
Beyond Positive Thinking: A Critical Integrative Review of Skillful Thought in Theravāda Buddhism and Contemporary Psychological Approaches

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Abstract

The language of “positive thinking” is widely used in psychology, education, health promotion, and self-help, but it does not refer to a single psychological construct. This critical integrative review examines what makes a thought desirable in Theravāda Buddhist analysis and in contemporary psychological approaches, identifies areas of convergence, and clarifies conceptual differences. The review uses a purposive source base centered on the Dvedhāvitakka Sutta (MN 19), the Vitakkasaṇṭhāna Sutta (MN 20), selected Buddhist scholarship, and construct-specific psychological literature on cognitive therapy, cognitive reappraisal, optimism, positive psychological interventions, positive self-statements and fantasy, acceptance-based approaches, and goal pursuit. The comparison identifies partial convergence in metacognitive awareness, cognitive redirection, consequence evaluation, attentional regulation, and repeated practice. The principal difference is normative: contemporary psychological approaches use varying criteria such as evidential fit, functioning, symptom change, well-being, psychological flexibility, or goal attainment, whereas Buddhist training explicitly evaluates cognition in relation to wholesome and unwholesome roots, non-harming, wisdom, and liberation. Evidence on positive self-statements and idealized positive fantasies further indicates that unqualified positivity may be ineffective or counterproductive under some conditions. The review therefore proposes an ethically grounded adaptive cognition framework comprising awareness, epistemic fit, functional fit, ethical fit, and developmental fit. The framework is offered as a conceptual synthesis and research agenda, not as an empirically validated clinical intervention.

Keywords: Skillful thought; Positive thinking; Kusala vitakka; Cognitive reappraisal; Buddhist psychology; Cognitive behavioral therapy

Introduction

Thinking influences emotion, motivation, behavior, and interpersonal response, yet “positive thinking” is too broad to function as a precise scientific category. Cognitive therapy evaluates appraisals and beliefs; emotion-regulation research examines strategies such as cognitive reappraisal; optimism concerns generalized outcome expectancies; positive psychological interventions target well-being; and goal-pursuit research distinguishes expectations, fantasies, obstacles, and plans (Beck, 1976; Gross, 1998; Scheier et al., 1994; Seligman & Csikszentmihalyi, 2000). Outside research settings, these distinct constructs are often compressed into a single slogan. That compression is consequential because a cognition may feel positive while remaining inaccurate, avoidant, ethically harmful, or motivationally weak.

Empirical findings illustrate this problem. Positive self-statements can worsen mood for some individuals with low self-esteem when the statement conflicts with existing self-beliefs (Wood et al., 2009). Positive expectations and positive fantasies are likewise not equivalent: expectations grounded in perceived feasibility may support effort, whereas idealized fantasies can reduce energization and achievement when they provide symbolic satisfaction without sufficient engagement with obstacles (Oettingen & Mayer, 2002; Kappes & Oettingen, 2011). Mental contrasting addresses this problem by juxtaposing a desired future with present obstacles, and meta-analytic evidence suggests that combining mental contrasting with implementation intentions can improve goal attainment (Wang et al., 2021). These findings do not invalidate hope or optimism; rather, they show that the effects of cognition depend on the construct, context, credibility, and subsequent behavior.

Theravāda Buddhism evaluates thought through a different conceptual and normative vocabulary. In MN 19, thoughts of sensual desire, ill will, and cruelty are contrasted with thoughts of renunciation, non-ill will, and non-cruelty. The former are rejected because they lead to affliction, obstruct wisdom, and lead away from Nibbāna, while repeated thinking is described as inclining the mind in a corresponding direction (Ñāṇamoli & Bodhi, 1995). MN 20 presents five methods for responding to recurrent unwholesome thoughts, progressing from attending to another wholesome theme through reflection, non-attention, and calming of thought-formation to intensified restraint when earlier methods fail (Ñāṇamoli & Bodhi, 1995). The evaluative question is therefore not whether a

thought is pleasant, but what conditions it expresses, what consequences it supports, and what kind of mind repeated cultivation develops.

This article has four objectives: (1) to clarify the constructs of “positive thinking” and skillful thought; (2) to compare Buddhist and psychological evaluative criteria and intervention functions; (3) to assess the empirical and ethical limits of unqualified positivity; and (4) to derive a psychologically testable and ethically explicit framework for thought training. The guiding argument is that skillful thought should not be translated simply as positive thought. A more defensible bridge is ethically grounded adaptive cognition: cognition evaluated in relation to awareness, evidential fit, contextual function, foreseeable harm, and developmental trajectory.

This article is a critical integrative review rather than a systematic review or meta-analysis. Integrative reviews are appropriate when the objective is conceptual synthesis across heterogeneous bodies of literature, but their credibility depends on transparency regarding source selection and on avoiding claims of exhaustiveness that the method cannot support (Grant & Booth, 2009; Snyder, 2019). The source base was therefore purposive and organized around the four objectives stated above.

MN 19 and MN 20 are the principal Buddhist primary texts because they directly address the classification and management of thought relevant to the comparison. Related passages are used selectively where they clarify wholesome and unwholesome roots, wise attention, and right intention. Passages central to the argument in MN 19 and MN 20 were checked against the English translation of Ñāṇamoli and Bodhi (1995). No claim is made that the Pāli text was independently collated for this review, that the English translation resolves every philological question, or that these discourses exhaust the canonical material relevant to cognition. Doctrinal interpretation is supplemented by selected scholarship on Buddhist ethics, *kusala*, and Buddhist psychology. English-language scholarship was used for the comparative analysis.

Psychological sources were selected for construct relevance rather than under the umbrella term “positive thinking.” The review includes literature on cognitive therapy, emotion regulation and reappraisal, dispositional optimism, positive psychological interventions, positive self-statements and positive fantasy, mental contrasting and goal pursuit, thought suppression, mindfulness and compassion, and acceptance- and process-based approaches. Older landmark

studies were retained where they remain conceptually foundational, while recent systematic reviews and meta-analyses were used to update major empirical claims. Supplementary targeted searches conducted during revision were used to verify scholarly and publisher records and to identify recent syntheses; these searches did not constitute a reproducible systematic database protocol. No PRISMA screening process, predetermined publication-date restriction, or formal quality-appraisal instrument was applied.

For empirical claims, preference was given to directly verifiable peer-reviewed sources, particularly recent systematic reviews and meta-analyses where appropriate. Landmark primary studies were retained when they define a construct or provide the direct evidence underlying a specific claim. Popular or non-scholarly sources were not used as evidence for psychological efficacy. When reported limitations were relevant to interpretation—including comparator effects, heterogeneity, small-study effects, risk of bias, or possible publication bias—they were incorporated into the discussion rather than treating all reported effects as equivalent.

The comparison is dimensional. It asks six questions across the two literatures: What makes a thought desirable? What causal model links thought to emotion and behavior? What strategies modify cognition? What outcomes count as success? What risks or contraindications are recognized? How are individual well-being and moral responsibility related? This permits functional analogy without assuming historical, theoretical, mechanistic, or clinical equivalence. Tables 1 and 2 are the author's comparative syntheses, and Table 3 maps the derivation of the proposed framework. None of the tables is a validated measurement instrument or treatment algorithm.

Conceptual Framework

1. Construct Clarification

A comparison is only as strong as its constructs. In ordinary language, positive thinking often means interpreting events favorably or maintaining hope. In psychological science, however, no single accepted variable corresponds to that expression. Dispositional optimism concerns generalized expectations that good rather than bad outcomes will occur (Scheier et al., 1994). Cognitive reappraisal changes the meaning assigned to a situation in order to alter emotional response (Gross, 1998). Cognitive therapy examines evidence, appraisals, and

behavioral predictions rather than simply replacing negative thoughts with pleasant ones (Beck, 1976). Positive psychological interventions may cultivate gratitude, strengths, meaning, savoring, or prosocial behavior rather than directly changing belief content.

Positive self-statements constitute another distinct practice. Their effects should not be conflated with formal self-affirmation paradigms, which typically involve reflecting on valued aspects of the self rather than repeating globally positive claims. Future-oriented cognition also requires differentiation: expectations concern judged likelihood, positive fantasies depict desired futures, and mental contrasting deliberately relates a desired future to present obstacles (Oettingen & Mayer, 2002; Wood et al., 2009; Wang et al., 2021). These constructs have different theories, procedures, and outcomes. Accordingly, “positive thinking” is used here only as an umbrella discourse; empirical claims name the specific construct to which they apply.

2. Theravāda Buddhist Model of Skillful and Unskillful Thought

This article uses the expression kusala vitakka as an analytical umbrella, not as a claim that the Nikāyas employ a single standardized technical category. In MN 19, vitakka refers to thoughts divided into two classes: sensual desire, ill will, and cruelty on one side, and renunciation, non-ill will, and non-cruelty on the other. Their evaluation is explicitly consequential and ethical: the unwholesome class leads to one’s own affliction, the affliction of others, or both; obstructs wisdom; and leads away from Nibbāna. Repeated thinking is also described as becoming an inclination of mind (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995; MN 19). Vitakka also appears in a more technical meditative sense as a factor associated with the first jhāna; these usages should not be collapsed.

The wholesome triad in MN 19 closely corresponds to the content of *sammā-saṅkappa*, right intention, defined in MN 117 as intention of renunciation, non-ill will, and non-harming. The concepts are therefore related in ethical direction without being treated as identical in every context. Likewise, the broader distinction between wholesome and unwholesome mental activity is associated with non-greed, non-hatred, and non-delusion versus greed, hatred, and delusion (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995; MN 9; Gethin, 1998; Harvey, 2000; Keown, 1992). Kusala cannot be reduced to immediate pleasantness or technical efficiency. The term carries ethical and developmental

force, although scholarship differs in how best to translate its semantic range (Cousins, 1996).

This distinction matters for uncomfortable moral recognition. A pleasant thought may be unskillful, while an uncomfortable recognition of wrongdoing may support skillful change when it leads to moral concern, correction, restraint, and resolve not to repeat harm. Such acknowledgment should be distinguished from *kukkucca*, classified in *Theravāda* Abhidhamma as an unwholesome mental factor of remorse or worry. The skillful element lies not in repetitive self-reproach but in clear recognition and corrective action (Bodhi Bhikkhu, 2000). This prevents the comparative argument from treating distress itself as wholesome.

MN 20 adds a strategic model. When unwholesome thoughts connected with desire, hate, or delusion arise, the practitioner is instructed successively to attend to another wholesome theme, examine the danger or drawbacks in the thought, not attend to it, attend to the stilling of thought-formation, and finally employ forceful mental restraint if the preceding methods fail (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995; MN 20). The discourse addresses a bhikkhu “pursuing the higher mind”; it is therefore a contemplative training text, not a psychiatric emergency manual. Wise attention in MN 2 provides a wider principle: how attention is directed can contribute either to the arising and growth of unwholesome states or to their abandonment (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995; MN 2). Skillful thought consequently involves recognition, selective attention, ethical appraisal, consequence sensitivity, and repeated cultivation.

3. Contemporary Psychological Models of Positive Cognition

Contemporary psychology includes several models relevant to this comparison, but they should not be treated as a single position. CBT emphasizes evidence, appraisal, behavior, and functioning. Reappraisal research examines how changing meaning alters emotional responses and how a strategy's usefulness depends on context. Optimism research concerns generalized expectations and coping rather than a prescribed technique. Positive psychological interventions comprise heterogeneous activities intended to increase well-being rather than a single procedure for replacing negative thoughts. Goal-pursuit research distinguishes expectations from fantasies and examines how obstacles and plans influence action.

Acceptance and commitment therapy (ACT) further shifts emphasis from changing the literal content of thoughts to changing the person's relationship with them while supporting values-guided action (Hayes et al., 2012). Recent meta-analytic work supports psychological flexibility and inflexibility as relevant ACT treatment mechanisms while also showing that the evidence varies across processes and study designs (Macri & Rogge, 2024). Process-based therapy similarly argues that intervention science should target empirically relevant processes and their contextual functions rather than assume that one named treatment package fits every problem (Hofmann & Hayes, 2019).

These models differ in what counts as successful cognition. CBT may favor an appraisal that is more accurate and useful even if it is unpleasant. Reappraisal can change emotional response without requiring positive content. Optimism is primarily an expectancy construct. Positive psychological interventions target well-being through multiple pathways. ACT emphasizes flexible, value-consistent responding, and goal-pursuit research makes obstacle engagement central. The comparison with Buddhism is therefore strongest when it proceeds construct by construct rather than by opposing two monolithic traditions.

Table 1. Comparative Dimensions of Skillful Thought and Selected Psychological Constructs

Dimension	Theravāda skillful thought	Selected psychological construct(s)	Critical observation
Primary criterion	Roots, ethical quality, consequences, reduction of suffering, movement toward wisdom (MN 9; MN 19).	CBT: evidential accuracy and functioning (Beck, 1976). Reappraisal: regulatory and contextual fit (Gross, 1998; Cui et al., 2024). Optimism: expectancy (Scheier et al., 1994). Positive psychological interventions: well-being (Wilkie et al., 2026).	No single psychological criterion corresponds to the Buddhist one.
Valence	Pleasantness is secondary; a pleasant thought may be unskillful, while painful recognition can support correction.	Optimism and some positive interventions study favorable outcomes; CBT and reappraisal do not require pleasant content.	Valence alone is an inadequate bridge.

Dimension	Theravāda skillful thought	Selected psychological construct(s)	Critical observation
Unit of change	Thought, intention, attention, habit, conduct, and character.	CBT: beliefs, appraisals, and behavior. Reappraisal: meaning. Optimism: expectations. Self-statements: verbal self-evaluations. Goal pursuit: expectations, fantasies, plans, and action.	Buddhist analysis is more explicitly ethical and developmental.
Mechanism	Recognition, redirection, consequence reflection, disengagement, calming, restraint, and repeated cultivation (MN 19; MN 20).	CBT restructuring and testing; reappraisal; mental contrasting and planning; ACT flexibility and defusion.	Functional similarity does not establish equivalence.
Desired outcome	Non-greed, non-hatred, non-harming, wisdom, and liberation.	CBT: functioning and symptoms. Reappraisal: regulation. Optimism: coping. Positive interventions: well-being. Goal pursuit: attainment.	Integration requires explicit outcome selection.
Risk model	Delusion, craving or aversion, ethical harm, and spiritual bypassing.	Self-statement discrepancy (Wood et al., 2009); fantasy reducing energization (Kappes & Oettingen, 2011); suppression rebound (Wang et al., 2020); adverse contemplative events (Farias et al., 2020).	Risks depend on the construct and context.

Note. This table is the author’s comparative synthesis. “Psychological constructs” does not denote a single unified position; the cited approaches differ in theory, method, and outcome.

Discussion

1. Positive Valence, Awareness, and Classification

The central difference lies in the evaluation criterion. Popular positive-thinking discourse privileges favorable content: confidence appears preferable to doubt, hope to fear, and an optimistic interpretation to an unfavorable one. Buddhist skillfulness, by contrast, prioritizes causal roots, consequences, non-harming, and development. This does not make Buddhism hostile to joy or hope; rather, pleasantness is neither necessary nor sufficient for wholesomeness. A sensual fantasy may be pleasant while strengthening craving, whereas a painful recognition of harm may support restraint, repair, and wiser action.

Psychological science also supplies reasons to reject valence as a sufficient criterion, although through different theories. A fear-related appraisal can be useful when danger is real; an acknowledgment of loss can be accurate even when distressing; an optimistic self-statement can be counterproductive when implausible; and reappraisal can be unhelpful if it displaces action that a controllable situation requires. Thus, pleasantness and adaptiveness are related only contingently. The practical convergence is limited but important: both traditions can ask what a cognition does rather than merely how it feels.

Both traditions also require some capacity to notice thought as thought. Cognitive therapy asks clients to identify automatic thoughts, while research on decentering describes a shift in relation to mental content that includes meta-awareness, reduced identification, and reduced reactivity (Beck, 1976; Bernstein et al., 2015). Buddhist training similarly requires recognition and discrimination among mental states. The systems diverge, however, in classification. Cognitive therapy often focuses on evidential or inferential error, whereas Buddhist analysis also evaluates motivational and ethical orientation. A cognition can therefore be accurate yet ethically harmful in the way it is rehearsed or used. Accuracy, contextual function, and ethical direction should be treated as distinct dimensions rather than substitutes for one another.

2. Five Methods of MN 20 and Psychological Analogs

The five methods of MN 20 can be compared with psychological procedures only at the level of possible function. The first method, attending to another wholesome theme, shares a redirection function with cognitive restructuring. In CBT, an alternative appraisal is ordinarily generated in relation to evidence and behavioral testing, whereas the Buddhist alternative is normatively constrained: it must itself be connected with the wholesome rather than merely be more pleasant (Beck, 1976). The comparison is therefore functional, not theoretical.

The second method, examining danger or drawbacks, resembles consequence-focused work in which a person considers what a pattern does to behavior, relationships, and goals. Motivational interviewing also makes discrepancies and consequences salient while avoiding coercive confrontation (Miller & Rollnick, 2013). MN 19 broadens the evaluative field beyond symptom relief by explicitly including affliction to oneself and others, obstruction of wisdom, and the direction in which repetition inclines the mind. Consequence

review can therefore include both immediate function and longer-term disposition.

The third method, non-attention, is especially easy to misread. It should not be equated with effortful thought suppression or anxious monitoring of whether a thought has disappeared. Meta-analysis indicates that deliberate suppression can produce ironic or rebound effects under some conditions (Wang et al., 2020). A narrower functional analogy is disengagement from elaboration, including aspects of cognitive defusion, in which a thought is experienced as a mental event rather than an instruction that must be obeyed (Hayes et al., 2012). This does not justify ignoring relevant evidence, danger, or moral responsibility.

The fourth method, attending to the stilling of thought-formation, shifts attention from content toward the process that sustains cognition. Its closest psychological analogies are therefore process-focused rather than one-to-one techniques: reduced elaboration, decentering, and regulation of the processes that maintain repetitive thought (Bernstein et al., 2015). The canonical instruction remains embedded in a contemplative sequence whose conceptual setting differs from modern psychotherapy.

The fifth method represents intensified mental restraint within the contemplative sequence of MN 20 after the preceding methods have failed. The discourse addresses a bhikkhu pursuing the higher mind; it has not been established as an emergency intervention for violence, relapse, psychosis, trauma-related intrusions, severe obsession, or suicidal cognition. No clinical equivalence is claimed here. Any clinical adaptation, particularly where acute risk or severe symptoms are present, requires professional assessment and established safety protocols rather than reliance on the canonical instruction alone.

Taken together, these comparisons identify partial similarities in function, redirection, consequence evaluation, disengagement, process regulation, and restraint, without asserting a common theory, mechanism, indication, or evidence base. This distinction is essential if comparative scholarship is to avoid converting functional analogy into retrospective validation.

Table 2. Functional Comparison of the Five Methods of MN 20 and Psychological Procedures

Method (MN 20)	Proposed functional analog	Shared function	Caution
1. Attend to another wholesome theme	Cognitive restructuring and redirection (Beck, 1976).	Redirects attention and appraisal.	The Buddhist alternative is normatively constrained; it is not simply a more pleasant thought.
2. Examine danger or drawbacks	Consequence-focused review; motivational interviewing (Miller & Rollnick, 2013).	Makes costs and consequences salient.	Consequence review should not become shame-based self-attack.
3. Non-attention	Aspects of cognitive defusion (Hayes et al., 2012).	Disengages from elaboration.	Not equivalent to forceful suppression; rebound effects are documented (Wang et al., 2020).
4. Still thought-formation	Decentering and process-focused regulation (Bernstein et al., 2015).	Targets processes that sustain repetitive cognition.	The analogy is functional only; there is no one-to-one clinical equivalent.
5. Intensified restraint	No established clinical equivalent.	Forceful interruption within the contemplative sequence.	Not emergency guidance; acute risk or severe symptoms require professional assessment and established safety protocols.

Note. Functional comparisons only; they do not imply historical, theoretical, mechanistic, or clinical equivalence. No randomized trial has evaluated the five MN 20 methods as a modern clinical protocol.

3. Empirical Support and the Limits of Evidence

The empirical literature supports construct-specific conclusions rather than a general “positive-thinking” effect. A 2025 unified series of meta-analyses found that CBT benefits several adult mental disorders, although effect sizes and certainty vary by disorder, comparator, and study quality (Cuijpers et al., 2025). This supports structured cognitive and behavioral methods rather than the proposition that positive thoughts alone remediate psychological disorders. Reappraisal research likewise requires qualification. A 2024 meta-analytic review found that individuals with anxiety or depressive disorders can reduce negative emotion through reappraisal, while behavioral and neural patterns of reappraisal capacity differ across diagnostic groups (Cui et al., 2024). The

relevant conclusion is not that reappraisal is universally adaptive or ineffective, but that capacity, context, and indication matter.

Recent evidence on well-being interventions likewise supports calibrated claims. A 2026 preregistered network meta-analysis of 183 randomized trials found that most well-being-focused interventions improved outcomes relative to inactive controls. Mindfulness, compassion-based approaches, and single positive psychological interventions showed moderate effects, but no consistent significant differences emerged among these psychological approaches; risk of bias was often moderate to high, and funnel-plot asymmetry suggested possible publication bias (Wilkie et al., 2026). A systematic review of 44 meta-analyses similarly found that mindfulness-based interventions generally outperform passive controls but show smaller and less consistent advantages against active controls (Goldberg et al., 2022). Compassion-focused therapy is promising, yet a systematic review and meta-analysis emphasizes the limited size and methodological quality of the clinical evidence base and the need for stronger long-term research (Millard et al., 2023).

The most direct caution about unqualified positivity remains construct-specific. Wood et al. (2009) found that repeating a highly positive self-statement could make some participants with low self-esteem feel worse. Kappes and Oettingen (2011) found that idealized positive fantasies can reduce energization. These findings do not show that hope, optimism, or all positive interventions are harmful. They show that some forms of positivity can fail when they conflict with existing beliefs or provide symbolic reward without engaging with obstacles. Mental contrasting with implementation intentions offers a contrasting example: meta-analytic evidence indicates a small-to-moderate benefit for goal attainment, although publication-bias concerns remain (Wang et al., 2021).

Contemplative research also requires explicit attention to potential harms. A systematic review of meditation-related adverse events found adverse experiences across both clinical and non-clinical studies, with prevalence estimates varying substantially by study design and reporting method (Farias et al., 2020). This does not justify treating meditation as generally harmful; it supports attention to population, dose, context, monitoring, and adverse-event reporting. The empirical conclusion is therefore disciplined rather than celebratory: cognition and contemplative practice should be evaluated by specific mechanisms, outcomes, comparators, and risks.

4. Cultural Translation and Ethical/Clinical Limits

Cross-cultural translation is not a neutral transfer of techniques. Scholarship on Buddhist modernism shows that modern presentations of meditation can be detraditionalized and psychologized, with practices reinterpreted through categories of modern psychology, science, and individual self-development (McMahan, 2009, 2023). Such translation can make practices accessible, but it also changes the conceptual setting in which they are understood and the outcomes for which they are used. Cultural psychiatry similarly cautions that Buddhist-derived practices take on different meanings across moral, religious, and clinical settings (Kirmayer, 2015). Recent work on culturally adapted mindfulness interventions shows that adaptation may involve language, values, delivery, representation, and community context rather than simple transplantation (Morales & Burnett-Zeigler, 2025).

The opposite risk is traditionalist insulation: treating canonical descriptions as if textual authority alone settled modern empirical questions. A critical comparison should resist both moves. For the present analysis, three levels should remain distinct: historical Buddhist meaning, proposed functional analogy, and modern empirical claim. A similarity at one level does not establish identity at another.

The same caution applies clinically. A person with obsessive-compulsive symptoms, trauma-related intrusions, severe depression, or acute risk may require a formulation in which direct suppression or moral classification of thoughts is counterproductive. Buddhist-derived interventions therefore require competence, informed consent, and clear limits. The ethical contribution of Buddhist thought is not a license for a practitioner to impose Buddhist doctrine; its relevance must be translated transparently and, in secular settings, collaboratively.

Proposed Integrative Framework and Research Agenda

1. Derivation and Relation to Existing Approaches

The proposed framework, ethically grounded adaptive cognition, is a synthetic model derived from recurring evaluative questions in the reviewed literature rather than from a single pre-existing theory. Awareness reflects the shared importance of recognizing cognition as an event before acting on it. Epistemic fit reflects evidence checking and calibration to uncertainty. Functional fit reflects consequence analysis and context-sensitive regulation. Ethical fit

reflects foreseeable harm, non-harming, and value-consistent action. Developmental fit reflects MN 19's emphasis on repeated thinking as an inclination of mind together with psychological accounts of learning, accessibility, and process change.

The five domains were derived by asking what was missing when the two literatures were compared dimensionally. Psychological models provide strong tools for evidential testing, functional analysis, regulation, and process change but do not share one substantive moral criterion. Buddhist analysis adds explicit attention to roots, non-harming, and the disposition strengthened by repetition, but these criteria require operationalization to be studied empirically. The framework therefore does not translate Buddhist categories directly into psychological variables; it treats them as sources for questions that can be made explicit and tested.

The novelty claim is intentionally narrow. The framework does not introduce new therapeutic techniques or claim superiority over established therapies. It overlaps with CBT in evidence checking and functional analysis, with ACT in values and psychological flexibility, with compassion-focused approaches in attention to hostile self-criticism and affiliative responding, and with process-based therapy in its focus on modifiable processes (Beck, 1976; Hofmann & Hayes, 2019; Macri & Rogge, 2024; Millard et al., 2023). Its distinctive contribution is to place epistemic, functional, ethical, and developmental criteria within one explicit evaluative structure rather than treating emotional positivity as the endpoint. Whether this integration adds explanatory, predictive, or practical value remains an empirical question.

Table 3. Derivation and Proposed Operationalization of the Five-Domain Framework

Domain	Buddhist basis	Psychological basis	Proposed indicator / expected outcome
Awareness	MN 19 recognition of arising thought; wise attention in MN 2.	Metacognitive awareness and decentering (Bernstein et al., 2015).	Indicator: identifies thought, emotion, and trigger without immediate fusion. Expected outcome: increased response choice.

Domain	Buddhist basis	Psychological basis	Proposed indicator / expected outcome
Epistemic fit	Attention to conditions and consequences; not equated with modern truth-testing.	CBT evidence checking and behavioral testing (Beck, 1976).	Indicator: can state evidence for and against an appraisal and identify uncertainty. Expected outcome: more calibrated appraisal.
Functional fit	MN 19 evaluates consequences for self, others, wisdom, and direction of cultivation.	Functional and context-sensitive regulation; goal-pursuit obstacle engagement.	Indicator: response is proportionate to the situation and supports effective action. Expected outcome: improved context fit.
Ethical fit	Non-greed, non-hatred, non-harming, and right intention (MN 9; MN 117).	Client values, professional ethics, and compassion-focused or values-based approaches.	Indicator: collaborative assessment of foreseeable harm, fairness, values, and consent. Expected outcome: less harmful, value-consistent action.
Developmental fit	MN 19: repeated thinking becomes an inclination of mind.	Learning, repetition, and process change.	Indicator: identifies the disposition strengthened by repetition. Expected outcome: durable beneficial habit and reduced maladaptive rehearsal.

Note. This table is the author’s conceptual synthesis. It is not a validated scale or treatment algorithm. Ethical fit is collaboratively interpreted in pluralistic counseling and does not authorize therapist-imposed Buddhist doctrine.

2. Ethical Fit, Applications, and Research Agenda

In pluralistic counseling, ethical fit must be collaborative. It does not authorize the practitioner to impose Buddhist doctrine. Client and practitioner identify the client’s values and goals, consider foreseeable harm to self and others, and remain within professional ethics, legal duties, autonomy, and informed consent. Explicitly Buddhist commitments such as renunciation or non-greed should function as normative commitments only when the client or institutional setting has knowingly chosen a Buddhist framework. In secular care, ethical discussion can focus on harm, compassion, fairness, and value-consistent action without requiring assent to Buddhist soteriology.

Educational application can follow the same logic. Instead of telling students simply to “think positively,” a curriculum can ask them to notice the

thought, distinguish feeling from evidence, consider consequences for self and others, choose a context-appropriate strategy, and review what repeated use is cultivating. For examination anxiety, for example, “I will certainly get the highest score” may be less useful than a credible, action-oriented appraisal that acknowledges anxiety while identifying the next controllable step. The aim is not maximum positivity but calibrated, non-harming, behaviorally connected cognition.

Research should first operationalize the five domains, test whether they can be measured reliably, and determine whether they predict outcomes beyond established constructs. Comparative studies could examine whether adding ethical and developmental evaluation to standard cognitive or values-based interventions changes interpersonal harm, functioning, or maintenance over time. The five methods of MN 20 should be studied separately rather than presumed to form a validated clinical package. In particular, the fifth method should not be tested or taught as an acute-risk coping instruction; research bearing on it should distinguish contemplative training from emergency mental-health protocols.

Limitations

Several limitations constrain the conclusions. First, the review is purposive rather than systematic: no preregistered protocol, exhaustive database search, PRISMA flow diagram, or formal risk-of-bias instrument was used. Relevant sources may therefore have been missed, and source weighting partly reflects author judgment. Second, the psychological evidence is drawn mainly from English-language publications, while the Buddhist analysis relies primarily on English translations of selected early Buddhist texts, especially MN 19 and MN 20. The Pāli text was not independently collated, and wider canonical, commentarial, linguistic, and living-tradition materials could support different interpretations. Third, the review necessarily simplifies internal diversity within both Theravāda traditions and contemporary psychology. The cross-traditional analogies are conceptual and functional, not demonstrations of historical, mechanistic, or clinical equivalence. Finally, the five-domain framework has not been operationalized or empirically tested. Its proposed indicators and applications should therefore be treated as hypotheses for future research rather than established intervention guidance.

Conclusion

Theravāda Buddhist analyses of skillful thought and contemporary psychological approaches share a practical conviction that cognition can be observed, evaluated, and trained, but they do not employ a single common criterion for what counts as a desirable thought. Construct clarification shows that “positive thinking” is an unstable umbrella rather than a unitary psychological intervention. The comparison identifies partial functional similarities in awareness, redirection, consequence reflection, disengagement, process regulation, and repeated cultivation, while the empirical literature demonstrates that benefits and risks depend on the specific construct, population, context, and comparator.

The traditions nevertheless retain important conceptual differences. Psychological approaches variously emphasize evidential accuracy, functioning, symptom change, well-being, psychological flexibility, or goal attainment. Buddhist training explicitly situates thought within an ethical and liberative path concerned with non-greed, non-hatred, non-harming, wisdom, and the direction of cultivation. These aims may overlap in practice without becoming theoretically identical.

The central conclusion is therefore that positive valence alone is insufficient as a criterion of adaptive cognition. A more defensible evaluation requires attention to awareness, epistemic fit, functional fit, ethical fit, and developmental fit. This formulation preserves the empirical discipline of contemporary psychology while making explicit the Buddhist concern with non-harming and long-term cultivation. The proposed framework is not a new therapy and does not establish clinical equivalence between Buddhist and psychological techniques. Its scientific value will depend on whether the five domains can be operationalized, measured, and tested without erasing the conceptual differences that motivated the comparison.

Ethics Statement

This conceptual and critical review did not involve human participants, animals, interventions, or identifiable personal data.

Abbreviation of Pāli Tipiṭaka

MN: Majjhima Nikāya

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