
Mindfulness Practice and Mental Health Among Buddhist Followers in Hue, Vietnam: A Cross-Sectional Study

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Abstract

This cross-sectional study examined the relationship between mindfulness practice and mental health among Buddhist followers in Hue City, Vietnam. It addressed two related gaps: Vietnamese mental-health research has focused largely on students, workers, and general community samples, while much international mindfulness research has examined mindfulness apart from the Buddhist ethical and contemplative contexts in which it is traditionally cultivated. The article drew on Buddhist textual and interpretive sources, psychological literature on mindfulness and well-being, and survey data from 250 Buddhist followers aged 13–29 years in Hue City. The sample comprised 126 males and 124 females; 155 participants were students, 75 were employed, and 20 were unemployed. The present analysis focused on the cross-sectional survey data. Descriptive statistics, descriptive group comparisons, Pearson correlations, and simple linear regression were conducted using SPSS version 22.0. Participants reported moderate mindfulness scores ($M = 3.05$, $SD = 1.06$), relatively high applied mindfulness/nonattachment ($M = 3.60$, $SD = 1.03$), a mixed profile of positive and negative emotional experiences ($M = 3.50$, $SD = 1.06$), and relatively high life satisfaction ($M = 7.63$, $SD = 1.23$). Mindfulness was positively associated with perceived mental health ($r = .642$, $p < .01$) and life satisfaction ($r = .261$, $p < .01$), while perceived mental health was positively associated with life satisfaction ($r = .284$, $p < .01$). In a simple regression model, mindfulness accounted for 41.2% of the variance in perceived mental health ($R^2 = .412$, $\beta = .642$, $t = 13.444$, $p < .001$). The findings suggest that mindfulness may function as a meaningful internal resource in this Buddhist lay population. However, the cross-sectional design precludes causal inference. The study contributes to Buddhist psychology, cross-cultural psychology, and religion-informed community mental-health research by presenting mindfulness as both a psychological variable and a lived Buddhist practice embedded in ethics, communal learning, ritual participation, and contemplative cultivation.

Keywords: Mindfulness; Mental health; Buddhist followers; Hue; Buddhist psychology

Introduction

Mental health is a major public-health concern in societies shaped by educational pressure, digital acceleration, economic uncertainty, employment precarity, and changing social relationships (World Health Organization, 2022). Research in Vietnam has increasingly examined mental health among pupils, university students, workers, and general community samples. Less empirical attention, however, has been given to religious communities as culturally embedded settings in which people learn coping practices, moral self-regulation, interpersonal restraint, compassion, and meaning-making. This gap is important because Buddhist institutions continue to contribute to ethical education, a sense of belonging, and everyday coping in many Vietnamese communities.

Hue provides a particularly relevant setting for this inquiry because the study recruited participants through local temples, lay associations, youth organizations, and Buddhist educational activities. In this context, mindfulness is not merely a secular self-help technique imported into daily life; it is also part of a Buddhist vocabulary of cultivation, awareness, nonattachment, compassion, and release from suffering. Young Buddhist followers in Hue, therefore, live at the intersection of contemporary psychosocial pressures and a local Buddhist inheritance that may offer psychological, social, and spiritual resources.

Mindfulness has become a prominent concept in psychology, medicine, education, and public health. Contemporary psychological research commonly defines mindfulness as receptive, present-centered awareness accompanied by an accepting or nonjudgmental orientation (Bishop et al., 2004; Brown & Ryan, 2003; Kabat-Zinn, 2003). Research has associated mindfulness with emotion regulation, lower stress reactivity, attentional control, and improved psychological well-being (Grossman et al., 2004; Keng et al., 2011). Buddhist sources, however, situate mindfulness within a broader path that includes ethical conduct, concentration, insight, and liberation from unwholesome mental patterns. In early Buddhist frameworks, mindfulness is connected with the four establishments of mindfulness and with right mindfulness within the Noble Eightfold Path (Anālayo, 2003; Bodhi Bhikkhu, 1994; Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995).

This study, therefore, examined mindfulness as both a measurable psychological variable and a lived Buddhist practice. It addressed three questions: (1) What were the levels of mindfulness practice, perceived mental health, and

life satisfaction among Buddhist followers in Hue? (2) How were mindfulness practice, perceived mental health, and life satisfaction related? and (3) What cautious implications could be drawn for Buddhist-informed mental-health promotion in higher education, youth groups, and temple-centered community settings?

Research Objectives

1. To assess the levels of mindfulness practice, perceived mental health, and life satisfaction among Buddhist followers in Hue, Vietnam.
2. To examine the relationships among mindfulness practice, perceived mental health, and life satisfaction among Buddhist followers in Hue, Vietnam.
3. To propose cautious implications for Buddhist-informed mental-health promotion in higher education, Buddhist youth groups, and temple-centered community settings.

Literature Review

1. Mindfulness in Buddhist sources

In Buddhist usage, mindfulness is associated with sati, commonly understood as lucid remembering, non-forgetful awareness, and attentive presence. The Satipaṭṭhāna Sutta presents mindfulness through contemplation of the body, feelings, mind, and dhammas, while right mindfulness in the Noble Eightfold Path is inseparable from right view, ethical conduct, right effort, and concentration (Bodhi Bhikkhu, 1994; Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995). Mindfulness, therefore, is not bare attention alone but attention cultivated within an ethical and insight-oriented path.

Vietnamese Buddhist interpretations emphasize mindfulness as presence in everyday life. Nhat Hanh (1999) presents mindfulness as being fully present and clearly aware of what is occurring within and around oneself. This understanding connects mindfulness with breathing, walking, eating, speaking, listening, compassion, and non-harming. For lay followers, such practices may be learned through temple life, family religious education, youth associations, chanting, Dharma talks, retreats, and ordinary religious participation. This broader Buddhist context is important because it may shape how mindfulness is understood, practiced, and experienced psychologically.

2. Mindfulness in psychological research

Psychological literature commonly conceptualizes mindfulness as present-centered awareness and acceptance. Brown and Ryan (2003) operationalized mindfulness as attentive awareness of present experience, while Bishop et al. (2004) proposed a two-component model involving the self-regulation of attention and an open orientation toward experience. Reviews and meta-analyses have associated mindfulness-based practice with lower distress, improved emotion regulation, and better psychological functioning (Grossman et al., 2004; Keng et al., 2011).

Mindfulness has been assessed through several instruments, including the Mindful Attention Awareness Scale, Kentucky Inventory of Mindfulness Skills, Five-Facet Mindfulness Questionnaire, Toronto Mindfulness Scale, Freiburg Mindfulness Inventory, Cognitive and Affective Mindfulness Scale–Revised, Southampton Mindfulness Questionnaire, Philadelphia Mindfulness Scale, and Interpersonal Mindfulness Scale (Baer et al., 2006). This diversity of instruments demonstrates that mindfulness is multidimensional and that measurement selection, adaptation, scoring, and psychometric properties should be reported transparently.

3. Research gap

Three gaps justified the present study. First, Buddhist followers, especially young lay followers, remain underrepresented in Vietnamese mental-health research. Second, relatively few empirical studies examine mindfulness within living Buddhist communities rather than solely as a secularized intervention. Third, limited evidence is available to guide culturally adapted, community-based mental-health promotion in temple and Buddhist youth contexts. Based on the literature and the original research, the study expected higher mindfulness practice to be associated with better perceived mental health and, to a lesser extent, greater life satisfaction.

Research Methodology

1. Design and data sources

The broader research project included theoretical analysis, a cross-sectional survey, psychological measurement, supplementary interviews, and an eight-week practice component. To maintain coherence and avoid combining

analytically distinct designs, the present article reports only the cross-sectional survey and its core statistical relationships. The article drew on three sources: (a) Buddhist canonical and interpretive works on mindfulness; (b) psychological literature on mindfulness, mental health, and life satisfaction; and (c) the quantitative survey dataset collected from Buddhist followers in Hue City.

2. Participants and setting

The study included 250 Buddhist followers aged 13–29 years who lived in Hue City or regularly participated in local Buddhist communities. The sample comprised 126 males (50.4%) and 124 females (49.6%). By occupational status, 155 participants were students (62.0%), 75 were employed (30.0%), and 20 were unemployed (8.0%). Participants were recruited through Buddhist community settings and youth-oriented lay networks in Hue.

Table 1. Participant profile

Variable	Category	n	%
Gender	Male	126	50.4
Gender	Female	124	49.6
Occupation	Student	155	62.0
Occupation	Employed	75	30.0
Occupation	Unemployed	20	8.0
<i>Total</i>	<i>All participants</i>	<i>250</i>	<i>100.0</i>

3. Measures

Mindfulness practice was assessed using a 20-item mindfulness measure adapted from the instruments and materials considered in the original research. Items asked participants how frequently, during the previous month, they experienced present-centered awareness, awareness of thoughts and emotions, bodily awareness, and particular responses to difficult feelings. Responses were recorded on a five-point frequency scale. Eleven items were reverse-scored, and the overall score was calculated as the mean of the component items, with higher scores indicating greater mindfulness.

Applied mindfulness and nonattachment in daily life were assessed using a 14-item scale. Seven original items and two modified items were drawn from the Nonattachment Scale (Sahdra et al., 2010), while the remaining items were adapted from earlier Vietnamese doctoral research. Responses were recorded on a five-point agreement scale ranging from 1 (completely untrue of me) to 5

(completely true of me). Higher scores indicated greater nonattachment or applied mindfulness in daily life.

Perceived mental health was operationalized through a 12-item emotional-experience scale inspired by the Scale of Positive and Negative Experience (Diener et al., 2010). Six items reflected positive affective states —joy, happiness, satisfaction, pleasantness, comfort, and calmness —while six reflected negative affective states—sadness, discouragement, tiredness, discomfort, worry, and loneliness. Life satisfaction was measured using a single global rating from 0 to 10, with higher scores indicating greater satisfaction.

4. Procedure and analysis

Quantitative data were analyzed using SPSS version 22.0. Descriptive statistics summarized mindfulness, applied mindfulness/nonattachment, perceived mental health, and life satisfaction. Group patterns were described by gender, age, and occupational status; because no inferential tests were reported for these comparisons, they were interpreted descriptively. Pearson correlations were used to examine associations among mindfulness, perceived mental health, and life satisfaction. Simple linear regression was used to examine the statistical relationship between mindfulness and perceived mental health.

Research Results

1. Descriptive results

The mindfulness measure yielded a moderate overall mean ($M = 3.05$, $SD = 1.06$). The highest-scoring item concerned attention to another person's facial expressions and body language during conversation ($M = 3.98$, $SD = 0.87$), followed by awareness of thoughts during changes in mood ($M = 3.80$, $SD = 0.97$), awareness of bodily changes such as an accelerated heartbeat or muscle tension ($M = 3.62$, $SD = 1.02$), and awareness of emotions during conversation ($M = 3.55$, $SD = 0.88$). Lower-scoring items tended to involve self-judgment or attempts to suppress unwanted thoughts and emotions. This pattern suggests stronger observational awareness than acceptance of difficult internal experiences.

Applied mindfulness/nonattachment in daily life had a higher mean ($M = 3.60$, $SD = 1.03$). The highest-scoring items concerned forgiving others' mistakes ($M = 3.94$, $SD = 0.70$), gratitude for favorable conditions following success ($M = 3.89$, $SD = 0.90$), not prioritizing social status during conversation ($M = 3.82$, $SD = 1.08$), and feeling comfortable being an ordinary person without needing perfection or wealth ($M = 3.80$, $SD = 1.09$). These items reflect Buddhist ethical and nonattachment dimensions that are not fully captured by secular attentional definitions of mindfulness.

The emotional-experience scale yielded a mixed profile ($M = 3.50$, $SD = 1.06$). Participants reported positive states such as satisfaction or joy ($M = 3.77$, $SD = 0.88$), comfort and lightness ($M = 3.65$, $SD = 1.04$), joy and peace ($M = 3.60$, $SD = 1.05$), happiness ($M = 3.58$, $SD = 1.00$), and calmness ($M = 3.58$, $SD = 0.98$). At the same time, loneliness ($M = 3.77$, $SD = 1.20$) and sadness or suffering ($M = 3.60$, $SD = 1.16$) were also prominent. The sample should therefore not be characterized as uniformly calm or free from distress.

Life satisfaction was relatively high overall ($M = 7.63$, $SD = 1.23$ on a 0–10 scale). Descriptively, life satisfaction was higher among females ($M = 7.92$, $SD = 1.62$) than among males ($M = 7.49$, $SD = 2.06$), and higher among participants aged 17–29 years ($M = 7.80$, $SD = 1.89$) than among those aged 16 years or younger ($M = 7.31$, $SD = 1.69$). It also increased across categories of practice frequency and duration, reaching the highest values among those who practiced more than twice daily ($M = 9.30$, $SD = 0.82$) and those with more than 10 years of practice ($M = 8.90$, $SD = 0.31$). Because these were cross-sectional descriptive differences, they should not be interpreted as causal effects.

Table 2. Core descriptive results

Construct	Indicator	Mean	SD	Interpretation
Mindfulness test	20-item mean	3.05	1.06	Moderate
Applied mindfulness/ nonattachment	14-item mean	3.60	1.03	Relatively high

Construct	Indicator	Mean	SD	Interpretation
Perceived mental health	12-item emotional-experience scale	3.50	1.06	Mixed emotional profile
Life satisfaction	0–10 global rating	7.63	1.23	Relatively high

2. Group-comparison patterns

Gender comparisons revealed small, inconsistent descriptive differences rather than a uniform pattern. Females scored higher on several awareness items, including awareness of thoughts, identification of feelings, and awareness of emotions during conversation. Males scored slightly higher on some items related to distancing from or controlling difficult affect. On the emotional-experience scale, females reported more joy and satisfaction, whereas males reported more discomfort, sadness, and discouragement. Overall perceived mental-health means were similar for males ($M = 3.53$) and females ($M = 3.49$).

Age comparisons indicated that participants aged 17–29 years had a higher mean mindfulness score ($M = 3.09$, $SD = 1.06$) than those aged 16 years or younger ($M = 2.87$, $SD = 0.99$). The largest descriptive differences involved awareness of thoughts and emotions, suggesting that reflective awareness may vary with age or practice experience. Overall perceived mental-health means were almost identical across age groups ($M = 3.51$ for participants aged 16 years or younger; $M = 3.50$ for those aged 17–29 years), although item-level patterns differed: younger participants reported more joy and worry, whereas older participants reported more tiredness, sadness, and discouragement.

Occupational comparisons showed that students had the highest mindfulness mean ($M = 3.12$), followed by unemployed participants ($M = 2.99$) and employed participants ($M = 2.91$). Students also reported more positive emotions, including joy, happiness, satisfaction, and comfort, whereas employed and unemployed participants reported more discomfort, sadness, discouragement, and tiredness. These descriptive patterns suggest that Buddhist-informed mental-health promotion may need to be adapted to the distinct pressures experienced by students, employed youth, and unemployed youth.

Table 3. Summary of selected group-comparison patterns.

Grouping variable	Mindfulness pattern	Mental-health / life-satisfaction pattern
Gender	Females scored higher on several awareness items; males scored higher on some distancing/control items.	Females reported more joy and satisfaction; males reported more discomfort, sadness, and discouragement. Life satisfaction was higher among females (7.92) than among males (7.49).
Age	Participants aged 17–29 years had a higher mindfulness mean (3.09) than those aged ≤16 years (2.87).	Overall, perceived mental health means were similar; younger participants reported more joy and worry, while older participants reported more tiredness, sadness, and discouragement.
Occupation	Students had the highest mindfulness-test mean (3.12), followed by unemployed (2.99) and employed participants (2.91).	Students reported more positive emotions; employed and unemployed participants reported more discomfort, sadness, discouragement, and tiredness.

3. Correlations among mindfulness, mental health, and life satisfaction

Pearson correlation analysis showed a statistically significant positive association between mindfulness practice and perceived mental health ($r = .642$, $p < .01$). This was the strongest association observed in the study. Mindfulness was also positively associated with life satisfaction ($r = .261$, $p < .01$), and perceived mental health was positively associated with life satisfaction ($r = .284$, $p < .01$).

Table 4. Correlation matrix

Variable	1	2	3
1. Mindfulness practice	1	.642**	.261**
2. Perceived mental health	.642**	1	.284**
3. Life satisfaction	.261**	.284**	1
Note.	** $p < .01$.		

4. Regression result

Simple linear regression indicated that mindfulness statistically predicted perceived mental health. Mindfulness accounted for 41.2% of the variance in perceived mental health ($R^2 = .412$), with a positive standardized coefficient

($\beta = .642$), $t = 13.444$, $p < .001$. Because the data were cross-sectional, statistical prediction in this model should not be interpreted as evidence of causation.

Table 5. Regression of mental health on mindfulness

Independent variable	Dependent variable	R ²	β	t	p
Mindfulness practice	Perceived mental health	.412	.642	13.444	< .001

Discussion

The findings indicate that mindfulness practice was meaningfully associated with better perceived mental health among Buddhist followers in Hue. The magnitude of the mindfulness–mental health association ($r = .642$) suggests that mindfulness was not a marginal correlate in this sample. This result is consistent with international research linking mindfulness with emotion regulation, lower distress, and improved psychological functioning (Brown & Ryan, 2003; Grossman et al., 2004; Keng et al., 2011).

The cultural context of this finding is especially important. In the present sample, mindfulness was embedded in a Buddhist lay environment shaped by temple participation, ethical vocabulary, ritual practice, youth associations, family religious socialization, and contemplative instruction. Relatively high scores on forgiveness, gratitude, nonattachment, and non-status-oriented interaction suggest that Buddhist ethical dimensions may be important pathways through which mindfulness is expressed in daily life. Accordingly, mindfulness in this setting should not be reduced to a purely secular attentional technique.

The weaker association between mindfulness and life satisfaction is theoretically plausible. Life satisfaction is shaped by multiple conditions, including family circumstances, educational and employment opportunities, finances, social comparison, relationships, meaning, and life events (Schueller & Seligman, 2010). Mindfulness may help individuals respond to these conditions with greater awareness and acceptance, but it does not determine the conditions themselves. The findings, therefore, suggest that mindfulness may be more closely related to internal psychological functioning than to global evaluations of life as a whole.

The descriptive group patterns also have implications for applied work. Younger participants may benefit from brief, concrete, and guided practices that

build emotional awareness. Students may require support with academic pressure, digital distractions, and peer relationships. Employed youth may need practices responsive to workplace stress, time scarcity, and responsibility, while unemployed youth may require social and economic support in addition to contemplative practice. These implications should be understood as culturally adapted, preventive, and educational rather than as evidence that mindfulness alone can treat mental-health difficulties.

New Knowledge from Research

The new knowledge generated from this study is the *Hue Buddhist Mindfulness and Mental Well-Being Model*, a culturally adapted framework for promoting mental well-being among Buddhist followers in higher education, youth groups, and temple-centered lay communities. The model integrates empirical findings on mindfulness, perceived mental health, and life satisfaction with Buddhist ethical and contemplative principles.

The study found that mindfulness practice was positively associated with perceived mental health and life satisfaction among Buddhist followers in Hue. It also showed that mindfulness in this population was not experienced merely as an attentional technique. Rather, it was embedded in a broader Buddhist way of life involving ethical conduct, community participation, compassion, gratitude, nonattachment, and contemplative cultivation. Accordingly, the proposed model combines psychological skills with Buddhist cultural resources through four interconnected components.

The first component is *mindful awareness*, which includes mindful breathing, mindful walking, awareness of bodily sensations, recognition of thoughts and emotions, and present-moment attention. These practices help participants become more aware of their internal experience and respond to difficult emotions with greater clarity rather than with automatic reactions.

The second component is *ethical and emotional cultivation*, grounded in *sīla*, non-harming, compassion, and responsible conduct. This component emphasizes that mindfulness should not be separated from ethical sensitivity. Participants are encouraged to develop compassionate listening, respectful communication, emotional restraint, and concern for their own and others' well-being.

The third component is *contemplative understanding*, based on *samādhi*, *paññā*, impermanence, and nonattachment. Reflection on changing experiences may help participants relate to stress, disappointment, and emotional discomfort with greater acceptance. Practices of gratitude and nonattachment may also reduce excessive dependence on status, achievement, possession, or social comparison as sources of personal worth.

The fourth component is *supportive community practice*. Buddhist temples, universities, youth associations, and lay communities can provide safe and culturally familiar environments for guided practice, peer support, Dharma-based reflection, and continuity of learning. Community participation may strengthen motivation and connect individual mindfulness practice with social belonging and shared ethical values.

Together, these four components are expected to support emotional awareness, self-regulation, compassion, psychological balance, and life satisfaction. However, the model should be understood as a proposed framework for future development and evaluation rather than as an experimentally confirmed intervention. Programs based on the model should be voluntary, developmentally appropriate, inclusive, and proportionate to participants' needs. They may complement professional mental-health services but should not replace clinical assessment, counseling, or treatment when individuals experience severe, persistent, or functionally impairing distress.

The principal contribution of the Hue Buddhist Mindfulness and Mental Well-Being Model is its integration of psychological evidence with living Vietnamese Buddhist traditions. It demonstrates that culturally adapted mental-health promotion can combine mindfulness skills with ethics, compassion, contemplative wisdom, nonattachment, and community support without reducing Buddhist practice to a secular stress-management technique.

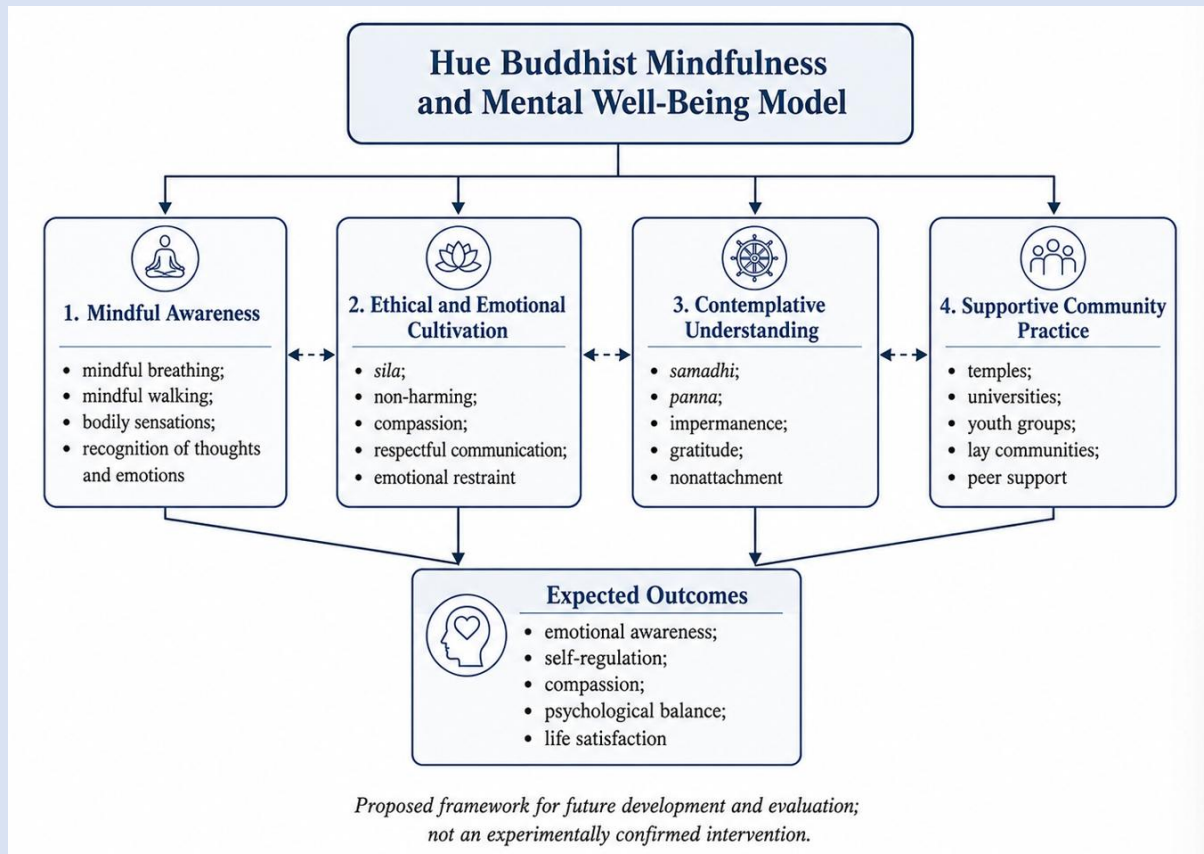


Figure 1. The Hue Buddhist Mindfulness and Mental Well-Being Model

Conclusion

This study examined the relationship between mindfulness practice and perceived mental health among 250 Buddhist followers aged 13–29 years in Hue City, Vietnam. The results showed moderate mindfulness scores, relatively high applied mindfulness/nonattachment, a mixed profile of positive and negative emotional experiences, and relatively high life satisfaction. Mindfulness was strongly and positively associated with perceived mental health, weakly but significantly associated with life satisfaction, and statistically predictive of perceived mental health in a simple regression model. The study contributes empirically by centering a Vietnamese Buddhist lay population, conceptually by treating mindfulness as both a psychological variable and a Buddhist practice, and culturally by showing that local Buddhist communities may contain preventive resources for well-being. These conclusions remain cautious: mindfulness appears to be an important correlate of perceived mental health in this sample, but longitudinal and experimental research is required before causal conclusions can be drawn.

Limitations and Future Research

This study has several limitations. First, the sample was limited to young Buddhist followers in Hue City and cannot be assumed to represent all Buddhist followers in Vietnam. Second, the cross-sectional design permits conclusions about association but not causation. Third, the study relied on self-report measures, which may be affected by common method bias and social desirability bias, particularly in a religious community sample. Fourth, although the original study reported adequate factor-analysis indicators ($KMO = .884$; Bartlett's test = 2098.7, $p < .001$), complete reliability coefficients for every scale were not available in the source materials used for this article. This limitation is reported explicitly rather than addressed through unverifiable estimates.

Future research should employ longitudinal and intervention designs, include comparison groups from non-Buddhist or other religious communities, and examine potential mediators such as emotion regulation, compassion, nonattachment, perceived social support, religious participation, and frequency of temple involvement. Qualitative research would also help clarify how Vietnamese Buddhist followers understand mindfulness, mental health, calmness, suffering, and nonattachment in their own cultural and religious terms.

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