20	

Heading 7: Experience of self-integrate Trisikha, most of all said “it had a good impact with their life instanced gaining a better friend, making a good mood, and increasing more happiness. The data saturation is 10 % with the measurement as 50 % (table 8).

Table 9
Heading 7 data saturation

Heading 7 Experience of self-integrate Trisikha	Data saturation (participants)	Percentage
▪ gaining better friend	3	15 %
▪ making a good mood	10	50 %
▪ increasing more happiness	4	20 %
▪ Other	3	15 %
	20	

Heading 8: Suggestions for promoting mental health by Trisikha, diversifying of patients were suggested for PMH e.g. promoting group activities to exchange experiences to encourage group members and inserting Trisikha into existing activities creates a positive attitude, etc. The data saturation is 13% with the measurement as 65 % (table 9).

Table 10
Heading 8 data saturation

Heading 8 Suggestions for promoting mental health by Trisikha	Data saturation (participants)	Percentage
▪ promoting group activities to exchange experiences to encourage group members	13	65 %
▪ integrating Trisikha into existing activities creates a positive	2	10 %
▪ Other	5	25 %
	20	

At last, the analysis shows the contributions of MHP behaviors based on Buddhist principles or Buddhadhamma of the elderly club in Nakhon Pathom Province, Thailand by the figure 2.

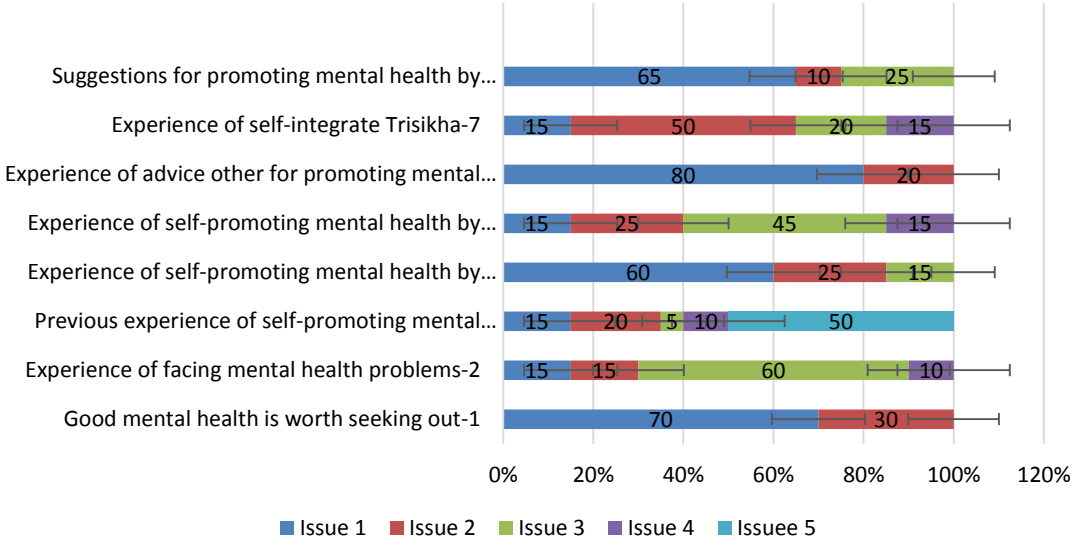

Figure 3. Mental health promoting behaviors based on Buddhist principles

The study finds out the factors involving the phenomenal of PMH of ECNPP has significant factors to contribute MHP practice guidelines as measures of saturation as ≥ 0.50. That is the impact on participant behaviors acceptable in previous experience and phenomenal approaches to the practice of religious belief for promoting their wellbeing i.e., "Mental happiness is very valuable and is an important goal that people seek as r = 0.70, good mental health is like a magic pill that strengthens physical health as r = 0.60, the experiences of facing mental health problems raised when working or doing business, especially during the economic crisis was down as r = 0.60, observed the precepts and practices mindfulness as r = 0.50, Listening to Dhamma as r = 0.60, experience as r = 0.80, making a good mood as r = 0.60, and promoting group activities to exchange experiences to encourage group members as r = 0.65.

Table 11
Measures of PMH phenomenal based on Buddhadhamma for Members of ECNPP in *frequency* and Relative Frequency Distribution *(r)*

Heading	Issue	*frequency*	*r*
Good mental health is worth seeking out	▪ Mental happiness is very valuable and is an important goal that people seek. Good mental health is like a magic pill that strengthens physical health. ▪ Other	14 6	0.70* 0.30
Experience of facing mental health problems	▪ The facing when family members or relatives do not understand us and do not listen when problems arise. ▪ There had learned and practiced Buddhadhamma as well as skills for applying in daily life even when faced	3 3	0.15 0.15

	with hazardous or troubles. ▪ The experiences of facing mental health problems raised when working or doing business, especially during the economic crisis were down. ▪ Other	12 2	0.60* 0.10
Previous experience of self-promoting mental health	▪ Try to understand the nature of the problems. ▪ Apply Dhamma principles to solve problems. ▪ Seek new experiences that would strengthen their mind. ▪ When I had free time, I went to Buddhist temples to practice the Dhamma. ▪ Upright to practice mindfulness.	3 4 1 2 10	0.15 0.20 0.05 0.10 0.50*
Experience of self-promoting mental health by Buddhadhamma	▪ Listening to Dhamma. ▪ Praying for a calm mind. ▪ Observing the precepts.	12 5 3	0.60* 0.25 0.15
Experience of self-promoting mental health by Trisikha	▪ Awareness of the utilizes of Trisikha ▪ Integrating for self, family, community, and society ▪ Practice regularly ▪ When faced with a bad mental attitude recollect and used it like a tool to solve the problems by though to the nature of things	3 5 9 3	0.15 0.25 0.45 0.15
Experience of advice other for promoting mental health	▪ Experience ▪ No experience	16 4	0.8* 0.2
Experience of self-integrate Trisikha	▪ gaining better friend ▪ making a good mood ▪ increasing more happiness ▪ Other	3 10 4 3	0.15 0.50* 0.20 0.15
Suggestions for promoting mental health by Trisikha	▪ promoting group activities to exchange experiences to encourage group members ▪ integrating Trisikha into existing activities creates a positive ▪ Other	13 2 5	0.65* 0.10 0.25

r = count of participant behavior/total number of participant.

The guideline of PMH through Buddhadhamma approach of members of ECNPP

Determination and development of guidelines for PMH by Buddhadhamma of members of ECNPP were obtained from data analysis using phenomenological

analysis methods. Phenomenology data analysis and IPA can synthesize issues from interviews such as

> "...Understanding and awareness of the elderly towards PMH among the members are mostly Buddhists and have strong faith. Mostly issues there could be discussed and promoted." (ID: 2)
> "....It is good to encourage the integration of Buddhadhamma to PMH because of that cheer up. Personally, I like chanting the most, followed by listening to the Dharma and meditation. But overall experience, when faced with a problem, I always applied the concept to my mind and saw that the most important principle taught by the Lord Buddha is to be neutral and use wisdom concept to solve problems that will be available at all times." (ID: 17)
> "...When I was facing trouble, the best thing is to do relieves suffering it can be alleviated by exchanging, talking and sharing stories about problems with close friends." (ID: 20)

The interviews conveyed ideas and gave advice on PMH that has a concrete effect on the implementation of the promotion in a structured manner. Therefore, it led to the creation of guidelines for enhancing mental health with Buddhist principles for members of ECNPP to solve research objective number 3. The analysis and presentation of guidelines for PMH with Buddhadhamma were brought into discussions with multidisciplinary professionals in accordance with the research methodological process until it became a method for PMH with Buddhadhamma in table 12 as follows

Table 12
Overview of the management of practice guidelines for PMH through Buddhadhamma of the members of ECNPP

Overview of the management of practice guidelines for PMH through Buddhadhamma
Concept
▪ Collecting and promoting the right Buddhadhamma that is suitable for the elderly. ▪ To achieve the target group is especially the elderly who are members of ECNPP.
Activity
▪ Determine activities and guidelines for PMH through Buddhadhamma for the elderly by creating activities that integrate Buddhadhamma by creating a forum or space for exchanging and discussing Buddhadhamma themes, etc. ▪ Promoting awareness of the value of Buddhadhamma in solving mental problems or strengthening the mental when facing problems for older members. ▪ Inserting and applying Buddhadhamma in the activities that the members have joined together.
Management
▪ Providing a lecturer giving right knowledge of mental health in a familiar to members of ECNPP. ▪ Organizing a mediator to listen and share experiences with people who have mental health problems.
Policy

	▪ Building a network and expanding results to PMH through Buddhadhamma. ▪ Pubic support to presenting projects that have been planned to be included in the agenda or projects of the relevant organizations to provide support in various supporting factors.
Goal	
	▪ Building an aging society to be a happy, wellbeing, and sustainable society. ▪ Reduce mental health problems caused by the mental state of the elderly. ▪ Building an aging society to be a learning society and disseminate knowledge for good PMH.

From the focus group to develop, it can be analyzed and summarized as a guideline for enhancing mental health with Buddhadhamma of the members of ECNPP by following the Trisikha principles (Table 13) as follows:

Table 13
Guidelines for PMH with Buddhadhamma of the members of ECNPP by practicing of the Trisikha principles

Guidelines for PMH with the practice of the Trisikha principles.	
Trisikha	Guidelines for PMH of members of ECNPP
Sila/ Precept	▪ Normalize routine activities. ▪ Dining must be nutritious food on a regular basis. ▪ Getting enough rest. ▪ To take care of your health by exercising regularly and not overdoing it.
Samadhi/ Meditation	▪ Mindless of the nonsense of others. ▪ Keeping conscientious on work. ▪ Having a stable mind and concentrating on work. ▪ Practicing meditation when possible.
Panna/ Wisdom	▪ Don't live carelessness in life ▪ Recalling death wisely in the fact that we are naturally old. ▪ Practice optimism and forgiveness ▪ Reminding neutral, not lost in external emotions that affect mental health ▪ Thinking about the impermanence of the body and the memory of accepting the change.

The results of the development and adoption of the two conceptions that have been analyzed, criticized, and approved by the research team collaborated with the multidisciplinary team to create a guideline for PMH of the members of ECNPP under 5 main components themes of the PMH project and 3 practicing guidelines based on Buddhadhamma. The guidelines for PMH with Buddhadhamma are mapped as shown in Figure 3 as follows:

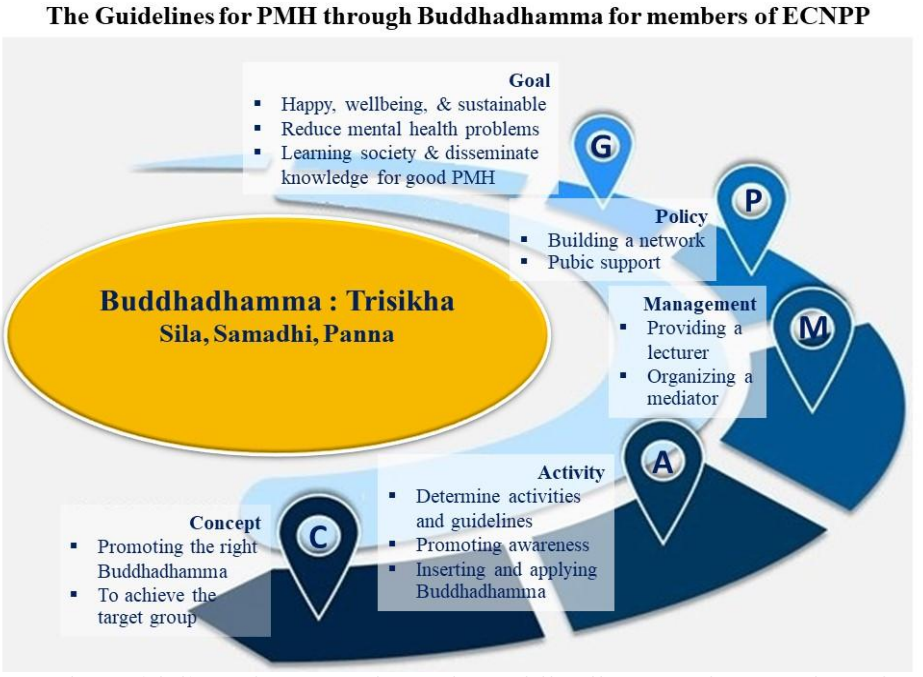

Figure 4. the guidelines for PMH through Buddhadhamma for member of ECNPP

Discussion

The important base features to promoting mental health through Buddhadhamma found PMH by Buddhadhamma in the current study had the scope on Trisikha that is core of dogmatic and principles of Buddhism. So it is leading to create a guideline for PMH as the draft through the first of promoting group activities (PGA) to exchange experiences and the second integrating Trisikha in existing activities (ITEA) involve behaviors, experience and phenomenal approaches the practice of religious belief (Rajasinghe. 2020). Both activities are arranged by resilience by characteristics of group and interest. That is intergenerational adopt beliefs into practices base on Buddhism and its relation to delinquent behaviors (Chamratrithirong, Miller, Byrnes, Rhucharoenpornpanich, Cupp, Rosati, ... & Todd, 2013).

The general condition and promote mental health involving behaviors of members of ECNPP have towards the activities that will adjust to convinces and suitable with age, gender, aptitude, and interest. Opening of space areas and opportunities are needed for motivating the PMH by Buddhadhamma (Ferrari, & Carmichael, 2020). The general condition and promote mental health involving behaviors of members of the Elderly Club in Nakhon Pathom Province, Thailand Community is an important factor to push and upraise motivate and support elderly members as much as the empathy of relatives (Aphipanyo, 2018). A determination needs approval step by step and clears to make a plan even the activities but management also influences PMH. The engagement of people especially there are within a group such as the elderly member club is powerful motivating also the good participation within society members there contributed

e.g. villagers, religionist, and schoolers, etc. involved practicing religious belief (Khetjoi, 2021; Shonin, Van Gordon, Griffiths, 2014; Vaingankar, Choudhary, Chong, Kumar, Abdin, Shafie, Chua, van Dam, Subramaniam, 2021). The experience in the meditation practice of meditators using an interpretive phenomenological analysis was employed as a method to understand the participants' experiences that found in Buddhism case study need 'tool' and agency which highlighted the participants' engagement supported by Buddhist practices in taking responsibility for their actions and responses (Laurent, Sheffield, Holland, 2021). Trisikha is the principle composed of the precepts, meditations, and wisdom that utilizing seems to control the body, concentration, and mindful respectively which leads to mindfulness (Mueller, Plevak, Rummans, 2001). Which is the beginning of wisdom, understanding the nature and change of health according to aging (Yeager, Glei, Au, Lin, Sloan, Weinstein. 2006). The study of practice Vipassana Mahasi meditation was highlighted the reveal a complex and dynamic set of interdependent outcomes and processes, which Buddhist teachings and ethical practices need additional topics to research i.e., novel states of well-being informed by Buddhist construct and interpersonal (Ekici, Garip, Van Gordon, 2020) and mental qualities cultivated for PMH.

The guideline of PMH through Buddhadhamma approach of members of ECNPP, the study creates an innovative approaches or products for this research. That is the final state of research purpose has created a series of processes in which guidelines and research methodologies for systematically defined leading to be practical. That is defined as 5 components i.e., principles, activities, management policies, and goals which is like mapping and has proposed the integration of Buddhadhamma especially the Trisikha, which consist of precepts, meditation and wisdom, to drive and PMH for members of ECNPP. However, there is a consistent study by Phra Maha Kraiwan Chindathi Yo (2017), which has integrated the Buddhist doctrine, especially the Trisikha principle, to integrate with a group. For example, the study of which has integrated Buddhist principles in promoting the health of the elderly at Sampran District, Nakhon Pathom Province, Thailand. It was found that the precepts focus on coexistence in society. Meditation focuses on the development of mindfulness meditation because it is seen as the foundation of all behaviors. And in terms of wisdom, it focuses on the development of wisdom because. Thai is considered a guideline for controlling behavior. And the study base on Trisikha integrated to promote health and mental health consist of study of Nipawan (2017); Waisayanand, N. (2018); in the term of Buddhadhamma model applied to society and elderly community practicing.

Conclusion and Suggestion

Promoting mental health by Buddhadhamma is an option to promote and push the elders to refresh even there face problems or depression with the practice of religious belief. Physical and mental are related to each other. When human beings can quench suffering, mental well-being arises. That causes affects physical health as well. The principles of Trisikha are the basement of rising mindfulness, which is a sign of the beginning of wisdom. It leads to understanding nature and changing nature especially appeared of health according to age and recognizing appropriate health care methods is another way

to use wisdom to promote mental health. Moreover, the practice of dharma listening to dharma, and meditation have empirical evidence that it affects both mental health in a better way than this current study base on practicing a religious belief. Guidelines for PMH are defined as an overview of the management guidelines for PMH through Buddhadhamma consist of 5 components i.e., (1) concept: collecting and promoting the right Buddhadhamma that is suitable for the elderly and achieves the target group, (2) activities: determine activities and guidelines for PMH through Buddhadhamma for elderly by creating activities. That is integrated Buddhadhamma by creating a forum or space for exchanging and discussing Buddhadhamma themes etc., and promotes awareness of the value of Buddhadhamma in solving mental issues or strengthening mental health when facing troubles by intrigued Buddhist principles in group activities, (3) management: provide a lecturer who specializes in educating people on mental health, giving knowledge in a friendly way to members of the club in Nakhon Pathom province, organized a mediator acting as a middleman to listen and share experiences with people with mental health problems, (4) policy: expansion, and network to promote mental health through Buddhadhamma and present projects that have been planned to be included as agendas or projects of relevant organizations to provide support in various supporting factors, and (5) goal: create an elderly society to be a happy and sustainable society. Reduce problems caused by the mental state of the elderly, create an aging society, be a learning society, and disseminate knowledge in enhancing good mental health.

Suggestion

The relevant sectors must have cooperation and integration between the public and non-government organizations to create substantial upgrades and implement activities to promote the well-being of the elderly. There must promote the acceptance and participation of members in activities and build a network to continually enhance mental health. The relevant government or non-government organizations must determine guidelines for PMH of people in the community by including them such as policies of local authorities, etc. This research will be beneficial to health and social organizations in promoting well-being, especially mental health, for the people of the country in the future. PMH through Buddhadhamma can use different social dimensions in terms of locations, other target groups, and objectives, such as the integration of Buddhism in PMH for the elderly in various regions across the country, which are still interesting subjects for further research.

Abbreviation

PMH-Promoting Mental Health; MEC-Member of Elderly Club; IPA-Interpretative Phenomenological Analysis; WHO-World Health Organization; SCT-social cognitive theory; IOC-index of item objective congruence, ECNPP-the Elderly Club in Nakhon Pathom Province.

Conflict of interest

The authors declare no conflict of interest.

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Authorship

PCA. Thepa, the first author who conceived 80 percentages of research as the idea and act as chief of the research project, methodology control, data collecting, analyzing, drafting article and report. PKS. Khethong is a co-author contributed 10 percentages as literature design, data collecting, and analyzing data, J. Saengphrae is a co-author contributed 10 percentages to interview, data collecting, analyzing, all the team members supported manuscript writing with approved the final draft of the manuscript and no conflict in the works.

References

Abbott D.A., Berry M., Meredith W.H. (1990). Religious belief and practice: A potential asset in helping families. Family relations, 1:443-8. https://doi.org/10.2307/585226

Abusalehi A., Vahedian-Shahroodi M., Esmaily H., Jafari A., & Tehrani H. (2021). Mental health promotion of the elderly in nursing homes: a social-cognitive intervention. International Journal of Gerontology, 15(3):221-7. https://doi.org/10.6890/IJGE.202107_15(3).0007

Aphipanyo P.S. (2018). Mental Health Awareness in Buddhism. Asia Pacific Journal of Religions and Cultures, 2(1):57-65.

Baltzer-Jaray, K. (2021). Bogged Down in Ontologism and RealismRealism. Reinach's Phenomenological Realist Response to Husserl. http:// doi.10.1007/978-3-030-62159-9_8

Bandura A. (2001). Social cognitive theory: An agentic perspective. Annual review of psychology, 52(1):1-26. doi.org/10.1146/annurev.psych.52.1.1

Barry J., Holloway K., Seager M. (2019). Are clinical psychologists, psychotherapists and counselors overlooking the needs of their male clients. Psychotherapy Section Review, 69(spring).

Barton J. (2020). Doing Qualitative Research with Interpretative Phenomenological Analysis. In Enjoying Research in Counselling and Psychotherapy. Palgrave Macmillan, Cham. p. 51-69

Bernard H.R., Bernard H.R. (2013). Social research methods: Qualitative and quantitative approaches. Sage.

Biggerstaff D., Thompson A.R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. Qualitative research in psychology. 5(3):214-24. https://doi.org/10.1080/14780880802314304

Chan, E. Y., Phang, K. N., Glass Jr, G. F., & Lim, W. S. (2019). Crossing, Trudging and settling: a phenomenological inquiry into lived experience of Asian family caregivers of older persons with dementia. Geriatric Nursing, 40(5):502-509. https://doi.org/10.1016/j.gerinurse.2019.03.015

Chenari, S., Vahedi, S., Bayrami, M., & Gharadaghi, A. (2021). Analysis of the Lived Experience of Maladjusted Students from the Dimensions of Maladjustment in University: Qualitative Phenomenological Study. Journal of Applied Psychology. https://doi.org/10.52547/apsy.2021.224135.1182

Chien, N. H., Tsai, C. H., & Lin, H. R. (2022). Lived Experiences of Newly Admitted to Long-Term Care Facilities among Older Adults with Disabilities in Taiwan. International Journal of Environmental Research and Public Health, 19(3), 1816. https://doi.org/10.3390/ijerph19031816

Cohen I.B. (1994). The scientific revolution and the social sciences. In The natural sciences and the social sciences. Springer, Dordrecht. p. 153-203

Colaizzi P.F. 1978. Psychological research as the phenomenologist views it. p. 1-14.

De Santis, D., Hopkins, B. C., & Majolino, C. (Eds.). (2021). The Routledge Handbook of Phenomenology and Phenomenological Philosophy. Routledge, Taylor & Francis Group.

Ekici Ç., Garip G., Van Gordon W. (2020). The lived experiences of experienced Vipassana Mahasi meditators: an interpretative phenomenological analysis. Mindfulness, 11(1):140-52. https://doi.org/10.1007/s12671-018-1063-4

Engelland C. (2020). Phenomenology. MIT Press

Ferrari M., & Carmichael J. (2020). Buddhism and healing in mental health. InThe Routledge International Handbook of Race, Culture and Mental Health. Routledge. p. 226-237.

Gajaweera N, & De Angelo D. (2021). Introduction: Buddhism and Resilience. Journal of Global Buddhism, 22:77-83.

Jedličková, L., Müller, M., Halová, D., & Cserge, T. (2021). Combining interpretative phenomenological analysis and existential hermeneutic phenomenology to reveal critical moments of managerial lived experience: a methodological guide. Qualitative Research in Organizations and Management: An International Journal. https://doi.org/10.1108/QROM-09-2020-2024

Heal L.W., Sigelman C.K. (1995). Response biases in interviews of individuals with limited mental ability. Journal of intellectual disability research. 39(4):331-40. https://doi.org/10.1111/j.1365-2788.1995.tb00525.x

Khetjoi S. (2021). The Scientific Buddhism to Improve Human's Well-Being. Turkish Journal of Computer and Mathematics Education (TURCOMAT). 12(8):2962-5.

Lahtinen E., Lehtinen V., Riikonen E., Ahonen J. (1999). Framework for promoting mental health in Europe. p. 17.

Laurent L., Sheffield D., Holland F. (2021). Exploring Buddhism as a 'Tool to Support Well-Being: An Interpretative Phenomenological Analysis of Western Adopters' Experiences. Pastoral Psychology, 70(5):471-85. https://doi.org/10.1007/s11089-021-00962-5

McLafferty I. (2004). Focus group interviews as a data collecting strategy. Journal of advanced nursing, 48(2):187-94. https://doi.org/10.1111/j.1365-2648.2004.03186.x

McLeod J. (2011). Qualitative research in counseling and psychotherapy. Sage.

Mirzayev F., Viney K., Linh N.N., Gonzalez-Angulo L., Gegia M., Jaramillo E., Zignol M., & Kasaeva T. (2021). World Health Organization recommendations on the treatment of drug-resistant tuberculosis, 2020 update. European Respiratory Journal, 1;57(6).

Morrow R., Rodriguez A., King N. (2015). Colaizzi's descriptive phenomenological method. The psychologist, 28(8):643-4.

Mueller P.S, Plevak D.J., Rummans T.A. (2001). Religious involvement, spirituality, and medicine: implications for clinical practice. InMayo clinic proceedings, 76(12): 1225-1235). Elsevier. https://doi.org/10.4065/76.12.1225

Nastasi B.K., Schensul S.L. (2005). Contributions of qualitative research to the validity of intervention research. Journal of school psychology. 43(3):177-95.

Phattongma, P.W., Trung, N.T., Phrasutthisanmethi, Khemraj, S., Thepa, P.C.A., Chi, H. (2021). Phenomenology In Education Research: Leadership Ideological, 18(5): 980-989. https://www.webology.org/abstract.php?id=1397

Phrasutthisanmethi, Wetprasit, S., Ponsen, K. (2020). The Self-Dependent of Elderly According to Theravada Buddhist Philosophy in Community of Phutthamonthon District, Nakhonpathom Province. Journal of Yanasangvorn Research Institute, 11(2): 1-11. https://so04.tci-thaijo.org/index.php/yri/article/view/248120

Piazza, A. (2021). The Knowledge of God: Realism as Natural Theology in Max Scheler's Phenomenology of Religion. http://hdl.handle.net/10641/2336

Pulido, M. L., & Fernández, P. C. (2022). From the Suffering of Old Age to the Fullness of Senectitude, a Philosophical Approach. Philosophia, 1-15. https://doi.org/10.1007/s11406-021-00462-z

Rajasinghe D. (2020). Interpretative phenomenological analysis (IPA) as a coaching research methodology. Coaching: An International Journal of Theory, Research and Practice. 13(2):176-90.

Shonin E., Van Gordon W., Griffiths M.D. (2014). The emerging role of Buddhism in clinical psychology: Toward effective integration. Psychology of Religion and Spirituality, 6(2):123. https://doi.org/10.1037/a0035859

Turner R.C., Carlson L. (2003). Indexes of item-objective congruence for multidimensional items. International journal of testing, 1;3(2):163-71. https://doi.org/10.1207/S15327574IJT0302_5

Vaingankar J.A., Choudhary N., Chong S.A., Kumar F.D., Abdin E., Shafie S., Chua B.Y., van Dam R.M., Subramaniam M. (2021). Religious Affiliation in Relation to Positive Mental Health and Mental Disorders in a Multi-Ethnic Asian Population. International Journal of Environmental Research and Public Health, 18(7):3368. https://doi.org/10.3390/ijerph18073368

Wallace B.A., & Shapiro S.L. (2006). Mental balance and well-being: building bridges between Buddhism and Western psychology. American Psychologist. 61(7):690.

Yeager D.M., Glei D.A., Au M., Lin H.S., Sloan R.P., Weinstein M. (2006). Religious involvement and health outcomes among older persons in Taiwan. Social Science & Medicine, 63(8): 2228-41. https://doi.org/10.1016/j.socscimed.2006.05.007