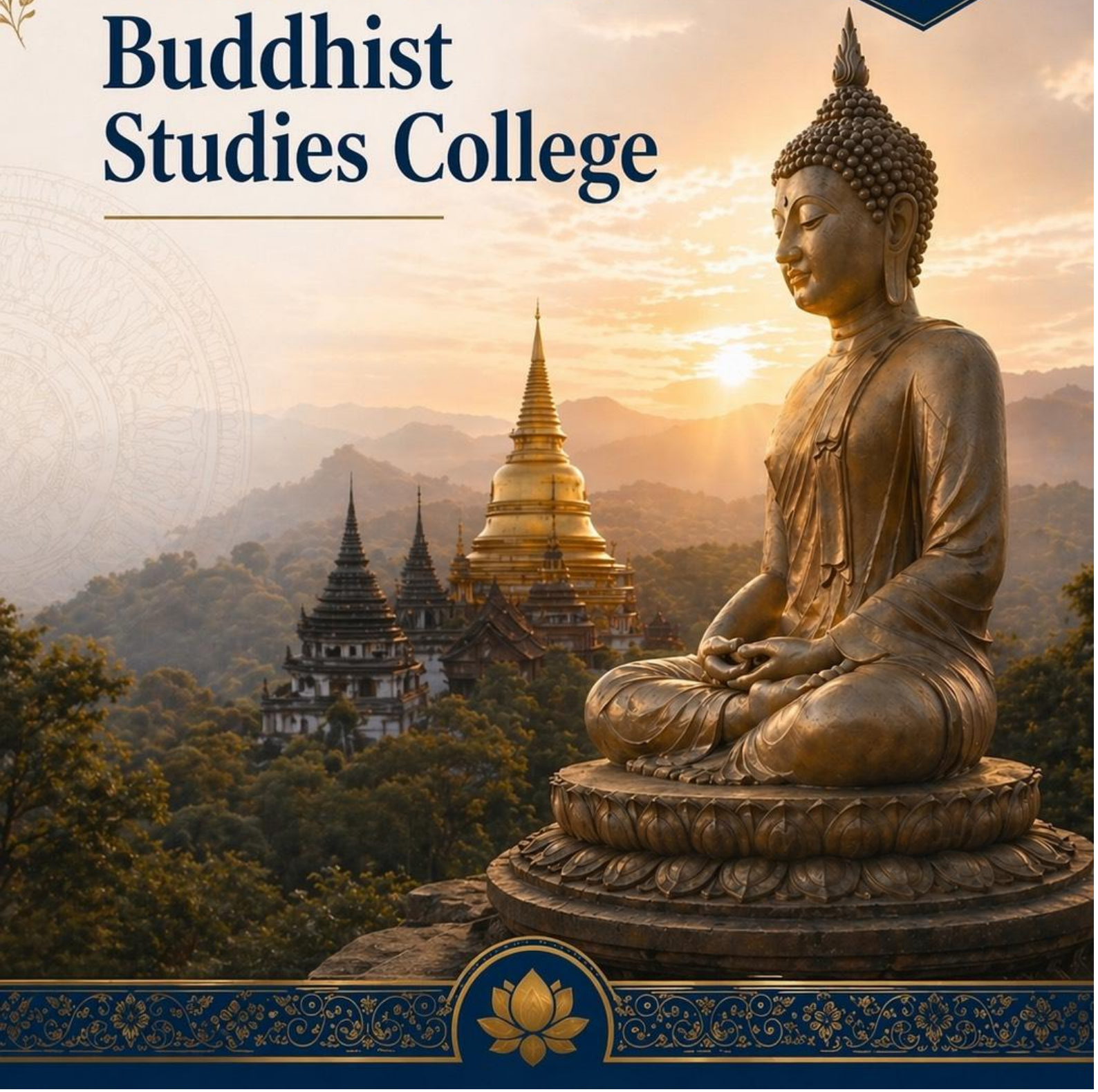
eISSN: 3027-6276

Vol.12
No. 2
May - August
2026

Journal of International Buddhist Studies College



Journal of International Buddhist Studies College

Vol. 12 No. 2 (May–August 2026)
ISSN: 3027-6276 (Online)

Objectives

The *Journal of International Buddhist Studies College* aims to support and publish research articles and academic articles focusing on Buddhism, Religious Studies, and related fields. The journal also welcomes studies that explore the application of Buddhist principles in interdisciplinary areas such as economics, social administration, environmental studies, education, peace studies, well-being studies, and other relevant disciplines.

The target audience of JIBSC includes scholars, researchers, practitioners, and graduate students in Buddhist Studies and related fields, as well as those interested in the interdisciplinary application of Buddhist principles in contemporary academic and social contexts.

Owner

International Buddhist Studies College
Mahachulalongkornrajavidyalaya University
79 Moo 1, Phahon Yothin Road, Lam Sai, Wang Noi
Phra Nakhon Si Ayutthaya 13170, Thailand

E-mail: ibscjournal@gmail.com
Website: https://so03.tci-thaijo.org/index.php/ibsc

Executive Editor

Ven. Dr. Phrakhrusamu Vachiravich Thitavangso
Mahachulalongkornrajavidyalaya University, Thailand

Chief Editor

Asst. Prof. Dr. Ven. Phramaha Nantakorn Piyabhani
E-mail: nantakorn.ket@mcu.ac.th
Mahachulalongkornrajavidyalaya University, Thailand

Ass

Editorial Board Members

Prof. Dr. Ven. Khammai Dhammasami
E-mail: khammai@gmail.com
Oxford University, United Kingdom

Assoc. Prof. Dr. Phramedhavinaiyaros
E-mail: psbud@hotmail.com
Mahamakut Buddhist University, Thailand

Asst. Prof. Dr. Ven. Phramaha Somphong Khunakaro
E-mail: somphong.uny@mcu.ac.th
Mahachulalongkornrajavidyalaya University, Thailand

Asst. Prof. Dr. Ven. Phramaha Anon Anando
E-mail: a.p.anando@gmail.com
Mahachulalongkornrajavidyalaya University, Thailand

Ven. Dr. Laidong
E-mail: chanfigh@qq.com
Guangzhou Kelin Academy, The Buddhist Association of China, China

Ven. Dr. Neminda
E-mail: neminda@ibsc.mcu.ac.th
Mahachulalongkornrajavidyalaya University, Thailand

Ven. Dr. Eindarvudha
E-mail: eaindarmonk@gmail.com
International Buddhist Pāli University, Myanmar

Ven. Dr. Jinadha
E-mail: JaDrjijipg@gmail.com
Mon Buddhist Temple Inc., Fort Wayne, Indiana, USA

Asst. Prof. Dr. Maechee Narumon Jiwattanasuk
E-mail: narumonji@gmail.com
Mahachulalongkornrajavidyalaya University, Thailand

Dr. Bhikkhuni Tran Binh
E-mail: huethuanvn@gmail.com
Mahamakut Buddhist University, Nakhon Ratchasima Buddhist College, Thailand

Prof. Dr. Le Manh That
E-mail: dhpgvn@vbu.edu.vn
Vietnam Buddhist University, Vietnam

Prof. Dr. Hwang Soonil
E-mail: sihwang@dongguk.edu
Dongguk University, South Korea

Assoc. Prof. Dr. Sanu Mahatthanadull
E-mail: petchsanu@gmail.com
Mahachulalongkornrajavidyalaya University, Thailand

Assoc. Prof. Dr. Praves Intongpan
E-mail: fhumpvi@ku.ac.th
Kasetsart University, Thailand

Assoc. Prof. Dr. Wutthinan Kantatian
E-mail: wutthinant.kan2508@gmail.com
Mahidol University, Thailand

Assoc. Prof. Dr. Amnat Yodthong
E-mail: amchinjang@gmail.com
Mahidol University, Thailand

Assoc. Prof. Dr. Suvin Ruksat
E-mail: puzinnian@gmail.com
Mahamakut Buddhist University, Thailand

Asst. Prof. Dr. Phrakhrupalad Chotipath Thepa
E-mail: chotipath.the@mbu.ac.th
Mahamakut Buddhist University, Thailand

Asst. Prof. Dr. Krittiya Tumtong
E-mail: krittiya.tumtong@gmail.com
Rajamangala University of Technology Krungthep, Thailand

Dr. Chetnitipath Promchin
E-mail: chetnitipath.pro@mbu.ac.th
Mahamakut Buddhist University, Thailand

Dr. Surachai Phutchu
E-mail: sphutchu1981@gmail.com
Mahamakut Buddhist University, Thailand

Dr. Chompoonuch Changcharoen
E-mail: chompoonuch.mbu@gmail.com
Mahamakut Buddhist University, Thailand

Dr. Nadnapang Phophaichit
E-mail: nadnapang@ibsc.mcu.ac.th
Mahachulalongkornrajavidyalaya University, Thailand

Assistant Editors

- Phramaha Siriwat Panyawuttho
- Ven. Dr. Ugyen Tshering
- Dr. Sakchai Sakabucha

Coordinator and Management

Dr. Nattakitt Udomphol
Mr. Phongsiri Sakunsong

Financial Officers

- Miss Sirinad Pimsanoa
- Miss Natthanan Gadprartoom

Cover Design

Mr. Phongsiri Sakunsong

Publication Frequency

The journal is published three issues per year:

- **No. 1:** January–April
- **No. 2:** May–August
- **No. 3:** September–December (Special Issue)

Editor's Note

The *Journal of International Buddhist Studies College*, Volume 12, Number 2, presents twenty-five contributions that demonstrate the growing relevance of Buddhist studies in addressing contemporary global challenges. While rooted in classical Buddhist teachings, the articles extend beyond textual interpretation to engage with issues of mental well-being, conflict transformation, education, healthcare, digital communication, environmental sustainability, and intercultural dialogue.

A distinctive feature of this issue is its emphasis on *the Buddhist Peaceful Means as a practical,* interdisciplinary framework for promoting individual flourishing and social harmony. Across diverse geographical contexts—including Thailand, Vietnam, Myanmar, China, and international collaborations—the authors illustrate how mindfulness, loving-kindness (*mettā*), compassion (*karuṇā*), ethical conduct, and wisdom may help address complex challenges in the twenty-first century.

Several articles explore innovative applications of Buddhist contemplative practice in mental health, youth development, family relationships, workplace well-being, healthcare environments, and media engagement. Others examine peacebuilding, multicultural coexistence, sustainable development, Buddhist architecture, and comparative approaches to meditation, reflecting the breadth and vitality of contemporary Buddhist scholarship.

Collectively, these contributions reaffirm that Buddhist wisdom is not merely a subject of historical or philosophical inquiry but an evolving body of knowledge capable of informing public policy, professional practice, community development, and global cooperation. The editorial team hopes that this issue will encourage continued interdisciplinary dialogue and inspire further research that bridges traditional Buddhist thought with the urgent needs of today's world.

We extend our sincere appreciation to all authors, reviewers, and members of the editorial team whose dedication has made this publication possible. We trust that this issue will serve as a valuable resource for scholars, practitioners, and readers committed to advancing peace, wisdom, and human well-being.

Asst. Prof. Dr. Ven. Phramaha Nantakorn Piyabhani
Editor-in-Chief
June 29, 2026

Table of Contents

No.	Article Title	Author(s)	Pages
1	Thich Nhat Hanh's Model of Socially Engaged Buddhism for World Peace	Ven. Dang Van Tam	1-142
2	Developing a Gratitude-Driven Buddhist Meditation Model for Enhancing Adolescent Mental Well-Being: A Case Study of the Buddhamahametta Foundation	Phra Jirawat Ciravaddhano Kanapongrussamee, Phra Medhivajarapundit (Hansa Dhammahaso), Maechee Narumon Jiwattanasuk	15-33
3	The Influence of Architectural Design Elements on Patient Psychological Comfort in Healthcare Settings	Rommanee Suriyaarunroj	34-53
4	An Application of the Four Sublime States of Mind (Brahmavihārā) for Ethical Development of Youth at Can Tho University in Vietnam	Dinh Thi Thanh Tuyen , Sanu Mahatthanadull, Ven. Neminda	54-73
5	Dhamma Music and the MWL Model for Promoting Children's Emotional Well-Being at the Buddhamahametta Foundation	Natcha Riewpakorn	74-95
6	An Application of Buddhist Principles to Reduce Youth Technological Addiction through Summer Retreat Program at Hoang Phap Monastery in Vietnam	Do Minh Hoang, Sanu Mahatthanadull, Ven. Neminda	96-111
7	Implementing the Mindfulness, Wisdom, and Loving-kindness (MWL) Program to Alleviate Depression: A Case Study of the Buddhamahametta Foundation	Phra Nattapon Kittisopano Teranapattana, Phra Medhivajarapundit, Mae Chee Narumon Jiwattanasuk	112-130
8	The Five-Stage Process of Mindful Dialogue for Peaceful Coexistence in a Multicultural Buddhist Academic Community	Phrakhrubaidika Piyathip Piyadhammo (Thanapisitikul), Phramaha Weerasak Abhinandavedi (Sangphong), Sakchai Sakabucha	131-146
9	Developing a Meditation Model for Employee Well-Being: Loving-Kindness and Dhamma Music in Practice at ACE	Police General Wirachai Songmetta	147-165
10	Four Analytical Questions for Understanding Buddhist Meditation Methods	Zoltan Cser	166-183
11	The Development of Girimānandasutta Dhamma Audio Set Using Kano Analysis	Netnapa Sutthirat, Phrakrupalad Chotipath Acharashubho Thepa, Pakatip Singkhum	184-212
12	The Application of Vajjī-aparihāniyadhamma to a Crematorium Management Model for Temples in Nonthaburi Province, Thailand	Phra Udomvajiramethi (Charoen Khamkham), Phra Khru Sangharak Suriya Phaphasaro (Sapanthong), Phra Suchat Abhassaro (Phuengphai), Pravech Vathakeaw	213-238
13	Bridging Inner Cultivation and Social Transformation: A Buddhist Framework for Sustainable Peace	Editorial Board	239-249
14	Emptiness in Motion: Understanding Non-Self Through Community Service	Chutanuch Vongsiridej	250-263
15	Gender Fluidity and the Divine Feminine In Buddhist Narratives	Haiyue Zeng Sangha	264-282

No.	Article Title	Author(s)	Pages
16	An Application of Buddhist Loving-Kindness (Mettā) for Social Conflict Resolution in Myanmar	Ven. Silacara	283-301
17	Improving Sleep Quality Through Compassion: Lessons from a Meditation-Based Sleep Program for Sleep Apnea	Napanach Klaitabtim	302-315
18	Three-Step Educational Models in Five Buddhist Traditions: A Comparative Study of Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen	Zoltan Cser	316-331
19	Steeping Innovative Mindfulness: Designing Avalokitea™, a Multi-Sensory Mindfulness Intervention for IBSC Students	Rose Hsu Yin, Phramaha Weerasak Abhinandavedi, Maechee Narumon Jiwattanasuk	332-350
20	Proposing a Peacebuilding Model for Multicultural Couples through Buddhist Peaceful Means in Contemporary Myanmar	Ven. Suriya	351-368
21	The Relationship between Mindfulness Practice and Mental Health in Youth: A Mixed-Methods Study in Vietnamese Universities	Vo Van Nghia	369-388
22	Applying Buddhist Scriptures to Parent–Child Conflict Resolution in Modern Societies	Ban Nya Baw Ga	389-407
23	An Application of Buddhist Mindfulness Meditation as a Complementary Approach to Depression Care	Ven. Nguyen Huu Anh, Phramaha Nantakorn Piyabhani, Ven. Nguyen Anh Tuan	408-428
24	Mindfulness Practice and Mental Health Among Buddhist Followers in Hue, Vietnam: A Cross-Sectional Study	Vo Van Nghia	429-444
25	The Alternative Ways of Anti-Aging Through the Buddha's Principles Synchronized to the Medical Science	Pharmacist Prarudee (Brikshavana) Songpaiboon Phra Brahmawatcharatheeracharn Sanu Mahatthanadull	445-473

Thich Nhat Hanh's Model of Socially Engaged Buddhism for World Peace

Ven. Dang Van Tam
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: donghanh88@gmail.com
Received 18/03/2025; Revised 18/11/2025; Accepted 20/04/2026

Abstract

This article examines the model of Socially Engaged Buddhism developed by Most Venerable Thich Nhat Hanh as a Buddhist approach to promoting world peace. The study has three objectives: to investigate the concepts and theories of Socially Engaged Buddhism, to analyze peace theories and Buddhist peaceful means that support this approach, and to propose a model of Socially Engaged Buddhism for contemporary peacebuilding. Using a qualitative research design, the study draws on documentary research and textual and thematic analyses of Thich Nhat Hanh's writings, relevant Buddhist scriptures, and scholarly works on engaged Buddhism, peace studies, mindfulness, and nonviolence. It also incorporates insights from interviews with Buddhist scholars, peace practitioners, mindfulness practitioners, and disciples familiar with Thich Nhat Hanh's tradition.

The findings show that social engagement is not external to Buddhism but is grounded in core Buddhist principles such as compassion, wisdom, non-harming, interdependence, and the bodhisattva ideal. Although Theravāda and Mahāyāna traditions articulate social responsibility in different ways, both provide doctrinal resources for responding to suffering in society. Thich Nhat Hanh's contribution lies in transforming these foundations into a practical peacebuilding model centered on interbeing, sangha-building, the Fourteen Mindfulness Trainings, mindful daily living, nonviolent action, deep listening, and compassionate communication. The proposed model demonstrates a movement from inner transformation to ethical action, from personal mindfulness to collective healing, and from reconciliation to sustainable peace. The article contributes to Buddhist studies and peace studies by clarifying how Socially Engaged Buddhism can function not merely as a spiritual philosophy but as a practical framework for addressing conflict, violence, and social fragmentation in the modern world.

Keywords: Socially Engaged Buddhism; Thich Nhat Hanh; Buddhist peaceful means; Mindfulness; World peace

Introduction

The concept of Socially Engaged Buddhism, pioneered by the Most Venerable Thich Nhat Hanh, represents a transformative approach to applying Buddhist principles to societal challenges. Thich Nhat Hanh introduced this concept during the Vietnam War, advocating nonviolent activism, mindfulness, and interbeing as a means of addressing global conflicts (King, 2009). Socially Engaged Buddhism integrates personal spiritual development with collective social responsibility, aiming to create harmonious and peaceful societies. In recent years, numerous studies have explored its philosophical foundations and ethical implications. For instance, Queen (2012) examined the historical development of Engaged Buddhism, while Schmidt (2003) analyzed its role in modern peace movements. However, a significant research gap remains in assessing the practical applications of Thich Nhat Hanh's model in contemporary conflict resolution and peacebuilding. Existing literature primarily focuses on theoretical aspects, leaving a lack of empirical studies demonstrating its effectiveness across different geopolitical contexts. Governmental and international reports on peacebuilding initiatives rarely incorporate Engaged Buddhism as a structured framework for conflict transformation, highlighting the need for further scholarly inquiry (United Nations, 2022).

Most Venerable Thich Nhat Hanh is one of the most influential figures in the development and global dissemination of Socially Engaged Buddhism. Emerging from the historical context of the Vietnam War, his teaching refused to separate spiritual practice from social responsibility. For Thich Nhat Hanh, mindfulness is not merely a method for personal calm but a way of seeing suffering clearly and responding to it with compassion, nonviolence, and wisdom. His teachings on interbeing, deep listening, loving speech, sangha-building, the Fourteen Mindfulness Trainings, and nonviolent action provide a practical Buddhist framework for peacebuilding. His contribution is especially significant because he translated classical Buddhist doctrines into accessible practices applicable to daily life, family relationships, community healing, social activism, and global peace movements. His model shows that inner transformation and social transformation are mutually supportive processes.

Previous studies have examined Engaged Buddhism from various perspectives. Scholars such as Queen and King (1996), Queen (2000), Chappell (1999), and King (2016) have discussed the historical development, ethical foundations, and social implications of Engaged Buddhism. Other studies have explored Buddhist approaches to peace, nonviolence, and conflict transformation, emphasizing the relationship between inner peace and social harmony (Kraft, 1992; Yeh, 2006; Tanabe, 2016). Thich Nhat Hanh's own writings, including *Being Peace*, *Interbeing*, *Creating True Peace* (Hahn, 2003a), and *Joyfully Together* Hahn, 2003b), provide important sources for understanding mindfulness, compassion, community practice, and nonviolent engagement as Buddhist peaceful means. However, much of the existing literature remains either descriptive, historical, or doctrinal. There is still a need for a more systematic analysis of Thich Nhat Hanh's Socially Engaged Buddhism as an integrated model for promoting world peace.

The research problem of this article arises from the continuing gap between Buddhist peace principles and their practical application in contemporary peacebuilding. Although Buddhist teachings offer rich resources for reducing suffering and transforming conflict, these resources are often discussed in general terms rather than organized into a clear model. Similarly, while Thich Nhat Hanh's teachings are widely recognized for their spiritual and ethical value, their structure as a peacebuilding model requires further academic clarification. The central problem, therefore, is how Thich Nhat Hanh's Socially Engaged Buddhism can be understood as a coherent Buddhist peaceful means that connects inner transformation, ethical conduct, community practice, nonviolent action, reconciliation, and world peace.

Accordingly, this study has three objectives. First, it aims to examine the concepts and theoretical foundations of Socially Engaged Buddhism as they relate to promoting world peace. Second, it analyzes peace theories and Buddhist peaceful means that support Socially Engaged Buddhism as a practical approach to conflict transformation and social harmony. Third, it presents a model of Socially Engaged Buddhism, based on the teachings of Most Venerable Thich Nhat Hanh, to promote world peace.

This study employs a qualitative research methodology through documentary research, textual analysis, thematic interpretation, and interviews with Buddhist scholars, peace practitioners, mindfulness practitioners, and disciples familiar with Thich Nhat Hanh's tradition. The expected academic

contribution of this article is threefold. First, it contributes to Buddhist studies by clarifying the doctrinal foundations of Socially Engaged Buddhism. Second, it contributes to peace studies by showing how Buddhist peaceful means can support reconciliation, nonviolence, and social healing. Third, it proposes a conceptual model that links mindfulness, compassion, ethical engagement, sangha-building, and interbeing to the broader goal of world peace. In doing so, the article demonstrates that Thich Nhat Hanh's Socially Engaged Buddhism is not only a spiritual teaching but also a practical and theoretically significant framework for addressing conflict and cultivating peace in the modern world.

Research Objectives

1. To examine the concepts and theoretical foundations of Socially Engaged Buddhism in relation to world peace.
2. To analyze Buddhist peaceful means and peace theories that support Socially Engaged Buddhism.
3. To propose a model of Socially Engaged Buddhism based on the teachings of Most Venerable Thich Nhat Hanh for promoting world peace.

Literature Review

1. Socially Engaged Buddhism: Concept and Development

Socially Engaged Buddhism refers to the application of Buddhist teachings to social, political, economic, ecological, and cultural problems. It challenges the assumption that Buddhist practice is limited to individual meditation or monastic discipline. Instead, it emphasizes that genuine Buddhist practice must respond to suffering wherever it appears. This form of Buddhism is rooted in the Buddha's concern for reducing suffering and cultivating ethical conduct, compassion, wisdom, and social responsibility.

Although the modern term "Engaged Buddhism" became prominent in the twentieth century, its ethical foundation can be traced to classical Buddhist teachings. In the Theravāda tradition, texts such as the *Sigālovāda Sutta* present social ethics related to family, friendship, work, and communal responsibility. In the Mahāyāna tradition, the bodhisattva ideal broadens the scope of practice to encompass the liberation and welfare of all beings. These traditions show that Buddhist practice has always contained social and ethical dimensions, even when expressed differently across historical and doctrinal contexts.

Modern scholarship has examined Engaged Buddhism as a Buddhist response to contemporary suffering. Queen and King (1996) describe Engaged Buddhism as a movement that applies Buddhist liberation to social realities in Asia, while Queen (2000) extends the discussion to Western contexts. King (2016) further analyzes Socially Engaged Buddhism as a major development within contemporary Buddhism, emphasizing its role in ethical activism, peacebuilding, and social transformation. These studies provide an important historical and theoretical foundation for understanding Thich Nhat Hanh's contribution.

2. Thich Nhat Hanh and the Practice of Engaged Buddhism

Most Venerable Thich Nhat Hanh is one of the most influential figures in the development of Socially Engaged Buddhism. His experience during the Vietnam War shaped his understanding that Buddhist practice must respond directly to violence, suffering, and social injustice. For him, meditation and social action are not separate paths. Mindfulness enables practitioners to see suffering clearly, compassion enables them to respond without hatred, and nonviolence provides the ethical method for transforming conflict.

Thich Nhat Hanh's writings present a practical and accessible form of Buddhist peacebuilding. In *Being Peace*, he emphasizes that peace must begin with the practitioner's own body, mind, speech, and action (Hanh, 1993). In *Interbeing*, he develops the Fourteen Mindfulness Trainings as ethical guidelines for engaged Buddhist practice, addressing issues such as openness, nonattachment to views, compassionate communication, social responsibility, and nonviolence (Hanh, 1998). In *Creating True Peace*, he extends the practice of peace from the individual to the family, community, and world (Hanh, 2003a). These works show that his model is not merely theoretical but practical, ethical, and communal.

A central concept in Thich Nhat Hanh's teaching is "interbeing." Interbeing expresses the insight that all phenomena exist in mutual dependence. No individual, community, nation, or ecosystem exists independently. This insight becomes the foundation for peace because it challenges dualistic thinking, the making of enemies, and the separation between self and other. When practitioners understand interbeing, they are more likely to cultivate compassion, responsibility, and nonviolent action.

3. Buddhist Peaceful Means and Theories of Peace

Buddhist peaceful means are rooted in principles such as non-harming, compassion, loving-kindness, mindfulness, wisdom, right speech, right action, and reconciliation. Buddhist peace is not limited to external order; it includes inner peace,

interpersonal harmony, social justice, and liberation from the mental roots of violence. Buddhist peace is closely connected with nonviolence and ethical understanding. Kraft (1992) similarly highlights the relationship between inner peace and world peace, suggesting that social peace cannot be separated from the transformation of consciousness.

Tanabe (2016) argues that Buddhist inner peace contributes to peace theory by showing how the transformation of the mind can support conflict resolution. Yeh (2006) also presents Buddhist peace as a path that includes both personal and social dimensions. These studies are important because they support the central claim of this article: that world peace requires not only external mechanisms but also the cultivation of inner transformation, ethical discipline, and compassionate relationships.

Thich Nhat Hanh's approach corresponds closely with this Buddhist peace framework. His practices of mindful breathing, deep listening, loving speech, walking meditation, sangha-building, and nonviolent action function as practical methods for reducing suffering and restoring communication. In this sense, mindfulness is not only a personal technique but also a peacebuilding practice. It creates the inner conditions for patience, understanding, and reconciliation.

4. Socially Engaged Buddhism as a Framework for World Peace

The literature indicates that Socially Engaged Buddhism provides a bridge between Buddhist doctrine and contemporary peacebuilding. Chappell (1999) describes Buddhist peacework as the creation of a culture of peace, while Queen and King (1996) show how engaged Buddhist movements respond to suffering in concrete social contexts. Thich Nhat Hanh's contribution is distinctive because he systematizes engaged Buddhist practice through mindfulness, ethical training, community practice, and nonviolent engagement.

However, existing studies often emphasize either the historical development of Engaged Buddhism or the general ethical value of Buddhist peace. Fewer studies present Thich Nhat Hanh's teachings as an integrated model for world peace. This study, therefore, positions his model as a structured process: doctrinal insight leads to mindfulness practice; mindfulness practice cultivates compassion; compassion supports ethical and nonviolent action; ethical action promotes reconciliation; and reconciliation contributes to social harmony and world peace. This conceptual pathway provides the basis for the present research.

Conceptual Framework

The researcher defines the research conceptual framework based on the concept/theory of socially engaged Buddhist practice as a peaceful Buddhist means for promoting world peace, and on interviews with scholars and experts. This conceptual framework outlines how the philosophy and practices of Socially Engaged Buddhism, as articulated by Most Venerable Thich Nhat Hanh, function as a coherent model for cultivating inner transformation, social harmony, and ultimately world peace. The framework connects Buddhist doctrinal foundations, Thich Nhat Hanh's applied methodologies, and peacebuilding outcomes through a sequence of mediating factors (awareness → compassion → ethical action → reconciliation → peace).

The conceptual framework of the research exhibits the significant research process in terms of input, process, and output as follows:

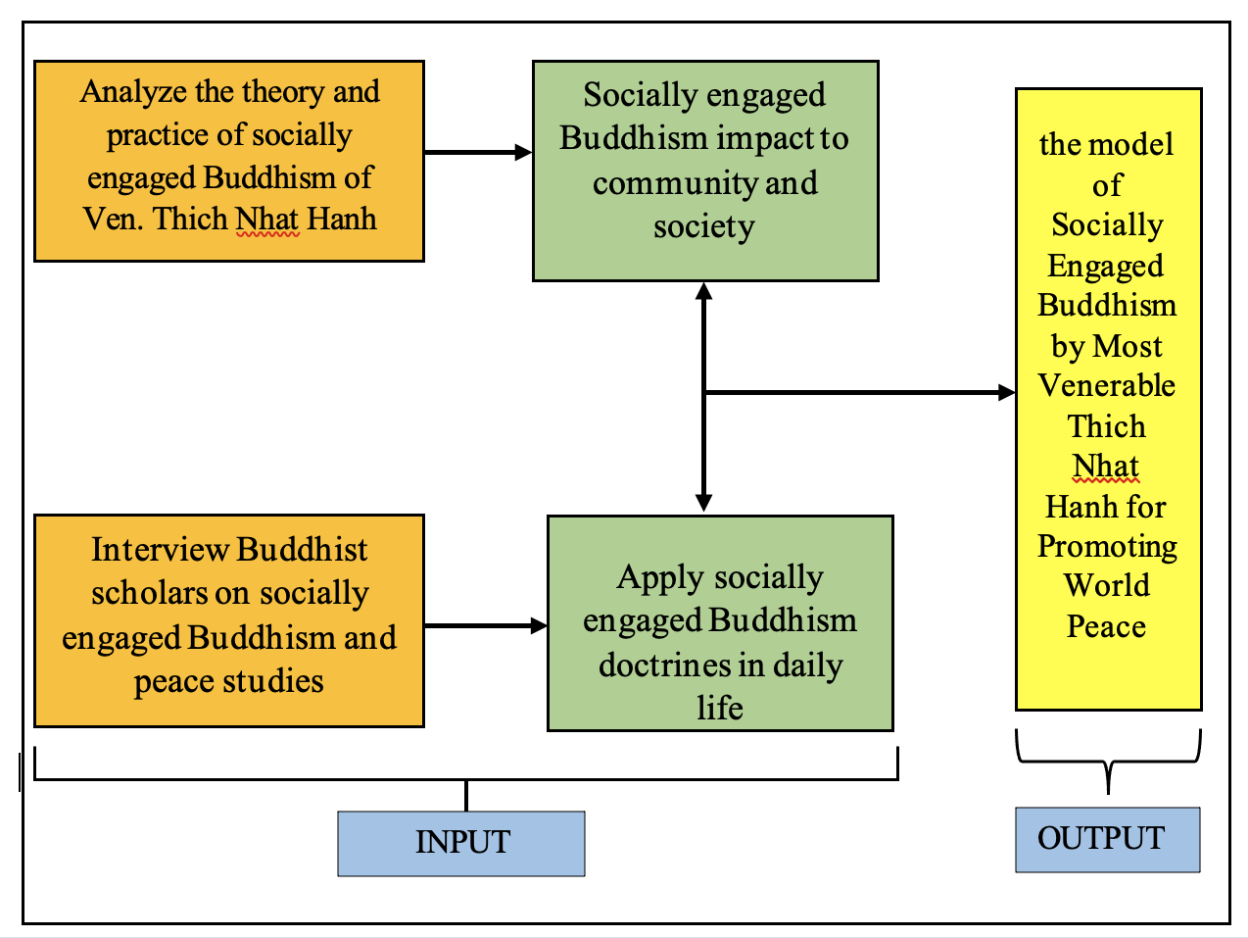


Figure 1: Conceptual Framework

Research Methodology

This study is a qualitative endeavor that primarily employs textual analysis, description, comparison, and other analytical methods. The focus is on

delving into the teachings and writings of the most venerable Thich Nhat Hanh, along with selected works by Buddhist scholars that explore Socially Engaged Buddhism and its role in promoting world peace. Through a thorough examination of these texts, the study aims to elucidate key insights, themes, and practices inherent in Thich Nhat Hanh's model of Socially Engaged Buddhism. By critically analyzing and comparing the perspectives of various authors, the research seeks to deepen our understanding of the principles, methodologies, and impacts of socially engaged Buddhism on global peacebuilding efforts. Through this qualitative approach, the research endeavors to contribute valuable insights to the discourse surrounding the intersections of Buddhism, social activism, and world peace.

The research will be conducted in the following steps:

1. A data collection of the most Venerable Thich Nhat Hanh and some Buddhist scholars.

2. An interview with Buddhist scholars on socially engaged Buddhism for promoting world peace.

3. An examination of the paths leading to world peace follows the socially engaged Buddhism of the Most Venerable Thich Nhat Hanh.

4. A suggestion for the application of socially engaged Buddhism to attain world peace.

Research Results

Objective 1: Social engagement in Buddhism is reflected in numerous sutras, in which the Buddha and his disciples offer teachings and guidance on interacting with society and addressing social concerns. In the *Theravāda* tradition, examples include the *Ariyapariyesanā Sutta* and the *Sigālovāda Sutta*, while in the *Mahāyāna* tradition, texts such as the *Lotus Sūtra* illustrate similar themes. Although the term "social engagement" does not appear explicitly in classical scripture, the doctrinal content presents principles that encourage practitioners to actively promote the well-being of others.

Thus, the practice of social engagement is not solely a Mahayana focus but also a Theravada one, with the Paramitas of the Bodhisattva path as the elements that contribute to society. However, there are slight distinctions between Mahayana and Theravada in their approaches to social engagement. While the concept of social engagement in Theravada sutras may emphasize individuals' roles in society, in

Mahayana Buddhism, it is oriented toward benefiting others. Despite this difference, in recent times, both Theravada and Mahayana Buddhists have been strongly engaged in society in their own ways, and their engagement work is somewhat similar, assisting in educational development, improving health, advancing human rights without discrimination, and promoting environmental protection.

Objective 2: This presents theories of peace that encompass various perspectives on its nature, foundations, and means of achieving it. In the first part, this Chapter provides the perspectives on building peace. There are key elements in building peace, including understanding the meaning of peace, the kinds of peace, and approaches to achieving it. To build peace, it is vital to understand that peace is not merely a state of non-violence but also linked to the state of society's wealth and health. There are basically four kinds of peace: non-disorder in psychological states, non-violence among groups within the state, non-violence between nations, and non-violence stemming from racial and ethnic issues.

Engaged Buddhism, as propagated by Ven. Thich Nhat Hanh is a contemporary Buddhist figure who emphasizes integrating mindfulness and compassion with active social engagement. Ven. Thich Nhat Hanh, a renowned Vietnamese Zen master and peace activist, has played a significant role in popularizing this transformative approach to Buddhism. At the heart of Engaged Buddhism is the belief in the interconnectedness of all beings and the recognition that individual transformation and societal change are deeply intertwined. Ven. Thich Nhat Hanh teaches that mindfulness, the practice of being fully present and aware in the present moment, is the key to understanding and addressing suffering in ourselves and others. Ven. Thich Nhat Hanh's Engaged Buddhism places a strong emphasis on non-violence and finding peaceful resolutions to conflicts. It advocates for dialogue and reconciliation as means of resolving disputes and building understanding between conflicting parties. By blending Buddhist wisdom with social engagement, this approach offers a unique and transformative path towards peace and societal harmony.

Objective 3: The key elements and features of the model of Socially Engaged Buddhism developed by Most Venerable Thich Nhat Hanh for promoting world peace are: The Teaching of Interbeing and the Action of Sangha-Building, The Fourteen Mindfulness Trainings, The Revised *Pratimoksha* for Monastic Practice in Modern World, The Mindfulness in Daily Life: Creating Environment to Remind People of Mindfulness, The Importance of Practicing Mindfulness in Social Activity, The Impact of Bodhisattva Ideal in the Practical Life.

Discussion

The findings of this study indicate that Most Venerable Thich Nhat Hanh's model of Socially Engaged Buddhism is both doctrinally grounded and practically applicable to contemporary peacebuilding. Although the term "Socially Engaged Buddhism" is modern, its ethical foundation is deeply rooted in Buddhist teachings on compassion, non-harming, wisdom, mindfulness, interdependence, and social responsibility. This corresponds with Queen and King's (1996) explanation that Engaged Buddhism represents the application of Buddhist liberation to concrete social suffering, and with King's (2016) view that Socially Engaged Buddhism is a major contemporary expression of Buddhist ethics in action.

A significant finding is the relationship between inner peace and social peace. Thich Nhat Hanh's teaching emphasizes that peace cannot be sustained through external systems alone if individuals remain governed by anger, fear, hatred, and ignorance. Mindfulness practice becomes a foundation for transforming these inner conditions and developing compassionate awareness. This finding is consistent with Kraft's (1992) argument that inner peace and world peace are closely connected, as well as Tanabe's (2016) view that Buddhist inner peace can contribute to conflict transformation. However, inner peace in Thich Nhat Hanh's model is not treated as private withdrawal; it must be expressed through right speech, deep listening, reconciliation, ethical action, and nonviolent social engagement (Hanh, 1993, 2003b).

The concept of "interbeing" is central to this model. It provides a philosophical basis for understanding that individuals, communities, nations, and nature are mutually dependent. This insight reflects Hanh's (1998) teaching that peace requires recognizing interdependence and non-separation. It also corresponds with Mahāyāna Buddhist thought, in which the bodhisattva ideal emphasizes compassionate action for the welfare of all beings (Williams, 1989).

The study also highlights the importance of sangha-building. Peace requires communities that sustain mindfulness, compassion, ethical conduct, and mutual support. In this sense, Thich Nhat Hanh's model contributes to Buddhist studies and peace studies by linking doctrine, practice, ethics, community, and social action into a practical Buddhist peaceful means for world peace.

Knowledge from Research

The body of knowledge developed from this study may be summarized as the *Inner-to-Outer Peace Model of Socially Engaged Buddhism*. This model explains how Thich Nhat Hanh's teachings transform Buddhist doctrine into practical methods for peacebuilding. The model consists of five interconnected dimensions: doctrinal foundation, inner transformation, relational transformation, collective engagement, and peacebuilding outcome.

The first dimension is *doctrinal foundation*. Thich Nhat Hanh's model is based on core Buddhist principles, including mindfulness, compassion, wisdom, non-harming, interdependence, non-self, impermanence, and the bodhisattva ideal. These principles provide the ethical and philosophical basis for understanding suffering and responding to conflict without hatred or violence.

The second dimension is *inner transformation*. Peace begins with mindfulness of body, feelings, mind, and perceptions. Through mindful breathing, meditation, deep looking, and awareness of suffering, practitioners learn to calm anger, reduce fear, and cultivate understanding. Inner peace becomes the foundation for wise and compassionate action.

The third dimension is *relational transformation*. Thich Nhat Hanh emphasizes deep listening, loving speech, forgiveness, and reconciliation. These practices help restore communication between individuals, families, communities, and conflicting groups. Peace becomes possible when people recognize suffering in themselves and others.

The fourth dimension is *collective engagement*. Mindfulness must be expressed through sangha-building, ethical action, nonviolent resistance, social service, and compassionate community practice. The sangha supports individuals in sustaining peace and applying Buddhist values in society.

The fifth dimension is a *peacebuilding outcome*. When inner transformation, relational healing, and collective engagement operate together, they create conditions for social harmony, reconciliation, ecological responsibility, and world peace. The new knowledge from this research clarifies Thich Nhat Hanh's Socially Engaged Buddhism as a practical Buddhist peace model that links inner, interpersonal, social, and global peace.

Conclusion

This study concludes that Most Venerable Thich Nhat Hanh's Socially Engaged Buddhism offers a coherent and practical Buddhist model for promoting world peace. Its significance lies in the integration of inner cultivation and social responsibility. Peace, in this model, does not begin only with political negotiation or institutional reform; it begins with the transformation of perception, speech, action, and relationship. Mindfulness, compassion, nonviolence, and wisdom, therefore, become not only personal virtues but also social capacities for reducing conflict and healing collective suffering.

The research shows that Thich Nhat Hanh's model is deeply rooted in classical Buddhist teachings while remaining responsive to modern conditions of war, social injustice, ecological crisis, and cultural fragmentation. Key elements such as interbeing, sangha-building, the Fourteen Mindfulness Trainings, mindful living, compassionate communication, and the bodhisattva ideal provide a structured pathway from individual awareness to collective peacebuilding. The model demonstrates that spiritual practice and social action are mutually reinforcing: mindfulness stabilizes the individual, compassion opens ethical concern for others, and nonviolent engagement translates insight into concrete action.

The article also affirms that Socially Engaged Buddhism should not be treated as a separate sect or merely a modern activist movement. Rather, it represents an applied expression of Buddhist wisdom in contemporary society. Its value for peace studies lies in its capacity to connect personal transformation, community practice, ethical discipline, and reconciliation. For future research, this model should be tested through clearer empirical cases, comparative studies, and applied peacebuilding contexts. Such work would strengthen the article's academic contribution and more concretely demonstrate how Buddhist peaceful means can support sustainable peace in diverse cultural and geopolitical settings.

Suggestion

This research has found that the approach of engaged Buddhism can contribute greatly to maintaining and developing world peace. The model was proposed above based on the content of the Buddha's teachings and on practical experience in the daily lives of the Buddha's disciples. The methods of implementation are concretized by Most Venerable Thich Nhat Hanh through interactive actions in personal relationships with individuals or with people around them.

Future studies for promoting world peace based on socially engaged Buddhism could explore the following dimensions:

1. How socially engaged Buddhism can foster interfaith dialogue, focusing on shared ethical principles, compassion, and non-violence.
2. Further investigation into the practical applications of Ahimsa (non-violence) in conflict resolution, political discourse, and social justice.
3. How Buddhist principles of interconnectedness can inform ecological justice and contribute to global peace efforts in the context of environmental degradation and climate change.
4. Researching how Buddhist monastic institutions can play an active role in peacebuilding and social transformation, whether through education, advocacy, or community service.

Tipiṭaka Abbreviations

Ariyapariyesanā Sutta, MN 26, M I 160–175.

Sigālovāda Sutta, DN 31, D III 180–193.

References

Chappell, D. W. (Ed.). (1999). *Buddhist peacework: Creating cultures of peace*. Wisdom Publications.

Hanh, T. N. (1993). *Being peace*. Parallax Press.

Hanh, T. N. (1998). *Interbeing: Fourteen guidelines for engaged Buddhism*. Parallax Press.

Hanh, T. N. (2003a). *Creating true peace: Ending violence in yourself, your family, your community, and the world*. Atria Books.

Hanh, T. N. (2003b). *Joyfully together: The art of building a harmonious community*. Parallax Press.

King, S. B. (2005). *Being benevolence: The social ethics of engaged Buddhism*. University of Hawai‘i Press.

King, S. B. (2009). *Socially engaged Buddhism*. University of Hawai‘i Press.

Kraft, K. (Ed.). (1992). *Inner peace, world peace: Essays on Buddhism and nonviolence*. State University of New York Press.

Queen, C. S. (Ed.). (2012). *Engaged Buddhism in the West*. Simon and Schuster.

Queen, C. S., & King, S. B. (Eds.). (1996). *Engaged Buddhism: Buddhist liberation movements in Asia*. State University of New York Press.

Schmidt, L. E. (2003). The making of modern "mysticism". *Journal of the American academy of religion*, *71*(2), 273–302.

Tanabe, J. (2016). Buddhism and peace theory: Exploring a Buddhist inner peace. *International Journal of Peace Studies, 21*(2), 1–18.

Trenckner, V. (Ed.). (1888/1993). *Majjhima-nikāya: Vol. I*. Pali Text Society.

United Nations (2022). *Peacebuilding and Sustaining Peace: Report of the Secretary-General*. United Nations General Assembly.

Williams, P. (1989). *Mahayana Buddhism: The doctrinal foundations*. Routledge.

Yeh, T. D. (2006). The way to peace: A Buddhist perspective. *International Journal of Peace Studies, 11*(1), 91–112.

Developing a Gratitude-Driven Buddhist Meditation Model for Enhancing Adolescent Mental Well-Being: A Case Study of the Buddhamahametta Foundation

***Phra Jirawat Ciravaddhano Kanapongrussamee*[1]**
***Phra Medhivajarapundit (Hansa Dhammahaso)*[2]**
***Maechee Narumon Jiwattanasuk*[3]**
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: ciravaddhano@buddha-mahametta.com[1]
Received 25/04/2025; Revised 12/09/2025; Accepted 30/04/2026

Abstract

This article develops and evaluates a gratitude-driven meditation model to enhance adolescents' mental well-being by integrating mindfulness, wisdom, loving-kindness, gratitude practice, and the Dhamma Gīta. The study has three objectives: to analyze the root causes of emotional distress among adolescents at the Buddhamahametta Foundation; to explore key components of meditation practices in the Dhamma Gīta that support adolescent well-being; and to develop and validate a gratitude-driven meditation model to improve adolescent mental health. The study employed a mixed-methods research design consisting of documentary analysis, in-depth interviews, focus group discussions, and a quasi-experimental pretest-posttest assessment. The participants included 39 adolescents aged 12–16 who had attended meditation retreats at the Buddhamahametta Foundation, as well as 12 key informants, including meditation masters, adolescent practitioners, and mindfulness educators. Quantitative data were analyzed using descriptive statistics, a paired-samples t-test, and the Wilcoxon Signed-Rank Test, while qualitative data were analyzed through content and narrative analyses.

The findings revealed that adolescents experienced emotional distress mainly from academic pressure, uncertainty about the future, fear of making mistakes, concerns about appearance, family problems, friendship changes, social media use, and limited coping skills. The study also found that mindfulness, loving-kindness, gratitude, bowing meditation, appreciation for parents and teachers, and the Dhamma Gīta were important components in supporting emotional balance, self-awareness, concentration, and interpersonal connection. The MWL Program significantly improved adolescents' mental well-being, with posttest scores exceeding pretest scores and qualitative reflections indicating

increased calmness, focus, emotional regulation, compassion, and gratitude. The study contributes to Buddhist studies, youth mental health, and holistic education by presenting a culturally grounded, low-cost, and practice-based meditation model for adolescent well-being.

Keywords: Mindfulness Meditation; Loving-kindness; Adolescent Mental Well-being; Gratitude; Dhamma Gīta; MWL Program

Introduction

In recent years, mental health issues among adolescents have become a growing concern worldwide. According to the World Health Organization (2024), approximately 13% of the global burden of disease for adolescents is related to mental disorders, with conditions such as anxiety, depression, and emotional instability becoming increasingly prevalent. In Thailand and similar contexts, these challenges are often exacerbated by academic pressure, family conflict, excessive social media use, and uncertainty about future careers (Kieling et al., 2011; Garofoli, 2020). Although various interventions have been introduced, ranging from clinical treatments to school-based mental health programs, many focus on cognitive or pharmacological strategies, while fewer draw from spiritual or cultural frameworks that may resonate more deeply with adolescents' lived experiences. Research by Bluth et al. (2016) has demonstrated the value of mindfulness and self-compassion in promoting psychological well-being among teens. Likewise, gratitude meditation has been shown to enhance emotion regulation and neural functioning associated with positive emotional states (Kyeong et al., 2017). However, few studies have synthesized these elements, mindfulness, loving-kindness, and gratitude, into a coherent meditation model that incorporates culturally meaningful elements such as Buddhist music or Dhamma Gīta. This indicates a clear gap in current scholarship and a need for integrative, culturally grounded approaches.

This study focuses on adolescents who participate in meditation retreats at the Buddhamahametta Foundation in Ayutthaya, Thailand. These young participants, typically referred by families or schools, represent a group in need of non-clinical, accessible approaches to strengthen emotional resilience. The researcher, Phra Jirawat Ciravaddhano Kanapongrussamee, has several years of experience conducting meditation training with youth and has observed the transformative impact of combining mindfulness with loving-kindness and gratitude practices, especially when conveyed through Dhamma Gīta. Grounded

in Buddhist teachings such as the Metta Sutta and Kataññu Suttas, this approach nurtures emotional balance, empathy, and a sense of connection with one's family and teachers (Thanissaro, 2010; A I 61).

The objective of this research is to develop and evaluate a structured meditation model—known as the Mindfulness Wisdom and Loving-Kindness (MWL) program—that integrates mindfulness, loving-kindness, and gratitude-based practice through Dhamma Gīta. Conducted between September 2024 and May 2025, this study employed a mixed-method design involving qualitative interviews, focus group discussions, and a quasi-experimental assessment. This article presents three main findings: (1) key factors contributing to adolescent mental health challenges, (2) essential components of an effective meditation-based gratitude model, and (3) the outcomes of implementing the MWL program. The results are expected to benefit academic research on youth well-being, support policy recommendations for holistic education, and inspire future applications in community-based mental health promotion.

Research Objectives

1. To analyze the root causes of emotional distress among adolescents at the Buddhamahametta Foundation.
2. To explore key components of meditation practices with Dhamma Gīta in supporting adolescent well-being.
3. To develop and validate a gratitude-driven meditation model for enhancing adolescent mental health.

Literature Review

Existing literature suggests that adolescent mental well-being is shaped by the interaction of psychological, social, educational, and cultural factors. Adolescence is a developmental stage marked by emotional sensitivity, identity formation, peer comparison, academic pressure, and increasing exposure to digital environments. Kieling et al. (2011) emphasize that adolescent mental health problems are a global concern requiring early and context-sensitive intervention, while Garofoli (2020) notes that unresolved stressors during this period may contribute to anxiety, depression, emotional instability, and maladaptive coping behaviors. These studies support the need for preventive and accessible well-being programs, especially those that can be implemented outside strictly clinical settings.

Mindfulness-based interventions have been widely studied as a method for improving adolescent emotional regulation and resilience. Rooted in the Buddhist practice of sati, mindfulness trains awareness of body, feelings, mind, and mental phenomena, as presented in the Satipaṭṭhāna Sutta (Ñāṇamoli & Bodhi, 1995). Contemporary studies show that mindfulness-based programs can reduce anxiety, improve self-awareness, and support psychological flexibility among adolescents (Biegel et al., 2009; Bluth et al., 2016). However, many modern mindfulness programs are presented in secular or Western clinical formats, which may underemphasize relational, moral, and cultural dimensions of adolescent development.

Loving-kindness meditation adds an important affective and relational dimension to mindfulness. Grounded in the Karaṇīya Mettā Sutta, loving-kindness cultivates goodwill, compassion, and non-hostility toward oneself and others (Bodhi, 2000). Research indicates that loving-kindness meditation can reduce psychological distress and strengthen positive emotional states (Kearney et al., 2013; Schroter & Jansen, 2022). For adolescents, this practice is particularly relevant because many emotional difficulties arise from peer conflict, family tension, self-criticism, and social comparison. Loving-kindness, therefore, extends mindfulness from self-awareness toward empathy and relational healing.

Gratitude further deepens this model by connecting emotional well-being with moral recognition and social responsibility. In Buddhist thought, kataññutā-kataveditā emphasizes recognizing and repaying kindness, especially toward parents and teachers (Woodward, 1932). Contemporary psychological research also shows that gratitude practice can enhance happiness, reduce depressive symptoms, and improve emotional regulation (Kyeong et al., 2017; O'Leary & Dockray, 2015). Nevertheless, gratitude has rarely been systematized as a core component of Buddhist-informed adolescent meditation programs.

The role of Dhamma Gīta offers an additional cultural and pedagogical contribution. Music is emotionally engaging for adolescents and can support attention, mood regulation, and meaning-making (Husna & Rinjani, 2022). In Buddhist settings, Dhamma Gīta communicates moral teachings through melody, rhythm, and affective experience. Yet scholarly research has paid limited attention to its therapeutic and educational use with adolescents. Therefore, the present study addresses a significant gap by integrating mindfulness, wisdom, loving-kindness, gratitude, bowing practice, appreciation activities, and the

Dhamma Gīta into the MWL Gratitude-Driven Meditation Model to support adolescent mental well-being.

Conceptual Framework

This framework informs the development of a culturally embedded and evidence-based meditation model tailored for Thai adolescents. The details are as follows:

Independent Variables	**Process / Tools / Area / Target Audience**	**Dependent Variable**
1. **Mindfulness practice** based on the Four Foundations of Mindfulness (MN 10; Kabat-Zinn, 1990)	- Structured meditation program (MWL Model: Mindfulness, Wisdom, Loving-Kindness) - Tools: Dhamma Gīta, guided meditation, bowing rituals, reflection journals	**Mental well-being** of adolescents
2. **Loving-kindness meditation** based on the *Karaṇīya Mettā Sutta* (Sn 1.8; Kearney et al., 2013)	- Setting: Buddhamahametta Foundation, Ayutthaya - Target group: Thai adolescent participants (primary/secondary students)	Measured through: - Positive emotions
3. Gratitude cultivation based on *Kataññu Suttas* (A I 61; Kyeong et al., 2017)	- Activities: Teacher & Parent Appreciation, gratitude chanting, Dhamma music integration	- Positive relationships
	- Assessment tools: Pre-test/post-test (TMHI-15), focus groups, in-depth interviews	- Positive functioning
	- Duration: September 2024 – May 2025	- Emotional resilience & reduced stress

This conceptual framework integrates **Buddhist contemplative traditions** with **contemporary psychology** to support adolescents' emotional well-being.

The MWL Program (Mindfulness, Wisdom, and Loving-Kindness) serves as a holistic tool that promotes inner peace, social empathy, and gratitude, aligning spiritual values with developmental needs.

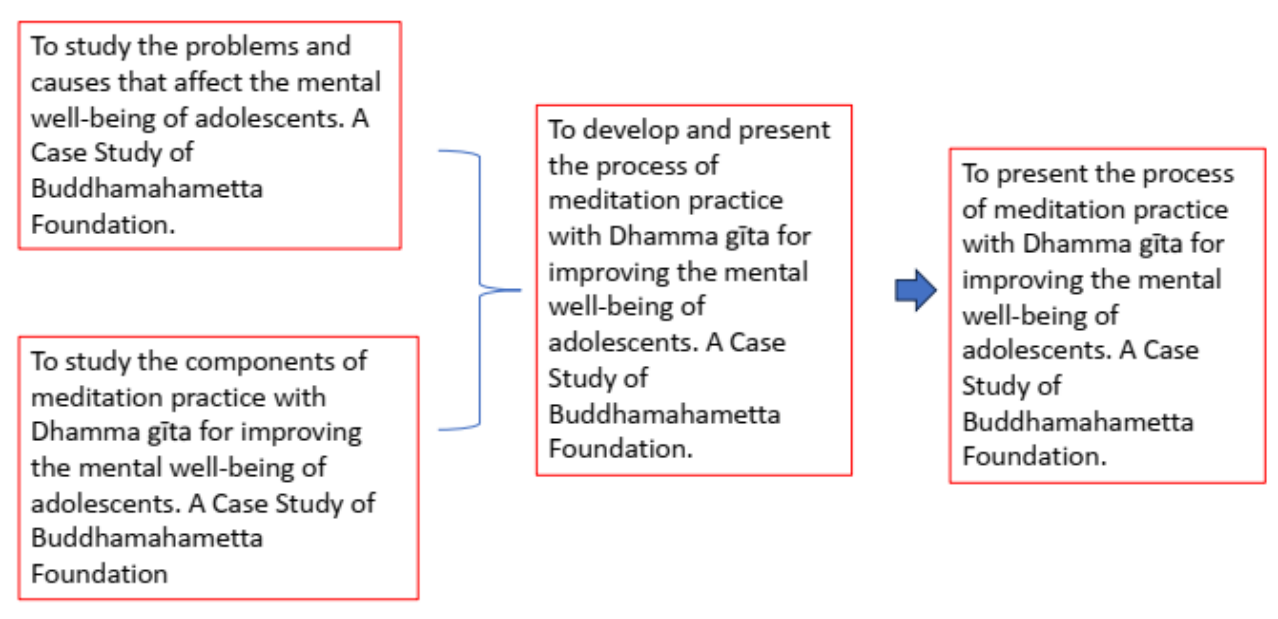


Figure 1: Conceptual Framework

Research Methodology

This study employed a mixed-methods approach, combining quantitative and qualitative techniques to develop and evaluate a gratitude-driven meditation model for adolescents. The research was conducted at the Buddhamahametta Foundation in Chiangrak Noi, Bang Pa-in District, Phra Nakhon Si Ayutthaya Province, Thailand. The research process was implemented in three key steps:

Step 1: Exploring Problems and Causes Affecting Adolescent Mental Well-Being

A purposive sample of 39 adolescents (aged 12-16) who had previously attended meditation retreats at the foundation was selected. Data collection was conducted from September to October 2024 using question form & open-ended questions, grounded in adolescent psychology and Buddhist principles. The question & interview form was validated by three experts with Item-Objective Congruence (IOC) scores ≥ 0.80. Interviews were recorded and analyzed using thematic content analysis to identify emotional challenges, sources of stress, and daily-life difficulties.

Step 2: Identifying Components of Meditation Practice with Dhamma Gīta

This phase involved 12 key informants, including meditation masters, adolescent practitioners, and mindfulness educators. A focus group discussion was conducted in November 2024, guided by themes on mindfulness and loving-kindness practices, adolescents' engagement with gratitude activities, and the role of Dhamma Gīta in emotional development. The discussion guide was validated (IOC ≥ 0.85) and designed in accordance with Morgan's (1998) focus group framework. The data were analyzed using qualitative content analysis to identify key themes and recurring patterns.

Step 3: Development and Evaluation of the MWL Program

In this final stage, a sample of 39 adolescents who completed at least four sessions of the Mindfulness Wisdom & Loving-Kindness (MWL) program was selected. The evaluation tools included a pre-test and post-test using the Thai Mental Health Indicator (TMHI-15), which measures positive thinking, positive relationships, and positive functioning. The TMHI-15 was validated (IOC ≥ 0.80) and showed strong reliability (Cronbach's alpha = 0.87). Data collection took place from December 2024 to February 2025. Quantitative data were analyzed using descriptive statistics (mean, SD) and inferential tests (paired-samples t-test and Wilcoxon Signed-Rank Test). Additionally, qualitative reflections and interviews were analyzed narratively to triangulate findings and support program evaluation.

This structured three-phase process ensures methodological rigor, yielding a well-rounded understanding of how the MWL program enhances adolescent mental well-being through a Buddhist-informed, gratitude-based approach.

Research Results

1) General data of the sampling group of 39 participants

Table 1: The number and percentage of general data of the sampling group of adolescents

No.	Description		# of key informants	Percentage
1	Gender	Female	15	38.46%
		Male	24	61.54%
2	Age	12-13 years old	21	53.85%
		14-15 years old	17	43.59%
		More than 15 years old	1	2.56%
3	Education	M1	19	48.72%
		M2	12	30.77%
		M3	8	20.51%
4	Meditation Times	1 time	28	71.79%
		2-3 times	8	20.51%
		4-5 times	2	5.13%
		More than 5 times	1	2.56%
5	Family Status	Living with parents	26	66.67%
		Living with relatives	8	20.51%
		Living with other guardians	4	10.26%
		Parents are divorced	1	2.56%
6	Hobbies	Playing sports	14	35.90%
		Playing video games	10	25.64%
		Watching TV/movies	11	28.21%
		Doing housework	2	5.13%
		Drawing and listening to music	1	2.56%
		Reading books	1	2.56%
7	Internet usage (average time per day)	1-3 hours	15	38.46%
		4-6 hours	9	23.08%
		More than 6 hours	15	38.46%
8	Social media usage	YouTube	3	7.69%
		Facebook	17	43.59%
		Instagram	8	20.51%
		TikTok	11	28.21%

Based on Table 1 and the research findings, the 39 adolescent participants were mostly male (61.54%) and aged 12–13 (53.85%), with most studying in Mathayom 1 (48.72%). The majority (71.79%) had meditated only once, showing they were mostly beginners. Two-thirds (66.67%) lived with parents, indicating a supportive home environment.

Their hobbies included sports (35.90%), watching TV/movies (28.21%), and playing video games (25.64%). Internet use was high, with 38.46% using it over 6 hours daily. Facebook (43.59%) and TikTok (28.21%) were the most popular platforms.

These results helped shape a beginner-friendly meditation model that integrates mindfulness, loving-kindness, and gratitude. The MWL program was designed to match adolescents' lifestyle and needs, and the research confirmed its effectiveness in improving emotional well-being and relationships.

2) The results of research based on an objective.

Objective 1: The results of research showed as follows:-

Table 2: The number (#) and percentage (%) of the sampling group's responses in Adolescent Stress Sources Based on Response Levels

Item	Description	Scale of Response									
		1 (Not at all)		2 (A little)		3 (Moderately)		4 (A lot)		5 (Completely)	
		#	%	#	%	#	%	#	%	#	%
1	Schoolwork and Exams	2	5.1%	8	20.5%	**20**	**51.3%**	7	17.9%	2	5.1%
2	Friendship Issues	**12**	**30.8%**	7	17.9%	11	28.2%	5	12.8%	4	10.3%
3	Family Problems	10	25.6%	**14**	**35.9%**	4	10.3%	7	17.9%	4	10.3%
4	Problems about a lover or love	**19**	**48.7%**	4	10.3%	6	15.4%	8	20.5%	2	5.1%
5	Social Media	12	30.8%	**15**	**38.5%**	3	7.7%	4	10.3%	5	12.8%
6	Uncertainty about the Future	5	12.8%	8	20.5%	7	17.9%	**12**	**30.8%**	7	17.9%

The data reveal that schoolwork and exams are the top stressors, with over 69% of adolescents feeling moderate to high stress. Uncertainty about the future is also a major concern, affecting 66.6%. Family problems and social media cause varying levels of stress, while friendship issues and romantic problems are less intense for most participants. Overall, academic pressure and anxiety about the future are the most significant sources of stress.

Table 2: The number (#) and percentage (%) of sampling group's responses in Stress from Social and Personal Concerns

Item	Description	Scale of Response									
		1 (Not at all)		2 (A little)		3 (Moderately)		4 (A lot)		5 (Completely)	
		#	%	#	%	#	%	#	%	#	%
1	Pressure to Fit In	13	33.3%	15	38.5%	5	12.8%	5	12.8%	1	2.6%
2	Concerns About Appearance	7	17.9%	8	20.5%	7	17.9%	12	30.8%	5	12.8%
3	Fear of Making Mistakes	3	7.7%	7	17.9%	9	23.1%	11	28.2%	9	23.1%
4	Afraid that the friend will change	11	28.2%	5	12.8%	10	35.6%	7	17.9%	6	15.4%
5	Uncertainty about the Future	7	17.9%	6	15.4%	8	20.5%	14	35.9%	4	10.3%

The data show that pressure to fit in is not a major concern for most adolescents, with 71.8% feeling no or only slight pressure. However, concerns about appearance affect 43.6% moderately to completely. Fear of making mistakes is a significant stressor, with over 74% feeling moderate to high anxiety. Worry about friends changing impacts 68.9% of respondents to varying degrees, indicating sensitivity to social relationships. Lastly, uncertainty about the future remains a strong concern, with 66.7% experiencing moderate to high stress. Overall, self-image, fear of failure, changing friendships, and future anxiety are key emotional challenges.

The findings from both tables indicate that academic pressure, especially from schoolwork and exams, is the most common source of stress among adolescents. In addition, uncertainty about the future, fear of making mistakes, and concerns about appearance are significant emotional challenges. While the pressure to fit in is less impactful for most, issues such as changing friendships, family problems, and social media contribute to varying levels of stress. Overall, adolescents face stress mainly from academic expectations, self-image, and social-emotional uncertainties.

Objective 2.

Table 3: The number (#) and percentage (%) of the sampling group's responses in Beliefs About Practices That Help Reduce Anxiety

Item	Description	Scale of Response									
		1 (Strongly Disagree)		2 (Disagree Slightly)		3 (Moderately Agree)		4 (Agree a Lot)		5 (Strongly Agree)	
		#	%	#	%	#	%	#	%	#	%
1	Mindfulness (Sati)	1	2.6%	8	20.5%	12	30.8%	12	30.8%	6	15.4%
2	Loving-Kindness (Metta)	5	12.8%	1	2.6%	7	17.9%	14	35.9%	12	30.8%
3	Gratitude (Katanyu)	3	7.7%	3	7.7%	6	15.4%	17	43.6%	10	25.6%

The results show that most adolescents agree that mindfulness (Sati), loving-kindness (Metta), and gratitude (Katanyu) can help reduce anxiety and build confidence. Specifically, 76.9% agreed that mindfulness is helpful, 84.6% agreed that loving-kindness has benefits, and 84.8% supported the role of gratitude. This indicates that most participants recognize the emotional value of these practices in improving their mental well-being.

According to Table 5, adolescents found all meditation activities helpful for improving mental well-being. The most helpful activities were walking and sitting meditation with Dhamma Gīta (74.4% rated it as "a lot" or "very helpful") and Dhamma preaching (71.8%). Other highly rated activities include loving-kindness practice, slow bowing to the Buddha, and the Parent and Teacher Appreciation sessions, with most participants rating them as moderately to very helpful. Overall, the program was well-received, with participants feeling that these practices supported their emotional and mental wellness

The results show that key components such as mindfulness, loving-kindness, and gratitude are widely recognized by adolescents as helpful in reducing anxiety and boosting confidence. Additionally, meditation activities with Dhamma Gīta, especially walking/sitting meditation and Dhamma

preaching, were found to be highly helpful. Overall, these practices effectively support adolescent mental well-being, fulfilling Objective 2.

Table 5: The number (#) and percentage (%) of the sampling group's responses in the Helpfulness of Meditation Practices with Dhamma Gīta

Item	Description	Scale of Response									
		1 (Not helpful at all)		2 (A little helpful)		3 (Moderately helpful)		4 (A lot helpful)		5 (Very helpful)	
		#	%	#	%	#	%	#	%	#	%
1	Walking meditation and Sitting Meditation with Dhamma gita	0	0.0%	5	12.8%	5	12.8%	17	43.6%	12	30.8%
2	Slowly bowing the Buddha	0	0.0%	5	12.8%	9	23.1%	13	33.3%	12	30.8%
3	Practicing loving-kindness	1	2.6%	4	10.3%	9	23.1%	15	38.5%	10	25.6%
4	Session : "Parent Appreciation"	2	5.1%	4	10.3%	9	23.1%	16	41%	8	20.5%
5	Session : "Teacher Appreciation"	0	0.0%	5	12.8%	10	25.6%	15	38.5%	9	23.1%
6	Session : "Dhamma preaching"	0	0.0%	5	12.8%	6	15.4%	15	38.5%	13	33.3%

Objective 3.

The result of research has consisted of the result of Quasi-Experimental research and Qualitative Research as follows:-

1) The result of Quasi-Experimental Research

Table 6: The result of comparing the difference in average scores of mental well-being status pretest and posttest of practicing Mindfulness Wisdom & Loving-kindness (MWL) program using a dependent T-test

Comparison	Pre-test		Post-test		T-test	p-value
	Mean	SD	Mean	SD		
Score	42.4103	4.5982	43.2308	4.8038	4.0866	0.0002

The results from the quasi-experimental research show that the Mindfulness, Wisdom & Loving-kindness (MWL) program significantly improved adolescents' mental well-being. After participating in the program,

students' average mental well-being scores increased from 42.41 to 43.23. The statistical test ($t = 4.09$, $p = 0.0002$) confirms that this improvement is not due to chance but a real, meaningful change. This means the MWL program, with meditation and Dhamma Gīta, was effective in supporting the emotional and mental health of young participants at the Buddhamahametta Foundation.

2) Result of the Qualitative Research

The qualitative findings from focus groups and in-depth interviews confirm that the *MWL program, which uses the Dhamma Gīta,* is highly effective in improving adolescents' mental well-being. Participants shared that Dhamma music made meditation *more enjoyable, calming, and meaningful,* helping them feel more focused, emotionally balanced, and connected to Buddhist values—even if they didn't fully understand the lyrics.

Each activity had unique benefits:

- *Walking & sitting meditation* improved focus, peace of mind, and emotional control.
- *Bowing to the Buddha* fostered mindfulness and gratitude.
- *Loving-kindness practice* brought feelings of warmth, happiness, and compassion.
- *Parent and Teacher Appreciation sessions* deepened empathy and strengthened family and school relationships.
- *Dhamma preaching* gave useful life guidance and emotional clarity.

Participants reported an *average satisfaction score of 8.31 out of 10*, showing they valued the program highly. In summary, the MWL program offered a practical, joyful, and deeply meaningful way for adolescents to improve their mental well-being through meditation and music, while also supporting emotional, social, and spiritual growth.

Discussions

This research found that the main problems affecting adolescent mental well-being (Objective 1) included academic pressure, family conflict, peer relationships, and social media stress. This is consistent with the concept of emotional vulnerability in adolescence presented by Kieling et al. (2011), which identifies school stress and social influences as major mental health risks. This aligns with the underlying assumption that adolescents face complex emotional

challenges requiring holistic support. This may be because adolescents are navigating physical, emotional, and social changes simultaneously, with limited coping tools. As the research of Garofoli (2020) confirms, adolescents often suffer from anxiety, depression, and emotional instability due to unresolved social and academic pressures. So, identifying the roots of these stressors is critical for designing effective interventions.

As for Objective 2, the components of effective meditation practice for adolescents were found to include mindfulness (sati), loving-kindness (mettā), and gratitude (kataññutā), particularly when practiced through Dhamma Gīta. This is consistent with the Four Foundations of Mindfulness in the *Satipaṭṭhāna Sutta* (MN 10) and the practice of loving-kindness taught in the *Karaṇīya Mettā Sutta* (Sn 1.8). It also supports the theory of gratitude and social bonding as described by Kyeong et al. (2017), who showed that gratitude meditation improves emotional regulation and neural connectivity. This aligns with the underlying assumption that Buddhist values, when integrated through accessible formats such as Dhamma music, can support emotional development. This may be because music enhances emotional engagement, and gratitude rituals such as bowing and chanting connect adolescents to their cultural and spiritual identity. As research by Thanissaro (2010) and Jiwattanasuk (2021) has found, bowing and Dhamma Gīta foster moral awareness and family connection. So, combining mindfulness and Buddhist music helps create a holistic space for emotional healing.

For Objective 3, the findings indicate that the MWL Program significantly enhanced adolescents' mental well-being by strengthening self-awareness, emotional balance, and positive relationships. This result corresponds with Kabat-Zinn's (1990) mindfulness-based stress reduction model, which emphasizes present-moment awareness as a foundation for emotion regulation, and with Bluth et al. (2016), who highlight the role of mindfulness and self-compassion in adolescent resilience. It also supports previous evidence that mindfulness- and compassion-based practices can improve psychological flexibility and emotional well-being among young people (Biegel et al., 2009; Kearney et al., 2013).

The distinctive contribution of the MWL Program lies in its integration of mindfulness, wisdom, loving-kindness, gratitude, and Dhamma Gīta into a culturally grounded model. Unlike many mindfulness programs that focus mainly

on attention training and stress reduction, the MWL model extends practice into relational and moral development. Loving-kindness helps adolescents cultivate compassion toward themselves and others, while gratitude practices deepen appreciation toward parents, teachers, and supportive communities. Dhamma Gīta makes meditation more emotionally accessible by using Buddhist music to calm the mind, support reflection, and communicate moral values in a form suitable for adolescents. This may explain why participants reported greater calmness, emotional strength, and interpersonal connection after practice. Similar benefits were also found in Jiwattanasuk et al. (2025), where mindfulness-based practice promoted peace and emotional resilience in a multicultural group. Thus, the MWL Program offers a holistic approach that supports both adolescent mental health and character formation.

Knowledge from Research

The new knowledge generated by this research is the *MWL Gratitude-Driven Meditation Model*, a Buddhist-informed framework for enhancing adolescent mental well-being that integrates mindfulness, wisdom, loving-kindness, gratitude, and the *Dhamma Gīta*. The model demonstrates that adolescent mental well-being can be strengthened when meditation is presented not only as silent mental training but also as an emotionally meaningful, culturally familiar, and relationally grounded practice.

The model consists of four interrelated dimensions. The first dimension is *Mindfulness (sati),* which trains adolescents to become aware of their body, feelings, thoughts, and emotional reactions. This dimension helps reduce distraction, anxiety, and impulsive responses by developing attention, calmness, and self-observation. The second dimension is *Wisdom (paññā),* which supports reflection on the causes of suffering, emotional distress, and interpersonal conflict. Through guided reflection and Dhamma teaching, adolescents learn to understand their experiences more clearly and respond to difficulties with greater maturity.

The third dimension is *Loving-kindness (mettā)*, which cultivates goodwill, compassion, forgiveness, and positive relationships with oneself, family members, teachers, peers, and others. This dimension is especially important for adolescents who experience stress from family expectations, peer relationships, and social comparison. The fourth dimension is *Gratitude (kataññutā),* which functions as the emotional and moral core of the model. Gratitude is cultivated

through appreciation for parents and teachers, bowing meditation, chanting, reflection, and the *Dhamma Gīta*. These practices help adolescents recognize the kindness they have received and transform emotional distance into respect, empathy, and connection.

Within the model, *Dhamma Gīta* serves as a *cultural-emotional medium* that makes Buddhist meditation more accessible to adolescents. Music softens resistance to meditation, creates emotional engagement, and helps transmit Buddhist values in a form that is easier for young people to receive. Even when participants do not fully understand the lyrics, the rhythm, melody, and contemplative atmosphere support calmness, attention, and emotional openness.

The process of the MWL model can be summarized as follows:

Mindfulness → Wisdom → Loving-kindness → Gratitude → Emotional Resilience and Mental Well-Being

Through this process, adolescents move from scattered attention to self-awareness, from emotional confusion to reflective understanding, from self-centered stress to compassionate connection, and from relational distance to gratitude-based appreciation. The expected outcomes are improved emotional balance, reduced stress, stronger concentration, greater empathy, better relationships with parents and teachers, and increased inner calm.

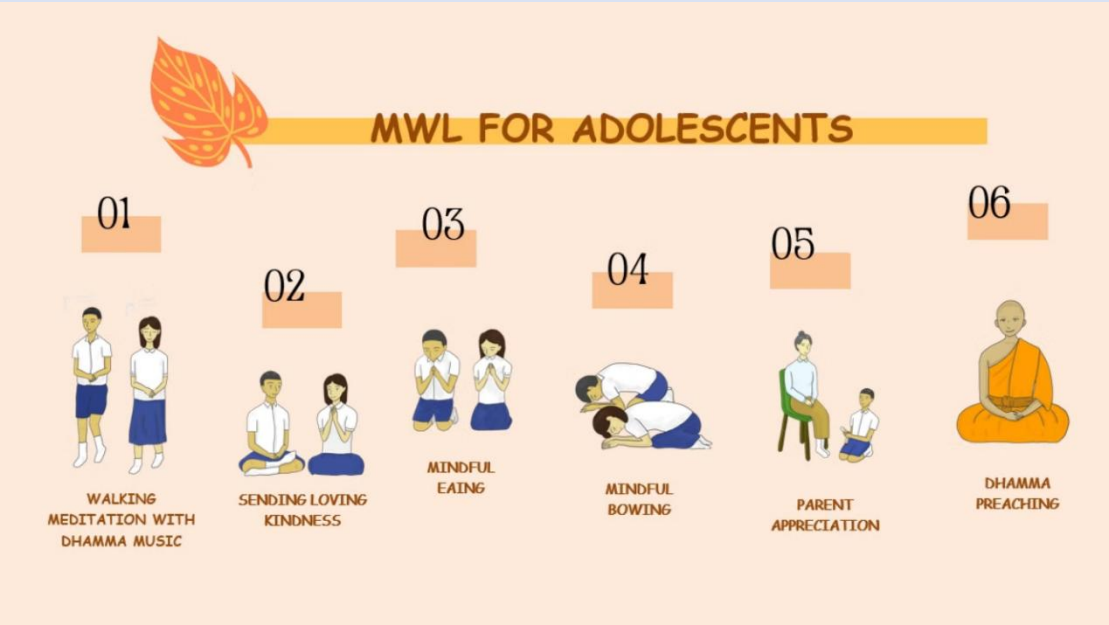


Figure 2: Mindfulness, Wisdom, and Loving-Kindness (MWL) Activities for Adolescents

Thus, the MWL Gratitude-Driven Meditation Model contributes to Buddhist studies, youth mental health, and holistic education by offering a practical, culturally grounded approach to adolescent well-being. It shows that Buddhist meditation for adolescents can be strengthened when mindfulness and loving-kindness are combined with gratitude practice and *Dhamma Gīta*. The model is suitable for application in schools, temples, youth development programs, meditation retreats, and community-based mental health promotion.

Conclusion

This study concludes that the Mindfulness, Wisdom, and Loving-Kindness Program offers a practical and culturally grounded model for enhancing adolescent mental well-being through Buddhist-informed meditation and Dhamma Gīta. The findings show that adolescents at the Buddhamahametta Foundation experienced emotional distress from multiple sources, especially academic pressure, uncertainty about the future, fear of failure, self-image concerns, family issues, peer relationships, and social media influences. These stressors indicate the need for accessible, non-clinical, and holistic approaches that strengthen emotional resilience and inner stability.

The study further confirms that mindfulness, loving-kindness, and gratitude are central components of adolescent mental well-being. When combined with Dhamma Gīta, bowing meditation, walking and sitting meditation, parent appreciation, teacher appreciation, and Dhamma preaching, these practices became more engaging and meaningful for adolescents. Participants reported that Buddhist music made meditation calmer, more enjoyable, and easier to connect with emotionally, even when they did not fully understand the lyrics. The program, therefore, succeeded not only as a meditation practice but also as a moral and relational learning process.

The quasi-experimental findings showed improvements in mental well-being scores after participation in the MWL Program, while qualitative data confirmed greater emotional balance, focus, gratitude, and compassion, as well as stronger relationships with parents, teachers, and peers. These findings suggest that the MWL Program can be adapted for schools, temples, youth centers, and community-based mental health programs. However, future research should examine the model's long-term effects, compare outcomes with control groups, and test its applicability across diverse cultural and educational contexts. Overall, this research demonstrates that Buddhist gratitude-based meditation with

Dhamma Gīta can support adolescents' emotional, social, and spiritual development in contemporary society.

Suggestion

Based on the research findings, the following suggestions are proposed:

1. **For Schools and Educators**, schools should consider integrating the MWL program into student development activities or mental health support programs. Short daily practices such as walking meditation with *Dhamma Gīta* or loving-kindness sessions can help reduce student stress and improve focus.
2. **For Community and Religious Organizations,** Temples, youth centers, and community groups can adopt the program during school breaks or weekends. Activities like parent and teacher appreciation sessions can strengthen family and community relationships.
3. **For Future Research** Future studies could explore the long-term effects of the MWL program or compare outcomes across diverse cultural settings to expand its applicability.

In conclusion, the MWL model offers a practical, low-cost, and meaningful way to support adolescents' mental well-being and should be shared and expanded through schools and community networks.

References

Biegel, G. M., Brown, K. W., Shapiro, S. L., & Schubert, C. M. (2009). Mindfulness-based stress reduction for the treatment of adolescent psychiatric outpatients: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 77*(5), 855–866.

Bluth, K., Gaylord, S. A., Campo, R. A., Mullarkey, M. C., & Hobbs, L. (2016). Making friends with yourself: A mixed methods pilot study of a mindful self-compassion program for adolescents. *Mindfulness, 7*(2), 479–492.

Bodhi, B. (Trans.). (2000). *The connected discourses of the Buddha: A translation of the Saṁyutta Nikāya* (Vol. I–II). Boston: Wisdom Publications. (Sn 1.8)

Garofoli, M. (2020). Adolescent substance abuse. *Primary Care: Clinics in Office Practice, 47*(2), 383–394.

Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion, 10*(1), 83–91.

Husna, N. N., & Rinjani, D. (2022). The role of music in the life of teenagers. *Jurnal Seni Musik, 11*(1), 19–25.

Jiwattanasuk, N. (2021). *A process of development for peaceful well-being of meditation practitioners through Buddhist peaceful means: A case study of Buddhamahametta Foundation*. [PhD's dissertation, Mahachulalongkornrajavidyalaya University].

Jiwattanasuk, N., Vasuratna, V., & Deegalle, M. (2025). Mindfulness-based practices for multicultural meditation practitioners to develop mental well-being. *ABAC ODI Journal Vision. Action. Outcome*, *12*(2), 225–242.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. (15th anniversary ed.). Delta Trade Paperback/Bantam Dell.

Kearney, D. J., McDermott, K., Malte, C., Martinez, M., & Simpson, T. L. (2013). Loving-kindness meditation for posttraumatic stress disorder: A pilot study. *Journal of Traumatic Stress, 26*(4), 426–434.

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., Rohde, L., Srinath, S., Ulkuer, N. & Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. *The Lancet, 378*(9801), 1515–1525.

Kyeong, S., Kim, J., Kim, D. J., Kim, H. E., & Kim, J. J. (2017). Effects of gratitude meditation on neural network functional connectivity and brain-heart coupling. *Scientific Reports, 7*(1). https://doi.org/10.1038/s41598-017-05520-9.

Ñāṇamoli, B., & Bodhi, B. (Trans.). (1995). *The Middle Length Discourses of the Buddha: A translation of the Majjhima Nikāya*. Boston: Wisdom Publications. (MN 10)

O'Leary, K., & Dockray, S. (2015). The effects of two novel gratitude and mindfulness interventions on well-being. *Journal of Alternative and Complementary Medicine, 21*(4), 243–245.

Schroter, F. A., & Jansen, P. (2022). Making peace with disliked others: The effects of a short loving-kindness meditation on implicit and explicit emotional evaluations. *BMC Psychology, 10*(1). https://doi.org/10.1186/s40359-022-00817-5.

Thanissaro, N. (2010). 'Heaven starts at your parents' feet': Adolescent bowing to parents and associated spiritual attitudes. *International Journal of Children's Spirituality, 15*(4), 295–305.

Woodward, F. L. (Trans.). (1932). *The Book of the Gradual Sayings (Aṅguttara Nikāya), Vol. I*. London: Pali Text Society. (A I 61, A II 128)

World Health Organization. (2024). *Adolescent mental health: Fact sheets*. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

The Influence of Architectural Design Elements on Patient Psychological Comfort in Healthcare Settings

Rommanee Suriyaarunroj
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: rommanees@hotmail.com
Received 16/06/2025; Revised 19/04/2026; Accepted 20/04/2026

Abstract

Patient's psychological comfort is a central yet often underexamined dimension of healthcare quality and patient-centered care. Hospital environments can intensify anxiety, uncertainty, loss of control, and emotional distress, or they can support calmness, dignity, privacy, and reassurance. This study investigates how architectural design elements influence patient psychological comfort in healthcare settings. It has three objectives: to examine the relationship between architectural design elements and patient psychological comfort; to identify the design features most strongly associated with patient stress, anxiety, perceived safety, satisfaction, and well-being; and to develop evidence-based design recommendations for therapeutic and patient-centered healthcare environments. A mixed-methods approach was employed, combining surveys, questionnaires, interviews, observations, and environmental assessments. Quantitative data were analyzed using descriptive statistics and correlation analysis, while qualitative data were examined through comparative interpretation and content analysis.

The findings indicate that daylight, views of nature, coherent spatial organization and wayfinding, privacy, noise control, indoor environmental quality, and family-supportive spaces are consistently associated with more positive patient experiences. These elements correspond with lower reported stress and anxiety, better restfulness and mood, stronger perceptions of safety and dignity, and higher satisfaction with the healthcare environment. The study argues that healthcare architecture should be understood not simply as physical infrastructure but as an active component of care that shapes how patients feel, cope, and experience recovery. The article contributes to healthcare architecture, environmental

psychology, and evidence-based design by offering actionable recommendations for creating restorative healthcare settings that enhance psychological comfort and strengthen patient-centered care.

Keywords: Architectural design; Patient psychological comfort; Healthcare settings; Evidence-based design; Biophilic design; Buddhist-humanistic care; Patient-centered care

Introduction

The design of healthcare facilities plays a significant role in shaping patient experience, psychological comfort, and perceptions of the quality of care. Hospitals and healthcare centers are not neutral physical settings; they are environments where patients experience vulnerability, uncertainty, pain, fear, and dependence on others. For this reason, architectural design can either intensify patient stress or support emotional security, dignity, and healing. Patient psychological comfort is influenced not only by medical treatment but also by the built environment, including lighting, room layout, privacy, noise levels, access to nature, colors, circulation, indoor environmental quality, and social spaces.

Evidence-Based Design (EBD) has increasingly emphasized the relationship between architectural environments and patient outcomes. EBD refers to the use of research evidence to inform design decisions that improve health, safety, comfort, and user experience. In healthcare settings, evidence-based design focuses on how environmental features can support healing, reduce stress, increase satisfaction, and improve the quality of care. Harris et al. (2024) argue that evidence-based design requires the systematic evaluation and translation of research into actionable design recommendations. Similarly, Li et al. (2024) found that healthcare building performance and environmental quality influence patient satisfaction, safety, and recovery through both direct and socio-psychological pathways.

The importance of architectural design is also supported by environmental psychology, which explains how physical surroundings influence human behavior, emotion, and well-being. Bell et al. (1978) emphasized that environmental conditions affect human perception, stress responses, and social behavior. In hospitals, these effects become especially important because patients are often in physically and emotionally vulnerable conditions. Poorly designed environments,

such as noisy wards, crowded rooms, confusing layouts, insufficient natural light, and limited privacy, may increase anxiety, reduce restfulness, and weaken patients' sense of control. Conversely, supportive environments can provide sensory comfort, autonomy, privacy, and reassurance.

Recent healthcare design research has highlighted specific architectural elements that influence patient comfort. Natural light and access to nature are associated with reduced stress, improved mood, and emotional restoration (Al Khatib et al., 2024; Du et al., 2026). Hospital restfulness can be improved through environmental and operational redesign, especially when interventions address noise, nighttime disruption, uncertainty, and loss of control (Catley et al., 2024). Patient comfort is also shaped by the physical and social environments, indicating that healthcare design must support both psychological and physical well-being (Tian, 2023). These findings suggest that healthcare architecture can function as a therapeutic resource rather than merely a technical container for clinical services.

In addition to environmental psychology and evidence-based design, Buddhist knowledge offers a valuable humanistic perspective on patients' psychological comfort. Buddhist teachings emphasize compassion, loving-kindness, mindfulness, non-harming, and the reduction of suffering. These principles are relevant to healthcare environments because patients often experience fear, vulnerability, uncertainty, and emotional distress. A healing environment should therefore support not only physical recovery but also inner calm, dignity, emotional security, and compassionate care. From this perspective, architectural design can be understood as part of a wider ethical effort to reduce suffering and promote well-being.

Despite growing recognition of the relationship between design and well-being, many healthcare facilities still lack standardized, practical, and cost-effective design guidelines to improve patients' psychological comfort. Existing studies often examine individual design elements separately, such as lighting, noise, privacy, air quality, or access to nature, but fewer studies synthesize these elements into a practical framework for healthcare design. Moreover, a gap persists between architectural theory and practical implementation in hospitals, especially in settings where budget, infrastructure, and administrative priorities limit design improvements.

The research problem of this article is therefore grounded in the need to understand how architectural design elements influence patient psychological comfort in healthcare settings. Many hospitals continue to prioritize clinical efficiency, capacity, and technical function, while underestimating the psychological effects of the built environment. However, if patient-centered care is to be fully realized, healthcare design must address not only treatment delivery but also patients' emotional, psychological, social, and spiritual experiences.

Accordingly, this study aims to examine the relationship between architectural design elements and patients' psychological comfort; analyze key design features that influence patients' stress, anxiety, perceived safety, satisfaction, and overall well-being; and develop evidence-based design recommendations for healthcare facilities. The article contributes to healthcare architecture and patient-centered care by clarifying how design elements such as natural light, views, spatial layout, privacy, noise control, access to nature, indoor environmental quality, and social spaces can be used to create more supportive and healing healthcare environments.

Research Objectives

To examine the relationship between architectural design elements and patient psychological comfort in healthcare settings.

To analyze the key architectural features that influence patient stress, anxiety, perceived safety, satisfaction, and overall well-being.

To develop evidence-based design recommendations for healthcare facilities that enhance patient psychological comfort and promote patient-centered care.

Literature Review

The literature on healthcare architecture increasingly recognizes that the built environment is not merely a physical container for medical services but an active determinant of patient comfort, safety, satisfaction, and well-being. Evidence-Based Design (EBD) provides a major theoretical foundation for this view by linking architectural decisions with measurable outcomes in health, comfort, safety, and care quality. Harris et al. (2024) argue that EBD requires the systematic evaluation of

credible research and the translation of that research into practical design strategies. In this sense, hospital design should be guided not only by aesthetics, efficiency, or technical requirements, but also by evidence on how environmental conditions affect patient experience. Li et al. (2024), in a review of 99 studies, further show that healthcare environments influence patient recovery, satisfaction, and safety through building performance, room layout, air quality, lighting, interior decoration, and indoor environmental quality. These findings support the present study's assumption that architectural design elements are closely connected with patient psychological comfort.

Patient psychological comfort refers to the emotional and mental ease that patients experience during healthcare encounters. It includes reduced anxiety, perceived safety, dignity, privacy, trust, restfulness, satisfaction, and a sense of control. Hospitals are often associated with fear, uncertainty, pain, unfamiliar surroundings, and loss of autonomy; therefore, environmental design can either intensify distress or support emotional reassurance. Tian (2023) emphasizes that both the physical and social environments are crucial to patient comfort in hospitals. Similarly, Evans et al. (2025) argue that measuring and improving patient experience are essential components of healthcare quality. From this perspective, architectural design contributes to patient-centered care by creating spaces that are calm, understandable, private, restorative, and supportive of recovery.

A complementary perspective can be drawn from Buddhist-humanistic thought, which understands suffering not only as physical pain but also as mental distress, fear, anxiety, attachment, and loss of inner balance. Buddhist principles such as mindfulness, loving-kindness, compassion, and non-harming provide an ethical lens for interpreting healing environments. Thich Nhat Hanh (2004) emphasizes love and understanding as conditions for awakening the heart, while Salzberg (2002) presents loving-kindness as a disciplined cultivation of goodwill toward oneself and others. Payutto (2021) likewise highlights the Buddhist aim of understanding suffering and cultivating conditions conducive to well-being. Although Buddhist knowledge does not replace architectural or clinical evidence, it enriches the meaning of patient comfort by emphasizing calmness, compassion, dignity, and reduction of suffering.

Among specific architectural elements, natural light and access to nature are strongly supported in the literature. Biophilic design integrates daylight, greenery,

gardens, natural materials, views of nature, and restorative sensory experiences into built environments. Al Khatib et al. (2024) found that therapeutic biophilic design in hospitals can reduce anxiety, pain, patient harm, hospital stay duration, and stress among healthcare providers. Du et al. (2026) similarly report that nature-integrated design can enhance stress recovery, emotional well-being, sleep quality, satisfaction, and perceived comfort. These studies suggest that nature-based design should be understood as a therapeutic strategy rather than as a decorative enhancement.

Spatial organization, privacy, and sense of control are also central to psychological comfort. Clear layouts, accessible circulation, proximity to essential facilities, and uncluttered spaces can reduce confusion and strengthen perceived safety. In contrast, crowded rooms, poor orientation, and limited access to facilities may increase anxiety. Li et al. (2024) identify room layout and indoor environmental quality as key contributors to satisfaction, recovery, and safety. Privacy is particularly important because healthcare settings often involve physical vulnerability, sensitive conversations, and dependence on staff. Arafat and Atreya (2024) show that hospital environmental factors influence comfort, safety, privacy, and stress, especially among geriatric inpatients.

Noise control and indoor environmental quality further shape patient experience. Noise from alarms, conversations, equipment, and corridor traffic can disrupt rest and increase stress. Catley et al. (2024) found that interventions designed to improve inpatient restfulness increased nighttime quietness and sleep opportunity. Indoor environmental quality, including lighting, ventilation, air quality, temperature, cleanliness, acoustics, and sensory comfort, also affects patients who spend extended periods in healthcare facilities. Overall, the literature reveals a clear research gap: many studies examine individual design elements, but few synthesize them into integrated, evidence-based recommendations to enhance patients' psychological comfort.

The reviewed literature provides strong evidence that healthcare environments influence patients' psychological comfort, satisfaction, recovery experiences, and well-being. However, several gaps remain. First, many studies focus on individual environmental features rather than integrated design strategies. Second, more research is needed on how architectural design affects different patient groups, including elderly patients, children, patients with disabilities, and culturally diverse populations. Third, although recent reviews support biophilic design and

indoor environmental quality, long-term clinical and psychological outcomes remain insufficiently studied. Du et al. (2026) specifically note that evidence for long-term clinical outcomes remains limited and that methodological differences across studies make comparison difficult.

This study addresses these gaps by examining architectural design elements as a set of combined influences on patients' psychological comfort and by developing evidence-based recommendations for healthcare settings. The literature supports the central argument of this article: healthcare architecture should be treated as an active component of patient-centered care because it can reduce stress, support dignity, improve restfulness, and enhance overall patient experience.

Conceptual Framework

This study is based on the assumption that architectural design elements influence patients' psychological comfort by shaping their emotional, sensory, spatial, social, and spiritual experiences in healthcare settings. The independent variables are architectural design elements, including natural light, views of nature, room layout, color scheme, privacy, noise levels, access to nature, social spaces, amenities, and indoor environmental quality.

The mediating processes include stress reduction, perceived safety, sense of control, privacy, emotional calm, sensory comfort, restfulness, environmental satisfaction, and dignity. These processes explain how architectural design affects the patient experience. For example, natural light may reduce stress and improve mood; privacy may strengthen dignity and emotional security; clear layouts may increase perceived control; and access to nature may promote relaxation.

The dependent variables are patient psychological comfort and related outcomes, including reduced anxiety, lower stress, increased satisfaction, improved overall well-being, and a more positive recovery experience. The conceptual framework, therefore, follows this pathway: architectural design elements influence patient psychological comfort, which in turn supports patient-centered healthcare experience.

Buddhist knowledge is included in this framework as a contextual humanistic lens. Principles such as mindfulness, compassion, loving-kindness, non-harming, and the reduction of suffering help explain why architectural elements such as

natural light, quietness, privacy, access to nature, and calming aesthetics are important. They create environmental conditions that reduce distress, support inner calm, protect dignity, and promote compassionate healing.

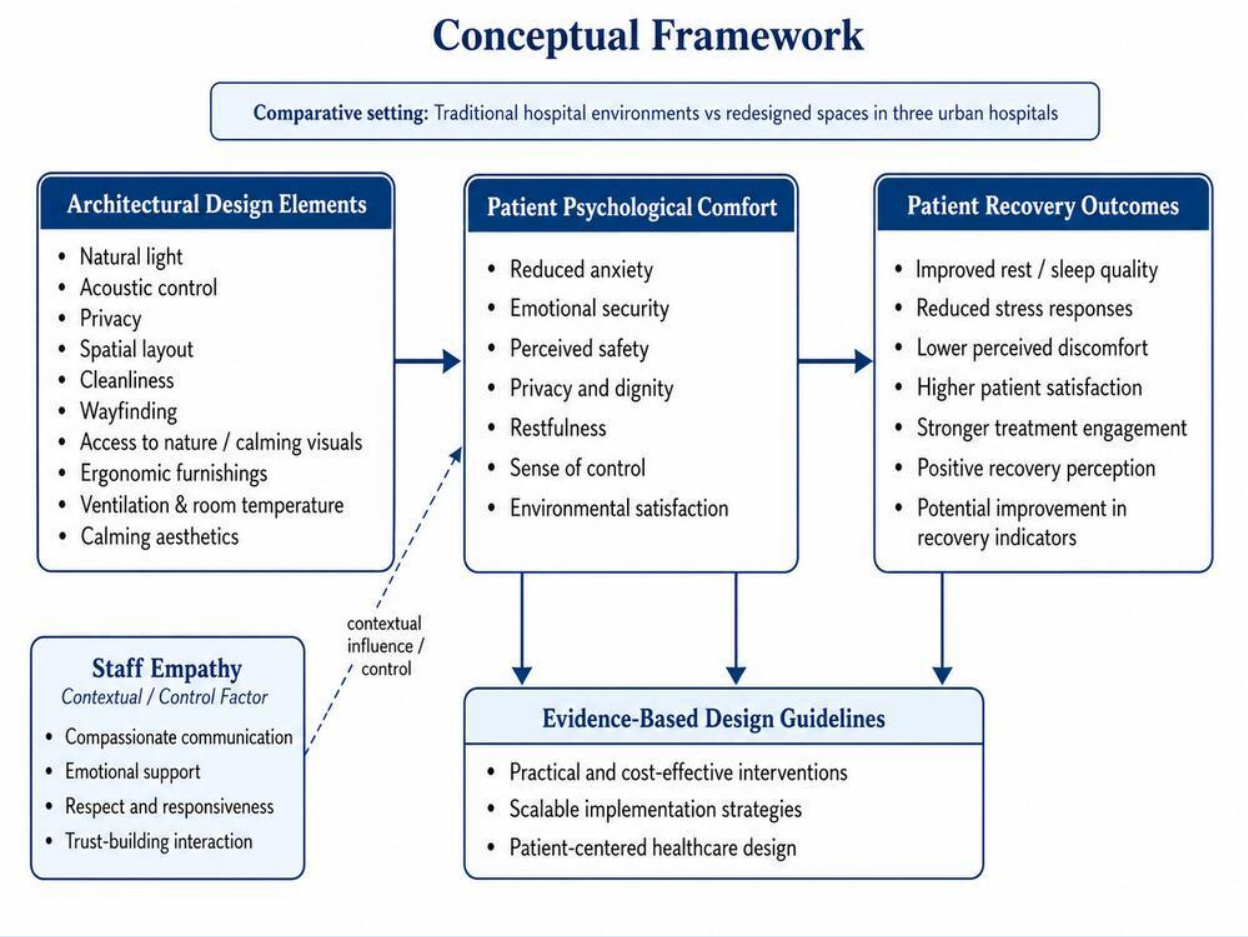


Figure 1: Conceptual framework of architectural design elements, patient psychological comfort, and recovery experience

Research Methodology

This study employed a mixed-methods research design to examine the influence of architectural design elements on patient psychological comfort in healthcare settings. Mixed methods were appropriate because the study sought to measure patient perceptions quantitatively while also exploring patient and stakeholder experiences qualitatively.

The research areas included healthcare environments such as hospitals, medical-surgical units, recovery rooms, and rehabilitation-related spaces. The study focused on both traditional and renovated healthcare environments in order to compare how different architectural conditions influence patient comfort.

The participants included patients in healthcare facilities, healthcare staff, and architects or design-related stakeholders. Patients were included because they directly experienced the healthcare environment. Healthcare staff were included because they could provide insights into how design affects care delivery and patient experience. Architects or design stakeholders were included because they could explain design intentions, environmental constraints, and implementation challenges.

The research instruments included surveys, questionnaires, interviews, observations, and environmental measurements. Surveys and questionnaires were used to collect patient perceptions of comfort, stress, anxiety, satisfaction, privacy, and overall well-being. Interviews were used to collect deeper insights from patients, healthcare staff, and architects. Observations were used to assess how patients interacted with physical spaces. Environmental measurements focused on design elements such as lighting, noise levels, spatial organization, access to nature, and room layout.

Data collection was conducted through three main procedures. First, surveys and questionnaires were administered to patients to measure perceived psychological comfort and satisfaction with the healthcare environment. Second, interviews were conducted with patients, healthcare staff, and architects to obtain qualitative data on experiences of design, comfort, privacy, stress, and healing. Third, observations and environmental assessments were conducted in different healthcare settings to document design characteristics and spatial conditions.

Quantitative data were analyzed using descriptive statistics, including mean, frequency, percentage, and standard deviation. Inferential statistics, including correlation analysis, t-tests, and ANOVA, were used where appropriate to examine relationships between architectural design elements and patient psychological comfort. Qualitative data from interviews and observations were analyzed through content analysis and thematic interpretation. The results were then synthesized to develop evidence-based design recommendations for healthcare facilities.

Research Results

Objective 1: Relationship Between Architectural Design Elements and Patient Psychological Comfort

The study found that architectural design elements were closely related to patient psychological comfort. The most influential elements were natural light and views, spatial organization, privacy, noise control, access to nature, social spaces, and patient amenities. These features shaped patients' perceptions of safety, relaxation, autonomy, emotional calm, and overall comfort.

Natural light and views of nature showed a strong positive influence on patient comfort. Patients who stayed in rooms with larger windows, sufficient daylight, and views of outdoor or green spaces reported lower stress, improved mood, and a greater sense of calm. These findings are consistent with Ulrich's (1984) research on natural views and recovery, as well as recent biophilic design reviews showing that nature-integrated environments support stress reduction and patient well-being (Al Khatib et al., 2024; Du et al., 2026).

Spatial organization also influenced psychological comfort. Patient rooms and common areas that provided clear pathways, sufficient space for movement, and easy access to essential facilities contributed to patients' sense of control and safety. Single-patient rooms and privacy-supportive spaces increased patients' sense of dignity and autonomy. Social spaces and family areas also enhanced patient satisfaction and emotional well-being by supporting family interaction, rest, and emotional support.

Objective 2: Key Architectural Features Influencing Patient Well-Being

The study identified several key architectural features that significantly influenced patient stress, anxiety, perceived safety, satisfaction, and overall well-being. These features included natural lighting, room layout, noise control, access to nature, privacy, calming environmental design, and indoor environmental quality.

Natural lighting was one of the strongest contributors to psychological comfort. Patients exposed to natural light reported reduced stress, better mood, and greater emotional stability. Natural light helped create a sense of openness and reduced the institutional atmosphere of hospital environments. Adjustable lighting

also contributed to patient autonomy by allowing patients to control their immediate surroundings.

Room layout and spatial design played an important role in reducing anxiety. Open, uncluttered, and accessible layouts allowed patients to move more easily and feel safer within the healthcare environment. Rooms that provided personal space, clear circulation, and proximity to bathrooms or nursing stations improved patients' sense of security and independence. In contrast, crowded or poorly organized spaces increased discomfort and uncertainty.

Noise control was found to be essential for psychological comfort. High noise levels contributed to stress, anxiety, sleep disturbance, and dissatisfaction. Quieter environments, supported by sound-absorbing materials, careful room placement, and reduced noise from equipment or corridors, helped patients feel more relaxed and protected. This finding supports Catley et al.'s (2024) conclusion that restfulness can be improved through hospital environmental redesign.

Access to nature and biophilic design had a positive influence on patient well-being. Gardens, green spaces, natural views, and calming visual elements provided opportunities for relaxation, reflection, and emotional restoration. Patients with access to nature reported lower stress and more positive perceptions of recovery. Privacy and dignity were also central to patient psychological comfort, especially during medical examinations, conversations with healthcare professionals, and family visits.

Objective 3: Evidence-Based Design Recommendations

Based on the findings, the study developed evidence-based design recommendations for healthcare facilities. These recommendations focus on practical architectural strategies that can enhance patient psychological comfort and support patient-centered care.

First, healthcare facilities should maximize natural light through large windows, skylights, light wells, and appropriate room orientation. Natural light should be integrated into patient rooms, waiting areas, recovery rooms, and common spaces. Where natural light is limited, adjustable artificial lighting should be provided to allow patients greater control over their environment.

Second, hospitals should incorporate access to nature and biophilic design. Gardens, green courtyards, indoor plants, nature views, water features, and calming visual materials can reduce stress and promote emotional restoration. Even small-scale interventions, such as nature imagery or window views, can improve patients' psychological experience.

Third, healthcare design should strengthen patient privacy and dignity. Private rooms, effective curtains, acoustic separation, discreet layouts, and adequate personal space should be prioritized. Fourth, facilities should improve spatial organization and wayfinding through clear signage, logical circulation, and accessible pathways. Fifth, hospitals should reduce noise and create quiet healing environments through acoustic materials, quieter equipment, and designated quiet zones. Sixth, healthcare facilities should provide family and social support spaces, including dedicated family areas, comfortable waiting rooms, consultation spaces, and outdoor seating.

In summary, the findings demonstrate that architectural design elements play a significant role in shaping patient psychological comfort. Healthcare facilities should therefore treat design as part of patient-centered care. By integrating natural light, privacy, noise control, access to nature, spatial clarity, indoor environmental quality, and social support spaces, hospitals can create environments that reduce stress, enhance satisfaction, support dignity, and promote humane healthcare experiences.

Discussion

The findings of this study confirm that architectural design elements significantly influence patient psychological comfort in healthcare settings. Natural lighting, access to nature, spatial organization, privacy, noise control, indoor environmental quality, and social spaces were found to affect patient stress, anxiety, perceived safety, satisfaction, and overall well-being. This finding is consistent with recent literature showing that healthcare environments are no longer viewed merely as physical containers for clinical services, but as active contributors to patient recovery, satisfaction, and well-being (Li et al., 2024; Tian, 2023).

The results also show that natural light and access to nature are among the strongest architectural factors supporting psychological comfort. Patients who

experienced daylight, outdoor views, gardens, or calming natural elements reported lower stress and greater emotional calm. This aligns with recent systematic reviews on biophilic healthcare design. Al Khatib et al. (2024) found that biophilic design in hospitals can reduce anxiety, pain, hospitalization time, patient harm, and stress for healthcare providers, while also improving experiences for patients, families, and staff. Similarly, Du et al. (2026) reported that natural light, green views, and restorative landscape elements are associated with higher satisfaction, stress recovery, improved sleep, perceived control, and positive distraction.

Spatial organization and privacy also emerged as important contributors to psychological comfort. Patients experienced greater safety and dignity when rooms were well organized, pathways were clear, and private or semi-private spaces were available. This corresponds with research indicating that design features in healthcare settings influence not only physical comfort but also socio-psychological experience (Li et al., 2024). Arafat and Atreya (2024) also found that hospital environmental factors influence comfort, safety, privacy, and stress levels among geriatric patients. These findings suggest that privacy and spatial clarity should be regarded as ethical and psychological design requirements rather than optional design preferences.

Noise control was another major factor influencing patient comfort. The findings indicate that high noise levels increase stress, anxiety, and sleep disturbance, while quieter environments support restfulness and emotional stability. This is supported by Catley et al. (2024), whose mixed-methods quality improvement study found that hospital wards are often disruptive to sleep and rest. Their rest-promoting interventions were associated with improved nighttime quietness and sleep opportunity, demonstrating that practical environmental and operational changes can improve an important patient-related outcome.

The findings may also be interpreted through Buddhist knowledge, particularly the emphasis on reducing suffering and cultivating inner calm. Patient discomfort is not only physical but also psychological, emotional, and spiritual. Architectural elements such as natural light, access to nature, quietness, privacy, and spatial clarity can be viewed as environmental supports for calming the mind and reducing distress. This corresponds to Buddhist principles of mindfulness, loving-kindness, compassion, and non-harming, which emphasize creating conditions that reduce suffering and support well-being (Payutto, 2021; Salzberg, 2002; Thich Nhat

Hanh, 2004). Therefore, healing-oriented healthcare design can be understood not only as a technical or architectural concern but also as an ethical practice that supports humane care.

The findings further suggest that patient psychological comfort should be understood as part of patient experience and healthcare quality. Evans et al. (2025) emphasized that measuring and improving patient experience remain central to patient-centered care and are associated with treatment adherence, clinical outcomes, patient safety, staff well-being, and the cost of care. In this sense, architectural design should be integrated into patient-experience improvement strategies. Comfort, safety, privacy, restfulness, and environmental satisfaction should be considered measurable indicators of healthcare quality rather than secondary design concerns.

The study also supports the need for evidence-based design guidelines that can be translated into practical interventions. Harris et al. (2024) argued that evidence-based design requires systematic evaluation of research and translation into actionable design and operational recommendations. This is highly relevant because healthcare facilities often face budgetary, administrative, and spatial limitations. Therefore, design recommendations should prioritize practical and cost-effective interventions such as improving daylight access, reducing noise, enhancing privacy, clarifying wayfinding, incorporating natural views, improving ventilation, and creating family-supportive spaces.

Overall, the discussion confirms that architectural design elements significantly shape patient psychological comfort in healthcare settings. The study contributes to healthcare architecture, environmental psychology, Buddhist-humanistic perspectives, and patient-centered care by demonstrating that physical environments influence emotional security, perceived safety, satisfaction, and recovery experience. However, further research is needed to examine long-term psychological effects, differences among patient groups, and culturally sensitive design preferences.

Knowledge from Research

The knowledge gained from this research can be presented as an *evidence-based healthcare design framework for patient psychological comfort.* The study

demonstrates that architectural design is not merely a physical background for healthcare delivery but an active component of care that influences patients through sensory, spatial, emotional, social, and humanistic pathways.

First, the study identifies key architectural elements that shape patient psychological comfort: natural light, views of nature, spatial organization, room layout, privacy, noise control, indoor environmental quality, access to gardens, family-supportive spaces, and patient amenities. These elements work together to influence patients' perceptions of safety, dignity, autonomy, restfulness, and emotional calm. Therefore, patient comfort should be understood as the result of an integrated environmental experience rather than a single design feature.

Second, the study clarifies how architectural design affects psychological well-being. Natural light and views of nature help reduce stress and improve mood. Privacy and clear spatial organization support dignity, autonomy, and a sense of control. Noise control promotes restfulness and reduces anxiety. Good indoor environmental quality enhances comfort and satisfaction, while access to nature encourages relaxation and emotional restoration. Family spaces also reduce isolation by supporting social connection during care.

Third, the study offers practical knowledge for healthcare planning. Evidence-based design recommendations should prioritize daylight, biophilic design, privacy, acoustic comfort, clear wayfinding, spacious layouts, good ventilation, cleanliness, and family-supportive areas. These design principles can guide architects, hospital administrators, facility managers, and healthcare professionals in creating environments that support patient-centered care.

Finally, the study extends healthcare design through a Buddhist-humanistic perspective. Since the reduction of suffering is central to Buddhist thought, healthcare environments should be designed not only for clinical efficiency but also for calmness, compassion, dignity, and emotional safety. Natural light, quietness, privacy, access to nature, and peaceful spaces can support mindfulness, inner balance, and compassionate healing.

In conclusion, this research shows that patient psychological comfort can be improved through deliberate architectural design informed by evidence-based, patient-centered, and humanistic principles.

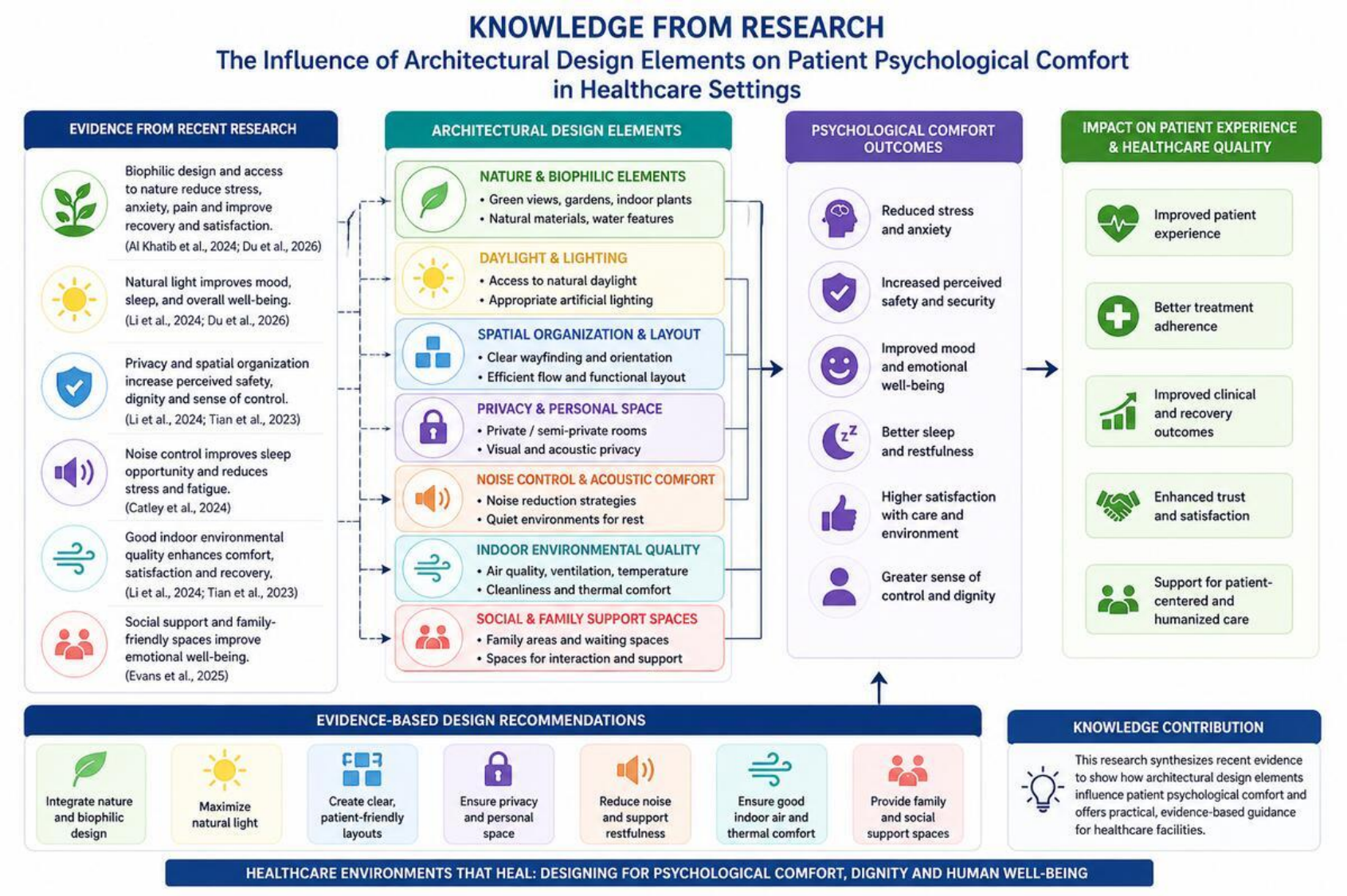


Figure 2: *Knowledge from research: evidence-based design elements, psychological comfort outcomes, and healthcare-quality implications.*

Conclusion

This study concludes that architectural design elements play a significant role in shaping patient psychological comfort in healthcare settings. Patient comfort is not determined only by medical treatment or clinical interaction; it is also influenced by the physical environment in which care is delivered. Natural light, access to nature, spatial organization, privacy, noise control, indoor environmental quality, and family-supportive spaces contribute to reduced stress, lower anxiety, stronger perceived safety, greater dignity, improved restfulness, and higher satisfaction.

The findings show that natural light and biophilic elements are especially important, as they help create a restorative environment that fosters emotional calm and positive perceptions of recovery. Spatial organization and clear wayfinding enhance patients' sense of control and security, while privacy protects dignity during vulnerable moments of care. Noise control and rest-supportive environments are also essential because excessive noise and poor sleep can weaken psychological comfort and recovery experience. These findings confirm that healthcare environments should be understood as active contributors to patient-centered care rather than passive backgrounds for clinical services.

The study also provides practical implications for healthcare facility planning. Hospitals should prioritize design strategies that maximize daylight, incorporate natural views and green spaces, improve privacy, reduce noise, strengthen wayfinding, ensure good indoor environmental quality, and provide areas for family and social support. These interventions can be implemented through both large-scale renovation and cost-effective improvements, such as better lighting control, privacy screens, acoustic materials, calming colors, indoor plants, nature imagery, and clearer signage.

Overall, this article affirms that evidence-based healthcare design can improve patient psychological comfort and support more humane healthcare experiences. When interpreted through a Buddhist-humanistic perspective, healing design also becomes part of an ethical effort to reduce suffering, support inner calm, protect dignity, and promote compassionate care. Future research should examine long-term psychological effects, diverse patient groups, cultural differences in comfort perception, and measurable links between architectural design and recovery outcomes.

Suggestions

The findings of this study can be applied to improving healthcare facilities in both new construction and renovation projects. Hospitals should begin by identifying design features that most directly affect patient psychological comfort, such as natural light, privacy, noise control, indoor environmental quality, and access to nature. These elements should be prioritized because they can be implemented in both large-scale architectural projects and smaller, cost-effective improvements.

For practical application, healthcare facilities should improve window access, introduce calming colors and natural materials, provide clearer signage, reduce unnecessary noise, and create private or semi-private patient spaces. Where full renovation is not possible, hospitals can still use lower-cost interventions such as privacy screens, indoor plants, nature images, better lighting control, acoustic panels, improved furniture arrangement, and designated quiet areas.

Future research may explore the relationship between Buddhist-informed healing environments and patient psychological comfort, particularly in Buddhist-majority societies. Studies may examine how mindfulness spaces, meditation rooms, quiet gardens, compassionate design principles, and spiritual care areas influence anxiety, emotional well-being, dignity, and the recovery experience among patients and families.

Future studies should also examine the long-term psychological effects of architectural design. Further research should explore the needs of specific patient groups, including children, elderly patients, patients with disabilities, and patients with chronic illness. In addition, cultural differences should be studied because perceptions of privacy, comfort, family presence, and healing spaces may vary across societies. Future studies should develop inclusive and culturally sensitive healthcare design guidelines applicable across diverse healthcare contexts.

References

Al Khatib, I., Samara, F., & Ndiaye, M. (2024). A systematic review of the impact of therapeutical biophilic design on health and wellbeing of patients and care providers in healthcare services settings. *Frontiers in Built Environment, 10*, Article 1467692. https://doi.org/10.3389/fbuil.2024.1467692

Arafat, M. Y., & Atreya, S. (2024). Impact of hospital design on the psychological well-being of geriatric patients. *Frontiers in Engineering and Built Environment, 4*(2), 101–115. https://doi.org/10.1108/FEBE-11-2023-0054

Bell, P. A., Greene, T. C., Fisher, J. D., & Baum, A. (1978). *Environmental psychology*. W. B. Saunders.

Catley, C. D., Paynter, K., Jackson, K., Huggins, A., Ji, J., Sanka, S. A., Simkins, M., Maddox, T. M., & Lyons, P. G. (2024). Redesigning the hospital environment to improve restfulness. *JAMA Network Open, 7*(12), e2447790. https://doi.org/10.1001/jamanetworkopen.2024.47790

Du, Y., Xie, M., & Zou, Y. (2026). Biophilic design in hospital environments: A rapid review of nature-integrated strategies and patient outcomes. *Frontiers in Public Health, 14*, Article 1786483. https://doi.org/10.3389/fpubh.2026.1786483

Evans, R., Shaller, D., Edgman-Levitan, S., & Nembhard, I. M. (2025). Strengthening patient experience measurement and improvement. *JAMA Health Forum, 6*(5), e251223. https://doi.org/10.1001/jamahealthforum. 2025.1223

Gesler, W. M. (2003). *Therapeutic landscapes: Places and spaces promoting health and well-being*. John Wiley & Sons.

Harris, D., Baker, E., Svacina, J., & Funderburk, L. (2024). A systematic approach to evidence-based design for measurable health and wellness outcomes: Curating and translating evidence to practice. *HERD: Health Environments Research & Design Journal, 17*(1), 17–29. https://doi.org/10.1177/19375867231209335

Kellert, S. R., & Calabrese, E. F. (2015). *The practice of biophilic design*. Terrapin Bright Green.

Kristof-Brown, A. L., Zimmerman, R. D., & Johnson, E. C. (2005). Consequences of individuals' fit at work: A meta-analysis of person–job, person–organization, person–group, and person–supervisor fit. *Personnel Psychology, 58*(2), 281–342. https://doi.org/10.1111/j.1744-6570.2005. 00672.x

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Li, Y., Zhang, H., Shen, X., Sun, B., & Qu, K. (2024). Evaluating building performance and patient well-being in healthcare facilities: A literature review of environmental quality and design strategies. *Journal of Building Engineering, 98*, Article 111031. https://doi.org/10.1016/j.jobe.2024.111031

Malkin, J. (2008). *A visual reference for evidence-based design*. The Center for Health Design.

Nightingale, F. (1860). *Notes on nursing: What it is and what it is not*. Harrison.

Payutto, P. A. (2021). *Buddhadhamma: The laws of nature and their benefits to life*. Buddhadhamma Foundation.

Salzberg, S. (2002). *Loving-kindness: The revolutionary art of happiness.* Shambhala Publications.

Hanh, T. H. (2004). *True love: A practice for awakening the heart*. Shambhala Publications.

Tian, Y. (2023). A review on factors related to patient comfort experience in hospitals. *Journal of Health, Population and Nutrition, 42*, Article 125. https://doi.org/10.1186/s41043-023-00465-4

Ulrich, R. S. (1984). View through a window may influence recovery from surgery. *Science, 224*(4647), 420–421. https://doi.org/10.1126/science. 6143402

Ulrich, R. S., Simons, R. F., Losito, B. D., Fiorito, E., Miles, M. A., & Zelson, M. (1991). Stress recovery during exposure to natural and urban environments. *Journal of Environmental Psychology, 11*(3), 201–230. https://doi.org/10.1016/S0272-4944(05)80184-7

Watson, J. (2008). Nursing: The philosophy and science of caring (Rev. ed.). University Press of Colorado.

Venerable Mahinda. (2014). *Awakening with Metta for the Wellbeing and Happiness of All.* Aloka Foundation.

An Application of the Four Sublime States of Mind (Brahmavihārā) for Ethical Development of Youth at Can Tho University in Vietnam

Dinh Thi Thanh Tuyen[1] Sanu Mahatthanadull[2] Ven. Neminda[3]
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University[1,2,3]

Corresponding author email: dinhthithanhtuyen120594@gmail.com[1]
Received 10/03/2026; Revised 30/04/2026; Accepted 07/05/2026

Abstract

This research article examines the application of the four sublime states of mind (brahmavihārā) for ethical development among youth at Can Tho University in Vietnam. The study has three objectives: first, to examine the problems and causes of unethical behavior among Vietnamese youth at Can Tho University; second, to study the concept of the four sublime states of mind as presented in Theravāda Buddhist scriptures; and third, to propose ways of applying brahmavihārā for youth ethical development in the university context. The study employs a qualitative research design, using documentary analysis of Buddhist texts and related literature, focus group discussions with 23 students, and in-depth interviews with five lecturers.

The findings reveal that ethical problems among students include academic dishonesty, disrespect, bullying, inappropriate classroom behavior, lack of cooperation, and substance abuse. These problems arise from individual, family, school-related, and social factors, as well as insufficient attention to mental well-being and ethical cultivation. The study further finds that the four sublime states of mind, loving-kindness (mettā), compassion (karuṇā), sympathetic or appreciative joy (muditā), and equanimity (upekkhā), function as an integrated Buddhist ethical framework. Loving-kindness supports respect and goodwill; compassion encourages care and assistance; sympathetic joy reduces jealousy and unhealthy competition; and equanimity cultivates emotional balance and wise judgment.

The article argues that integrating brahmavihārā into higher education can support holistic ethical development by strengthening self-awareness, empathy, respectful communication, social responsibility, and emotional maturity. The study contributes to Buddhist studies and educational ethics by demonstrating the

practical relevance of Buddhist moral cultivation for youth development in contemporary Vietnamese higher education.

Keywords: Four sublime states of mind; Brahmavihārā; Ethical development; Buddhist education

Introduction

Youth ethical development has become an important concern in contemporary Vietnamese higher education. Although modern society has achieved considerable material progress, young people, especially university students, continue to face spiritual crises, moral confusion, and value instability amid globalization and international integration (Le, 2024). In Vietnam, rapid modernization, digital influence, academic competition, and changing social values have created both opportunities and ethical challenges for students. At Can Tho University, previous research has shown that students demonstrate positive value orientations, including appreciation of humanistic values and interest in social and political activities, yet ethical education still requires more systematic and practical approaches (Thuy et al., 2021).

From a Buddhist perspective, ethical problems are not understood only as external social issues but also as conditions rooted in the human mind. The Buddhist tradition recognizes that human life is inseparable from suffering, vulnerability, and moral struggle. The *Dhammapada* describes the body as fragile, subject to disease, decay, and impermanence (Norman, 1997). Similarly, Buddhist teachings explain that human existence is affected not only by bodily suffering but also by mental affliction, including confusion, craving, anger, jealousy, selfishness, and ignorance (Bodhi, 2000). The distinction between bodily disease (*kāyiko-rogo*) and mental disease (*cetasiko-rogo*) further emphasizes that moral and psychological suffering are closely connected (Woodward, 2008). Therefore, ethical development requires more than rules, punishment, or academic instruction; it requires the cultivation of wholesome mental qualities that can transform unwholesome thoughts, emotions, speech, and behavior.

One important Buddhist framework for ethical cultivation is the four sublime states of mind, or *brahmavihārā*. These consist of loving-kindness (*mettā*), compassion (*karuṇā*), sympathetic or appreciative joy (*muditā*), and equanimity (*upekkhā*). Nārada Mahāthera (2010) explains that these four qualities are essential Buddhist virtues that support moral and spiritual development.

Likewise, Nyanaponika Thera and Ñāṇamoli Thera (2013) present the *brahmavihārā* as contemplative practices that expand the mind beyond selfishness, ill will, jealousy, and partiality. In this sense, the four sublime states of mind can serve not only as religious ideals but also as practical principles for youth ethical education.

The relevance of *brahmavihārā* becomes clear when considered in relation to the ethical problems faced by university students, such as academic dishonesty, disrespect, bullying, inappropriate classroom behavior, weak cooperation, and substance abuse. Loving-kindness can encourage respect and goodwill; compassion can develop care for those who suffer; sympathetic joy can reduce jealousy and unhealthy competition; and equanimity can help students respond to pressure and conflict with balance and wisdom. These qualities are also compatible with contemporary educational concerns related to emotional development, social awareness, relationship skills, and responsible decision-making (Tran et al., 2023).

Although previous studies have discussed youth moral education in Vietnam and the role of Buddhist values in education, the systematic application of all four *brahmavihārā* for ethical development among university students remains insufficiently explored. Therefore, this study aims to examine the problems and causes of unethical behavior among youth at Can Tho University, study the concept of the four sublime states of mind in Theravāda Buddhist scriptures, and propose ways to apply *brahmavihārā* for youth ethical development. The study contributes to Buddhist studies and educational ethics by presenting a Buddhist-based but practically applicable model for cultivating moral awareness, emotional maturity, and social responsibility among Vietnamese university students.

Research Objectives

1. To examine the problems and causes of unethical states among the Vietnamese youth at Can Tho University in Vietnam.
2. To study the concept of the four sublime states of mind (*brahmavihārā*) mentioned in the Theravada Buddhist scriptures.
3. To apply the four sublime states of mind (*brahmavihārā*) for youth ethical development at Can Tho University in Vietnam.

Literature Review

The four sublime states of mind (*brahmavihārā*)—loving-kindness (*mettā*), compassion (*karuṇā*), sympathetic or appreciative joy (*muditā*), and equanimity (*upekkhā*)—represent an important Buddhist ethical framework for personal cultivation and social harmony. In Theravāda Buddhist thought, these four qualities are not merely contemplative ideals but practical mental states that shape moral conduct, emotional balance, and interpersonal relationships. Nyanaponika Thera and Ñāṇamoli Thera (2013) explain that the *brahmavihārā* function as contemplations that expand the mind beyond selfishness, hatred, jealousy, and partiality. Similarly, Feldman (2017) presents them as a path of kindness, compassion, joy, and equanimity that supports inner transformation and relational well-being.

Among these four qualities, loving-kindness (*mettā*) is foundational because it cultivates goodwill and respect toward oneself and others. Compassion (*karuṇā*) extends this goodwill into the active desire to relieve suffering, while sympathetic joy (*muditā*) encourages appreciation of others' happiness and success. Equanimity (*upekkhā*) provides emotional balance and wise judgment, especially in difficult situations. Nārada Mahāthera (2010) emphasizes that these qualities are essential to Buddhist moral development because they help practitioners overcome unwholesome states and cultivate universal concern for all beings.

The relevance of *brahmavihārā* to youth education can also be understood through contemporary discussions of ethics, environment, and emotional development. Thich Nhat Hanh (1997) argues that love and understanding must be cultivated in daily relationships and within one's surrounding environment. Mahatthanadull (2016) similarly highlights the interrelationship between human life and environment, suggesting that moral development is shaped by family, school, society, and broader conditions. In the Vietnamese context, Thuy et al. (2021) show that students at Can Tho University increasingly value humanistic and social ideals, yet still require more systematic moral education.

Recent educational studies also support integrating Buddhist ethical values into learning. Tongsupachok (2025) demonstrates that loving-kindness can enhance the learning process and support personal and professional growth. However, existing studies have not sufficiently examined the full application of all four *brahmavihārā* for ethical development among university youth in

Vietnam. Therefore, this study addresses that gap by applying the four sublime states of mind as a holistic Buddhist framework for the ethical development of youth at Can Tho University.

Conceptual Framework

This conceptual framework of the research exhibits the significant research process in terms of input, process, and output as follows:

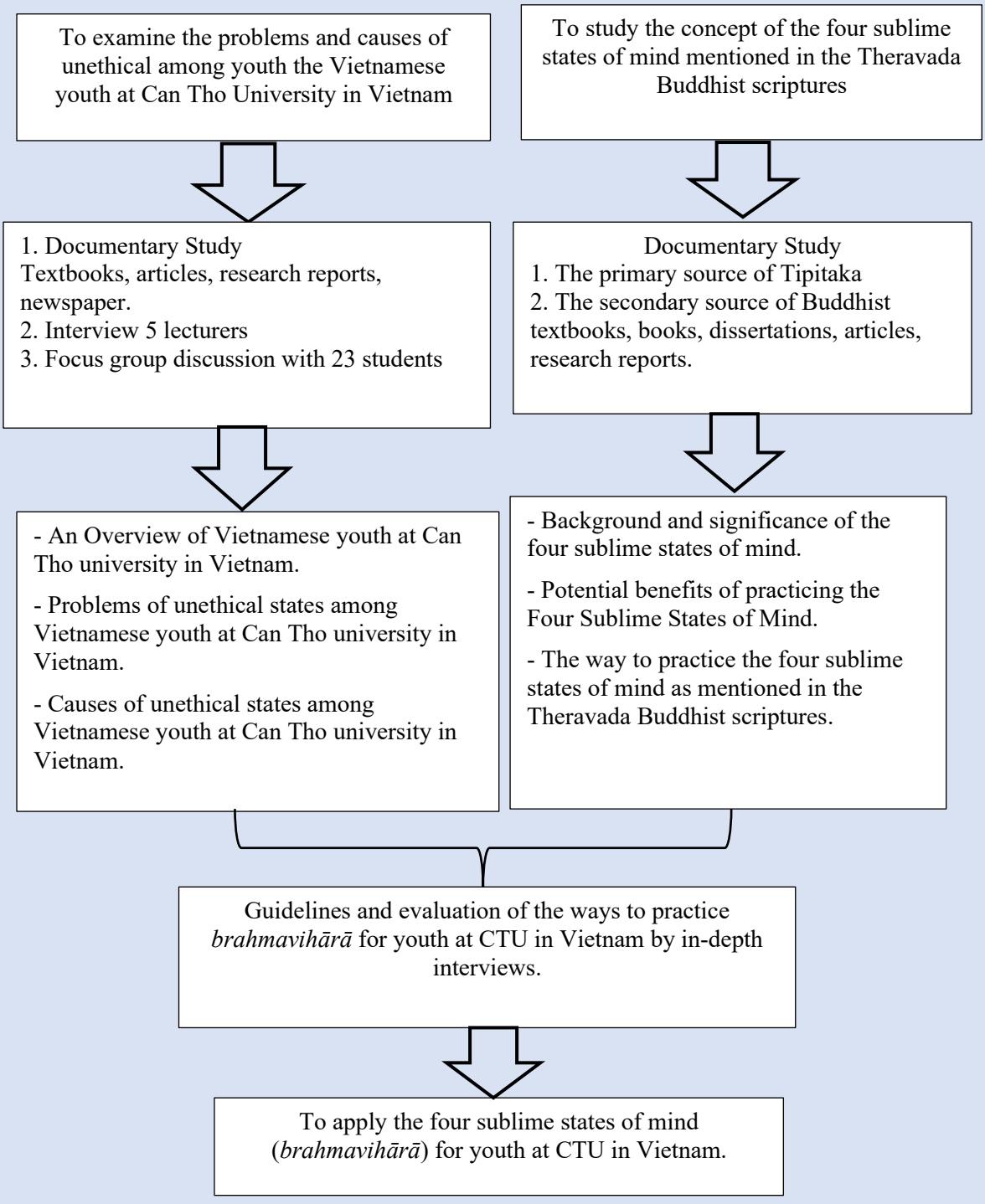


Figure 1: Conceptual Framework

Research Methodology

This research adopts a qualitative design that combines textual analysis and in-depth interviews. The research methodology can be described as follows:

Data Sources

Data for this research were collected from primary sources, the English translation series of the Pāli Canon, and secondary sources, including Buddhist textbooks, dictionaries, articles, journals, research articles on Can Tho University, and other relevant literature. The reason for choosing these sources is that they can provide a comprehensive overview of the topic, from original texts to later interpretations. This leads to a clear comprehension of the topic.

In-depth Interviews

This study conducted semi-structured interviews with five lecturers from Can Tho University, Vietnam, to explore their perspectives on ethical challenges among students and the role of the Four Sublime States of Mind (*brahmavihārā*) in supporting students' moral development. The participants were selected through purposive sampling based on their teaching experience, knowledge of moral education, and familiarity with student behavior in the university context.

To protect participants' confidentiality, the interviewees were identified by participant codes rather than by full names. The participants included two lecturers from the Faculty of Foreign Languages, one from the Faculty of Social Sciences and Humanities, one from the College of Engineering and Technology, and one from the School of Education at Can Tho University. The interview data were analyzed thematically according to three main areas: students' ethical challenges, the causes of unethical behavior, and the application of loving-kindness (*mettā*), compassion (*karuṇā*), sympathetic joy (*muditā*), and equanimity (*upekkhā*) for youth ethical development.

Focus Group Discussion

Apart from interviews with teachers, the researcher also conducted a focus group discussion with 23 students at Can Tho University, chosen from various fields and years of study, for the purpose of gaining diverse perspectives regarding the issues of ethics, along with their reflections on the values of loving-kindness, compassion, sympathetic joy, and equanimity.

Data Analysis

To provide a clear picture of the problems and causes of unethical behavior among Vietnamese youth at Can Tho University, the raw data from textual sources and interviews were systematically organized and interpreted.

Simultaneously, relevant passages about the four sublime states of mind in the Theravada corpus were identified, examined, and categorized to specify their ethical valence.

Drawing from this analysis, the research presents the application of the four sublime states of mind (*brahmavihārā*) for youth at Can Tho University in Vietnam.

Research result

Objective 1: The findings reveal several ethical problems among students at Can Tho University, which may reflect the lack of development of the four sublime states of mind: loving-kindness, compassion, sympathetic joy, and equanimity. University articles and student discussions offered valuable insights into issues such as academic dishonesty, disrespect, bullying, inappropriate classroom behavior, and substance abuse, shedding light on the current state of youth ethics at the university. Group discussions with 23 students at Can Tho University are described as follows:

Table 1: Summary of the lack of ethics among students at Can Tho University in 2025.

Ethical Problem	Evidence from the interview
Academic Dishonesty	The issue stems from a lack of self-awareness, a desire for play, and a reluctance to study.
Disrespect Bullying	The lack of solidarity negatively affects the learning environment and the quality of education, leading to apathy among individuals towards society.
Misbehavior in the Classroom	Lack of cooperation, introversion, reluctance to participate in community activities, joining clubs to connect with the community, lack of understanding and love, lack of understanding and sharing, personal selfishness, a high ego, and not knowing how to give or how to resolve conflicts.
Substance Abuse	Lack of self-love and lack of understanding about letting go mean that every time something painful happens, they often turn to alcohol to forget their sadness or are drawn in by bad friends.

The factors affecting morality among young people can be divided into four main categories: individual, family, school-related, and societal. In particular, external factors have a strong impact on the lifestyle ideology of young people; thus, creating a healthy academic environment to help them develop physically and mentally is necessary. Besides, another concern noted is the lack of emphasis on mental well-being and ethical cultivation. This may negatively affect students' ambition, communication skills, academic achievement, language proficiency, learning goals, and practical experience.

Objective 2: The study of the concept of the four sublime states of mind mentioned in the Theravada Buddhist scriptures shows that while loving-kindness (*mettā*), compassion (*karuṇā*), sympathetic or appreciative joy (*muditā*), and equanimity (*upekkhā*) are different mental factors, their significance in moral and spiritual development lies in their interrelatedness and mutual support, which serve as an integrated ethical framework.

More particularly, loving-kindness helps to foster benevolence toward all sentient beings; compassion arises to address the suffering of other beings; sympathetic or appreciative joy helps prevent jealousy and ill will; and equanimity helps stabilize other mental states. By practicing these states of mind, individuals can gain the benefits of seeking liberation from suffering, escaping afflictions, and developing compassion for all sentient beings.

In particular, various Dhamma teachings support the four sublime states of mind (brahmavihārā), including practical teachings for harmonious living, mindfulness and wisdom, treating others with kindness and compassion, understanding the three characteristics of existence, recognizing the benefits of *brahmavihārā*, and practicing sharing and right understanding. These teachings are further supported by related Dhamma principles such as the four means of embracing (*cattāri saṅgahavatthūni*), the states of conciliation (*sāraṇīyadhamma*), the five precepts (*pañca-sīla*), and meditation practice.

Objective 3: The research results have shown how to apply each of the four sublime states of mind (brahmavihārā) to youth at Can Tho University in Vietnam to address moral problems they face, including academic dishonesty, disrespect, bullying, inappropriate classroom behavior, and substance abuse. These applications aim to help young individuals overcome psychological trauma, heal emotionally, cultivate ethical values, and foster positive change in society. The primary outcomes are to enhance students' ethics, promote effective learning,

foster a sense of love, and encourage mutual support within the learning environment.

Each of the four sublime states of mind provides mental solutions that assist students in addressing specific ethical problems they encounter during their university studies, as presented below:

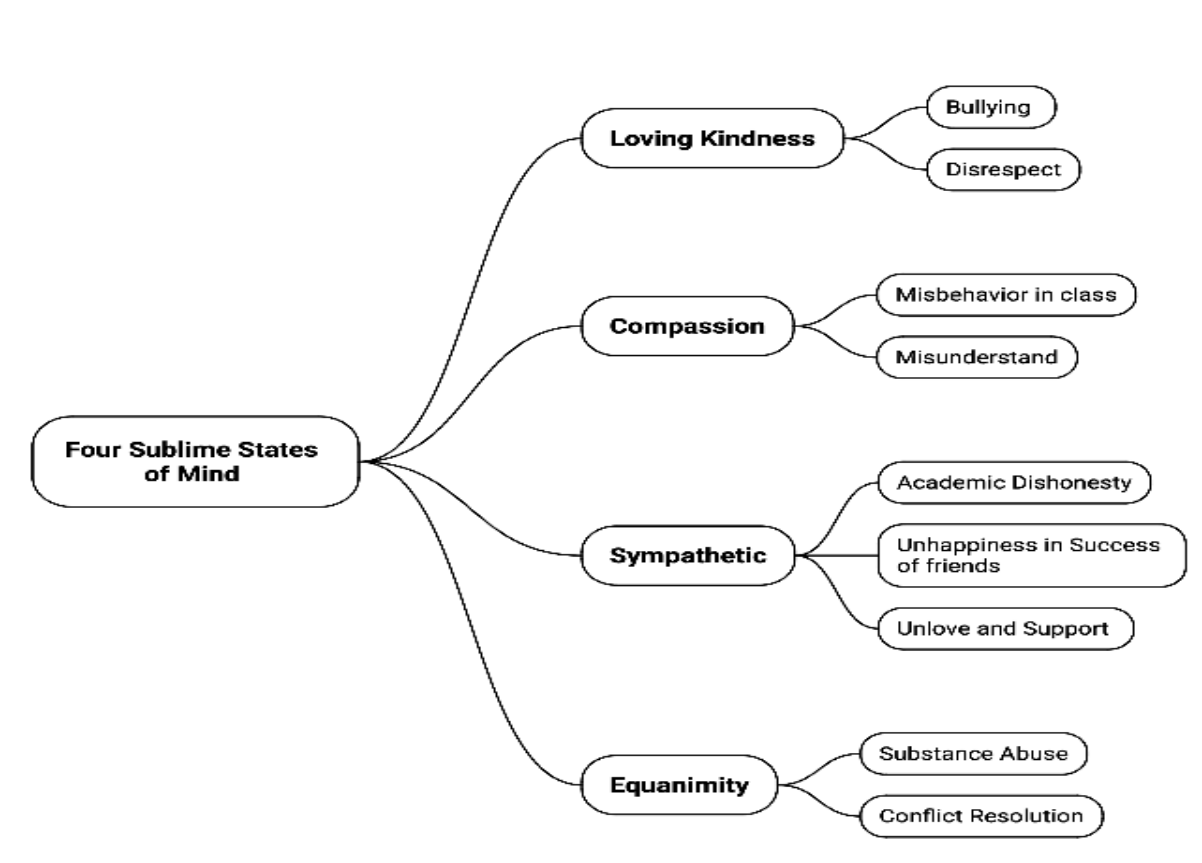


Figure 2: Applying Four Sublime States of Mind at Can Tho University

To apply loving-kindness (*mettā*), one needs to build an education grounded in loving-kindness, advance educational equity and excellence through authentic school-family-community partnerships, and establish learning environments and experiences that feature trusting, collaborative relationships, rigorous, meaningful curriculum and instruction, and ongoing evaluation. Applying loving-kindness in education fosters an environment in which students develop love and understanding. This, in turn, encourages them to respect one another and address issues of bullying and disrespect in the classroom.

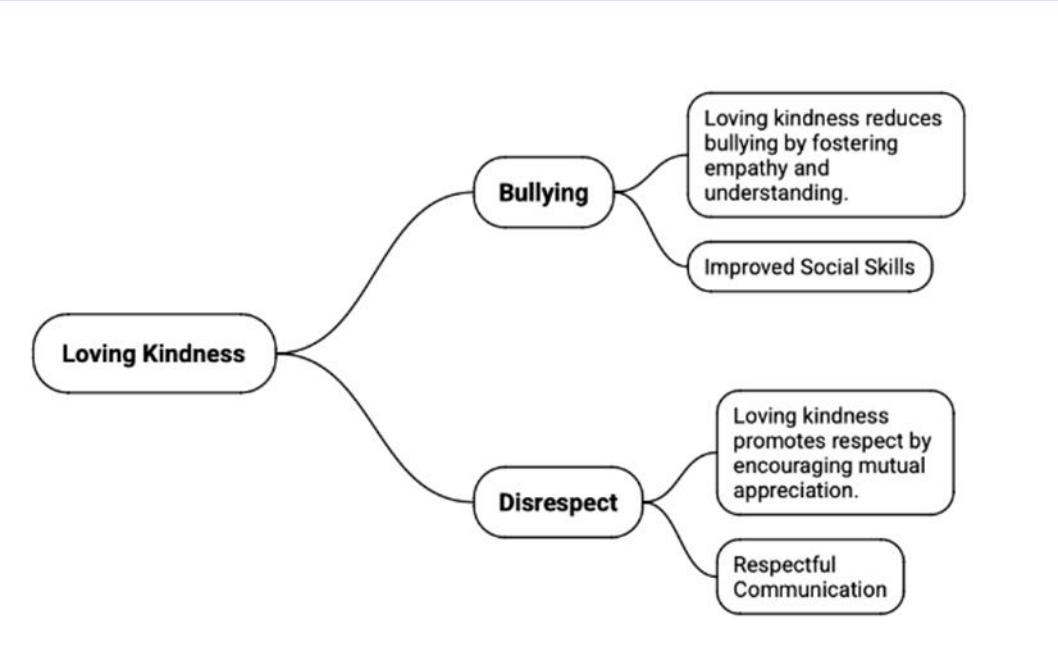


Figure 3: Applying Loving-kindness (*Mettā*) in Youth Development.

Applying loving-kindness grounded in empathetic connection and understanding can yield many positive results in changing young people's attitudes and behaviors, helping them develop a more positive view of learning and moral development. The development of loving-kindness, grounded in connections among school, family, and community partnerships, fosters a harmonious, positive living environment for the growth of young people. Applying loving-kindness in education enables students to address moral issues they encounter, such as school bullying. Loving-kindness plays a crucial role in reducing violence and fostering empathy and love. Additionally, it enhances students' social communication skills, allowing them to develop their own sense of morality.

In addition, applying loving-kindness is based on building a respectful communication environment characterized by quality connections, increased confidence, and supportive relationships, so that students can develop freely. SEL (Social-Emotional Learning) is the process through which children and adults acquire skills to manage emotions, set goals, show empathy, maintain positive relationships, and make responsible decisions. SEL includes five core competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Tran et al., 2023). These five factors, when applied in the educational environment, help build an atmosphere of trust, collaboration among students, and a rigorous curriculum that increases students'

responsibility toward individuals and society. Meaningful instruction based on compassion increases understanding and connection between teachers and students, as well as among students themselves. Continuous monitoring and evaluation of students' learning processes in class also help support students when needed, while they are studying at school, which can be understood as a form of applied loving-kindness.

This educational model is widely adopted in Vietnam today and is regarded as a supportive framework for contemporary education. It bears similarities to the four sublime states of mind: loving-kindness (*mettā*), compassion (*karuṇā*), sympathetic joy (*muditā*), and equanimity (*upekkhā*) in Buddhism, although it does not contain an explicit religious connotation. The model emphasizes personal awareness, social understanding, and the nurturing of healthy relationships both within academic settings and in broader society. In this way, it promotes holistic development among young individuals.

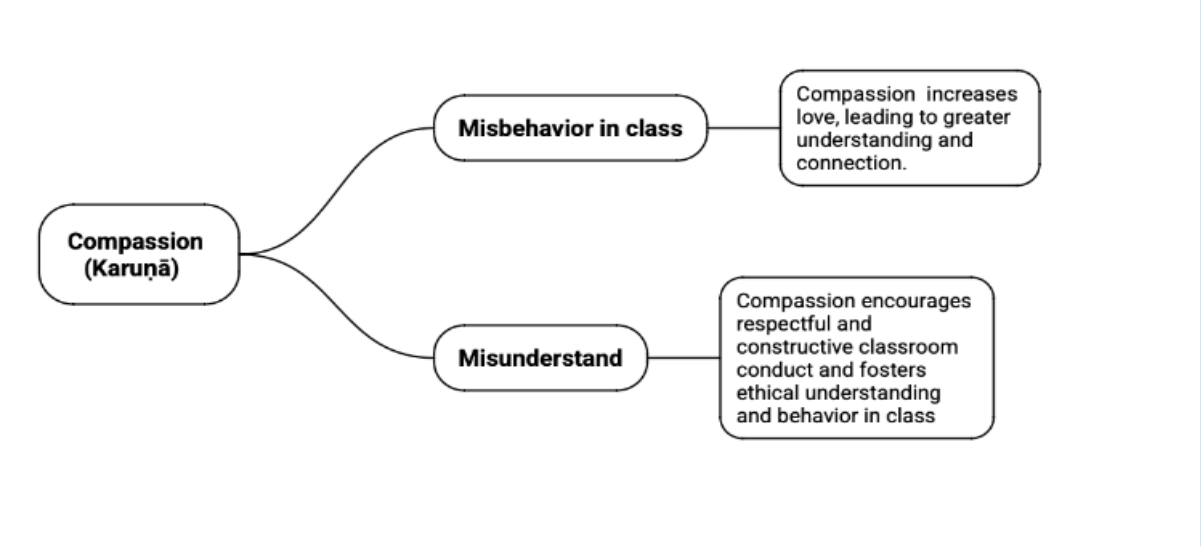


Figure 4: Applying Compassion (*Karuṇā*) in Youth Development.

Applying compassion *(karuṇā*) can help students address unethical issues that arise in the classroom, such as misbehavior. Fostering love and compassion cultivates a deeper understanding and enhances connections among individuals. Compassion is developed through participating in workshop activities and providing counseling support when students encounter difficult problems. Researchers have noted that the support and assistance activities mentioned above are not merely extracurricular programs but rather deeply meaningful and practical lessons in applying compassion (*karuṇā*) to everyday life. Compassion (*karuṇā*) is an important factor in people loving, sharing, and empathizing more,

as lecturer Huyen (L. T. Huyen, personal communication, July 16, 2025) shares: "When loving-kindness (mettā) is awakened, compassion (karuṇā) naturally follows." Loving-kindness is the feeling of empathy and goodwill, while compassion requires deeper practice; it involves the courage to take responsible and decisive action to help others escape suffering. This calls for cultivation within the family, schools, and society, creating an environment where children can begin practicing early.

Applying compassion effectively helps prevent misunderstandings in students' learning and communication. The implementation of compassion in schools is also structured. At Can Tho University, numerous workshops on empathy are held annually. These activities focus on themes of love, sharing, empathy, and connection, and also include volunteer and charitable activities. In addition to workshops, the university has student clubs that provide counseling and support when needed. Compassion is also expressed through the care and understanding lecturers show in the classroom. These activities demonstrate how compassion is applied at Can Tho University to support young people.

Within the academic environment of Can Tho University, initiatives such as psychological counseling, health services, academic guidance, and volunteer work play a vital role in helping students overcome personal challenges and shape their moral character and social awareness. These experiences provide students with opportunities to cultivate empathy, develop a sense of responsibility, and learn how to act with kindness toward others. When students participate in activities such as teaching children in rural areas, building infrastructure for underserved communities, or distributing meals to the homeless, they are not only offering help; they are also planting seeds of compassion and altruism within themselves. Nurtured in a humanistic educational setting, these seeds grow into positive values and ethical behaviors that guide students toward becoming responsible, caring citizens. This demonstrates that compassion (*karuṇā*) is not just a philosophical ideal found in Buddhist teachings but a living force that can be practiced, embodied, and spread through education and meaningful action.

The application of sympathetic joy (*muditā*) can help address unethical issues among students, such as reducing cheating during exams. This shift encourages students to be more honest, regardless of whether they score high or low, rather than being selfish about their grades. Embracing honesty is a fundamental aspect of personal responsibility. To support this, schools also organize a variety of activities aimed at promoting joy in different forms. In the classroom at Can Tho University, teachers apply sympathetic joy (muditā) to

build positive relationships. Teachers assign students to study in groups under the coordination of the class monitor and the academic vice monitor. Each member of the group is responsible for learning together, sharing experiences, and supporting peers who may be struggling academically, with the goal of improving the group's overall performance. The sympathetic joy (*muditā*) that arises from sharing academic knowledge strengthens bonds of connection, empathy, and mutual care among students.

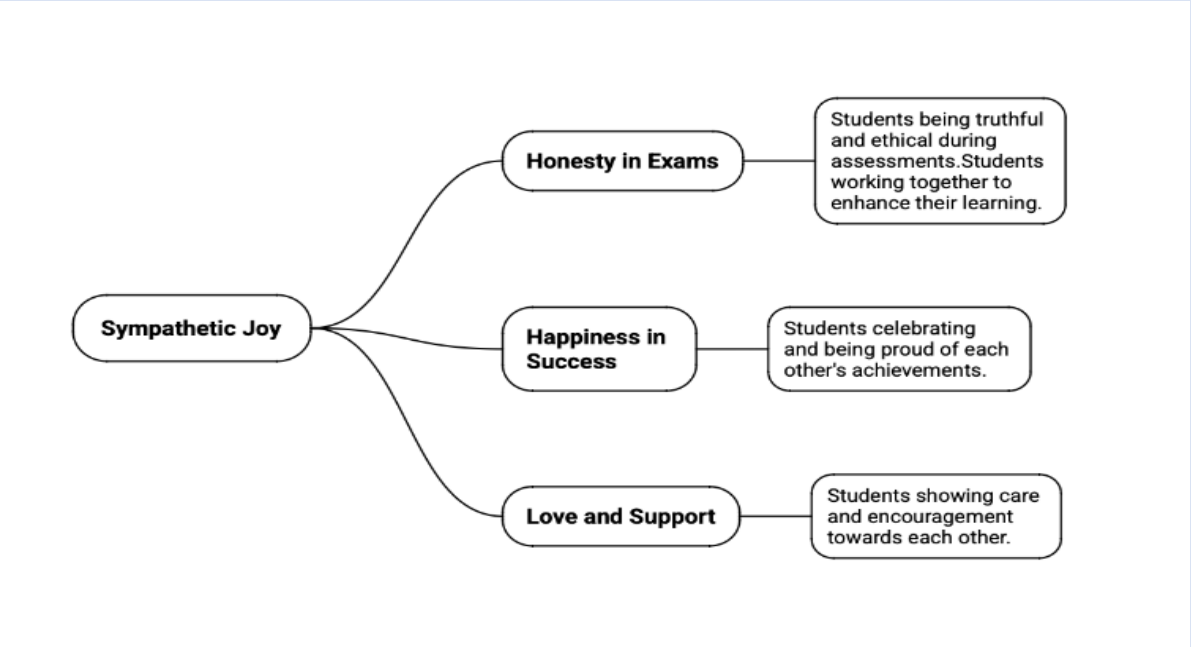


Figure 5: Cultivating Sympathetic Joy (*Muditā*) in the Classroom.

At Can Tho University, lecturers often employ various methods to help their students cultivate gratitude and sympathetic joy in daily life, such as composing a gratitude letter, practicing listening, and practicing gratitude meditation. Over time, this practice has shown noticeable results. Lecturers observe greater seriousness in learning and a stronger sense of responsibility among students. They become more self-disciplined and supportive of one another. Such practices help reduce jealousy and unhealthy competition, thereby strengthening ethical awareness and solidarity.

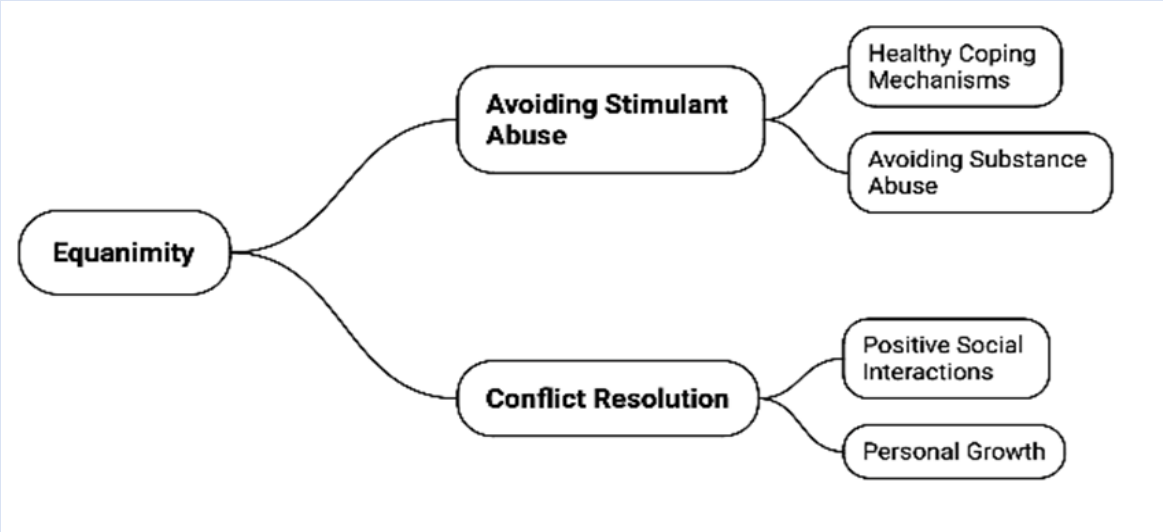


Figure 6: Applying Equanimity (*Upekkhā*) in Can Tho University Students' Lives

Applying equanimity to education can help students alleviate the pressure of meeting external expectations. This pressure often leads them to engage in negative behaviors, such as drinking alcohol to escape reality. Additionally, long-term pent-up stress can contribute to school violence and conflict, resulting in many unfortunate consequences.

Equanimity begins by helping students acknowledge their emotions and respond to challenges with calm and understanding. Managing academic pressure is therefore an important aspect of cultivating equanimity. When students learn to maintain balance, they are better able to face difficulties, make ethical decisions, and support their peers without being overwhelmed by emotional reactions

Meditation to resolve internal conflicts is also a way for students to return inside, calmly look at everything, transform their minds into gentleness, and learn to let go and forgive themselves and others. Can Tho University believes that past mistakes or bad behavior do not define a person's future. Everyone has the chance to improve and be better than they were yesterday. It is important to understand the challenges young people face, just as we made mistakes when we were young. That is why we should give them the opportunity to grow and make positive changes.

This approach promotes an academic atmosphere of mutual respect between teachers and students and among students themselves, built on understanding, sharing, and mutual support for growth. By integrating short meditation sessions in class and ethical stories inspired by the four sublime states of mind (*brahmavihārā*) woven into lectures, the university creates a learning

atmosphere that helps students develop more positive and mindful thinking. Additionally, the university provides a Student Affairs Office to support students when needed and encourages community-oriented volunteer activities as a practical form of education in loving-kindness (*mettā*), compassion (*karunā*), sympathetic joy (*muditā*), and equanimity (*upekkhā*). Through these efforts, Can Tho University aims to create an ideal environment for the holistic development of young people in Vietnam, both physically and mentally.

Discussions

The findings of this study can be discussed according to the three research objectives. First, regarding the problems and causes of unethical behavior among youth at Can Tho University, the study found that students face several ethical challenges, including academic dishonesty, disrespect, bullying, inappropriate classroom behavior, weak cooperation, and substance abuse. These problems are shaped by individual attitudes, family background, school environment, peer influence, and broader social change. This finding is consistent with Le's (2024) view that Vietnamese youth face both opportunities and ethical challenges amid international integration. It also aligns with Thuy et al. (2021), who found that students at Can Tho University exhibit positive value orientations yet still require stronger moral and lifestyle education.

Second, the study confirms that the four sublime states of mind (brahmavihārā) provide an integrated Buddhist ethical framework for youth development. Loving-kindness (mettā) cultivates goodwill and respect; compassion (karuṇā) develops care for those who suffer; sympathetic or appreciative joy (muditā) reduces jealousy and unhealthy competition; and equanimity (upekkhā) strengthens emotional balance and wise judgment. These findings are supported by Nyanaponika Thera and Ñāṇamoli Thera (2013), who explain the brahmavihārā as contemplative practices for expanding the mind beyond selfishness and ill will. Feldman (2017) similarly presents these qualities as a path of kindness, compassion, joy, and equanimity that supports personal and relational transformation.

Third, the application of brahmavihārā at Can Tho University shows practical value for ethical development. Loving-kindness can reduce bullying and disrespect by fostering a respectful learning environment. Compassion can be expressed through counseling, volunteer work, and care for lecturer-student relationships. Sympathetic joy can encourage honest learning and appreciation of

others' success. Equanimity can help students manage stress, failure, and emotional pressure. This approach is consistent with Social-Emotional Learning, which emphasizes self-awareness, social awareness, relationship skills, and responsible decision-making (Tran et al., 2023). Compared with Tongsupachok's (2025) focus on mettā in modern education, this study offers a broader fourfold Buddhist model for holistic ethical development among Vietnamese youth.

Knowledge from Research

This study provides an overview of the ethical and academic situation of students at Can Tho University. The results showed positive changes in the students' value orientations, as reflected in increased appreciation of humanistic values and interest in political and social activities in the country. However, this study has also revealed the ongoing ethical issues that require attention.

In addition to these findings, through the analysis of the four sublime states of mind referred to in the Theravada scriptures, the study also elucidates the characteristics related to the ethical importance of each sublime state of mind. as well as the potential benefits of these states of mind for individuals in their pursuit of liberation from suffering, overcoming afflictions, and developing their ability to feel compassion, thereby revealing that these benefits are complementary to each other in the process of moral development.

Based on the above findings, this research contributes to the field of education by facilitating the ethical development of Vietnamese youth through the application of the four sublime states of mind. Moreover, integrating Buddhist principles into contemporary social contexts opens an interdisciplinary direction between Buddhist studies and sociology, enhancing their value in practical and humanistic terms. Finally, the primary purpose of this study is to comprehensively cultivate ethics suited to the conditions of modern Vietnam, thereby highlighting the sustainable applicability of Buddhist principles to moral development.

Conclusion

This study concludes that the four sublime states of mind (brahmavihārā) provide a meaningful Buddhist framework for ethical development among youth at Can Tho University in Vietnam. The findings show that students continue to face ethical challenges such as academic dishonesty, disrespect, bullying, inappropriate classroom behavior, weak cooperation, and substance abuse. These

problems are shaped by multiple causes, including individual attitudes, family background, school environment, peer influence, social pressure, and insufficient cultivation of mental well-being and moral awareness.

Through textual analysis of Theravāda Buddhist teachings, the study confirms that loving-kindness (mettā), compassion (karuṇā), sympathetic or appreciative joy (muditā), and equanimity (upekkhā) are not separate virtues but mutually supportive qualities for moral and spiritual development. Loving-kindness nurtures goodwill and respect for others; compassion motivates students to understand and help those who suffer; sympathetic joy encourages appreciation of others' success and reduces jealousy; and equanimity supports emotional stability, fairness, and wise response to difficulties. Together, these four qualities form an integrated ethical model for transforming student behavior and strengthening social relationships.

The application of brahmavihārā in educational contexts can foster a more compassionate, respectful, and supportive learning environment. It can help reduce harmful behavior, encourage honest learning, improve communication, foster empathy, and support students' emotional resilience. The study also suggests that Buddhist ethical principles can be meaningfully integrated into contemporary education without limiting their value to religious practice alone. Rather, they can serve as practical humanistic principles for youth development. Therefore, applying the four sublime states of mind offers a constructive pathway for cultivating ethical awareness, emotional maturity, and responsible citizenship among young people in Vietnam.

Suggestion

From the theoretical and practical insights of this study, it can be seen that the application of the four sublime states of mind (*brahmavihāra*), which consist of loving-kindness (*mettā*), compassion (*karuṇā*), empathetic joy (*muditā*), and equanimity (*upekkhā*), for youth education at Can Tho University in Vietnam is necessary and feasible. This approach not only supports emotional healing during the learning process and enhances loving connections, empathy, and mutual support but also elevates young people's moral and spiritual values.

However, this study also has its limits, including its focus on the educational context of a specific university and the small number of participants. As a result, the findings may not fully represent the broader context of youth education in Vietnam. Based on these limitations, along with the results of this

study, the researcher suggests a number of topics that can be expanded for future research as follows:

1. Application of the Four Sublime States of Mind (Brahmavihāra) to the Moral Development of Working Adults in Contemporary Society.
2. Applying the Four Sublime States of Mind (Brahmavihāra) to Promote Peaceful Mental Development among the Elderly.
3. A Comparative Study of Buddhist Education and General Education in the Moral Development of the Modern Young Generation.
4. An Investigation into the Moral Qualities Needed in Modern Buddhist Education

References

Bhikkhu Bodhi. (Trans.). (2000). *The connected discourses of the Buddha: A new translation of the Saṃyutta Nikāya* (Vol. 2). Wisdom Publications.

Feldman, C. (2017). *Boundless heart: The Buddha's path of kindness, compassion, joy, and equanimity*. Shambhala.

Le, H. T. (2024, April–June). Youth education on ethics and lifestyle during Vietnam's international integration: Opportunities and challenges. *Rajasthali Journal, 3*(3), 36–46.

Mahatthanadull, S. (2016, May). Buddhist biology: Systematic relationship of life and environment, and the creation of supportive factors for development of life based on the seven suitable (*sappāya*). In *Proceedings of the International Conference on Social Science and Management (ICSSAM)* (pp. 283–296).

Nārada Mahāthera. (2010). *The Buddha and his teachings* (Sunanda, Ed.). Buddhist Publication Society.

Norman, K. R. (Trans.). (1997). *The word of the doctrine: Dhammapada*. Pali Text Society.

Nyanaponika Thera, & Ñāṇamoli Thera. (2013). *The four sublime states: Contemplations on love, compassion, sympathetic joy, and equanimity and the practice of loving-kindness (mettā) as taught by the Buddha in the Pali Canon*. Buddhist Publication Society.

Thich Nhat Hanh. (1997). *Teachings on love*. Parallax Press.

Thuy, N. T. D., Thien, P. C., & Thuy, L. T. (2021). Morality and lifestyle education for students of Can Tho University today: Situation and solutions. *Van Lang University Science Journal, 29*, 36–43.

Tongsupachok, S. M. C. (2025). *Application of Buddhist loving-kindness (mettā) to the learning process in modern education* [Doctoral dissertation, Mahachulalongkornrajavidyalaya University].

Tran, C. V. L., Vu, G. T., & Trang, L. T. H. (2023). A literature review on the application of the social-emotional learning (SEL) model to the training of high school students in soft skills. *Journal of Educational Management Science, 4*, 14–25.

Woodward, F. L. (Trans.). (2008). *The book of the gradual sayings: Aṅguttara Nikāya* (Vol. 2: *The book of the fours*). Wisdom Publications.

Dhamma Music and the MWL Model for Promoting Children's Emotional Well-Being at the Buddhamahametta Foundation

Natcha Riewpakorn
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University
Corresponding author email: mook4151952@gmail.com
Received 25/04/2025; Revised 28/11/2025; Accepted16/05/2026

Abstract

This research article examines the role of Dhamma music and the Mindfulness, Wisdom, and Loving-Kindness (MWL) model in promoting children's emotional well-being at the Buddhamahametta Foundation. The study has three objectives: 1) to examine the role of Dhamma music in enhancing children's meditation engagement; second, 2) to analyze Buddhist peaceful means integrated into the MWL model for promoting children's emotional well-being; and 3) to evaluate the effectiveness of the MWL model with Dhamma music in improving children's emotional well-being. The study employed a mixed-methods research design, combining documentary analysis, focus group discussion with meditation instructors, a pre-test and post-test evaluation using the WHO-5 Well-Being Index, and follow-up interviews with children after home-based practice.

The findings reveal that Dhamma music functions as more than a background auditory aid; it serves as a pedagogical and contemplative tool that strengthens attention, relaxation, emotional regulation, and sustained engagement in meditation. The study also shows that Buddhist peaceful means, particularly mindfulness, loving-kindness, wisdom, gratitude, and ethical reflection, support children's emotional awareness, prosocial behavior, compassion, and inner calm. Quantitative findings from the WHO-5 Well-Being Index indicate improved children's well-being after participating in the MWL meditation course, while qualitative findings show better sleep quality, reduced anxiety, increased mindfulness, and greater motivation to continue meditating at home.

The article concludes that the MWL model with Dhamma music offers a culturally rooted and developmentally appropriate framework for promoting children's emotional resilience, ethical awareness, and holistic well-being. The study contributes to Buddhist education, child mindfulness training, and applied

Buddhist peaceful means by demonstrating how music-enhanced meditation can support children's emotional and spiritual development.

Keywords: Dhamma music; MWL model; Mindfulness; Loving-kindness; Children's emotional well-being; Buddhamahametta Foundation

Introduction

Children today are growing up in a rapidly changing social, educational, and technological environment. The expansion of digital media, academic competition, reduced opportunities for play, and increased exposure to online content have created new challenges for children's emotional development. Children aged 6 to 12 are especially sensitive to these changes because they are developing attention, self-regulation, social awareness, and emotional resilience. Nidhan (2024) observes that Generation Z and Generation Alpha experience distinct learning and emotional challenges amid rapid technological transformation. Similarly, Goldstein (2012) emphasizes that play, creativity, and balanced social interaction remain essential for children's healthy development, yet modern children often have fewer opportunities for natural emotional expression and restorative activities.

Within this context, mindfulness-based interventions have gained increasing attention as supportive tools for children's emotional well-being. Studies suggest that mindfulness can enhance emotional regulation, self-awareness, attention, and resilience among children and preadolescents (Kander et al., 2024; Shah & Gupta, 2022). Mindfulness practices can help children observe their feelings, calm their bodies, and respond to stress with greater awareness rather than an impulsive reaction. However, children often require developmentally appropriate methods that are engaging, sensory-based, and emotionally meaningful. Meditation practices designed for adults may not always sustain children's attention unless adapted through music, movement, storytelling, or guided imagery.

Dhamma music offers a promising way to support children's meditation practice. Music can create a calm atmosphere, reduce restlessness, support rhythmic breathing, and help children enter meditation with greater ease. Delport and Auerbach (2020) argue that music activities can support the development of mindfulness in children, while Moret Puig et al. (2016) highlight the

interdisciplinary relationship between music and mindfulness in promoting concentration, emotional regulation, and well-being. In Buddhist contexts, Dhamma music can also communicate ethical and spiritual values such as loving-kindness, gratitude, compassion, and inner peace in a form that children can easily experience.

The Buddhamahametta Foundation provides an important context for examining this integration of Buddhist practice, children's meditation, and Dhamma music. The Foundation promotes Buddhist education, mindfulness, loving-kindness, peace, and holistic well-being. Its Mindfulness, Wisdom, and Loving-Kindness (MWL) model combines mindfulness practice, Buddhist ethical reflection, loving-kindness meditation, and Dhamma music to cultivate emotional balance and inner resilience among children. Previous research on the MWL program has shown that mindfulness and compassion-based practices can enhance emotional warmth, joy, empathy, and psychological well-being among practitioners (Jiwattanasuk et al., 2025).

Despite growing interest in mindfulness for children, a research gap remains regarding the specific role of Dhamma music in Buddhist child meditation programs. Existing studies have examined mindfulness-based interventions and music-assisted learning, but fewer have evaluated how Dhamma music can be integrated into a structured Buddhist model to support children's emotional well-being. Therefore, this study investigates Dhamma Music and the MWL Model for Promoting Children's Emotional Well-Being at the Buddhamahametta Foundation. The study aims to examine the role of Dhamma music in children's engagement in meditation, analyze the peaceful means within the MWL model, and evaluate the model's effectiveness in improving children's emotional well-being.

Research Objectives

1. To examine the role of Dhamma music in enhancing children's meditation engagement at the Buddhamahametta Foundation.
2. To analyze Buddhist peaceful means integrated into the Mindfulness, Wisdom, and Loving-Kindness model for promoting children's emotional well-being.
3. To evaluate the effectiveness of the Mindfulness, Wisdom, and Loving-Kindness model with Dhamma music in improving children's emotional well-being.

Literature review

Mindfulness-Loving kindness meditation (MWL) of the Buddhamahametta Foundation.

Jiwattanasuk et al. (2025) formulated the culturally inclusive Mindfulness, Wisdom, and Loving-Kindness (MWL) program, which incorporates loving-kindness meditation to enhance psychological well-being at Buddhamahametta Foundation. Participants indicated heightened feelings of emotional warmth and joy, thereby substantiating its psychological advantages. The research underscores the versatility of mindfulness- and compassion-oriented practices across diverse cultural and linguistic contexts, illustrating their capacity to mitigate mental health issues by fostering greater empathy, inclusivity, and resilience. By tailoring practices to align with community needs, the MWL program enhances accessibility and contributes to emotional resilience, intercultural understanding, and overall psychological well-being.

Concepts and Theories of Dhamma Music in Children's Meditation.

The developmental framework for children's meditation presents a holistic model that integrates cognitive, emotional, and spiritual development through contemplative practices. Research (Shah & Gupta, 2022) supports the view that meditation, particularly mindfulness, can significantly enhance children's emotional regulation, executive function, and spiritual awareness, promoting resilience and overall well-being. Pre-adolescents are especially receptive to mindfulness training, making this a critical developmental period for intervention. Structured programs have been shown to improve attention, memory, and self-regulation, and are particularly beneficial for children from socioeconomically disadvantaged backgrounds. The integration of mindfulness into family routines through a two-generation approach further strengthens outcomes, fostering behavioral change and mental health improvements across generations. Qualitative studies (Roeser, 2019)reveal that children often apply mindfulness reactively during emotional distress, using techniques that promote present-moment awareness, emotional detachment, and thoughtful decision-making. A supportive educational environment is essential for sustaining practice, though barriers such as noise and social discomfort must be addressed. Thus, the implementation of mindfulness in schools must prioritize quiet, inclusive spaces and cultivate a culture of acceptance to ensure children's consistent and meaningful engagement in meditation practices.

The investigation by Dajon et al. (2023) affirms the feasibility and efficacy of mindfulness-based interventions (MBIs) for children, particularly those in vulnerable or high-stress environments. Research demonstrates that MBIs can be effectively integrated into institutional settings, with skilled practitioners fostering meaningful engagement even amidst contextual constraints. Central to this success is interdisciplinary collaboration, which allows for the customization of interventions to meet the specific emotional and psychological needs of children. MBIs were found to significantly improve emotional awareness, positive affect, and resilience, particularly in children aged 10–12, while younger children benefited primarily in the area of emotional awareness.

Comparative findings (Pickerell et al.,2023) between MBIs and cognitive behavioral interventions (CBIs) suggest that while CBIs reduce observable behavioral issues, they may fall short in addressing internal emotional states such as anxiety and depression. In contrast, MBIs foster self-awareness, empathy, and compassion, with documented spillover effects that extend to peer relationships and family dynamics. Notably, children exposed to structured mindfulness training often reported a willingness to share mindfulness techniques with their families, reinforcing the social and communal impact of these practices.

Aligned with Piaget's (1971) stages of cognitive development, children aged 6–12 are cognitively capable of engaging with mindfulness practices, such as breath awareness and visualization. Techniques like yoga, guided meditation, and breathing exercises not only support emotional regulation but also improve attention, memory, posture, and adaptability. These findings underscore the importance of integrating developmentally appropriate mindfulness strategies into educational and therapeutic frameworks to support the holistic development of children, particularly those at risk of emotional and academic challenges.

This investigation of Moret Puig et al. (2016) illuminates the strong synergy between musical methodologies and mindfulness strategies, emphasizing their shared goal of enhancing concentration, emotional regulation, and overall well-being. Analysis of educational frameworks that incorporate mindfulness reveals their positive effects on mental health and academic performance, and supports the integration of musical components to create more engaging learning environments. The study by Loo (2018) demonstrates that melodic and harmonious musical elements, as well as natural sounds, not only improve emotional states and reduce stress during mindfulness exercises but also increase session attendance and participant motivation. This suggests that pleasant

auditory stimuli foster tranquility, focus, and sustained engagement in mindfulness practices.

Moreover, mindful listening practices, particularly in elementary educational settings, have been shown to bolster empathy, emotional intelligence, communication skills, and interpersonal relationships (Fortune & Barksdale, 2023). Children participating in these practices develop a greater capacity for self-expression and social understanding, which are vital for navigating classroom dynamics and broader social contexts. By embedding mindful listening into school curricula, educators can enhance students' academic involvement, emotional resilience, and social competence, ultimately cultivating compassionate, attentive, and inclusive classroom environments. These findings affirm that music, when thoughtfully integrated with mindfulness, can serve as a powerful and developmentally appropriate tool for promoting holistic growth in children.

The integration of Dhamma music into children's mindfulness programs represents a growing global movement aimed at fostering emotional well-being, self-awareness, and compassion. Across diverse cultural contexts, several prominent institutions have implemented music-enhanced mindfulness practices to enrich children's meditative experiences and support holistic development.

At Plum Village in France, founded by Zen Master Thich Nhat Hanh, mindfulness and loving-kindness (metta) are taught through programs that combine calming Dhamma music with guided meditation, helping children cultivate emotional awareness, empathy, and resilience in a nurturing environment (Singh & Dhir, 2022).

Similarly, the Green School in Bali incorporates instrumental music into mindfulness sessions, creating a reflective space where children develop emotional intelligence and personal growth. The soothing auditory atmosphere enhances their ability to focus and relax, reinforcing the principles of mindfulness and compassion (Burke, 2010).

In Taiwan, Dharma Drum Mountain (DDM) promotes mindfulness and metta through musically accompanied meditation workshops for children. These programs emphasize emotional regulation and social responsibility, helping children internalize Buddhist values through immersive and engaging sensory experiences (Wang, 2020).

Karma Triyana Dharmachakra (KTD) in New York employs Tibetan music during loving-kindness meditations, offering young learners a serene setting to build compassion and a sense of connectedness. Their approach blends

traditional Buddhist teachings with modern pedagogical strategies, equipping children with lifelong emotional skills (Mason et al., 2020).

At the Omega Institute, mindfulness retreats for children include guided meditations paired with calming melodies. These experiences deepen emotional bonds and cultivate a supportive community, promoting self-awareness, compassion, and relational skills essential for navigating social and emotional challenges (Duncan & McIntyre, 2020).

Together, these global examples affirm the transformative potential of combining music with mindfulness and loving-kindness practices. This integrative approach provides children with meaningful tools to develop emotional resilience, empathy, and a deep connection to themselves and others, reinforcing the importance of holistic education rooted in spiritual and emotional well-being.

Buddhist Peaceful Means and the MWL Model

Buddhist peaceful means include mindfulness (sati), loving-kindness (mettā), wisdom (paññā), gratitude (kataññū), ethical conduct, and non-harming. The Five Precepts provide a moral foundation for children by encouraging honesty, respect, self-control, and responsibility (AN 8.39). Gratitude, as emphasized in the Maṅgala Sutta and the Kataññu Suttas, helps children develop humility, respect for caregivers, and prosocial awareness (Khp. 5; AN 2.31–32).

The MWL model integrates mindfulness, wisdom, and loving-kindness into a structured meditation framework for children. When combined with Dhamma music, this model becomes more accessible, engaging, and emotionally resonant. Music supports attention and relaxation; mindfulness supports self-awareness; wisdom supports ethical reflection; and loving-kindness supports compassion and emotional connection. Therefore, the literature supports the view that the MWL model, with Dhamma music, can serve as a culturally rooted and developmentally appropriate approach to promoting children's emotional well-being.

Conceptual Frameworks

This research undertakes a comprehensive review of the literature on mindfulness and loving-kindness meditation for children, and explores Buddhist principles of peace to inform the development of a specialized Mindfulness, Wisdom, and Loving-Kindness (MWL) curriculum at the Buddhamahametta

Foundation. The goal is to design a structured, child-centered program that integrates mindfulness and loving-kindness practices rooted in Buddhist teachings, with its effectiveness evaluated in terms of children's well-being, emotional regulation, prosocial behavior, and psychological resilience.

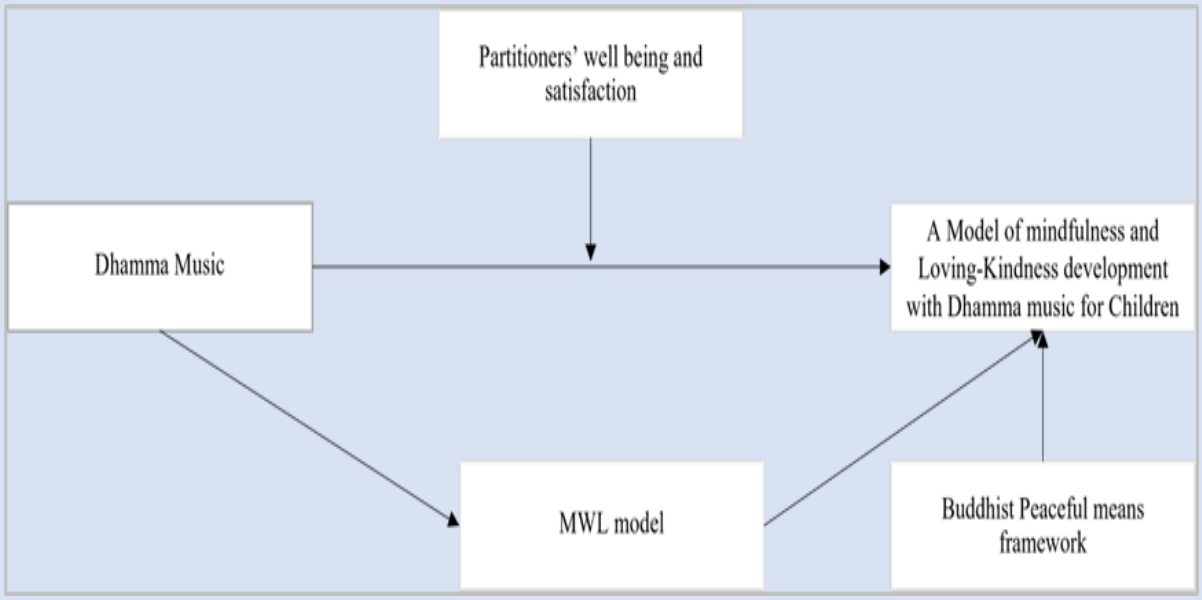


Figure 1: Conceptual Frameworks

Research Methodology

This study employed a mixed-methods research design to examine the effectiveness of the Mindfulness, Wisdom, and Loving-Kindness model, combined with Dhamma music, in promoting children's emotional well-being at the Buddhamahametta Foundation. The study integrated qualitative and quantitative methods to obtain both descriptive insights and measurable evidence regarding the role of Dhamma music, the Buddhist peaceful means, and meditation practice in children's emotional development.

The research was conducted in three phases.

Phase 1: Qualitative Study on Dhamma Music and Children's Meditation

The first phase examined the role of Dhamma music in supporting children's engagement in meditation. Data were collected through documentary analysis and focus group discussions with meditation instructors. The documentary analysis covered Buddhist teachings, previous studies on mindfulness and music, and relevant literature on children's meditation practices.

The focus group discussion explored how Dhamma music supports children's attention, emotional regulation, relaxation, and participation in meditation sessions. The data were analyzed using thematic content analysis to identify key themes related to children's engagement, emotional responses, and meditative learning.

Phase 2: Quantitative Evaluation of the MWL Meditation Course

The second phase evaluated the effects of the Mindfulness, Wisdom, and Loving-Kindness meditation course on children's emotional well-being. The participants were 19 children, consisting of 10 males and 9 females, aged between 6 and 12 years, who participated in the MWL meditation program at the Buddhamahametta Foundation. The WHO-5 Well-Being Index was used as a pre-test and post-test instrument to assess changes in children's well-being before and after participating in the program (World Health Organization, 1998). The WHO-5 indicators included positive mood, relaxation, vitality, sleep quality, and overall well-being. The pre-test and post-test scores were compared to evaluate changes in emotional well-being after the intervention.

Phase 3: Qualitative Follow-up on Home-Based Practice

The third phase explored the sustained effects of the MWL model with Dhamma music after a 14-day home-based continuation period. Children were encouraged to continue meditation practices at home, especially before bedtime, with parental support. Data were collected through structured interviews and reflective responses from child participants. The analysis focused on children's emotional balance, sleep quality, mindfulness engagement, motivation to continue practice, and preference for specific meditation techniques such as sitting meditation, walking meditation, loving-kindness meditation, and mindful prostration. The data were analyzed using thematic content analysis based on the MWL framework.

Ethical considerations were observed throughout the study. Participation was voluntary, informed consent was obtained from relevant guardians or participants, and data were used only for academic purposes. The mixed-methods design enabled the study to combine theoretical analysis, measurable well-being outcomes, and qualitative insights into children's lived experiences of meditation with Dhamma music.

Research Results

Objective 1: The Role of Dhamma Music in Enhancing Children's Meditation Engagement

The findings show that Dhamma music plays an important role in making meditation more accessible, enjoyable, and developmentally appropriate for children. The focus group discussion and literature review indicate that rhythmic and melodic elements help children sustain attention, reduce restlessness, and enter a calmer emotional state during meditation. Dhamma music functions not merely as background sound but as a pedagogical and contemplative tool that supports concentration, relaxation, emotional regulation, and the internalization of Buddhist values such as patience, gratitude, and loving-kindness.

Key findings include:

From literature and theory:

- Dhamma music supports attentional focus and deep breathing, key elements in mindfulness training.
- It elicits positive emotional responses, aiding in relaxation and well-being.
- It reinforces Buddhist values in gratitude and loving-kindness meditation.

From empirical findings (Phase 1 Focus Group Discussion):

1. Enhanced engagement – Music creates a welcoming and enjoyable environment, improving focus and sustained participation.
2. Improved emotional regulation – Gentle melodies reduce restlessness and help children manage emotional challenges.
3. Support for cognitive and ethical development – Music reinforces the internalization of Buddhist virtues such as compassion and patience.

In conclusion, Dhamma music is more than an auditory aid; it is a core educational element that supports the holistic development of children in mindfulness-based Buddhist education. Its integration into meditation practices ensures that children's experiences are not only effective but also meaningful and developmentally enriching.

The insights drawn from both the comprehensive literature review and empirical data were systematically integrated into the development of the Mindfulness Wisdom and Loving-Kindness (MWL) program for children. This model was thoughtfully designed to ensure the effective incorporation of Dhamma music as

a core component, supporting and enhancing children's engagement with mindfulness and meditation. The MWL framework thus provides a structured, evidence-based approach that aligns with developmental needs and Buddhist principles, fostering emotional regulation, attentional focus, and inner peace in young practitioners.

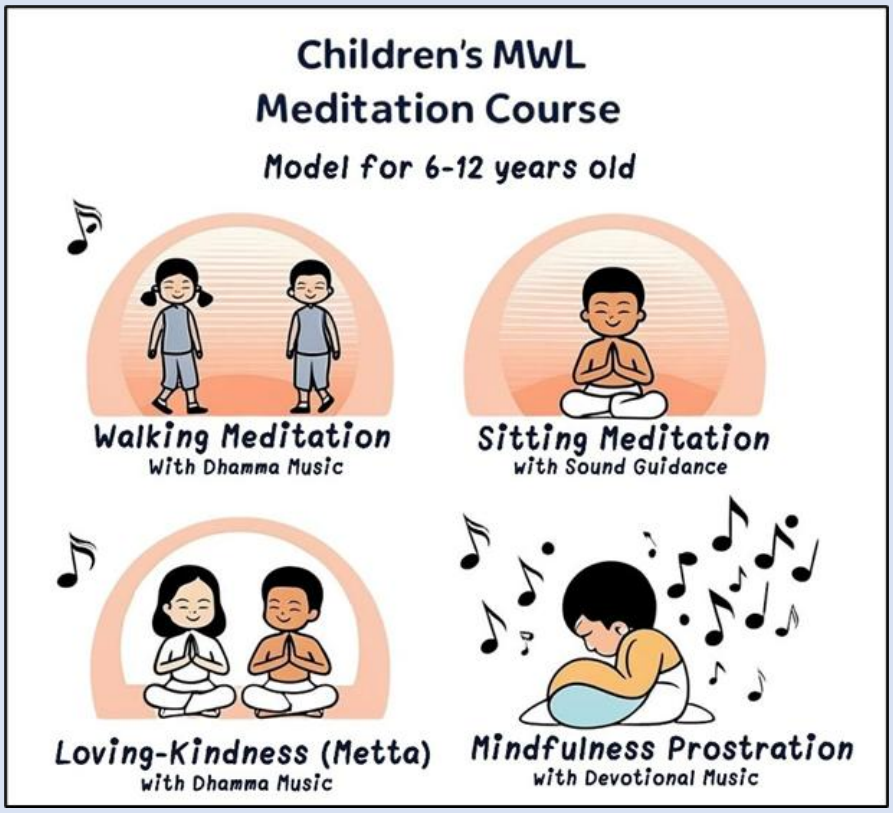


Figure 2: Model of the Children's Meditation Course with Dhamma Music

Objective No. 2: Buddhist Peaceful Means Integrated into the MWL Model

The findings indicate that Buddhist peaceful means, particularly mindfulness, wisdom, loving-kindness, gratitude, and ethical reflection, strengthen children's emotional and moral development. These principles help children cultivate calmness, kindness, empathy, self-awareness, and prosocial behavior. The integration of mindfulness and loving-kindness into the MWL model provides children with practical tools for managing emotions, developing positive relationships, and building inner resilience. Dhamma music further enhances these practices by creating a peaceful atmosphere and increasing children's motivation to participate.

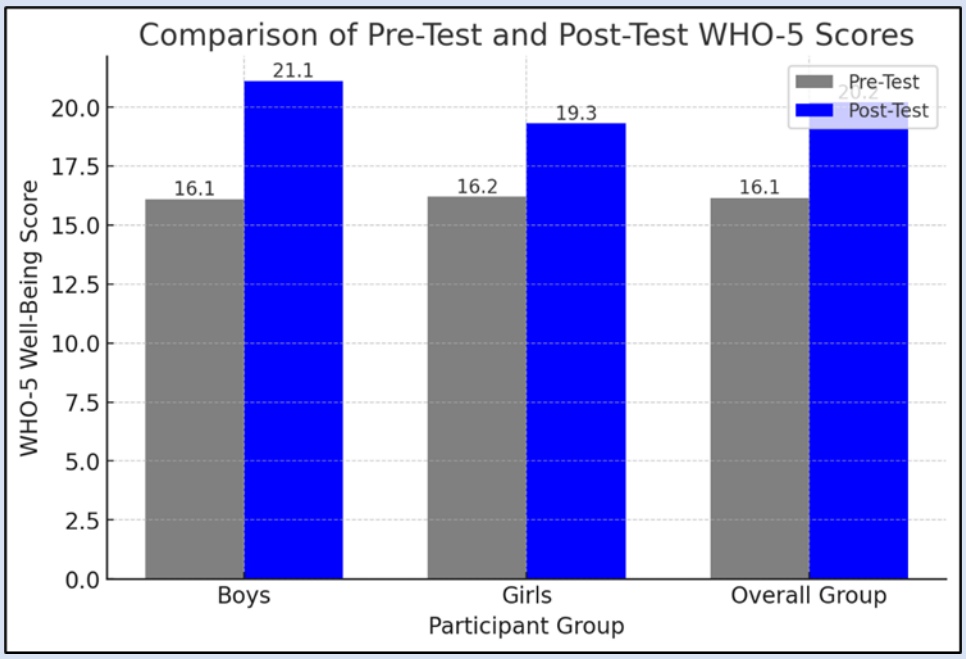


Figure 3: Pre-Test and Post-Test Comparison of WHO-5 scores by Participant Group

The bar graph clearly illustrates the substantial improvements in children's emotional well-being following participation in the MWL meditation curriculum. These findings confirm the effectiveness of integrating Buddhist peaceful methodologies and Dhamma music in enhancing mindfulness, emotional regulation, and overall psychological resilience among children. This evidence reinforces the value of the MWL program as a practical and impactful approach to supporting youth mental health and well-being.

The integration of findings from literature and experimental research affirms the effectiveness of the Mindfulness, Wisdom, and Loving-Kindness (MWL) program in enhancing children's well-being through structured meditation supported by Buddhist peaceful means and Dhamma music. This model successfully bridges theoretical foundations with practical outcomes, offering a culturally and developmentally appropriate approach to mindfulness education.

Key Findings:

1. Emotional Regulation and Inner Calmness:
   92% of participants experienced improved emotional balance and stress relief through music-enhanced meditation.
2. Improved Sleep Quality:
   85% of children reported better sleep, aided by soothing Dhamma music during bedtime mindfulness practice.
3. Increased Mindfulness and Focus:

Children demonstrated improved attentional control and sustained engagement in meditation, facilitated by rhythmic and melodic cues.

4. Ethical and Social Awareness:
   Gratitude meditations and musical reflections reinforced moral values, enhancing kindness and peer relationships.

Development of Mettā and Compassion:

Music-supported loving-kindness meditations deepened children's sense of empathy and emotional connection to others.

Integration into the MWL Model:

- Music-Guided Meditation: Structured soundscapes for enhancing attention and emotional stability.
- Metta Meditation with Music: Promotes unconditional goodwill and compassion.
- Mindful Breathing with Audio Cues: Encourages calm, especially at bedtime.
- Ethical Reflection with Dhamma Music: Reinforces Buddhist teachings through gratitude and mindfulness practices.

Overall, the MWL model presents a sustainable and evidence-based framework that supports children's cognitive, emotional, and ethical development. It demonstrates that combining Buddhist peaceful methodologies with Dhamma music is a powerful and holistic strategy for cultivating mindfulness, resilience, and well-being in young learners.

Objective No. 3: Effectiveness of the MWL Model with Dhamma Music

The quantitative and qualitative findings confirm that the MWL model with Dhamma music improved children's emotional well-being. The WHO-5 Well-Being Index pre-test and post-test results showed positive improvement after the meditation course. Children reported greater emotional balance, better sleep quality, increased mindfulness, and stronger motivation to continue practice at home. The 14-day home-based follow-up also showed that many children voluntarily continued listening to Dhamma music and practicing meditation before sleep. Among the meditation techniques, loving-kindness meditation appeared especially effective in promoting warmth, joy, emotional connection, and compassion.

Table 1: Results of Well-Being Indicators Based on the WHO-5 Scale

Well-Being Indicator	Mean Score (Out of 5)
Feeling cheerful and in good spirits	**4.4**
Feeling calm and relaxed	**4.7**
Feeling energetic and active	**4.2**
Waking up refreshed	**4.6**
Daily life filled with interesting things	**4.5**

The findings underscore the powerful role of Dhamma music in sustaining children's mindfulness engagement beyond formal meditation sessions. Many children independently continued to listen to Buddhist chants and calming music before sleep, reflecting a strong intrinsic motivation to maintain mindfulness practices. This self-driven continuity highlights the MWL model's success in fostering lasting emotional resilience and mental well-being.

To rigorously evaluate the impact of meditation practices supported by Dhamma music following a 14-day self-practice period, a content analysis methodology will be employed. This approach will identify key themes that reveal which meditation modalities most effectively promote sustained mindfulness, emotional balance, and overall well-being in children. The analysis will be systematically guided by the Mindfulness, Wisdom, and Loving-Kindness (MWL) framework, allowing for a structured examination of Dhamma music's influence across various practices—walking meditation, seated meditation, Metta meditation, and mindful prostration. This method ensures a comprehensive understanding of how each practice contributes to children's long-term emotional and psychological resilience.

Table 2: Evaluating Meditation Techniques with Dhamma Music

Meditation Technique	Effectiveness Rating	Key Benefits	Potential Limitations
Walking Meditation	3/5	Engages movement, increases focus with rhythmic music	Less suitable for long sessions
Sitting Meditation	4/5	Deep relaxation, effective for emotional stability	Can induce drowsiness
Metta (Loving-Kindness) Meditation	5/5	Most effective for emotional warmth, gratitude, and connection	None
Mindful Prostration (Bowing)	4/5	Fosters gratitude, humility, and concentration	Less engaging for some children

The content analysis reveals that Metta meditation was the most effective technique, with all participants reporting feelings of warmth, joy, and emotional connection. Sitting meditation and mindful prostration also demonstrated strong efficacy, particularly in promoting emotional regulation and cultivating gratitude. While walking meditation offered benefits, it had comparatively less universal appeal, as some children preferred stillness-based mindfulness practices. These findings affirm the central role of Metta meditation within the MWL model for fostering sustained emotional well-being and mindfulness in children.

The results from Phase 3 confirm that the MWL model, which integrates mindfulness practices with Dhamma music and Buddhist peaceful principles, has a sustained and transformative impact on children's emotional well-being. The home-based continuation of the practice over a 14-day period demonstrated lasting improvements in emotional regulation, sleep quality, and intrinsic motivation for mindfulness, underscoring the long-term effectiveness of this structured approach

Moreover, the study affirms that when mindfulness is introduced through engaging, structured formats, such as music-enhanced meditation, it becomes a sustainable, child-led habit. These results provide compelling evidence for the effectiveness of Buddhist peaceful methodologies, particularly the integration of Dhamma music, in cultivating long-term psychological stability and mindfulness in young learners.

Key Takeaways:

1. Sustained Emotional Regulation: Children maintained calmness and emotional balance beyond the classroom setting, particularly in stressful situations.
2. Improved Sleep and Anxiety Reduction: Listening to Dhamma music before bedtime supported deeper sleep and minimized anxiety-related disturbances.
3. Extended Mindfulness Engagement: Children applied mindfulness techniques, such as deep breathing, in their daily lives to manage stress and emotions.
4. Enduring Compassion and Mettā: Loving-kindness meditation continued to foster emotional warmth, empathy, and positive social behaviors.
5. Intrinsic Motivation: Many children voluntarily continued their mindfulness and music practice, showing a genuine and lasting interest.

The MWL framework proves effective in embedding mindfulness into children's routines, cultivating emotional resilience, ethical awareness, and spiritual development. Dhamma music serves not only as a meditative tool but also as a motivating and soothing influence, supporting long-term engagement and emotional growth. This study underscores the importance of integrating Buddhist tranquility practices in childhood mindfulness programs to promote holistic and sustainable well-being.

Discussion

The findings of this study can be discussed according to the three research objectives. First, the study confirms that Dhamma music significantly enhances children's engagement in meditation at the Buddhamahametta Foundation. The findings show that children responded positively to rhythmic, melodic, and calming musical elements during meditation. Dhamma music helped create a peaceful atmosphere, reduce restlessness, sustain attention, and make meditation more enjoyable. This finding is consistent with Delport and Auerbach (2020), who argue that music activities can help develop mindfulness in children. It also supports Loo's (2018) finding that music and natural sounds can improve mindfulness, attention, well-being, and session attendance. In this sense, Dhamma music functions not merely as background sound but as a contemplative learning tool that helps children enter meditation more naturally.

Second, the study demonstrates that the integration of Buddhist peaceful means into the MWL model can support children's emotional and ethical development. Mindfulness helps children become aware of their thoughts, feelings, and bodily states. Loving-kindness promotes warmth, empathy, and positive relationships. Wisdom supports reflection and appropriate decision-making, while gratitude strengthens respect and appreciation. These findings align with Buddhist teachings on the Five Precepts, the Four Sublime States of Mind, and gratitude as foundations for ethical and peaceful living (AN 8.39; AN 10.208; Khp. 5). They also correspond with contemporary research showing that mindfulness-based interventions can improve children's emotional regulation, resilience, and social awareness (Dajon et al., 2023; Kander et al., 2024; Shah & Gupta, 2022).

Third, the study confirms the effectiveness of the MWL model, using Dhamma music, in improving children's emotional well-being. The WHO-5 Well-Being Index pre-test and post-test results showed improvement after

participation in the MWL meditation course. Qualitative follow-up also indicated better sleep quality, reduced anxiety, increased emotional balance, and stronger motivation to continue home-based practice. These findings show that music-supported meditation can become a sustainable and child-led practice when it is emotionally meaningful and culturally familiar. The results further support Jiwattanasuk et al. (2025), who found that the MWL program contributed to emotional warmth, joy, empathy, and psychological well-being.

Overall, the study contributes to Buddhist education and child mindfulness training by demonstrating that Dhamma music strengthens the practical application of the MWL model. It makes meditation more accessible to children, supports emotional regulation, reinforces Buddhist values, and encourages continuity of practice beyond formal sessions. The findings suggest that Dhamma music and the MWL model can serve as a holistic, Buddhist, and peaceful approach to cultivating emotional resilience, mindfulness, compassion, and ethical awareness among children.

Knowledge from Research

This research offers substantial new insights into the fields of Buddhist peaceful methodologies, mindfulness cultivation, and the role of Dhamma music in enhancing children's meditative practices. The findings contribute important theoretical advancements, practical applications, and innovative strategies for integrating Buddhist principles into child-centered meditation programs.

Key areas of new knowledge include:

1. The validation of Dhamma music as an effective tool for sustaining children's attention, emotional regulation, and mindfulness engagement.
2. The demonstration of how Buddhist peaceful practices, particularly mindfulness, loving-kindness (Mettā), and gratitude (Kataññu), foster emotional resilience, compassion, and ethical development in children.
3. The establishment of the Mindfulness, Wisdom, and Loving-Kindness (MWL) model as a sustainable and culturally relevant framework for children's long-term emotional and cognitive well-being.
4. The evidence that structured, music-enhanced mindfulness programs can significantly improve not only emotional wellness but also executive functioning and decision-making skills in young learners.

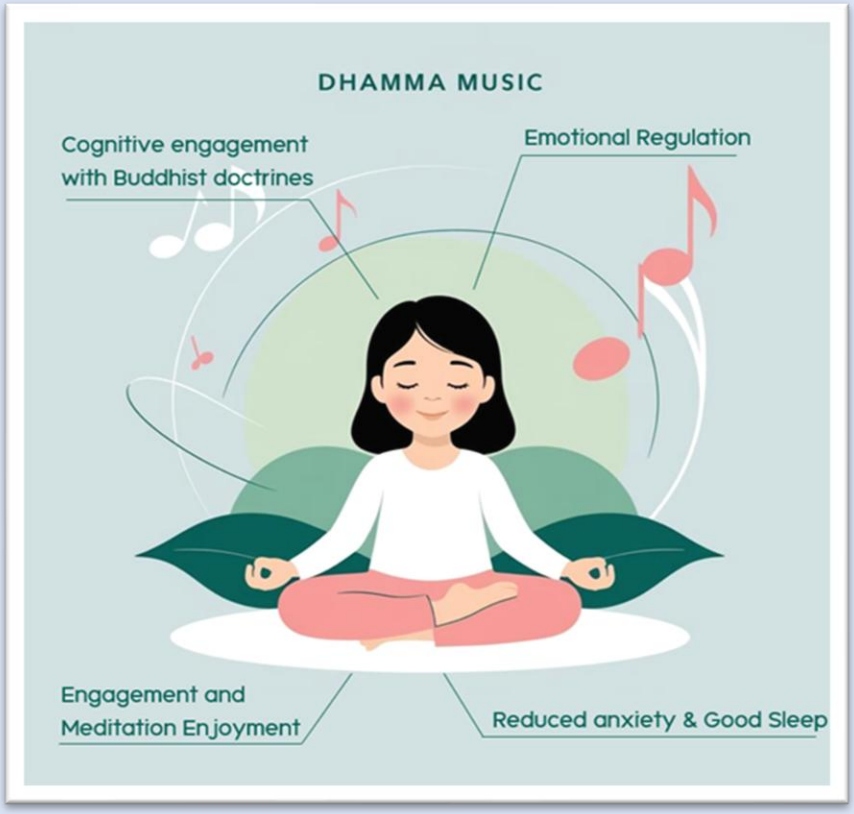


Figure 4: The advantages of Dhamma music for children.

Therefore, the new knowledge from this research may be summarized as the Dhamma Music–Integrated MWL Model, which consists of four interrelated dimensions:

Dimension	**Core Practice**	**Function**	**Outcome**
Dhamma Music	Chanting, melody, calming sound	Sustains attention and emotional calm	Meditation engagement
Mindfulness	Breathing, body awareness, present-moment attention	Develops self-awareness and regulation	Emotional balance
Wisdom	Reflection and ethical understanding	Supports the right judgment and self-understanding	Responsible behavior
Loving-Kindness and Gratitude	Mettā meditation and gratitude reflection	Cultivates empathy, warmth, and respect	Prosocial behavior and well-being

In conclusion, this research contributes to Buddhist education and child mindfulness training by demonstrating that Dhamma music can strengthen the practical application of the MWL model. It shows that Buddhist peaceful means

can be adapted into a structured, engaging, and sustainable framework for cultivating children's emotional resilience, mindfulness, compassion, ethical awareness, and holistic well-being.

Conclusion

This study concludes that Dhamma music and the Mindfulness, Wisdom, and Loving-Kindness (MWL) model provide an effective Buddhist-based approach for promoting children's emotional well-being at the Buddhamahametta Foundation. The findings show that Dhamma music enhances children's engagement in meditation by creating a calm, enjoyable, and developmentally appropriate atmosphere. Through melody, rhythm, chanting, and gentle soundscapes, children can sustain attention, reduce restlessness, relax more easily, and participate more meaningfully in meditation practice.

The study also confirms that Buddhist peaceful means integrated into the MWL model contribute to children's emotional and ethical development. Mindfulness helps children become aware of their emotions and bodily states; wisdom encourages reflection and self-understanding; loving-kindness cultivates empathy, warmth, and compassion; and gratitude strengthens respect, appreciation, and prosocial behavior. These Buddhist principles work together to support emotional regulation, inner calm, ethical awareness, and positive relationships.

The evaluation of the MWL model with Dhamma music further demonstrates positive outcomes for children's well-being. The WHO-5 Well-Being Index indicated improvement after participation in the meditation course, while follow-up findings showed sustained emotional balance, better sleep quality, reduced anxiety, increased mindfulness, and voluntary continuation of practice at home. Loving-kindness meditation was especially effective in fostering warmth, joy, and emotional connection.

Therefore, the MWL model with Dhamma music can be regarded as a sustainable, culturally rooted, and developmentally appropriate framework for children's mindfulness training. It contributes to Buddhist education by showing how traditional Buddhist peaceful means can be adapted to modern child well-being programs. It also contributes to contemporary mindfulness practice by demonstrating that music-enhanced meditation can support emotional resilience, ethical awareness, and holistic development among young learners. Future

research should expand the participant group, conduct longitudinal evaluations, and compare different forms of Dhamma music and meditation techniques across diverse educational and spiritual settings.

Suggestions

This study recommends the systematic integration of Dhamma music into mindfulness-based meditation programs for children to promote emotional regulation, cognitive resilience, and ethical development. Educational institutions and policymakers are encouraged to establish standardized guidelines for incorporating Buddhist peaceful methodologies into school curricula, emphasizing the importance of parental involvement and innovative, music-enhanced instructional practices. Future research should prioritize longitudinal investigations to assess the sustained impact of music-assisted mindfulness interventions on children's emotional and cognitive trajectories, alongside comparative analyses of different auditory guidance techniques. Furthermore, the integration of Mindfulness, Wisdom, and Loving-Kindness (MWL) practices within formal educational frameworks warrants scholarly attention to advance the development of holistic educational models that cultivate academic success, emotional well-being, and ethical consciousness among young learners.

Abbreviation note

AN = Aṅguttara Nikāya
Khp = Khuddakapāṭha
Aṅguttara Nikāya. (1998). *Sikkha Sutta (Vol. 1).* Pali Text Society.
Aṅguttara Nikāya. (2002). *Kataññu Suttas (Vol. 1).* Pali Text Society.
Aṅguttara Nikāya. (2003). *Brahmavihāra Sutta (Vol. 5).* Pali Text Society.
Khuddakapāṭha. *Maṅgala Sutta (1994).* Pali Text Society.

References

Burke, C. A. (2010). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal of Child and Family Studies, 19*(2), 133–144.

Dajon, M., Dumas, C., Busson, L., Devault, A., Mennesson, C., & Zaouche-Gaudron, C. (2023). Méditation de pleine conscience destinée aux enfants en situation de vulnérabilité: De la pratique à l'appropriation. *Pratiques Psychologiques, 30*(2), 87–101.

Delport, A. C., & Auerbach, C. (2020). Developing mindfulness in children through participation in music activities. *South African Journal of Childhood Education, 8*(1), 1–7.

Duncan, J., & McIntyre, M. (2020). Fostering mindfulness and emotional awareness in children through retreat experiences. *International Journal of Child and Adolescent Health, 13*(2), 221–230.

Fortune, D. J., & Barksdale, M. A. (2023). *Mindful listening instruction in the elementary classroom: Authentic strategies using picture books*. IGI Global.

Goldstein, J. (2012, February). *Play in children's development, health and well-being*. Toy Industries of Europe.

Jiwattanasuk, N., Vasuratna, V., & Deegalle, M. (2025). Mindfulness-based practices for multicultural meditation practitioners to develop mental well-being. *The ABAC ODI Journal Vision. Action. Outcome, 12*(2), 225–242.

Kander, T. N., Lawrence, D., Fox, A., Houghton, S., & Becerra, R. (2024). Mindfulness-based interventions for preadolescent children: A comprehensive meta-analysis. *Journal of School Psychology, 102*, Article 101261.

Loo, M. (2018). *Combining nature sounds or music in mindfulness activities: Their effects on mindfulness attentional skills, wellbeing and session attendance rates* [Doctoral dissertation, Murdoch University].

Mason, C., McCazrey, J., & Henson, R. (2020). Music as a tool for emotional and social learning in children: A review of the literature. *International Journal of Music Education, 38*(2), 203–216.

Moret Puig, S., Gustems Carnicer, J., & Calderón Garrido, C. (2016). Música y mindfulness: Una mirada interdisciplinar. *Aloma, 34*(2), 107–117.

Nidhan, P. (2024). Futuristic trends in management. *IIP Series, 3*(6), 63–66.

Piaget, J. (1971). The theory of stages in cognitive development. In D. Green, M. P. Ford, & G. B. Flamer (Eds.), *Measurement and Piaget* (pp. 1–11). McGraw-Hill.

Pickerell, L., Pennington, K., Cartledge, C. F., & Curtis, F. (2023). The effectiveness of school-based mindfulness and cognitive behavioural programmes to improve emotional regulation in 7–12-year-olds: A systematic review and meta-analysis. *Mindfulness, 14*(5), 1–20.

Roeser, R. W. (2019). Towards a developmental contemplative science. *Human Development, 63*(2), 132–138.

Shah, S., & Gupta, M. (2022). An evidence-based review of the impact of mindfulness meditation on mental health of children and preadolescents. *Journal of Pharmaceutical Negative Results*, 2039–2043.

Singh, D., & Dhir, A. (2022). The role of music in fostering emotional well-being among children. *Journal of Child Psychology and Psychiatry, 63*(1), 101–113.

Wang, J. (2020). Cultivating compassion in children through mindfulness practices at Dharma Drum Mountain. *Journal of Buddhist Education and Practice, 5*(1), 12–27.

World Health Organization. (1998). *WHO-5 well-being index*. World Health Organization.

An Application of Buddhist Principles to Reduce Youth Technological Addiction through Summer Retreat Program at Hoang Phap Monastery in Vietnam

Do Minh Hoang[1] Sanu Mahatthanadull[2] Ven. Neminda[3]
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University
Corresponding author email: 6701206029@mcu.ac.th[1]
Received 12/11/2025; Revised 04/05/2026; Accepted 11/05/2026

Abstract

Technology addiction among Vietnamese youth has become an increasingly serious concern due to its negative effects on mental health, academic performance, emotional regulation, and social relationships. This research article has three objectives: first, to study the problems and causes of technological addiction among youth in Vietnam; second, to examine Buddhist principles and practices for reducing technological addiction; and third, to propose a summer retreat program at Hoang Phap Monastery applying Buddhist principles to reduce youth technological addiction in Vietnam. The study employed a qualitative research approach supported by descriptive survey data. Data were collected through documentary analysis, in-depth interviews with five key informants connected with Buddhist education and retreat activities, a focus group discussion with 15 young people showing signs of technology addiction, and an online survey of 106 students. The data were analyzed through thematic analysis, with survey responses coded to identify recurring patterns.

The findings show that the main causes of technological addiction among Vietnamese youth include academic pressure, social media influence, emotional dependence on virtual interaction, lack of life direction, weak time management, and insufficient family or social guidance. These factors contribute to anxiety, reduced academic concentration, weakened relationships, and poor emotional regulation. The study further finds that Buddhist principles can address the cognitive, emotional, and ethical dimensions of technological addiction. Mindfulness (sammā-sati) supports awareness of habitual device use; loving-kindness (mettā) encourages genuine human connection; gratitude (kataññutā) cultivates contentment; and right faith (saddhā) provides moral direction and discipline. Based on these findings, the article proposes a summer retreat program at Hoang Phap Monastery that integrates digital detox, meditation, Dhamma learning, communal living, gratitude reflection, loving-kindness communication,

and faith-based contemplation as a culturally relevant model to help Vietnamese youth restore balance in the digital age.

Keywords: Technological addiction; Buddhist principles; Vietnamese youth; Mindfulness; Summer retreat program; Hoang Phap Monastery

Introduction

In the era of industrialization, modernization, and the Fourth Industrial Revolution, digital technology has become deeply integrated into the daily lives of young people. Smartphones, social media platforms, online games, and digital entertainment applications provide convenience, communication, learning opportunities, and access to information. However, uncontrolled and excessive use of technological devices can gradually transform intentional behavior into automatic habit, dependence, and addiction (Paiman & Fauzi, 2024). This situation has contributed to the growing concern over "digital addiction" or "technology addiction," especially among young people whose emotional regulation, identity formation, and self-discipline are still developing. Globally, internet access among youth has increased rapidly. The International Telecommunication Union reported that by 2023, young people aged 15–24 had particularly high internet usage rates, with 79% accessing the internet compared with 65% among the rest of the population (International Telecommunication Union, 2023). Similarly, many teenagers report almost constant use of platforms such as YouTube, TikTok, Snapchat, and Instagram (Pew Research Center, 2023).

Vietnam reflects this global trend. Around 70% of the Vietnamese population uses the internet (Kemp, 2020), while 70.1% of social media users are reportedly in the 16–30 age group (Doan et al., 2022). Although digital platforms can support education, creativity, communication, and social participation, excessive use may negatively affect mental health, concentration, academic performance, family relationships, and social skills. The World Health Organization has reported that 4–5% of young people experience severe problems related to internet addiction, while approximately 20% may be at risk of relapse (Boniel-Nissim et al., 2024). In Vietnam, concerns about unhealthy social media use have led to calls for coordinated policy efforts, educational campaigns, and greater individual responsibility in digital life (Doan et al., 2022).

From a Buddhist perspective, technological addiction can be understood not only as a behavioral problem but also as a manifestation of deeper mental patterns such as craving (*taṇhā*), ignorance (*avijjā*), attachment, restlessness, and lack of mindful awareness. Rahula (1974) explains that craving and ignorance are root causes of human suffering, while Gethin (2003) emphasizes the Buddhist path as a process of transforming desire and cultivating liberation. Therefore, technology itself is not the enemy; the problem arises when the mind becomes attached to digital stimulation, virtual recognition, comparison, and emotional escape. Buddhist principles such as mindfulness (*sammā-sati*), loving-kindness (*mettā*), gratitude (*kataññutā*), and faith (*saddhā*) provide practical ways to cultivate awareness, regulate behavior, restore emotional balance, and guide young people toward meaningful life direction.

Despite growing research on technology addiction and mindfulness-based interventions, important gaps remain. First, empirical studies on Vietnamese youth in culturally and religiously relevant contexts remain limited (Hanh, 2021). Second, although Buddhist principles have often been discussed theoretically, fewer studies have explored their practical application through structured programs such as summer retreats (Hai, 2018). Third, limited research has integrated perspectives from both Buddhist scholars and youth participants to evaluate Buddhist-oriented approaches to reducing technology addiction (Harris, 2016). Therefore, this study aims to examine the problems and causes of technological addiction among Vietnamese youth, analyze Buddhist principles and practices for reducing technology addiction, and propose a summer retreat program at Hoang Phap Monastery applying Buddhist principles to support behavioral, emotional, and spiritual development among young people in Vietnam.

Research Objectives

1. To study the problems and causes of technological addiction among youth in Vietnam.
2. To examine Buddhist principles and practices for reducing technological addiction.
3. To propose a summer retreat program at Hoang Phap Monastery, applying Buddhist principles to reduce youth technological addiction in Vietnam.

Literature Review

Technology addiction has become a significant issue in contemporary youth development because digital platforms are designed to capture attention, stimulate reward-seeking behavior, and encourage repeated use. Alter (2017) explains that addictive technologies are intentionally structured to keep users engaged through feedback loops, social validation, and constant novelty. Griffiths (2005) similarly identifies behavioral addiction through components such as salience, mood modification, tolerance, withdrawal, conflict, and relapse. These concepts are useful for understanding why excessive smartphone, gaming, and social media use among young people may progress from ordinary habits to compulsive dependence.

In the Vietnamese context, technology addiction is closely related to rapid digital transformation and the widespread use of social networking platforms. Toi et al. (2022) note that social networks in Vietnam provide benefits such as communication, learning, and access to information, but they also create problems related to misinformation, excessive use, and social disruption. Pham (2019) argues that the internet offers educational and economic opportunities for students, yet uncontrolled use can lead to wasted time, psychological stress, dependence on virtual relationships, and reduced creativity. These studies show that technology use among Vietnamese youth should be examined not only as a technical or behavioral issue but also as a social, educational, and psychological concern.

Buddhist studies provide another important framework for understanding and addressing technology addiction. Rahula (1974) explains that craving (*taṇhā*) and ignorance (*avijjā*) are central causes of suffering. From this perspective, technological addiction may be understood as a modern form of attachment in which the mind repeatedly seeks pleasure, stimulation, recognition, and escape through digital devices. Gethin (2003) emphasizes that the Buddhist path offers practical methods for transforming desire and cultivating awareness. Thich Nhat Hanh (1998) also presents mindfulness as a practical way to transform suffering into peace and liberation in daily life.

Several Buddhist principles are especially relevant to reducing technological addiction. Mindfulness (*sammā-sati*) helps young people recognize automatic patterns of device use and regain self-regulation. Loving-kindness (*mettā*) supports genuine interpersonal connection and reduces emotional dependence on virtual validation. Gratitude (*kataññutā*) cultivates contentment

and counters the continuous desire for novelty and comparison. Right faith (*saddhā*) provides moral direction, discipline, and confidence in self-transformation. These principles can support behavioral change by addressing the cognitive, emotional, and ethical dimensions of addiction.

Existing studies have examined technology addiction and mindfulness, but limited research has applied Buddhist principles through a structured retreat model for Vietnamese youth. Therefore, this study addresses this gap by proposing a summer retreat program at Hoang Phap Monastery as a culturally relevant Buddhist intervention model for reducing youth technological addiction in Vietnam.

Research Methodology

This study employed a qualitative research design supported by descriptive survey data to investigate youth technological addiction in Vietnam and to propose a Buddhist summer retreat model at Hoang Phap Monastery. The research focused on three areas: the problems and causes of technological addiction among Vietnamese youth, Buddhist principles relevant to reducing technology addiction, and the development of a retreat-based model for practical application.

Documentary Study

Documentary research was conducted to establish the study's theoretical and conceptual foundation. Primary Buddhist sources included selected teachings from the Nikāya tradition and related Buddhist texts concerning craving (*taṇhā*), ignorance (*avijjā*), mindfulness (*sammā-sati*), loving-kindness (*mettā*), gratitude (*kataññutā*), faith (*saddhā*), and ethical self-cultivation. Secondary sources included Buddhist books, academic articles, research reports, and contemporary studies on technology addiction, social media use, youth behavior, mindfulness, and digital well-being. The documentary analysis helped clarify the relationship between Buddhist principles and the psychological, behavioral, and ethical dimensions of technology addiction.

In-depth Interviews

In-depth interviews were conducted with five key informants selected through purposive sampling. The participants included Buddhist monastic leaders and practitioners associated with Hoang Phap Monastery, as well as one lay youth activity leader familiar with retreat participation and youth behavior. The

interviewees were selected based on their experience in Buddhist education, youth retreat organization, spiritual guidance, and the application of Buddhist principles in everyday life. The interviews explored their perspectives on the causes of technology addiction among youth, the relevance of Buddhist principles to behavioral transformation, and the design of a summer retreat program suitable for young people in Vietnam.

Online Survey

An online survey was conducted with 106 students from major cities in Vietnam, including Ho Chi Minh City, Hanoi, and Da Nang. The survey was distributed via Google Forms and included open-ended questions about participants' owned technological devices, daily usage habits, signs of technology dependence, emotional experiences related to technology use, and perceived difficulties in reducing screen time. The survey data were used to identify recurring patterns in youth technology use and to support the qualitative analysis.

Focus Group Discussion

A focus group discussion was conducted with 15 young people who showed signs of technology addiction based on the survey responses. The discussion explored participants' experiences of excessive technology use, perceived causes of dependency, emotional reliance on digital platforms, academic and social consequences, and possible interest in retreat-based practice. The focus group provided deeper insight into the lived experience of technology addiction among youth and helped inform the design of the proposed retreat model.

Data Analysis

The study employed thematic analysis to interpret data from documentary sources, interviews, focus group discussions, and open-ended survey responses. Key themes were identified, coded, and grouped according to the three research objectives: causes and effects of technology addiction, Buddhist principles for behavioral transformation, and components of the proposed retreat model. Survey responses were also categorized descriptively to identify common patterns of device use, emotional dependence, and perceived impacts. The findings from all sources were synthesized to develop a Buddhist summer retreat model to reduce youth technological addiction at Hoang Phap Monastery.

Ethical Considerations

Participation in the interviews, focus group discussion, and online survey was voluntary. Participants were informed of the study's academic purpose, and their responses were used only for research analysis. Personal information was treated confidentially.

Research Results

Objective 1: The research results showed the complex reality and causes of technology addiction among Vietnamese youth. The study found that the rapid development of digital technology, particularly social media, online gaming, and entertainment platforms, has had a profound impact on adolescents' psychological and social lives. The study mentioned causes, including academic pressure and societal expectations that lead young people to turn to technology as a means of release; the need for self-affirmation and recognition in cyberspace; a lack of direction in life values and time management skills; and, finally, the influence of the family and social environment. These factors combined have led to the dependence on technology among young people in Vietnam today, negatively impacting their mental health, academic performance, and the quality of their social relationships. Clearly identifying these causes is an important basis for developing interventions appropriate to the current social reality.

Objective 2: This study indicated that Buddhist principles and practices are relevant and positively impact the reduction of technology addiction. The effectiveness of Buddhist principles in addressing youth technological addiction can be understood through their psychological and behavioral mechanisms. Mindfulness (*sammā-sati*) plays a foundational role by enhancing present-moment awareness and enabling individuals to recognize habitual patterns in their technology use. Many forms of technology addiction operate automatically, driven by unconscious checking behaviors and dopamine-based reward loops. By cultivating mindfulness, individuals become more aware of these impulses, allowing them to interrupt compulsive usage and regain self-regulation. Loving-kindness (*mettā*) addresses the emotional dimension of addiction. Young people often rely on digital platforms to seek validation, connection, or emotional relief. The practice of loving-kindness fosters positive emotions, empathy, and a genuine sense of interpersonal connection, thereby reducing reliance on virtual interactions as a primary source of emotional fulfillment. Gratitude (*kataññutā*) functions as a stabilizing factor that counteracts the constant desire for stimulation

and novelty commonly associated with digital media use. Technology addiction is often linked to dissatisfaction and the continuous search for new content. By cultivating gratitude, individuals develop contentment with their present circumstances, which reduces the urge to seek excessive external stimulation from digital devices. Right faith (*saddhā*) provides a moral and motivational framework that supports long-term behavioral change. It strengthens trust in positive values and meaningful life goals, guiding individuals to use technology in a more balanced and purposeful way. For youth, the right faith also reinforces discipline and commitment to personal development, helping them resist harmful digital habits.

Together, these principles form a comprehensive approach that addresses the cognitive, emotional, and ethical dimensions of technology addiction. Rather than merely suppressing behavior, they promote inner transformation, making them particularly effective for sustainable and long-term change among young people.

Objective 3: The study proposed a summer retreat program at Hoang Phap Monastery that applied Buddhist principles to reduce technology addiction among Vietnamese youth. The findings of this objective were supported by data collected from in-depth interviews with Buddhist scholars and survey responses from 106 participants. The results indicate the potential for noticeable improvements after engaging in the retreat program, including increased self-awareness, reduced screen time, enhanced emotional regulation, and improved social interactions. The structured retreat environment, which limits access to digital devices and emphasized mindfulness practices and communal activities, is expected to play a significant role in facilitating these changes.

The program's effectiveness can be explained by the application of four key Buddhist principles. Mindfulness (*sammā-sati*) enables participants to recognize and interrupt habitual patterns of technology use. Loving-kindness (*mettā*) helps reduce emotional dependence on virtual interactions by fostering genuine social connection and empathy. Gratitude (*kataññutā*) cultivates contentment, thereby decreasing the constant desire for digital stimulation. Right faith (*saddhā*) provides ethical guidance and strengthens participants' commitment to disciplined and balanced technology use. This process of transformation suggests that integrating Buddhist principles into a structured

retreat setting can support behavioral change and reduce technology addiction among youth.

Table 1: The Role of Buddhist Principles in Reducing Youth Technology Addiction

Principle	Process	Outcome
Mindfulness	Awareness of habits	Reduced compulsive use
Loving-kindness	Emotional connection	Less reliance on social media
Gratitude	Contentment	Reduced digital craving
Right faith	Moral discipline	Balanced technology use

In summary, all three objectives of this research topic have been systematically met: from problem identification and cause analysis to the development of solutions grounded in Buddhist principles and the proposal of a specific application model for a summer retreat. The study not only contributes theoretically to the fields of applied Buddhism and behavioral research but also holds practical value in supporting Vietnamese youth to face the challenges of the digital age with the wisdom and compassion of Buddhist teachings. At the same time, the research results also open new directions for interdisciplinary work, connecting Buddhist studies with psychology, education, and the social sciences to build comprehensive, sustainable, and culturally relevant intervention models for Vietnam.

Discussions

This study proposes a summer retreat program at Hoang Phap Monastery that applies Buddhist principles to reduce technology addiction among Vietnamese youth. This is a novel, interdisciplinary approach that combines Buddhist studies, psychology, and education. At the same time, this is a topic that reflects the spirit of “engaged Buddhism” in contemporary life, addressing modern social issues.

To clarify the urgency, current situation, and causes of technology addiction among young people, it can be compared to the study by Saqib and Faseeh Amin on the development of social media addiction scales (Saqib & Amin, 2022). Saqib and Amin point out that social media addiction shares similar

characteristics with other forms of behavioral addiction, including salience, mood modification, tolerance, withdrawal symptoms, conflict, and relapse. Through these characteristics, technology addiction is not just a negative habit but also a complex social and psychological phenomenon. It can negatively impact the mental health, studies, work, and social relationships of young Vietnamese people in particular and young people worldwide in general.

Through Buddhist principles, it can be seen that technology addiction can be addressed by learning and practicing them. Buddhist principles such as Mindfulness, Loving-kindness, Gratitude, and Right Faith, when analyzed, are entirely capable of helping young people improve their technology addiction. Another notable perspective comes from research by Paiman and Fauzi, which examines the determinants of social media addiction in a university setting by combining the Technology Acceptance Model (TAM) with usage habits (Paiman & Fauzi, 2024). This is also considered an aspect that allows this study to examine and appropriately incorporate principles into the summer retreat program. Additionally, this study indicates that technology addiction stems not only from the need for entertainment or communication but is also closely linked to perceptions of usefulness, the ease of use of digital platforms, and, particularly, uncontrolled repetitive usage habits. Compared with the summer program proposed in the thesis, Buddhist principles such as mindfulness and awareness serve as a locking mechanism, helping young people recognize and break the chain of automatic behaviors driven by technological habits.

In another aspect, the study by Um et al. (2019) established a link between smartphone dependence and aggressive behavior among high school students and examined the roles of self-esteem, resilience, parental behavior, and friendship. Concluding that technology addiction can lead to aggressive behavior, conflict, and poor emotional regulation. The proposed summer retreat program incorporates Buddhist principles such as compassion and mindfulness to help young people manage the negative effects of technology addiction and promote healthy emotional and social development.

In summary, the summer camp model for tech-addicted youth at Hoang Phap Temple uses mindfulness to help participants recognize and adjust unconscious behaviors, thereby cultivating compassion and gratitude, reducing inner conflict, and strengthening social relationships. This retreat provides a "detoxification phase" away from digital devices, facilitating the transition process. This dissertation presents a novel approach to studying technology

addiction and proposes integrating scientific measurement tools with Buddhist meditation practices to develop a comprehensive intervention model. It emphasizes practical value in the Vietnamese context and aligns with global trends in applied Buddhist research, addressing modern issues such as technology addiction and identity crises, thereby enriching Buddhist perspectives in contemporary life.

Knowledge from Research

This research provides a comprehensive understanding of technology addiction among Vietnamese youth and proposes a practical intervention through the application of Buddhist principles in the summer retreat program at Hoang Phap Monastery. It identifies the main causes of technology addiction among young people today, such as the psychological desire for stimulation (*tanha*), lack of mindfulness in device use, emotional dependence on the virtual world, as well as exposing their negative impact on the mental health, social relationships, and morality of young Vietnamese people.

This research clarifies that the primary contribution lies in integrating Buddhist principles into a practical intervention model, rather than treating them as separate elements. While Buddhist teachings such as mindfulness (*sammā-sati*), loving-kindness (*mettā*), gratitude (*kataññutā*), and right faith (*saddhā*) provide the theoretical foundation for addressing technology addiction, the summer retreat program at Hoang Phap Monastery serves as the practical framework for applying these principles.

The findings demonstrate that the approach's effectiveness does not stem solely from the teachings, but from their structured implementation within a controlled retreat environment. In this context, the retreat functions as a transformative space where participants can actively practice these principles through meditation, communal activities, and guided reflection. Therefore, the study contributes both a conceptual understanding of Buddhist-based behavioral transformation and a concrete application model in the form of a summer retreat program designed to reduce technology addiction among youth. This integration represents a novel contribution by bridging Buddhist theory with evidence-based intervention in the context of modern technological addiction.

Additionally, this study contributes new knowledge to the field by proposing a practical application called “The Effects of Youth Technological Addiction”. This model aims to foster harmonious, balanced development of body and mind through mindfulness activities, loving-kindness communication,

and faith contemplation for young people. Essentially, this is a practical and sustainable method of practice that helps young people overcome attachment and addiction to technological devices. Simultaneously, it aims to restore and rebuild the psychological well-being of young people in modern Vietnamese society, society full of challenges in the context of increasingly advanced technology, enhancing social harmony and promoting healthy living.

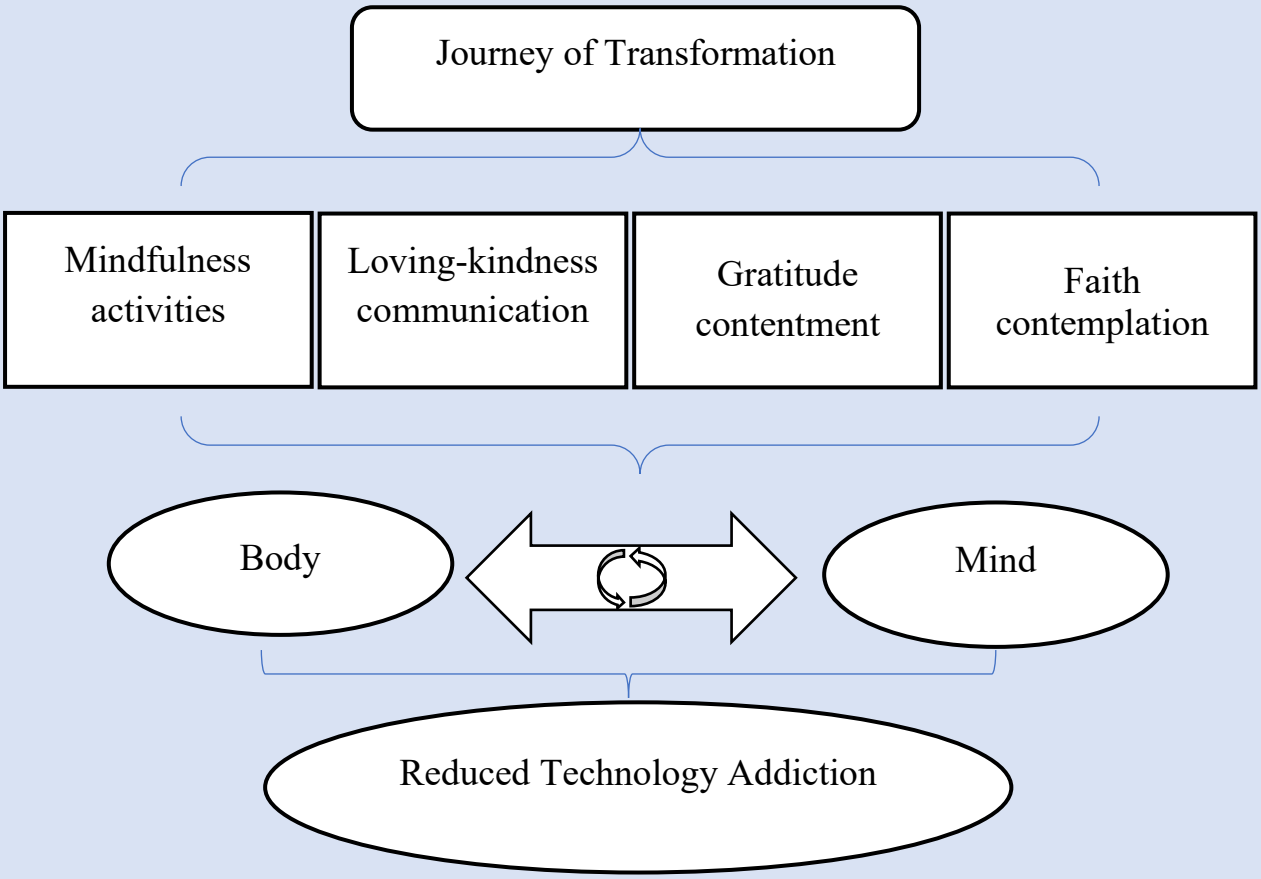


Figure 2: The Effects of Youth Technological Addiction

Conclusion

This study examined technological addiction among Vietnamese youth and proposed a Buddhist summer retreat program at Hoang Phap Monastery as a practical response to this contemporary problem. The findings indicate that technological addiction is shaped by several interconnected causes, including academic pressure, social media influence, emotional dependence on virtual interaction, lack of life direction, weak time management, and insufficient guidance from family and society. These conditions negatively affect young people's mental health, academic concentration, emotional regulation, moral

awareness, and social relationships. Therefore, technological addiction should not be understood only as excessive device use but as a broader behavioral, emotional, and ethical challenge.

The study further found that Buddhist principles and practices offer meaningful resources for reducing technological addiction. Mindfulness (*sammā-sati*) helps young people recognize automatic patterns of device use and develop self-regulation. Loving-kindness (*mettā*) encourages genuine interpersonal connection and reduces emotional dependence on online validation. Gratitude (*kataññutā*) cultivates contentment and helps reduce the continuous desire for stimulation, novelty, and comparison. Right faith (*saddhā*) provides moral direction, inner confidence, and commitment to disciplined living. Together, these principles address the cognitive, emotional, social, and ethical roots of technological addiction.

Based on these findings, the study proposed a summer retreat program at Hoang Phap Monastery that applies Buddhist principles to reduce youth technology addiction in Vietnam. The proposed model includes digital detox, meditation practice, Dhamma learning, communal living, gratitude reflection, loving-kindness communication, and faith-based contemplation. The retreat environment creates a supportive space where young people can temporarily distance themselves from digital overstimulation, observe their habits, reconnect with others, and develop healthier patterns of technology use.

This research contributes to applied Buddhist studies by showing how Buddhist teachings can be transformed into a practical intervention model for modern youth challenges. It also contributes to behavioral and educational studies by offering a culturally relevant approach to digital well-being in Vietnam. Future research should implement the proposed retreat program, administer pre- and post-tests, and evaluate long-term changes in participants' technology use, emotional well-being, and moral development.

Suggestions

Based on the theoretical analyzes and practical proposals presented, it can be seen that applying Buddhist principles to the summer retreat program for young people addicted to technology is a promising direction. This approach is both spiritually therapeutic and contributes to the moral education and inner development of adolescents. However, for the program to be truly effective and have sustainable value, further research and specific implementation activities are needed to expand its reach and improve the quality of practice.

First, field research should be conducted after the program is implemented to assess the level of transformation in participants' cognition, behavior, and emotions. Building a technology addiction assessment tool, combined with a Buddhist practice scale, will help quantify the effectiveness of practice in a comprehensive manner. Additionally, training a dedicated team of monks and nuns in youth education is key to ensuring the quality of guidance. The retreat model should also be transferred to other monasteries nationwide, especially in major cities where technology addiction is prevalent. Finally, it is necessary to recommend to educational authorities the integration of Buddhist principles such as mindfulness, compassion, gratitude, faith, and many other useful Buddhist principles into the general education curriculum, in the form of a subject on life skills education and ethical practice.

The above recommendations aim not only to improve the summer retreat model at Hoang Phap Monastery but also to lay the foundation for applied Buddhist education suited to the digital age. Connecting traditional teachings with modern social issues, such as technology addiction and behavioral manipulation, is a necessary direction, contributing to a renewal of the Buddhist approach and expanding Buddhism's influence in contemporary life. This is an opportunity for Buddhism to demonstrate its role in the world, accompanying young people on their journey to rediscover mindfulness and inner balance in a rapidly changing digital world.

References

Alter, A. (2017). *Irresistible: The rise of addictive technology and the business of keeping us hooked*. Penguin Press.

Boniel-Nissim, M., et al. (2024). *A focus on adolescent social media use and gaming in Europe, central Asia and Canada: Health Behaviour in School-aged Children international report from the 2021/2022 survey*. World Health Organization Regional Office for Europe. https://iris.who.int/bitstreams/f787fae6-e564-477c-a0e6-d54f24b38f0b/download

Doan, L. P., Le, L. K., Nguyen, T. T., Nguyen, T. T. P., Le, M. N. V., Vu, G. T., Latjin, C. A. L., Ho, C. H. S., Ho, R. C. M. & Zhang, M. W. (2022). *Social media addiction among Vietnamese youths*. *International Journal of Environmental Research and Public Health, 19*(21), 14416. https://doi.org/10.3390/ijerph192114416

Gethin, R. M. L. (2003). *The Buddhist path to awakening*. Oneworld Publications.

Griffiths, M. D. (2005). A "components" model of addiction within a biopsychosocial framework. *Journal of Substance Use, 10*, 191–197.

Hai, N. T. (2018). Buddhism in the digital age. *Journal of Science and Technology of Da Nang University, 10*, 25–29.

Hanh, N. T. H. (2021). *Youth and digital culture*. Culture and Arts Publishing House.

Hanh, T. N. (1998). *The heart of the Buddha's teaching: Transforming suffering into peace, joy, and liberation*. Broadway Books.

Harris, T. (2016). How technology hijacks people's minds. *Center for Humane Technology, 14*, 14–23.

International Telecommunication Union. (2023). *Facts and figures 2023: Youth Internet use*. https://www.itu.int/itu-d/reports/statistics/2023/10/10/ff23-youth-internet-use/

Kemp, S. (2020, February 18). *Digital 2020: Vietnam*. DataReportal. https://datareportal.com/reports/digital-2020-vietnam

Paiman, N., & Fauzi, M. A. (2024). Exploring determinants of social media addiction in higher education through the integrated lenses of technology acceptance model (TAM) and usage habit. *Journal of Applied Research in Higher Education, 16*, 776–803.

Pew Research Center. (2023, December 11). *Teens, social media and technology 2023*. https://www.pewresearch.org/internet/2023/12/11/teens-social-media-and-technology-2023/

Pham, V. H. (2019). *Lợi ích và tác hại của Internet và mạng xã hội tác động đến học sinh, sinh viên* [Benefits and harms of the Internet and social networks affecting students]. National Economics University. https://khoahoc.neu.edu.vn/ Resources/Docs/SubDomain/khoahoc/2.%20HK%202%202018-2019/File%20SHKHBM%20GDQP%20b3_ky2_1819_L%E1%BB%A2I%20%C3%8DCH%20V%C3%80%20T%C3%81C%20H%E1%BA%A0I%20C%E1%BB%A6A%20INTERNET.pdf

Rahula, W. (1974). *What the Buddha taught*. Grove Press.

Saqib, N., & Amin, F. (2022). Social media addiction: A review on scale development. *Management and Labour Studies, 47*(3), 350–360. https://doi.org/10.1177/0258042X221091657

Toi, T. T., Hoang, N. N., & Dang, V. V. H. (2022). The current situation of using social network in Vietnam: Some problems and solutions. *Journal of Science, 57*, 119–128.

Um, Y.-J., Choi, Y.-J., & Yoo, S. Y. (2019). Relationships between smartphone dependency and aggression among middle school students: Mediating and moderating effects of ego-resilience, parenting behaviour, and peer attachment. *International Journal of Environmental Research and Public Health, 16*(19), 3534. https://doi.org/10.3390/ijerph16193534

Implementing the Mindfulness, Wisdom, and Loving-kindness (MWL) Program to Alleviate Depression: A Case Study of the Buddhamahametta Foundation

Phra Nattapon Kittisopano Teranapattana[1] Phra Medhivajarapundit[2]
Mae Chee Narumon Jiwattanasuk[3]
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: Kittisopano95@gmail.com[1]
Received 25/04/2025; Revised 19/05/2026; Accepted 19/05/2026

Abstract

This research article examines the implementation of the Mindfulness, Wisdom, and Loving-kindness (MWL) Program, based on the Dhamma Gīta, to reduce depression among participants at the Buddhamahametta Foundation. The study has three objectives: first, to examine the symptoms and causes of depression among participants; second, to examine the components of the MWL meditation process through Dhamma Gīta for reducing depression; and third, to develop and evaluate the effectiveness of the MWL meditation process through Dhamma Gīta in alleviating depression. The study employed a mixed-methods research design, combining qualitative inquiry and quasi-experimental evaluation. Qualitative data were collected through in-depth interviews with 15 key informants who had direct experience with depression and meditation practice, together with a focus group discussion involving 8 experts, including Buddhist monks, meditation teachers, psychologists, and Dhamma Gīta practitioners. Quantitative data were collected from 20 participants with mild-to-moderate depression using the Patient Health Questionnaire-9 (PHQ-9) before and after participation in the MWL Program. Data were analyzed using thematic content analysis and a dependent t-test.

The findings revealed that participants' depression was associated with emotional trauma, unmet expectations, interpersonal conflict, occupational stress, health-related concerns, family misunderstanding, self-blame, and social isolation. The MWL process consisted of mindfulness meditation, loving-kindness meditation, listening to the Dhamma Gīta, walking meditation, slow bowing, gratitude reflection, Dhamma listening, and family appreciation practices. These components created an emotionally safe and spiritually supportive environment that helped participants reduce overthinking, cultivate self-compassion, develop gratitude, and reconnect with others. The quantitative

results showed a statistically significant improvement in PHQ-9 scores after the intervention (t = 3.37290, p = 0.00319), while qualitative findings indicated increased calmness, emotional balance, forgiveness, gratitude, and a sense of meaning in life. The study contributes to applied Buddhist studies by presenting the MWL Program as a culturally rooted and evidence-informed model for reducing depression and enhancing emotional well-being.

Keywords: Mindfulness; Wisdom; Loving-kindness; Dhamma Gīta; Depression; Buddhamahametta Foundation

Introduction

Depression is one of the most pressing mental health challenges of the 21st century, affecting approximately 280 million people globally (World Health Organization [WHO], 2023). It is a complex disorder characterized by persistent feelings of sadness, hopelessness, loss of interest in activities, and various physical symptoms such as fatigue and sleep disturbances. Depression affects people of all ages and backgrounds, leading to reduced quality of life, strained relationships, and, in severe cases, suicidal ideation. According to WHO (2023), more than 75% of people in low- and middle-income countries do not receive adequate treatment for mental disorders due to limited resources, insufficient mental health personnel, and the social stigma associated with mental illness. In Thailand, as in many other countries, depression is rising, and there is a growing demand for accessible, culturally relevant, and non-pharmacological approaches to emotional healing.

Meditation-based interventions, especially those rooted in Buddhist practices such as mindfulness meditation and loving-kindness meditation (LKM), have gained recognition as effective strategies for reducing depression and enhancing mental well-being (O'Connor, Piet, & Hougaard, 2013; Silhan, 2022). Mindfulness meditation involves maintaining moment-to-moment awareness of one's thoughts, feelings, bodily sensations, and surrounding environment, with an attitude of acceptance and non-judgment (Kabat-Zinn, 2003). Loving-kindness meditation, or Metta meditation, focuses on cultivating compassion and goodwill toward oneself and others, often leading to greater emotional regulation, forgiveness, and resilience (Hofmann et al., 2011).

In addition to traditional meditation practices, recent studies have explored the potential role of spiritual music in promoting psychological well-being. Music

that conveys religious teachings or creates a reflective atmosphere, known in this context as Dhamma Gīta, has been found to soothe the mind, enhance concentration, and support emotional healing (Kristianto, 2024; Walker, 2022). While previous research has explored the individual effects of mindfulness, loving-kindness meditation, and music therapy, few studies have examined the integration of these components into a single therapeutic model.

The Buddhamahametta Foundation in Thailand has pioneered a holistic meditation course known as the Mindfulness, Wisdom, and Loving-kindness (MWL) Program, which creatively blends mindfulness techniques, loving-kindness practices, and Dhamma Gīta to support people suffering from depression. The Foundation serves as a community-based center that promotes mental well-being through Buddhist teachings and innovative methods such as Dhamma music, gratitude rituals, bowing meditation, and walking meditation. This integrative approach is not only grounded in Buddhist philosophy but also accessible and practical for laypeople who seek relief from emotional suffering. This research is therefore motivated by the need to document, evaluate, and understand the effectiveness of the MWL program in reducing symptoms of depression. By focusing on real-world applications within a Buddhist context, this study aims to bridge the gap between traditional wisdom and modern mental health care. Specifically, this research investigates the symptoms and causes of depression among participants, identifies the core components of the MWL program, and assesses its impact using both qualitative and quantitative methods. The insights gained from this study are intended to benefit mental health practitioners, community leaders, and policymakers interested in developing inclusive and culturally sensitive interventions. Furthermore, the findings contribute to the growing body of literature on Buddhist-based therapeutic approaches, offering a replicable model for mental health promotion in Southeast Asia and beyond.

Research Objectives

1. To study the symptoms and causes of depression among participants at the Buddhamahametta Foundation.
2. To examine the components of the Mindfulness, Wisdom, and Loving-kindness (MWL) meditation process through Dhamma Gīta for depression reduction.

3. To develop and evaluate the effectiveness of the MWL meditation process through Dhamma Gīta for reducing depression among participants at the Buddhamahametta Foundation.

Literature Review

Depression is a serious mental health disorder that affects emotional balance, daily functioning, and quality of life. According to the Center for Clinical Interventions (2024), it is often caused by complex factors such as unresolved trauma, loss, relationship issues, and stress from work or family dynamics. To address these challenges, current literature systematically highlights meditation as an effective intervention. For instance, in the study titled "The effects of mindfulness-based cognitive therapy on depressive symptoms," O'Connor, Piet, and Hougaard (2013) demonstrate the clinical efficacy of mindfulness. This aligns with the findings of Silhan (2022) in the study "An intervention study examining the effectiveness of loving-kindness meditation in reducing depressive symptoms," which confirms that these contemplative practices are effective tools for managing and reducing depressive symptoms.

Mindfulness refers to paying attention to the present moment without judgment. It is rooted in Buddhist teachings, particularly the Satipaṭṭhāna Sutta (Majjhima Nikāya, M I 55), which outlines four foundations of mindfulness: body, feelings, mind, and mental objects. Analyzing its psychological impact, Jaywant (2023), in the work "Module 5: Mindfulness," indicates that mindfulness-based practices help individuals become more aware of their thoughts and emotions, thereby improving mental clarity and reducing negative thought patterns. Systematizing this with clinical outcomes, O'Connor et al. (2013) emphasize that Mindfulness-Based Cognitive Therapy (MBCT) provides essential skills to prevent relapse, particularly for individuals experiencing recurrent depression.

Complementing the cognitive focus of mindfulness, loving-kindness meditation (Metta) cultivates emotional resilience. As Hofmann, Grossman, and Hinton (2011) detail in their foundational paper, "Loving-kindness and compassion meditation: Potential for psychological interventions," silently repeating phrases of goodwill (such as "may I be happy") significantly increases positive emotions and compassion. Building upon Hofmann et al.'s findings, Silhan (2022) systematically evaluated its mechanisms, concluding that regular

practice of loving-kindness meditation helps reduce symptoms of depression by enhancing the ability to cope with emotional pain.

In addition to these meditation practices, the literature explores integrating Dhamma Gīta (spiritual or Dhamma-based music) as a healing tool. In the article "Understanding the creative process behind the Buddhist song," Kristianto (2024) explores how Buddhist songs such as Breathing In, Breathing Out facilitate self-acceptance, focus, and peace of mind. Walker (2022) expands on this relationship in "Buddhist song tradition: From until Nirvana's time," describing how Buddhist songs in the Cambodian tradition serve dualistically as cultural expressions and meditative practices that nurture emotional and spiritual well-being. Together, these works illustrate that Dhamma music is often used during meditation retreats to calm the mind and deepen inner reflection.

The relationship between auditory stimulation and emotional regulation is further validated by neuroscience and psychology. In their meta-analysis, "Effects of music therapy on depression," Tang, Huang, Yuan, and Liu (2020) provide quantitative evidence that music regulates mood, stimulates relaxation, and enhances emotional processing, key factors in treating depression. Aligning this with spiritual contexts, Cho and O'Connor (2024) in "Exploring the Interplay Between Religious Music, Emotions, and Ethics in Cultures Worldwide" argue that the emotional impact of religious or spiritual music uniquely strengthens ethical values and mental well-being.

Although the literature by Hofmann et al. (2011), Tang et al. (2020), and Walker (2022) individually confirms the benefits of mindfulness, loving-kindness, and Dhamma music, few studies have synthesized their relationships into a single cohesive framework. The present research fills this gap by systematizing these three components into the Mindfulness, Wisdom, and Loving-kindness (MWL) Program at the Buddhamahametta Foundation. This program creatively combines meditation and music as a form of holistic healing, rooted in Thai Buddhist tradition, to reduce depression and promote emotional resilience.

Conceptual Framework

This research is a mixed-methods study that integrates both qualitative and quantitative approaches. The purpose is to explore and evaluate the effectiveness of a Buddhist-based intervention—namely the Mindfulness, Wisdom, and

Loving-kindness (MWL) Program—in reducing depression among individuals suffering from emotional distress. The researcher defines the study's conceptual framework based on the theories of mindfulness (Kabat-Zinn, 2003), loving-kindness meditation (Hofmann et al., 2011), and the therapeutic use of spiritual music (Kristianto, 2024; Tang et al., 2020). Together with these theoretical foundations, the study also incorporates practical applications developed by the Buddhamahametta Foundation in Thailand, which delivers a culturally sensitive and community-based meditation program for mental health support.

The conceptual framework reflects the relationship between the structured intervention provided by the MWL program and its outcomes. The aim is to determine how mindfulness practice, loving-kindness meditation, and Dhamma Gīta (spiritual music) help reduce symptoms of depression. The details are as follows:

Independent Variables	Dependent Variable
MWL Program activities, including: - Mindfulness meditation - Loving-kindness meditation - Dhamma Gīta (Buddhist music) **Research Scope** Area: Buddhamahametta Foundation Target Audience: Individuals with depressive symptoms	Reduction in depression symptoms (measured by PHQ-9 scores and participant feedback)

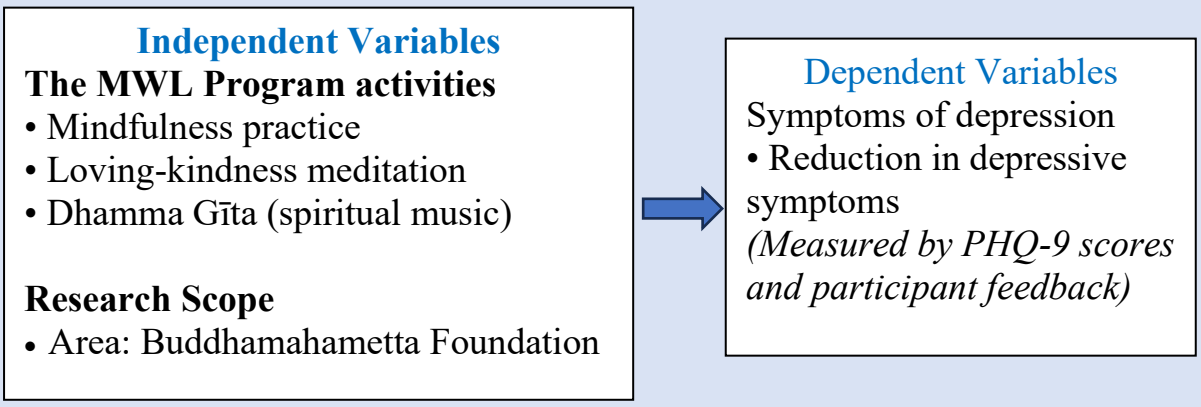


Figure 1: Conceptual Framework

Research Methodology

This research employed a mixed-methods design, combining both qualitative and quantitative approaches to gain a comprehensive understanding of the effectiveness of the Mindfulness, Wisdom, and Loving-Kindness (MWL) Program in reducing depression. The study was conducted at the Buddhamahametta Foundation in Chiangraknoi Subdistrict, Bang Pa-In District, Phra Nakhon Si Ayutthaya Province, Thailand. The research was carried out in three key phases:

Step 1: Exploring Symptoms and Causes of Depression

The sample consisted of 15 individuals with prior experiences of depression who had participated in Buddhist meditation programs. Data were collected through semi-structured, in-depth interviews designed to explore emotional, social, and psychological contributors to depression. The interview tool was validated by three experts using the Item-Objective Congruence (IOC) method. Interviews were conducted face-to-face with audio recordings, and data were analyzed using thematic content analysis to identify key patterns and experiences. Results were presented descriptively without numerical statistics.

Step 2: Identifying Core Components of the MWL Program

This phase engaged 8 experts, including Buddhist monks, meditation teachers, psychologists, and content creators experienced with Dhamma Gīta. A structured focus group discussion was conducted using a validated guideline based on prior literature and research questions. Data were synthesized into major themes reflecting the structure and benefits of the MWL program. The qualitative analysis focused on narrative synthesis and model development, without using numerical statistical tools.

Step 3 Implementation and Evaluation of the MWL Program

The final phase involved 20 participants diagnosed with mild to moderate depression as screened by the Patient Health Questionnaire-9 (PHQ-9). The MWL intervention was delivered as a one-day course integrating mindfulness, loving-kindness meditation, Dhamma Gīta sessions, and gratitude reflection. The PHQ-9, a validated clinical tool, was used for pre- and post-assessment, with reliability confirmed (Cronbach's Alpha = 0.89). Quantitative data were analyzed using paired-samples t-tests to compare mean scores before and after the intervention. Results were interpreted using means, standard deviations, and p-values to determine statistical significance.

General data of sampling groups

Table 1: General Data of Sampling Groups of 10 participants who attended the MWL program to alleviate depression

General Data		No. of persons	Percentage
Gender	Female	14	70%
	Male	6	30%
Age	20-39 years old	14	70%
	40-49 years old	5	25%
	60-69 years old	1	5%
Education level	Lower than a bachelor's degree	2	10%
	Bachelor's degree	11	55%
	Higher than a bachelor's degree	7	35%
Occupation	Freelance	3	15%
	Volunteer	2	10%
	Private sector employee	9	45%
	Business Owner	4	20%
	Government Official	1	5%
	Retired	1	5%
Times of Meditation	2-3 times	2	10%
	4-5 times	1	5%
	More than 5 times	17	85%

The research found that most participants were young, educated women working in the private sector or as entrepreneurs, indicating a strong interest in mindfulness among this group. A majority (85%) meditated more than five times a week, reflecting a strong commitment. However, older adults and retirees were underrepresented, suggesting the need for more inclusive outreach to diverse age and occupational groups.

Research Results

Objective 1 . The participants in this study showed clear signs of depression. Many felt hopeless, emotionally drained, and tired of life. They often cried without knowing why and believed no one truly cared about or understood them. A common pattern was avoiding others, staying isolated, and dwelling on

past mistakes, which left them feeling stuck. They also experienced low energy, poor sleep, lack of appetite, and frequent negative thoughts, including self-blame and feeling like life was meaningless. Emotionally, they were easily irritated, anxious, and deeply sad, showing little interest in activities or social interaction.

The root causes of these struggles often include past trauma, overthinking, unmet expectations, and difficulty accepting life's uncertainties. Relationship issues, emotional suppression, and life pressures, like family conflict, job stress, financial burdens, and health concerns, also played a role. These challenges led to feelings of being unloved and disconnected, contributing to low self-esteem and an ongoing sense of sadness and failure.

Family dynamics were mixed. While some participants found comfort in family connections, others felt misunderstood, especially when facing toxic positivity or a lack of empathy. Before learning mindfulness, many avoided family interactions to protect their emotional space. After practicing mindfulness, however, they often rediscovered the joy of being present with loved ones. Societal pressures, especially the need to work hard for income and approval, often create emotional distance within families.

Objective 2. The results of this study show that the mindfulness training and loving-kindness practices combined with Dhamma Gīta (Buddhist songs) provided by the Buddhamahametta Foundation are highly appropriate and beneficial for reducing depression. These practices not only support emotional healing but also help participants develop kindness toward themselves and others. Many participants who struggled with self-blame or sadness reported that they learned to forgive, feel accepted, and better understand their emotions.

Listening to calming, meaningful music helped quiet the mind, reduce stress, and create a sense of peace. It also promoted present-moment awareness and emotional release, making participants feel understood and supported. Activities such as slow-walking meditation, bowing, and chanting helped people become more mindful of their bodies, thoughts, and feelings. These practices encouraged gratitude, humility, and connection with spiritual teachings, especially the virtues of the Buddha and the Triple Gem.

Participants expressed that reflecting on their parents' love and sacrifices helped build gratitude and inner peace. Forgiveness practices allowed them to heal from past pain, while acts of kindness, both given and received, helped shift focus away from personal suffering and toward compassion and community. Mindfulness helped reduce overthinking about the past and anxiety about the future, creating emotional balance and better self-awareness.

Mindfulness helped participants cope better. Focusing on the present, breathing, and listening to calming teachings helped them manage stress and reduce conflict. Letting go of perfection, being kind, and accepting others' views helped improve communication. When feeling overwhelmed, taking time to reflect and reset was helpful. Practicing teamwork, being open to others' ideas, and sharing responsibilities also strengthened personal and professional relationships. Improving family relationships involved honest communication, emotional support, and compassion. Spending quality time together, showing love, and setting healthy boundaries made a difference. Reducing conflict by thinking before speaking and practicing mindfulness led to more peaceful, connected families and healthier emotional well-being.

Most of the participants also shared that being part of a supportive practice reminded them that life is temporary and that what truly matters is doing good and living with meaning. Simple actions like showing appreciation, calming the mind with music, and meditating helped them regain clarity and emotional strength. Overall, the program fostered positive thinking, reduced negative emotions, and inspired participants to become more compassionate, resilient, and connected to themselves and others.

Objective 3. Before presenting the evaluation outcomes, it is essential to outline how the MWL program functioned to alleviate depression. The Mindfulness, Wisdom, and Loving-kindness (MWL) program worked as a holistic healing process that integrated traditional meditation with spiritual music. The process of practicing through Dhamma Gīta consisted of several core activities:

- Walking Meditation with Dhamma Music: Participants engaged in slow, reflective walking while listening to calming Dhamma songs. This activity helped them shift their focus to the present moment, reduce overthinking, and soothe their minds.
- Slowly Bowing to the Buddha: Through slow and deliberate physical movements, participants observed their thoughts and cultivated a deep sense of respect, humility, and mindfulness.
- Matching Spreads Kindness: In this paired loving-kindness exercise, participants shared positive energy and compassion with others. It helped them overcome emotional barriers, reduce ego, and foster empathy.
- Parent Appreciation: Participants reflected on the love and sacrifices of their parents. This session instilled gratitude, allowed for forgiveness of past grievances, and helped heal family dynamics.

- Dhamma Preaching (Mindful Listening): Teachers provided practical wisdom and tools to help participants manage negative emotions, understand the root causes of their suffering, and navigate daily life challenges effectively.

Together, these practices created a deeply reflective and emotionally safe space, enabling participants to forgive themselves, let go of emotional burdens, and reconnect with inner peace.

The results of the research consisted of quantitative and qualitative research as follows:

1) The results of quantitative research

The result of the quantitative analysis can be indicated as follows:

Table 1: The result of pretest and posttest of depression levels of mindfulness and loving-kindness meditation practice through Dhamma gīta for depression reduction

(n=20)

Depression Severity	Pre-Test		Post-Test	
	No.	%	No.	%
No symptoms or very mild symptoms (<7)	10	50	16	80
Mild symptoms (7-12)	4	20	3	15
Moderate symptoms (13-18)	2	10	1	5
Severe symptoms (≥19)	4	20	0	0

In conclusion, the intervention proved highly effective in reducing depression symptoms across all levels. It successfully eliminated severe cases and significantly increased the number of participants with little to no symptoms. These results highlight the strong potential of mindfulness and loving-kindness meditation as powerful tools for supporting mental health and alleviating depression.

Table 2: The result of comparing the difference in average scores of Patient Health Questionnaire (PHQ-9) before and after practicing Mindfulness & Loving-kindness Meditation Practice through Dhamma Gīta for Depression Reduction by using a dependent T-test

Comparison	Pre-test		Post-test		t	P
	X-Bar	S.D.	X-Bar	S.D.		
Score	4.40	7.1848	9.60	3.6620	3.37290	0.00319

Table 2 showed a significant improvement in PHQ-9 scores after the mindfulness and loving-kindness meditation. The average score rose from 4.40 to 9.60, representing a 118% increase, with a p-value of 0.00319, confirming statistical significance. The drop in standard deviation from 7.18 to 3.66 indicates more consistent results, reinforcing the intervention's strong and reliable impact on reducing depression.

The research showed that the mindfulness and loving-kindness meditation practice, supported by Dhamma Gīta music at the Buddhamahametta Foundation, had a powerful effect in reducing depression. Quantitative results from the PHQ-9 depression scale showed a significant improvement after the program. Participants' average scores improved by 118%, with a drop in symptom severity and more people reporting minimal or no depression symptoms. The statistical analysis confirmed that this change was not due to chance ($p = 0.00319$), indicating the program's effectiveness. There was also less variation in scores after the program, meaning more participants experienced consistent benefits.

2. Result of the Quantitative Research;

Qualitative findings revealed that practicing mindfulness and listening to meaningful Dhamma songs helped people calm their minds, reduce stress, and become more emotionally aware. Most of partcipants reported feeling less trapped by negative thoughts and more able to manage their emotions. Reflecting on spiritual teachings, gratitude, and family values encouraged forgiveness and helped participants reconnect with loved ones. Activities like walking meditation, slow prostration, and loving-kindness exercises created a space for emotional healing, increased self-compassion, and greater empathy for others.

Participants also found comfort in the sense of community and support during the sessions. Listening to uplifting music and engaging in mindfulness

helped them feel more connected, inspired, and at peace. These practices taught them to let go of worry, accept imperfection, and develop a more positive outlook on life.

Importantly, the overall satisfaction score was 9.75 out of 10, showing that nearly all participants felt highly satisfied with the program. They appreciated its blend of traditional Buddhist practice and music, which made the sessions feel calming, meaningful, and emotionally supportive. While some noted minor challenges, the overwhelmingly positive feedback highlights the program's strong potential to support mental well-being and be adapted for wider use in other communities.

Discussions

This research found that the participants' symptoms and causes of depression (Objective 1) were closely linked to emotional trauma, overthinking, social isolation, and unresolved past conflicts. These findings are consistent with the cognitive theory of depression by Beck (1979), which emphasizes the role of negative thinking patterns and distorted self-perceptions in the development of depression. It also aligns with the concept of dukkha (suffering) in Buddhist psychology, which views suffering as arising from attachment and unwholesome mental states (Rahula, 1974). This matches the research assumption that emotional pain and mental suffering are interconnected and can be reduced through self-awareness and mental training. This may be because the participants lacked emotional coping mechanisms and had not yet been introduced to mindfulness-based healing practices. As found in the study by Silhan (2022) and O'Connor, Piet, and Hougaard (2013), individuals with depression often benefit from practices that promote self-understanding and compassion, validating this research's approach.

As for Objective 2, the components of the MWL Program, including mindfulness, loving-kindness meditation, and Dhamma Gīta, were found to be consistent with the integrative therapy approach and the principles of Buddhist contemplative traditions. This is in line with Kabat-Zinn's (2003) Mindfulness-Based Stress Reduction (MBSR) model, which incorporates mindfulness and body awareness to improve emotional health. It also aligns with the loving-kindness meditation model by Hofmann et al. (2011), which emphasizes cultivating positive emotions to reduce negative affect. These findings align with the underlying assumption that combining spiritual music, meditation, and compassion-based practices would enhance emotional well-being. This may be because the MWL Program addresses both emotional and spiritual dimensions, providing a holistic healing process. As seen in Walker's (2022) work on Buddhist music and Kristianto's (2024) study on spiritual songwriting, these

elements create an emotionally safe and uplifting environment, fostering emotional healing and personal transformation.

For Objective 3, the implementation of the MWL Program significantly reduced depressive symptoms among participants, as indicated by PHQ-9 score analysis and qualitative feedback. This corresponds with the theory of mindfulness-based emotional regulation by Tang et al. (2020) and the integrative mindfulness framework of Jaywant (2023), which emphasize the role of mindfulness and self-awareness in managing emotional suffering. It also aligns with the stated assumption that a structured program combining mindfulness, loving-kindness, and spiritual music would positively impact emotional well-being. This may be because the MWL Program provided not only meditative techniques but also emotional support, cultural relevance, and a sense of community connection, which amplified its therapeutic benefits. As shown in Cho and O'Connor's (2024) research, emotional healing is most effective when it integrates cognitive, emotional, and social dimensions. Similarly, the findings of Silhan (2022) support the idea that loving-kindness meditation enhances emotional resilience and reduces depressive symptoms. Moreover, these results are consistent with the study by Jiwattanasuk, Vasuratna, and Deegalle (2025), who developed and implemented the MWL Program among multicultural meditation practitioners in Australia. Their study showed that mindfulness practices—such as mindful walking, loving-kindness meditation, and family reflection—helped diverse participants improve their emotional well-being. Therefore, this research confirms that mindfulness-based interventions, when enriched with loving-kindness, gratitude, and culturally sensitive elements like Dhamma Gīta, can significantly reduce depression and promote long-term emotional healing across various populations

Knowledge from Research

This research contributes valuable knowledge to the field of mindfulness-based mental health interventions, especially in culturally rooted and spiritually supportive settings. The findings offer both theoretical and practical insights into how Buddhist-informed practices can be used effectively to alleviate depression.

1. Understanding the Emotional Roots of Depression

The study deepens our understanding of the emotional challenges that contribute to depression. It confirms that many individuals struggle with inner

pain rooted in past trauma, social isolation, overthinking, and unresolved personal conflicts. Depression is not only a mental health condition but also an emotional and spiritual issue that requires holistic healing. The research shows that when people lack self-awareness and emotional support, they are more likely to fall into patterns of self-blame, low self-worth, and hopelessness.

2. Holistic Healing through the MWL Program

The MWL (Mindfulness, Wisdom, and Loving-kindness) Program is shown to be an effective model for emotional healing. It brings together three core elements:

- **Mindfulness meditation** (to cultivate present-moment awareness),
- **Loving-kindness meditation** (to promote compassion for self and others), and
- **Dhamma Gīta** (uplifting spiritual music based on Buddhist teachings).

Together, these practices create a deeply reflective and emotionally safe space. This integration is particularly powerful because it not only calms the mind but also softens the heart, enabling participants to forgive themselves, let go of emotional burdens, and reconnect with inner peace.

3. Spiritual Music as Emotional Therapy

The use of Dhamma Gīta, meaningful songs based on Buddhist values, offers a unique tool for emotional transformation. Participants reported that listening to these songs during walking meditation or reflection helped them feel comforted, understood, and inspired. This research confirms that music with spiritual meaning can uplift emotional energy, reduce stress, and foster a sense of connectedness with higher values and the community.

4. Building Compassion and Community

The program also encourages emotional connection and empathy through shared practices such as group meditation, loving-kindness exercises, and reflections on the kindness of parents and teachers. Participants often shifted from feeling isolated and unloved to feeling supported and valued. This shift enhanced their emotional resilience and made them more open to healing relationships and contributing positively to others' well-being.

5. Cultural and Spiritual Relevance Matters

One of the most important insights from this study is that interventions that align with local culture and spirituality tend to be more meaningful and sustainable. The MWL Program, grounded in Buddhist values and local Thai traditions, resonates deeply with participants. This suggests that mindfulness programs should consider the cultural and spiritual backgrounds of their audiences to enhance their emotional impact.

.



Figure 2: Mindfulness & Loving-kindness Activities for depression reduction

Transferring and Utilizing Research Results

The findings from this research can be applied across various fields to enhance mental well-being. In academia, the MWL Program can be used as a model for teaching and research in mindfulness, psychology, and Buddhist studies. Communities, temples, and wellness centers can adopt it to support individuals struggling with depression, offering accessible and culturally relevant healing practices. For the broader society, the program promotes mental health awareness through familiar traditions, encouraging compassion and emotional resilience. Economically, it can be introduced into workplace wellness programs to reduce stress and improve productivity. On a policy level, health and education agencies can integrate mindfulness and loving-kindness practices into national mental health strategies, providing low-cost, holistic care rooted in cultural values.

Conclusion

This study concludes that the Mindfulness, Wisdom, and Loving-kindness (MWL) Program through Dhamma Gīta is a meaningful Buddhist-based approach for reducing depression and promoting emotional well-being among participants at the Buddhamahametta Foundation. Based on the first objective, the study found that participants' depression was associated with multiple emotional and social causes, including trauma, unmet expectations, interpersonal conflict, occupational stress, health concerns, family misunderstanding, social isolation, self-blame, and loss of life meaning. These findings indicate that depression is not merely a clinical symptom but also an emotional, relational, and spiritual condition that requires holistic care.

Based on the second objective, the study identified the key components of the MWL meditation process through Dhamma Gīta. These components include mindfulness meditation, loving-kindness meditation, Dhamma Gīta listening, walking meditation, slow bowing, gratitude reflection, mindful Dhamma listening, and family appreciation practice. Together, these activities create a supportive healing process that helps participants calm the mind, reduce overthinking, cultivate self-compassion, reconnect with gratitude, and develop more positive relationships with others. Dhamma Gīta plays a distinctive role by combining Buddhist meaning, musical calmness, and emotional resonance, thereby deepening meditation and supporting emotional release.

Based on the third objective, the evaluation of the MWL Program showed positive outcomes in reducing depression. The PHQ-9 pre-test and post-test results indicated a statistically significant improvement after the intervention, while qualitative feedback confirmed increased peace of mind, emotional balance, forgiveness, gratitude, and motivation in life. The high satisfaction score further suggests that participants found the program meaningful, accessible, and beneficial.

Therefore, the main contribution of this research is the development and validation of a culturally rooted MWL meditation model that integrates Buddhist contemplative practice with the Dhamma Gīta to reduce depression. The program offers practical value for Buddhist communities, meditation centers, mental health practitioners, and peace-building educators. Future research should examine the long-term effects of the MWL Program, expand the sample size, compare it with other mindfulness-based interventions, and adapt the model for

different groups such as adolescents, older adults, caregivers, and workplace communities.

Suggestions

This research has found that the combination of mindfulness practice, loving-kindness meditation, and Dhamma Gīta significantly improves emotional well-being and reduces symptoms of depression. The important thing is that this integrated, culturally sensitive approach provides not only emotional relief but also fosters compassion, gratitude, and self-awareness. It can be applied in various contexts, including community mental health programs, educational institutions, religious centers, and workplace wellness initiatives. This model should be given importance in national mental health promotion policies, particularly in societies where traditional and spiritual practices remain influential. It offers a cost-effective, non-invasive method of care that resonates with local beliefs and values. For the next research issue, studies should explore the long-term effects of the MWL Program, its adaptability for digital platforms (such as mobile apps or online courses), and its effectiveness across diverse populations, especially among the elderly, adolescents, and those in different cultural settings, to expand its reach and impact further.

References

Hofmann, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical Psychology Review, 31*(7), 1126–1132.

Jiwattanasuk, N., Vasuratna, V., & Deegalle, M. (2025). Mindfulness-based practices for multicultural meditation practitioners to develop mental well-being. *ABAC ODI Journal Vision. Action. Outcome*, *12*(2), 225–242.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144–156.

Kristianto, J. (2024). Understanding the creative process behind the Buddhist song. *ARTISTIC, 5*(1), 1–11.

O'Connor, M., Piet, J., & Hougaard, E. (2013). The effects of mindfulness-based cognitive therapy on depressive symptoms in elderly bereaved people with loss-related distress: A controlled pilot study. *Mindfulness, 5*(4), 400–409.

Rahula, W. (1974). *What the Buddha taught*. Grove Press.

Silhan, M. (2022). An intervention study examining the effectiveness of loving-kindness meditation in reducing depressive symptoms: Compassionate coping as a mediator? *Advances in Health and Behavior, 5*(1), 210–225.

Tang, Q., Huang, Z., Yuan, T., & Liu, L. (2020). Effects of music therapy on depression: A meta-analysis of randomized controlled trials. *PLOS ONE, 15*(11), e0248624.

Walker, T. D. (2022). Buddhist song tradition: From until Nirvana's time. *Manoa, 34*, 34–41.

World Health Organization. (2023). *Depression: Key facts*. https://www.who.int/news-room/fact-sheets/detail/depression

The Five-Stage Process of Mindful Dialogue for Peaceful Coexistence in a Multicultural Buddhist Academic Community

Phrakhrubaidika Piyathip Piyadhammo (Thanapisitikul)[1], Phramaha Weerasak Abhinandavedi (Sangphong)[2], Sakchai Sakabucha[3]
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University[1,2,3]

Corresponding author email: piyathip.t@gmail.com[1]
Received 30/03/2026; Revised 18/05/2026; Accepted 19/05/2026

Abstract

This research article examines the development of the Five-Stage Process of Mindful Dialogue for peaceful coexistence in a multicultural Buddhist academic community at the International Buddhist Studies College (IBSC), Mahachulalongkornrajavidyalaya University. The study has three objectives: first, to study the concepts and theories of mindful dialogue, together with the context, problems, and needs for peaceful coexistence at IBSC; second, to develop the process of mindful dialogue for living together peacefully in a multicultural society; and third, to propose the Five-Stage Process of Mindful Dialogue as a context-based model for peaceful coexistence. The study employed a qualitative research design, using documentary analysis of Buddhist texts and related literature, along with semi-structured, in-depth interviews with 21 purposively selected key informants, including administrators, lecturers, and students. Data were analyzed through thematic analysis and analytical synthesis.

The findings reveal that mindful dialogue is grounded in Buddhist ethical awareness, mindfulness, right speech, wise reflection, and contemporary dialogue theory. In the IBSC context, participants encountered differences in language, culture, Buddhist tradition, doctrinal interpretation, communication style, and institutional role. These differences did not necessarily lead to conflict, but they required awareness, emotional regulation, ethical speech, clarification, and sustained engagement. The study identified five recurring communicative stages: awareness of difference, internal regulation, ethical communication, clarification and listening, and sustaining interaction. These stages form a circular and recursive process rather than a strictly linear sequence.

The article proposes the Five-Stage Process of Mindful Dialogue as a practical Buddhist-informed model for peaceful coexistence. The model shows

that multicultural harmony is not maintained by eliminating differences or achieving complete agreement, but by sustaining relational continuity through mindful, ethical, and reflective communication. The study contributes to Buddhist studies, dialogue studies, and multicultural education by demonstrating how Buddhist ethical principles can be transformed into lived communicative practices within a multicultural academic community.

Keywords: Mindful Dialogue; Five-Stage Process; Peaceful Coexistence; Multicultural Buddhist Community; Buddhist Communication; IBSC.

Introduction

In the contemporary globalized era, higher education institutions are increasingly multicultural, bringing together students, lecturers, administrators, monastics, and laypersons from diverse national, linguistic, cultural, and religious backgrounds. Such diversity creates valuable opportunities for mutual learning, intercultural understanding, and academic enrichment, yet it also introduces challenges related to interpretation, communication, identity, and peaceful coexistence (Banks, 2016; UNESCO, 2013). The International Buddhist Studies College (IBSC), Mahachulalongkornrajavidyalaya University, represents a distinctive multicultural Buddhist academic community where participants from Theravāda, Mahāyāna, and Vajrayāna traditions live, study, and work together. Although Buddhist teachings emphasize compassion, harmony, non-harming, and communal well-being, communicative tensions may still arise in everyday interaction, revealing a gap between doctrinal ideals and lived communicative practice (Gethin, 1998).

Existing studies on multicultural education and dialogue have emphasized intercultural competence, ethical engagement, mutual understanding, and structured dialogue across difference (Banks, 2016; Zúñiga et al., 2007). Dialogue theory highlights the importance of reflective listening, suspension of assumptions, and sustained engagement for transforming relationships across social and cultural boundaries (Bohm, 1996; Saunders, 1999). However, much of this research remains either theoretical or situated in formal dialogue programs, with less attention to how communication is adjusted in ordinary, everyday interaction. In Buddhist academic contexts such as IBSC, communication involves not only cultural difference but also doctrinal variation, language diversity, monastic-lay roles, classroom expectations, and differing norms of

respect, silence, and participation. These complexities require a more grounded understanding of how dialogue functions as lived practice in multicultural Buddhist education.

Within this context, mindful dialogue can be understood as a communicative process that enables individuals to engage difference with awareness, ethical intention, and relational sensitivity. Drawing upon Buddhist principles such as mindfulness (*sati*), right speech (*sammā-vācā*), and wise reflection (*yoniso manasikāra*), mindful dialogue emphasizes present-moment awareness, emotional regulation, attentive listening, non-reactive response, and ethical communication (Anālayo Bhikkhu, 2003; Bhikkhu Bodhi, 2012; Ñāṇamoli Bhikkhu & Bhikkhu Bodhi, 1995). These principles are especially relevant where subtle misunderstandings, unspoken assumptions, and differing expectations may affect academic collaboration and communal harmony.

This research article, therefore, examines the Five-Stage Process of Mindful Dialogue for Peaceful Coexistence in a Multicultural Buddhist Academic Community. Using a qualitative approach that integrates documentary study with in-depth interviews of purposively selected administrators, lecturers, and students, the study identifies recurring communicative patterns in lived experience (Creswell & Poth, 2018). It proposes five stages: awareness of difference, internal regulation, ethical communication, clarification and listening, and sustaining interaction. The study contributes to Buddhist studies, dialogue studies, and multicultural education by showing how peaceful coexistence may be sustained through mindful, ethical, and continuing communication across difference (Ting-Toomey & Dorjee, 2019; Zúñiga et al., 2007).

Research Objectives

1) To study the concepts and theories of mindful dialogue, as well as the context, problems, and needs to live together peacefully in a multicultural society at the International Buddhist Studies College (IBSC).

2) To develop the process of mindful dialogue to live together peacefully in a multicultural society at IBSC.

3) To propose the Five-Stage Process of Mindful Dialogue for peaceful coexistence in a multicultural society at IBSC.

Literature Review

This study is grounded in four interrelated areas of scholarship: Buddhist ethical communication, contemporary mindfulness studies, dialogue theory, and

multicultural education. Together, these perspectives provide the conceptual foundation for developing the Five-Stage Process of Mindful Dialogue for peaceful coexistence in a multicultural Buddhist academic community.

In Buddhist thought, communication is not merely the exchange of words but an ethical action shaped by intention, awareness, and wisdom. Mindfulness (sati) enables individuals to observe internal reactions before they are expressed through speech or behavior. Anālayo Bhikkhu (2003) explains that mindfulness supports clear awareness of bodily, emotional, and mental processes, allowing practitioners to recognize reactivity before it becomes unwholesome action. In dialogue, this means that participants can notice irritation, defensiveness, attachment to views, or misunderstanding before responding. Right speech (sammā-vācā) further provides an ethical foundation for mindful dialogue. Buddhist teachings emphasize that speech should be truthful, beneficial, timely, gentle, and conducive to harmony (Bhikkhu Bodhi, 2012; Ñāṇamoli Bhikkhu & Bhikkhu Bodhi, 1995). Gethin (1998) also notes that Buddhist ethics are embedded in lived experience, where intention, perception, and emotional regulation shape interpersonal conduct. Therefore, Buddhist communication ethics offer a practical basis for engaging difference with restraint, compassion, and relational responsibility.

Contemporary mindfulness studies also support the importance of awareness and emotional regulation in communication. Kabat-Zinn (2013) defines mindfulness as present-moment awareness cultivated through nonjudgmental attention. Although modern mindfulness research often focuses on stress reduction and individual well-being, its relevance to dialogue lies in its capacity to reduce automatic reaction, increase attentiveness, and support reflective response. In multicultural settings, where misunderstanding may arise from language, culture, silence, tone, or social expectation, mindfulness helps participants pause, listen, and respond with greater care.

Dialogue theory provides another important framework for this study. Bohm (1996) conceptualizes dialogue as a process of collective inquiry in which participants suspend assumptions and listen deeply. Zúñiga et al. (2007) similarly argue that intergroup dialogue requires reflective listening, mutual recognition, and sustained engagement across difference. Saunders (1999) emphasizes that dialogue must be sustained over time if it is to transform relationships and prevent conflict from deepening. These perspectives are useful for understanding communication across differences, yet they are mostly secular and do not fully

explain the internal ethical moment before speech. Buddhist mindfulness and right speech help fill this gap by showing how inner regulation supports ethical communication.

Multicultural education further highlights the need for communicative competence in diverse learning communities. Banks (2016) argues that multicultural education should cultivate understanding, reduce prejudice, and prepare learners for participation in plural societies. UNESCO (2013) likewise identifies intercultural competence as essential for living together peacefully. Ting-Toomey and Dorjee (2019) add that intercultural communication involves identity, face concerns, contextual meaning, and relational adjustment. These insights are especially relevant to IBSC, where cultural, linguistic, doctrinal, monastic-lay, and institutional differences intersect in daily academic life.

In synthesis, the existing literature provides a strong foundation but remains fragmented. Buddhist studies offer ethical depth, mindfulness research explains awareness and regulation, dialogue theory emphasizes listening and sustained engagement, and multicultural education stresses intercultural competence. However, few studies integrate these perspectives into a process-based model grounded in lived experience within a multicultural Buddhist academic community. This study addresses this gap by integrating these perspectives into a context-based process of mindful dialogue. It connects Buddhist ethical foundations with contemporary dialogue theory and empirical insights on mindfulness, proposing a model that explains how communication can be regulated, sustained, and oriented toward peaceful coexistence in multicultural Buddhist academic environments.

Conceptual Framework

This study draws on Buddhist principles and contemporary dialogue theory to examine communication and interaction in a multicultural academic context. These perspectives are used alongside empirical data from documentary research and in-depth interviews conducted at the International Buddhist Studies College (IBSC). The section outlines how key ideas, communicative practices, and observed outcomes are related, and how interaction is managed in situations of difference, tension, or disagreement. It provides a clear basis for organizing the study's analysis. Figure 1 presents the overall structure used in this research.

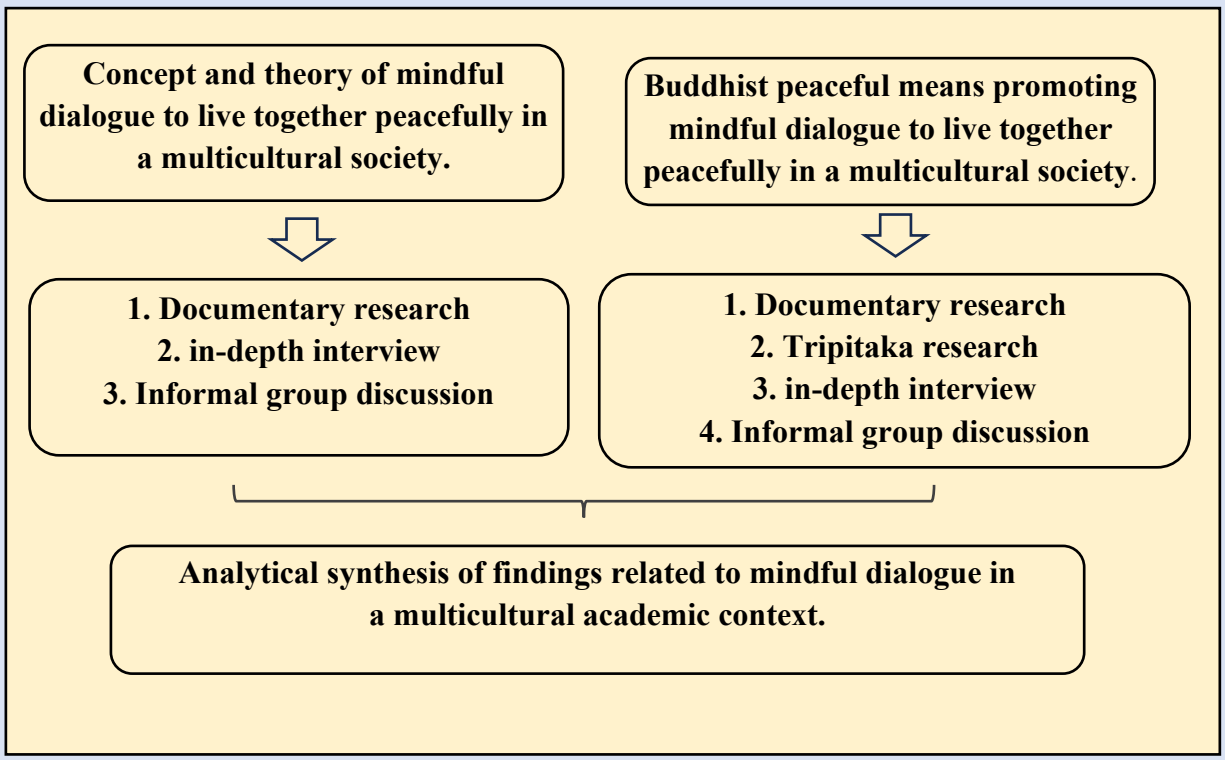


Figure 1: Conceptual Framework for Studying Mindful Dialogue in a Multicultural Context

Research Methodology

This research is a qualitative field study with a developmental orientation, following a qualitative inquiry approach that emphasizes meaning, lived experience, and contextual interpretation (Creswell & Poth, 2018). The research area is the International Buddhist Studies College (IBSC) at Mahachulalongkorn rajavidyalaya University, which is a multicultural Buddhist academic environment where monastic and lay participants from diverse cultural, linguistic, and Buddhist backgrounds live and study together. The research process was divided into three phases.

Phase 1: Documentary and Conceptual Study. This phase established the study's conceptual and ethical foundation through documentary research. Selected Buddhist canonical texts and relevant academic literature on mindfulness, dialogue, multicultural communication, and peaceful coexistence were examined. The findings from this phase were used to clarify key concepts and to inform the development of the research instruments.

Phase 2: Empirical Field Research. This phase involved semi-structured, in-depth interviews with IBSC-affiliated individuals who had direct experience with multicultural communication and interaction. A total of twenty-one key informants were selected through purposive sampling. The key informants consisted of administrators, lecturers, and students. They were selected according to the following criteria: (1) direct experience in multicultural communication within IBSC, (2) willingness to provide reflective and detailed responses, and (3) representation of diverse institutional roles within the College. The research instrument consisted of semi-structured interview questions exploring experiences of cultural and doctrinal difference, communication challenges, mindfulness in interaction, and perceptions of dialogue and peaceful coexistence. Interviews were conducted either in person or online, recorded with consent, and transcribed for analysis.

Phase 3: Analytical Synthesis and Model Development. This phase involved qualitative thematic analysis and model construction (Creswell & Poth, 2018). Interview data were transcribed, reviewed, coded, and organized into recurring themes. These themes were then compared and integrated with the conceptual insights from Phase 1 through iterative analysis. Recurring communicative patterns were abstracted into a structured framework. The final outcome was the Five-Stage Process of Mindful Dialogue, developed as a context-based explanatory model. The credibility of the findings was strengthened through triangulation between documentary sources and interview data, as well as systematic comparison across participant groups.

Research Results

Objective 1: Conceptual Foundations of Mindful Dialogue in a Multicultural Context. The findings for Objective 1 show that mindful dialogue is conceptually grounded in the integration of Buddhist ethical awareness, contemporary dialogue theory, and multicultural communication theory. From the Buddhist perspective, mindfulness is not treated merely as attention, but as an ethically oriented capacity to recognize reactivity, conditioned perception, and emerging attachment within communicative situations. Principles such as sati (mindfulness) and yoniso manasikāra (wise reflection) support reflective awareness, enabling individuals to observe internal reactions before they are expressed in speech.

The findings also clarify that mindful dialogue requires ethical regulation of communication. The principle of sammā-vācā (right speech) establishes that speech should be guided not only by truth, but also by intention, relational impact, timing, and non-harming. Together with qualities such as compassion, respect, and restraint, ethical speech functions as a stabilizing condition that allows differences to be expressed without escalating into conflict.

At the same time, contemporary dialogue theory supports this Buddhist foundation by emphasizing reflective listening, suspension of assumptions, mutual recognition, and sustained engagement. In this study, dialogue is not understood as debate, persuasion, or the removal of disagreement, but as a relational process through which meaning is clarified and interaction is maintained across difference. Multicultural communication theory further shows that misunderstandings often arise from differences in language, cultural norms, doctrinal interpretations, and expectations regarding participation or authority.

Therefore, the conceptual finding of Objective 1 is that mindful dialogue should be understood as a communicative process in which awareness, ethical intention, reflective listening, and relational sensitivity function together. This provides the theoretical foundation for analyzing how participants at IBSC recognize differences, regulate their reactions, communicate ethically, clarify meaning, and sustain interaction within a multicultural Buddhist academic environment.

Objective 2: Empirical Communicative Patterns in the Multicultural IBSC Context. The findings for Objective 2 indicate that mindful dialogue at IBSC appears as an implicit communicative pattern within everyday interaction. Interview data from administrators, lecturers, and students show that participants regularly encountered differences in language, cultural background, Buddhist tradition, communication style, educational experience, and institutional role. These differences did not necessarily become conflict, but they required continuous adjustment in how participants listened, responded, and sustained interaction.

Across participant groups, five recurring communicative movements were identified. First, participants recognized a difference or potential misunderstanding in interaction. Second, they regulated internal reactions by pausing, calming emotions, or delaying immediate response. Third, they adjusted their speech ethically through a respectful tone, careful word choice, patience,

and a non-harming intention. Fourth, they clarified meaning through listening, questioning, restating, or confirming understanding. Fifth, they continued interaction despite disagreement or unresolved differences.

These movements appeared in different institutional contexts. Administrators described using careful communication when addressing work-related problems or coordinating with people from diverse backgrounds. Lecturers described guiding classroom discussion so that disagreement could remain constructive rather than personal. Students described learning to listen more carefully, restrain immediate judgment, and adjust their communication when interacting with peers from different cultures and traditions. Together, these accounts show that mindful dialogue functions as a practical way of maintaining communication in daily academic and communal life.

The findings also show that participants did not usually name this process as a formal model or fixed method. Rather, it appeared as situated judgment developed through experience. Participants adjusted their responses in real time according to the situation, the relationship, and the sensitivity of the issue. Therefore, what is absent in the IBSC context is not mindful practice, but its explicit articulation as a shared framework.

In summary, Objective 2 shows that mindful dialogue already exists at IBSC as a lived communicative competence. The empirical contribution of this objective is the identification of a recurring pattern through which participants manage difference, prevent escalation, and maintain relational continuity in a multicultural Buddhist academic environment.

Objective 3: The Development of the Five-Stage Process of Mindful Dialogue for Peaceful Coexistence. The findings for Objective 3 synthesize the conceptual foundations from Objective 1 and the empirical patterns from Objective 2 into the Five-Stage Process of Mindful Dialogue. The model explains how peaceful coexistence is sustained at IBSC through the integration of Buddhist ethical principles and observed communicative practice.

The first stage, awareness of difference, involves recognizing diverse perspectives shaped by culture, language, doctrinal understanding, and personal experience. This awareness is supported by *sati* (mindfulness) and *yoniso manasikāra* (wise reflection), which allow differences to be noticed without immediate judgment or reaction.

The second stage, internal regulation, refers to managing internal responses before speech occurs. Participants described pausing, calming their emotions, and creating space before responding. This inward pause resonates with *saṃvara* (restraint) and *upekkhā* (equanimity), preventing immediate reaction from becoming harmful expression.

The third stage, ethical communication, involves expressing ideas through speech guided by ethical intention. Participants emphasized respectful tone, honesty, patience, compassion, and careful timing. This stage is closely related to *sammā-vācā* (right speech), understood as an ethical orientation shaped by truthfulness, benefit, non-harming, and relational sensitivity.

The fourth stage, clarification and listening, focuses on mutual understanding through attentive listening, questioning, restating, and contextual adjustment. This stage reduces misinterpretation and restores shared understanding. It also resonates with *sāraṇīyadhamma*, which supports mutual respect, harmony, and communal remembrance.

The fifth stage, sustaining interaction, refers to continuing dialogue and relationship despite unresolved differences. This stage reflects *saṅghasāmaggī* (communal harmony) and relational continuity. When tension becomes more difficult, the broader concern for restoring harmony, reflected in adhikaraṇasamatha, also supports a continued relationship rather than rupture.

The process is circular, dynamic, and flexible rather than strictly linear. Individuals may move between stages as new misunderstandings arise. In summary, the Five-Stage Process makes implicit communicative practices explicit and shows how mindful dialogue supports relational continuity and peaceful coexistence in a multicultural Buddhist academic environment.

Discussions

The findings show that mindful dialogue is not only a personal attitude or meditation-related quality. It is also a practical way of communicating. In this study, mindful dialogue is evident in awareness, ethical intention, careful speech, listening, and continued interaction. This understanding is consistent with Buddhist teachings on mindfulness (*sati*) and right speech (*sammā-vācā*), which emphasize awareness, restraint, truthfulness, non-harming, and proper timing in communication (Anālayo Bhikkhu, 2003; Bhikkhu Bodhi, 2012; Ñāṇamoli Bhikkhu & Bhikkhu Bodhi, 1995). It also relates to dialogue theory, especially

Bohm's idea of suspending assumptions and Intergroup Dialogue's emphasis on reflective listening and mutual understanding (Bohm, 1996; Zúñiga et al., 2007). The important point is that mindfulness becomes meaningful in dialogue when it shapes how people speak, listen, and respond to others.

The empirical findings show that mindful dialogue already appears in everyday life at IBSC, even though participants do not usually call it a formal method. Administrators, lecturers, and students repeatedly described similar practices. They recognized differences, paused before responding, adjusted speech with care, clarified meaning, and continued interaction. This supports intercultural communication theory, which explains that meaning is shaped by context and is often negotiated across differences (Banks, 2016; Ting-Toomey & Dorjee, 2019). In the IBSC context, differences in language, silence, tone, doctrinal interpretation, and classroom participation can easily be misunderstood. Therefore, effective communication requires more than openness. It also requires awareness, adjustment, and ethical sensitivity.

The Five-Stage Process of Mindful Dialogue gives a clearer explanation of these findings. The stages show how communication can move from difference toward a continued relationship. Awareness of Difference helps participants notice possible misunderstandings. Internal Regulation helps them pause before reacting. Ethical Communication guides speech through respect and non-harming. Clarification and Listening help restore understanding. Sustaining Interaction allows dialogue to continue even when agreement is not reached. In this way, the model explains how escalation can be interrupted before it becomes harmful speech or relational conflict.

The model also connects naturally with the Buddhist foundations discussed earlier. Mindfulness and wise reflection support the first recognition of difference. Restraint and emotional balance support the pause before response. Right speech guides ethical communication, while listening and clarification help maintain mutual understanding. These elements together support relational continuity and communal harmony (Bhikkhu Bodhi, 2012; Ñāṇamoli Bhikkhu & Bhikkhu Bodhi, 1995).

The findings are consistent with Intergroup Dialogue and Sustained Dialogue in showing that listening, reflection, and continued engagement are necessary for dialogue across difference (Saunders, 1999; Zúñiga et al., 2007). However, this study gives more attention to the internal moment before speech.

It shows that mindful pausing and emotional regulation help prevent tension from becoming harmful communication.

The distinctive contribution of this model is therefore the emphasis on internal regulation. Many dialogue theories emphasize listening, mutual understanding, and sustained engagement. However, they do not always explain clearly what happens before a person speaks. The findings from IBSC show that the inward pause is important. When participants recognize tension but respond immediately from emotion, communication can narrow or escalate. When they pause, regulate, and reframe their response, dialogue remains possible. This point connects Buddhist inner cultivation with the practical needs of communication.

Overall, peaceful coexistence in a multicultural setting does not depend mainly on agreement or the removal of differences. It depends on the ability to sustain communication through awareness, regulation, ethical speech, clarification, and continued engagement. The Five-Stage Process does not impose an external theory on participants' experience. Instead, it makes explicit a communicative pattern already present in lived interaction at IBSC. Its significance lies in demonstrating how mindful dialogue serves as a practical mechanism for sustaining peaceful coexistence within a multicultural Buddhist academic community.

Knowledge from Research

This study contributes new knowledge by identifying the Five-Stage Process of Mindful Dialogue as a practical communicative mechanism for sustaining peaceful coexistence in a multicultural Buddhist academic community. Rather than introducing an external model, the study makes explicit a pattern of interaction already present in the lived experience of administrators, lecturers, and students at the International Buddhist Studies College (IBSC).

The first contribution is the clarification that communication in multicultural contexts is relational and context-dependent. Differences in language, culture, Buddhist tradition, doctrinal understanding, institutional role, and personal experience are not abnormal conditions, but natural features of multicultural interaction. Misunderstanding often arises not from ill intent but from differing interpretations, expectations, and communicative norms.

The second contribution is the articulation of the Five-Stage Process: *(1) Awareness of Difference, (2) Internal Regulation, (3) Ethical Communication, (4)*

Clarification and Listening, and (5) Sustaining Interaction. These stages show that effective dialogue is maintained through regulated responses rather than immediate reaction. The process is flexible and recursive, not a fixed linear sequence.

The third contribution is the demonstration that mindfulness functions as an operational capacity in communication. Mindfulness enables individuals to recognize internal reactions, regulate emotional responses, and shape speech with care. Buddhist principles such as non-harming, respect, right speech, wise reflection, and equanimity become practical orientations for communicative action.

The central finding of this research is that peaceful coexistence does not depend on complete agreement or on the absence of conflict. Rather, it depends on relational continuity, the capacity to sustain respectful engagement across difference. Therefore, the Five-Stage Process provides a clear and transferable framework for understanding and supporting mindful dialogue in multicultural Buddhist and educational settings.



Figure 2: Five-Stage Process of Mindful Dialogue

Figure 2 presents the Five-Stage Process as a circular and non-linear model of communicative regulation. The five elements, Awareness of Difference, Internal Regulation, Ethical Communication, Clarification and Listening, and Sustaining Interaction, are arranged in a continuous loop to reflect the dynamic and recursive nature of interaction. Rather than following a fixed sequence, participants move flexibly between stages depending on situational conditions.

The circular structure emphasizes that communicative stability is not achieved through progression toward agreement, but through ongoing regulation within interaction. Each stage contributes to interrupting escalation and maintaining relational balance. When these elements operate together, interaction is sustained despite cultural, doctrinal, and interpersonal differences. The model, therefore, illustrates how relational continuity is actively maintained in multicultural contexts.

Conclusion

This study concludes that the Five-Stage Process of Mindful Dialogue provides a practical, context-based model for sustaining peaceful coexistence within a multicultural Buddhist academic community. The study found that members of the International Buddhist Studies College regularly encounter differences in language, culture, Buddhist tradition, doctrinal interpretation, communication style, and institutional role. These differences are not necessarily sources of conflict; rather, they become challenging when they are interpreted reactively or communicated without awareness, restraint, and ethical sensitivity.

Based on the first objective, the study confirms that mindful dialogue is grounded in Buddhist principles, including mindfulness (sati), wise reflection (yoniso manasikāra), right speech (sammā-vācā), emotional restraint, compassion, and communal harmony. These principles provide an ethical and contemplative foundation for communication across difference. Based on the second objective, the study found that participants at IBSC already engaged in forms of mindful dialogue in daily interactions, although these practices were often implicit rather than formally identified. Administrators, lecturers, and students described similar patterns of recognizing difference, pausing before responding, speaking carefully, listening for clarification, and maintaining interaction despite disagreement.

Based on the third objective, the study proposes the Five-Stage Process of Mindful Dialogue, consisting of awareness of difference, internal regulation, ethical communication, clarification and listening, and sustaining interaction.

This process is circular, recursive, and flexible. It shows that peaceful coexistence is not achieved by removing diversity or forcing consensus, but by maintaining relational continuity through mindful and ethical communication.

The main contribution of this research is the articulation of mindful dialogue as a lived communicative process that connects Buddhist doctrine with multicultural educational practice. The Five-Stage Process offers a transferable framework for Buddhist higher education, multicultural classrooms, interfaith communities, and peacebuilding contexts. Future research may apply this model in other multicultural Buddhist or interfaith institutions and develop training programs to strengthen mindful dialogue as a practical skill for peaceful coexistence.

Suggestions

Building on the findings, the Five-Stage Process of Mindful Dialogue functions as a communicative mechanism that sustains relational continuity across difference. Practically, institutions can strengthen conditions that support this process: (1) brief reflective pauses in moments of tension, (2) explicit norms of non-harming, respectful speech, (3) structured opportunities for clarification, such as facilitated dialogue sessions, and (4) mentorship systems that bridge cultural and doctrinal backgrounds. Embedding these practices in orientation, teaching, and community life can stabilize interaction without requiring agreement.

For future research, comparative studies across other multicultural Buddhist or interfaith institutions are recommended to examine transferability. Longitudinal research may assess how the process functions during periods of institutional change. Mixed-method approaches could measure key elements, such as awareness, regulation, and clarification, and their relationship to conflict prevention. Further work may also adapt the model to educational and community mediation contexts, with careful attention to local conditions.

References

Anālayo Bhikkhu. (2003). *Satipaṭṭhāna: The direct path to realization*. Windhorse Publications.

Banks, J. A. (2016). *Cultural diversity and education: Foundations, curriculum, and teaching* (6th ed.). Routledge.

Bhikkhu Bodhi. (Trans.). (2012). *The numerical discourses of the Buddha: A translation of the Aṅguttara Nikāya*. Wisdom Publications.

Bohm, D. (1996). *On dialogue* (L. Nichol, Ed.). Routledge.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.

Gethin, R. (1998). *The foundations of Buddhism*. Oxford University Press.

Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* (Rev. ed.). Bantam Books.

Ñāṇamoli Bhikkhu. & Bhikkhu Bodhi. (Trans.). (1995). *The middle length discourses of the Buddha: A translation of the Majjhima Nikāya*. Wisdom Publications.

Saunders, H. H. (1999). *A public peace process: Sustained dialogue to transform racial and ethnic conflicts*. Palgrave Macmillan.

Ting-Toomey, S., & Dorjee, T. (2019). *Communicating across cultures* (2nd ed.). Guilford Press.

UNESCO. (2013). *Intercultural competences: Conceptual and operational framework*. UNESCO Publishing.

Zúñiga, X., Nagda, B. A., Chesler, M., & Cytron-Walker, A. (2007). Intergroup dialogues in higher education: Meaningful learning about social justice. *ASHE Higher Education Report, 32*(4), 1–128.

Developing a Meditation Model for Employee Well-Being: Loving-Kindness and Dhamma Music in Practice at ACE

Police General Wirachai Songmetta

International Buddhist Studies College. Mahachulalongkornrajavidyalaya University[1,2,3]

Corresponding author email: wirachaioffice@gmail.com

Received 27/04/2025; Revised 19/05/2026; Accepted 19/05/2026

Abstract

This research article aimed to develop and evaluate a Buddhist-informed meditation model for enhancing the mental well-being of employees at Absolute Clean Energy Public Company Limited (ACE). The study had three objectives: (1) to study the work-related problems affecting the mental well-being of ACE employees; (2) to develop a Loving-Kindness Meditation model integrated with Dhamma Music for enhancing employee well-being; and (3) to evaluate and present the effects of the model on employees' mental well-being. The study employed a mixed-methods research design combining qualitative inquiry and a one-group pretest-posttest quasi-experimental design. Qualitative data were collected through documentary analysis, in-depth interviews, and focus group discussions with relevant stakeholders, including employees, executives, meditation teachers, business leaders, and mindfulness trainers. Quantitative data were collected from 18 ACE employees using a mental well-being questionnaire before and after participation in the intervention. Data were analyzed through thematic content analysis, descriptive statistics, and a dependent-samples t-test.

The findings revealed that ACE employees experienced several work-related stressors, including prolonged sitting, high workload, time pressure, financial concerns, work-life imbalance, fatigue, anxiety, sleep difficulty, and reduced motivation. The developed model integrated Loving-Kindness Meditation, Dhamma Music, mindful breathing, walking meditation, forgiveness reflection, mindful bowing, gratitude practice, and parent appreciation activities. These components were designed to cultivate mindfulness, compassion, emotional regulation, relaxation, gratitude, and interpersonal empathy. The quantitative results showed that participants' mean mental well-being score increased from 76.17 before the program to 97.78 after the program, with a statistically significant difference ($t = 5.99967$, $p = .000014$). Qualitative findings also indicated reduced stress, improved emotional balance, better sleep quality, greater patience, and improved relationships with colleagues. The study contributes to applied Buddhist studies and workplace well-being by presenting

a culturally grounded meditation model that may serve as a promising employee wellness strategy in Thai corporate settings.

Keywords: Loving-Kindness Meditation; Dhamma Music; Employee well-being; Buddhist workplace meditation; Mindfulness; Workplace mental health

Introduction

Mental well-being in the workplace has become an increasingly important concern for organizations worldwide. Rapid changes in work environments, intense competition, high workloads, and constant performance demands have contributed to stress, burnout, emotional fatigue, and reduced work-life balance among employees. The World Health Organization (2022) identifies mental health at work as a major global issue, emphasizing that psychosocial risks can reduce productivity, weaken relationships, and affect overall quality of life. Similarly, Mamun and Khan (2020) note that job pressure, motivation, and organizational conditions are closely connected with employee performance and psychological well-being. In Thailand, workplace stress has also become a growing concern, especially among employees in urban corporate sectors, where time pressure, sedentary work, and high responsibility often affect both physical and mental health (Department of Mental Health, 2023).

In response to these challenges, mindfulness-based approaches have increasingly been applied in organizational and therapeutic contexts. Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy have been widely recognized for their support of stress management, emotional regulation, and psychological resilience (Kabat-Zinn, 2013; Segal et al., 2018). However, many workplace interventions are secular in orientation and may not fully reflect the cultural and spiritual resources available in Buddhist societies. In the Thai context, Buddhist practices can provide a meaningful foundation for workplace well-being by combining mindfulness, ethical reflection, compassion, and emotional balance.

Loving-Kindness Meditation (LKM), rooted in the Buddhist cultivation of mettā, has been studied as a contemplative practice that promotes compassion, positive emotions, self-acceptance, and interpersonal empathy. Recent studies suggest that LKM can reduce stress and support subjective well-being (Petrovic et al., 2024; Zeng et al., 2022). In addition, music has been shown to support emotional engagement and meditative focus. Tang et al. (2024) found that background music can enhance the effects of loving-kindness meditation on

positive emotions, while Ramirez et al. (2022) demonstrated that audio elements can deepen meditative engagement in a loving-kindness meditation experience. Within Buddhist practice, Dhamma Music may serve not merely as background sound but as a culturally resonant medium that supports calmness, reflection, and emotional connection.

Despite these developments, limited research has examined how Loving-Kindness Meditation and Dhamma Music can be integrated into a structured corporate well-being model in Thailand. This gap is especially important in high-pressure organizational settings such as the renewable energy sector. Absolute Clean Energy Public Company Limited (ACE) provides a relevant case because its employees face demands related to responsibility, time pressure, physical fatigue, and workplace stress. Therefore, this study aimed to develop and evaluate a Loving-Kindness Meditation model integrated with Dhamma Music to enhance the mental well-being of ACE employees. The research contributes to Buddhist psychology, mindfulness studies, workplace mental health, and organizational well-being by proposing a culturally grounded intervention model for modern corporate environments.

Research Objectives

1. To study the work-related problems affecting the mental well-being of employees at Absolute Clean Energy Public Company Limited (ACE).
2. To develop a Loving-Kindness Meditation model integrated with Dhamma Music for enhancing the mental well-being of ACE employees.
3. To evaluate and present the effects of the Loving-Kindness Meditation with Dhamma Music model on the mental well-being of ACE employees.

Literature Review

This literature review examines prior studies on Loving-Kindness Meditation, Dhamma Music, and workplace mental health interventions to identify the knowledge gap this research addresses. The review is organized into three areas: Loving-Kindness Meditation and emotional well-being, Dhamma Music as a supportive contemplative medium, and Buddhist-informed workplace mental health interventions.

Loving-Kindness Meditation and Emotional Well-Being

Loving-Kindness Meditation (LKM) is a Buddhist contemplative practice rooted in the cultivation of mettā, or unconditional goodwill toward oneself and others. In Buddhist psychology, mettā is one of the Four Brahmavihāras, together with compassion, appreciative joy, and equanimity. These qualities support emotional balance, non-hostility, empathy, and harmonious relationships. In the context of employee well-being, LKM is especially relevant because workplace stress often involves emotional tension, interpersonal conflict, self-criticism, and reduced patience.

Recent studies support the psychological value of Loving-Kindness Meditation. Petrovic et al. (2024) found that loving-kindness interventions can improve positive mental health outcomes and reduce negative emotional states. Similarly, Zeng et al. (2022) showed that the quality of loving-kindness and compassion meditation practice is associated with stronger subjective well-being. These findings suggest that LKM may support emotional regulation, self-compassion, gratitude, and interpersonal empathy. However, much of the existing research has focused on clinical, educational, or general well-being contexts. Fewer studies have examined how LKM can be adapted as a structured model for employees in corporate workplaces, especially in Thai organizational settings.

Dhamma Music as a Supportive Contemplative Medium

Music has long been recognized as a medium that can influence mood, attention, memory, and emotional regulation. In meditation practice, sound may support calmness, concentration, and emotional engagement when used appropriately. Tang et al. (2024) found that background music can strengthen the effects of loving-kindness meditation on positive emotions. Ramirez et al. (2022) also demonstrated that audio-supported loving-kindness meditation can deepen participants' meditative engagement within a virtual reality environment. These studies indicate that auditory elements may enhance contemplative experience by making meditation more emotionally accessible and engaging.

Dhamma Music differs from ordinary background music because it carries Buddhist meaning, devotional tone, and ethical reflection. It can communicate teachings on compassion, gratitude, peace, impermanence, and inner calm through sound and lyrics. In the Thai Buddhist context, Dhamma Music may function as a culturally resonant tool that helps participants connect meditation

practice with familiar Buddhist values. Nevertheless, formal academic research on Dhamma Music as part of workplace mental health intervention remains limited. This study addresses that gap by integrating Dhamma Music with Loving-Kindness Meditation in a structured program for ACE employees.

Workplace Mental Health Interventions

Workplace mental health has become a major global concern. The World Health Organization (2022) emphasizes that mental health at work is affected by psychosocial risks such as high workload, low support, poor work-life balance, and stressful organizational conditions. In Thailand, workplace stress is also increasingly recognized as a public health concern, especially among employees in urban and corporate sectors (Department of Mental Health, 2023). Mamun and Khan (2020) further suggest that organizational conditions, motivation, and work pressure can influence employee performance and well-being.

Mindfulness-based interventions such as Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy have been widely applied to support emotional regulation and psychological resilience (Kabat-Zinn, 2013; Segal et al., 2018). These models are evidence-based and useful, but they are often secular in orientation. For Thai employees, Buddhist-informed practices may offer additional cultural and spiritual relevance. Jiwattanasuk et al. (2025) found that mindfulness-based practices can support mental well-being when adapted to the needs of meditation practitioners. However, limited research has developed and evaluated a Buddhist-based meditation model that combines LKM, Dhamma Music, mindful breathing, walking meditation, gratitude reflection, and forgiveness practice in a real corporate setting.

Therefore, the literature reveals a clear research gap. Although previous studies support the benefits of Loving-Kindness Meditation, music-assisted meditation, and mindfulness-based workplace interventions, few studies have integrated these elements into a culturally grounded Buddhist meditation model for employee well-being in Thailand. This study fills that gap by developing and evaluating a Loving-Kindness Meditation with Dhamma Music model for employees at Absolute Clean Energy Public Company Limited.

Conceptual Framework

This developmental and applied study aims to enhance the mental well-being of working individuals by integrating Loving-Kindness Meditation with Dhamma Music. The researcher defines the research conceptual framework based

on the concepts and theories of Loving-Kindness Meditation (LKM) in Buddhist psychology, as well as on Mindfulness and Loving-Kindness Meditation. The framework also incorporates principles of mental well-being drawn from contemporary psychological and wellness theories. The conceptual framework illustrates the relationships among the independent variables, the intervention process/tools, and the dependent variable. The details are as follows:

Table 1: Conceptual Framework of the Loving-Kindness Meditation with Dhamma Music Model.

Independent Variables	Process / Tools / Area / Target Audience	Dependent Variable
1. Loving-Kindness Meditation (LKM) practice	- Development of Mindfulness & Loving Kindness activities: ▪ Guided LKM sessions with	Enhanced Mental Well-Being of Employees at ACE
2. Dhamma Music integration	Dhamma Music ▪ Walking meditation ▪ Mindful breathing and gratitude practice	
	- Implementation area: Absolute Clean Energy Public Company Limited (ACE)	(e.g., reduced stress, improved mindfulness, inner peace)
	- Target group: Employees of ACE with an interest in mindfulness and well-being practices	

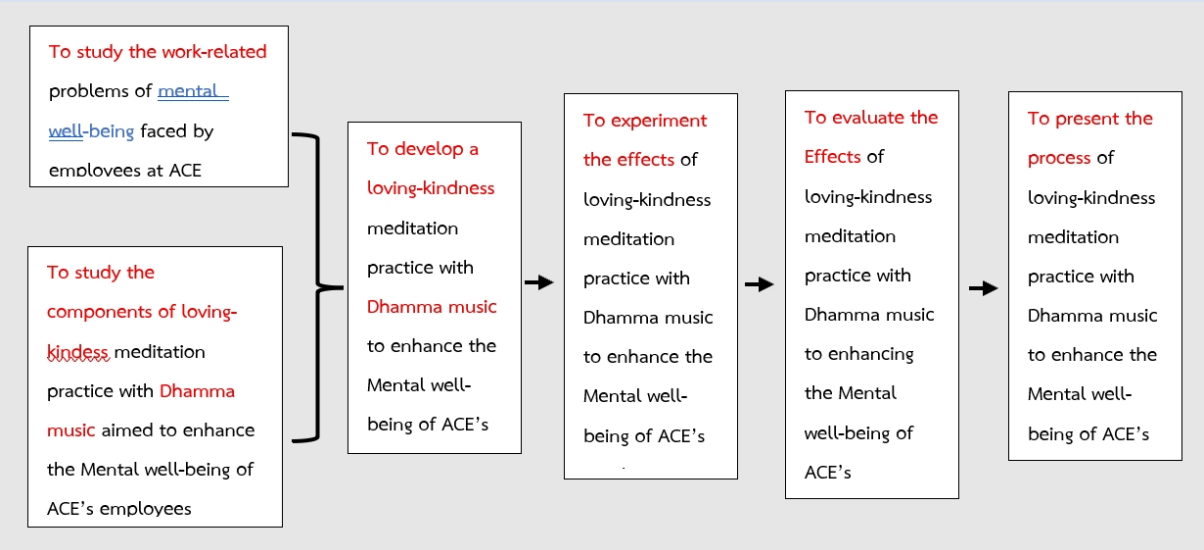


Figure 1: Conceptual Framework

In summary, the *independent variables* (Loving-Kindness Meditation and Dhamma Music) are applied through structured practices and activities. These are delivered within ACE's corporate environment, targeting employees experiencing work-related stress and mental health challenges. The expected *dependent variable* is a measurable improvement in their mental well-being, including reduced anxiety, greater emotional balance, increased mindfulness, and improved team harmony.

Research Methodology

This study employed a mixed-methods research design combining qualitative inquiry and a one-group pretest-posttest quasi-experimental design. The research aimed to examine work-related problems affecting the mental well-being of employees at Absolute Clean Energy Public Company Limited (ACE), to develop a Loving-Kindness Meditation model integrated with Dhamma Music, and to evaluate the model's effects on employees' mental well-being.

The research was conducted in three phases. The first phase examined work-related problems among ACE employees through documentary analysis and in-depth interviews with key informants. The interviews explored workplace stress, physical fatigue, emotional strain, sleep difficulty, work-life imbalance, coping strategies, and employees' needs for mental health support. The qualitative data were analyzed through thematic content analysis to identify major stressors and conditions affecting employee well-being.

The second phase developed the Loving-Kindness Meditation with Dhamma Music model. The model was designed based on Buddhist principles, prior studies on Loving-Kindness Meditation and workplace well-being, and a focus group discussion with meditation teachers, Buddhist scholars, mindfulness trainers, business leaders, and corporate stakeholders. The developed one-day retreat model included guided Loving-Kindness Meditation, listening to Dhamma Music, mindful breathing, walking meditation, forgiveness reflection, mindful bowing, gratitude practice, and parent appreciation activities.

The third phase evaluated the model's effects using 18 ACE employees selected through purposive sampling. Participants completed a 15-item mental well-being questionnaire before and after the intervention. Quantitative data were analyzed using descriptive statistics and a dependent-samples t-test, with statistical significance set at $p < .05$. Additional qualitative feedback was collected through participant reflections and post-program interviews. Ethical

considerations were observed through voluntary participation, informed consent, confidentiality, and academic use of data only.

Research results

1) General Data of Sampling Group

Table 2: Demographic Characteristics of ACE Employee Participants

No.	Description		Number of participants	Percentage
1	Gender	Female	10	55.56
		Male	8	44.44
2	Age	20-30 years old	5	27.78
		31-40 years old	4	22.22
		41-50 years old	6	33.33
		51-60 years old	3	16.67
3	Position	Management	2	11.11
		Manager	8	44.44
		Leader	2	11.11
		Officer	6	33.33
4	Salary	10,000 Baht – 30,000 Baht	3	16.67
		30,001 Baht – 50,000 Baht	7	38.89
		50,001 Baht – 70,000 Baht	4	22.22
		More than 70,000 Baht	4	22.22
5	Education	Bachelor Degree	13	72.22
		Master Degree	4	22.22
		Doctoral Degree	1	5.56
6	Marital Status	Single	9	50.00
		Married	9	50.00
7	No. of Children	None	13	72.22
		1 person	5	27.78
8	No. of family members	2-3 persons	6	33.33
		More than 3 persons	12	66.67
9	Frequency of meditation practice	2-3 times	1	5.56
		4-5 times	3	16.67
		More than 5 times	14	77.78

In summary, the participants are mostly working adults in their 30s and 40s, with a good mix of men and women. Most have a high level of education,

especially at the bachelor's degree level, and earn a stable income, mostly between 30,000 and 50,000 Baht per month. The group includes both single and married individuals, and most live in families with more than three people. Many do not have children, and a large number regularly practice meditation, showing they care about their mental health. Overall, the group consists of well-educated, experienced professionals who value family and well-being.

2) The result of research based on objectives

Objective 1.

The results showed that employees at Absolute Clean Energy (ACE) face multiple work-related challenges that affect their physical and mental well-being. Through qualitative interviews with 18 participants, it was found that prolonged sitting, lack of exercise, and high-pressure work environments were major contributors to stress, fatigue, and reduced job satisfaction. Key factors include:

- Long hours in static postures, leading to musculoskeletal discomfort.
- High workloads and time constraints, resulting in emotional fatigue and anxiety.
- Limited coping mechanisms, with few organizational initiatives promoting mental wellness.

To provide a clearer context and reflect the severity of these challenges, short interviews with key participants were highlighted. For instance, one participant described the physical strain, stating, *"I often have to sit at my desk for long hours to meet tight deadlines, which causes chronic back pain and leaves me feeling physically and mentally exhausted by the end of the day.*" Another employee reflected on the emotional toll and the lack of support, sharing, *"The high workload and constant time pressure make me feel highly anxious, and we currently lack specific activities or coping tools within the company to help manage this stress.*" These direct reflections confirm that both physical discomfort and emotional fatigue are prominent and interconnected issues among the staff.

This finding is consistent with prior studies by Levecque et al. (2017), who noted high mental health risk among professionals due to workload and lack of autonomy, and with the World Health Organization (2022), which emphasized the need for structural mental health support in the workplace.

Table 3: Summary of Work-Related Challenges among ACE Employees

Problem Area	Symptoms/Effects	% of Participants Reporting
Physical fatigue	Back pain, stiffness, fatigue	85

Mental stress	Anxiety, burnout, and emotional exhaustion	90
Work-life imbalance	Poor concentration, relationship strain	65
Lack of coping tools	Feeling overwhelmed, helplessness	70

The summary of work-related challenges revealed four problem areas experienced by the participants. First, mental stress was the most prominent issue, as 90% of employees reported that they suffered from anxiety, burnout, and emotional exhaustion. Second, physical fatigue closely followed, because 85% of individuals experienced back pain, stiffness, and general fatigue. Furthermore, 70% of the participants indicated a lack of coping tools, which left them overwhelmed and helpless when they handled daily pressures. Finally, work-life imbalance affected 65% of the staff, leading to poor concentration and strained interpersonal relationships. Overall, these findings indicated that the employees faced significant physical and psychological difficulties that required immediate and structured workplace interventions.

Objective 2.

The research documented the development of a Loving-Kindness Meditation (LKM) practice using Dhamma Music to enhance employees' mental well-being at Absolute Clean Energy (ACE). The development process began with a group discussion involving ten experts, including Vipassana meditation teachers, business leaders, and mindfulness trainers. The research team integrated Buddhist teachings, existing LKM models, and corporate wellness principles to design the program. All tools and activities underwent expert review and pilot testing to ensure they were practical and culturally appropriate for the corporate environment.

The developed model consisted of a one-day retreat program that included specific activities, each with a clear purpose and function. First, guided LKM sessions with Dhamma music were implemented. The purpose of this activity was to promote feelings of compassion, peace, and emotional warmth, while the music helped participants maintain concentration and emotional connection. Second, mindful breathing (Sati) and body contemplation (Kāya-kamma) were introduced. These practices increased present-moment awareness and facilitated physical relaxation, helping employees stay calm and focused. Third, walking meditation with Dhamma music was conducted to integrate mindfulness into physical movement. Fourth, forgiveness rituals and mindful bowing were included. The purpose of these rituals was to cultivate humility and empathy, which allowed participants to let go of interpersonal stress. Finally, parent

appreciation sessions were incorporated to deepen self-awareness, cultivate gratitude, and strengthen emotional well-being.

Following this structured development process, the research found that practicing this model offered many benefits for the employees. Participants reported that the practice helped reduce stress and anxiety. It helped them feel calmer, more relaxed, and emotionally stable. Many employees felt happier and more focused at work, with better clarity of thought and improved concentration. The meditation also helped them sleep better and feel more rested. In addition to personal peace, the practice helped employees become more patient and empathetic. This led to better communication and more positive relationships with coworkers. Participants also found it easier to deal with problems calmly, without feeling overwhelmed.

Spiritually, the practice helped deepen their connection to Buddhist teachings, especially those that promoted inner peace and contentment. The practice is connected to Metta, one of the Four Divine Abidings (Brahmavihāra), which encourages kindness and emotional balance in relationships. Employees also reflected on the Four Noble Truths, which helped them understand suffering and find ways to overcome it. Additional reflections on Anicca (impermanence), Dukkha (suffering), and Anattā (non-self) helped employees let go of stress and attachment, which brought mental clarity and resilience. In conclusion, the research showed that the developed Loving-Kindness Meditation model, incorporating Dhamma music, successfully helped employees improve their emotional, mental, and spiritual health.

Objective 3.

The results showed that integrating Loving-Kindness Meditation with Dhamma Music significantly improved the mental, emotional, and physical well-being of ACE employees. This conclusion was supported by both qualitative feedback and quantitative data from the pretest-posttest evaluation.

1) The results of Quasi-experimental research:

Table 3: Pretest and Posttest Comparison of Mental Well-Being Scores

Comparison	Pre-test		Post-test		T-test	p-value	The critical two-tailed
	Mean	SD	Mean	SD			
Score	76.17	18.4048	97.78	6.7958	5.99967	0.000014	2.109816

The findings from the quasi-experimental phase indicate that Loving-Kindness Meditation with Dhamma Music was associated with a statistically significant improvement in employees' mental well-being at Absolute Clean

Energy (ACE). Based on data from 18 senior practitioners, the comparison of pre-test and post-test scores using a 15-item Mental Well-Being Questionnaire showed a clear improvement. The average mental well-being score increased from *76.17* before the practice to *97.78* after the practice. The statistical analysis using a dependent t-test showed a *t-value of 5.99967*, which is much higher than the critical value of *2.109816*, and a p-value of 0.000014, which is far below the standard significance level of 0.05. This means the improvement is *statistically significant* and not due to chance.

In conclusion, the practice of Loving-Kindness Meditation combined with Dhamma Music significantly enhanced participants' mental well-being. It helped reduce stress, improve emotional stability, and promote greater inner peace. These results support the use of Buddhist-based contemplative practices as effective interventions for promoting emotional and mental wellness in the workplace.

1) Result of the Qualitative Research

Research from the focus group discussion with meditation experts emphasized that the program's success depends on a structured design, alignment with employee needs, and effective facilitation. The program's strength lies in its flexibility, simplicity, and ease of integration into daily work life. In-depth interviews with 18 employees revealed that the program helped reduce anxiety and stress while improving emotional awareness, mood stability, sleep quality, and relationships. Employees felt that Dhamma music made the practice more engaging and reinforced emotional positivity over time.

Additional supportive activities, such as forgiveness rituals, walking meditation with Dhamma music, mindful bowing, and parent appreciation sessions, were highly appreciated. These activities promoted empathy, gratitude, mindfulness, and humility, leading to stronger emotional well-being and better work relationships. Regarding *physical and mental health*, employees reported better sleep, reduced fatigue, muscle relaxation, fewer headaches, and increased physical energy. Mentally, they experienced increased inner peace, mindfulness, and self-compassion, as well as reduced anxiety and improved emotional clarity.

Overall, the practice was rated with a high satisfaction score of *8.50 out of 10,* reflecting its success in promoting peace, happiness, and workplace harmony. The research strongly supports integrating Loving-Kindness Meditation with Dhamma music as a valuable, practical, and culturally appropriate wellness program for employee mental health at ACE.

Discussion

The findings of this study can be discussed according to the three research objectives. Regarding the first objective, the study found that ACE employees experienced several work-related problems affecting their mental well-being, including prolonged sitting, high workload, time pressure, physical fatigue, anxiety, sleep difficulty, lack of coping tools, and work-life imbalance. These findings are consistent with previous research on workplace stress and employee performance. Mamun and Khan (2020) emphasize that organizational pressure, motivation, and reward systems influence employee performance and psychological functioning. Similarly, Levecque et al. (2017) show that work organization and occupational pressure are strongly associated with mental health problems, while the World Health Organization (2022) highlights the need for workplace mental health promotion and prevention of psychosocial risks. The present findings confirm that employee well-being cannot be separated from organizational conditions. At ACE, stress was not merely an individual emotional issue but was linked to working patterns, physical strain, and limited structured support for mental recovery.

Regarding the second objective, the study developed a Loving-Kindness Meditation model integrated with Dhamma Music, mindful breathing, walking meditation, forgiveness reflection, mindful bowing, gratitude practice, and parent appreciation activities. This model is consistent with Buddhist principles of mettā, mindfulness, gratitude, and compassion. It also corresponds with contemporary research showing that Loving-Kindness Meditation can enhance positive emotions and reduce negative mental states (Petrovic et al., 2024; Zeng et al., 2022). The integration of Dhamma Music adds a distinctive contribution to the model. Tang et al. (2024) found that background music can strengthen the emotional effects of loving-kindness meditation, while Ramirez et al. (2022) showed that audio-supported loving-kindness practice can deepen engagement. The present study extends these findings by applying music-supported LKM in a Thai workplace context. Unlike purely secular mindfulness programs, this model draws upon Buddhist cultural familiarity, making it accessible and meaningful for Thai employees.

Regarding the third objective, the evaluation results showed a statistically significant improvement in employees' mental well-being after participation in the program. The mean score increased from 76.17 to 97.78, and the dependent-samples t-test indicated a significant difference ($t = 5.99967$, $p = .000014$). Qualitative feedback also showed improvement in stress reduction, emotional

stability, sleep quality, patience, empathy, and workplace relationships. These findings are consistent with Kabat-Zinn's (2013) view that mindfulness supports present-moment awareness and emotional regulation, and with Segal et al. (2018), who explain that mindfulness-based practices can help individuals relate differently to negative thoughts and emotional patterns. The findings also support Jiwattanasuk et al. (2025), who found that mindfulness-based practices can contribute to mental well-being when adapted to culturally diverse meditation practitioners.

However, the results should be interpreted with appropriate caution. Because this study employed a one-group pretest-posttest design with 18 participants and no control group, the findings should be interpreted as evidence of improvement within this group rather than as definitive causal evidence. Other factors, such as group support, the retreat atmosphere, expectation effects, or temporary relief from work routines, may also have contributed to the observed improvement. Nevertheless, the convergence of quantitative and qualitative findings suggests that Loving-Kindness Meditation with Dhamma Music may serve as a promising Buddhist-informed employee wellness strategy. Its value lies not only in reducing stress but also in cultivating compassion, gratitude, emotional awareness, and healthier interpersonal relationships. Therefore, this study contributes to applied Buddhist studies by demonstrating how Buddhist contemplative practices can be adapted for organizational well-being in a modern corporate setting. Future studies should include a larger sample size, a comparison group, and a follow-up assessment to confirm the model's long-term effectiveness and broader applicability.

Knowledge from Research

This research generates new knowledge by developing a Buddhist-informed workplace well-being model that integrates Loving-Kindness Meditation (LKM) with Dhamma Music and related contemplative activities. The model addresses work-related stress among employees at Absolute Clean Energy Public Company Limited (ACE) by integrating Buddhist psychological principles with a practical corporate wellness framework.

The first body of knowledge concerns the nature of employee stress in a modern corporate setting. The findings indicate that ACE employees experienced work-related pressures, including prolonged sitting, heavy workloads, tight deadlines, financial concerns, work-life imbalance, physical fatigue, anxiety, sleep difficulties, and reduced motivation. These problems show that workplace well-being is not only an individual psychological matter but also a condition

shaped by organizational routines, physical work patterns, emotional pressure, and limited coping support.

The second body of knowledge is the development of the Loving-Kindness Meditation with Dhamma Music model. The model integrates guided LKM, Dhamma Music listening, mindful breathing, walking meditation, forgiveness reflection, mindful bowing, gratitude practice, and parent appreciation activities. These components work together to cultivate mindfulness, compassion, emotional calmness, gratitude, humility, and interpersonal empathy. Dhamma Music serves as a supportive medium that helps participants sustain attention, deepen emotional connection, and engage more naturally in Buddhist contemplative practice.

The third body of knowledge concerns the model's practical application in workplace well-being. The one-day retreat format makes the model simple, low-cost, and adaptable for organizational use. The quantitative findings showed improvement in mental well-being scores after participation in the program, while qualitative reflections indicated reduced stress, better sleep quality, improved emotional regulation, greater patience, and more positive relationships with colleagues. However, because the study used a one-group pretest-posttest design with a limited sample, these findings should be understood as promising evidence within this participant group rather than definitive causal proof.

The main new knowledge from this research may be summarized as the LKM–Dhamma Music Workplace Well-Being Model, consisting of four interrelated dimensions: (1) workplace stress recognition, (2) Buddhist contemplative practice, (3) emotional and relational transformation, and (4) organizational well-being application. This model contributes to applied Buddhist studies by showing how Buddhist meditation can be adapted beyond temple and retreat settings into modern corporate life. It also provides a practical framework for organizations seeking culturally grounded methods to support employee mental health, compassion, resilience, and workplace harmony.

Table 4: Key Knowledge Areas from the Research

Research Dimension	**Knowledge Gained**	**Practical Meaning**
Workplace Stress Recognition	Employees experienced stress from workload, sedentary routines, time pressure, fatigue, anxiety, and work-life imbalance.	Workplace well-being requires structured support, not only individual coping.

Research Dimension	Knowledge Gained	Practical Meaning
Buddhist Contemplative Practice	LKM, Dhamma Music, mindful breathing, walking meditation, forgiveness, bowing, gratitude, and parent appreciation were integrated into one model.	Buddhist practices can be adapted into an accessible workplace wellness format.
Emotional and Relational Transformation	Participants reported reduced stress, better emotional balance, improved sleep, greater patience, empathy, and more positive relationships.	The model supports both personal well-being and interpersonal harmony.
Organizational Application	The one-day retreat format is simple, practical, and adaptable for corporate settings.	The model may serve as a promising Buddhist-informed employee wellness strategy.

This body of knowledge provides a replicable, scalable, and spiritually grounded model for improving employee mental health and promoting a compassionate organizational culture. It bridges the gap between ancient Buddhist wisdom and modern corporate mental health needs, as shown in the activities in Figure 2.

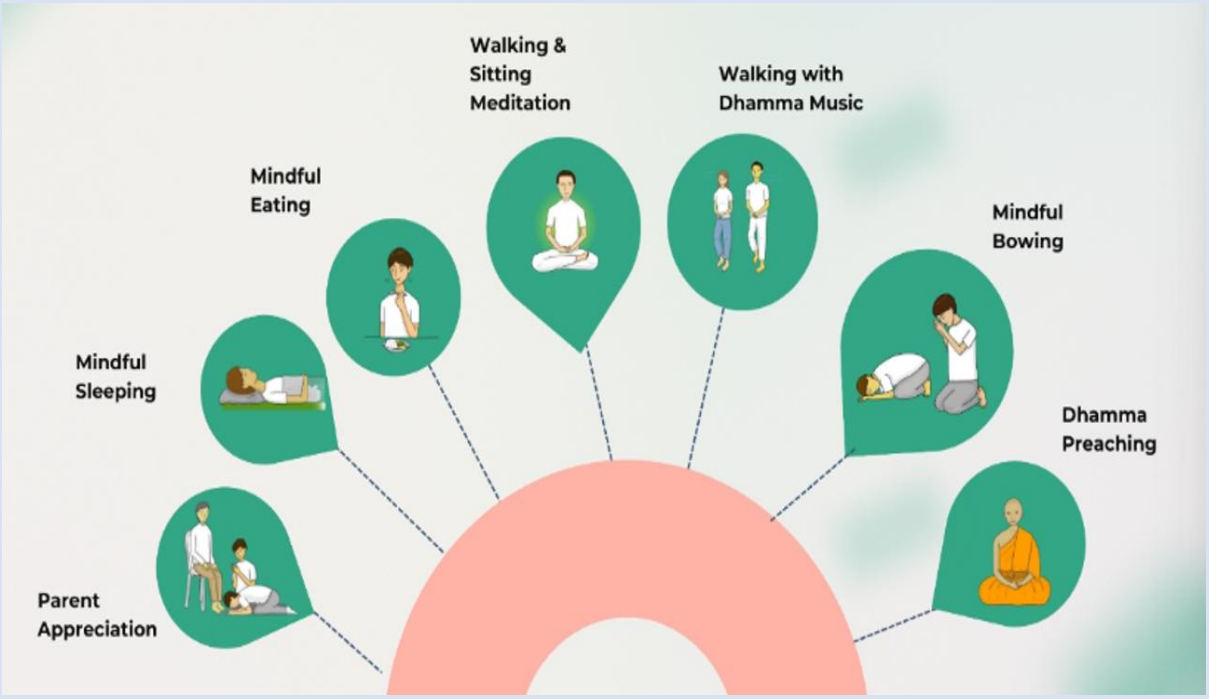


Figure 2: LKM–Dhamma Music Workplace Well-Being Model

Conclusion

This study developed and evaluated a Loving-Kindness Meditation model integrated with Dhamma Music to enhance employees' mental well-being at Absolute Clean Energy Public Company Limited. The conclusions correspond directly to the three research objectives.

First, the study found that ACE employees experienced several work-related problems affecting their mental well-being. These included prolonged sitting, high workload, tight deadlines, physical fatigue, anxiety, sleep difficulty, low motivation, limited coping tools, and work-life imbalance. These problems affected not only individual emotional health but also workplace concentration, interpersonal relationships, and overall work satisfaction. The findings indicate that employee well-being requires structured organizational support rather than relying only on individual coping.

Second, the study successfully developed a Buddhist-informed meditation model suitable for corporate employees. The model integrated Loving-Kindness Meditation, Dhamma Music, mindful breathing, walking meditation, forgiveness reflection, mindful bowing, gratitude practice, and parent appreciation activities. These practices were designed to cultivate mindfulness, compassion, emotional calmness, gratitude, empathy, and interpersonal harmony. Dhamma Music served as a supportive medium that helped participants maintain concentration, deepen emotional connection, and engage more fully in the meditation process. The one-day retreat format also made the model practical and adaptable for workplace settings.

Third, the evaluation showed that the model produced positive effects on employees' mental well-being. Quantitative results indicated a statistically significant increase in mental well-being scores after the intervention, while qualitative findings confirmed reduced stress, improved emotional regulation, better sleep quality, greater patience, increased empathy, and improved workplace relationships. These results suggest that Loving-Kindness Meditation with Dhamma Music may be a promising Buddhist-based approach to employee wellness in Thai corporate contexts.

The main contribution of this research is the development of a culturally grounded and practically applicable meditation model that connects Buddhist

contemplative wisdom with modern workplace mental health needs. It demonstrates that Buddhist practices can be adapted beyond temple or retreat settings and applied meaningfully in organizational life. However, because the study used a small sample and a one-group pretest-posttest design without a control group, future research should include a larger sample, a comparison group, a follow-up assessment, and application in other sectors such as education, healthcare, public administration, and community organizations. This would help confirm the model's long-term effectiveness and broader adaptability.

Although the findings indicate promising improvement, the study's design does not allow strong causal claims. Therefore, the model should be regarded as a promising Buddhist-informed workplace well-being approach that requires further validation through larger-scale and controlled studies.

Suggestions

This research has found that integrating Loving-Kindness Meditation with Dhamma Music significantly improves employees' mental well-being, reducing stress, enhancing emotional balance, and strengthening workplace relationships. The important thing is that the meditation model is simple, culturally appropriate, and highly adaptable for use in real work settings.

It can be applied to support mental health programs in businesses, educational institutions, and community organizations. The government and private sectors should prioritize this approach, especially in high-stress professions, by incorporating mindfulness-based models into employee wellness or mental health policies.

For the next research issue, researchers should examine the use of this meditation model with other target groups, such as teachers, healthcare workers, or youth, and explore its long-term effects on emotional resilience, job performance, and social harmony.

References

Department of Mental Health. (2023). *Annual report on workplace mental health statistics in Thailand*. Ministry of Public Health, Thailand.

Jiwattanasuk, N., Vasuratna, V., & Deegalle, M. (2025). Mindfulness-based practices for multicultural meditation practitioners to develop mental well-being. *ABAC ODI Journal Vision. Action. Outcome, 12*(2), 225–242.

Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* (Revised ed.). Bantam Books.

Levecque, K., Anseel, F., De Beuckelaer, A., Van der Heyden, J., & Gisle, L. (2017). Work organization and mental health problems in PhD students. *Research Policy, 46*(4), 868–879.

Mamun, M. Z. A., & Khan, M. Y. H. (2020). A theoretical study on factors influencing employees performance, rewards and motivation within organisation. *Socio Economic Challenges, 4*(3), 114–116.

Petrovic, J., Mettler, J., Cho, S., & Heath, N. L. (2024). The effects of loving-kindness interventions on positive and negative mental health outcomes: A systematic review and meta-analysis. *Clinical Psychology Review*, *110*, 102433. https://doi.org/10.1016/j.cpr.2024.102433

Ramirez, M. A. Q., Vahlenkamp, P., & Streuber, S. (2022). Design and evaluation of a loving-kindness VR meditation experience. *Journal of Japan Society for Fuzzy Theory and Intelligent Informatics, 34*(4), 697–709.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2018). *Mindfulness-based cognitive therapy for depression* (2nd ed.). The Guilford Press.

Tang, Q., Han, J., & Zeng, X. (2024). The impacts of background music on the effects of loving-kindness meditation on positive emotions. *Behavioral Sciences, 14*(3), 204.

World Health Organization. (2022). *Mental health at work: Policy brief*. https://www.who.int/publications/i/item/9789240053052

Zeng, X., Zheng, Y., Gu, X., Wang, R., & Oei, T. P. (2023). Meditation quality matters: Effects of loving-kindness and compassion meditations on subjective well-being are associated with meditation quality. *Journal of Happiness Studies*, *24*(1), 211-229. https://doi.org/10.1007/s10902-022-00582-7

Four Analytical Questions for Understanding Buddhist Meditation Methods

Zoltan Cser
Dharma Gate Buddhist College. Transformative Buddhist University

Corresponding author email: cser@tkbf.hu
Received 31/03/2026; Revised 03/05/2026; Accepted 04/05/2026

Abstract

This article examines four analytical questions for understanding Buddhist meditation methods: the object, the meditator, the method, and the purpose. The study is based on qualitative documentary research connected to the dissertation Beyond Words: Comparative Study of the Different Meditation Methods in the Five Main Schools of Buddhism. It addresses a contemporary problem: meditation practices are increasingly popular in Buddhist, secular, therapeutic, and popular spiritual contexts, yet many methods are translated, mixed, or applied without sufficient understanding of their doctrinal background, technical structure, and liberative purpose. Such ambiguity may lead to confusion in practice and, in some cases, meditation-related difficulties among practitioners.

The study draws upon Buddhist canonical texts, commentaries, meditation manuals, contemporary academic studies, and comparative Buddhist sources. Its analytical framework is inspired by four questions in the Dharmaputrikā Saṃhitā, including "What is the object of meditation?" Who is the meditator? What is meditation? What is the purpose? These questions correspond to the Sanskrit terms dhyeya (object), dhyātṛ (meditator or subject), dhyāna (meditation), and prayojana (purpose).

The findings show that Buddhist meditation methods can be understood more precisely through four dimensions. First, terminology clarifies whether a method refers to concentration, insight, cultivation, mindfulness, absorption, visualization, or yogic integration. Second, the meditator or subject of meditation can be analyzed in terms of the mind's functions, especially universal mental factors such as attention, feeling, perception, volition, and one-pointedness. Third, the object of meditation may be internal or external, conceptual or non-conceptual, moving or stable, formed or formless. Fourth, the purpose of meditation must be distinguished between worldly (lokiya) and supramundane (lokuttara) aims. The article contributes to Buddhist meditation studies by

offering a fourfold framework for responsibly classifying meditation methods across the Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen traditions.

Keywords: Buddhist meditation; Meditation object; Meditator; Meditation method; Purpose of meditation; Buddhist traditions

Introduction

Meditation has become one of the most widely practiced spiritual and therapeutic methods in the contemporary world. It appears in Buddhist communities, secular mindfulness programs, clinical interventions, wellness industries, and newly invented spiritual movements. Some methods are rooted in traditional Buddhist practice, while others are modern adaptations or mixtures of different systems. Scientific studies have also developed classifications of meditation based on psychological and physiological functions, including cognitive strategy, meditation object, posture, breathing, verbal or non-verbal practice, and dependence on external guidance (Nash & Newberg, 2023). These classifications are valuable, yet they do not always clarify how a meditation method functions within a Buddhist path of liberation.

This situation creates both opportunity and risk. Meditation can support mental health, emotional balance, and self-awareness, as seen in contemporary clinical and psychological studies (Francis et al., 2022). However, meditation can also produce difficulties when methods are misunderstood, mixed without guidance, or practiced outside their proper doctrinal and practical context. Lindahl et al. (2017) show that some Western Buddhist practitioners experienced meditation-related challenges when different methods were combined or applied without sufficient understanding. Binda et al. (2022) also point out that mindfulness-based practices may have adverse effects in some cases. These findings suggest that meditation should not be treated as a single universal technique. Rather, each method should be understood according to its tradition, mental operation, object, and purpose.

In Buddhist studies, meditation is often discussed in terms of particular methods, texts, or traditions. Some studies focus on specific manuals or systems, such as Kamalaśīla's Bhāvanākrama (Adam, 2002), Chinese Yogācāra meditation texts (Greene, 2020), Theravāda and Zen methods (King, 1970), or comparative issues in śamatha and vipaśyanā (Hung, 2010). However, there remains a need for a broader analytical framework to help scholars and

practitioners identify the structures of meditation methods across Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen.

This article proposes such a framework through four analytical questions: What is the object of meditation? Who is the meditator? What is the method of meditation? What is the purpose of meditation? These questions are inspired by the Dharmaputrikā Saṃhitā, which states that one who understands the object, meditator, meditation, and purpose is qualified for yoga (Barois, 2020). Although the text belongs to a Nepalese Śaiva collection, Barois (2020) notes possible Buddhist connections in its doctrinal background. For this article, the four questions are used not to import a non-Buddhist system into Buddhism, but as a useful analytical lens for clarifying Buddhist meditation methods.

The article aims to clarify key Buddhist meditation terms, examine the meditator through selected Buddhist theories of mind, classify meditation objects, and analyze the purpose of meditation by distinguishing worldly and supramundane aims. By doing so, it contributes to Buddhist meditation studies by offering a practical framework for understanding how meditation methods function within Buddhist educational and liberative paths.

Research Objectives

1. To clarify key Buddhist and English terms related to meditation.
2. To examine the meditator or subject of meditation through selected Buddhist theories of mind, especially the seven universal mental factors.
3. To classify meditation objects according to Buddhist textual and practical categories.
4. To analyze the purpose of meditation by distinguishing worldly (lokiya) and supramundane (lokuttara) aims.

Literature Review

There are plenty of scientific research papers, books, and materials in the field of meditation. They mainly focus on three areas:

- Medical research (stress, physiological effects, brain waves, blood pressure…),
- Psychological research (stress, well-being, emotional effects…),
- Textual academic research.

Regarding the medical approach, for example, in their clinical research, Nash and Newberg were using nine points to define the character of a particular meditation:

- cognitive strategy, how the mind works in meditation,
- the object of meditation, the focus,
- necessary belief for the meditation (e.g., religion, philosophy, spiritual belief),
- eyes closed or open,
- static pose meditation or kinetic (movement of the body),
- non-verbal, verbal, or both types of meditation,
- specific body position required,
- intrinsic (independent), extrinsic (dependent on the guidance of an outside person or medium)
- controlled or normal breathing (Nash & Newberg, 2023).

Some of the points are technical, but the cognitive strategy and the object of meditation are also part of the Four Questions discussed in this paper. There is considerable research on the positive aspects of meditation, but, for example, in the article by Binda, Greco, and Morone, the clinical researchers discuss the adverse effects of MBSR and MBCT, such as increased anxiety and physical pain (Binda, Greco & Morone, 2022).

Regarding the psychological research among the many articles, we can mention, for example, Francis, Shawyer, Cayoun, Enticott, and Meadows' research report about an 8-week-long Mindfulness-integrated Cognitive Behavior Therapy (MiCBT) intervention, where the depression and the anxiety of the participants significantly decreased (Francis et al., 2022). On the other hand, the article by Lindahl et al. points out that in the West, the mixed meditation methods can cause mental problems; they are challenges for Western practitioners. During their research, they investigated the effects of combining two meditation methods. There were 14 categories of meditation usually practiced by Western practitioners. They are: samatha, vipassanā, body scan (Goenka), analytical insight meditation, Zen breath counting, Zen sitting, koan, mettā meditation, Tonglen, Dzogchen-Mahāmudrā, Vajrayāna preliminaries, visualization, mantra practices, and finally others (Lindahl et al., 2017).

Regarding academic research, since our work is based on textual sources and uses documentary research on Buddhist literature, it is worth reviewing the

types of research found in the academic field. Most of the works describe just one method (Yeh, 2021) or analyze one meditation manual (Adam, 2002), investigate one tradition (Greene, 2020), or compare two systems (King, 1970).

There are very few comparative studies (Ya-Chu, 2010) on Buddhist meditation; However, few studies analyze and compare Buddhist meditation across Theravāda, Mahāyāna, Vajrayāna, Zen, and Dzogchen.

Our study employed a qualitative research methodology, including document analysis of primary sources, canonical works, commentaries, meditational manuals of ancient Masters, works of contemporary Masters and Scholars, scientific articles, University Dissertations, and oral communications.

In the documentary research, 35 Pāli Suttas, 18 Mahāyāna Sūtras, 7 Commentaries, 7 Vajrayāna Tantras, 2 Collections were used as Primary Sources, 81 books (mainly translations from canonical works), 11 articles, 7 dissertations and theses, 27 electronics, and one conference paper served as the Secondary Sources (altogether 196 works). Oral teaching and interviews were also cited in the work. In the study, the data collection was the most difficult. Finding authentic sources is not easy because there are hundreds of books and papers on meditation.

There were two main texts that served as a basis for the work. My late Teacher, Chögyal Namkhai Norbu Rinpoche's book, The Precious Vase, and Dylan Esler's brilliant translation, The Lamp for the Eye of Contemplation. Both draw on Tibetan traditions and provide valuable information on the similarities and differences among the main Buddhist Schools, or Yānas (Cser, 2025).

The literature shows that contemporary research provides useful classifications and clinical evidence, while Buddhist textual studies provide doctrinal and historical depth. However, a gap remains between scientific taxonomies and traditional Buddhist understandings of meditation. Scientific classifications often emphasize observable features such as posture, breathing, attention, and cognitive strategy, whereas Buddhist sources emphasize the relationship among method, mind, object, path, and liberation.

Moreover, existing Buddhist studies often focus on single methods or traditions, without offering a simple comparative tool that can help scholars and practitioners examine meditation across multiple Buddhist schools. This article addresses that gap by proposing four analytical questions: What is the object of

meditation? Who is the meditator? What is the method? What is the purpose? Inspired by the Dharmaputrikā Saṃhitā and discussed in terms of dhyeya, dhyātṛ, dhyāna, and prayojana, this framework clarifies meditation in terms of object, subject, technique, and aim (Barois, 2020). It offers a practical model for understanding Buddhist meditation methods responsibly across Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen.

Conceptual Framework

This article develops a conceptual framework for understanding Buddhist meditation methods through four analytical questions: object, meditator, method, and purpose. The framework is based on qualitative documentary research and draws upon Buddhist canonical texts, meditation manuals, commentaries, contemporary academic studies, and comparative Buddhist sources. It responds to the problem that meditation methods are often translated, mixed, or practiced without sufficient attention to their doctrinal background, technical structure, mental operation, and liberative aim.

The framework begins with the recognition that Buddhist meditation cannot be understood as a single universal technique. Each method belongs to a particular doctrinal context, practice tradition, and path structure. Therefore, meditation should be examined through four interrelated dimensions. The first dimension is the method, which concerns terminology and technical identity. Terms such as samatha, vipassanā, jhāna, dhyāna, bhāvanā, sati, samādhi, and yoga must be interpreted in light of their linguistic, textual, and traditional contexts.

The second dimension is the meditator, or the subject of meditation. From a Buddhist perspective, meditation is not performed by a permanent self but by conditioned mental processes. Therefore, the analysis of mental factors, especially attention, feeling, perception, volition, one-pointedness, and contact, helps explain how the mind operates during meditation.

The third dimension is the object of meditation. Meditation objects may be internal or external, conceptual or non-conceptual, moving or stable, formed or formless. Identifying the object clarifies why different methods produce different experiential, emotional, or cognitive effects.

The fourth dimension is the purpose of meditation. Buddhist meditation may support worldly benefits such as calmness, healing, and emotional balance, but its classical orientation is toward liberation from suffering. Therefore, the distinction between lokiya and lokuttara purposes is essential.

Together, these four dimensions form a practical analytical model for identifying, comparing, and evaluating Buddhist meditation methods across Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen traditions.

Table 1: Conceptual Framework of the Four Analytical Questions for Buddhist Meditation Methods

Analytical Question	Sanskrit Term	Main Focus	Function in Analysis
What is the method?	*Dhyāna*	Meditation terminology and technique	Clarifies the type and structure of practice
Who is the meditator?	*Dhyātṛ*	Mind and mental factors	Explains the subject or mental operation of practice
What is the object?	*Dhyeya*	Meditation object	Identifies what the mind attends to
What is the purpose?	*Prayojana*	Worldly or liberative aim	Clarifies the goal and path orientation

Research Methodology

This study employed a qualitative documentary research methodology to examine Buddhist meditation methods using the four analytical questions: object, meditator, method, and purpose. The study focused on identifying how meditation methods are described, classified, and situated within Buddhist traditions, particularly Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen. Since Buddhist meditation methods are embedded in textual, doctrinal, practical, and oral traditions, documentary research was considered appropriate for clarifying their terminology, structure, function, and soteriological orientation.

The data were collected from both primary and secondary sources. Primary sources included selected Pāli suttas, Mahāyāna sūtras, Vajrayāna tantras,

commentaries, and meditation manuals from ancient Buddhist masters. These sources were used to examine traditional meditation terminology, doctrinal context, meditation objects, and the place of specific practices within the Buddhist path. Secondary sources included academic books, research articles, dissertations, theses, contemporary meditation studies, and works by modern Buddhist teachers. These materials helped clarify how Buddhist meditation has been interpreted in contemporary academic, psychological, clinical, and comparative studies.

The research process involved several stages of analysis. First, meditation methods and terms were collected from relevant Buddhist textual and academic sources. Second, the collected materials were classified according to the five Buddhist traditions: Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen. Third, each meditation method was examined in relation to its place within Buddhist educational or path models, such as the Three Trainings, the Three Bodhicitta, the Three Gates, the Three Maṇḍala practices, and the Three Series of Dzogchen teachings. Fourth, the methods were analyzed according to the four analytical questions: What is the object of meditation? Who is the meditator or subject of meditation? What is the method of meditation? What is the purpose of meditation?

The analysis emphasized the relationship between terminology, mental factors, meditation objects, and the distinction between worldly (lokiya) and supramundane (lokuttara) purposes. By comparing meditation methods across traditions, the study sought to clarify both their similarities and differences and to identify possible problems arising from decontextualized or mixed meditation practices. The findings were then synthesized into a fourfold analytical framework that may help scholars, teachers, and practitioners understand Buddhist meditation methods more precisely and responsibly.

Research Results

Objective 1: Meditation terms

Regarding the first question about meditation, first investigate the different English terms, then the terms used in the Canonical texts. The English terms mostly derive from Latin and are used as verbs, such as concentrate, meditate, contemplate, and visualize.

Regarding the original Buddhist terms, most are not verbs but refer to states of meditation, such as samatha, which is a state of a totally calm mind. This state is attained by applying concentration or one-pointedness (ekaggatā), but this term is not used frequently in the primary sources (Cser, 2025).

Table 2: Summary of Key Buddhist Meditation Terms

Pāli	Sanskrit	Tibetan	English
samatha	*śamatha*	*zhi gnas*	calm abiding
vipassanā	*vipaśyanā*	*lhag mthong*	penetrative insight
jhāna	*dhyāna*	*bsam tan*	meditative stability
bhāvanā	*bhāvanā*	*sgom*	familiarization, cultivation
sati	*smṛti*	*dran pa*	alertness, recall
anupassanā	*anupaśyanā*	*rjes su mthong pa*	contemplation
samādhi	*samādhi*	*ting nge 'dzin*	meditative absorption
kammaṭṭhāna	-	-	meditation
-	*yoga*	*rnal 'byor*	union
-	*pratyāhāra*	*sor sdud*	withdrawal
-	*dhāraṇā*	*'dzin pa*	stability

Objective 2: Subject of meditation

The subject of meditation is the mind. There are different explanations of what the mind is, but for our research, it is more important to explore the mind's functions, since these elements are active in meditation.

1. Phassa (Contact)
2. Vedanā (Feeling)
3. Saññā (Perception)
4. Cetanā (Volition)
5. Ekaggatā (One-pointedness)
6. Jīvitindriya (Faculty of life)
7. Manasikāra (Attention). (Anuruddha, 2000)

Among the seven universal mental factors, two, ekaggatā and manasikāra, are terms of meditation as well. The first is one-pointedness, closely connected to samatha meditation; the second is connected to Paṭikūlamanasikāra (contemplation of the body's repulsiveness) and Dhātumanasikāra Bhāvanā (contemplation of the four Great Elements).

Vedanā is mostly involved in satipaṭṭhāna practice, but sensation is also essential in Vajrayāna yogic methods (inducing bliss) and in jīvitindriya, which works with prāna.

Saññā is connected to satipaṭṭhāna, in the so-called "labeling method," but we can also find it in the Tibetan Lojong (Tib. blo sbyong, mind training) practices.

In many practices, intention (cetanā) is an important factor, such as in taking Refuge or in generating the altruistic mind in Mahāyāna.

Phassa is in all practices where the mind is connected with an object.

It is possible to categorize meditation methods according to which particular function of the mind is mostly involved (Cser, 2025).

Objective 3: Objects of meditation

There are various possibilities for classifying meditation objects, such as kamma, Dhamma, Nibbāna, outer-inner, moving-stable, conceptual-non-conceptual, and form-formless.

Considering, for example, ānāpānasati, observing the breath. The object of meditation is the kamma object, because breath belongs to the body. Breath is moving, an inner object, and there is no form of the breath (later, of course, it can manifest form, as a nimitta), and focusing solely on the breath is non-conceptual, because thinking is not involved in the practice.

Considering Mahāyāna samatha practice, when the object of meditation is the visualized golden color body of the Blessed One, the Buddha, since it is visualized in the mind, it is an inner object, Dhamma object with form, not moving (because fixation), and esteemed as conceptual, because it is visualized by the mind (Cser, 2025).

Objective 4: Purpose of meditation

The purpose of meditation is precisely explained in the Four Noble Truths: to end suffering by eliminating the causes and to attain liberation and enlightenment.

But today, there are many methods aimed at healing the body, achieving success in a career, increasing income, and even finding the right partner. It is obvious that these techniques have nothing to do with liberation laid down in the Buddhist Dhamma.

Whether a method serves worldly interests (lokiya) or leads to liberation from the Wheel of Existence (lokuttara) is crucial to know before starting any practice. That is why, in Buddhist meditation practices, it is important to take Refuge before beginning meditation (Cser, 2025).

Discussion

The findings of this article indicate that Buddhist meditation methods require careful analysis beyond the general modern use of the term "meditation." Contemporary research has provided useful classifications of meditation by cognitive strategy, object of meditation, posture, breathing, movement, verbal or nonverbal practice, and dependence on external guidance (Nash & Newberg, 2023). Such classifications are helpful for clinical and psychological research; however, they do not fully explain how a meditation method functions within a Buddhist doctrinal and liberative path. The four-question framework proposed in this article complements modern taxonomies by adding four Buddhist analytical dimensions: method, meditator, object, and purpose.

The first analytical question concerns the method of meditation, especially terminology. Buddhist terms such as samatha, vipassanā, jhāna, dhyāna, bhāvanā, sati, samādhi, and yoga are often translated simply as "meditation" or "mindfulness," but their meanings vary across languages, traditions, textual contexts, and levels of practice. This supports the need for careful textual analysis, as shown in studies of Kamalaśīla's Bhāvanākrama (Adam, 2002), Chinese Yogācāra meditation texts (Greene, 2020), and comparative studies of Theravāda and Zen meditation (King, 1970). Terminology is, therefore, not only a translation issue but a key to understanding the structure and function of practice.

The second question concerns the meditator or subject of meditation. From a Buddhist perspective, meditation is not performed by a permanent self but by changing mental processes. The Theravāda Abhidhamma theory of seven universal mental factors, contact, feeling, perception, volition, one-pointedness, life faculty, and attention, helps explain which mental functions are active in a

particular meditation practice (Anuruddha, 2000). This perspective deepens contemporary psychological discussions by showing that meditation involves the training and reorientation of mental functions rather than merely a general state of relaxation.

The third question concerns the object of meditation. Meditation objects may be internal or external, moving or stable, conceptual or non-conceptual, formed or formless. This distinction is important because different objects condition different results. Breath meditation, visualization of the Buddha, contemplation of death, mantra practice, and non-dual awareness do not operate in the same way. Each object shapes the practitioner's attention, emotional tone, cognitive process, and path orientation differently.

The fourth question concerns the purpose of meditation. Modern meditation is often used for stress reduction, healing, emotional regulation, or personal success. These aims may be useful, but they must be distinguished from the classical Buddhist purpose of liberation from suffering. The distinction between lokiya and lokuttara meditation is therefore crucial. Without this distinction, Buddhist meditation risks being reduced to a general wellness technique rather than being understood as part of a path leading to the cessation of craving, ignorance, and suffering.

The framework can be illustrated through the example of maraṇasati, or mindfulness of death. First, the method is identified through its Pāli terminology and its place in Theravāda sources. Second, the meditator is analyzed in terms of relevant mental factors such as attention, one-pointedness, and reflection. Third, the object is identified as death or, in some forms, a corpse as a concrete object of contemplation. Fourth, the purpose is to cultivate urgency, non-attachment, right effort, and wisdom. This example shows that a meditation method cannot be fully understood by technique alone; it must be situated within its doctrinal, psychological, object-based, and soteriological context.

This four-question framework also responds to concerns raised in contemporary research on meditation-related challenges. Lindahl et al. (2017) and Binda et al. (2022) show that meditation may produce difficulties when methods are misunderstood, decontextualized, or combined without sufficient guidance. The framework proposed in this article does not reject adaptation, but it insists that adaptation should be informed by a clear understanding. By asking what the method is, who or what mental process meditates, what object is used,

and what purpose is intended, scholars, teachers, and practitioners can classify Buddhist meditation methods more responsibly.

Overall, the discussion shows that the four analytical questions provide a bridge between modern meditation studies and traditional Buddhist frameworks. They help clarify the identity, function, context, and goal of Buddhist meditation methods across Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen. The model contributes to Buddhist meditation studies by offering a practical comparative tool that preserves doctrinal integrity while allowing informed application in contemporary education, therapeutic settings, and daily life.

Knowledge from Research

This article advances knowledge by proposing a fourfold analytical framework for understanding Buddhist meditation methods, organized around the categories of method, meditator, object, and purpose. The main contribution is not the creation of a new meditation technique but the clarification of how existing Buddhist meditation methods can be identified, compared, and responsibly understood across different Buddhist traditions.

First, the research shows that Buddhist meditation terminology requires contextual analysis. Terms such as samatha, vipassanā, jhāna, dhyāna, bhāvanā, sati, samādhi, and yoga do not carry identical meanings across Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen. A term may refer to a method, a state, a function of the mind, or a level of realization. Therefore, terminology is a key to understanding the structure of practice.

Second, the research clarifies that the meditator should be understood in terms of Buddhist theories of mind rather than by assuming a fixed self. Meditation operates through mental factors such as attention, feeling, perception, volition, one-pointedness, and contact. This helps explain why different methods engage the mind in different ways.

Third, the research demonstrates that the object of meditation shapes the direction and possible outcome of practice. Breath, visualized images, bodily sensations, death, mantra, emptiness, and awareness itself are not interchangeable objects; each produces different forms of attention, concentration, insight, or transformation.

Fourth, the research emphasizes that the purpose of meditation must be clearly identified. Some practices aim at worldly benefits such as calmness, healing, or emotional balance, while classical Buddhist meditation ultimately aims at liberation from suffering. The distinction between lokiya and lokuttara purposes prevents confusion between therapeutic, secular, and liberative uses of meditation.

In summary, the new knowledge from this article is the Four-Question Analytical Model, which helps scholars, teachers, and practitioners examine Buddhist meditation methods more precisely while preserving their doctrinal and practical integrity.

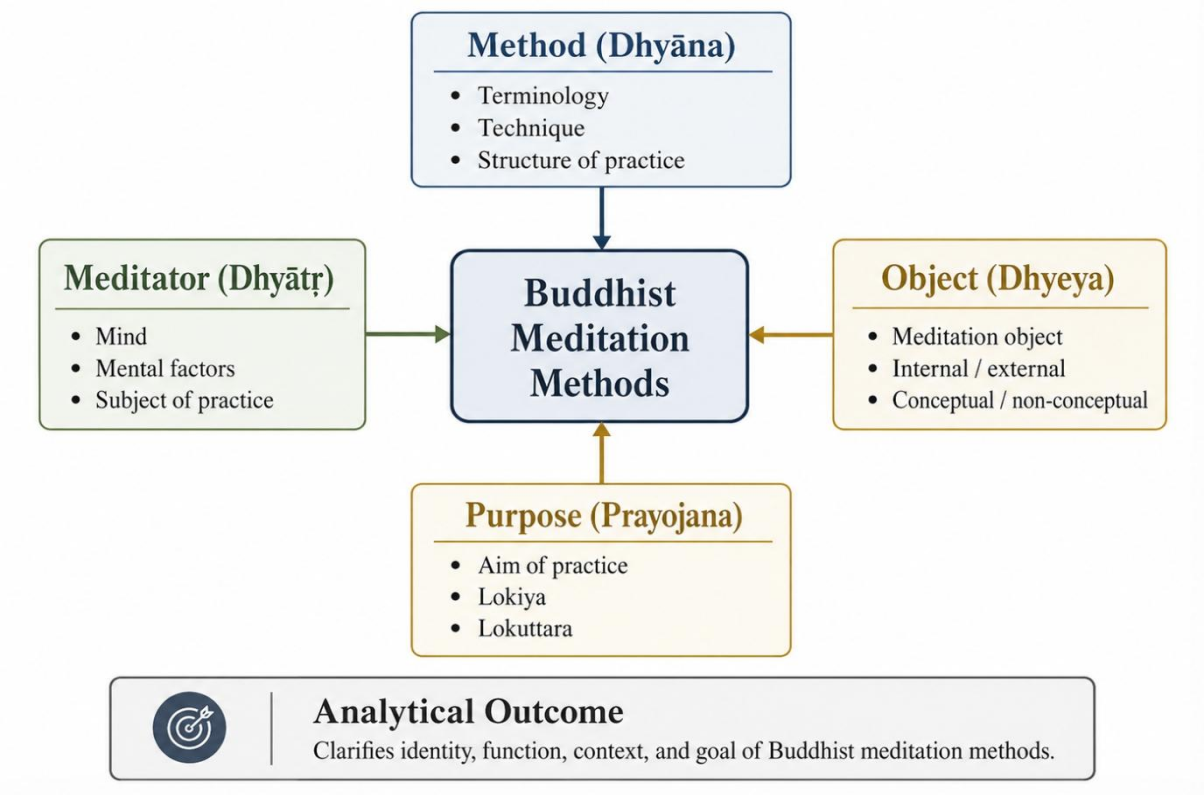


Figure 1: The Four-Question Analytical Model: Object, Meditator, Method, and Purpose for Understanding Buddhist Meditation Methods.

Conclusion

This article has examined four analytical questions for understanding Buddhist meditation methods: object, meditator, method, and purpose. These questions provide a practical framework for clarifying the structure and function of meditation across Buddhist traditions. In the contemporary world, where meditation is widely practiced in Buddhist, secular, therapeutic, and popular

spiritual settings, such clarification is necessary. Meditation should not be reduced to a general technique for relaxation or mindfulness, because Buddhist meditation methods are rooted in specific doctrinal contexts, mental operations, objects of practice, and liberative purposes.

The first analytical question concerns the method of meditation, especially terminology. Buddhist traditions use technical terms such as samatha, vipassanā, jhāna, dhyāna, bhāvanā, sati, samādhi, kammaṭṭhāna, and yoga. These terms cannot always be translated simply as "meditation" because their meanings depend on language, tradition, context, and level of practice. A careful study of terminology helps prevent confusion between concentration, insight, cultivation, mindfulness, absorption, visualization, and yogic integration.

The second question concerns the meditator, or the subject of meditation. From a Buddhist perspective, meditation is not performed by a permanent self but by changing mental processes. The analysis of universal mental factors, such as attention, feeling, perception, volition, one-pointedness, and contact, helps clarify which aspects of the mind are active in a particular meditation method. This perspective makes it possible to understand meditation as a disciplined training of mental functions rather than as a vague inner experience.

The third question concerns the object of meditation. Meditation objects may be internal or external, conceptual or non-conceptual, moving or stable, formed or formless. Identifying the object is essential because different objects produce different forms of concentration, insight, emotional transformation, or devotion. For example, breath meditation, visualization of the Buddha, contemplation of death, and non-dual awareness practices operate through different objects and therefore lead to different experiential results.

The fourth question concerns the purpose of meditation. Classical Buddhist meditation is ultimately directed toward the ending of suffering and liberation from cyclic existence. However, many modern meditation practices are oriented toward worldly benefits such as stress reduction, bodily healing, success, emotional regulation, or personal well-being. These aims may be useful, but they should be distinguished from supramundane purposes. The distinction between lokiya and lokuttara meditation is therefore crucial for understanding where a practice belongs on the Buddhist path.

The main contribution of this article is the development of a fourfold analytical framework for Buddhist meditation studies. By examining method, meditator, object, and purpose together, the framework helps clarify the identity, function, doctrinal context, and proper application of meditation methods. It enables scholars, meditation teachers, and practitioners to distinguish between different Buddhist practices more responsibly, especially when methods are adapted, translated, or applied in contemporary settings. In this way, the Four-Question Analytical Model supports both academic comparison and practical understanding while preserving the doctrinal integrity and liberative orientation of Buddhist meditation.

Suggestion

Future research should apply the Four-Question Analytical Model to specific meditation methods in different Buddhist traditions, such as ānāpānasati, maraṇasati, mettā-bhāvanā, Buddhānusmṛti, Zen sitting meditation, Vajrayāna visualization, Mahāmudrā, and Dzogchen contemplation. Such studies would help test whether the model can systematically and comparatively clarify the method, meditator, object, and purpose of each practice.

Further research should also examine how this framework can be used in Buddhist education and meditation training. Meditation teachers, Buddhist colleges, and retreat centers may apply the model as a pedagogical tool to help practitioners understand the doctrinal context, mental factors, meditation objects, and aims of practice before engaging in meditation.

In addition, comparative studies should investigate the risks of decontextualized or mixed meditation practices in contemporary settings. This would be useful for distinguishing responsible adaptation from inappropriate simplification. Finally, interdisciplinary research may explore how the model can support the ethical adaptation of Buddhist meditation in education, mental health, workplace well-being, and secular mindfulness programs while preserving the liberative orientation of Buddhist practice.

References

Adam, M. T. (2002). *Meditation and concept of insight in Kamalaśīla's Bhāvanākrama* (Doctoral dissertation, McGill University).

Anuruddha, Ā. (2000). *A comprehensive manual of Abhidhamma: The Abhidhammattha Sangaha* (M. Nārada, Ed. & Trans.; B. Bodhi, Rev. Trans.). BPS Pariyatti Editions.

Barois, C. (2020). The Dharmaputrikā Saṃhitā: Preliminary notes on an early text on yoga. *Journal of Yoga Studies, 3*, 5–76.

Binda, D. D., Greco, C. M., & Morone, N. E. (2022). What are adverse events in mindfulness meditation? *Global Advances in Health and Medicine, 11*, 1–3. https://doi.org/10.1177/2164957X221096640

Chan, Y. W. (2013). *An English translation of the Dharmatrāta-Dhyāna-Sūtra 達摩多羅禪經* (Doctoral dissertation, The University of Hong Kong).

Cser, Z. (2025). *Beyond words: Comparative study of the different meditation methods in the five main schools of Buddhism* (Doctoral dissertation, International Buddhist Studies College, Mahachulalongkornrajavidyalaya University).

Esler, D. (Trans.). (2022). *The lamp for the eye of contemplation: The Samten Migdron by Nubchen Sangye Yeshe, a 10th-century Tibetan Buddhist text on meditation*. Oxford University Press.

Francis, S. E. B., Shawyer, F., Cayoun, B., Enticott, J., & Meadows, G. N. (2022). Group mindfulness-integrated cognitive behavior therapy (MiCBT) reduces depression and anxiety and improves flourishing in a transdiagnostic primary care sample compared to treatment-as-usual: A randomized controlled trial. *Frontiers in Psychiatry, 13*, Article 815170. https://doi.org/10.3389/fpsyt.2022.815170

Greene, E. M. (2020). The dust contemplation: A study and translation of a newly discovered Chinese Yogācāra meditation treatise from the Haneda Dunhuang manuscripts of the Kyo-U Library. *The Eastern Buddhist, 48*(2), 1–50.

Hung, Y.-C. (Bhikkhunī Synchen). (2010). *Issues in śamatha and vipaśyanā: A comparative study of Buddhist meditation* (Doctoral dissertation, University of the West).

King, W. L. (1970). A comparison of Theravada and Zen Buddhist meditational methods and goals. *History of Religions, 9*(4), 304–315.

Lindahl, J. R., Fisher, N. E., Cooper, D. J., Rosen, R. K., & Britton, W. B. (2017). The varieties of contemplative experience: A mixed-methods study of meditation-

related challenges in Western Buddhists. *PLOS ONE, 12*(5), Article e0176239. https://doi.org/10.1371/journal.pone.0176239

Namkhai Norbu, C. (2008). *The precious vase: Instructions on the base of Santi Maha Sangha*. Shang Shung Edizioni.

Nash, J. D., & Newberg, A. B. (2023). *An updated classification of meditation methods using principles of taxonomy and systematics*. Thomas Jefferson University. https://jdc.jefferson.edu/cgi/viewcontent.cgi?article=1026&context=jmbcimfp

Trungpa, C. (2013). *The profound treasury of the ocean of Dharma: Vol. 1. The path of individual liberation; Vol. 2. The Bodhisattva path of wisdom and compassion; Vol. 3. The tantric path of indestructible wakefulness*. Shambhala Publications.

Yeh, K. (2021). *Study on Buddhānusmṛti-samādhi in Kumārajīva's meditation texts* (Master's thesis, Nanhua University).

The Development of Girimānandasutta Dhamma Audio Set Using Kano Analysis

Netnapa Sutthirat[1] Phrakrupalad Chotipath Acharashubho Thepa[2]
Pakatip Singkhum[3]
The Faculty of Religion and Philosophy. Mahamakut Buddhist University[1,2]
Boromarajonani College of Nursing. Surin[3]
email: netnapa.sut@mbu.ac.th[1] pakatip@bcnsurin.ac.th[3]
Corresponding author email: chotipath.the@mbu.ac.th[2]
https://orcid.org/0000-0002-9381-8009[1] https://orcid.org/0000-0001-9184-4273[2]
Received 01/05/2026; Revised 05/06/2026; Accepted 05/06/2026

Abstract

Population aging in Thailand has increased the prevalence of chronic diseases and associated psychological distress among older adults. Mental health challenges such as anxiety, depression, loss of meaning, and reduced resilience remain significant concerns, particularly among elderly individuals living with long-term illness. This study aimed to develop and evaluate the perceived quality of a Girimānanda Sutta-based Dhamma audio set designed as a culturally grounded Buddhist health innovation. The study employed a Research and Development (R&D) design consisting of two phases: first, the development of the Dhamma audio set through Buddhist textual analysis, literature synthesis, and expert consultation; and second, quality evaluation using a Kano-based questionnaire.

A multidisciplinary expert panel (N = 5), consisting of specialists in Buddhist doctrine, sociology, psychology, nursing care, and product design, assessed the developed audio set. Data were analyzed using content analysis, thematic analysis, descriptive statistics, Content Validity Index (CVI), and Kano classification. The content and thematic analysis of the Girimānanda Sutta revealed a three-stage therapeutic structure: recognition of suffering, contemplative cognitive intervention through the Ten Perceptions (dasa saññā), and spiritual transformation. Key contemplations such as impermanence (anicca), non-self (anatta), perception of unattractiveness (asubha), and mindfulness of breathing (ānāpānasati) were interpreted as supporting cognitive reframing, emotional regulation, acceptance of illness, and resilience.

The Kano analysis indicated positive expert evaluation of the audio set, with mean scores ranging from 3.93 to 4.53. Four of five quality dimensions were

classified as Attractive qualities, especially comprehensibility and contextual alignment (M = 4.53), while technical appropriateness was classified as a one-dimensional quality. These findings suggest that simplified language, recovery-oriented framing, calm tonal delivery, and careful sound design are essential for developing Dhamma-based audio media for elderly users. The study contributes to applied Buddhist studies and to innovation in spiritual health by integrating Buddhist contemplative principles with user-centered design. Future research should test the intervention with elderly individuals with chronic illnesses to evaluate its actual effects on resilience and mental well-being.

Keywords: Girimānanda Sutta; Dhamma audio; Kano analysis; Elderly health; Buddhist therapeutic media

Acknowledgements

This article is derived from a research project on "The Researching and Developing of the Girimānandasutta Dhamma Audio Set Influenced for Resilience and Promoting Mental Health of Chronic Disease in the Elderly Applying Kano Analysis, Multiple Regression Analysis, and Structural Equation Modeling." The authors sincerely thank Phrarajsuddhivajiramedhi Chaiyan Chattalayo Suebkrapan, Phraudomvajiramedhi, and Mahamakut Buddhist University for their academic support. Funding from Thailand Science Research and Innovation (TSRI), through the Yanasangvorn Research Institute, Mahamakut Buddhist University, 67A123000061, is gratefully acknowledged.

Introduction

Population aging has become a global phenomenon, particularly in developing countries, where the proportion of older adults is increasing at an unprecedented rate. Thailand has officially entered an aging society, with individuals aged 60 years and above constituting a rapidly growing segment of the population (Foundation of Thai Gerontology Research and Development Institute [TGRI], 2018). This demographic transition is accompanied by significant health challenges, especially the rising prevalence of chronic diseases such as hypertension, diabetes mellitus, cerebrovascular diseases, osteoarthritis, and depression. National reports on Thai older persons indicate that more than half of Thai older adults suffer from at least one chronic condition, with hypertension affecting approximately 41% and diabetes 18% of this population (Foundation of Thai Gerontology Research and Development Institute, 2019).

Aging is associated with physiological decline, including reduced functional capacity, weakened immune response, and deterioration of organ systems, which collectively increase vulnerability to illness and disability (World Health Organization [WHO], 2021). Beyond physical deterioration, older adults frequently experience multidimensional frailty, encompassing physical, psychological, social, and economic domains. This condition significantly impacts quality of life and increases dependency, thereby creating a growing demand for long-term care services (Fried et al., 2001; Cesari et al., 2016).

In addition to physical health concerns, mental health problems among older adults with chronic diseases represent a critical but often under-addressed issue. Psychological distress, depression, and loss of meaning in life are commonly reported among this population, particularly in those experiencing prolonged illness and functional decline (Prince et al., 2015). Resilience, defined as the capacity to adapt positively in the face of adversity, has emerged as a key factor in promoting mental well-being among elderly individuals with chronic conditions (Windle, 2011). Enhancing resilience and mental health is therefore essential for improving overall well-being and reducing the burden of chronic disease.

In the Thai socio-cultural context, Buddhism plays a central role in shaping beliefs, coping mechanisms, and health-related behaviors. The integration of Buddhist principles into health interventions has been increasingly recognized as an effective approach to promoting psychological well-being and enhancing coping strategies among older adults. In particular, the Girimānanda Sutta, a discourse in the Pāli Canon, provides a comprehensive framework for understanding the nature of the body and mind through ten contemplations (saññā), which are believed to alleviate suffering and promote mental clarity. Previous studies have explored the application of this sutta in health contexts, demonstrating its potential to support both physical and mental well-being.

However, despite growing interest in Buddhist-based health interventions, existing research remains limited in several important aspects. First, most studies have focused on qualitative or descriptive approaches and have lacked rigorous quantitative validation. There is limited innovation in intervention design, particularly in the use of Dhamma audio-based interventions, which are accessible, scalable, and suitable for elderly populations with limited mobility.

To address these gaps, this study proposes developing a Girimānanda Sutta–based Dhamma audio set to enhance resilience and promote mental health among elderly individuals with chronic diseases. The study integrates Kano analysis, a customer satisfaction model widely used in product and service design (Kano et al., 1984), to identify and prioritize user needs and preferences in the

development of the audio intervention. This approach ensures that the intervention aligns with the expectations and experiences of intended elderly users, thereby increasing its effectiveness and acceptability.

Furthermore, this article employs a conceptual framework to guide the development and expert-based evaluation of the Dhamma audio set. The framework focuses on content and thematic analysis of the Girimānanda Sutta, core doctrinal components of the Ten Perceptions, and key therapeutic themes relevant to resilience and mental well-being.

This study offers several significant contributions. Academically, it advances the integration of Buddhist principles with modern research methodologies, particularly Kano analysis. Practically, it provides an innovative, low-cost, and scalable intervention for improving mental health among elderly individuals with chronic diseases. Socially, it supports the development of culturally appropriate health promotion strategies in Thailand's aging society.

Research Objectives

1. To analyze the doctrinal and therapeutic components of the Girimānanda Sutta relevant to resilience and mental well-being.

2. To develop a Girimānanda Sutta–based Dhamma audio set using Kano analysis.

Literature Review

The Girimānanda Sutta (Aṅguttara Nikāya 10.60) is a canonical Theravāda discourse that presents a contemplative framework for healing through perception (saññā). The term gilāna denotes illness, while ātura refers to affliction and distress, indicating both physical and psychological suffering (Mahāmakut Rājavidyālaya, 1998). In the discourse, the Buddha instructs Venerable Ānanda to recite ten contemplations (dasa saññā) to the ill Venerable Girimānanda. These include perceptions of impermanence, non-self, impurity, danger, abandonment, dispassion, cessation, non-delight in the world, impermanence of all formations, and mindfulness of breathing. Together, they function as a Buddhist contemplative therapy grounded in insight (vipassanā) into the Five Aggregates as impermanent and non-self. This approach resonates with phenomenological methods that emphasize lived experience and present-moment awareness (Varela et al., 1991). In health care, the sutta offers a holistic model integrating physical,

psychological, and existential dimensions. In particular, ānāpānasati supports emotional regulation and cognitive stability, which are essential for resilience and mental health (Kabat-Zinn, 2003). Buddhist health studies also suggest that contemplative practices can reduce stress, enhance well-being, and improve coping among patients with chronic illness.

The Buddhist concept of happiness (sukha) extends beyond pleasure to include well-being grounded in ethical conduct, mental cultivation, and wisdom. Happiness is understood as physical and mental comfort, while broader well-being includes autonomy, life satisfaction, and social functioning (Royal Institute of Thailand, 2003). Phrabhomkunabhorn (P. A. Payutto) (2007) explains that true happiness arises from moral integrity, generosity, wisdom, and self-cultivation, which corresponds with multidimensional psychological theories of well-being (Ryff & Keyes, 1995).

Self-esteem and self-construal also influence mental health. Markus and Kitayama (1991) distinguish independent and interdependent self-construals, while Thailand's collectivistic culture tends to emphasize relational identity and social harmony (Hofstede, 2001). Interdependent self-construal supports connectedness and emotional regulation (Brewer & Gardner, 1996). In Buddhism, resilience is further strengthened through insight into anatta, reducing attachment and distress. Finally, faith (saddhā) and belief in kamma-vipāka provide a moral-causal framework that promotes responsibility, meaning, adaptive coping, and psychological resilience (Ānandajoti Bhikkhu, 2017).

In conclusion, the reviewed literature demonstrates that the Girimānanda Sutta offers a strong doctrinal foundation for integrating Buddhist contemplation with holistic health care. Its emphasis on the Ten Perceptions, mindfulness of breathing, insight into non-self, happiness grounded in ethical cultivation, relational well-being, and faith in kamma-vipāka provides a multidimensional framework for promoting resilience and mental well-being. However, existing studies remain limited in translating these Buddhist principles into structured, user-centered health interventions for elderly individuals with chronic illnesses. This gap supports the need to develop and evaluate a Girimānanda Sutta-based Dhamma audio set using Kano analysis as a culturally grounded innovation for Buddhist health promotion.

Conceptual Research Framework

This article is derived from a broader research project on the development of a Girimānanda Sutta-based Dhamma audio set for promoting resilience and mental health among elderly individuals with chronic illnesses. Within the scope of this article, the conceptual framework focuses specifically on the development and expert-based evaluation of the Dhamma audio set using Kano analysis.

The framework integrates three main conceptual domains: Buddhist contemplative principles, psychological well-being, and user-centered design. The first domain is grounded in the Girimānanda Sutta, especially the Ten Perceptions (dasa saññā), including impermanence (anicca), non-self (anatta), perception of unattractiveness (asubha), and mindfulness of breathing (ānāpānasati). These contemplative principles are interpreted as cognitive and emotional processes that may help elderly individuals reframe illness, cultivate acceptance, reduce attachment to suffering, and develop inner calm.

The second domain concerns resilience and mental well-being. Resilience refers to the capacity to adapt positively to adversity, particularly in the context of chronic illness and aging. Psychological well-being includes emotional stability, life satisfaction, meaning, and positive functioning. In this framework, Buddhist contemplation is understood as a supportive process that may contribute to resilience and mental health.

The third domain applies the Kano Model as a user-centered design tool for evaluating the perceived quality of the Dhamma audio set. Kano analysis helps identify which features, such as simplified language, calm voice, appropriate duration, contextual relevance, and technical sound quality, are most important for usability and satisfaction.

Thus, the framework explains how Buddhist doctrine, psychological well-being, and user-centered design can be integrated to develop a culturally grounded Dhamma audio intervention for elderly individuals with chronic illnesses.

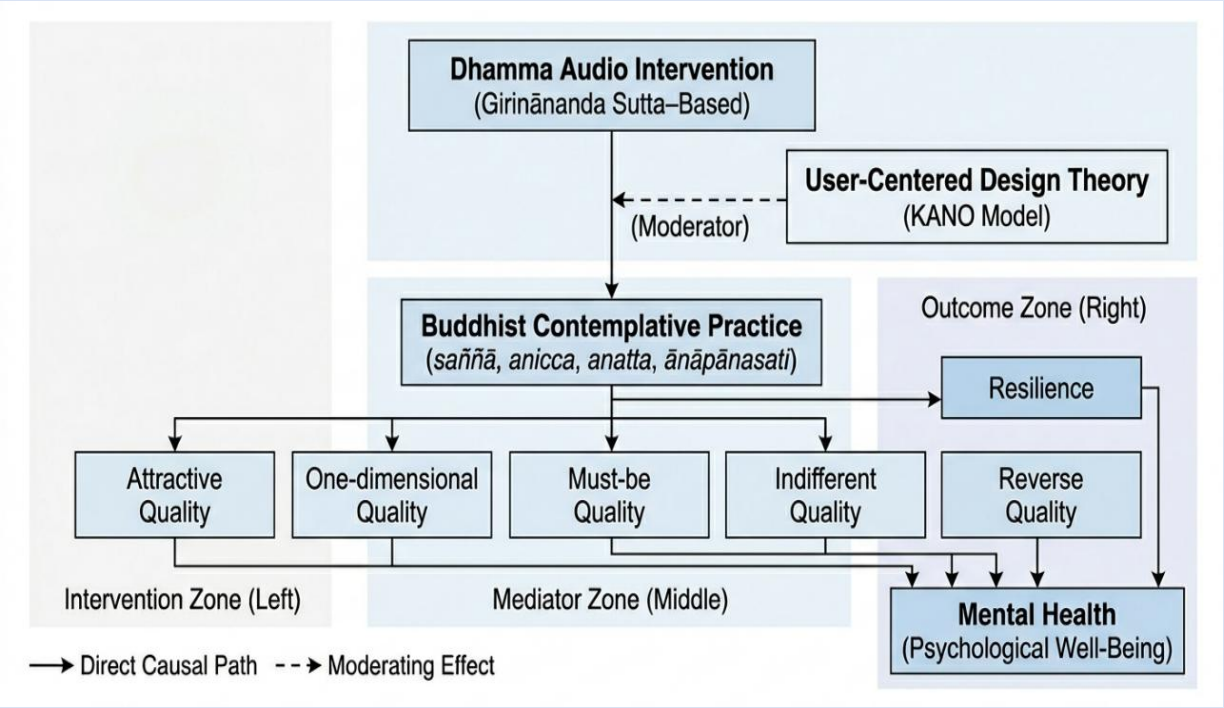


Figure 1: Conceptual Framework for the Development of a Girimānanda Sutta-Based Dhamma Audio Set

Methodology

This study employed a Research and Development (R&D) design that integrated qualitative and quantitative approaches to develop and evaluate a Dhamma-based audio innovation based on the Girimānanda Sutta. The study focused on creating a Dhamma audio set intended to support resilience and promote mental health among elderly individuals with chronic diseases. The research consisted of two phases: (1) the development phase, which involved literature review, expert consultation, focus group discussion, and refinement of the Dhamma audio intervention; and (2) the evaluation phase, which assessed the perceived quality and satisfaction attributes of the audio set using a Kano-based evaluation approach.

The population consisted of 30 multidisciplinary experts, including Buddhist scholars and Tipiṭaka specialists, sociologists, psychologists, professional nurses specializing in chronic disease care, and product design specialists. Five experts were selected through purposive sampling based on expertise and professional experience. The expert panel represented Buddhist doctrine, sociology, psychology, chronic disease nursing, and media/product design, as shown in *Table 1*. This sampling approach was used to ensure content validity and conceptual adequacy rather than statistical generalizability.

Table 1: Multidisciplinary Expert Panel

Code	Expertise	Qualification	Experience
E1	Buddhist monk (Tipiṭaka expert)	Specialist in Buddhist doctrine	>10 years
E2	Sociologist	Social research expert	>10 years
E3	Psychologist	Mental health specialist	>10 years
E4	Professional nurse	Chronic disease care	>10 years
E5	Product designer	Media/innovation design	>5 years

The main research instrument was a 10-point rating scale questionnaire developed from the Kano Model (Kano et al., 1984). The instrument was designed to evaluate five quality dimensions: Attractive, One-dimensional, Must-be, Indifferent, and Reverse. These are summarized in *Table 2*. Each item was rated on a 10-point scale, with a maximum total score of 50. The instrument was validated by experts using the Content Validity Index (CVI).

Table 2: Kano Model Dimensions

Dimension	Description
Attractive(A)	Unexpected features that greatly increase satisfaction
One-dimensional(O)	Features with linear relationship to satisfaction
Must-be(M)	Basic expectations required by users
Indifferent(I)	Features that do not affect satisfaction
Reverse(R)	Features that decrease satisfaction if present

The development process consisted of five steps: reviewing Buddhist texts, psychological theories, and health-related research; developing audio content based on the Girimānanda Sutta, especially anicca, anatta, and ānāpānasati; validating the content through five experts; conducting a Kano-based evaluation; and revising lower-scoring items to improve quality and satisfaction. Data were collected through focus group discussions with the five experts and responses to the Kano questionnaire. The study was conducted in Nakhon Ratchasima

Province, Thailand, across five locations: Wat Mai Santi, Wat Yang Yai, Wat Thanon Nadee, Non Charoen Monastery, and Wat Nong Kratowa.

Data were analyzed using percentages, mean scores, ranking analysis, and Kano interpretation criteria. The interpretation criteria converted numerical scores into Kano quality categories, as shown in *Table 3*. Ethical considerations were observed by ensuring that the Dhamma audio intervention caused no physical, psychological, or emotional harm. The research was funded by the Office of the National Higher Education Science Research and Innovation Policy Council (NXPO), through the Yanasangvorn Research Institute, Mahamakut Buddhist University, Thailand, Fiscal Year 2024.

Table 3: Kano Interpretation Criteria Based on Mean Score

Total Score Range	Mean Score (1-5)	Interpretation	Category
40–50	4.01–5.00	Highly satisfied	Attractive (A)
30–39	3.01–4.00	Satisfied	One-dimensional (O)
20–29	2.01–3.00	Acceptable	Must-be (M)
10–19	1.01–2.00	Neutral	Indifferent (I)
0–9	0.00–1.00	Dissatisfied	Reverse (R)

Research/Finding

1. Development and Evaluation of the Girimānanda Sutta–Based Dhamma Audio Set

This section presents the findings from the development and evaluation of the Dhamma audio intervention based on the Girimānanda Sutta (Aṅguttara Nikāya, Dasaka Nipāta), integrating Content Analysis, Thematic Analysis, and Kano Model Analysis. The results reflect both doctrinal integrity from Theravāda canonical sources and user-centered design optimization for elderly individuals with chronic illnesses.

1.1 Content and Thematic Analysis of the Girimānanda Sutta

1) Content Analysis: Doctrinal Structure and Therapeutic Components

The qualitative analysis of the Girimānanda Sutta (Pāli Canon, Vol. 24, Siamese Edition) revealed a three-stage therapeutic structure, consistent with classical Theravāda exegesis:

Table 4 Content and Thematic Analysis of the Girimānanda Sutta

Stage	Description	Doctrinal Function	Application to Elderly Patients
1. Context of Suffering (Dukkha-sacca)	Illness of Venerable Girimānanda	Recognition of physical and mental suffering	Reflects chronic illness experience
2. Therapeutic Intervention (Dhamma-desanā)	Teaching of the Ten Perceptions (Saññā 10)	Cognitive restructuring through insight (vipassanā)	Promotes adaptive mental reframing
3. Spiritual Transformation (Citta-bhāvanā)	Recovery after contemplation	Development of mindfulness and wisdom	Enhances inner calm and resilience

This structure demonstrates that the Sutta functions as a Buddhist therapeutic discourse, in which dhamma serves as a mechanism for mental transformation (citta-parivatta).

2) Core Doctrinal Components: Ten Perceptions (Saññā 10)

The expert panel identified key perceptual frameworks within the Saññā 10 that are most relevant to chronic disease adaptation:

Table 5: Key perceptual frameworks within the Saññā 10

Pāli Concept	Doctrinal Meaning	Psychological Function	Application Outcome
Anicca-saññā	Perception of impermanence	Cognitive acceptance	Reduces anxiety about bodily decline
Anatta-saññā	Non-self perception	Ego detachment	Decreases self-identification with illness
Asubha-saññā	Perception of unattractiveness	Reality-based body awareness	Reduces attachment to physical form

These findings confirm that the Ten Perceptions function as cognitive-emotional regulation tools, aligning with contemporary psychological constructs of acceptance and resilience.

3) Thematic Analysis: Key Therapeutic Themes

Thematic analysis identified four major themes representing the mechanism of mental health promotion:

Theme 1: Dhamma as Mental Therapy (Dhamma-cikicchā). The Sutta presents a structured contemplative process that begins with anicca and culminates in ānāpānasati, thereby facilitating gradual mental stabilization.

Theme 2: Acceptance of Body–Mind Reality (Yathābhūta-ñāṇadassana). Patients develop insight into the natural condition of nāma-rūpa, reducing resistance to illness.

Theme 3: Letting Go and Disidentification (Vossagga). Through anatta and asubha, individuals disengage from ego-based suffering and attachment.

Theme 4: Spiritual Well-being (Cetasika-sukha). Sustained contemplation leads to inner peace independent of physical condition, reflecting true psychological well-being.

1.2 Quality Assessment of the Girimānanda Sutta Dhamma Audio Set Using Kano Analysis.

This section presents the results of the quality assessment of the Girimānanda Sutta-based Dhamma audio set, evaluated through the Kano Model framework. The analysis aims to classify user-perceived quality attributes and identify their influence on resilience and mental well-being among elderly individuals with chronic illness. The assessment integrates Buddhist doctrinal foundations—particularly the contemplative framework (saññā) derived from the Girimānanda Sutta (Aṅguttara Nikāya, Dasaka-nipāta)—with contemporary user-experience evaluation.

1) Analysis of Demographic Results

The assessment was conducted by a panel of five highly qualified experts (N = 5). The demographic characteristics are summarized in Table 6.

Table 6 Demographic Characteristics of Expert Evaluators for the Quality Assessment of the Girimānanda Sutta Dhamma Audio Set Using Kano Analysis (N = 5)

Variable	Category	Frequency (n)	Percentage (%)	Mean	S.D.
1. Gender (GEN)	Male	1	20.00	–	–
	Female	4	80.00		
	Total	**5**	**100.00**		
2. Age (AGE)	< 40 years	–	0.00	**61.2**	**±4.73**
	41–50 years	–	0.00		
	51–60 years	2	40.00		
	> 61 years	3	60.00		
	Total	**5**	**100.00**		
3. Religion (REL)	Buddhism	5	100.00	–	–
	Other religions	–	0.00		
	Total	**5**	**100.00**		

Variable	Category	Frequency (n)	Percentage (%)	Mean	S.D.
4. Educational Level (EDU)	Below Bachelor's degree	–	0.00	–	–
	Bachelor's degree	–	0.00		
	Master's degree	–	0.00		
	Doctoral degree	5	100.00		
	Total	**5**	**100.00**		
5. Area of Expertise (EXP)	Buddhist Theology / Tripitaka Specialist	1	20.00	–	–
	Sociology	1	20.00		
	Psychology	1	20.00		
	Clinical Nursing (Chronic Care)	1	20.00		
	Product Design	1	20.00		
	Total	**5**	**100.00**		
6. Years of Professional Experience (EXD)	< 3 years	–	0.00	**10.4**	**±3.20**
	3–5 years	1	20.00		
	6–10 years	–	0.00		
	> 10 years	4	80.00		
	Total	**5**	**100.00**		
7. Frequency of Listening to the Girimānanda Sutta Audio Set (NTL)	1–2 times	2	40.00	**4.0**	**±2.28**
	3–5 times	2	40.00		
	6–10 times	1	20.00		
	> 10 times	–	0.00		
	Total	**5**	**100.00**		

The analysis of baseline demographic characteristics indicates that the expert panel possessed the qualifications necessary to conduct rigorous qualitative and quantitative evaluations of the Girimānanda Sutta Dhamma audio intervention. Regarding gender and maturity, most evaluators were female (80.00%), with a mean age of 61.2 years (SD = 4.73). This age profile suggests a relatively homogeneous developmental stage and provides contextual alignment with the intended elderly target population.

In terms of academic and professional authority, all experts (100.00%) held doctoral degrees and demonstrated substantial professional experience, with an average of 10.4 years (SD = 3.20). The panel comprised a multidisciplinary group spanning Buddhist theology, sociology, psychology, clinical nursing, and product design. Such diversity strengthened the evaluation by incorporating perspectives

on doctrinal validity, psychological influence, healthcare relevance, and user-centered innovation. For religious and contextual congruence, all evaluators identified as Buddhist (100.00%), supporting the verification of doctrinal consistency and authenticity of the Girimānanda Sutta content. Regarding engagement with the intervention, the experts reported an average listening frequency of 4.0 times (SD = 2.28), indicating adequate exposure to assess the content quality, perceived value, and functional attributes of the Dhamma audio set using Kano analysis principles.

Overall, the demographic profile demonstrates that the expert panel was academically qualified, professionally experienced, contextually appropriate, and sufficiently engaged to provide a credible and comprehensive evaluation of the developed intervention.

2) The Kano Model Analysis

Kano Analysis Results of the Girimānanda Sutta Dhamma Audio Set. The satisfaction levels and quality attributes of the Girimānanda Sutta Dhamma Audio Set were evaluated using the Kano Model across five key dimensions. The model classifies attributes as Attractive (A), One-dimensional (O), or Must-be (M), Indifferent (I), or Reverse (R). The results from the expert panel (N=5) are detailed in Table 7.

Table 7 Kano Analysis of the Girimānanda Sutta Dhamma Audio Set Evaluation (N=5).

Assessment Category / Items	Mean	Kano Category	Rank
1. Dhamma Content and Script	**4.27**	**A**	
1.1 Background music enhances mental peace	4.00	A	10
1.2 Features for selecting specific Dhamma topics	4.40	A	3
1.3 Supplements for guidance or commentary	4.40	A	3
2. Tone and Temporal Suitability	**4.13**	**A**	
2.1 Clarity and ease of pronunciation	3.80	O	14
2.2 Appropriate duration (≤ 15 minutes)	4.40	A	3
2.3 Tailored content for elderly patients	4.20	A	7
3. Comprehensibility and Recovery Context	**4.53**	**A**	
3.1 Use of simplified, accessible language	4.80	A	1
3.2 Alignment with the elderly recovery context	4.80	A	1
3.3 Anxiety reduction through listening	4.00	A	10
4. Distribution and Accessibility	**4.20**	**A**	
4.1 Online/Offline format flexibility	4.00	O	10
4.2 Necessity of visual illustrations	4.20	A	7
4.3 Access channels (App vs. Website)	4.40	A	3

Assessment Category / Items	Mean	Kano Category	Rank
5. Technical Appropriateness and Language	**3.93**	**O**	
5.1 Distraction from music or sound effects	3.60	O	15
5.2 Attrition due to excessive length	4.00	O	10
5.3 Complexity of specialized terminology	4.20	A	7

3) Analysis of Kano Quality Dimensions

3.1) Comprehensibility and Contextual Alignment

This category achieved the highest mean score (4.53) and was classified as an Attractive Quality (A). Specifically, "Simplified language" and "Alignment with elderly recovery contexts" shared the top rank with mean scores of 4.80 (96%). This indicates that for elderly patients with chronic illnesses, the primary value of the intervention lies in its ability to translate complex Buddhist philosophy into practical, easy-to-understand guidance for daily recovery.

3.2) Dhamma Content and User Features

The content dimension (Mean = 4.27) emphasizes the need for user-centric features. The experts identified "Specific topic selection" and "Support for the hearing-impaired" as Attractive Qualities (A) (Mean = 4.40). These findings suggest that while traditional audio sets are passive, a personalized, inclusive interface significantly increases user delight and perceived value.

3.3) Tone, Duration, and Accessibility

The duration of the sessions (≤ 15 minutes) was ranked as a high-priority Attractive Quality (4.40), confirming that shorter, focused sessions are ideal for the elderly. Conversely, "Clear pronunciation" (Mean = 3.80) was categorized as a One-dimensional Quality (O). This implies that clarity is a fundamental expectation; its presence directly correlates with satisfaction, but its absence would lead to immediate rejection of the tool.

3.4) Technical Constraints and Potential Dissatisfies

The category of "Technical Appropriateness" received the lowest aggregate score (3.93) and was primarily classified as One-dimensional (O). The experts noted that "Excessive sound effects" (Mean = 3.60) could potentially distract the listener. This classification suggests that technical elements must be carefully balanced; while they can enhance the experience, overproduction may negatively impact the meditative focus required for Dhamma practice.

Overall, the Girimānanda Sutta Dhamma Audio Set is highly regarded by the expert panel, particularly for its accessibility and contextual relevance. The prevalence of Attractive Qualities suggests that the intervention exceeds the basic

requirements of traditional Dhamma media. To optimize the intervention for Q2-level standards, future development should prioritize:

(1) Maintaining simplified terminology to support psychological well-being.
(2) Refining technical sound mixing to minimize auditory distractions.
(3) Implementing customizable navigation features to allow intended elderly users to select themes relevant to their specific illness or emotional state.

Summary of Categorical Performance in Kano Analysis

The aggregate analysis of the five assessment categories provides a holistic view of the performance of the Girimānanda Sutta Dhamma Audio Set. Table 8 summarizes the mean scores, percentage equivalents, and Kano quality classifications for each category.

Table 8: Summary of Categorical Mean Scores and Kano Classifications (N=5).

Assessment Category	Mean	Percentage (%)	Kano Category
1. Dhamma Content and Script	4.27	85.4	Attractive (A)
2. Tone and Temporal Suitability	4.13	82.6	Attractive (A)
3. Comprehensibility and Contextual Alignment	4.53	90.6	Attractive (A)
4. Distribution and Accessibility	4.20	84.0	Attractive (A)
5. Technical Appropriateness and Language	3.93	78.6	One-dimensional (O)

Results Mapped onto Kano Model:

1. Comprehensibility & Contextual Alignment (A)
    1) Located in the upper Attractive zone (top-right)
    2) Strongest contributor to mental well-being and resilience
    3) Acts as the primary "delighter."
2. Dhamma Content, Accessibility, Tone (A)
    1) Positioned along the Attractive curve
    2) Confirmed as high-value experiential qualities
    3) Drive emotional engagement and therapeutic impact
3. Technical Appropriateness (O)
    1) Positioned near the One-dimensional line (lower region)
    2) Indicates performance-sensitive factor
    3) Poor execution directly reduces satisfaction

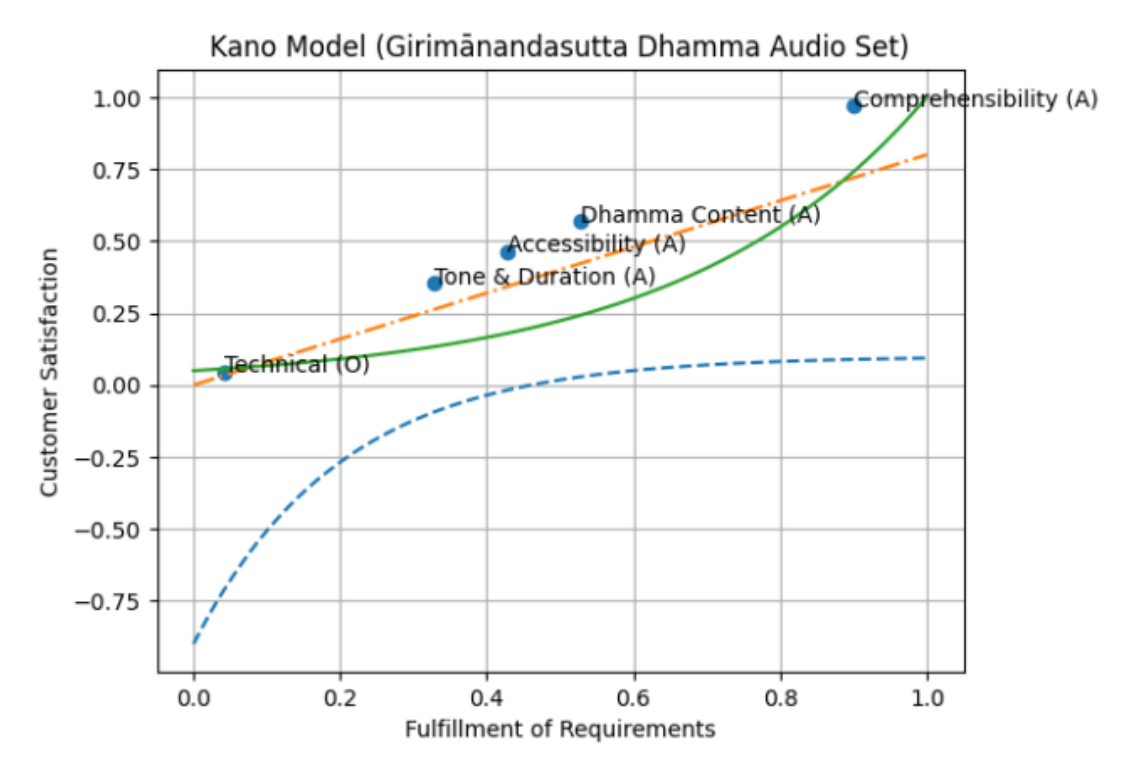


Figure 2: Kano-style diagram

The Kano diagram shows that most attributes of the Girimānanda Sutta Dhamma audio set fall within the Attractive quality domain, indicating that expert-perceived satisfaction is primarily driven by experiential and emotionally engaging features rather than basic functional performance. In contrast, technical appropriateness falls within the One-dimensional category, suggesting that its performance directly influences satisfaction but does not generate additional delight. This distribution suggests that the intervention's effectiveness lies in its ability to translate Buddhist doctrinal content into meaningful experiential engagement.

Synthesis of Findings by Category

1. Primary Success Factor: Contextual Comprehensibility

Category 3 (Comprehensibility and Contextual Alignment) emerged as the most significant strength of the intervention, achieving the highest mean score of 4.53 (90.6%). Classified as an Attractive Quality (A) and ranked 1st, this result underscores that the primary value of the Girimānanda Sutta audio set lies in its tailored linguistic approach. By translating profound Dhamma principles into accessible language that resonates with the recovery process of elderly patients, the intervention effectively bridges the gap between religious scripture and clinical psychological support.

2. Content Structure and Script Design

Category 1 (Dhamma Content and Script) ranked 2nd with a mean score of 4.27 (85.4%) and is classified as an Attractive Quality (A). This high ranking reflects expert approval of the content's thematic arrangement. It highlights a specific demand for "supplementary features," such as visual aids or specialized topic menus, which would further delight users—particularly those with sensory impairments (hearing loss) common in the aging population.

3. Delivery and Temporal Balance

Category 2 (Tone and Temporal Suitability) and Category 4 (Distribution and Accessibility) were both categorized as Attractive Qualities (A), ranking 4th (4.13) and 3rd (4.20) respectively. These results indicate that the delivery—specifically the vocal clarity and the concise duration—meets the psychological needs of the elderly by preventing cognitive fatigue. Furthermore, the experts noted a high degree of flexibility regarding access channels (online vs. offline), suggesting that the content's quality is robust enough to maintain its efficacy regardless of the distribution medium.

4. Critical Areas for Technical Refinement

Category 5 (Technical Appropriateness and Language) received the lowest mean score of 3.93 (78.6%) and was the only category classified as a One-dimensional Quality (O). Ranked 5th, this finding signals a critical area for improvement. Because it is "One-dimensional," any technical flaw—such as distracting background music or overly complex terminology—directly leads to a decrease in perceived satisfaction attributes. This highlights a "threshold" of technical quality that must be maintained to prevent the intervention from becoming counterproductive to the listener's meditative focus.

Conclusion of the Quality Assessment

The overarching results indicate that the Girimānanda Sutta Dhamma Audio Set successfully embodies the principles of User-Centered Design (UCD). By achieving "Attractive" status in four out of five categories, the intervention demonstrates significant potential to exceed standard expectations for spiritual health media. The findings suggest that, for the intervention to achieve maximum efficacy in enhancing the resilience and mental health of elderly patients, future iterations must prioritize simplifying technical variables while maintaining the high standard of contextualized Dhamma teaching that currently drives its success.

Discussion

The findings indicate that the development of a Girimānanda Sutta-based Dhamma audio set can be strengthened through the integration of Buddhist contemplative principles and the Kano Model. Rather than treating the audio set merely as religious media or technical content delivery, this study shows that its perceived value depends on the interaction between doctrinal accuracy, emotional resonance, accessibility, and user-centered quality. This reflects a convergence between Buddhist epistemology and contemporary quality management theory, in which experiential engagement becomes central to perceived satisfaction and therapeutic potential (Kano, 1984; DeFelice & Petrillo, 2013).

As shown in Table 9, Must-be qualities such as sound clarity, intelligibility, and basic structure function as necessary foundations for engagement. Without these conditions, elderly listeners may experience difficulty understanding or receiving the teachings. This corresponds to suta-mayā paññā, wisdom developed through hearing, which requires an accessible medium for initial knowledge acquisition (Payutto, 1994). It also aligns with Kano-based quality research showing that baseline attributes are mandatory conditions for satisfaction (Wolniak, 2024). One-dimensional qualities, particularly logical sequencing and appropriate duration, directly increase satisfaction by aligning with the cognitive and attentional capacities of elderly listeners (Feng et al., 2020; Grunwald et al., 2024). These characteristics also support adaptive appraisal and coping processes (Lazarus & Folkman, 1984).

Table 9: The Kano Analysis Identified Three Dominant Quality Dimensions

Quality Category	Key Attributes Identified	Functional Role in Dhamma Audio Design	Theoretical Interpretation
Must-be (M)	Clarity of audio, intelligibility, and basic structure	Foundational acceptance of the media	Corresponds to *suta-mayā paññā* (knowledge from hearing)
One-dimensional (O)	Logical sequencing, duration suitability	Linear increase in satisfaction	Reflects cognitive processing and attentional capacity
Attractive (A)	Calm tone, contextual relevance, experiential explanation	Emotional engagement and therapeutic impact	Linked to *bhāvanā-mayā paññā* (meditative development)

The most distinctive findings concern Attractive qualities. Calm vocal tone, contextual relevance, and experiential explanation generated higher perceived value by moving beyond technical performance toward emotional and existential engagement. In Buddhist terms, these qualities correspond to *bhāvanā-*

mayā paññā, or wisdom developed through cultivation (Payutto, 1994), and reflect *upāya-kosalla*, the skillful adaptation of teachings to the audience's condition. The Ten Perceptions (*dasa saññā*) in the Girimānanda Sutta, especially *anicca-saññā*, *anatta-saññā*, and *asubha-saññā*, may function as cognitive-emotional frameworks that help listeners reframe illness, reduce anxiety, and cultivate acceptance (Mahāmakut Rājavidyālaya, 1998). This interpretation is consistent with mindfulness-based therapeutic approaches emphasizing experiential engagement as a mechanism for transforming suffering (Kabat-Zinn, 1990; Teasdale & Chaskalson, 2011).

Table 10 shows that the present findings are consistent with recent applications of Kano in education, healthcare, and service design, where emotional support and contextual relevance often have greater influence than technical features alone (Tejero-Dakay et al., 2024; Yao et al., 2024; Albuquerque et al., 2024). This also differs from conventional industrial Kano applications, where One-dimensional attributes frequently dominate satisfaction (Dominici et al., 2025; Ma et al., 2024). In this study, Attractive qualities are more influential because spiritual health media must resonate with the listener's lived condition. From a Buddhist theoretical perspective, the audio set supports the movement from *Pariyatti* to *Paṭipatti* and *Paṭivedha*: listening provides doctrinal understanding, reflective engagement supports practice, and sustained contemplation may encourage experiential insight. This is consistent with Buddhist educational research on progressive transformation through structured Dhamma engagement (Suebkrapan et al., 2025) and mindfulness cultivation (Ounephaivong et al., 2025). Effective design, therefore, requires gentle tone, simplified language, moderated pacing, and sensitivity to elderly listeners' faculties (Gethin, 2018). It should avoid excessive sound effects or technical complexity, which may increase cognitive load and listening fatigue. Variation in responses also suggests the need for adaptive design that accounts for differences in spiritual readiness and individual capacity, consistent with research on Buddhist beliefs, lifelong learning, and personalized engagement (Thepa et al., 2025; Zhou et al., 2020; Acharashubho Thepa et al., 2025).

Table 10: Convergence with Contemporary Kano Applications

Study Context	Key Finding	Relevance to Present Study
Higher Education (Tejero-Dakay et al., 2024)	Emotional support > technical features	Confirms the importance of "calm tone" in Dhamma audio

Study Context	Key Finding	Relevance to Present Study
Healthcare Services (Yao et al., 2024)	Multi-level needs improve experience	Supports integration of M, O, and A qualities
Consumer Experience (Albuquerque et al., 2024)	Attractive features drive loyalty	Mirrors spiritual satisfaction in Dhamma listening

In synthesis, the Kano Model can be meaningfully extended to Buddhist therapeutic media. The Girimānanda Sutta audio set should therefore be understood not only as a medium for doctrinal dissemination but also as a user-centered contemplative intervention integrating spirituality, cognition, emotional regulation, and resilience.

New Knowledge from Research

This study contributes new knowledge by developing the Buddhist Psycho-Social Healing Paradigm, a conceptual framework that integrates Buddhist contemplative wisdom, psychological resilience, and user-centered therapeutic media design. As illustrated in *Figure 2*, the paradigm explains how a Girimānanda Sutta-based Dhamma audio set can be understood not merely as a religious teaching medium but as a structured Buddhist health innovation to support mental well-being among elderly individuals with chronic illnesses.

This framework advances understanding in three key dimensions:

1) Dynamic Model of Mental Well-being in Chronic Illness

This finding introduces a multidimensional perspective in which mental health is shaped by the interplay of psychological, social, and spiritual domains, rather than by physical health conditions alone. It also highlights the mediating role of social relationships and meaning in life, reinforcing the importance of holistic care approaches.

2) Reinterpretation of Buddhist Doctrine as Psychological Mechanism

The study provides a theoretical reinterpretation of the Ten Perceptions (dasa saññā) as cognitive-emotional regulatory mechanisms. Rather than being viewed solely as doctrinal teachings, these contemplative constructs function as practical tools for:

2.1) Cognitive reframing

2.2) Emotional regulation

2.3) Acceptance of suffering

2.4) Reduction of attachment and identity fixation

This reframing bridges classical Theravāda Buddhist psychology with contemporary psychological theories of resilience and coping, offering a new interdisciplinary understanding of Dhamma as a therapeutic system.

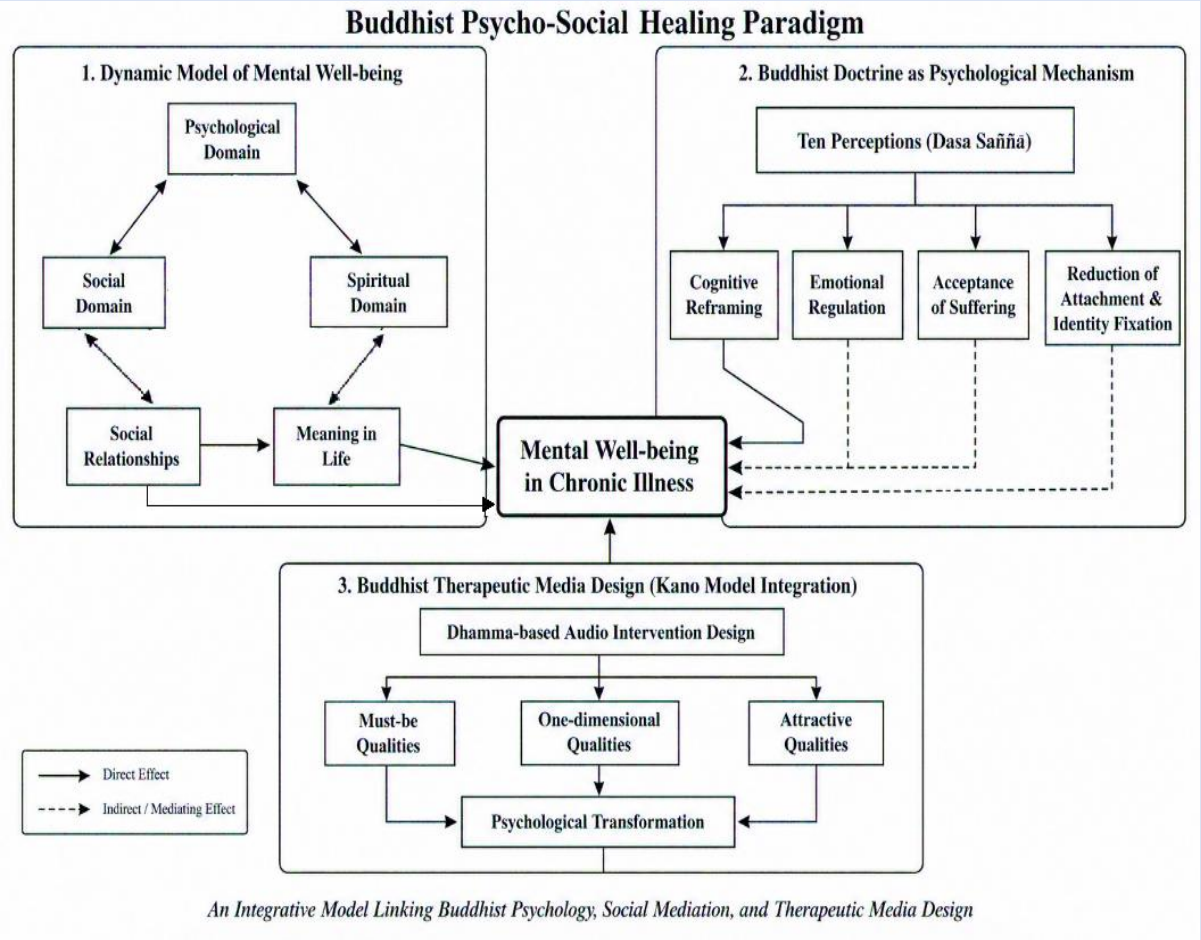


Figure 3: Body of Knowledge: Buddhist Psycho-Social Healing Paradigm

3) Innovation in Buddhist Therapeutic Media Design

By integrating the Kano Model with Buddhist principles, the study establishes a new model for designing spiritual health media. The findings demonstrate that effective Dhamma-based interventions must:

3.1) Fulfill foundational requirements (Must-be qualities)

3.2) Optimize functional performance (One-dimensional qualities)

3.3) Emphasize experiential and emotional engagement (Attractive qualities)

This finding suggests a new design paradigm in which spiritual media should be assessed not only by doctrinal accuracy or technical quality but also by their capacity to support meaningful psychological and contemplative

transformation. The Buddhist Psycho-Social Healing Paradigm offers an interdisciplinary framework for developing Dhamma-based health interventions by integrating classical Theravāda Buddhist psychology, contemporary resilience theory, and user-centered design. In this way, the framework provides a practical foundation for future Buddhist therapeutic media that are doctrinally grounded, psychologically supportive, and responsive to the needs of elderly individuals with chronic illnesses.

Conclusion

This study developed and evaluated a Girimānanda Sutta-based Dhamma audio set as a Buddhist-informed health innovation for supporting resilience and mental well-being among elderly individuals with chronic illnesses. By employing a Research and Development design incorporating content analysis, thematic analysis, expert consultation, and Kano-based evaluation, the study demonstrated how canonical Buddhist teachings can be translated into an accessible audio format suitable for contemporary health promotion contexts.

The findings indicate that the Girimānanda Sutta provides a meaningful doctrinal foundation for psycho-spiritual support. Its contemplative framework, especially the Ten Perceptions (dasa saññā), offers practical ways of reflecting on impermanence, non-self, bodily reality, suffering, abandonment, dispassion, cessation, and mindfulness of breathing. These contemplative constructs may support cognitive reframing, emotional regulation, acceptance of illness, and resilience. However, as the present study relied on expert-based evaluation rather than direct testing with elderly patients, future research should examine the actual effects of the audio set among the target population.

From a design perspective, the Kano analysis revealed that the perceived value of the Dhamma audio set depends not only on doctrinal accuracy but also on user-centered qualities. Attractive qualities, particularly simplified language, contextual relevance, calm tonal delivery, and recovery-oriented explanation, were identified as important features for enhancing usability and perceived satisfaction. Technical appropriateness, including sound clarity, appropriate duration, and avoidance of distracting audio elements, also remains essential for supporting contemplative listening among intended elderly users.

The study further suggests that the Dhamma audio set may operationalize the classical Buddhist process of pariyatti, paṭipatti, and paṭivedha: listening provides access to doctrinal understanding, reflective engagement supports practice, and sustained contemplation may contribute to inner transformation. In

this sense, the audio set functions not merely as a medium for religious dissemination but as a culturally grounded Buddhist therapeutic media design.

The Girimānanda Sutta-based Dhamma audio set offers a promising model for integrating Theravāda Buddhist teachings, psychological resilience, and user-centered design. The study contributes to applied Buddhist studies and to innovation in spiritual health by proposing a practical framework for developing Dhamma-based audio interventions. Further empirical testing with elderly individuals with chronic illnesses is necessary to validate its effectiveness in promoting resilience, mental well-being, and quality of life.

Suggestions and Policy Implications

1) Development of a Community-Based Buddhist Healing Framework

The GDAS (Girimānanda Sutta Dhamma Audio Set) model should be further developed into a Community-based Buddhist Healing Framework, which can be integrated into national mental health strategies for the elderly. This aligns with global health priorities, including the United Nations Sustainable Development Goal 3 (Good Health and Well-being).

2) Integration into Public Health Policy

Government agencies, particularly ministries of public health, should incorporate Dhamma audio interventions into mental health promotion programs for elderly populations with chronic illness. These interventions can function as complementary therapies alongside medical treatment.

3) Promotion of Innovative Buddhist Media

There should be institutional support for the development and dissemination of innovative Buddhist media, including: Podcasts, Mobile applications, and QR code–based access systems.

4) Recommended dissemination

To support practical implementation and scalability, this study recommends disseminating the developed Girimānanda Sutta Dhamma audio intervention through collaborative networks across healthcare, community, and Buddhist support systems in Thailand. Key implementation partners include the Department of Mental Health, Sub-district Health Promoting Hospitals (HPHs), community elderly care networks, Buddhist public health initiatives, and hospital-based spiritual care programs.

These organizations can facilitate integration of the audio intervention into mental health promotion, preventive care, elderly wellness services, and spiritually responsive support for individuals living with chronic illness. Such

dissemination pathways extend the innovation's translational impact and support its application as an integrated model of spiritual health promotion and contemplative care for aging populations.

References

Acharashubho Thepa, P. (Phra Kru Palad Chakrapol), & Suebkrapan, C. C. (Phrarajsuddhivajiramedhi). (2025). Graduate production in higher education institutions focusing on intellectual and moral development based on religious principles. *Journal of Mahayana Buddhist Studies, 11*(3), 27–41.

Albuquerque, T., Silva, R., & Mendes, L. (2024). Customer experience and attractive quality attributes: Extending the Kano model in service environments. *Journal of Service Management, 35*(2), 145–162.

Ānandajoti Bhikkhu. (Trans.). (2017). *Dhammapada: Dhamma verses*. Ancient Buddhist Texts.

Brewer, M. B., & Gardner, W. (1996). Who is this "We"? Levels of collective identity and self representations. *Journal of Personality and Social Psychology, 71*(1), 83–93. https://doi.org/10.1037/0022-3514.71.1.83

Cesari, M., Prince, M., Thiyagarajan, J. A., De Carvalho, I. A., Bernabei, R., Chan, P., Gutierrez-Robledo, L. M., Michel, J.-P., Morley, J. E., Ong, P., Rodriguez Mañas, L., Sinclair, A., Won, C. W., Beard, J., & Vellas, B. (2016). Frailty: An emerging public health priority. *Journal of the American Medical Directors Association, 17*(3), 188–192. https://doi.org/10.1016/j.jamda.2015.12.016

DeFelice, F., & Petrillo, A. (2013). Integrating Kano model and QFD for customer-driven product design. *The TQM Journal, 25*(4), 387–401. https://doi.org/10.1108/TQM-02-2013-0011

Dominici, G., Palumbo, F., & Basile, G. (2025). The role of quality attributes in customer satisfaction: A Kano-based analysis. *Total Quality Management & Business Excellence, 36*(1–2), 55–72.

Feng, Z., Cramm, J. M., & Nieboer, A. P. (2020). Social participation and psychological well-being among older adults: The role of cognitive functioning. *Aging & Mental Health, 24*(6), 1000–1007. https://doi.org/10.1080/13607863.2019.1587760

Foundation of Thai Gerontology Research and Development Institute. (2019). *Situation of the Thai elderly 2018*. Institute for Population and Social Research, Mahidol University.

Fried, L. P., Tangen, C. M., Walston, J., Newman, A. B., Hirsch, C., Gottdiener, J., Seeman, T., Tracy, R., Kop, W. J., Burke, G., & McBurnie, M. A. (2001). Frailty in older adults: Evidence for a phenotype. *The Journals of Gerontology: Series A, 56*(3), M146–M156. https://doi.org/10.1093/gerona/56.3.M146

Gethin, R. (2018). *The foundations of Buddhism* (2nd ed.). Oxford University Press.

Grunwald, A., Weber, M., & Fischer, R. (2024). Learning design and user satisfaction: A cognitive perspective on educational media. *Computers & Education, 195*, Article 104728.

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). Sage Publications.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Delacorte Press.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144–156. https://doi.org/10.1093/clipsy.bpg016

Kano, N. (1984). Attractive quality and must-be quality. *The Journal of the Japanese Society for Quality Control, 14*(2), 39–48.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Ma, Q., Zhang, X., & Li, Y. (2024). Applying Kano model to evaluate service quality in digital platforms. *The Service Industries Journal, 44*(3–4), 210–228.

Mahāmakut Rājavidyālaya. (1998). *Tipiṭaka (Siamese edition): Vol. 24. Aṅguttara Nikāya, Dasaka Nipāta*. Mahāmakut Buddhist University Press.

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*(2), 224–253. https://doi.org/10.1037/0033-295X.98.2.224

Ounephaivong, S., Thepa, P. C. A., & Pettongma, W. C. (2025). Kāyagatāsati bhāvanā: The cultivating subjective process of arousing mental state. *Mahamakut Graduate School Journal, Mahamakut Buddhist University, 23*(1).

Payutto, P. A. (1994). *Buddhist economics: A middle way for the market place*. Buddhadhamma Foundation.

Phrabhomkunabhorn (P. A. Payutto). (2007). *A constitution for living: Buddhist principles for a fruitful and harmonious life*. Buddhadhamma Foundation.

Prince, M. J., Wu, F., Guo, Y., Gutierrez Robledo, L. M., O'Donnell, M., Sullivan, R., & Yusuf, S. (2015). The burden of disease in older people and implications for health policy and practice. *The Lancet, 385*(9967), 549–562. https://doi.org/10.1016/S0140-6736(14)61347-7

Royal Institute of Thailand. (2003). *Royal Institute dictionary B.E. 2542*. Nanmee Books Publications.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*(4), 719–727. https://doi.org/10.1037/0022-3514.69.4.719

Suebkrapan, C. C., Thepa, P. C. A., Sapanthong, P. S., & Sutthirat, N. (2025). Creative approach to enhancing learning skills based on Buddhism and philosophy. *Philosophies, 10*(5), Article 104. https://doi.org/10.3390/philosophies10050104

Teasdale, J. D., & Chaskalson, M. (2011). How does mindfulness transform suffering? I: The nature and origins of dukkha. *Contemporary Buddhism, 12*(1), 89–102. https://doi.org/10.1080/14639947.2011.564815

Tejero-Dakay, M., Santos, J., & Cruz, P. (2024). Emotional engagement in higher education: A Kano model approach. *Educational Research Review, 42*, Article 100561.

Thepa, P. V. C., Suebkrapan, C., & Karat, P. B. N. (2025). The spirituality of the relationship between practicing Buddhist beliefs and lifelong learning competencies: A canonical correlation approach. *The International Journal of Religion and Spirituality in Society, 15*(4), 25–50. https://doi.org/10.18848/2154-8633/CGP/v15i04/25-50

Varela, F. J., Thompson, E., & Rosch, E. (1991). *The embodied mind: Cognitive science and human experience*. MIT Press.

Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology, 21*(2), 152–169. https://doi.org/10.1017/S0959259810000420

Wolniak, R. (2024). The use of the Kano model in Industry 4.0: A systematic literature review. *Sustainability, 16*(3), Article 1123. https://doi.org/10.3390/su16031123

World Health Organization. (2021). *Decade of healthy ageing: Baseline report*. World Health Organization.

Yao, L., Chen, H., & Xu, J. (2024). Multi-dimensional service quality and patient satisfaction: A Kano model application in healthcare. *International Journal of Health Planning and Management, 39*(2), 345–360.

Zhou, X., Snoswell, C. L., Harding, L. E., Bambling, M., Edirippulige, S., Bai, X., & Smith, A. C. (2020a). The role of telehealth in reducing the mental health burden from COVID-19. *Telemedicine and e-Health, 26*(4), 377–379. https://doi.org/10.1089/tmj.2020.0068

Appendices

Kano-Based Assessment Questionnaire

Evaluation of the Girimānanda Sutta Dhamma Audio Set

Response Scale

Please rate each item according to its perceived relationship to your recovery and mental well-being:

- 50 = Very High Satisfaction
- 40 = High Satisfaction
- 30 = Moderate Satisfaction
- 20 = Low Satisfaction
- 10 = Dissatisfaction

Section 1: Dhamma Content and Script Design

1.1 To what extent does background music in the Dhamma audio enhance your sense of mental calmness? (Background music enhances mental peace)

1.2 If the Dhamma audio provides a feature that allows you to select specific topics of interest, how much would this increase your satisfaction? (Features for selecting specific Dhamma topics)

1.3 To what extent would explanatory guidance or commentary within each Dhamma segment improve your understanding of the content? (Supplements for guidance or commentary)

Section 2: Tone of Voice and Duration Suitability

2.1 How important is clear pronunciation and ease of listening in the Dhamma narration for your overall experience? (Clarity and ease of pronunciation)

2.2 How appropriate is the duration of the Dhamma audio (e.g., not exceeding 15 minutes) for your needs? (Appropriate duration (≤ 15 minutes))

2.3 To what extent does tailoring the content specifically for elderly patients improve your perceived benefit from the audio? (Tailored content for elderly patients)

Section 3: Comprehensibility and Relevance to Recovery Context

3.1 How necessary is the use of simple and easily understandable language in the Dhamma audio? (Use of simplified, accessible language)

3.2 To what extent should the Dhamma content be adapted to the recovery context of elderly patients with chronic illness? (Alignment with elderly recovery context)

3.3 To what extent do you expect the Dhamma audio to help reduce anxiety or emotional distress? (Anxiety reduction through listening)

Section 4: Distribution and Accessibility of the Dhamma Audio

4.1 To what extent does the availability of both online and offline formats affect your satisfaction? (Online/Offline format flexibility)

4.2 To what extent do visual elements (e.g., illustrations) influence your preference for the Dhamma audio? (Necessity of visual illustrations)

4.3 To what extent do access channels (e.g., mobile application vs. website) affect your usability and satisfaction? (Access channels (App vs. Website))

Section 5: Technical Appropriateness and Language Use

5.1 To what extent do background music or sound effects distract your concentration while listening? (Distraction from music or sound effects)

5.2 To what extent does excessive length reduce your willingness to continue listening? (Attrition due to excessive length)

5.3 To what extent does the use of complex or technical terminology affect your satisfaction with the Dhamma audio? (Complexity of specialized terminology)

Contributions

1. Netnapa Sutthirat (First Author, Head of Project). Conceptualization, methodology, investigation, writing—original draft, and project administration, Faculty of Religion and Philosophy, Mahamakut Buddhist University, Thailand. Email: netnapa.sut@mbu.ac.th, https://orcid.org/0000-0002-9381-8009.

2. Phrakrupalad Chotipath Acharashubho Thepa (Corresponding Author). Supervision, validation, formal analysis, writing—review & editing, and correspondence, Faculty of Religion and Philosophy, Mahamakut Buddhist University, Thailand. Email: chotipath.the@mbu.ac.th, https://orcid.org/0000-0001-9184-4273.

3. Pakatip Singkhum (Co-Author). Data curation, investigation, methodological support, and writing—review, Boromarajonani College of Nursing, Surin, Thailand. Email: pakatip@bcnsurin.ac.th

Ethics Declarations

All participants were informed about the purpose of the study and provided consent prior to participation. The research ensured confidentiality, voluntary participation, and adherence to ethical standards for human research. This study was conducted in accordance with established ethical standards for research involving human participants. Ethical approval was obtained from the Institutional Review Board (IRB) of Mahachulalongkornrajavidyalaya University, Approval R.878/2567, prior to data collection.

Conflict of interest
There is no conflict of interest in this research.

Consent to Participate
Informed consent was obtained from all individual participants included in the study.

The Application of Vajjī-aparihāniyadhamma to a Crematorium Management Model for Temples in Nonthaburi Province, Thailand

Phra Udomvajiramethi (Charoen Khamkham)[1],
Phra Khru Sangharak Suriya Phaphasaro (Sapanthong)[2],
Phra Suchat Abhassaro (Phuengphai)[3] Pravech Vathakeaw[4]
The Faculty of Religion and Philosophy. Mahamakut Buddhist University. [1,2,4]
Faculty of Social Sciences. Mahamakut Buddhist University. [3]
Corresponding author email: pravech.vat@mbu.ac.th[4]
Received 01/05/2026; Revised 05/06/2026; Accepted 05/06/2026

Abstract

This research article aimed to: (1) examine current problems in crematorium management, (2) explore appropriate management approaches through the application of the Vajjī-aparihāniyadhamma principles, and (3) propose a contextually grounded crematorium management model for temples in Nonthaburi Province, Thailand. The study employed a qualitative research methodology. Data were collected through in-depth interviews with 18 key informants, comprising ecclesiastical administrators, temple operational staff, and undertakers, together with participatory observation in temple crematorium settings. The data were analyzed using qualitative content analysis.

The findings revealed that crematorium management problems in the study area were primarily due to a lack of systematic planning and standardized management procedures. Major problems included inconsistent service delivery, insufficient parking and supporting facilities, non-systematic accounting and maintenance fee administration, and limited technical knowledge among crematorium personnel. These problems led to reactive, experience-based management rather than proactive, transparent, and organized operations. The study further found that appropriate crematorium management should integrate four managerial dimensions: planning, organizing, problem-solving, and controlling. These dimensions were closely aligned with the seven principles of Vajjī-aparihāniyadhamma, particularly regular consultation, harmonious collaboration, adherence to established norms, respect for elders, preservation of tradition, and moral responsibility.

Based on the findings, the study proposes the BSI Model (Benefit, Save, and Impression) as a new body of knowledge for temple-based crematorium management. The Benefit dimension emphasizes environmental, social,

institutional, spiritual, and economic value. The Save dimension highlights cost, time, and operational efficiency. The Impression dimension focuses on service satisfaction, facility readiness, transparency, fairness, and holistic experience for bereaved families. This model contributes theoretically by integrating Buddhist ethical principles with modern management concepts and practically by offering a culturally grounded framework for improving crematorium services. The study suggests that temples should move toward structured, transparent, technology-supported, and ethically guided management systems in order to enhance service quality and respond effectively to contemporary social needs.

Keywords: Vajjī-aparihāniyadhamma; Crematorium Management; Temple Management; BSI Model; Buddhist Management

Acknowledgements

This article is derived from the research project entitled "Crematorium Management of Temples in Nonthaburi Province." The authors would like to express their sincere gratitude to Mahamakut Buddhist University for its academic guidance and institutional support. The authors also gratefully acknowledge financial support from the Yanasangvorn Research Institute, Mahamakut Buddhist University, under Research Grant No. 77/2567, which made this study possible.

Introduction

The management of death-related facilities, particularly cemeteries and crematoria, represents a critical domain that reflects the intersection of legal, social, cultural, and religious dimensions in Thai society. In the legal context, the Cemetery and Crematorium Act B.E. 2528 (1985) and its amendment (No. 2) B.E. 2550 (2007) establish clear definitions and regulatory frameworks for both public and private cremation facilities, aiming to ensure service standards while safeguarding human dignity, equality, and fundamental rights (Department of Provincial Administration, 2007). This legal foundation demonstrates the state's effort to institutionalize death management in alignment with democratic governance and public accountability.

From a socio-cultural perspective, Thailand is predominantly a Buddhist society, where religious beliefs profoundly shape life-cycle rituals, particularly those associated with death. Cremation is the dominant funerary practice, rooted in Buddhist doctrines and transmitted through long-standing cultural traditions.

Historically, cremation sites evolved from rural burial grounds or "cemetery forests" into structured crematoria located within temple compounds, reflecting both religious symbolism and practical considerations such as accessibility, community centrality, and ritual continuity (Kasetsiri, 2012). Temples thus function not only as sacred spaces but also as key service providers in managing death-related processes.

Despite the ongoing physical development of crematorium infrastructure, significant challenges persist in management practices. Existing literature and empirical observations indicate four major problem areas: (1) inconsistent and non-standardized service delivery, (2) inadequate parking and supporting infrastructure, (3) lack of systematic financial and accounting systems, and (4) shortages of skilled personnel, particularly undertakers and ceremonial coordinators (Department of Local Administration, 2006). These issues reflect a broader misalignment between formal regulatory frameworks and actual operational practices at the local level.

A critical review of prior studies further reveals substantial research gaps. Most existing research in Thailand has focused primarily on the religious and cultural aspects of death rituals (Phra Somchai Thanavuddho 2015), while systematic investigations into crematorium management from the perspectives of public management, service management, and governance remain limited. Moreover, there is a notable absence of integrative conceptual models that combine modern management principles with Buddhist ethical frameworks, particularly within the context of temple-based service systems. To address these gaps, this study investigates the crematorium management model of temples in Nonthaburi Province, with a specific focus on applying the Vajjī-aparihāniyadhamma, the Buddhist principles of non-decline, as a normative and operational framework. These principles emphasize collective decision-making, harmony, adherence to established norms, respect for authority, and ethical governance (Walshe, 1995; Bhikkhu Bodhi, 2012), making them highly relevant to organizational management in religious institutions.

By integrating Buddhist philosophy with contemporary management theory, this study seeks to contribute both theoretically and practically, offering a culturally grounded framework that enhances service quality, operational efficiency, and ethical governance in temple-based crematorium management.

Research Objectives

1) To examine current problems in crematorium management in temples in Nonthaburi Province.

2) To explore appropriate crematorium management approaches through the application of Vajjī-aparihāniyadhamma.

3) To propose a crematorium management model for temples in Nonthaburi Province, Thailand.

Literature Review

This literature review examines three bodies of knowledge relevant to the development of a crematorium management model for temples in Nonthaburi Province: (1) the Vajjī-aparihāniyadhamma as a Buddhist framework for collective stability and ethical governance, (2) concepts and theories of organizational management, and (3) crematorium systems, legal regulations, and funeral service management in Thai society.

The Vajjī-aparihāniyadhamma as a Buddhist Framework for Non-Decline and Collective Governance

The Vajjī-aparihāniyadhamma, or the principles leading to non-decline, is an important Buddhist doctrine concerning collective welfare, social stability, and participatory governance. The doctrine appears in the Dīgha Nikāya, where the Buddha explains seven conditions that enabled the Vajjian confederacy to maintain unity, stability, and prosperity (Walshe, 1995). These seven principles include frequent assemblies, harmonious meetings and decision-making, respect for established laws and traditions, respect for elders, protection of women and girls, respect for sacred places, and support for virtuous spiritual practitioners. Together, these principles form a Buddhist model of governance that emphasizes consultation, harmony, institutional continuity, moral leadership, and communal protection.

Scholars have interpreted the Vajjī-aparihāniyadhamma as an early Buddhist articulation of ethical and participatory governance. Harvey (2012) explains that Buddhist social thought does not separate moral discipline from social order; rather, collective stability depends on ethical conduct, wise leadership, and communal responsibility. Similarly, Bhikkhu Bodhi (2012) presents the principles as conditions for social non-decline because they protect institutional unity and prevent internal fragmentation. In this sense, the Vajjī-aparihāniyadhamma is not merely a religious teaching but a practical framework for organizational resilience.

The relevance of Vajjī-aparihāniyadhamma to contemporary governance is supported by Akay and Gönültaş (2026), who emphasize participatory governance, institutional interaction, and the reconstruction of public space through collective engagement. In the context of temple-based crematorium management, these principles are directly relevant. Crematorium services involve monks, temple committees, undertakers, lay volunteers, bereaved families, and surrounding communities. Effective management, therefore, requires collective consultation, cooperation, respect for tradition, ethical service, and public trust. The principles of regular assemblies and harmonious collaboration can support participatory planning, while respect for established norms and elders can preserve ritual integrity and institutional continuity. Protection and support for righteous conduct can also strengthen transparency, accountability, and moral responsibility in temple administration.

Concepts and Theories of Organizational Management

Management is generally understood as the process of working with people and resources to achieve organizational goals effectively and efficiently. It involves planning, organizing, leading, coordinating, controlling, and evaluating operations within changing social and institutional contexts. In Thai management scholarship, Wongsaisuwan (1997) emphasizes that effective management requires appropriate strategies, capable leadership, information systems, participation, and flexibility. Similarly, Kumnuansilp and Wongthanavasu (2003) identify two major dimensions of management capacity: supporting systems, such as planning, training, supervision, resource allocation, and information systems; and managerial capacity, including the ability to mobilize resources, motivate personnel, and respond to social needs.

Modern organizational management also emphasizes structural clarity, resource integration, and service quality. Handy (1993) argues that organizational effectiveness depends on the interaction between internal factors, such as personnel, structure, systems, and regulations, and external factors, such as social, economic, and technological change. George and Jones (2006) further explain that managerial effectiveness depends on conceptual, human, and technical skills. These are essential for coordinating personnel, solving problems, and improving service delivery.

For religious organizations such as temples, management cannot be reduced to technical administration alone. Temples are spiritual, cultural, and

community institutions. Dokthaisong (1992) views management as both an art and a strategy for mobilizing people, resources, and organizational processes toward shared goals. This perspective supports the need for systematic coordination among monks, temple committees, staff, undertakers, volunteers, and community members in temple-based crematorium management. Their services must therefore integrate administrative efficiency with ethical responsibility and cultural sensitivity. Crematorium management, in particular, requires not only operational coordination but also compassion, dignity, transparency, and respect for religious ritual. This makes Buddhist ethical principles especially relevant to organizational management in temple contexts.

Crematorium Systems and Temple-Based Funeral Management

Crematoria are important social and religious infrastructures in Thai society. A crematorium is a designated place for cremation and usually includes related facilities such as cremation furnaces, funeral halls, ritual spaces, storage areas, and columbarium facilities. In Thailand, crematoria are commonly located within temple compounds because Buddhist temples traditionally serve as centers for funeral rituals, merit-making, and community support. The development of crematorium systems reflects the interaction of religious beliefs, social practices, environmental concerns, and legal regulations.

Crematorium operations in Thailand are regulated by several laws and administrative frameworks, including the Cemetery and Crematorium Act B.E. 2528 and its amendment B.E. 2550, the Public Health Act, environmental protection laws, building control regulations, and local administrative requirements (Department of Provincial Administration, 2007; Department of Local Administration, 2006). These regulations aim to ensure proper sanitation, environmental protection, public safety, and service standards. However, actual management practices in temples often remain informal and experience-based.

Previous studies and administrative reports indicate that crematorium management faces several recurring problems. These include inconsistent service delivery, inadequate parking and supporting facilities, weak financial and accounting systems, insufficient maintenance planning, a shortage of trained undertakers, and limited knowledge of modern cremation technologies. The Department of Local Administration (2006) emphasizes the need for clearer guidelines for crematorium management, while the Bangkok Metropolitan

Administration (2012) highlights the importance of urban planning, environmental control, and crematorium facility design.

In addition, funeral rituals in urban Thai society have become increasingly complex due to changes in social expectations, consumer behavior, environmental awareness, and technological development. Ongkananantlert (2020) observes that funeral management systems in Thai society increasingly require coordination, professional service, and systematic organization. Similarly, Phra Mahākicca Sorasit (2014) notes that temple crematorium management is often constrained by limited space, insufficient facilities, and inadequate service systems. These challenges show the need for a structured model that integrates management principles, community participation, legal compliance, and Buddhist ethical values.

The reviewed literature shows that existing studies have examined Buddhist governance principles, organizational management theory, and crematorium systems separately. However, limited research has integrated these areas into a practical model for crematorium management in temple contexts. Most studies on funeral rituals in Thailand focus on religious, cultural, or ceremonial dimensions, while fewer studies examine crematorium management through the lens of public service administration, organizational governance, and Buddhist ethics.

This study addresses that gap by applying the Vajjī-aparihāniyadhamma as an ethical and operational framework for temple-based crematorium management. It integrates Buddhist principles of harmony, participation, respect for tradition, and moral responsibility with modern management dimensions of planning, organizing, problem-solving, and controlling. Through this integration, the study develops a contextually grounded model to improve crematorium services at temples in Nonthaburi Province. The proposed approach contributes to both Buddhist studies and management studies by demonstrating how Buddhist ethical principles can guide practical organizational management in contemporary religious public service institutions.

Conceptual Framework

The conceptual framework of this study is designed to explain the development of a crematorium management model for temples in Nonthaburi Province by applying Vajjī-aparihāniyadhamma. As shown in *Figure 1*, the

framework begins with the current problems of temple-based crematorium management, including inconsistent service delivery, insufficient parking and supporting facilities, non-systematic accounting and maintenance fee administration, limited technical knowledge among crematorium personnel, and the absence of standardized management procedures. These problems indicate the need for a more systematic, transparent, and ethically grounded management model.

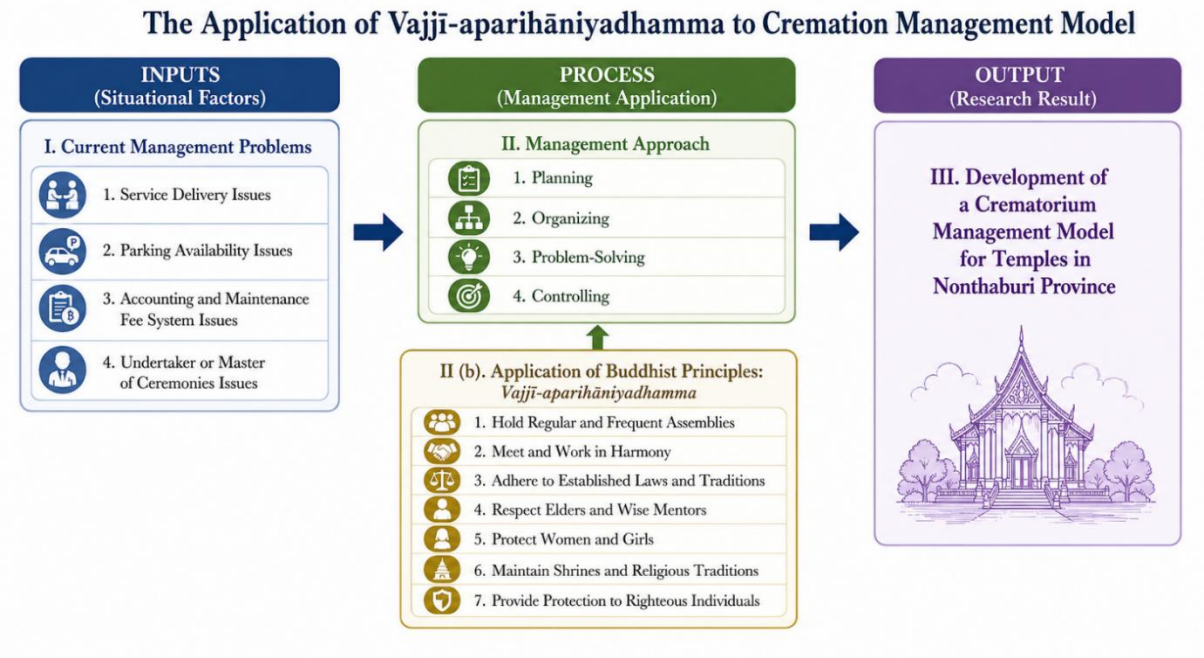


Figure 1. Conceptual Framework for Developing a Crematorium Management Model Based on Vajjī-aparihāniyadhamma

The second component of the framework comprises relevant concepts and theories that support model development. These include concepts of organizational management, crematorium systems, legal and environmental regulations, public service management, and Buddhist ethical governance. Modern management concepts provide the administrative dimensions of planning, organizing, problem-solving, and controlling, while Buddhist principles provide the ethical and communal foundation for temple administration.

The third component is the application of Vajjī-aparihāniyadhamma as the central normative framework. The seven principles of non-decline emphasize regular consultation, harmonious collaboration, respect for established norms and traditions, respect for elders and experienced leaders, protection of community

welfare, preservation of sacred places, and support for righteous conduct. In this study, these principles are applied to strengthen participatory decision-making, ethical service delivery, community cooperation, transparency, and accountability in crematorium management.

The fourth component concerns the research process. Data were collected through documentary review, in-depth interviews with ecclesiastical administrators, temple operational staff, and undertakers, and participatory observation in temple crematorium settings. The data were analyzed using qualitative content analysis with respect to the four management dimensions and the Vajjī-aparihāniyadhamma principles.

The final component of the framework is the proposed crematorium management model, namely the BSI Model (Benefit–Save–Impression). The Benefit dimension refers to environmental, social, institutional, spiritual, and economic value. The Save dimension refers to cost efficiency, time efficiency, resource efficiency, and the reduction of unnecessary operational steps. The Impression dimension refers to service satisfaction, facility readiness, transparency, fairness, and holistic care for bereaved families.

Overall, the conceptual framework demonstrates that effective crematorium management can be developed by integrating modern management systems with Buddhist ethical principles. The framework positions Vajjī-aparihāniyadhamma as a practical governance foundation and the BSI Model as the research outcome for improving temple-based crematorium services in a sustainable, transparent, and culturally appropriate manner.

Research Methodology

This study employed a qualitative research design to develop a crematorium management model for temples in Nonthaburi Province through the application of Vajjī-aparihāniyadhamma. The research focused on understanding real-life crematorium management practices, identifying current problems, and synthesizing an appropriate management model grounded in both Buddhist principles and contemporary management concepts.

The key informants were selected through purposive sampling. A total of 18 participants were included, consisting of three groups directly involved in crematorium management: ecclesiastical administrators or monastic leaders (n = 6), temple operational staff (n = 6), and undertakers (n = 6). These participants

were selected for their direct experience, practical knowledge, and relevance to the administration of temple-based crematoriums in Nonthaburi Province.

The primary research instrument was a researcher-developed semi-structured interview protocol entitled "Interview Instrument for Developing the Crematorium Management Model of Temples in Nonthaburi Province." The instrument consisted of four parts: (1) demographic and professional information of informants, (2) problems and current conditions of crematorium management, (3) crematorium management practices across planning, organizing, problem-solving, and controlling, and (4) recommendations for developing an effective and sustainable management model. The interview protocol was developed from a review of relevant literature, management theories, Buddhist principles, government documents, and previous studies.

To ensure content validity, the draft interview instrument was reviewed by five experts in public administration, Buddhist studies, qualitative research methodology, and temple management. The Content Validity Index (CVI) was used to assess item relevance and appropriateness. The validation results showed strong content validity, with Item-Level CVI values ranging from 0.80 to 1.00 and an overall S-CVI/Ave of 0.96. The instrument was then revised according to expert recommendations before data collection.

Data were collected through in-depth interviews, participatory observation, and documentary review. The interviews were conducted in a flexible and conversational manner, allowing participants to explain their experiences and perspectives in detail. Participatory observation was used to understand the physical setting, service processes, and operational practices of temple crematoria. Relevant documents, regulations, and management records were also reviewed to support triangulation.

Data were analyzed using qualitative content analysis, following systematic procedures of coding, categorization, theme development, and interpretation (Krippendorff, 2019; Schreier, 2012), while trustworthiness was guided by the criteria of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Data were analyzed using descriptive analysis and qualitative content analysis. The analytical process included transcription, repeated reading, open coding, categorization, theme development, and interpretation. The findings were

synthesized in relation to the research objectives, the four management dimensions, and the principles of Vajjī-aparihāniyadhamma. Trustworthiness was enhanced through data triangulation, theoretical triangulation, systematic coding, and reflexive interpretation, guided by the criteria of credibility, transferability, dependability, and confirmability.

Ethical considerations were strictly observed throughout the study. All participants were informed of the research objectives, procedures, and intended use of the findings. Participation was voluntary, informed consent was obtained, and participants had the right to withdraw at any time. Personal information was anonymized and kept confidential. The study was approved by the Mahamakut Buddhist University Human Research Ethics Committee.

Research Results

This study investigated the crematorium management model of temples in Nonthaburi Province through qualitative fieldwork. Data were collected using in-depth interviews with key informants, including ecclesiastical administrators (n = 6), operational staff (n = 6), and undertakers (n = 6), totaling 18 participants, alongside participatory observation of crematorium environments and temple settings. The collected data were analyzed using content analysis to address the research objectives. The findings are presented in three main sections.

1. Current Problems in Crematorium Management

The findings reveal that crematorium management problems can be categorized into four major areas, all of which reflect a common issue: the lack of systematic planning and standardized management practices.

First, regarding *service delivery*, the study found that service provision is central to temple management; however, it remains largely unstructured. Services are often delivered reactively, particularly during funeral ceremonies when service users are in emotional distress. Temple staff are required to perform multiple roles, and in some cases, bereaved families must seek assistance independently, resulting in inconsistent service quality.

Second, regarding parking availability, there is a significant mismatch between the increasing number of funeral attendees and the limited physical space on temple grounds. Although some temples have attempted to reorganize space

and allow public parking during non-ceremonial periods, these measures remain temporary and lack systematic management.

Third, concerning the *accounting and maintenance fee system*, most temples rely on manual bookkeeping rather than digital systems. Financial records are often not systematically categorized, and formal auditing mechanisms are generally absent. This results in limited transparency and weak financial accountability.

Fourth, regarding the *performance of undertakers and ceremony masters*, the study found a gap in technical knowledge, particularly in relation to modern cremation technologies. Most personnel acquire skills through experience rather than formal training, leading to inconsistencies in operational standards and difficulties adapting to contemporary systems.

These findings indicate that crematorium management in the study area is characterized by ad hoc, experience-based practices rather than structured, forward-looking systems, highlighting the need for standardized management frameworks.

2. Crematorium Management Practices and Application

Application of Vajjī-aparihāniyadhamma Principles in Crematorium Management

The findings indicate that crematorium management in temples in Nonthaburi Province functions as an integrated operational system, in which the four core management dimensions, planning, organizing, problem-solving, and controlling, are implicitly and explicitly aligned with the ethical framework of the Vajjī-aparihāniyadhamma. These principles, originally articulated by the Gautama Buddha as conditions for non-decline and collective welfare, are reflected in contemporary management practices through patterns of collaboration, adherence to norms, and ethical responsibility. In the planning dimension, temples place a strong emphasis on collective decision-making and participatory processes. Regular meetings among monks, lay staff, and volunteers serve as mechanisms for coordination and role clarification. This reflects the principles of frequent assemblies and harmonious collaboration, ensuring that planning is both inclusive and context-sensitive. Furthermore, planning practices maintain continuity with established temple traditions, particularly in ritual arrangements and the allocation of space for funeral ceremonies.

Regarding organizing, crematorium management is characterized by the systematic provision of services and facilities, including seating arrangements, sound systems, and ritual equipment. Financial management systems, although evolving, increasingly incorporate transparency and categorization. These practices align with the principles of working in harmony and adhering to established norms, as temples strive to balance efficiency with cultural and religious continuity. The maintenance of ritual spaces and ceremonial standards further reflects the preservation of religious traditions embedded in the Vajjī-aparihāniyadhamma. In terms of problem-solving, temples adopt collaborative and adaptive strategies to address operational challenges, particularly those related to limited parking space and fluctuating numbers of funeral attendees. Solutions often involve coordination with local communities and external organizations, such as schools and public agencies. This reflects the principles of unity and mutual support, as well as the collective responsibility to ensure service users' well-being. Additionally, the adaptation of funeral procedures to align with modern cremation technologies demonstrates a pragmatic integration of tradition and innovation.

For the dimension of control, temples implement oversight mechanisms through documentation systems, financial records, and governance by temple committees. Regular reporting and personnel training help maintain service standards and ensure compliance with environmental and legal regulations. These practices correspond with the principles of respecting authority, adhering to established rules, and protecting ethical conduct within the organization. The involvement of senior monks and experienced personnel further reinforces moral leadership and institutional stability.

Overall, the findings suggest that the application of the Vajjī-aparihāniyadhamma in crematorium management is not merely symbolic but operational. The principles are embedded in everyday practices, guiding decision-making, coordination, and service delivery. This integration contributes to a management system that is participatory, ethically grounded, and responsive to contemporary challenges.

The following table presents a structured summary of the relationship between management dimensions, key findings, and the integration of Vajjī-aparihāniyadhamma principles.

Table 1: Application of Vajjī-aparihāniyadhamma Principles in Crematorium Management

Key Findings (Main Issues)	Sub-Issues	Application of Vajjī-aparihāniyadhamma Principles
Crematorium planning is flexible and context-based, emphasizing collaboration among monks, laypersons, and volunteers with clearly defined roles and responsibilities. Resource planning includes parking management, funeral hall allocation, and long-term spatial and financial planning.	Adaptive planning through community cooperation (e.g., schools, nearby institutions); gradual budget management; long-term expansion strategies.	*1. Regular assemblies* – planning meetings are held continuously. *2. Harmony in operations* – collaborative planning among stakeholders. *3. Adherence to traditions* – planning aligns with established temple practices.
Management focuses on a comprehensive service system, including facilities (seating, sound systems, ritual equipment) and structured financial systems. Transparent fee structures and categorized accounting are increasingly implemented.	Integration of service systems with financial transparency; flexibility in service provision based on the capacity of bereaved families; provision of multiple facility options.	*2. Harmony in operations* – coordinated service delivery. *3. Adherence to established norms* – structured financial and service systems. *6. Maintenance of traditions* – preservation of ritual practices and facilities.
Key challenges include insufficient parking and uncertainty in attendance. Solutions involve collaboration with external organizations and adapting funeral procedures to modern cremation technologies.	Use of community spaces (schools, government offices) for parking; real-time problem-solving; adjustment of rituals to fit technological systems.	*1. Regular assemblies* – joint discussions for problem-solving. *2. Harmony* – cooperation with community and external agencies. *7. Protection and support* – ensuring smooth services for the public.
Management control is implemented through documentation systems, financial records, and oversight by temple committees. Regular reporting and staff training ensure service quality and	Quality control of services; personnel training; monitoring of cremation systems in accordance with environmental standards;	*3. Adherence to laws and traditions* – compliance with regulations. *4. Respect for elders/mentors* – governance by senior monks and committees.

Key Findings (Main Issues)	Sub-Issues	Application of Vajjī-aparihāniyadhamma Principles
compliance with environmental laws.	accountability mechanisms.	*7. Protection of righteous practices* – maintaining ethical and transparent management.

The findings indicate that crematorium management at temples in Nonthaburi Province operates as an integrated, adaptive administrative system comprising four interrelated managerial dimensions: planning, organizing, problem-solving, and controlling. These dimensions collectively support operational continuity, service effectiveness, resource coordination, and long-term sustainability in temple-based crematorium services. Across all dimensions, participants emphasized collective governance, community participation, ethical administration, and responsiveness to local conditions.

The key findings can be summarized as follows:

1. Planning Dimension: Context-Based and Participatory Planning

Temples employed flexible and context-sensitive planning practices. Planning included role clarification, allocation of physical space, parking management, funeral hall scheduling, budget preparation, environmental concerns, and long-term infrastructure development. Effective planning depended on cooperation among monks, temple committees, operational staff, laypersons, volunteers, and community representatives.

2. Organizing Dimension: Integrated Service and Administrative Transparency

Temples increasingly adopted integrated service systems to support bereaved families throughout the funeral process. Essential components included seating arrangements, sound systems, ritual equipment, ceremonial coordination, administrative support, and financial management. Several temples developed categorized accounting systems and clearer fee structures to improve transparency and accountability.

3. Problem-Solving Dimension: Collaborative and Adaptive Response

Temples faced operational challenges such as insufficient parking space, unpredictable numbers of funeral attendees, and adaptation to modern cremation technologies. These problems were addressed through cooperation with nearby schools, local government offices, community organizations, and other external agencies. The findings show that effective problem-solving depends on

organizational flexibility, inter-organizational cooperation, and personnel development.

4. Controlling Dimension: Accountability and Service Standardization

Temples implemented monitoring mechanisms through documentation systems, financial records, committee oversight, personnel supervision, and regular reporting. Control mechanisms supported public trust, service standards, financial transparency, and compliance with legal and environmental requirements. Staff training and continuous improvement were also identified as important mechanisms for operational consistency.

Overall, these four managerial dimensions are conceptually and practically aligned with Vajjī-aparihāniyadhamma. Collaborative planning corresponds to regular consultation and harmony in action; transparent financial management reflects adherence to proper norms; respect for senior monks and experienced personnel reinforces moral leadership; and community cooperation supports collective welfare. Therefore, Vajjī-aparihāniyadhamma functions not only as a Buddhist doctrine but also as a practical governance framework for managing temple-based public services.

3. The Proposed BSI Model: Benefit–Save–Impression Model for Sustainable Crematorium Management

Based on empirical findings, this study proposes the BSI Model—Benefit, Save, and Impression—as a contextually grounded model for crematorium management in temples in Nonthaburi Province. The model was developed from the synthesis of interview data, participatory observation, documentary review, and the application of Vajjī-aparihāniyadhamma principles. It responds directly to the major problems identified in the study, including unstructured service delivery, insufficient facilities, non-systematic accounting, limited personnel capacity, and the absence of standardized management procedures.

The BSI Model consists of three interrelated dimensions:

1. **B**enefit

The Benefit dimension refers to the multidimensional value created through effective crematorium management. It emphasizes that crematorium services should not be limited to ritual completion but should generate broader benefits for individuals, communities, temples, and the environment. Environmental benefit is reflected in the adoption of modern cremation technologies and improved operational practices that reduce air pollution and

support environmental sustainability. Social and institutional benefit is reflected in the temple's role as a center of compassionate service and community support during times of loss. Individual and spiritual benefit is created when funeral rituals provide opportunities for reflecting on Buddhist teachings such as impermanence (*anicca*), suffering (*dukkha*), and non-self (*anattā*). Economic benefit is achieved through efficient management that reduces unnecessary expenses for bereaved families while maintaining service quality.

2. **S**ave

The Save dimension emphasizes efficient resource utilization and systematic management processes. It includes cost efficiency, time efficiency, and operational efficiency. Cost efficiency is achieved through rational budgeting, transparent fee structures, and clear financial administration. Time efficiency is achieved through streamlined procedures, clear role assignment, and improved service flow during funeral ceremonies. Operational efficiency is achieved by reducing redundant steps, improving coordination among monks, temple staff, undertakers, volunteers, and community agencies, and applying systematic planning. This dimension reflects the transition from reactive, experience-based management toward structured and efficient temple administration.

3. **I**mpression

The Impression dimension refers to stakeholders' perception of service quality, trust, fairness, and overall experience. Service satisfaction is created when crematorium services are well organized, compassionate, and responsive to the emotional needs of bereaved families. Facility readiness, including parking spaces, sanitation, ceremonial equipment, and funeral halls, contributes to confidence and convenience. Transparency and fairness are strengthened through clear communication about service procedures, fees, and responsibilities. Holistic experience is created when physical, emotional, social, and spiritual support are integrated into the funeral service process.

The BSI Model demonstrates that sustainable crematorium management requires more than technical administration. It requires the integration of service effectiveness, resource stewardship, ethical governance, and stakeholder-centered care. The model also reflects the operational application of Vajjī-aparihāniyadhamma in practical temple management. Collective participation and harmony are expressed through collaborative planning and service delivery. Adherence to tradition preserves ritual integrity and cultural continuity. Respect and ethical conduct guide relationships among monks, staff, undertakers,

bereaved families, and community members. Protection and support are extended to both service providers and service users, reinforcing public welfare and trust.

Therefore, the BSI Model provides a practical and theoretically grounded framework for sustainable crematorium management in temple contexts. It transforms crematorium management from a fragmented and problem-solving approach into a systematic, value-driven model that promotes environmental responsibility, operational efficiency, social trust, and spiritual dignity.

Synthesis of Key Findings

The overall findings suggest that crematorium management in Nonthaburi temples demonstrates structural strength in operational integration but still requires further development in systemic support. While temples effectively integrate planning, organization, problem-solving, and control in practice, several challenges remain. These include limitations in physical infrastructure, particularly parking capacity; gaps in personnel skills, especially regarding modern technology; and the need for more transparent and standardized financial systems. Despite these challenges, the adaptive and participatory nature of temple management enables effective responses to contextual constraints.

Discussion

This study examined crematorium management in temples in Nonthaburi Province, explored appropriate management approaches by applying Vajjī-aparihāniyadhamma, and proposed a contextually grounded management model for temple-based crematorium services. The findings show that crematorium management is not merely a technical or ritual function but a complex form of religious public service that requires systematic planning, ethical governance, community participation, and service accountability.

Regarding the first objective, the study found that the main problems in crematorium management stemmed from the absence of systematic planning and standardized operational procedures. The major problems included inconsistent service delivery, inadequate parking and supporting facilities, non-systematic accounting and maintenance fee administration, and limited technical knowledge among undertakers and ceremonial personnel. These findings indicate that many temple crematoria continue to rely on informal, experience-based practices rather than structured management systems. Such practices may be sufficient in small-scale community contexts, but they become increasingly inadequate when funeral services involve larger numbers of participants, more complex ritual arrangements, environmental concerns, and higher expectations for transparency and service quality. This finding is consistent with previous studies indicating that temple-based crematorium management in Thailand often faces limitations

in facilities, personnel capacity, and service systems (Phra Mahākicca Sorasit, 2014; Ongkananantlert, 2020). From a management perspective, these problems reflect the need for a clearer organizational structure, standard operating procedures, personnel development, and information systems, all of which are essential components of effective organizational management (Handy, 1993; George & Jones, 2006).

Regarding the second objective, the findings suggest that appropriate crematorium management should integrate four interrelated managerial dimensions: planning, organizing, problem-solving, and controlling. Planning is necessary for preparing facilities, personnel, budgets, ritual schedules, and long-term infrastructure development. Organizing supports coordination among monks, temple committees, operational staff, undertakers, volunteers, bereaved families, and external agencies. Problem-solving is particularly important in responding to practical constraints such as limited parking space, unexpected numbers of funeral attendees, and adaptation to modern cremation technologies. Controlling ensures accountability through documentation, financial reporting, service monitoring, personnel supervision, and compliance with relevant legal and environmental standards. These findings support the view that crematorium management should move from reactive administration toward proactive, transparent, and service-oriented management.

The application of Vajjī-aparihāniyadhamma provides an ethical and culturally appropriate foundation for this transition. The principles of frequent assembly, harmonious consultation, adherence to established norms, respect for elders, protection of social welfare, preservation of sacred places, and support for righteous conduct are directly relevant to temple administration. In this study, these principles were reflected in collaborative planning, community cooperation, respect for senior monks and experienced personnel, the preservation of ritual traditions, and a commitment to ethical and transparent service. Thus, Vajjī-aparihāniyadhamma should be understood not only as a doctrinal teaching in the Buddhist canon but also as a practical governance framework for religious organizations. This interpretation is consistent with Walshe (1995) and Bhikkhu Bodhi (2012), who present the principles as conditions for non-decline, unity, and collective welfare. In the context of crematorium management, these principles help strengthen trust, reduce conflict, and promote shared responsibility among temple stakeholders.

Regarding the third objective, the study proposes the BSI Model as a practical framework for sustainable crematorium management. The Benefit dimension reflects the broader value created through effective management, including environmental, social, and institutional, individual and spiritual, and economic benefits. This dimension shows that crematorium management should

not be limited to the completion of funeral ceremonies but should also contribute to environmental responsibility, community trust, spiritual reflection, and cost-effective service. The findings are consistent with Phra Khru Palad Pairot Kattasaro (2023), who found that service satisfaction in temple-based funeral management is influenced by service readiness, clear communication, fairness, and compassionate support for bereaved families. This supports the present study's Impression dimension in the BSI Model, which emphasizes service satisfaction, facility readiness, transparency, fairness, and holistic care as essential components of sustainable crematorium management. The Save dimension emphasizes efficient use of resources, including cost, time, and operational efficiency. This directly addresses the problems of fragmented service delivery, unclear financial systems, and recurring operational delays. The Impression dimension highlights the quality of user experience, including service satisfaction, facility readiness, transparency, fairness, and holistic support for bereaved families.

The BSI Model, therefore, represents an integration of Buddhist ethics and modern management. It transforms crematorium management from a fragmented operational activity into a value-driven public service model. The model is consistent with contemporary service management principles that emphasize quality, efficiency, accountability, and stakeholder satisfaction. At the same time, it preserves the Buddhist character of temple-based funeral services by emphasizing compassion, dignity, ritual continuity, and moral responsibility. This is significant because temple crematoria operate within a dual identity: they are both religious spaces and public service institutions. Effective management must therefore address both administrative performance and spiritual meaning.

Overall, the findings demonstrate that crematorium management in temples can be improved by integrating structured management systems with Buddhist ethical principles. The study contributes to Buddhist management studies by demonstrating that Vajjī-aparihāniyadhamma can serve as an applied governance framework for contemporary temple administration. It also contributes to public service management by proposing the BSI Model as a culturally grounded framework for improving service quality, resource efficiency, transparency, and stakeholder trust. However, because this study was based on qualitative data from temples in Nonthaburi Province, future research should test the model in other provinces and apply quantitative methods to evaluate its broader applicability, effectiveness, and impact on community satisfaction.

New Knowledge from Research

The new knowledge generated from this research is the development of a Buddhist-integrated crematorium management framework through the BSI Model. This model shows how Vajjī-aparihāniyadhamma can be transformed from a Buddhist doctrine of non-decline into a practical governance framework for the management of temple-based public services.

The first contribution is the reinterpretation of Vajjī-aparihāniyadhamma as an operational principle for contemporary temple administration. Its emphasis on regular consultation, harmony, respect for established norms and elders, preservation of sacred places, and support for righteous conduct can guide participatory planning, transparent administration, community cooperation, and ethical service delivery.

The second contribution is the integration of Buddhist ethical governance with modern management functions. The study identifies four essential managerial dimensions, planning, organizing, problem-solving, and controlling, as necessary conditions for improving crematorium management. These dimensions help temples move from informal, experience-based practices toward systematic, transparent, and accountable management.

The third contribution is the BSI Model itself. The Benefit dimension emphasizes environmental, social, institutional, spiritual, and economic value. The Save dimension focuses on cost efficiency, time efficiency, resource efficiency, and reducing unnecessary operational steps. The Impression dimension highlights service satisfaction, facility readiness, transparency, fairness, and holistic care for bereaved families.

In summary, the BSI Model provides a new Buddhist-based management framework that connects ethical governance, systematic administration, and stakeholder-centered service quality. It demonstrates that crematorium management can be improved not only through technical systems but also through Buddhist principles that promote harmony, public trust, spiritual dignity, and sustainable community service.

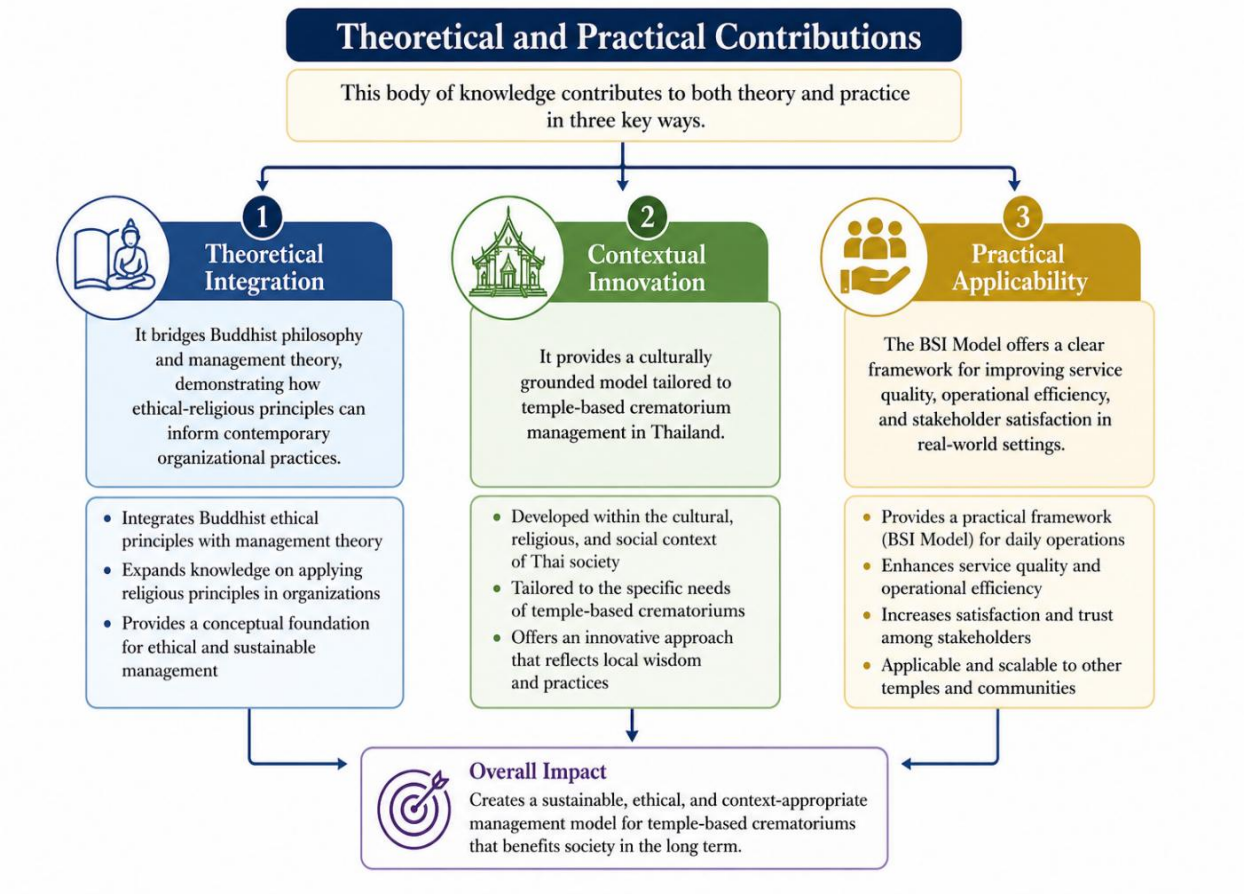


Figure 2: The BSI Model for Temple Crematorium Management

Conclusion

This study concludes that crematorium management in temples in Nonthaburi Province remains largely dependent on informal and experience-based practices. The main problems identified include inconsistent service delivery, insufficient parking and supporting facilities, non-systematic accounting and maintenance fee administration, limited technical knowledge among crematorium personnel, and the absence of standardized management procedures. These limitations affect service quality, operational efficiency, transparency, and public trust. Therefore, temple-based crematorium management needs to move toward a more structured, transparent, and technology-supported system.

The findings further show that effective crematorium management should be developed through four interrelated managerial dimensions: planning, organizing, problem-solving, and controlling. Planning supports the preparation of facilities, personnel, budgets, and long-term infrastructure. Organizing strengthens coordination among monks, temple committees, staff, undertakers, volunteers, bereaved families, and community agencies. Problem-solving enables

temples to respond to practical challenges such as limited parking, changing funeral demands, and modern cremation technologies. Controlling promotes accountability through documentation, financial reporting, monitoring, personnel training, and compliance with legal and environmental standards.

The application of Vajjī-aparihāniyadhamma provides a valuable Buddhist ethical framework for strengthening these management dimensions. Its principles of regular consultation, harmonious collaboration, respect for established norms and senior leadership, preservation of sacred places, and support for righteous conduct can guide temple administration toward participatory governance, moral responsibility, community cooperation, and public trust. Thus, Vajjī-aparihāniyadhamma is not merely a doctrinal teaching but also an applicable framework for governance in contemporary religious public service.

The main contribution of this research is the proposed BSI Model: Benefit–Save–Impression. The Benefit dimension emphasizes environmental, social, institutional, spiritual, and economic value. The Save dimension focuses on cost efficiency, time efficiency, resource efficiency, and reducing unnecessary operational steps. The Impression dimension highlights service satisfaction, facility readiness, transparency, fairness, and holistic care for bereaved families. Together, these three dimensions form a Buddhist-integrated management framework that connects ethical governance with modern administrative practice.

In conclusion, the BSI Model demonstrates that crematorium management can be improved not only through technical administration but also through Buddhist principles that promote harmony, dignity, accountability, and public benefit. The model offers a culturally grounded and practically applicable framework for enhancing temple-based crematorium services in Thailand. Future research should apply and test this model in other provinces and use quantitative methods to evaluate its broader effectiveness, community satisfaction, and long-term sustainability.

Recommendations

Based on the findings and conclusions of this study, several recommendations are proposed to enhance crematorium management in temples in Nonthaburi Province and similar contexts.

1. Temples should transition from informal, experience-based practices to a structured management system by developing clear standard operating procedures (SOPs) for all aspects of crematorium services. This includes service delivery, facility management, financial administration, and ritual coordination.

2. The establishment of a centralized crematorium management unit within temples is strongly recommended. Such a unit would serve as a coordination hub,

planning, organizing, and monitoring all funeral-related activities, thereby improving efficiency and reducing the burden on bereaved families.

3. Temples should adopt information technology systems, such as digital booking platforms, database management systems, and financial accounting software, to enhance transparency, accuracy, and service accessibility.

4. Capacity building for personnel, including monks, staff, and undertakers, should be prioritized through systematic training programs, particularly in modern cremation technologies, service management, and communication skills.

5. The application of the Vajjī-aparihāniyadhamma principles should be further institutionalized as a guiding ethical framework. Emphasizing regular consultation, harmony, respect for tradition, and moral governance can strengthen organizational cohesion and public trust.

Finally, future research should expand to other provinces and incorporate quantitative approaches to validate and generalize the proposed BSI Model, as well as to assess its long-term effectiveness in improving service quality and community satisfaction.

References

Akay, H., & Gönültaş, Y. C. (2026). Reconstructing public sphere and urban space through NGOs, governance, and Habermasian theory. *Romaya Journal*, *(1)*, 1–18.

Bangkok Metropolitan Administration. (2012). *Urban planning guidelines for crematoria*.

Bhikkhu Bodhi. (Trans.). (2012). *The numerical discourses of the Buddha: A translation of the Aṅguttara Nikāya*. Wisdom Publications.

Dokthaisong, B. (1992). *Principles of management*. Thai Watana Panich.

Department of Local Administration. (2006). *Guidelines for crematorium management*. Ministry of Interior.

Department of Provincial Administration. (2007). *Cemetery and Crematorium Act (No. 2), B.E. 2550*. Ministry of Interior.

George, J. M., & Jones, G. R. (2006). *Contemporary management*. McGraw-Hill.

Handy, C. (1993). *Understanding organizations*. Penguin Books.

Harvey, P. (2012). *An introduction to Buddhism: Teachings, history and practices*. Cambridge University Press.

Kasetsiri, C. (2012). *Thai society, death, and religious rituals*. Matichon Press.

Krippendorff, K. (2019). *Content analysis: An introduction to its methodology* (4th ed.). Sage.

Kumnuansilp, P., & Wongthanavasu, S. (2003). *Management systems and organizational capacity*. Kasetsart University Press.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Ongkananantlert, T. (2020). Funeral management systems in Thai society. *Journal of Social Administration Studies, 12*(2), 45–60.

Phra Khru Palad Pairot Kattasaro. (2023). Service satisfaction in temple-based funeral management. *Journal of Buddhist Administration, 5*(2), 101–120.

Phra Mahākicca Sorasit. (2014). Crematorium management in Bangkok temples. *Journal of Urban Religious Studies, 6*(1), 23–40.

Phra Somchai Thanavuddho. (2015). *Buddhist dimensions of death and rituals*. Wat Phra Dhammakaya.

Promchin, C., Pimparat, P. T., Chancharoen, S., & Bodhisatirawaranggoora, P. (2026). Enhancing emotional wellness across generations through Tri-Sikkha. *Journal of Buddhist Anthropology, 11*(2), 362–376.

Schreier, M. (2012). *Qualitative content analysis in practice*. Sage.

Suebkrapan, P. C. C., Thepa, P. C. A., Sapanthong, P. S. P., & Sutthirat, N. (2025). Creative approach to enhancing learning skills based on Buddhism and philosophy. *Philosophies, 10*(5), Article 104.

Thepa, A., Chakrapol, P., Shi, C. M., Khemraj, S., & Chi, H. K. (2022). Buddhist philosophical approach on the leadership ethics in management. *Journal of Positive School Psychology, 6*(2).

Walshe, M. (Trans.). (1995). *The long discourses of the Buddha: A translation of the Dīgha Nikāya*. Wisdom Publications.

Wongsaisuwan, T. (1997). *Administrative effectiveness*. Borphit Printing.

Author Contributions

Phra Udomvajiramethi (Charoen Khamkham) served as the first author and project leader, responsible for conceptualization and project administration. Phra Khru Sangharak Suriya Phaphasaro (Sapanthong) contributed to the research methodology. Phra Suchat Abhassaro (Phuengphai) contributed to the investigation. Pravech Vathakeaw served as the corresponding author and wrote the original draft.

Ethics Declarations

This study was conducted in accordance with ethical standards for research involving human participants. All participants were informed of the study objectives and procedures, participated voluntarily, and provided informed consent before data collection. Confidentiality and participants' rights were

protected throughout the research process. The study was approved by the Mahamakut Buddhist University Human Research Ethics Committee (Approval No. 0171/2567).

Conflict of Interest

The authors declare no conflict of interest regarding the publication of this research.

Consent to Participate

Informed consent was obtained from all participants included in the study.

Bridging Inner Cultivation and Social Transformation: A Buddhist Framework for Sustainable Peace

The Editorial Board

Journal of International Buddhist Studies College (JIBSC)

Abstract

Buddhist teachings are frequently associated with inner peace, emotional regulation, and the reduction of personal suffering. Yet the assumption that peaceful individuals will automatically create peaceful societies remains theoretically underdeveloped. Personal transformation occurs within social, political, economic, technological, and ecological systems that shape behaviour, distribute power, and determine whether ethical intentions influence collective conditions.

This conceptual article addresses that gap by proposing a Buddhist Framework for Sustainable Peace. Drawing on suffering, dependent origination, ethical restraint, mindfulness, wisdom, loving-kindness, compassion, and right speech, the framework comprises six interrelated dimensions: awareness, critical understanding, ethical reflection, compassionate communication, collective action, and sustainable peace. These dimensions operate across intrapersonal, interpersonal, organizational, societal, and ecological levels.

The article argues that contemplative practices should not replace clinical care, legal protection, structural reform, accountable governance, or environmental policy. Their contribution lies in strengthening the capacities through which individuals and institutions recognize suffering, evaluate consequences, communicate responsibly, and act collectively. Inner cultivation becomes socially transformative only when it is translated into ethical relationships, institutional accountability, and measurable change.

Keywords: Buddhist peaceful means; Inner cultivation; Social transformation; Mindfulness; Compassionate communication; Sustainable peace

Introduction

Buddhist traditions have long linked mental cultivation with ethical conduct, wisdom, loving-kindness, and compassion. Contemporary socially engaged Buddhism has extended these resources into peacebuilding, education, health care, community development, and environmental action (King, 2009; Queen, 2000). This expansion has made Buddhist thought increasingly relevant to public life, but it has also exposed a persistent conceptual problem: the route from inner peace to social peace is often affirmed more readily than it is explained.

Mindfulness or emotional stability may reduce personal reactivity, yet they do not automatically transform unjust institutions, unequal economic

arrangements, harmful technologies, political polarization, or ecological degradation. Individuals may become calmer while continuing to participate in systems that reward exploitation, exclusion, or avoidable harm. Conversely, institutional reform may fail when those responsible for implementation remain governed by fear, hostility, misinformation, or attachment to power. The problem is therefore not whether inner cultivation or structural change is primary, but how they can reinforce one another.

This question matters because contemporary suffering is produced at several levels. Mental states influence speech and conduct, but institutions also shape insecurity, opportunity, identity, and behavior. Programs that treat distress or conflict solely as failures of individual attention risk psychologizing structural suffering. Critical scholarship has accordingly warned against separating mindfulness from ethics and social context or using it to improve adaptation without questioning harmful institutional purposes (Monteiro et al., 2015; Purser, 2015). At the same time, laws and policies cannot sustain peace without trustworthy judgment, ethical restraint, and communication.

Buddhist thought offers resources for clarifying this relationship. Suffering (*dukkha*) establishes the ethical purpose of transformation; dependent origination (*paṭiccasamuppāda*) directs attention to conditions; ethical conduct (*sīla*) restrains harm; mindfulness (*sati*) makes reactive patterns visible; wisdom (*paññā*) examines causes and consequences; and loving-kindness (*mettā*), compassion (*karuṇā*), and right speech (*sammā-vācā*) orient relationships and action. These teachings are not ready-made solutions to modern political or institutional problems. Their application requires interpretation, interdisciplinary knowledge, safeguards, and empirical evaluation.

This article proposes a Buddhist Framework for Sustainable Peace comprising awareness, critical understanding, ethical reflection, compassionate communication, collective action, and sustainable peace. It first explains why personal calm is insufficient for social transformation, then identifies the Buddhist foundations of a multilevel approach, and finally specifies the framework, its mechanisms, applications, and limits. The central argument is that inner cultivation becomes socially significant only when it is mediated through ethical judgment, responsible communication, institutional accountability, and coordinated action.

Why Inner Peace Does Not Automatically Produce Social Peace

Inner cultivation can support peaceful conduct by increasing awareness of emotional reactions, strengthening restraint, and widening concern for others. Its social effects, however, are indirect. An individual may become less reactive while working within an organization whose rules or incentives produce

exploitation, exclusion, or environmental harm. Personal goodwill cannot by itself change systems of employment, political representation, technological design, or access to essential services.

This distinction corresponds to Galtung's (1969) contrast between negative and positive peace. The reduction of direct violence is indispensable, but positive peace also requires justice, dignity, participation, and social arrangements that do not reproduce avoidable suffering. Personal calm may reduce interpersonal escalation without correcting structural conditions that expose some groups to persistent disadvantage.

Power further complicates the relationship. Dialogue and compassion cannot function as neutral remedies when participants lack equal safety, authority, or freedom to speak. A victim should not be pressed to forgive while protection and accountability remain absent, and a marginalized community should not be invited to reconcile without meaningful participation. Non-hatred does not require passivity; compassionate action may include firm resistance, legal protection, public criticism, and institutional reform, provided that it avoids deliberate dehumanization and disproportionate harm.

The reverse reduction is equally inadequate. Structural reform is enacted by people whose judgments are shaped by emotion, identity, self-interest, and information. Policies may fail when distrust, hostility, or attachment to status remain unexamined. Personal and structural transformation are therefore reciprocal: institutions cultivate or restrain particular dispositions, while human dispositions sustain or change institutions.

The transition from inner to social peace consequently requires mediating processes. Awareness must develop into critical understanding of context and power; ethical intention must guide communication and decision-making; compassion must be joined to fair procedures and material protection; and personal practice must support collective action. Inner peace is thus a necessary capacity, not a sufficient social outcome.

Buddhist Foundations for Multilevel Transformation

1. Suffering, Conditionality, and Harm

Buddhist analysis begins with *dukkha*, encompassing pain, dis*sati*sfaction, instability, and vulnerability. This starting point broadens peace beyond the absence of open violence. A community may appear orderly while remaining structured by fear, humiliation, deprivation, or exclusion. The summary of Buddhist training in *Dhammapada* 183—to avoid harm, cultivate what is wholesome, and purify the mind—therefore joins restraint with constructive development (Buddharakkhita, 1985).

Dependent origination explains that suffering arises and ceases through conditions rather than isolated or permanent causes (SN 12.2; Bodhi Bhikkhu,

2000). Applied to conflict, this discourages claims that persons or communities are inherently violent. Harm may arise through insecurity, trauma, inequality, political manipulation, resource competition, and dehumanizing narratives. Conditional understanding asks what sustains a harmful cycle, where it can be interrupted, and which alternative conditions must be created.

2. Motivation, Ethics, and Non-Harming

The three unwholesome roots—greed (*lobha*), hatred (*dosa*), and delusion (*moha*)—identify recurrent motivations associated with harmful action (AN 3.69; Bodhi Bhikkhu, 2012). Although these terms primarily describe mental states, institutions may reward analogous patterns: economic systems may normalize excessive acquisition, political movements may mobilize hostility, and communication platforms may profit from confusion. Their transformation therefore requires personal discipline together with social arrangements that support generosity, non-hatred, reliable information, and responsible sufficiency. Ethical conduct (*sīla*) establishes behavioral limits against injury, deception, exploitation, and heedlessness. Ethics also provides the reliability upon which trust and cooperation depend. Yet non-harming must not be confused with non-intervention. Resistance to violence or corruption may be necessary; the ethical requirement is that action be proportionate, evidence-informed, accountable, and free from hatred. Contemporary mindfulness likewise remains ethically incomplete when detached from questions about the purposes and institutions it serves (Monteiro et al., 2015).

3. Mindfulness, Wisdom, Compassion, and Speech

Mindfulness enables recognition of bodily reactions, feelings, thoughts, and impulses before they become harmful speech or conduct. In the *Satipaṭṭhāna Sutta*, mindfulness is integrated with clear comprehension and disciplined effort rather than presented as value-neutral attention (MN 10; Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995). Wisdom provides evaluative direction by examining causes, assumptions, power relations, evidence, and consequences. Together they create a pause for choice and a basis for critical understanding.

Loving-kindness expresses goodwill, while compassion responds to suffering and seeks to alleviate it. The *Dhammapada* teaches that hostility is not ended by further hostility (Dhp 5; Buddharakkhita, 1985), but non-hatred does not remove justice or accountability. Right speech carries these qualities into relationships through truthfulness, beneficial purpose, appropriate timing, and restraint from divisive or harsh expression (AN 5.198; Bodhi Bhikkhu, 2012). Compassion becomes socially consequential when it supports protection, fair participation, material care, and reform rather than remaining a private emotion.

A Buddhist Framework for Sustainable Peace

The proposed framework explains how Buddhist-informed cultivation may move from personal capacity to relational and institutional change. Its six dimensions form a recursive process rather than a rigid sequence: action may reveal new suffering, communication may revise understanding, and outcomes must be reassessed ethically. Figure 1 summarizes the movement from recognition to coordinated transformation.

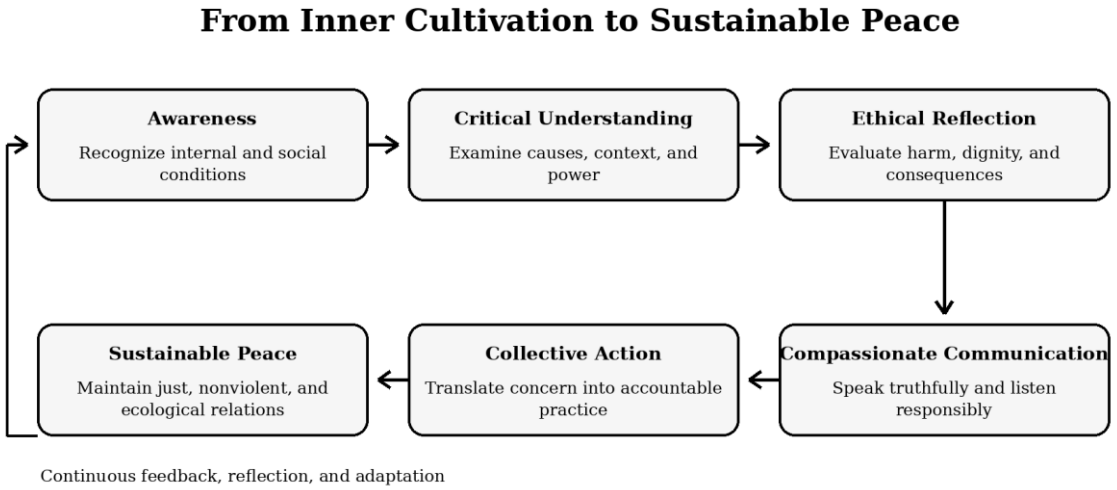


Figure 1. Buddhist Framework for Sustainable Peace

1. Six Interrelated Dimensions

Awareness is grounded in mindfulness and clear comprehension. It includes recognition of emotions, assumptions, and impulses, as well as awareness of exclusion, institutional incentives, unequal power, technological influence, and ecological consequences. Its function is to make both internal reactivity and external conditions visible before action is taken.

Critical understanding draws on wisdom and dependent origination. It investigates the interacting historical, psychological, economic, political, and cultural conditions that sustain suffering. It also requires epistemic humility: individuals and institutions must recognize that their interpretations may be partial or distorted. Understanding conditions does not excuse harmful conduct; it permits more accurate responsibility and response.

Ethical reflection evaluates alternatives in terms of non-harming, dignity, fairness, intention, and foreseeable consequences. Good intentions are insufficient when policies repeatedly produce harm. This dimension, therefore, joins Buddhist moral purpose with evidence, accountability, attention to vulnerable groups, and a willingness to correct unintended effects.

Compassionate communication translates ethical intention into relationships. It combines truthfulness, beneficial purpose, respect for dignity, and attentive listening. It may involve criticism, disclosure of wrongdoing, or demands for accountability; its distinguishing feature is the refusal to use deception, humiliation, or dehumanization as instruments of change.

Collective action prevents the framework from ending with private virtue. It translates concern into programmes, policies, procedures, budgets, and institutional reforms. Such action should be evidence-informed, participatory, and accountable. Those affected by a problem should help define it and evaluate the response, while institutions must monitor results and correct harm.

Sustainable peace is the continuing capacity to prevent harm, address disagreement, restore trust, and support human and ecological well-being. It includes intrapersonal stability, constructive relationships, fair organizations, inclusive societies, and ecological responsibility. It is not the elimination of conflict, but the presence of legitimate and nonviolent means for managing it.

2. Levels and Mechanisms of Transformation

The dimensions operate across intrapersonal, interpersonal, organizational, societal, and ecological levels. No level can substitute fully for another. Personal calm may be undermined by abusive institutions; institutional reforms may fail when those implementing them remain governed by fear or self-interest. Sustainable peace requires alignment between capacities, relationships, and structures.

Four mechanisms connect the levels. First, mindfulness interrupts automatic reactivity by creating space between stimulus and response. Second, conditional understanding reframes conflict by examining causes rather than fixing blame onto permanent identities. Third, compassion widens moral concern beyond narrow self-interest and group loyalty. Fourth, collective action institutionalizes ethical intention through shared rules and practices. Evidence suggests that mindfulness can be associated with compassionate and prosocial responses, but effects are variable and context-dependent rather than automatic (Condon et al., 2013; Donald et al., 2019).

Table 1. Levels of Transformation and Indicative Outcomes

Level	Primary focus	Indicative outcomes
Intrapersonal	Reactivity, intention, and ethical awareness	Greater self-regulation; reduced impulsive harm; clearer judgment
Interpersonal	Speech, listening, trust, and conflict	Respectful dialogue; constructive disagreement; restored relationships
Organizational	Rules, leadership, participation, and accountability	Fair procedures; psychological safety; correction of institutional harm
Societal	Justice, inclusion, cooperation, and protection	Nonviolent institutions; meaningful participation; stronger social trust
Ecological	Consumption, responsibility, and interdependence	Reduced harmful practices; care for vulnerable communities and future life

3. Applications, Safeguards, and Research

The framework may inform mental-health support, education, organizational leadership, digital ethics, peacebuilding, and environmental responsibility. In each field, Buddhist resources should complement rather than replace specialized knowledge. Mindfulness cannot substitute for clinical care, compassion cannot replace justice, and individual restraint cannot replace accountable policy. The framework is most consistent with socially engaged Buddhism when contemplative development is joined to practical responsibility for social conditions (King, 2009; Queen, 2000).

In mental-health and workplace settings, application should therefore combine personal capacities with safe conditions, professional support, fair workload, and mechanisms for reporting harm. In education and peacebuilding, reflective practice should be linked with historical understanding, media literacy, dialogue, protection, and participation. These combinations prevent contemplative techniques from becoming isolated exercises that improve short-term adaptation while leaving the causes of distress or conflict untouched.

Digital and ecological applications require the same movement from awareness to systems. Mindful use of technology is valuable, but responsible platforms also need transparent design, fair procedures, and accountability for foreseeable harm. Ecological concern likewise requires more than appreciation of interdependence; it must inform consumption, institutional procurement, environmental policy, and protection of communities that bear disproportionate risks.

Safeguards are essential. Dialogue should not conceal unequal power; compassion should not pressure victims into premature forgiveness; and

contemplative programs require informed consent, qualified guidance, and pathways for support. Meditation can involve difficult or impairing experiences for some practitioners, so benefits should not be presumed to be universal (Lindahl et al., 2017).

The framework remains conceptual. Future research should test whether its dimensions are distinguishable, how they interact, and under which cultural and institutional conditions they produce meaningful outcomes. Evaluation should include behavioral and institutional indicators, not only self-reported calm or mindfulness. The claim is therefore limited but testable: Buddhist cultivation may support sustainable peace when awareness is mediated through ethical reflection, communication, accountability, and collective action.

4. Theoretical Propositions, Evaluation, and Limitations

Proposition 1. Awareness is more likely to support peaceful behavior when it is embedded in explicit ethical commitments. Attention training can increase perceptual clarity, but it does not determine the purposes for which that clarity will be used. Non-harming, dignity, and responsibility must therefore be treated as integral rather than optional additions to contemplative practice.

Proposition 2. The relationship between mindfulness and social peace is mediated rather than direct. Awareness must be interpreted through critical understanding, evaluated ethically, communicated relationally, and translated into collective practice. This proposition explains why individual improvements in calm or attention should not be treated as evidence of institutional or social transformation.

Proposition 3. Compassionate communication is most likely to reduce destructive conflict when it is supported by procedural fairness, safety, and accountability. Listening and respectful speech may improve understanding, but dialogue cannot compensate for coercion, unequal participation, or the absence of remedies. Relational practice and institutional protection must operate together.

Proposition 4. Contemplative development produces limited structural change unless ethical intention is institutionalized. Organizations convert values into consequences through leadership, rules, incentives, budgets, grievance procedures, and access to decision-making. The relevant outcome is therefore not only whether participants feel more mindful, but whether institutions become less harmful and more accountable.

Proposition 5. Effects will vary according to cultural context, power relations, participant readiness, facilitator competence, and implementation quality. Buddhist terminology may increase cultural relevance in one setting and create exclusion in another. Responsible application requires transparent adaptation without claiming that modern constructs are identical to canonical Buddhist concepts.

Evaluation should follow the framework's multilevel logic. Intrapersonal indicators may include reactivity and ethical awareness; interpersonal indicators may assess communication and trust; organizational indicators may assess procedural fairness, participation, and responses to harm; societal indicators may address inclusion and nonviolent conflict management; and ecological indicators may examine actual changes in resources and policies. Behavioral, qualitative, and institutional evidence should supplement self-report measures.

Several limitations remain. The framework is a selective synthesis rather than a representation of all Buddhist traditions, and its canonical foundations draw primarily on early Buddhist sources. It has not yet been empirically validated as an integrated model, and its application to political or institutional contexts may generate tensions that contemplative concepts alone cannot resolve. These limitations define a research agenda rather than invalidate the framework: comparative, participatory, and longitudinal studies are needed to determine when the model adds value and when other approaches are more appropriate.

5. Implications for Buddhist Institutions and Public Practice

The framework has direct implications for Buddhist universities, temples, journals, and community organizations. Institutions that promote mindfulness or compassion should examine whether their own governance, employment practices, communication, and resource use embody the values they teach. Public credibility depends less on the language of peace than on transparent procedures, fair participation, responsible leadership, and willingness to address harm within the institution itself.

Educational and professional programs should connect contemplative exercises with ethical case analysis and collective problem-solving. Learners may be asked not only to observe anger or fear, but also to examine how policies, media systems, or organizational incentives produce them. This approach preserves the distinctive contribution of Buddhist cultivation while preventing its reduction to a private technique for performance or stress management.

Partnership is equally important. Buddhist institutions do not possess all the knowledge required for clinical care, digital governance, environmental planning, or political peacebuilding. Responsible public practice therefore requires collaboration with affected communities and relevant professional fields. Such cooperation allows Buddhist ethics to contribute moral orientation and reflective discipline while remaining accountable to evidence, rights, safety, and context.

Conclusion

This article has addressed the gap between Buddhist inner cultivation and sustainable social transformation. Mindfulness, ethical restraint, wisdom, loving-kindness, compassion, and right speech can strengthen capacities for peaceful conduct, but peaceful individuals do not automatically create peaceful institutions. Social conditions are shaped by power, policy, incentives, technology, and unequal access to resources; inner peace is therefore necessary but insufficient.

The proposed Buddhist Framework for Sustainable Peace identifies six mediating dimensions: awareness, critical understanding, ethical reflection, compassionate communication, collective action, and sustainable peace. Its contribution lies in explaining how contemplative capacities may become relational and institutional practices across personal, organizational, societal, and ecological levels.

The framework rejects both individual and structural reductionism. Contemplative practice should not be used to normalize injustice, while institutional reform requires people capable of reflective judgment and non-dehumanizing action. Non-hatred may coexist with firm resistance, and compassion may require protection, truth, accountability, and material change.

Because the framework is conceptual, it requires empirical testing and cultural adaptation. Its promise is not a direct path from meditation to world peace, but a disciplined route by which awareness may become wisdom, wisdom may guide ethical communication, and ethical concern may be institutionalized through collective responsibility. Sustainable peace becomes more plausible when inner transformation is translated into just relationships, accountable institutions, and continuing care for human and ecological well-being.

References

Bodhi Bhikkhu. (Trans.). (2000). *The connected discourses of the Buddha: A translation of the Saṃyutta Nikāya*. Wisdom Publications.

Bodhi Bhikkhu. (Trans.). (2012). *The numerical discourses of the Buddha: A translation of the Aṅguttara Nikāya*. Wisdom Publications.

Buddharakkhita, A. (Trans.). (1985). *The Dhammapada: The Buddha's path of wisdom*. Buddhist Publication Society.

Condon, P., Desbordes, G., Miller, W. B., & DeSteno, D. (2013). Meditation increases compassionate responses to suffering. *Psychological Science, 24*(10), 2125–2127. https://doi.org/10.1177/0956797613485603

Donald, J. N., Sahdra, B. K., Van Zanden, B., Duineveld, J. J., Atkins, P. W. B., Marshall, S. L., & Ciarrochi, J. (2019). Does your mindfulness benefit others? A systematic review and meta-analysis of the link between mindfulness and prosocial behaviour. *British Journal of Psychology, 110*(1), 101–125. https://doi.org/10.1111/bjop.12338

Galtung, J. (1969). Violence, peace, and peace research. *Journal of Peace Research, 6*(3), 167–191. https://doi.org/10.1177/002234336900600301

King, S. B. (2009). *Socially engaged Buddhism*. University of Hawai'i Press. https://doi.org/10.21313/hawaii/9780824833350.001.0001

Lindahl, J. R., Fisher, N. E., Cooper, D. J., Rosen, R. K., & Britton, W. B. (2017). The varieties of contemplative experience: A mixed-methods study of meditation-related challenges in Western Buddhists. *PLOS ONE, 12*(5), e0176239. https://doi.org/10.1371/journal.pone.0176239

Monteiro, L. M., Musten, R. F., & Compson, J. (2015). Traditional and contemporary mindfulness: Finding the middle path in the tangle of concerns. *Mindfulness, 6*(1), 1–13. https://doi.org/10.1007/s12671-014-0301-7

Ñāṇamoli Bhikkhu. (Trans.), & Bodhi Bhikkhu B. (Ed. & Rev.). (1995). *The middle length discourses of the Buddha: A translation of the Majjhima Nikāya*. Wisdom Publications.

Purser, R. E. (2015). Clearing the muddled path of traditional and contemporary mindfulness: A response to Monteiro, Musten, and Compson. *Mindfulness, 6*(1), 23–45. https://doi.org/10.1007/s12671-014-0373-4

Queen, C. S. (Ed.). (2000). *Engaged Buddhism in the West*. Wisdom Publications.

Emptiness in Motion: Understanding Non-Self Through Community Service

Chutanuch Vongsiridej
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: chutanuch@gmail.com
Received 11/05/2025; Revised 29/04/2026; Accepted 29/04/2026

Abstract

This academic article examines community service as an embodied pathway for understanding the Buddhist doctrine of non-self (anattā). While non-self is commonly approached through doctrinal study and meditative contemplation, this article argues that mindful engagement in service can also become a contemplative practice through which ego-identification is gradually weakened. The central problem addressed is the gap between intellectual understanding of the non-self and its lived realization in ordinary experience. Many practitioners may conceptually understand that the self is not permanent, independent, or ultimately real, yet continue to act through habitual patterns of self-clinging, status attachment, and ego-centered perception.

Drawing on classical Buddhist philosophy, Engaged Buddhism, and contemporary theories of embodied cognition, the article proposes that community service can function as a practical field for realizing non-self in action. Service activities such as cleaning, cooking, organizing, supporting others, and performing humble tasks shift attention away from self-reference toward responsiveness, cooperation, and interdependence. Through physical labor, repetitive action, social synchrony, humility, and other-centered awareness, practitioners encounter the constructed and relational nature of selfhood.

The article contributes to Buddhist studies by expanding the understanding of contemplative practice beyond seated meditation and textual reflection. It suggests that service, when performed with mindfulness and wisdom, can become a form of embodied contemplation. This perspective also enriches contemporary discussions on Buddhist pedagogy, Engaged Buddhism, and embodied cognition by showing how insight into non-self may emerge through collective, ethical, and socially responsive action. Ultimately, the article presents community service as a meaningful path through which Buddhist wisdom becomes lived, enacted, and realized in everyday life.

Keywords: Non-self; Anattā; Community service; Embodied cognition; Engaged Buddhism; Contemplative practice

Introduction

Anatta, a profound and intricate construct that embodies the principle of non-self within the elaborate framework of Buddhist philosophy, is one of the most radically transformative and experience-rich elements of the extensive teachings of Buddhism, which have evolved over numerous centuries. Harvey (2013) underscores that although it is indeed feasible for an individual to attain a level of intellectual comprehension through a rigorous and thorough examination of Buddhist texts and doctrines, the genuine realization of this concept through lived experience generally necessitates many years of steadfast dedication to meditation practices that engage both the cognitive faculties and the spiritual essence. This article explores a distinctive, novel pathway that shows how community service activities, when contextualized within the framework of Buddhism, facilitate a deeper experiential understanding of the concept of non-self through practices rooted in nature, rather than relying solely on abstract contemplation and theoretical discourse.

The significant distinction that exists between a conceptual understanding of the notion of non-self and the direct, lived realization of this principle poses a considerable and formidable challenge for individuals engaged in Buddhist practice. As Siderits (2007) notes, numerous individuals may be able to articulate complex, sophisticated philosophical arguments that clarify the absence of an inherent self; nevertheless, they simultaneously operate from deeply entrenched patterns of self-clinging and attachment in their everyday lives and interactions. This disjunction between intellectual comprehension and practical implementation raises intriguing questions that prompt critical inquiry into the efficacy of diverse pedagogical methodologies and the intricate interplay between theoretical frameworks and their actual implementation in the realm of Buddhist training and practice.

Recent advancements and innovations within cognitive science, particularly those theories that prioritize embodied cognition, generate compelling and original perspectives on the evolution of self-identity and the modalities through which selfhood may be scrutinized. This document argues that participation in community service initiatives within a Buddhist framework

serves as a potent, albeit underexplored, methodological approach that possesses the potential to foster direct and transformative comprehension of the principle of non-self, one that adeptly harnesses the power of experiential engagement in practice rather than relying exclusively on traditional reflective methods that may not fully encompass the essence of lived reality.

Buddhist Philosophy of Non-Self

Classical Formulations

The doctrinal analysis of anatta, as articulated by the Buddha, constitutes a significant departure from historically entrenched interpretations of personal identity. Within the extensive body of early Buddhist texts, Bhikkhu Bodhi (2000) illustrates how the Buddha engages in a rigorous and comprehensive exposition, wherein he posits that none of the five aggregates, termed in the Pali language as khandhas, specifically, form, feeling, perception, mental formations, and consciousness, can be sufficiently interpreted or comprehended as integral elements of a permanent and unchanging self that exists independently of the continuum of existence. This analytical paradigm elucidates the concept that what is conventionally designated as "self" is, in fact, a complex configuration of impersonal processes perpetually and inexorably in dynamic transformation, thereby contesting the static conception of identity.

As Collins (1982) articulates in his scholarly work titled Selfless Persons, the fundamental principle of non-self not only challenges and interrogates the metaphysical foundations that support contemporary interpretations of personal identity but also critically examines the ethical frameworks that depend on notions of individual agency and autonomy. This profound doctrine asserts that the very root of suffering, a pivotal theme in Buddhist philosophy, can be directly linked to the misguided belief in, and subsequent attachment to, the concept of a persistent self, a viewpoint that inevitably fosters continuous cycles of desire, discontent, and disillusionment, which subsequently sustain the experience of suffering. The intricate relationship between intellectual understanding and experiential insight into the notion of non-self is inherently intricate and multifaceted. Gethin (1998) explicates that the Buddhist texts establish a clear dichotomy between the domain of conventional truth, termed sammuti-sacca, wherein selves are recognized and accepted as functional labels employed within societal contexts, and the domain of ultimate truth, or paramattha-sacca, which

unveils that the true essence of reality consists solely of impersonal processes. This nuanced and layered analysis implies that the realization and profound understanding of non-self require more than mere philosophical insight or intellectual engagement; rather, they necessitate a significant transformation in how experiences are perceived and interpreted, ultimately culminating in a substantial shift in one's existential perspective.

Contemplative Approaches to Non-Self

Traditional Buddhist meditative methodologies, distinguished by their intricate and systematic frameworks, rigorously engage with the profound apprehension of the concept of non-self, attained through a meticulous, comprehensive deconstruction of the experiential phenomena individuals encounter in their quotidian lives. As Analayo (2003) elucidates, the Satipatthana Sutta, a seminal text within the Buddhist canon, articulates with precision and clarity four fundamental and foundational pillars of mindfulness, specifically, the corporeal body, the diverse sensations that arise, cognitive processes that shape perceptions, and the spectrum of mental objects that inhabit consciousness, through which assiduous practitioners systematically observe the emergence and subsequent dissolution of phenomena, consciously abstaining from the inclination to conflate their identity with these ephemeral experiences. This multifaceted methodology is meticulously structured to illuminate the impersonal essence underpinning all experiences, progressively dismantling the deeply entrenched propensity to construct a concrete self-identity that is frequently illusory.

Targeting the enhancement of consciousness, Vipassana meditation is purposefully and carefully structured to comprehensively examine the three key and fundamental traits of being: the natural variability of all occurrences (anicca), the basic essence of distress that fills existence (dukkha), and the significant insight into the notion of non-self (anatta). Through sustained engagement in observation, practitioners gain a direct, penetrating understanding of these critical attributes within the framework of their own experiential reality, thereby fostering a deeper understanding of the essence of existence itself.

Embodied Cognition and the Construction of Self

Recent theoretical frameworks in embodied cognition posit that the intricate cognitive processes governing human thought are fundamentally shaped by the diverse modalities through which the human body interacts with its physical and social environments. In their foundational text, The Embodied Mind, Varela, Thompson, and Rosch (1991) assert that this viewpoint resonates profoundly with the tenets of Buddhist phenomenology, which have consistently underscored the psychophysical character and essence of human experience as a cohesive, holistic phenomenon.

According to Gallagher (2005), a significant distinction exists between the minimal self, characterized as an instinctual awareness of oneself as an experiencer, and the narrative self, which encompasses the intricate, often multifaceted narratives that individuals construct about their identities and lived experiences. Both aspects of selfhood are profoundly anchored in the phenomena associated with embodiment: the minimal self arises from a complex interplay of proprioceptive awareness and sensorimotor experiences, whereas the narrative self is fundamentally contingent upon elaborate memory systems and the multitude of social interactions that are inherently embodied. This intricate and nuanced conceptualization of selfhood implies that a range of practices may effectively target and engage with distinct dimensions of the complex process of self-construction. For example, while practices such as seated meditation may proficiently engage and activate certain cognitive dimensions pertinent to the construction of self, embodied practices such as community service may more directly address and confront the fundamental sensorimotor underpinnings that constitute the very essence of selfhood itself.

Service as Contemplative Practice

Historical and Philosophical Foundations

While the fundamental tenets that constituted the foundational teachings of Buddhism ascribed an exceptional significance to the individual's pursuit of emancipation through the rigorous disciplines of renunciation and meditation, the subsequent transition to Mahayana Buddhism introduced a paradigm-shifting notion focused on the bodhisattva, which intricately intertwines the cultivation of profound wisdom with an active and compassionate involvement in the broader

societal milieu. As elucidated by Williams (2009) in his extensive analysis of Mahayana Buddhism, this notable transformation posits that the attainment of the state of non-self does not intrinsically necessitate an individual's retreat from the quotidian realities and obligations of existence, but instead can be proactively sought through a skillful and engaged response to the multifarious needs of others within the community.

Contemporary Engaged Buddhism, as astutely articulated by prominent figures such as Thich Nhat Hanh (1987) in his seminal treatise Being Peace, explicitly integrates social activism with contemplative meditation in a coherent and synergistic fashion. This pioneering framework audaciously confronts and questions the longstanding dichotomy between the pursuit of spiritual development and active involvement in worldly matters, asserting that acts of compassionate service can constitute a legitimate and meaningful form of meditation, contingent upon their execution with a profound sense of awareness and mindfulness. Queen (2000) further emphasizes that this synthesis represents a substantial advancement in Buddhist philosophy and praxis.

Psychological Dimensions of Service

Extensive investigations within the vast and intricate discipline of psychology have been meticulously documented, revealing a wide array of benefits associated with altruistic behavior and volunteerism. Post (2005) presents an exhaustive examination indicating that individuals who willingly dedicate their time, energy, and resources to the noble pursuit of volunteering typically experience a substantial and significant enhancement in their subjective well-being, accompanied by a marked reduction in self-referential focus, which is characteristically characterized by an acute preoccupation with one's own emotions and thoughts. Moreover, the thorough exploration of these phenomena reveals that engaging in service-oriented endeavors inherently catalyzes a transformative shift in one's psychological state, effectively redirecting cognitive mechanisms away from egocentric considerations and nurturing a broader, other-centric awareness that underscores the importance and immediacy of responding to the needs and lived experiences of fellow human beings.

The shift from a primarily self-absorbed mode of consciousness to a more inclusive, expansive, other-centered perspective, which often arises during acts of service and participation in community-focused initiatives, may significantly

enhance an individual's capacity to gain a deeper experiential understanding of the intricate and often elusive notion of non-self. Batson (2011) illustrates that when individuals become wholly engrossed and proactively engaged in the essential endeavor of addressing the critical needs of others, the typical self-referential cognitive processing, which generally functions to uphold and reinforce the boundaries of the ego, may be temporarily suspended; this momentary suspension engenders invaluable opportunities for profound realizations regarding the constructed essence of selfhood and sheds light on the complex dynamics that underpin personal identity, thereby cultivating a more sophisticated understanding of the interconnectedness of all individuals within the larger social tapestry.

Mechanisms of Self-Dissolution Through Service

Physical Exhaustion and Ego Depletion

The intricate phenomenon of engaging in physical labor, particularly when such endeavors are pursued with an extraordinary level of fervor and unwavering commitment, ultimately culminating in a profound and overwhelming experience of both fatigue and weariness, has been rigorously acknowledged and systematically documented across a vast and diverse range of reflective and philosophical paradigms, thus establishing it as a practice that significantly catalyzes the emergence of altered states of consciousness that can profoundly affect an individual's experiential perception of reality. Csikszentmihalyi (1990) meticulously investigates the intricate ways in which the relentless and arduous physical exertion associated with labor-intensive tasks can indeed serve to potentially overwhelm and deplete the essential cognitive resources that are necessary for the ongoing preservation and continuity of conventional self-representations, which are fundamentally the cognitive frameworks that empower individuals to effectively comprehend and navigate their identities within the complex and multifaceted milieu of their experiential realities.

The ongoing and relentless pursuit to cultivate a cohesive and unified personal narrative, which is absolutely crucial for the overall soundness, stability, and longevity of an individual's identity, demands a considerable and significant investment of mental stamina and intellectual energy to effectively formulate, bolster, and maintain this narrative throughout the passage of time and the various challenges it may encounter. In instances where individuals find themselves

engaged in extended durations of physically demanding labor, it becomes entirely plausible to suggest that these essential cognitive resources may become significantly depleted and exhausted, thereby engendering circumstances in which the intricate, carefully constructed self-representations that individuals typically depend upon for their self-perception and social interactions can no longer be adequately supported or effectively sustained as they navigate their daily lives.

Repetitive Actions as Contemplative Practice

Repetitive physical actions have been widely acknowledged across diverse academic discourses as remarkably beneficial for facilitating contemplative states of mind, which in turn promote deep reflection and introspection on one's thoughts and feelings. The utilization of prayer beads, the verbal expression of mantras, and the execution of repetitive physical movements within various cultural and spiritual frameworks collectively suggest that the mechanism of rhythmic repetition possesses an inherent capability to elicit altered states of consciousness, which can significantly and profoundly influence an individual's cognitive processes as well as their emotional experiences and responses. Within the context of service-oriented activities, tasks such as dishwashing, sweeping, or food preparation frequently involve prolonged periods of continuous, repetitive motion, which may enhance a transformed perception of time and contribute to the evolution of one's self-identity.

The intrinsically repetitive nature of numerous service-related tasks may, in a manner that is both natural and organic, foster experiences of self-dissolution that bear a striking resemblance to the altered states of consciousness that individuals typically seek through established and formal meditation practices, which aim to transcend and go beyond the confines of the individual ego. In a fashion analogous to how sustained and concentrated attention on a specific object of meditation can ultimately culminate in experiences of unified consciousness, complete immersion and deep engagement in the repetitive nature of service-related activities may yield comparable states of awareness wherein the traditional distinction between the agent performing the action and the act of doing itself becomes increasingly blurred and, in the end, entirely dissolves into a unified experience.

Social Synchrony and Collective Consciousness

Service activities, in their essence, frequently necessitate the meticulous execution of carefully orchestrated actions that are conducted in collaboration with a multitude of other individuals, thereby fostering and cultivating environments that facilitate rich and immersive experiences in which the distinct and often rigid demarcations of individual identity gradually dissolve into a collective consciousness that is shared among all participants involved. In his exploration of this intriguing phenomenon, Haidt (2012) delves into the intricacies of the experience whereby, when teams engage in collaborative undertakings, regardless of whether they are operating within culinary settings, executing complex construction projects, or meticulously organizing large-scale events, individual participants may undergo a profound and significant dissolution of their personal boundaries, which subsequently results in an enhanced and heightened awareness of a collective identity that transcends and surpasses individualistic viewpoints that are typically held. This remarkable occurrence, characterized by the dissolution of self-other boundaries that transpires during the course of collective service activities, possesses a unique capacity to engender a direct and profoundly meaningful understanding of the socially constructed essence of individual selfhood, thereby elucidating the intricate and complex mechanisms through which personal identities are constructed, perceived, and interpreted within a communal framework that is rich in social interactions.

The experiential transition from an "I" perspective to a "**we**" orientation during synchronized endeavors provides compelling, substantial evidence that underscores the permeability and fluidity of self-boundaries, thereby illuminating the inherent interconnectedness within the fabric of human social interactions and engagements.

Disruption of Status-Based Identity

Service activities adeptly designed to confront and challenge the deeply entrenched social hierarchies widely recognized and observed within society possess an extraordinary ability to disrupt and ultimately dismantle self-perceptions fundamentally based on notions of status and privilege. In circumstances where individuals who hold esteemed and prestigious positions within the societal framework engage in activities that are traditionally regarded

as inferior or lesser in status, this unique disruption may provoke a state of cognitive dissonance, which has the potential to subsequently weaken or diminish their connection to identities that are firmly rooted in social class and hierarchy. Within the specific philosophical and ethical frameworks of Buddhism, it is not uncommon for professionals, regardless of their established positions within traditional social hierarchies, to actively participate in manual labor or for high-ranking executives to unexpectedly find themselves assigned to responsibilities related to sanitation duties, thereby confronting significant and immediate challenges to their ego-investments and deeply held beliefs about their perceived social standings and roles within the community.

Integration of Buddhist Wisdom and Contemporary Science

The remarkable and noteworthy convergence that manifests itself between the intricate and multifaceted tenets of Buddhist phenomenology and the contemporary and rapidly evolving field of cognitive science, particularly in relation to the fundamentally constructed nature of the self, is undeniably significant and warrants an exhaustive and rigorous examination that delves deeply into the implications of this intersection. Both of these profound and intellectually rich traditions, rooted in extensive historical contexts, recognize and emphatically underscore that what is typically perceived as a solid, continuous, and immutable self is, in reality, a complex and multifaceted process that encompasses a diverse array of systems, interactions, and levels of organizational intricacy that challenge conventional notions of identity. This remarkable convergence not only highlights the paramount importance of Buddhist perspectives on the notion of non-self, which have been meticulously cultivated and refined over centuries through disciplined and rigorous contemplative inquiry, but it also strongly implies that these ancient perspectives are progressively gaining corroboration and formal endorsement within the paradigms of contemporary scientific investigation and discourse.

In his highly influential and scholarly text, Thompson (2007) in "*Mind in Life*" thoroughly explores and extensively examines the manner in which enactive theories of cognition resonate with and closely parallel the foundational Buddhist doctrines regarding the inherently processual and dynamic character of human experience, thereby accentuating the intricate and dynamic interaction between perception and action that is central to both fields. The sustained and ongoing discourse that continues to unfold between the philosophical foundations of

Buddhism and the empirical investigations of cognitive science consistently produces a plethora of novel insights, revelations, and nuanced understandings concerning the intricate essence of selfhood as well as the multifaceted construct of consciousness, thereby significantly enhancing our comprehensive comprehension of these profound and deeply interrelated domains of inquiry.

Implications for Practice and Pedagogy

The acknowledgment that engagements specifically targeted towards service can substantially facilitate individuals in attaining a viewpoint that transcends the confines of the self carries profound and far-reaching implications for the pedagogical strategies and methodologies employed within Buddhist educational frameworks and paradigms. Instead of merely perceiving meditation as the exclusive avenue to profound insights and comprehensive understanding, educators are afforded the unique opportunity to construct experiential learning opportunities oriented towards service that systematically challenge and critically examine entrenched and conventional perceptions of the self. This innovative pedagogical approach could encompass a variety of essential strategies that are crucial for effective learning: A meticulously crafted sequence that systematically guides participants from engaging in service roles that are both familiar and comfortable to those that present greater challenges and complexities, thereby fostering deeper and more meaningful personal development.

Providing extensive guidance that supports individuals in recognizing and becoming acutely aware of specific moments during these service undertakings when their sense of self begins to dissipate, ultimately leading to transformative and life-altering experiences. The thoughtful integration of concise yet impactful mindfulness practices alongside service tasks, which would enhance participants' awareness and presence during active engagement, is also an essential component. Encouraging community-wide reflection and dialogue on shared experiences of non-self that emerge during service activities, thereby cultivating a collective understanding and appreciation of these transformative occurrences on a broader scale. In secular settings, understanding how service-oriented activities promote self-transcendence could play an instrumental role in shaping the design and implementation of volunteer initiatives and in informing therapeutic interventions aimed at enhancing psychological well-being. Even in the absence of a distinctly Buddhist framework, it is entirely plausible that service activities that actively confront and challenge the limitations imposed by the ego

may not only bolster psychological well-being but also contribute significantly to the development of prosocial behaviors and increased community involvement.

Future Directions

While the theoretical frameworks that endorse the concept of service as a conduit toward the attainment of a state of non-self are indeed compelling and intellectually invigorating, it is crucial to engage in empirical research initiatives that are designed to meticulously document the phenomenological experiences associated with self-dissolution that manifest during the act of service, as well as to delineate the neurobiological foundations and correlates that underlie these transformative states of existence. In the context of forthcoming scholarly exploration, it would be advantageous to construct more nuanced and sophisticated theoretical models that illuminate the diverse dimensions through which various elements of the self may disintegrate as a result of participation in service, and to establish comprehensive classifications of service activities that are organized according to their potential for nurturing contemplative practices and experiences.

The complex interplay between transient states of self-dissolution and lasting personal transformation requires a level of examination and focus that is both critical and consequential. In what manner do fleeting encounters with non-self that emerge during the process of engaging in service translate into stable and enduring revelations that possess the capacity to fundamentally reshape and elevate one's quotidian existence? Furthermore, what specific facilitating conditions and contextual variables are requisite for the successful assimilation of these profound insights into one's continuous lived experience?

New knowledge

This study reconceptualizes community service as an embodied contemplative practice that can facilitate the experiential realization of non-self, extending beyond the conventional emphasis on meditation. It demonstrates that structured and socially embedded service activities can reduce self-referential cognition and weaken ego-identification.

By integrating Buddhist philosophy with embodied cognition, the study frames selfhood as a dynamic process shaped through both reflection and action,

and identifies key mechanisms, physical exertion, repetition, social synchrony, and status disruption, that foster the dissolution of self-boundaries. These insights offer a practical pathway for integrating the cultivation of non-self into everyday life.

Conclusion

This article has argued that community service can serve as an embodied contemplative pathway for deepening the experiential understanding of non-self in Buddhist practice. The doctrine of anattā is often explained through philosophical analysis of the five aggregates, impermanence, and the absence of an independent self. However, intellectual understanding alone does not necessarily dissolve habitual self-clinging. For this reason, the realization of non-self requires practices that engage not only the mind but also the body, action, relationships, and daily life.

Community service offers such a field of practice. When service is performed with mindfulness, humility, and compassion, it shifts attention from self-centered concern to the needs of others. Physical labor softens attachment to status and self-importance; repetitive tasks create conditions for mindful absorption; collective service reveals interdependence; and humble roles disrupt identity based on rank, achievement, or social recognition. These experiences allow practitioners to see that the self is not an isolated essence but a dynamic process shaped through body, action, memory, and relationship.

The article's main contribution is the proposal of service as an embodied form of Buddhist contemplation. This does not replace meditation but complements it by bringing insight into the ordinary activities of communal life. In this way, non-self is not only observed in the mind but enacted through compassionate participation in the world. The integration of Buddhist philosophy, Engaged Buddhism, and embodied cognition opens a broader framework for Buddhist education and practice. It suggests that temples, meditation centers, Buddhist universities, and community programs can design service-based learning as a practical method for cultivating humility, compassion, interdependence, and insight into non-self. Ultimately, emptiness is not separate from action; it can be realized through mindful service itself.

References

Analayo. (2003). *Satipatthana: The direct path to realization*. Windhorse.

Batson, C. D. (2011). *Altruism in humans*. Oxford University Press.

Bhikkhu Bodhi. (2000). *The connected discourses of the Buddha: A translation of the Samyutta Nikaya*. Wisdom.

Collins, S. (1982). *Selfless persons: Imagery and thought in Theravada Buddhism*. Cambridge University Press.

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. Harper & Row.

Gallagher, S. (2005). *How the body shapes the mind*. Oxford University Press.

Gethin, R. (1998). *The foundations of Buddhism*. Oxford University Press.

Haidt, J. (2012). *The righteous mind: Why good people are divided by politics and religion*. Pantheon.

Harvey, P. (2013). *An introduction to Buddhism: Teachings, history and practices*. Cambridge University Press.

Post, S. G. (2005). Altruism, happiness, and health: It's good to be good. *International Journal of Behavioral Medicine*, 12(2), 66–77.

Queen, C. S. (2000). *Engaged Buddhism in the West*. Wisdom.

Siderits, M. (2007). *Buddhism as philosophy: An introduction*. Hackett.

Thich Nhat Hanh. (1987). *Being peace*. Parallax.

Thompson, E. (2007). *Mind in life: Biology, phenomenology, and the sciences of mind*. Harvard University Press.

Varela, F. J., Thompson, E., & Rosch, E. (1991). *The embodied mind: Cognitive science and human experience*. MIT Press.

Williams, P. (2009). *Mahayana Buddhism: The doctrinal foundations* (2nd ed.). Routledge.

Gender Fluidity and the Divine Feminine In Buddhist Narratives

Haiyue Zeng Sangha
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: haiyuezeng11@gmail.com
Received 12/10/2025; Revised 17/04/2026; Accepted 02/05/2026

Abstract

This academic article examines gender fluidity and the Divine Feminine in Buddhist narratives through the lenses of non-duality, emptiness, wisdom, compassion, and symbolic transformation. Rather than treating gender as a fixed biological or social essence, Buddhist narratives often present gender as a contingent, relational, and pedagogical form shaped by karma, perception, interdependence, and skillful means. The article argues that feminine figures in Buddhist traditions should not be understood merely as representations of women in a social sense, but also as symbolic expressions of prajñā (wisdom), compassion, generative power, and the empty nature of identity.

Drawing on Mahāyāna and Vajrayāna materials, including the Vimalakīrti Sūtra, Śūraṅgama Sūtra, Prajñāpāramitā, Guanyin, Tārā, and Ḍākinī traditions, the article explores how Buddhist narratives challenge rigid gender binaries and patriarchal assumptions. The goddess episode in the Vimalakīrti Sūtra, the gender transformation of Guanyin, the enlightened feminine agency of Tārā, and the wisdom symbolism of Prajñāpāramitā all demonstrate that gender may function as a skillful means rather than as an ultimate identity. The article also considers selected Theravāda narratives, including Bhikkhunī Somā and women associated with beauty, sexuality, and liberation, to show that spiritual attainment is not limited by gendered embodiment.

The article contributes to Buddhist studies, feminist Buddhist interpretation, and gender discourse by proposing that the Divine Feminine in Buddhist narratives reveals gender as empty, fluid, and transformative. Ultimately, Buddhist symbolism does not simply replace masculine dominance with feminine essence; rather, it points toward a non-dual vision in which all gendered forms become provisional expressions of awakening.

Keywords: Gender fluidity; Divine Feminine; Buddhist narratives; Non-duality; Emptiness; Prajñāpāramitā; Tārā; Guanyin

Introduction

Gender has often been interpreted through fixed binary categories of male and female, especially within social systems shaped by patriarchal assumptions. Buddhist philosophy, however, offers conceptual resources for questioning such essentialist views. Through the doctrines of non-self (anattā), emptiness (śūnyatā), impermanence, and interdependence, Buddhism understands identity not as a permanent essence but as a conditioned and relational process (Payutto, 2017; Williams, 2009). From this perspective, gender can be examined not as an ultimate ontological reality but as a provisional form shaped by perception, culture, embodiment, and symbolic meaning.

Buddhist narratives provide important examples of this non-essentialist view of gender. In the Vimalakīrti Sūtra, the goddess transforms Śāriputra's body into a female form to demonstrate that gender distinctions are empty and depend on conceptual attachment (Lu, 1990). Similarly, the figure of Guanyin, who developed from the male bodhisattva Avalokiteśvara into a feminine embodiment of compassion in East Asian Buddhism, illustrates the fluidity of gendered representation in Buddhist devotional culture (Bailey, 2009; Irwin, 1990; Xu, 2023). Tārā's enlightened feminine agency, Prajñāpāramitā's role as the "Mother of Buddhas," and Ḍākinī symbolism in Vajrayāna traditions further reveal that the Feminine operates not merely as a social category but as a symbolic expression of wisdom, compassion, and transformative insight (Haas, 2013; Landesman, 2008; Paul & Wilson, 1985; Shaw, 1998; Simmer-Brown, 2002).

Although Buddhist traditions have historically existed within patriarchal cultures, their doctrinal foundations also contain resources for challenging rigid gender hierarchies. Contemporary gender theory and neuroscience likewise question simplified binary models of gender and embodiment, suggesting that identity is more complex than conventional male-female divisions imply (Joel et al., 2015; Shepherd, 2016). This article, therefore, examines gender fluidity and the Divine Feminine in Buddhist narratives, arguing that gendered forms function as symbolic and pedagogical expressions of non-duality rather than fixed identities. Its contribution lies in showing how Buddhist narratives can enrich contemporary discussions of gender, embodiment, wisdom, and liberation.

Theoretical Framework

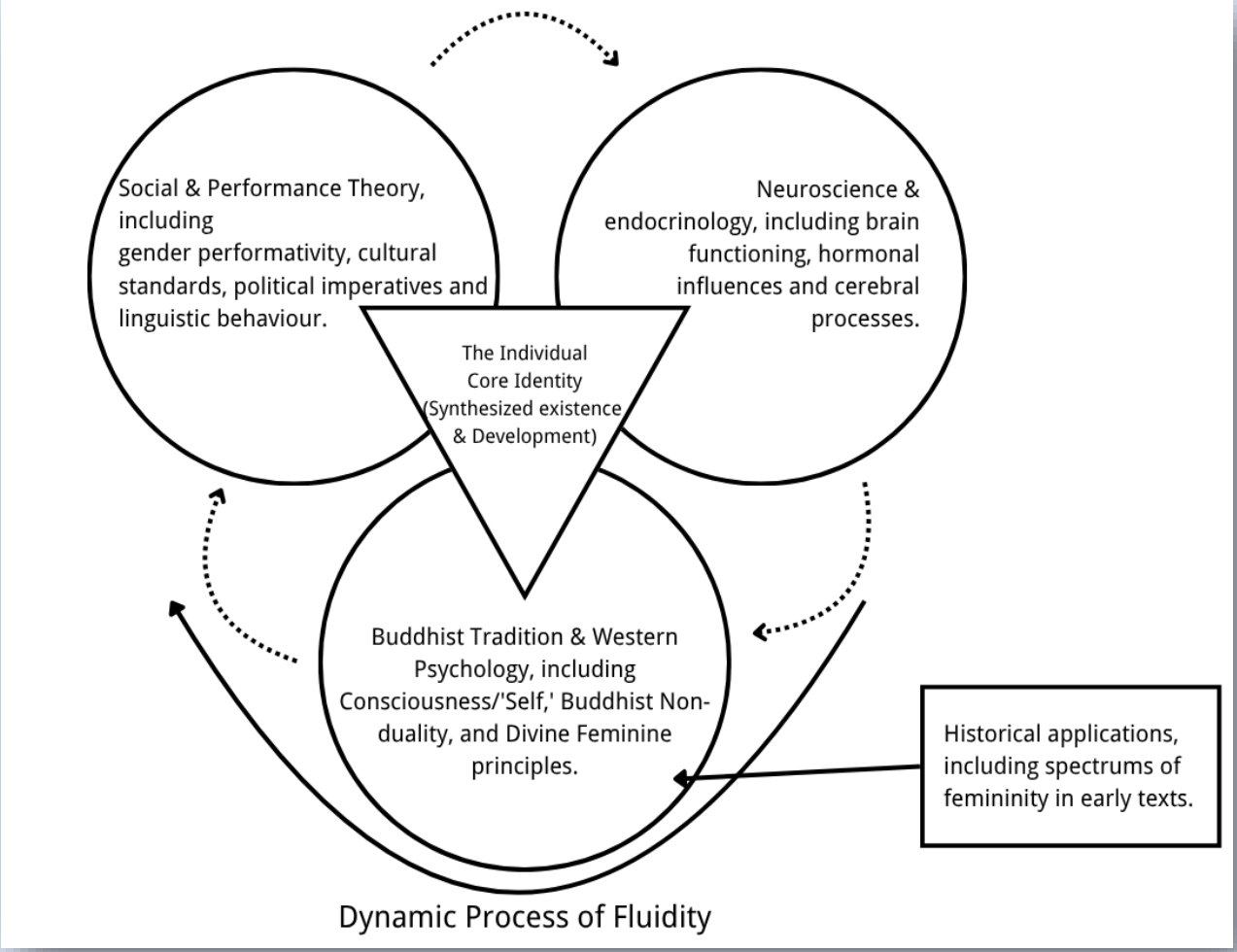


Figure 1: Diagram for the Theoretical Framework

This article is grounded in an interdisciplinary theoretical framework that brings together Buddhist philosophy, gender fluidity, archetypal theory, psychology, and comparative mystical traditions. The main assumption is that gender should not be understood as a fixed ontological essence, but as a dynamic, symbolic, relational, and culturally mediated process. This view is compatible with Buddhist teachings on non-self (*anattā*), emptiness (*śūnyatā*), impermanence, and interdependence, which challenge all fixed identities and reveal phenomena as conditioned, changing, and dependently arisen (Payutto, 2017; Williams, 2009). Within this framework, the Divine Feminine is not treated merely as a biological or social category, but as an archetypal and symbolic expression of wisdom, compassion, receptivity, transformation, and non-dual awareness.

1. Gender Fluidity

Gender fluidity refers to the understanding that gender is not limited to a rigid male-female binary. Contemporary gender theory suggests that gender is shaped through the interaction of embodiment, language, social practice, performance, and cultural interpretation. Shepherd (2016) argues that gender involves biological dimensions but cannot be reduced to biology alone, since gendered identity is also performed and socially constructed through repeated cultural practices. Neuroscientific studies further complicate binary assumptions. Joel et al. (2015) demonstrate that human brains do not fall neatly into two distinct categories of "male" and "female," but instead display mosaic patterns of features. McEwen and Milner (2016) also show that sex hormones influence the brain in complex and dynamic ways, suggesting that gendered behavior cannot be explained through simple biological determinism.

From a Buddhist perspective, this non-essentialist understanding of gender is consistent with the analysis of selfhood. Abhidhamma thought does not posit a permanent self behind experience but analyzes human existence as changing processes of consciousness, feeling, perception, volition, and mental formations (Ronkin, 2022). In this sense, gender is also a conditioned process rather than an independent essence. Buddhist wisdom (*prajñā* or *paññā*) involves direct insight into the changing and empty nature of phenomena (Payutto, 2017). Therefore, gender fluidity can be interpreted in Buddhist thought as a manifestation of conditioned identity: meaningful at the conventional level but empty of a fixed ultimate essence.

Symbols play an important role in communicating this insight. Buddhist traditions often use symbolic forms such as goddesses, mothers, bodhisattvas, and feminine wisdom figures to express subtle truths that cannot be fully captured through conceptual language. Jungian psychology similarly understands archetypes as deep symbolic structures that shape perception and meaning before conscious interpretation (Jung, 1968/1964). In Buddhist narrative, the feminine symbol may therefore function as a skillful means, pointing beyond literal gender toward insight into emptiness and non-duality.

2. The Archetypal Feminine

The archetypal Feminine appears across religious, psychological, and cultural traditions as mother, protector, seductress, wisdom figure, healer, and transformative force. In archetypal theory, the Feminine is not limited to women

as biological persons but represents a symbolic field associated with fertility, receptivity, nurture, embodiment, creativity, emotion, destruction, and renewal. Neumann (n.d.) describes the Great Mother archetype as both nurturing and terrifying, life-giving and death-bearing, protective and transformative. This ambivalence is important because the Divine Feminine is not merely gentle or maternal; it also includes disruptive, erotic, wrathful, and liberating dimensions. In Buddhist traditions, this complexity appears in figures such as Prajñāpāramitā, Tārā, Guanyin, and Ḍākinī. Prajñāpāramitā is called the "Mother of Buddhas" because wisdom gives birth to awakening. This maternal symbolism does not imply that the ultimate truth is biologically female; rather, it expresses the generative power of insight. Tārā represents enlightened feminine agency, compassion, and fearless activity, while Ḍākinī figures in Vajrayāna Buddhism embody wisdom that may appear peaceful, wrathful, erotic, or transformative (Haas, 2013; Shaw, 1998; Simmer-Brown, 2002). These figures challenge conventional assumptions that femininity is passive, subordinate, or merely domestic.

The archetypal Feminine also functions psychologically. Griessel and Kotzé (2009) suggest that feminine and masculine archetypes participate in the formation of self-understanding. However, in Buddhist symbolism, archetypes are not only psychological images but also soteriological devices. They guide practitioners toward liberation by disrupting attachment to fixed identity. Thus, the Divine Feminine in Buddhist narratives should be read not as a fixed feminine essence but as a symbolic expression of wisdom, emptiness, and transformative awakening.

3. The Masculine and Feminine in Different Mystics

The interaction between masculine and feminine principles appears in many mystical traditions. In Taoism, yin and yang represent complementary forces: yin is associated with earth, receptivity, darkness, and femininity, while yang is associated with heaven, activity, light, and masculinity (Editors of Encyclopedia Britannica, 2025c). These principles are not absolute opposites but mutually arising aspects of a larger dynamic process. In Kabbalistic and Hermetic traditions, masculine and feminine principles are also interpreted as active and receptive, giving and receiving, generating and forming (Schneider, 2001; The Three Initiates, 1908).

Buddhist thought shares certain structural similarities with these traditions but differs in its emphasis on emptiness. In Vajrayāna symbolism, masculine and

feminine principles often appear as *upāya* and *prajñā*, or skillful means and wisdom. Their union does not represent ordinary gender hierarchy but the non-dual integration of compassion and insight. Yab-yum imagery, for example, symbolizes the inseparability of method and wisdom rather than merely sexual polarity (Shaw, 1998; Williams, 2009). Therefore, Buddhist masculine-feminine symbolism does not affirm dualism as ultimate. Rather, it uses polarity as a symbolic language to transcend it.

4. Feminine as "Negative."

The Feminine has often been associated with the "dark," hidden, receptive, or unconscious side of symbolic systems. However, "negative" should not be interpreted as evil or inferior. In many traditions, darkness represents depth, mystery, containment, gestation, and transformation. Misinterpretation occurs when the hidden or receptive dimension of femininity is judged through patriarchal assumptions as irrational, dangerous, or morally suspect. Psychological studies show that gender perception is often shaped by emotional and cultural coding. Hess et al. (2009), for example, demonstrate that facial expressions of emotion may influence gender perception, showing how gender recognition is shaped by interpretive bias rather than by neutral observation.

In Jungian terms, the anima represents the feminine dimension within the male psyche. It can function as a guide toward deeper consciousness or as a disruptive force when ignored or projected (Hill, 1998). Buddhist narratives similarly reveal that attachment to gendered appearance can distort perception. The problem is not the feminine form itself, but clinging to form as the ultimate. The *Vimalakīrti Sūtra*'s goddess episode illustrates this point by showing that gendered bodies are empty of fixed essence and function as pedagogical forms (Lu, 1990). Thus, the so-called "negative" feminine may be reinterpreted as the hidden dimension of wisdom that destabilizes rigid identity and opens the practitioner to non-dual understanding.

In this framework, gender fluidity and the Divine Feminine are understood as symbolic pathways to Buddhist insight. They reveal that gendered forms are meaningful but provisional, powerful but empty, culturally embodied yet ultimately non-essential. The Feminine, therefore, does not replace masculine dominance with another fixed essence; it points beyond all fixed identities toward wisdom, compassion, and liberation.

Non-duality and Divine Feminine in Buddhist Tradition

Buddhist narratives use gendered forms not to confirm rigid male–female dualism, but to reveal the instability and emptiness of all fixed identities. In Mahāyāna and Vajrayāna traditions, feminine figures such as Prajñāpāramitā, Guanyin, Tārā, and Ḍākinī embody wisdom, compassion, protection, and transformative insight. These figures show that gender can function as *upāya*, or skillful means, through which Buddhist teachings communicate non-duality, emptiness, and liberation. The Divine Feminine, therefore, should not be read as a fixed feminine essence, but as a symbolic and pedagogical expression of awakened qualities.

1. Deconstructing the Binary: Buddhist Non-Dualism as a Framework for Fluidity

Buddhist philosophy provides a strong conceptual foundation for questioning rigid gender binaries. Through the doctrines of non-self (*anattā*), emptiness (*śūnyatā*), impermanence, and dependent origination, Buddhist thought does not treat identity as a permanent, independent, or self-existing essence. Gender, from this perspective, can be understood as a conventional designation rather than an ultimate reality. This does not mean that embodied gender experience is irrelevant; rather, it means that gender should not be absolutized as a fixed ontological truth. Mahāyāna philosophy, especially its teaching of emptiness, further emphasizes that all phenomena arise dependently and lack inherent existence (Williams, 2009). Thus, male and female identities are meaningful within conventional experience but empty of independent essence at the level of ultimate analysis.

The *Vimalakīrti Sūtra* offers one of the most powerful Buddhist narrative critiques of gender essentialism. In the well-known goddess episode, Śāriputra questions why the goddess does not transform herself out of female form. In response, she uses supernatural power to change Śāriputra into a female body and herself into his form. This reversal reveals that gendered identity is unstable, contingent, and dependent upon perception. The goddess teaches that all phenomena are neither male nor female, thereby exposing the emptiness of gender distinctions (Lu, 1990). This narrative does not deny the appearance of gender but shows that attachment to gender as the ultimate truth is a delusion.

This principle is also seen in the relationship between *prajñā* and *upāya*. In Mahāyāna and Vajrayāna traditions, wisdom (*prajñā*) is often symbolically

associated with the feminine, while skillful means (*upāya*) is associated with the masculine. Their union represents not domination or hierarchy, but non-dual integration. Enlightenment arises not from the supremacy of one principle over another, but from the inseparability of wisdom and compassionate method. The feminine principle, therefore, becomes a symbolic expression of insight into emptiness, while the masculine principle represents compassionate activity in the world. Together, they demonstrate that duality is pedagogical rather than ultimate (Shaw, 1998; Williams, 2009).

2. Diving into the Divine Archetypes: Goddesses as the Feminine Principles

Buddhist narratives and iconography present several feminine figures who embody wisdom, compassion, transformation, and non-dual awareness. These figures should not be interpreted merely as divine women in a literalistic sense, but as symbolic and archetypal expressions of awakened qualities. Prajñāpāramitā, Guanyin, Tārā, and Ḍākinī traditions all reveal how feminine forms serve as skillful means to communicate subtle truths about emptiness and liberation.

Prajñāpāramitā, often called the "Mother of Buddhas," represents the perfection of wisdom from which awakening is born. Her motherhood is symbolic rather than biological: wisdom gives birth to Buddhahood because insight into emptiness is the condition for liberation. In this sense, the Divine Feminine is not a fixed feminine essence but a generative principle of awakening. The maternal image communicates the creative and liberating power of wisdom, while also challenging patriarchal assumptions that spiritual authority must be masculine (Paul & Wilson, 1985; Williams, 2009).

Guanyin, the East Asian form of Avalokiteśvara, is another important example of gender fluidity in Buddhist devotion. In early Indian contexts, Avalokiteśvara was generally represented as male, but in China and East Asia, Guanyin increasingly appeared in feminine form as a compassionate savior and protector. This transformation demonstrates the adaptability of Buddhist symbols across cultural contexts. Guanyin's gender shift does not indicate doctrinal inconsistency; rather, it reveals that gendered form can serve the needs of devotees through *upāya*, or skillful means. Bailey (2009) argues that Guanyin can be interpreted as a transgressive and transformative figure who opens space for non-binary and fluid understandings of compassion. Recent studies of Guanyin

devotion also show how feminine representations became powerful vehicles for women's religious practice and devotional agency (Berezkin, 2023; Xu, 2023).

Tārā further deepens the Buddhist understanding of the enlightened feminine. In Tibetan and broader Vajrayāna traditions, Tārā is revered as a liberating female Buddha or bodhisattva who embodies compassion, protection, and swift enlightened activity. Her famous vow to remain in female form challenges the assumption that awakening requires male embodiment. In this way, Tārā becomes both a symbol of spiritual equality and an embodiment of active compassion (Bühnemann, 1996; Landesman, 2008). Similarly, Ḍākinī figures in Vajrayāna Buddhism represent wisdom, transformation, and the fierce disruption of ignorance. They may appear beautiful, wrathful, erotic, or terrifying, but their function is to awaken practitioners from conceptual attachment and reveal the dynamic nature of reality (Haas, 2013; Simmer-Brown, 2002).

3. Synthesizing Perspectives: The Buddhist Metaphysics of Gender Fluidity

The Divine Feminine in Buddhist tradition must be understood within the larger metaphysical framework of emptiness and non-duality. While many religious traditions use masculine and feminine symbolism to describe cosmic polarity, Buddhism ultimately refuses to grant these polarities independent reality. Instead, gendered forms are understood as provisional, symbolic, and pedagogical. They are meaningful because they guide beings toward awakening, but they are empty because they lack a fixed essence.

The *Vimalakīrti Sūtra*'s goddess episode is especially important in this regard. By transforming Śāriputra's body, the goddess demonstrates that gender is not an absolute identity but a conditioned appearance. Her teaching that things "do not exist, yet do not exist" expresses the Middle Way logic of emptiness: phenomena appear conventionally but lack inherent existence (Lu, 1990). This insight allows Buddhist narratives to employ gendered imagery without falling into gender essentialism.

Similarly, the Theravāda tradition includes narratives that undermine gender-based spiritual limitation. In the dialogue between Bhikkhunī Somā and Māra, Somā rejects the idea that womanhood obstructs awakening, declaring that when the mind is well concentrated, and wisdom sees the Dhamma clearly, gender is irrelevant to liberation. This episode shows that even within early Buddhist materials, spiritual attainment is not ultimately determined by gendered embodiment.

Thus, Buddhist narratives present gender as a field of transformation rather than confinement. Feminine figures such as Prajñāpāramitā, Guanyin, Tārā, and Ḍākinī reveal that the Divine Feminine is not a metaphysical substance but a symbolic pathway into wisdom, compassion, and emptiness. The masculine and feminine are not final opposites but provisional forms through which non-dual truth becomes visible. In this way, Buddhist metaphysics offers a fluid and liberating account of gender: forms appear, function, and teach, but none can be grasped as ultimate.

In summary, non-duality and the Divine Feminine in Buddhist tradition reveal that gendered forms are meaningful but not ultimately fixed. The goddess in the *Vimalakīrti Sūtra*, the compassionate transformation of Guanyin, the enlightened agency of Tārā, the wisdom symbolism of Prajñāpāramitā, and the transformative power of Ḍākinī figures all demonstrate that gender can function as skillful means. These narratives do not simply elevate femininity over masculinity; rather, they dissolve attachment to both as rigid identities. The Divine Feminine, therefore, operates as a symbolic doorway into emptiness, interdependence, compassion, and awakening.

Historical Spectrums of Femininity

The historical representation of femininity in Buddhist narratives reveals that women and feminine figures cannot be reduced to a single social, moral, or symbolic category. Buddhist literature includes queens, courtesans, mothers, nuns, goddesses, healers, temptresses, renunciants, and enlightened practitioners. These diverse figures show that femininity in Buddhism operates across a wide spectrum: it may appear as beauty, desire, wisdom, compassion, temptation, discipline, service, or liberation. Rather than treating feminine embodiment as a fixed obstacle or essence, many Buddhist narratives use feminine experience as a field through which attachment, perception, morality, and awakening are examined.

1. Manifestations of Femininity in Early Buddhist Literature

While the metaphysical frameworks in the Theravāda, Mahāyāna, and Vajrayāna traditions of Buddhism provide the symbolic language for gender fluidity, these concepts are not mere abstractions. Having defined the 'Feminine Principle' or the 'Divine Feminine' as archetypes of wisdom and non-dualistic motion, we can presently examine its particular presentations throughout history. Women who uphold beauty, and women who engage in sex work for their

livelihood or even their offspring, are not blamed in Buddhism. Specifically, the Buddha was not opposed to sex workers as the identity or characteristic of an individual. However, he disapproved of prostitution. Sex workers and men indeed engage in detrimental behaviours as a result of their involvement with prostitution, as it appears to be a deleterious activity.

This means that in Buddhist culture, even sex workers are not disparaged, which means that in Buddhism, we do not judge and give any individual a static label of 'good' and 'evil'. On the contrary, the Buddha offered them the option to choose the right path. It is equally possible for individuals, including all women in any status, to attain enlightenment through Dharma practice. The concept of 'beautiful' is a conventional construct that varies throughout many countries and cultures. 'Saddharma' in Buddhist scriptures is interpreted as 'upright' or 'beautiful', highlighting authenticity and wisdom that transcends conventional perception (NCCU Academic Hub, n.d.).

In the Mahāyāna tradition, the Śūraṅgama Sūtra pointed out that "The absolute One Reality is the Eternal Mind which is beyond birth and death and is the common source of both Buddhas and living beings. Man, because of his basic ignorance caused, since the time without beginning, by the first thought which screened his True Mind, became subject to birth and death. Thus, both the permanent and impermanent united to transform (that True Mind) into the store consciousness (alaya-vijnana), the root of samsara" (BuddhaNet, n.d.-b). The restriction on the influence of women in society occurs when the appearance and sexuality of women are viewed as abnormal and sometimes harmful phenomena. Women (or those who operate from this " female self-perspective") are more used to seeing themselves as the subjects of others' attention; they are conditioned to detach themselves from their subjectivity.

During the Buddha's era, parallel situations arose, and the Buddha provided a clear pathway to overcome the mysteries of transmigration and follow the path indicated by the narratives and stories below.

2. Āmrapālī

In the Theravāda tradition, Āmrapāli is mentioned in ancient Pali writings and Buddhist texts, particularly regarding the Buddha's residence at her mango grove, Ambapali vana, where he delivered the renowned Ambapalika Sutra (Ancient Buddhist Texts, n.d.). The Buddha's impartiality towards women in this story is frequently cited as an example.

The Courtesan Amrapali is a woman of incredible allure and elegance, exhibiting proficiency in various artistic disciplines. The king of Vaishali, Manudev, conspired to possess Amrapali after watching her dance in the city. At the same time, Amrapali's childhood love and intended husband, Pushpakumar, was assassinated on their wedding day, and then an official proclamation was issued declaring Amrapali as Vaishali's bride. Unlike them, Buddha harbored no such prejudice against her because of her beauty. He dined at her abode and accepted her grove for the Buddhist community.

Life of Buddha (Part Two) Ambapali's Gift: "The Buddha accepted the gift, seeing the purity of heart that offered it. He then gladdened Lady Ambapali again with the Dharma. This was the turning point of Ambapali's life: she understood the Dharma and became a virtuous woman. Sometime later, she entered the order of nuns, and with the heart of wisdom strengthened in her, she became an arahant" (Ancient Buddhist Texts, n.d.).

3. Uppalavaṇṇā

In both the Theravāda and Mahāyāna traditions, Uppalavaṇṇā's beauty was reminiscent of the dark-blue Uppala flower. In Indian mythology, her complexion was described as blue or golden, akin to the calyx of the blue lotus (Tathaloka, n.d.).

Uppalavaṇṇā is portrayed in the legend as an incredibly alluring young woman who incites madness in men before her renunciation. When she reached maturity and contemplated marriage, a tumult ensued; kings throughout India submitted their proposals to him, leaving him with no viable solution. Immediately and willingly, Uppalavaṇṇā chose to become a nun. She is willing to be dispatched by her father to avoid a possible conflict regarding her marriage.

One evening, when the others were absent, she lit a lamp to prepare the hall to attain enlightenment within two weeks of entering monastic life. Throughout her earnestness, she comprehended the trajectory of the Buddhist Path and total realization. The Uppalavanna Sutta: Sister Uppalavanna, the verses between Uppalavanna and the Mara show her attitudes towards rape and rage: "She replied to him in verses: If even a hundred-thousand rapists came across me like this, I would not stir a hair. I would feel no terror, and I am not afraid of you, Mara, even alone like this. Here, I disappear. I slip into your belly or stand between your eyebrows, and you do not see me. I have mastery over the mind and have well-developed the bases of power. I am free of all bonds and unafraid of you, my

friend. Then Mara the Evil One, sad & dejected at realising, "Uppalavanna the nun knows me," vanished right there" (Ancient Buddhist Texts, n.d.).

4. Jivaka

In Theravāda tradition, Jivaka was abandoned in a wooden box on a refuse heap adjacent to the road by his mother, who was a prostitute. Jivaka studied medicine under a renowned instructor for seven years. During the Buddha's era, he was India's greatest physician. After Devadatta struck the Buddha with a rock splinter, Jivaka healed the Buddha. Recognising the benefits of peace near a monastery, Jivaka constructed one in his mango orchard. Buddhist monks and the Buddha were invited to the monastery, where he provided them with alms and left. As a result of the consecration ceremony of this monastery, Jivaka achieved the first stage of sainthood (sotapanna). There are no limitations on who can engage in practice and attain enlightenment, including the offspring of a prostitute (BuddhaNet, n.d.-c).

5. Sundara

In Theravāda tradition, Sundara, the son of a prosperous millionaire from Rājagaha, was named for his striking beauty (Dictionary of Pali Proper Names n.d.). Sundara's mother lamented on a festival day, observing other households' sons revelling with their brides. A courtesan proposed to seduce him, and the mother vowed that if she succeeded, she would make her Samudda' s wife and bestow upon her several presents. The courtesan presented herself to him, seducing him with an alluring demeanour. Subsequently, Sundara, recognising the instability of a worldly individual's heart, made a profound effort and achieved Arahantship.

The text from Sundara Samudda and the Courtesan: "And seeing her before me, a courtesan, ornamented, finely clothed, hands palm-to-palm over her heart like a snare of death laid out, apt attention arose in me, the drawbacks appeared disenchantment stood at an even keel: With that, my heart was released. See the Dhamma's true rightness! The three knowledges have been attained; the Buddha's bidding, done" (Thanissaro Bhikkhu, 2010).

In Herosexual: An Archetype for Sexual Healing, resolving detrimental erotic countertransference and the shadow of sexual power through the engagement of erotic "Reality". As the sexual shadow already exists in unconscious reality, the practical approach is to confront it directly through

different media: dreams, fantasies, and active imagination. Rather than expelling the shadow, this is intended to integrate it into consciousness (McClintock, 2004).

6. Ananda

In the Mahāyāna tradition, the Śūraṅgama Sūtra is an essential text for Zen/Chan Buddhism, encompassing Buddha-nature, Yogācāra philosophy, and esoteric Buddhism. The Sutra opened with a story of the Buddha. In the Śūraṅgama Sūtra, when Ananda was out begging for food by himself, Mātangī (a low-caste woman in the time) fell in love with him. With her mother's help, she then used evil magic and succeeded in drawing Ananda close to her sensual body on the mat. Ananda was on the verge of breaking the rules of pure living. At the same time, all of this was known to the Buddha, who, following the royal feast, returned to the vihara with the king, princes, and elders eager to hear the essentials of the Dharma. The Buddha repeated a transcendental mantra, and Manjusn was instructed to use it to overcome the magic and bring Ananda and Mātangī to the Vihara. Due to the incident, Ananda realised his failure to recognise the ultimate reality, "I have been allowed to be His (The Buddha) disciple, but I have presumed on His compassion. Thus, although I have heard much of His preaching, I have failed to avoid the worldly and have been unable to overcome the magic which has turned me around, causing me to visit a house of prostitution. All this is because I failed to reach the region of Reality." Ananda realised that only true wisdom can remove our transmigration to Samsara, for sensuality is the primary cause (Lu, 1987).

7. The Buddha's Pathway

Nonetheless, the Buddha acknowledged that women possess the same spiritual potential as men, including those who have taken the path (Ter Horst et al., 2005, pp. 239–49).

In addition to the Theravāda traditions, the Aṅguttara Nikāya has presented the top arahant nuns (Anguttara Nikāya 1.235–1.247). In stories about the foremost older nuns, they expressed their aspirations and good deeds toward Buddhas and Paccekabuddhas in their past lives. Their previous lives are revealed, along with where they were born and the conditions at the time of Buddha Gotama. In all of the narratives, the nuns from diverse backgrounds, both privileged and disadvantaged, can achieve their highest aspirations when given appropriate guidance at the right time (The Stories about the Foremost Elder Nuns" 2017).

A different praise is given to each nun according to their respective qualities: Mahāpajāpatī Gotamī, the foremost in seniority; Khemā with great wisdom; Uppalavaṇṇā with psychic power; Paṭācārā, who has memorised the monastic training rules; Dhammadinnā, who teaches the Dhamma well; Nandā, who practices jhānas; Soṇā, who are energetic; Sakulā with the divine eye; Bhaddā Kuṇḍalakesā with swift insight; Bhaddā Kāpilānī who recollect past lives; Bhaddakaccānā who have attained great insight; Kisāgotamī who wear coarse robes; Siṅgālakamātā who are strong in faith.

The female role models arose from tantric practices in Vajrayāna tradition, where ritual participants emulated and venerated deities conceptualised as maternal and paternal equals. A range of desires is illustrated through gazes, smiles, touches, and sexual embraces. In this context, these levels of desire align with a practitioner's capacity to channel desire towards cultivating a more refined and potent consciousness, thereby comprehending the wisdom of emptiness.

Frontgia suggested that the feminine nature can be replaced by non-gender-based archetypes (Filigenzi, Olivieri, and Rockwell 2015, 105–33). Maitreya Buddha (Fat Buddha, Happy Buddha, Future Buddha) in Mahāyāna tradition is recognised in Buddhist teachings as both a Bodhisattva and a Buddha. This ancient form of iconography may once have been justified by attributing it to Maitreya as a symbol of legitimate succession. The Maitreya Buddha symbol represents a close connection between religion, art, and iconography in Asia. In addition to the nurturing breast, the Feminine is represented by the big belly vessel (Nyanasobhano, 1989).

In summary, the historical spectrum of femininity in Buddhist narratives is diverse, complex, and transformative. Figures such as Āmrapālī, Uppalavaṇṇā, Jīvaka’s mother, the courtesan in Sundara’s story, Mātangī, and the elder nuns reveal that Buddhism does not present femininity as a single fixed essence. Feminine figures may appear through beauty, desire, vulnerability, motherhood, social marginality, wisdom, service, or liberation. However, none of these roles is ultimate. Buddhist narratives use these figures to examine attachment, perception, compassion, moral agency, and awakening. The central insight is that gendered identity, like all conditioned phenomena, is meaningful in conventional life but empty of fixed essence. Therefore, femininity in Buddhist history becomes not a limitation but a dynamic field through which the Dharma teaches transformation, non-attachment, and liberation.

Conclusion

This article has argued that Buddhist narratives present gender not as a fixed ontological essence but as a fluid, symbolic, and relational form shaped by emptiness, interdependence, and skillful means. Through figures such as Prajñāpāramitā, Guanyin, Tārā, Ḍākinī, Bhikkhunī Somā, and other female figures in Buddhist traditions, the article shows that the Feminine is not merely a biological category or social identity. Rather, it functions as a profound symbolic field through which wisdom, compassion, non-duality, transformation, and liberation are expressed.

The Divine Feminine in Buddhist narratives challenges patriarchal and binary assumptions by revealing that gendered form is provisional. The Vimalakīrti Sūtra's goddess episode, Guanyin's transformation across gendered forms, Tārā's vow to remain in female form, and Prajñāpāramitā's identity as the "Mother of Buddhas" all suggest that gender can operate as a pedagogical and liberative device. These narratives do not deny embodied difference, but they prevent such difference from being mistaken for ultimate truth. In this sense, gender becomes a form through which the Dharma communicates emptiness rather than a boundary that limits awakening.

The article also demonstrates that Buddhist traditions contain resources for rethinking gender beyond rigid male-female dualism. While Buddhist history has often been shaped by patriarchal institutions, its doctrinal foundations—especially anattā, śūnyatā, interdependence, and non-duality—provide strong philosophical grounds for questioning essentialist gender identity. The Divine Feminine, therefore, should not be interpreted as a fixed feminine essence, but as an archetypal and symbolic expression of awakened wisdom.

Ultimately, gender fluidity in Buddhist narratives reveals the non-dual nature of consciousness itself. When gendered forms are understood as empty, symbolic, and skillful, they become pathways not to attachment, but to liberation.

References

Bailey, C. (2009). Embracing the icon: The feminist potential of the trans bodhisattva, Kuan Yin. *Hypatia, 24*(3), 178–196.

Berezkin, R. (2023). Guidance through seduction: The precious scroll of Fish-Basket Guanyin in the recitation practice of Changshu in Jiangsu, China. *Studies in Chinese Religions, 9*(1), 1–27. https://doi.org/10.1080/23729988.2023.2210974

BuddhaNet. (n.d.-a). *Buddhist studies: 27. Q & A on women in Buddhism*. https://www.buddhanet.net/e-learning/history/wbq27.htm

BuddhaNet. (n.d.-b). *Life of Buddha: Ambapali (Part 2)*. https://www.buddhanet.net/e-learning/buddhism/lifebuddha/2_18lbud.htm

BuddhaNet. (n.d.-c). *Life of Buddha: Jivaka, the Buddha's doctor (Part 2)*. https://www.buddhanet.net/e-learning/buddhism/lifebuddha/2_19lbud.htm

Bühnemann, G. (1996). The goddess Mahācīnakrama-Tārā (Ugra-Tārā) in Buddhist and Hindu Tantrism. *Bulletin of the School of Oriental and African Studies, 59*(3), 472–493.

Butler, G., & McManus, F. (2014). What is psychology? How do you study it? In *Psychology: A very short introduction* (pp. 1–14). Oxford University Press. https://doi.org/10.1093/actrade/9780199670420.003.0001

Dictionary of Pali Proper Names. (n.d.). *Sundarasamudda Thera*. https://aimwell.org/DPPN/sundarasamudda_thera.html

Filigenzi, A., Olivieri, L. M., & Rockwell, P. (2015). Maitreya. In *Art and landscape: Buddhist rock sculptures of late antique Swat/Uddiyana* (pp. 105–133). Austrian Academy of Sciences Press.

Gray, D. B. (2019). *The Cakrasaṃvara Tantra: The discourse of Śrī Heruka: A study and annotated translation*. Simon and Schuster.

Griessel, L., & Kotzé, M. (2009). The feminine and the masculine in the development of the self in women: A post-Jungian perspective. *Women's Studies, 38*(2), 183–212. https://doi.org/10.1080/00497870802633293

Haas, M. (2013). *Dakini power: Twelve extraordinary women shaping the transmission of Tibetan Buddhism in the West*. Shambhala Publications.

Hess, U., Adams, R. B., Jr., G., K., & Kleck, R. E. (2009). Face gender and emotion expression: Are angry women more like men? *Journal of Vision, 9*(12), Article 19. https://doi.org/10.1167/9.12.19

Hill, G. (1998). Men, the anima, and the feminine. *The San Francisco Jung Institute Library Journal, 17*(3), 49–62. https://doi.org/10.1525/jung.1.1998.17.3.49

Irwin, L. (1990). Divinity and salvation: The great goddesses of China. *Asian Folklore Studies, 49*(1), 53–68. https://doi.org/10.2307/1177949

Joel, D., Berman, Z., Tavor, I., Wexler, N., Gaber, O., Stein, Y., Shefi, N., Pool, J., Urchs, S., Margulies, D. S., Liem, F., Jäncke, L., & Assaf, Y. (2015). Sex beyond the genitalia: The human brain mosaic. *Proceedings of the National Academy of Sciences, 112*(50), 15468–15473. https://doi.org/10.1073/pnas.1509654112

Jones, M. D. (2017). *The power of archetypes: How to use universal symbols to understand your behavior and reprogram your subconscious*. Red Wheel/Weiser.

Landesman, S. A. (2008). Goddess Tārā: Silence and secrecy on the path to enlightenment. *Journal of Feminist Studies in Religion, 24*(1), 44–59.

Lu, K'uan Yü. (Trans.). (1990). *The Vimalakīrti Nirdeśa Sūtra* (Chapter 7, "The Goddess"). Shambhala Publications.

Neumann, E. (n.d.). *The great mother: An analysis of the archetype*. https://ci.nii.ac.jp/ncid/BA75772122

Nyanasobhano Bhikkhu. (1989). *Two dialogues on Dhamma* (The Wheel Publication No. 363/364). Buddhist Publication Society.

Paul, D. Y., & Wilson, F. (1985). *Women in Buddhism: Images of the feminine in the Mahayana tradition*. University of California Press.

Payutto, P. A. (2017). *Buddhadhamma: The laws of nature and their benefits to life* (R. Moore, Trans.; Expanded ed.). Buddhadhamma Foundation.

Ronkin, N. (2022). Abhidharma. In E. N. Zalta & U. Nodelman (Eds.), *The Stanford encyclopedia of philosophy*. Stanford University. https://plato.stanford.edu/entries/abhidharma/

Schneider, S. (2001). *Kabbalistic writings on the nature of masculine & feminine*. Sarah Schneider.

Shaw, M. (1998). *Passionate enlightenment: Women in Tantric Buddhism*. Princeton University Press.

Shepherd, S. (2016). Gender performativity. In *The Cambridge introduction to performance theory* (pp. 184–189). Cambridge University Press.

Simmer-Brown, J. (2002). *Dakini's warm breath: The feminine principle in Tibetan Buddhism*. Shambhala Publications.

Tathaloka. (n.d.). *Amazing transformations of arahant theri Uppalavanna*. The Open Buddhist University. https://buddhistuniversity.net/content/essays/amazing-transformations-theri-uppalavanna_tathaloka

Thanissaro Bhikkhu. (Trans.). (2010a). *Sundara Samudda and the courtesan (Thag 7.1)*. Access to Insight. http://www.accesstoinsight.org/tipitaka/kn/thag/thag.07.01.than.html

Thanissaro Bhikkhu. (Trans.). (2010b). *Uppalavanna Sutta: Sister Uppalavanna (SN 5.5)*. Access to Insight. http://www.accesstoinsight.org/tipitaka/sn/sn05/sn05.005.than.html

The Courtesan Ambapali. (n.d.). *Ancient Buddhist Texts*. https://ancient-buddhist-texts.net/Texts-and-Translations/Mahaparinibbanasuttam/15-Ambapali.htm

The Story About the Elder Nun Uppalavanna. (n.d.). *Ancient Buddhist Texts*. https://ancient-buddhist-texts.net/English-Texts/Foremost-Elder-Nuns/03-Uppalavanna.htm

The Three Initiates. (1908). *The Kybalion: A study of the Hermetic philosophy of ancient Egypt and Greece*. Yogi Publication Society.

Xu, Y. (2023). Guanyin as mediation: A new study on women's Buddhist devotion in late imperial China. *Studies in Chinese Religions, 9*(1), 99–108. https://doi.org/10.1080/23729988.2023.2210982

An Application of Buddhist Loving-Kindness (Mettā) for Social Conflict Resolution in Myanmar

Ven. Silacara
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: silacara.dbu.mm@gmail.com
Received 12/06/2025; Revised 02/10/2025; Accepted 20/04/2026

Abstract

This article examines the application of Buddhist loving-kindness (mettā) as a constructive approach to social conflict resolution in Myanmar. Since the military coup of February 1, 2021, Myanmar has experienced intensified political instability, social polarization, violence, disorder, and the spread of unethical social media practices, including fake news and hate speech. These conditions have deepened distrust among communities and weakened the foundations of social peace. This study aims to analyze the causes of social conflict in Myanmar and explore how mettā, as understood in Buddhist doctrine and practice, may contribute to reducing conflict and promoting peaceful coexistence.

The study employs a qualitative documentary approach, analysing Buddhist canonical sources, commentarial traditions, and contemporary Buddhist writings on loving-kindness, nonviolence, social harmony, and moral development. The analysis focuses on four doctrinal dimensions of mettā: loving-kindness as one of the four sublime states of mind (brahmavihāra), loving-kindness as conciliation (sāraṇīyadhamma), loving-kindness in relation to the precept of non-killing (pāṇātipāta veramaṇī), and loving-kindness as a perfection (mettāpāramī).

The findings show that mettā is not merely an individual meditative practice but also an ethical and social principle capable of transforming attitudes, speech, and action. When applied to Myanmar's conflict context, loving-kindness can help reduce hatred, retaliation, misinformation, and social hostility by cultivating compassion, patience, forgiveness, truthful communication, and nonviolent conduct. The article contributes to Buddhist studies and peace studies by presenting mettā as a practical Buddhist framework for resolving social conflict and fostering a peaceful life in Myanmar.

Keywords: Loving-kindness; Mettā; Social conflict resolution; Buddhist peacebuilding

Introduction

Myanmar has experienced long-standing political, ethnic, and social conflicts, but these conflicts have intensified significantly since the military coup on February 1, 2021. The coup disrupted the country's fragile democratic transition, led to the detention of political leaders, and generated widespread resistance through demonstrations, the Civil Disobedience Movement, the National Unity Government, and the People's Defense Forces. As a result, Myanmar has faced increasing violence, displacement, social fear, political polarization, and the weakening of public institutions, including education, healthcare, the economy, and religious communities. Recent studies indicate that the post-coup conflict has produced a severe crisis of legitimacy, security, and social trust, making peaceful resolution increasingly difficult (Ganesan, 2023; Manurung, 2021).

One significant cause of social conflict in Myanmar is unethical social media. Fake news, misinformation, hate speech, and inflammatory political narratives have intensified distrust among communities and deepened hostility between ethnic, religious, and political groups. Social media platforms can support civic participation and communication, but in conflict situations, they can also become channels for anger, rumor, and division. Banaji and Bhat (2022) argue that hate speech and social media violence are closely connected with wider socio-political contexts, while Rao and Atmakuri (2021) emphasize that Myanmar's rapid expansion of digital communication was not adequately supported by critical digital literacy. Therefore, Myanmar's conflict is not only political or institutional; it is also moral, psychological, communicative, and relational.

From a Buddhist perspective, social conflict arises not only from external structures but also from unwholesome mental states such as anger, hatred, fear, delusion, selfishness, and attachment to views. These inner conditions are expressed through speech and action, ultimately culminating in social hostility and violence. Buddhist loving-kindness (mettā) offers an important ethical and practical response to these roots of conflict. Mettā refers to the sincere wish for the welfare, happiness, and safety of all beings. It serves as an antidote to anger, hatred, and revenge and supports the cultivation of peace within oneself and

society (Dhammananda, 2002; Piyadassa Thera, 2018). Payutto (2021) explains that when the mind is endowed with loving-kindness, it becomes peaceful, expansive, and conducive to wholesome action.

In Buddhist doctrine, loving-kindness is related to several important teachings. As one of the four sublime states of mind (brahmavihāra), it works together with compassion, sympathetic joy, and equanimity to form a foundation for peaceful living (Salzberg, 2008). As conciliation (sāraṇīyadhamma), loving-kindness is expressed through bodily action, speech, thought, generosity, moral harmony, and shared understanding. In relation to the precept of non-killing (pāṇātipāta veramaṇī), it strengthens non-harming and respect for life. As a perfection (mettāpāramī), it develops selflessness, patience, forgiveness, and dedication to the welfare of others.

Although many studies have examined Myanmar's political crisis and social instability, fewer have analyzed how Buddhist loving-kindness can be applied as a practical framework for resolving social conflict. This article, therefore, aims to examine the causes of social conflict in Myanmar, analyze loving-kindness in relation to key Buddhist doctrines, and propose the application of mettā as a Buddhist approach to reducing unethical social media, violence, disorder, and political instability. The article contributes to Buddhist studies and peace studies by presenting loving-kindness as both an inner practice and a social method for cultivating reconciliation, ethical communication, nonviolence, and peaceful coexistence in Myanmar.

The Causes of Social Conflict in Myanmar

Social conflict in Myanmar is rooted in a complex interaction of political instability, ethnic division, violence, social mistrust, and the misuse of communication channels. Although Myanmar has experienced conflict throughout its modern history, the situation has become more severe since the military coup on February 1, 2021. The coup interrupted the country's fragile democratic transition, resulted in the detention of political leaders, and generated widespread public resistance. The conflict has since expanded beyond formal politics into everyday social life, affecting education, healthcare, the economy, religious communities, and interpersonal trust. In this study, the major causes of social conflict in Myanmar can be analyzed through three interconnected dimensions: unethical social media, violence and disorder, and political instability.

The first major cause is unethical social media. In Myanmar, social media has become an influential space for political expression, public communication, and civic mobilization. However, it has also contributed to social conflict by spreading fake news, misinformation, hate speech, inflammatory narratives, and online hostility. Social media platforms can connect people and support democratic participation, but in a fragile political context, they can also intensify fear, anger, and distrust. Banaji and Bhat (2022) argue that hate speech and online hostility are closely connected to wider socio-political conditions, especially where ethnic, religious, or political tensions already exist. In Myanmar, such digital communication has not always been accompanied by sufficient ethical awareness or critical digital literacy.

The rapid growth of the internet and social media use has increased both the opportunities and risks of online communication. Kemp (2021) notes that internet penetration in Myanmar increased significantly between 2019 and 2021, creating a large online public sphere. However, Rao and Atmakuri (2021) observe that Myanmar's digital expansion was not matched by adequate critical digital literacy, leaving users vulnerable to misinformation, political manipulation, hate speech, and problematic online campaigns. As a result, social media has often functioned not only as a tool for communication but also as a mechanism for reproducing division. Fake news can weaken public trust, while hate speech can dehumanize opponents and intensify hostility among ethnic, religious, and political groups. Therefore, unethical social media is a direct contributor to social conflict because it transforms disagreement into suspicion, and suspicion into anger and violence.

The second cause is violence and disorder. Since the 2021 coup, Myanmar has experienced widespread demonstrations, civil disobedience, military crackdowns, armed resistance, displacement, and human rights violations. The conflict has affected both urban and rural areas, creating fear and insecurity among ordinary citizens. Ganesan (2023) explains that the military coup led to a contested political order in which the National Unity Government and the People's Defense Forces emerged in opposition to the military regime. This situation has intensified political confrontation and made a negotiated settlement increasingly difficult. Violence has not remained limited to political actors; it has deeply affected civilians, local communities, and social institutions.

Violence and disorder also create cycles of retaliation. When communities experience repression, insecurity, and injustice, anger and revenge can become

powerful social forces. Demonstrations, the Civil Disobedience Movement, and social punishment may arise from legitimate grievances, yet they can also contribute to further polarization when they are met with violent suppression or when social pressure turns into hostility. In this situation, the social fabric becomes fragile. People may no longer see one another as members of the same community but as enemies, traitors, or threats. This loss of mutual recognition is one of the deepest consequences of prolonged conflict. As Moody and White (2003) suggest, social cohesion is essential for the formation of stable social groups; when cohesion collapses, conflict becomes more difficult to resolve.

The third cause is political instability. Myanmar's political instability did not begin in 2021, but the coup intensified long-standing tensions between military power, democratic aspiration, ethnic identity, and civilian governance. Since independence, Myanmar has faced repeated military intervention, centralized state control, ethnic armed conflict, and fragile democratic reform. This political breakdown has deepened mistrust between the military and pro-democracy groups, while also creating uncertainty about the future of national governance.

Political instability is a cause of social conflict because it weakens legitimacy, the rule of law, public confidence, and social cooperation. When people no longer trust political institutions, they may seek security through ethnic, ideological, or armed groups. This can intensify polarization and reduce the possibility of dialogue. Furthermore, contested political narratives, including claims about voting fraud, military authority, civilian legitimacy, and resistance movements, create competing versions of truth. These competing narratives are then amplified through social media, public protest, and armed confrontation. Thus, political instability interacts with unethical social media and violence, producing a cycle of distrust and disorder.

In conclusion, the causes of social conflict in Myanmar are not isolated but mutually reinforcing. Unethical social media spreads misinformation and hostility; violence and disorder deepen fear and retaliation; political instability weakens legitimacy and trust. Together, these causes create a cycle of division that affects both individuals and society. Therefore, resolving social conflict in Myanmar requires more than political negotiation alone. It also requires ethical communication, reduction of hatred, restoration of trust, nonviolent conduct, and the cultivation of mutual understanding. This is where Buddhist loving-kindness mettā) becomes significant as a moral and practical foundation for resolving social conflict.

Loving-kindness Related to the Dhammas

Loving-kindness, or *mettā*, is one of the most important ethical and spiritual qualities in Buddhist teaching. It refers to the sincere wish for the welfare, safety, peace, and happiness of all beings without discrimination. In Buddhist practice, *mettā* is not merely an emotion of affection or personal kindness; it is a cultivated mental quality that transforms one's attitude, speech, and action. It reduces anger, hatred, revenge, jealousy, fear, and hostility, while developing goodwill, patience, compassion, and social harmony. In the context of social conflict resolution, *mettā* is especially significant because conflict often arises from unwholesome mental states expressed through harmful speech, violence, exclusion, and retaliation. Therefore, the cultivation of loving-kindness provides an important Buddhist foundation for both inner peace and social peace.

In Buddhist doctrine, loving-kindness is related to several key Dhammas. This study focuses on four doctrinal dimensions: loving-kindness as one of the four sublime states of mind (*brahmavihāra*), loving-kindness as conciliation (*sāraṇīyadhamma*), loving-kindness in relation to the precept of non-killing (*pāṇātipāta veramaṇī*), and loving-kindness as a perfection (*mettāpāramī*). These four dimensions show that *mettā* is not limited to personal meditation but extends into ethical conduct, social relationship, communal harmony, and spiritual development.

Loving-kindness as One of the Four Sublime States of Mind

The first doctrinal dimension of loving-kindness is its relationship to the four sublime states of mind, or *brahmavihāra*. The four *brahmavihāra* are loving-kindness (*mettā*), compassion (*karuṇā*), sympathetic joy (*muditā*), and equanimity (*upekkhā*). These qualities are called "sublime abodes" because they are noble states in which the mind can dwell. They create the moral and psychological foundation for peaceful living, both individually and collectively. Ashin Thittila (1989) explains that the four sublime states constitute important sources of peace and happiness because they develop pure goodwill, compassion for suffering, joy in the happiness of others, and balanced understanding.

Among these four qualities, *mettā* is foundational. Loving-kindness opens the heart toward all beings and removes ill will. It wishes that others may be free from danger, suffering, fear, and hostility. Compassion then develops from loving-kindness when one encounters others' suffering and wishes to relieve it. Sympathetic joy arises when one rejoices in the success and happiness of others,

while equanimity provides balance, fairness, and wisdom. Salzberg (2008) describes the *brahmavihāra* as states of consciousness that can become one's true "home" through repeated cultivation. This means that loving-kindness is not occasional kindness but a stable orientation of the mind.

The four sublime states are interrelated. Loving-kindness without compassion may remain sentimental; compassion without equanimity may become emotionally overwhelmed; sympathetic joy without wisdom may be unstable; and equanimity without loving-kindness may become indifference. Together, they form a balanced Buddhist psychology of peace. Payutto (2021) explains that compassion seeks to free beings from suffering, sympathetic joy rejoices in the well-being of others, and equanimity enables one to act fairly in accordance with causes, conditions, and moral principles. Thus, *mettā* is the beginning of a wider ethical training that cultivates harmonious attitudes toward all beings.

For social conflict resolution, this dimension is highly relevant. Conflict often grows from anger, resentment, envy, and partiality. The *brahmavihāra* directly counter these conditions. Loving-kindness reduces hatred; compassion reduces cruelty; sympathetic joy reduces envy; and equanimity reduces bias and revenge. Sayadaw U Panditābhivaṃsa (2016) emphasizes that these noble practices should not remain only at the mental level; they must be expressed verbally and physically. In other words, loving-kindness must be practiced through speech, behavior, and social relationships. When individuals and communities cultivate the *brahmavihāra*, they create the psychological conditions for reconciliation and peaceful coexistence.

Loving-kindness as Conciliation (*Sāraṇīyadhamma*)

The second doctrinal dimension is loving-kindness as conciliation, or *sāraṇīyadhamma*. The *sāraṇīyadhamma* are principles that promote remembrance, affection, respect, unity, concord, and non-conflict within a community. In the Aṅguttara Nikāya, six conditions of conciliation are presented: loving-kindness through bodily action, loving-kindness through speech, loving-kindness through thought, sharing gains with others, maintaining moral harmony, and holding views that lead to liberation and the ending of suffering (A VI 11). These six qualities show that peace requires more than inner goodwill; it requires conduct that creates trust and unity.

The first three principles emphasize loving-kindness through body, speech, and mind. This means that *mettā* must be expressed in all three doors of action.

Bodily action should not harm or threaten others. Speech should not deceive, insult, divide, or inflame hostility. Thought should not be governed by resentment or ill will. Loving-kindness through body, speech, and mind is rooted in intention free from greed, hatred, and delusion. This is important because conflict is often sustained not only by direct violence but also by subtle forms of hostility in language, gesture, and perception.

The fourth principle, sharing gains with others, shows the social and economic dimension of conciliation. Greed, inequality, and selfishness can destroy communal trust. Generosity, by contrast, creates mutual support and reduces competition. The fifth principle, moral harmony, refers to compatible ethical conduct. A community cannot remain peaceful if its members act without moral restraint. The sixth principle, shared right view, indicates that unity must be grounded in understanding and wisdom, not merely emotional agreement. Minn Thant (2019) notes that the practice of *sāraṇīyadhamma* supports unity, concord, togetherness, and freedom from dispute.

In the context of social conflict, *sāraṇīyadhamma* provides a practical framework for reconciliation. It teaches that peace must be built through kind action, truthful speech, pure intention, generosity, moral discipline, and shared understanding. This is particularly relevant in situations where conflict has damaged trust between groups. Loving-kindness as conciliation helps rebuild relationships by encouraging people to see one another not as enemies but as fellow human beings capable of suffering and peace. It also provides an ethical basis for reducing fake news, hate speech, and divisive communication, because speech rooted in *mettā* seeks truth, healing, and mutual respect.

Loving-kindness in Relation to the Precept of Non-killing

The third doctrinal dimension is loving-kindness in relation to the precept of non-killing, or *pāṇātipāta veramaṇī*. The first Buddhist precept requires abstaining from the destruction of life. However, this precept is not merely a negative rule against killing; it has a positive ethical meaning. It requires the cultivation of compassion, care, and respect for the life of all beings. In the Dīgha Nikāya, the practitioner is described as one who lays aside the stick and sword and lives full of kindness and compassion toward all creatures (D I 4). Similarly, the Majjhima Nikāya describes the practitioner as one who abstains from harming living beings and is compassionate for the welfare of all (M I 345).

The Suttanipāta also emphasizes nonviolence by teaching that one should not kill, cause others to kill, or approve of killing (Sn 394). These teachings show

that Buddhist ethics rejects violence not only as physical action but also as intention, encouragement, and approval. The moral meaning of the first precept is therefore broader than refraining from murder. It includes avoiding cruelty, injury, torture, intimidation, and the mental attitude that supports harm. The precept is a discipline of non-harming grounded in loving-kindness.

Harvey (2000) explains that the first precept corresponds to the principle of *ahiṃsā*, or non-injury, and is generally regarded as one of the most important ethical commitments in Buddhism. To practice non-killing is to recognize the value of life and to restrain destructive impulses. Sanu Mahatthanadull and Sarita Mahatthanadull (2018) further explain that violating the first precept depends on intention, awareness, effort, and the death of a living being. This analysis highlights the importance of volition in Buddhist ethics. Harmful action begins in the mind; therefore, loving-kindness must be cultivated at the level of intention before it can shape peaceful conduct.

In social conflict resolution, the first precept is essential because violence often begins with the devaluation of others. Once an opposing group is seen as an enemy, a traitor, or a threat, harming that group becomes easier to justify. Loving-kindness interrupts this process by reaffirming the dignity of life. It teaches that even opponents are living beings who seek safety and happiness. This does not mean ignoring injustice or avoiding responsibility; rather, it means responding to conflict without hatred and without dehumanization. The precept of non-killing, supported by *mettā*, therefore becomes a foundation for nonviolent action, restraint, reconciliation, and respect for human life.

Loving-kindness as a Perfection (*Mettāpāramī*)

The fourth doctrinal dimension is loving-kindness as a perfection, or *mettāpāramī*. In Buddhist tradition, the perfections (*pāramī*) are noble qualities cultivated over long periods as part of the path toward awakening. Ācariya Dhammapāla (1996) explains that the term *pāramī* derives from *parama*, meaning "supreme," and refers to excellent qualities attained by the Bodhisatta in the course of spiritual development. Although lists of perfections may vary across traditions, they generally represent the highest cultivation of virtues such as generosity, morality, renunciation, wisdom, effort, patience, truthfulness, determination, loving-kindness, and equanimity.

As a perfection, loving-kindness is more than ordinary kindness. It becomes a profound and disciplined commitment to the welfare of all beings. Dhammacara Bhikkhu (2003) explains that the perfections are powerful qualities

necessary for fulfilling noble aspirations and advancing toward liberation. In this sense, *mettāpāramī* requires the practitioner to overcome selfishness, anger, resentment, and partiality. It develops universal goodwill, even toward those who are difficult, hostile, or opposed to oneself.

Ācariya Buddharakkhita (1989) notes that loving-kindness matures accumulated merit and supports the development of the perfections. This means that *mettā* has a transformative function in the spiritual life. It softens the mind, expands moral concern, and ripens wholesome qualities. When loving-kindness becomes a perfection, it is no longer dependent on personal preference. It is extended beyond family, friends, community, religion, ethnicity, nationality, and political identity. It becomes boundless.

For societies affected by conflict, *mettāpāramī* is especially important because social conflict often narrows moral concern. People may care only for their own group and develop hostility toward others. Loving-kindness as a perfection breaks this limitation. It invites practitioners to cultivate goodwill even in difficult conditions and to act for the welfare of others without selfishness. This does not require passive acceptance of injustice; rather, it requires that the struggle for justice be guided by compassion, wisdom, and nonviolence. In this way, *mettāpāramī* becomes both a spiritual ideal and a practical resource for peacebuilding.

In conclusion, loving-kindness related to the Dhammas reveals the depth and breadth of *mettā* in Buddhist thought and practice. As *brahmavihāra*, loving-kindness cultivates the mental foundation for peace. As *sāraṇīyadhamma*, it becomes a principle of social unity and reconciliation. As the basis of the non-killing precept, it supports non-harming and respect for life. As *mettāpāramī*, it becomes a supreme virtue directed toward the welfare of all beings. These four dimensions demonstrate that loving-kindness is both contemplative and social, personal and communal, ethical and spiritual. Therefore, *mettā* provides a strong Buddhist foundation for addressing anger, hatred, violence, and division, and for promoting the resolution of social conflicts and a peaceful life in Myanmar.

Loving-kindness for Social Conflict Resolution in Myanmar

Myanmar's contemporary social conflict is multidimensional. It is shaped by political instability, armed confrontation, social polarization, misinformation, hate speech, fear, resentment, and declining trust among communities. Since the military coup of February 1, 2021, the country has faced deepening insecurity,

displacement, institutional breakdown, and a severe crisis of legitimacy. Ganesan (2023) explains that the coup generated widespread resistance, including the Civil Disobedience Movement, the National Unity Government, and the People's Defense Forces. Recent United Nations reporting further indicates that Myanmar's humanitarian and human-rights situation has continued to deteriorate, with large-scale displacement, civilian insecurity, and worsening social and economic conditions (OHCHR, 2024; United Nations in Myanmar, 2025). In this context, social conflict resolution requires not only political negotiation and institutional reform but also ethical transformation, nonviolent communication, and the rebuilding of trust.

Buddhist loving-kindness, or *mettā*, offers an important ethical framework for addressing these deeper roots of conflict. *Mettā* refers to the sincere wish for the welfare, happiness, safety, and freedom from suffering of all beings. It is not merely an emotional attitude or private meditation practice; it is a disciplined cultivation of goodwill that transforms perception, speech, action, and social relations. Buddharakkhita (1989) explains that *mettā* includes friendliness, goodwill, benevolence, concord, and non-harming. Dhammananda (2002) similarly emphasizes that nonviolence is more effective than retaliation because retaliation tends to increase hostility and suffering. Therefore, *mettā* can be understood as both an inner practice and a social method for reducing hatred, revenge, dehumanization, and violence.

For Myanmar, the application of *mettā* is especially relevant in three areas: unethical social media, violence and disorder, and political instability. These areas are interconnected. Misinformation and hate speech intensify distrust; distrust contributes to social polarization; polarization can justify violence; and violence further weakens the possibility of dialogue. Loving-kindness does not replace justice, accountability, or political reform. However, it provides the moral and psychological conditions necessary for these processes to become constructive rather than retaliatory.

1. Loving-kindness in Reducing Unethical Social Media

Unethical social media has become one of the major forces intensifying social conflict in Myanmar. Social media can support communication, public awareness, humanitarian advocacy, and civic participation. However, when used without ethical restraint, it can also spread fake news, misinformation, hate speech, humiliation, and political hostility. Rao and Atmakuri (2021) observe that social media played an important role in Myanmar's Civil Disobedience

Movement after the coup, but they also identify major problems, including misinformation, hate speech, lack of transparency, problematic political messaging, and insufficient critical digital literacy. DataReportal reported that Myanmar had 23.65 million internet users in January 2021, meaning that digital communication had already become a powerful social force before and during the post-coup crisis (Kemp, 2021).

The Buddhist response to this problem begins with intention. From a Buddhist ethical perspective, communication is not morally neutral. Speech can heal or harm, unite or divide, clarify or deceive. Loving-kindness requires that communication be guided by goodwill, truthfulness, and concern for the welfare of others. If social media users post or share content with anger, revenge, fear, or prejudice, digital platforms become instruments of conflict. If they communicate with *mettā*, they are more likely to ask whether their words are true, beneficial, timely, and conducive to peace.

This point is closely related to the Buddhist principle of right speech and to the broader ethical discipline of non-harming. Harvey (2000) notes that Buddhist ethics places strong emphasis on intention and the avoidance of harm. In the context of social media, this means that users should not only avoid direct verbal abuse but also avoid sharing content that may incite hatred, deepen suspicion, or endanger others. Fake news becomes ethically serious not merely because it is inaccurate but because it can produce fear, anger, and violence. Hate speech becomes dangerous because it dehumanizes others and prepares the mind to accept cruelty.

Loving-kindness can therefore serve as a foundation for mindful digital citizenship in Myanmar. Before posting, sharing, or commenting, individuals may be encouraged to reflect: Is this information verified? Does it reduce suffering or increase hatred? Does it help reconciliation or deepen division? Does it respect the dignity of those with whom I disagree? Such questions translate *mettā* into practical digital ethics. They also support critical digital literacy by joining technical verification with moral responsibility. Rao and Atmakuri (2021) rightly argue that Myanmar's rapid digital expansion was not matched by sufficient critical digital literacy. A Buddhist contribution to this problem would be to add ethical and contemplative discipline to media literacy.

Banaji and Bhat (2022) show that social media hate cannot be separated from wider political, social, and cultural conditions. Therefore, online hostility in Myanmar should not be treated as a purely technological problem. It reflects

deeper fears, identities, historical wounds, and political tensions. Loving-kindness addresses this deeper level by training users not to reduce others to enemies. It does not require agreement with injustice, nor does it prevent criticism of harmful actions. Rather, it asks that criticism be expressed without hatred, falsehood, or dehumanization. In this way, *mettā* can help transform social media from a space of reaction into a space of ethical communication.

Practical applications may include Buddhist-informed digital literacy programs, community workshops on mindful communication, monastic guidance on right speech in online life, and public campaigns against hate speech grounded in compassion and non-harming. Such efforts would not solve Myanmar's political crisis by themselves, but they could reduce the emotional fuel that sustains division and violence.

2. **Loving-kindness in Reducing Violence and Disorder**

Violence and disorder represent another major dimension of Myanmar's conflict. Since the 2021 coup, Myanmar has experienced mass protests, crackdowns, armed resistance, displacement, and widespread fear. OHCHR (2024) reports serious violations and a deepening crisis of the rule of law, while the United Nations in Myanmar (2025) reports that displacement and humanitarian needs have continued to grow. In such conditions, anger and fear easily become collective emotions. Communities that experience violence may begin to see retaliation as the only available response. Yet retaliation often deepens the cycle of suffering.

Buddhist loving-kindness offers a way to interrupt this cycle. Dhammananda (2002) argues that nonviolence is a stronger response than retaliation because retaliation increases the very evil it seeks to defeat. This does not mean that people should passively accept injustice. Rather, it means that resistance to injustice should not be governed by hatred. A Buddhist approach to conflict resolution distinguishes between opposing harmful actions and hating the persons who perform them. This distinction is difficult but essential. Without it, the struggle against violence can itself become another form of violence.

The Buddhist precept against killing provides an important ethical basis for this approach. Harvey (2000) explains that the first precept is connected with *ahiṃsā*, or non-injury, and expresses respect for living beings. In a conflict situation, this precept challenges the tendency to devalue opponents' lives. Once another group is seen only as an enemy, a traitor, or a threat, violence against that group becomes easier to justify. Loving-kindness prevents this moral collapse by

reaffirming that all beings seek safety and fear suffering. It does not deny responsibility, but it refuses to abandon human dignity.

Thich Nhat Hanh (2004) emphasizes that true love requires understanding. Applied to Myanmar, this means that conflict resolution must begin with the attempt to understand suffering on all sides: the suffering of civilians, the suffering of displaced communities, the suffering caused by fear, the suffering of those caught in cycles of propaganda, and the suffering produced by long-term political insecurity. Understanding does not excuse violence, but it helps prevent the mind from being ruled by hatred. Without understanding, even actions intended to create peace may produce further suffering.

Loving-kindness also has practical implications for community life. It encourages nonviolent dialogue, humanitarian assistance without discrimination, protection of civilians, trauma-sensitive listening, and the refusal to glorify revenge. Buddhist communities, monasteries, meditation centers, schools, and civil-society groups can help cultivate these practices. For example, local peacebuilding programs may include short periods of *mettā* reflection before dialogue sessions, training in non-harmful speech, and community service directed toward all affected persons regardless of political identity.

However, the application of *mettā* must be realistic. Loving-kindness cannot be reduced to soft language or sentimental goodwill. In conflict settings, it must be joined with courage, patience, truthfulness, and wise action. Payutto (2021) emphasizes that Buddhist practice requires understanding causes and conditions. Therefore, loving-kindness must be applied together with wisdom. It must recognize the structural conditions that create violence while still refusing hatred as a method of response.

3. Loving-kindness in Reducing Political Instability

Political instability is one of the most difficult causes of social conflict in Myanmar. The 2021 coup intensified long-standing tensions between military authority, democratic aspiration, ethnic identity, and civilian governance. Ganesan (2023) analyzes the coup as a major rupture in Myanmar's domestic politics that produced resistance movements and a contested path toward democratization. In this situation, political narratives compete for legitimacy, and each side often views the other through suspicion and hostility.

Loving-kindness cannot by itself solve constitutional breakdown, military violence, ethnic grievances, or institutional collapse. This limitation should be stated clearly. Political instability requires justice, accountability, dialogue, security, inclusive governance, and institutional reform. Nevertheless, *mettā* is still important because political settlement cannot become sustainable if society remains dominated by hatred, revenge, and dehumanization. Peace agreements and political reforms require a minimum level of trust and willingness to coexist. Loving-kindness helps cultivate that moral foundation.

In political conflict, one of the most dangerous processes is demonization. Opponents are no longer seen as persons with fears, histories, and suffering; they become symbols of evil. Once demonization becomes normal, dialogue becomes almost impossible. Loving-kindness challenges this pattern by extending goodwill even toward those with whom one strongly disagrees. This does not mean approving of injustice. Rather, it means resisting injustice without allowing hatred to dominate the mind. Thich Nhat Hanh (2004) argues that love must be guided by understanding and concrete action. In political terms, this means that peacebuilding should combine compassion with analysis, moral clarity, and practical strategy.

Payutto's (2021) explanation of Buddhist wisdom is useful here. Buddhist action should be based on understanding causes and conditions rather than reacting blindly to surface events. For Myanmar, this means that political conflict should be analyzed in terms of historical mistrust, institutional design, ethnic grievances, militarization, economic hardship, and fear. Loving-kindness then functions not as a substitute for political analysis but as the ethical orientation that prevents analysis from becoming hatred.

A loving-kindness-based approach to political instability may be applied in several ways. First, public discourse should avoid dehumanizing language, even when criticizing injustice. Second, religious and community leaders should encourage truthfulness, restraint, and compassion rather than partisan hatred. Third, dialogue processes should begin by recognizing suffering before debating political claims. Fourth, education should teach young people that political disagreement does not require hatred. Fifth, peacebuilding programs should combine *mettā* meditation, trauma awareness, ethical communication, and conflict analysis.

This approach also helps address the relationship between justice and reconciliation. Some may fear that loving-kindness weakens the demand for justice. Properly understood, however, *mettā* does not deny justice; it purifies the motivation behind justice. Justice guided by hatred seeks humiliation or destruction. Justice guided by loving-kindness seeks protection, accountability, healing, and the prevention of future harm. This distinction is crucial for Myanmar because the country needs both accountability and the possibility of living together after conflict.

4. Toward a Mettā-Based Framework for Peaceful Life in Myanmar

The application of loving-kindness for social conflict resolution in Myanmar may be summarized as a movement from inner transformation to social transformation. At the inner level, *mettā* reduces anger, hatred, fear, and revenge. At the interpersonal level, it supports truthful speech, patient listening, forgiveness, and mutual respect. At the communal level, it encourages nonviolent problem-solving, humanitarian service, social trust, and inclusive solidarity. At the political level, it supports dialogue, reconciliation, and a form of justice not driven by hatred.

Buddharakkhita (1989) presents *mettā* as universal goodwill, free from hostility and ill will. This universality is especially important in Myanmar, where conflict often follows ethnic, religious, political, or ideological divisions. Loving-kindness must not be limited to one's own group. If *mettā* is practiced only toward friends and allies, it remains incomplete. Its transformative power appears when it is extended toward strangers, opponents, and those who are difficult to love.

The *Mettā Sutta* teaches the cultivation of a boundless heart of loving-kindness toward all beings. In the Myanmar context, this teaching can be translated into social practice: speaking truth without hatred, resisting injustice without revenge, using social media without dehumanization, protecting life without discrimination, and seeking peace without ignoring suffering. Such a framework does not remove the need for political reform, but it helps create the moral atmosphere in which reform can be pursued constructively.

For practical implementation, several areas should be emphasized. In education, *mettā* can be taught as ethical communication, emotional regulation, and respect for diversity. In religious communities, monks and lay leaders can promote loving-kindness as non-harming and reconciliation rather than as passive

endurance. In civil society, *mettā* can support trauma healing, restorative dialogue, and community mediation. In digital spaces, it can guide users toward verification, restraint, and compassionate communication. In political life, it can support justice, human dignity, and dialogue without hatred.

In conclusion, loving-kindness is a relevant and practical Buddhist approach to social conflict resolution in Myanmar. It addresses unethical social media by promoting truthful, compassionate, and responsible communication. It addresses violence and disorder by cultivating non-harming, restraint, and respect for life. It addresses political instability by reducing demonization and supporting dialogue grounded in wisdom and compassion. Nevertheless, *mettā* should not be presented as a complete solution by itself. It must be practiced together with wisdom, justice, institutional reform, accountability, and skillful means. When applied in this balanced way, loving-kindness becomes an active Buddhist peaceful means capable of supporting social healing, reconciliation, and the development of a peaceful life in Myanmar.

Conclusion

This study concludes that Buddhist loving-kindness (mettā) provides a meaningful ethical and practical framework for social conflict resolution in Myanmar. The country's contemporary conflict is shaped by interconnected causes, including political instability, violence and disorder, social polarization, fake news, hate speech, and declining trust among communities. These conditions show that Myanmar's conflict is not only political or institutional but also moral, psychological, communicative, and relational. Therefore, any effort toward peace must address both external structures and the inner roots of hostility, such as anger, fear, hatred, revenge, and dehumanization.

The study demonstrates that mettā is deeply grounded in Buddhist doctrine and can be applied as a social principle. As one of the four sublime states of mind (brahmavihāra), loving-kindness cultivates goodwill together with compassion, sympathetic joy, and equanimity. As conciliation (sāraṇīyadhamma), it supports harmonious bodily action, truthful speech, generous sharing, moral harmony, and shared understanding. In relation to the precept of non-killing (pāṇātipāta veramaṇī), it strengthens non-harming and respect for life. As a perfection (mettāpāramī), it develops patience, selflessness, forgiveness, and dedication to the welfare of others.

In Myanmar's context, loving-kindness can help reduce unethical social media practices by encouraging truthful, responsible, and compassionate communication. It can reduce violence and disorder by cultivating restraint, non-harming, and respect for human dignity. It can also support political reconciliation by reducing demonization and creating moral conditions for dialogue. However, mettā should not be treated as a passive or simplistic solution. It must be practiced together with wisdom, justice, accountability, institutional reform, and skillful means. In this balanced sense, loving-kindness becomes an active Buddhist peaceful means for healing social division, rebuilding trust, and promoting a peaceful life in Myanmar.

Abbreviations

A : Aṅguttara Nikāya
D : Dīgha Nikāya
Dhp : Dhammapada
M : Majjima Nikāya
Sn : Suttanipāta

References

Ācariya Dhammapāla. (1996). *A Treatise on the Pāramī*. Buddhist Publication Society

Banaji, S., & Bhat, R. (2022). *Social media and hate*. Routledge.

Bhikkhu P.A. Payutto. (2021). Buddhadhamma: The Laws of Nature and Their Benefits to Life. Thailand, Buddhadhamma Foundation.

Buddharakkhita, A. (1989). *Mettā: The philosophy and practice of universal love*. Buddhist Publication Society.

Dhammacara Bhikkhu. (2003). The Ascetic Sumedhā's Lif and the Ten Perfections. Sri Lanka.

Dhammacara Bhikkhu. (2003). *The Ascetic Sumedhā's Life and the Ten Perfections*. Sri Lanka.

Dhammananda, K. S. (2002). *What Buddhists believe* (Expanded 4th ed.). Buddhist Missionary Society.

Ganesan, N. (2023). Myanmar's 2021 military coup, its impact on domestic politics, and a revolutionary road to democratization? *Asian Journal of Peacebuilding, 11*(2), 311–329. doi: 10.18588/202311.00a392

Hanh, T. H. (2004). *True love: A practice for awakening the heart* (S. Chödzin Kohn, Trans.). Shambhala.

Harvey, P. (2000). *An introduction to Buddhist ethics: Foundations, values and issues*. Cambridge University Press.

Kemp, S. (2021, February 12). *Digital 2021: Myanmar*. DataReportal.

Mahatthanadull, S. & Mahatthanadull, S. (2018). The Five Precepts: Criteria and the Promotion of Individual and Social Peace. *The Journal of the International Association of Buddhist Universities (JIABU), 11* (3), Special Edition on Vesak Celebrations Conference, 180–193.

Moody, J. & White, D. R. (2003). Structural Cohesion and Embeddedness: A Hierarchical Concept of Social Groups. *American Sociological Review, 68,* 103–127.

OHCHR. (2024, September 17). *Report on human rights situation in Myanmar*. Office of the United Nations High Commissioner for Human Rights.

Payutto, P. A. (2021). *Buddhadhamma: The laws of nature and their benefits to life* (R. P. Moore, Trans.). Buddhadhamma Foundation.

Piyadassa Thera. (2018). The Buddha's Ancient Path. Kandy, Buddhist Publication Society.

Rao, A., & Atmakuri, A. (2021). *The role of social media in Myanmar's CDM: Strengths, limitations and perspectives from India* (ISAS Working Paper No. 355). Institute of South Asian Studies, National University of Singapore.

Salzberg, S. (2008). *Lovingkindness: The Revolutionary Art of Happiness*. Shambhala Publication.

Sayadaw U Panditābhivaṃsa. (2016). *The State of Mind Called Beautiful*. Wisdom Publication.

Thittila, A. (1989). *Essential Themes of Buddhist Lectures.* Corporate Body of the Buddha Educational Foundation.

United Nations in Myanmar. (2025, June 13). *Myanmar: Humanitarian Needs and Response Plan 2025, Quarter 1 dashboard (January–March 2025)*. United Nations Myanmar.

Improving Sleep Quality Through Compassion: Lessons from a Meditation-Based Sleep Program for Sleep Apnea

Napanach Klaitabtim

International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: Napanach.psed13@gmail.com

Received 19/07/2025; Revised 15/05/2026; Accepted 15/05/2026

Abstract

This article examines the relationship between Buddhist compassion-based meditation, mindfulness, and sleep quality, with particular attention to sleep apnea-related distress. Sleep apnea is commonly understood as a physiological disorder characterized by repeated disruptions in breathing during sleep, yet its effects extend beyond airway obstruction to include emotional instability, cognitive fatigue, daytime sleepiness, and reduced quality of life. Conventional treatments such as continuous positive airway pressure remain clinically important, but they may not fully address psychological hyperarousal, pre-sleep rumination, anxiety, and emotional distress associated with poor sleep quality.

The article synthesizes Buddhist textual sources, especially the Mettā Sutta and the Mahāsatipaṭṭhāna Sutta, together with contemporary literature on sleep quality, mindfulness-based interventions, loving-kindness meditation, compassion, and emotional regulation. It argues that loving-kindness meditation and mindfulness may serve as supportive adjunctive practices by cultivating emotional safety, reducing negative affect, calming cognitive reactivity, and strengthening interoceptive awareness. From a Buddhist perspective, mettā and karuṇā provide a moral and contemplative basis for softening fear, self-criticism, and inner tension, while kāyānupassanā and cittānupassanā support awareness of bodily sensations and mental processes.

The article proposes a Compassion-Integrated Sleep Support Model consisting of loving-kindness, body mindfulness, mindfulness of mind, and cultural resonance. This model does not replace medical treatment for sleep apnea but offers a Buddhist-informed framework for supporting sleep-related well-being, emotional balance, and sustainable contemplative practice.

Keywords: Sleep quality; Compassion; Loving-kindness meditation; Mindfulness; Sleep apnea; Buddhist well-being.

Introduction

Sleep quality is essential to physical health, emotional balance, cognitive functioning, and overall well-being. Poor sleep is associated with daytime fatigue, mood disturbance, reduced concentration, impaired decision-making, and increased vulnerability to anxiety and depression (Harvey et al., 2008; Hirshkowitz et al., 2015). Among sleep-related disorders, obstructive sleep apnea is particularly significant because it involves repeated interruptions of breathing during sleep, leading to fragmented sleep, oxygen desaturation, excessive daytime sleepiness, and long-term health risks. Although sleep apnea is commonly understood as a physiological disorder involving airway obstruction, its effects extend beyond the body to include psychological distress, emotional instability, and reduced quality of life.

Continuous Positive Airway Pressure therapy remains a standard clinical treatment for moderate-to-severe obstructive sleep apnea because it helps maintain airway patency during sleep (Epstein et al., 2009). However, mechanical treatment alone may not fully address the psychological dimensions of sleep disturbance, such as pre-sleep worry, cognitive rumination, emotional reactivity, and anxiety about sleep. Riemann et al. (2010) describe hyperarousal as a key factor in insomnia and sleep difficulty, suggesting that heightened mental and physiological activation can prevent the body and mind from entering restorative sleep. Therefore, complementary practices that calm the mind, reduce emotional distress, and cultivate inner safety may provide meaningful support alongside conventional medical care.

Mindfulness-based interventions have gained increasing attention in sleep-health literature because they train individuals to observe bodily sensations, thoughts, and emotions without immediate reaction. Kabat-Zinn (2003) defines mindfulness as present-moment awareness cultivated through nonjudgmental attention. In the context of sleep, this awareness may help reduce rumination, soften emotional reactivity, and improve the capacity to rest. Studies on mindfulness-based approaches suggest potential benefits for insomnia and sleep difficulties, particularly through emotional regulation and reduced cognitive arousal (Ong et al., 2009; Perini et al., 2023).

Buddhist teachings provide a deeper ethical and contemplative foundation for this discussion. Loving-kindness meditation, or mettā-bhāvanā, cultivates goodwill, friendliness, and the sincere wish for the welfare of oneself and others. The Mettā Sutta presents loving-kindness as a practice associated with peaceful sleep, joyful waking, and freedom from disturbing dreams (Piyadassi Thera, 2010). Likewise, the Mahāsatipaṭṭhāna Sutta teaches mindfulness of the body (kāyānupassanā) and mindfulness of mind (cittānupassanā), which can support awareness of bodily tension, breathing, and mental rumination (Walshe, 1995).

This academic article synthesizes Buddhist textual insights and contemporary sleep-health literature to propose a Compassion-Integrated Sleep Support Model. It argues that loving-kindness, compassion, body awareness, and mindfulness of mind may support sleep-related well-being by reducing distress and strengthening emotional balance, while remaining complementary to professional medical diagnosis and treatment.

Sleep Disturbances and the Therapeutic Potential of Compassion

Sleep disturbances are not merely biological interruptions of rest; they are closely connected with emotional distress, cognitive hyperarousal, bodily tension, and the quality of one's relationship with the mind and body. In the case of sleep apnea, repeated disruptions in breathing may lead to fatigue, anxiety, irritability, and reduced daytime functioning, while psychological stress may further worsen sleep quality. Therefore, a holistic understanding of sleep disturbance requires attention to both physiological and psychological dimensions. Compassion-based practices, especially loving-kindness meditation and mindfulness, offer a supportive framework for calming emotional reactivity, reducing self-criticism, and cultivating inner safety before sleep. This section examines sleep quality, sleep apnea, and the therapeutic potential of compassion as a Buddhist-informed complement to contemporary sleep-health approaches.

1. Characterizing Sleep Quality and Sleep Apnea

Sleep quality is a complex concept to define, as it encompasses subjective satisfaction with sleep onset, sleep maintenance, and the degree of restoration in the morning. Sleep duration is a common measure, but the amount and quality of sleep are just as important as total sleep time (Hirshkowitz et al., 2015). The systemic effects of sleep quality are detailed below:

Impact on Emotional Control and Cognitive Capacity: The quality of sleep directly affects a person's mood, emotional regulation, and ability to think clearly. Deficiencies in these areas are frequently associated with lower IQ and impaired decision-making (Harvey et al., 2008). Additionally, insufficient restorative sleep can increase a vicious cycle of worsening mental health conditions, such as anxiety and depression, while improved sleep health serves as a protective factor for psychological well-being.

General Health and Physiological Effects: Poor sleep is a harbinger of serious physical illness, such as increased risk of myocardial infarction (heart attack) and metabolic derangements. Lifestyle stressors such as blue light exposure and irregular schedules, as well as environmental factors such as improper lighting, temperature, and noise, often disrupt the physiological processes that maintain sleep (Muzet, 2007). Chronic stress is still a major hurdle to falling asleep and remaining asleep.

Health Effects of Sleep Apnea and Disease Progression: Regarding sleep apnea, some studies suggest an association with increased systemic inflammation, which has been linked to poorer prognosis in respiratory infections such as COVID-19 (Miller & Cappuccio, 2021). In addition, sleep apnea patients are at a higher risk of developing Alzheimer's disease, as chronic sleep fragmentation and oxygen deprivation result in increased accumulation of beta-amyloid protein and damage to the brain's white matter.

Clinical Interventions and Their Limitations: Diagnosis typically requires a professional sleep study or a home-based evaluation. Continuous Positive Airway Pressure (CPAP) remains the primary treatment for moderate-to-severe cases, working by maintaining an open airway with pressurized air. While research confirms that CPAP improves physical sleep quality, reduces apnea events, and lowers cardiovascular risk, these mechanical treatments are generally insufficient in addressing the underlying mental stress and psychological hyperarousal experienced by patients (Epstein et al., 2009).

2. Compassion-Based Practices: Foundations and Evidence

Loving-kindness meditation (LKM), also called Metta Bhavana, is a way to think about how to love and care for yourself and all living things without conditions (Ñāṇamoli Bhikkhu & Bhikkhu Bodhi, 1995). LKM comes from early Buddhist texts like the Pali Canon and involves repeating phrases of goodwill in your head. It is considered very important for spiritual growth because it helps people feel better and less angry, jealous, and hateful, leading to peace and calm (Rahula, 1974).

The Metta Sutta (AN 11.16) cites eleven particular benefits, such as sleeping peacefully (sukhā supati), waking up joyful (sukhā paṭibujjhati), not having bad dreams (na pāpakaṁ supinaṁ passati), and swiftly directing the mind

(tuvatham cittam samādhiyati). These anecdotes from the Bible seem to show that LKM can help you sleep better (Piyadassi Thera, 2010)

These common claims are backed by real-world studies. Hofmann et al. (2011) show that LKM can support emotional awareness and reduce self-criticism. Zeng et al.'s (2015) meta-analysis found that LKM improves emotional well-being and reduces negative affect, both of which are important for getting a good night's sleep. When you feel compassion, your sympathetic nervous system becomes less active, which makes it easier to relax and sleep more deeply. Lowering stress reactions and cortisol levels, and keeping the heart stable, all have a direct effect on how ready and how deeply you sleep. Researchers have examined LKM's ability to enhance positive emotions, emotional control, and empathy, thereby helping people become more emotionally resilient and build connections with others. People have used it to treat a lot of different diseases, like chronic pain, stress, and mental health issues.

The Noble Eightfold Path emphasizes paying nonjudgmental attention in the here and now, a practice known as mindfulness or sati. This practice helps people observe their thoughts and feelings without getting caught up in them, enabling them to respond calmly rather than act on impulse when they are stressed or in a disagreement (Kabat-Zinn, 2003).

The Mahāsatipathāna Sutta (DN II 290) discusses four bases of mindfulness: awareness of the body (Kāyānupassanā), feelings (Vedanānupassanā), the mind (Cittānupassanā), and mental objects (Dhammānupassanā). Mindfulness meditation can help lower cognitive hyperarousal, which is a major cause of insomnia and other sleep problems. It also improves interoceptive awareness, which helps you understand how your body reacts and makes you less emotionally reactive. Mindfulness-based interventions (MBIs) are also used in clinical settings to help people manage their emotions and solve problems (Somers, 2022).

These studies illustrated the complexity and diversity of sleep quality, particularly highlighting how sleep apnea can impair it, resulting in significant physical, emotional, and cognitive issues. Conventional therapies for sleep apnea focus on mechanical interventions while neglecting emotional and psychological stressors. Mindfulness- and compassion-based methods, on the other hand, are considered effective treatments. Studies suggest that LKM supports sleep, and

these Buddhist practices promote emotional control, inner calm, and bodily equilibrium. Further data suggest that LKM promotes restful sleep by reducing negative affect, improving emotional well-being, and downregulating the sympathetic nervous system. The nonjudgmental awareness produced by mindfulness reduces emotional reactivity and cerebral hyperarousal, illustrating the therapeutic benefits of contemplative techniques for sleep disorders.

Impact of Meditation-Based Programs on Sleep Apnea Patients

Structured meditation programs that combine mindfulness and loving-kindness have been widely studied for the treatment of various sleep disorders. Mindfulness-based interventions (MBIs) have been shown to positively affect sleep outcomes across populations, including older adults with insomnia or other sleep problems (Ong, Shapiro & Manber, 2009). Often these programs include guided breathing, body scans, and reflections to cultivate inner stability. The specific effects of these interventions are discussed in detail below:

Effects on Sleep

The main goal of these programs is to relieve symptoms associated with apnea and to enhance sleep architecture in a quantifiable way (Shonin et al., 2014):

Restorative Sleep Enhancement: Mindfulness meditation and cognitive behavioral therapy together help people get deeper, more restorative sleep.

Physiological Awareness: Mindfulness training improves interoceptive awareness, enabling patients to recognize subtle breathing patterns and jaw and pharyngeal tensions that may contribute to increased airway obstruction.

Reduced Sleep Latency: These programs mitigate physiological and psychological stressors, allowing for a quicker transition into sleep and a return to a more rested state.

Sleep Continuity: Regular attendance translates into more regular sleep habits, longer-term changes in sleep patterns, and measurable physiological changes over time.

Development of Inner Tranquility

A core element of Buddhist-derived interventions is the direct reduction of tension associated with sleep disorders, involving the cultivation of a tranquil internal state (Van de Water et al., 2011; Fredrickson et al., 2008; Salzberg, 1995):

Autonomic Regulation: Loving-kindness meditation (LKM) helps to downregulate the sympathetic nervous system, which is often overactive in patients with sleep apnea. This process gets the body ready for sleep.

Emotional Balance: Guided meditations and reflections to foster inner peace and make it easier to build an emotional equilibrium and mental state amenable to recovery.

Old Buddhist wisdom: Compassion is a strong thing, able to instantly calm the restlessness that keeps us from sleep.

Sustained Peace: Consistent practice builds emotional resilience that, in turn, builds a consistent sense of peace in the face of external stressors.

Improvement of Mental Health

In addition to the physical symptoms, these programs also address the major psychological toll on people with sleep apnea (Van de Water et al., 2011; Riemann et al., 2010):

Reduction of Cognitive Hyperarousal: Easing cognitive hyperarousal. Mindfulness training reduces the racing thoughts and pre-sleep anxiety that are part of insomnia.

Cultivation of Emotional Safety: The cultivation of emotional security. Being kind to yourself reduces anxiety and negative feelings and creates a feeling of safety that is important for beginning to sleep.

Nonjudgmental Awareness: Such programs instruct individuals to observe their thoughts without judgment, helping them escape the "worrying about sleep" cycle, a significant obstacle to quality sleep.

Psychological Resilience: The use of culturally relevant frameworks increases patient engagement and promotes long-term commitment to sustainable improvements in mental health.

Systematic meditation programs, notably the combination of mindfulness and loving-kindness, can benefit mental and physical elements of sleep apnea sufferers in general. Such interventions increase interoceptive awareness, enabling patients to notice and relieve physical stressors that aggravate apnea. They can also help those with anxiety and pre-sleep cognitive rumination to learn to monitor thoughts non-judgmentally. Program design can be enhanced by being culturally responsive to enhance patient engagement and retention. Sleep and health get better.

Practical Insights for Sleep Health Interventions

Combining Buddhist wisdom with modern scientific knowledge, along with research on meditation-based sleep programs, offers many useful ideas for developing and using compassion to improve sleep health. Some of these insights are as follows:

1. Regulation of the Nervous System: Loving-kindness meditation helps calm the sympathetic nervous system, which is often too active in people with sleep problems and sleep apnea, by promoting emotional warmth and not reacting. This helps the body get ready for sleep by shifting the balance toward parasympathetic dominance (Shamay-Tsoory, 2011).

2. Cultivation of Emotional Safety: Directing compassion inward helps you feel safe emotionally, which is necessary for falling asleep. This internal state makes it easier to let go of stress and anxiety that can keep you from sleeping (Keng & Tan, 2017).

3. Building Emotional Resilience Through Consistent Practice: Even short sessions of mindfulness and loving-kindness on a regular basis can have measurable effects on both your mind and body. Practicing consistently helps you build emotional resilience, which in turn helps you sleep better and longer (Shamay-Tsoory, 2011).

4. Holistic Approach to Sleep Disorders: It's important to see sleep apnea not just as a physical problem, but as a condition that has a lot of psychological

and emotional effects as well. The literature on meditation programs emphasizes a holistic approach that goes beyond mechanical or drug-based solutions to examine how the mind, body, and breath work together (Shonin et al., 2014; Fredrickson et al., 2008).

Methodology for the Compassion-Based Sleep Program

The following phases are the basis of the program to improve sleep quality, based on the Mahāsatipaṭṭhāna Sutta and current sleep psychology:

Step 1: Nervous System Regulation via Loving-Kindness (LKM)

Practitioners utilize LKM to cultivate positive emotional states that reduce mental suffering and negative emotions. This immediately fights pre-sleep anxiety.

Step 2: Cultivating Interoceptive Awareness (Kāyānupassanā) (DN II 290)

Techniques that focus on the body increase awareness of bodily experiences. It is important to notice small pressures on the jaw, throat, and breathing muscles, which may restrict the airway (Somers, 2022).

Step 3: Deliberate Physical Relaxation

Practitioners learn to recognize these distinct physical states and consciously relieve areas of tension. This treats physical issues that exacerbate breathing disturbances in sleep.

Step 4: Managing Cognitive Rumination (Cittānupassanā)

Mindfulness offers techniques to notice swirling thoughts and worries without judgment. This allows the practitioner to avoid non-beneficial thought patterns and achieve a more tranquil mind (Walshe, 1995).

Step 5: Reducing Emotional Reactivity

Regular body awareness blunts the intensity of emotional responses to unpleasant sensations. This creates the calm essential to move into sleep (Grandner & Drummond, 2007).

Step 6: Building Resilience and Adherence

Regular practice improves emotional resilience and physiological safety. When programs are culturally relevant, patients are more likely to remain interested and consistent over time (Fredrickson et al., 2008).

Table 1: Compassion-Based Sleep Practice Model (Input & Outcome)

Practice Input (Method)	Primary Mechanism	Clinical Outcome
Loving-Kindness (LKM)	Emotional State Creation	Anxiety Reduction: Combats pre-sleep distress and supports parasympathetic dominance.
Body Awareness (Kāyānupassanā)	Interoceptive Training	Airway Management: Detection and relaxation of jaw and throat tension.
Cognitive Mindfulness (Cittānupassanā)	Nonjudgmental Observation	Mental Calm: Cessation of beneficial thoughts and racing concerns.
Cultural Resonance	Patient Engagement	Long-term Adherence: Improved retention and commitment to the sleep schedule.

In summary, it's a holistic approach to better sleep, marrying the ancient Buddhist approach to sleep with modern sleep science. Practitioners develop a more acute interoceptive awareness by combining techniques such as Kāyānupassanā (mindfulness of the body). This awareness enables them to recognize and consciously relieve microsomatic tensions in the jaw and throat, which can exacerbate airway obstructions in people with sleep apnea. The program also includes Loving-Kindness Meditation (LKM) and Cittānupassanā (mindfulness of the mind) to induce positive emotional states that help calm the sympathetic nervous system and interrupt pre-sleep cognitive rumination and anxiety. Ultimately, these interventions show that building socio-emotional resources and cultural connections significantly increases patient engagement and

nurtures the crucial "brain-heart coupling" needed for sustained physical and psychological recovery.

New Knowledge: The Compassion-Integrated Sleep Model

This academic article offers a novel insight into sleep science by identifying the mechanistic pathways through which compassion-based therapies may serve as bridges between mechanical treatment and psychological wellness. Our work provides the following critical insights compared to conventional models that only include airway blockage:

Interoceptive Awareness as Body Intervention: The Kāyānupassanā (mindfulness of the body) practice may foster a specific "somatic literacy" in patients. This information empowers people with sleep apnea to feel microsomatic tensions in the jaw and throat that mechanical CPAP therapy cannot address, providing a second layer of physical airway management.

Brain-Heart Coupling through Heartfulness: Research shows that developing heartfulness through Metta and Buddhānussati is a direct response to stress-related neural pathways and rumination. This increases the "brain-heart coupling" that allows the parasympathetic dominance necessary to enter and maintain restorative sleep cycles.

Treatment and Cultural Competence Adherence: Perhaps one of the most salient findings is that the efficacy of therapy is intimately related to the cultural and spiritual congruence of the intervention. Patient engagement and retention improve dramatically over time when sleep hygiene is built on familiar concepts like Buddhānussati compared to just clinical, westernized approaches.

Non-judgmental Cognitive De-escalation Observation: Research suggests that Cittānupassanā provides a cognitive "toolkit" that helps prevent unhelpful ideas from triggering the cycle of hyperarousal. This provides a nice emotional state that actively fights the pre-sleep anxiety usually seen in chronic insomnia and apnea patients.

The study's findings show that meditation practices, particularly intense Loving-kindness practices centered on compassion and awareness, could dramatically enhance sleep quality in challenging conditions such as sleep apnea. Unlike traditional treatments, which focus on the body's physical mechanics,

these treatments are designed to support emotional balance and physical regulation, enabling full recovery. These compassion-oriented ideas must be integrated into today's sleep care procedures for long-term, sustainable health programs to succeed.

Conclusion

This academic article has argued that Buddhist compassion-based meditation and mindfulness can offer a meaningful, supportive framework for improving sleep-related well-being, particularly for individuals experiencing sleep apnea-related distress. Sleep apnea should not be understood solely as a mechanical airway problem, as its effects extend to emotional regulation, cognitive functioning, daytime alertness, stress, and quality of life. While conventional treatment, such as Continuous Positive Airway Pressure, remains essential for managing obstructive sleep apnea, psychological and contemplative support may help address the emotional and cognitive dimensions of sleep disturbance.

The article shows that Buddhist practices such as loving-kindness meditation and mindfulness provide useful resources for cultivating emotional safety, reducing negative affect, calming rumination, and strengthening awareness of bodily and mental states. The Mettā Sutta presents loving-kindness as a practice associated with peaceful sleep and joyful waking, while the Mahāsatipaṭṭhāna Sutta provides a framework for observing the body and mind with clarity and non-reactivity. Contemporary studies further support the relevance of loving-kindness and compassion practices for emotional regulation, positive affect, and psychological resilience.

The proposed Compassion-Integrated Sleep Support Model links mettā, karuṇā, kāyānupassanā, and cittānupassanā with contemporary concerns in sleep health. Its main contribution is conceptual rather than clinical: it offers a Buddhist-informed model for supporting sleep readiness, emotional balance, and sustained contemplative practice. However, this model should be understood as complementary to, not a replacement for, professional medical diagnosis and treatment. Future studies may empirically examine how compassion-based meditation affects sleep quality, treatment adherence, and emotional well-being among patients with sleep apnea.

Reference

Dīgha-nikāya: VRI II. 373; PTS II. 290. (n.d.). Mahāsatipaṭṭhāna Sutta The Great Discourse on the Establishing of Awareness. Retrieved June 11, 2023, from https://tipitaka.org/stp-pali-eng-series#21

Epstein, L. J., Kristo, D., Strollo, P. J., Jr., Friedman, N., Malhotra, A., Patil, S. P., Ramar, K., Rogers, R., Schwab, R. J., Weaver, E. M., Weinstein, M. D., & Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. (2009). Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *Journal of Clinical Sleep Medicine: JCSM: Official Publication of the American Academy of Sleep Medicine, 5*(3), 263–276.

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology, 95*(5), 1045–1062.

Grandner, M. A., & Drummond, S. P. (2007). Who are the long sleepers? Towards an understanding of the mortality relationship. *Sleep medicine reviews*, *11*(5), 341–360.

Harvey, A. G., Stinson, K., Whitaker, K. L., Moskovitz, D., & Virk, H. (2008). The subjective meaning of sleep quality: A comparison of individuals with and without insomnia. *Sleep, 31*(3), 383–393.

Hirshkowitz, M., Whiton, K., Albert, S. M., Alessi, C., Bruni, O., DonCarlos, L., Hazen, N., Herman, J., Katz, E. S., Kheirandish-Gozal, L., Neubauer, D. N., O'Donnell, A. E., Ohayon, M., Peever, J., Rawding, R., Sachdeva, R. C., Setters, B., Vitiello, M. V., Ware, J. C., & Adams Hillard, P. J. (2015). National Sleep Foundation's sleep time duration recommendations: Methodology and results summary. *Sleep Health, 1*(1), 40–43.

Hofmann, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological interventions. *Clinical Psychology Review, 31*(7), 1126–1132.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144–156.

Keng, S. L., & Tan, H. (2017). Effects of brief mindfulness and loving-kindness meditation inductions on emotional and behavioral responses to social rejection among individuals with high borderline personality traits. *Behaviour Research and Therapy, 100*, 10–16.

Miller, M. A., & Cappuccio, F. P. (2021). A systematic review of COVID-19 and obstructive sleep apnoea. *Sleep Medicine Reviews, 55*, 101382.

Muzet, A. (2007). Environmental noise, sleep and health. *Sleep Medicine Reviews, 11*(2), 135–142.

Ñāṇamoli Bhikkhu. & Bhikkhu Bodhi. (Trans.). (1995). *The middle length discourses of the Buddha: A translation of the Majjhima Nikāya*. Wisdom Publications.

Nanamoli, B., & Bodhi, B. (1995). *The middle length discourses of the Buddha: A translation of the Majjhima Nikaya.* Wisdom Publications.

Ong, J. C., Shapiro, S. L., & Manber, R. (2009). Mindfulness meditation and cognitive behavioral therapy for insomnia: A naturalistic 12-month follow-up. *Explore (New York, N.Y.), 5*(1), 30–36. https://doi.org/10.1016/j.explore.2008.10.004

Perini, F., Wong, K. F., Lin, J., Hassirim, Z., Ong, J. L., Lo, J., Ong, J. C., Doshi, K., & Lim, J. (2023). Mindfulness-based therapy for insomnia for older adults with sleep difficulties: A randomized clinical trial. *Psychological Medicine, 53*(3), 1038–1048.

Piyadassi Thera. (Trans.). (2010). *Metta (Mettanisamsa) Sutta: Discourse on advantages of loving-kindness (AN 11.16).* Access to Insight.

Rahula, W. (1974). What the Buddha taught. Grove Press.

Riemann, D., Spiegelhalder, K., Feige, B., Voderholzer, U., Berger, M., Perlis, M., & Nissen, C. (2010). The hyperarousal model of insomnia: A review of the concept and its evidence. *Sleep Medicine Reviews, 14*(1), 19–31.

Salzberg, S. (1995). *Loving-kindness: The revolutionary art of happiness*. Shambhala Publications.

Shamay-Tsoory, S. G. (2011). The neural bases for empathy. *The Neuroscientist, 17*(1), 18–24.

Shonin, E., Gordon, W. V., Compare, A., Zangeneh, M., & Griffiths, M. D. (2014). Buddhist-derived loving-kindness and compassion meditation for the treatment of psychopathology: A systematic review. *Mindfulness, 6*(5), 1161–1180.

Somers, B. D. (2022). Mindfulness in the context of engaged Buddhism: A case for engaged mindfulness. *Religions, 13*(8), 746. https://doi.org/10.3390/rel13080746

Van de Water, A. T., Holmes, A., & Hurley, D. A. (2011). Objective measurements of sleep for non-laboratory settings as alternatives to

polysomnography--A systematic review. *Journal of Sleep Research*, *20*(1 Pt 2), 183–200.

Walshe, M. (Trans.). (1995). *The Long Discourses of the Buddha: A Translation of the Digha Nikaya*. Wisdom Publications.

Zeng, X., Chiu, C. P., Wang, R., Oei, T. P., & Leung, F. Y. (2015). The effect of loving-kindness meditation on positive emotions: A meta-analytic review. *Frontiers in Psychology, 6*, Article 1693.

Three-Step Educational Models in Five Buddhist Traditions: A Comparative Study of Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen

Zoltan Cser

Dharma Gate Buddhist College. Transformative Buddhist University

Corresponding author email: cser@tkbf.hu

Received 31/03/2026; Revised 27/04/2026; Accepted 04/0/2026

Abstract

This academic article examines three-step educational models in five Buddhist traditions: Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen. Although these traditions employ different doctrinal frameworks, textual sources, and contemplative methods, they share a common aim: the transformation of body, speech, and mind toward liberation from suffering. The article argues that Buddhist paths may be understood as educational models because they provide systematic processes for ethical cultivation, meditative training, and the development of wisdom.

The Theravāda model is examined through the Three Trainings (ti-sikkhā) of morality (sīla), concentration (samādhi), and wisdom (paññā). The Mahāyāna model is discussed in terms of the development of bodhicitta, including aspiration, action, and ultimate realization. Zen is interpreted through the integrated practice of body, speech, and mind, emphasizing direct experience and present-moment realization. Vajrayāna is analyzed in terms of the development stage, the completion stage, and Mahāmudrā as a process of transforming ordinary perception into enlightened experience. Dzogchen is presented through the three series of teachings: the Series of Mind, the Series of Space, and the Series of Secret Instructions.

By comparing these five models, the article shows that Buddhist education is not limited to intellectual learning but involves a holistic transformation of conduct, attention, perception, and realization. Despite their differences, these traditions reveal a shared pedagogical structure: beginning with ethical or preparatory discipline, deepening through contemplative practice, and culminating in liberating wisdom or direct realization. The study contributes to Buddhist education by clarifying how diverse Buddhist paths can be understood as structured models of human development relevant to both individual practice and contemporary educational reflection.

Keywords: Buddhist education; Three-step model; Theravāda; Mahāyāna; Zen; Vajrayāna; Dzogchen

Introduction

Education is not merely the transmission of information but the cultivation of human qualities. In modern educational systems, learning is often organized around external knowledge, professional preparation, and social productivity. Such systems are necessary for economic and social life, yet they may not fully address the development of wisdom, ethical conduct, emotional balance, and inner freedom. Irving Babbitt's humanistic view that education should cultivate wisdom and virtue, as discussed by Gow (1989), closely resonates with the Buddhist understanding of human development. Similarly, Haack (1981) observes that modern education is strongly shaped by social and economic expectations. From a Buddhist perspective, however, the purpose of education extends beyond occupational preparation; it concerns the transformation of the mind and the liberation of beings from suffering.

Buddhist traditions approach education as a path of inner development. The Buddha's teaching does not separate knowledge from ethical and contemplative practice. The relationship between body and mind is central to Buddhist thought, as shown in the teaching of dependent origination, in which name-and-form (nāma-rūpa) reveals the interdependence of mental and physical processes. Likewise, the teaching on the five aggregates explains human experience as a dynamic process shaped by body, feeling, perception, formations, and consciousness. Therefore, Buddhist education may be understood as a systematic training that transforms perception, conduct, and awareness.

Across Buddhist history, different traditions developed distinct models of training according to cultural, doctrinal, and institutional contexts. Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen differ in textual sources, pedagogical styles, and meditative methods. Nevertheless, each tradition presents a structured path that guides practitioners from ordinary suffering toward awakening. These paths can be interpreted as educational models because they involve progressive transformation: from ethical discipline to meditative stabilization and finally to wisdom or direct realization.

This article examines the three-step educational models found in five Buddhist traditions. It begins with the Theravāda model of morality, concentration, and wisdom; continues with the Mahāyāna model of bodhicitta; explores Zen through body, speech, and mind; analyzes Vajrayāna through the development stage, completion stage, and Mahāmudrā; and presents Dzogchen

through the Series of Mind, the Series of Space, and the Series of Secret Instructions. By comparing these models, the article aims to clarify both their similarities and differences and to show how Buddhist educational frameworks may contribute to contemporary discussions on holistic human development.

Three Steps Educational Models in the Five Main Schools of Buddhism

According to Buddhist teaching, development on the Path of Liberation is taming the mind (Dh 35) and developing clear comprehension and wisdom. This process can be called: education (Cser, 2025). The steps on the Path can be seen as educational models. As it is stated in The Precious Vase:

"In order to ascertain whether a practitioner's three doors of body, voice, and mind are calm, smooth, and relaxed, and whether or not their character has been **re-educated**, teachers repeat an adage that states:

> *The sign of having studied is a calm and controlled mind,*
> *The sign of having meditated is the absence of emotions.*"
>
> (Namkhai Norbu, 2008)

Theravāda and the Three Trainings (Ti-sikkhā)

Theravāda Buddhism is considered the most ancient and authentic teaching among Buddhist Schools. As Gombrich states about the name, Theravāda: "The term means 'Doctrine of the Elders'; the elders in question are the senior monks, who preserve tradition." (Gombrich, 2006). The Source of Theravāda teaching is the foremost Master, the historical Buddha. It is interesting to note that the sacred texts that form the Theravāda Canon are all based on recollections. How Upāli remembered the instructions of the Blessed One is forming the Vinaya Piṭaka, and how Ānanda remembered the teachings of the Blessed One is forming the Sutta Piṭaka. Furthermore, there are several versions regarding the origin of the Abhidhamma texts, which form the third collection of the Canon (Cser, 2025). The Theravāda system is the main Buddhist School in Sri Lanka, Thailand, Cambodia, and Laos, and it can also be found in Vietnam. Recently, many Theravāda Masters have established centers in Western countries (including Russia).

Regarding the main education model, followed in the Theravāda system, we find in the Anubuddha Sutta (A 4.1): **Sīlaṃ samādhi paññā** ca, vimutti ca anuttarā; anubuddhā ime dhammā, gotamena yasassinā. ("Ethics, immersion, and wisdom, and the supreme freedom: these things have been understood by Gotama the renowned." tr. by Bhikkhu Sujato).

The three trainings (called the **Ti-sikkhā)** represent the Path. In the Paṭhamasikkhattaya sutta (A 3.89), the Blessed One explains that the first training, higher ethics, means that the mendicant is perfect in keeping the monastic rules (Pāṭimokkha) and is refraining from any misbehavior (sīla). Higher mind means abiding in the four absorptions (samādhi), and higher wisdom means to truly understand the Four Noble Truths (paññā). This is the frame, and the steps of the whole Path. In the Subha sutta (D 10) in Ānanda's explanation, we find sīlakkhandha, samādhikkhandha, and paññākkhandha as the most important factors that the Blessed One praised.

This system is outstanding since the steps are clearly laid out in the Canon: sīla is explained in the Vinaya Pitaka, samādhi in the Sutta Pitaka, and finally paññā in the Abhidhamma. This is exceptional because Buddhism is the only religion where the Canon is based on the Path, on the Path of Liberation. One of the most outstanding texts, the Visuddhimagga has three main chapters corresponding to the Three Trainings and provides the most comprehensive explanations of sīla, samādhi, and paññā. In this work, several explanations are provided for the sequence of the Three Trainings. One is connecting the steps to the three life phases of the Blessed One: worldly pleasures, ascetism, and finally discovering the Middle Path, as Buddhaghosa states:

"And the avoidance of the extreme called devotion to indulgence of sense desires is shown by virtue. The avoidance of the extreme, called devotion to the mortification of the self, is shown by concentration. The cultivation of the middle way is shown by understanding." (Ñāṇamoli, 2011)

For lay people the Blessed One declared another three steps education model: dāna, sīla and bhāvanā. As Venerable Mahinda states: "In essence, the whole teaching of the Buddha can be found contained within these three values: dāna, sīla, bhāvanā." (Mahinda, 2023) Giving, morality and meditation form also the base for the later Mahāyāna system, since the Pāramitā-s are following the same schema (dāna, sīla and then the steps of meditation, dhyāna and prajñā are equivalent of samatha and vipassanā bhāvanā).

Mahāyāna and the Three Bodhicitta

The Mahāyāna is called the Path of the Bodhisattvas, referring to the time when the Blessed One was a Bodhisattva before attaining complete awakening. Concerning the meaning of the term Bodhisattva, Rongzompa's commentary says (op. 31: p. 199, 5): "Bodhisattvas are thus called because they aspire (with great courage: sattva) to enlightenment (bodhi) and are stable in their intention, or because the objects of their interest are enlightenment and living beings." (Namkhai Norbu, 2008)

According to historical research, the term Mahāyāna may derive from the name of the Mahāsāṃghika community, formed by a schism at the Second Buddhist Council, but among historians there is considerable debate (Cser, 2025). The main view in Mahāyāna is that all sentient beings are endowed with the seeds of Buddhahood; therefore, the main intention of a Bodhisattva is to liberate all beings from the cycle of rebirth.

In the main Mahāyāna Universities, students had to study numerous canonical texts. It took years and years. Then they had to do intense mind-training, training in meditation. After that, they could come back and help all beings. These three steps were called: view, meditation, and behavior (Skt. dṛṣṭi, bhāvanā, carya). It is difficult to find the origin of this educational model, but it is completely used in the Tibetan monastic system (Simonds, 2023).

Meditation according to Mahāyāna also has three steps; this method is called the Three Bodhicitta. According to some scholars, the main source of the Three Bodhicitta is the Bodhisattvacaryāvatāra text written by Śāntideva. In one of the earliest Mahāyāna works (1st and 2nd centuries AD), the Ugraparipṛcchā sūtra, the term Bodhicitta appears but as a state of the Bodhisattva (Nattier, 2003). Later in the 8th century, the three Bodhicitta stages are crystallized. The three trainings are divided into two groups: the first is called Relative Bodhicitta, the second is Ultimate Bodhicitta. Relative Bodhicitta has two sections: Bodhicitta of Intention and Bodhicitta of Action (Namkhai Norbu, 2008). As Śāntideva states:

In brief, the Awakening Mind
Should be understood to be of two types;
The mind that aspires to awaken
And the mind that ventures to do so.

(Shantideva, 1979)

The Three Bodhicitta system is closely related to the three phases of karma: intention, action, and result (which is why a Mahāyāna practitioner can be a lay person as well, because the training transforms karma).

The first Bodhicitta is the Bodhicitta of intention, meaning the practitioner meditates intensively on the proper motivation: to attain enlightenment for all sentient beings. Usually, it is practiced using the Four Immeasurables (Namkhai Norbu, 2008) or the Seven-Point Instructions of Cause and Effect (Khunu Rinpoche, 1999).

The second Bodhicitta, the Bodhicitta of Action, is the famous six Pāramitā-s (Wangchuk, 2007). Intention is like a map, but here the aspirant starts the real traveling. The Pāramitā-s are actions, but in a way that leads from giving to meditation, to one-pointed compassion.

The third Bodhicitta is the Ultimate Bodhicitta, which is the realization of the fundamental nature of all dharmas, Emptiness (Brassard, 2000), the emptiness of the I and of all phenomena (Skt. pudgala-shūnyatā, sarva-dharma-shūnyatā). According to the Mahāyāna sources: “In the Mahayana tradition, it takes a bodhisattva three incalculable kalpas (Skt. *asaṃkhyeya-kalpa*), from the moment he sets out on the path to enlightenment by first giving rise to bodhichitta until finally reaching awakening.” (Rigpa Shedra, 2025).

That is why some schools tried to develop faster methods, like Zen.

Zen and the Three Gates Practice (Skt. kāya, vāk, citta)

Zen is the Japanese term, translated from the Chinese Chán (禪). Chán comes from the Sanskrit Dhyāna, meaning meditation and also referring to the Dhyāna Pāramitā. Originally, the first Zen school was called the Laṅkāvatāra School, since the Laṅkāvatāra Sūtra was its main scripture. This sūtra is also one of the main scriptures of the Yogācāra School. The Chán, Zen, or Dhyāna schools emerged around the sixth century in China, according to the legend, which states that the 28th Patriarch of Buddhism, Bodhidharma, left India, following His Master’s command, and traveled to China by ship. He started teaching a type of meditation that radically achieves enlightenment (Cser, 2025). Zen schools are meditation schools, or Dhyāna schools, and the Path is called the Sudden Path, in which the main object of meditation is Emptiness or Ultimate Truth. The Samten Migdron states:

"As for the sTon-mun [i.e., the simultaneous approach], one obtains the means of familiarizing oneself from the very beginning with the absolute truth, which is unborn and without action." (tr. Esler, 2022)

In meditation practices, the most crucial factors are the Three Gates. In the Satipaṭṭhāna sutta, there are three main objects before arriving at Dhamma: kāya, vedanā, and citta. These are the levels we must deal with when practicing any sitting meditation. In Zen, there is no gradual training system; all the steps of the Path are integrated into the Three Gates: body, speech, and mind. Assuming the position of the Buddha, being present in the movement of the breath and waiting, being in the last moment before enlightenment, forming the frame of the Three Gates in the practice. Regarding the Three Gates, the first, the body position, is one of the keys in both Chán and Zen methods:

"In Buddhism, we are interested in the practice, which is sitting in the same position – in the same state of body and mind – as Gautama Buddha. In the posture we experience Dharma, the simple reality that is in front of us, just as it is, without any filtering by thoughts, hopes, intentions, ambitions, likes, and dislikes." (Luetchford, 2010)

Discovering all the Dharma in the present moment opens the gate to higher states of mind (satori is a Japanese term for sudden enlightenment, but originally it means knowledge). As Zen Master Seung Sahn explains:

„In one moment, there is everything. In one moment, there is infinite time and infinite space." (Seung Sahn, 1997)

Vajrayāna and the Three Maṇḍala practice

The Tantric teachings emerged in India around the sixth century. That was the time of the Mahāsiddhas. Tantras are specific texts, but the real meaning of tantra is continuity of the indestructible essence of the Mind, and this essence is called Vajra. From the state of Vajra arises Pure Vision, vision of enlightened energy. The Mahāsiddhas were at a special level of enlightenment, where they could receive visions and teachings from the Pure Vision, but on the outer level, they usually practiced in cemeteries, places where many negative influences were present (Cser, 2025).

Vajrayāna, Mantrayāna, and Tantra refer to the same Path. There are four classes of Tantra: Kriyā, Caryā, Yoga, and Anuttarayoga. This is the most

accepted list and is attributed to Nāgārjuna (Namkhai Norbu, 2008). The highest level of Tantras is the Anuttarayoga Tantra, like Kālacakra, Hevajra, or Guhyasamāja tantras. All of them are using the same steps on the Path.

After receiving the initiation from a qualified Master, called a Vajra Master, the first step is the Development Stage. This stage of practice is visualization: transforming our ordinary vision into the realm of a Buddha, the environment into a mandala, and ordinary beings into enlightened beings, including ourselves. Practicing enlightened vision is a kind of mind training and special samatha practice as well (Sopa, 1991). This is about forms (transforming body) or the outer aspect of the mandala, mainly training with thoughts.

The second step is the Completion Stage, also called the inner mandala practice, which mainly involves energy practices beyond forms, training with feelings, and transforming speech into bliss.

The last step is Mahāmudrā, translated as Total Symbol, which is the real meditation, being in the state of non-duality, thus transforming the mind into enlightened Mind. As it is stated:

„If you integrate these two stages in a nondual way, you are in the state of Mahāmudrā in that moment. Mahā means total, and mudrā means symbol, because everything you visualize is a symbol, including personified deities, form, and color.” (Namkhai Norbu, 2022).

Dzogchen and the Three Series of Teachings

Dzogchen was a very secret teaching, so it remained hidden for many centuries. The Tibetan term is an abbreviation of rdzogs pa chen po, “Great Completeness,” the Sanskrit translation of Mahāsandhi. The source of Dzogchen Teaching was Garab Dorje (S. Prahevajra, T. dga’ rab rdo rje), meaning Supreme Joy Vajra. According to Chögyal Namkhai Norbu, Garab Dorje lived in Uddiyāna around 200 years after the Blessed One manifested Parinibbāna. In other sources, he passed away 540 years after the Parinibbāna, or, according to some scholars, around 600 AD. Just the well-trained tantric practitioners, the high-level yogis could receive Dzogchen instructions, and in old times, a master could teach just one student for their whole lifetime this special method. This situation was different in Tibet: in the 8th century, Dzogchen appeared to exist as a separate School, according to Nub Sangye Yeshe’s text, The Lamp for the Eye of Contemplation (tr. Esler, 2022).

According to Chögyal Namkhai Norbu Rinpoche, Mañjuśrīmitra, the main student of Garab Dorje, divided all the Dzogchen teachings into three series, based on the three statements or testaments of Garab Dorje (Namkhai Norbu, 2022). The three series of Dzogchen tantras form an educational model, representing the steps on the Path.

The first step is about how to discover the Nature of Mind (Tib. sems nyid). Nature of Mind is a synonym for the enlightened state and is often described as a mirror, in which the image in the mirror represents the ordinary mind (Namkhai Norbu, 2002). The aim of Dzogchen is to be able to "go" from mind into the Nature of Mind. This step is connected to the first series of Dzogchen Tantras, Mind section (Tib. sems sde, Skt. cittavarga).

The second step relates to how to eliminate any doubts about the discovered state. There are special meditation practices that directly deal with Space (non-dual of inner and outer space), called the Four Da, Four Symbols (Namkhai Norbu, 1997). That is why this section is called the Space section and contains the related 21 tantras (Tib. klong sde, Skt. dhātuvarga).

The third step is about integration, containing practices to integrate the Nature of Mind with the Three Gates: body, speech, and mind. This is called the Secret instruction section (Tib. man ngag sde, Skt. upadeśavarga), which practice is basically made of two sections, as Dilgo Khyentse Rinpoche states: "the path of trekchö, or cutting through," which is for liberating students who are very diligent; and "the path of thögal, or direct crossing", which is for effortlessly liberating students who are lazy. (Dilgo Khyentse, 1999)

Discussion

The comparison of the five Buddhist traditions shows that Buddhist education is fundamentally transformative rather than merely informational. In Theravāda, the Three Trainings of morality, concentration, and wisdom provide a gradual model of purification and insight. This model begins with ethical discipline, develops meditative stability, and culminates in wisdom. In Mahāyāna, the path is structured through bodhicitta: the aspiration for awakening, the practice of compassionate action, and the realization of ultimate truth. This model expands the educational process from personal liberation to universal responsibility for all sentient beings.

Zen presents a different educational emphasis. Rather than elaborating a long, gradual framework, Zen focuses on direct experience through the integration of body, speech, and mind. The practice of posture, breath, and present-moment awareness functions as an embodied education in non-conceptual realization. Vajrayāna, by contrast, offers a transformative model in which ordinary perception is re-educated through the development stage, completion stage, and Mahāmudrā. Its pedagogy trains the practitioner to transform body, energy, and mind into an enlightened vision. Dzogchen presents an even more direct approach through the Series of Mind, Space, and Secret Instructions, emphasizing recognition of the nature of mind and integration with all experience.

Despite these differences, all five models share a common educational logic. Each begins with the ordinary condition of confusion or suffering, provides structured methods of transformation, and leads toward liberation or realization. The models also reveal a recurring threefold structure: ethical preparation or orientation, contemplative training, and wisdom-realization. The differences lie in pedagogical strategy. Theravāda emphasizes renunciation and gradual purification; Mahāyāna emphasizes compassion and bodhisattva activity; Zen emphasizes direct cutting through conceptualization; Vajrayāna emphasizes transformation; and Dzogchen emphasizes self-liberation.

This comparison suggests that Buddhist education is best understood as a holistic process of human development. It trains not only intellectual understanding but also conduct, attention, emotion, perception, and realization. Such models can contribute to contemporary education by restoring the importance of ethical formation, contemplative awareness, and wisdom as central dimensions of learning.

These are the main three steps methods connected to Five Buddhist Traditions. Obviously, if we investigate Buddhist practices, we can discover additional educational models, such as the famous Three Wisdoms: wisdom of hearing, wisdom of thinking, and wisdom of meditation (suta-maya-paññā, cinta-maya-paññā, bhāvanā-maya-paññā). This model can be found in all Buddhist Schools.

Considering the three-step model, it is possible to understand the nature of the different Buddhist paths by comparing them, revealing both similarities and differences.

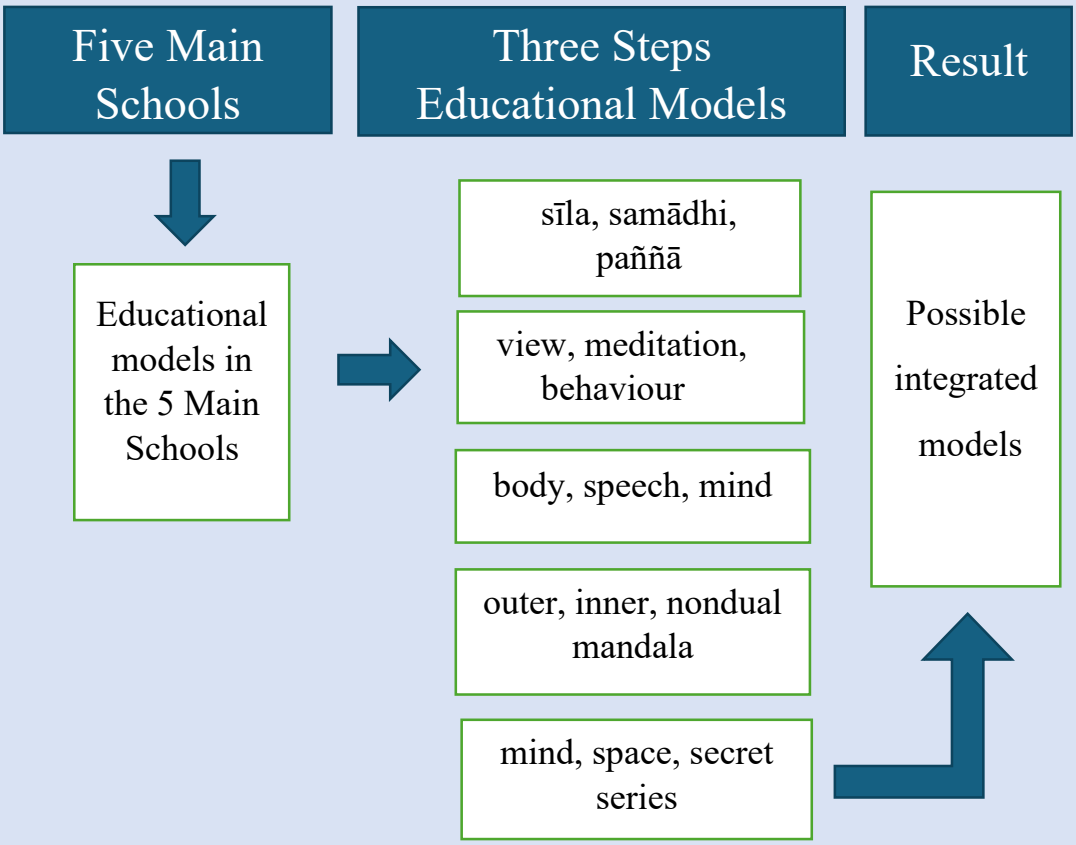


Figure 1: Conceptual Framework of Three-Step Educational Models in Five Main Schools

Similarities and Differences

Whatever Buddhist Paths are considered, they are all based on the well-known Three Trainings: ethics, meditation, and wisdom, but they were originally intended for renunciate monks. As it is said in a Zen writing: „Only a strong, uncracked bowl made from the **precepts** can contain the pure, clear water of **meditation**, reflecting **wisdom** like the moon on its surface." (So Sahn, 2012). Even in connection with Dzogchen teachings, Longchenpa explains in The Treasure of Secret Instructions (Tib. Man ngag mdzod):

„Cultivating the three trainings, the foundation of the path." (Namkhai Norbu, 2008)

The structure of the Six Pāramitās also follows the Three Trainings, the first four, giving (Dāna), ethics (Śīla), patience (Kṣānti), and perseverance (Vīrya), belong to ethics (sīla), meditation (Dhyāna) obviously to meditation

(samādhi), and the perfection of wisdom (Prajñā Pāramitā) to wisdom (paññā). The Three Gates show a similar approach: the body leads inward toward the mind.

The steps of the Three Bodhicitta are parallel with the Eightfold Noble Path, the first two steps (View and Intention) belong to Bodhicitta of Intention, the next three (Speech, Action, Livelihood) belong to the Bodhicitta of Action and the last three steps (Effort, Mindfulness, Meditation) to Ultimate Bodhicitta but also parallel with the Three Trainings, since the last step, Ultimate Bodhicitta is about Wisdom.

Similarities arise because all sentient beings have body, speech, and mind, and all our experiences in time have past, present, and future aspects. Karma also has three phases: intention, action, and the result. Educational models deal with ordinary reality and transform it into an enlightened Reality. The similarities indicate that transforming and developing our being on the Path largely rests on the Three Trainings model, as shown in the table.

Table 1: Structural Correspondences among Three-Step Buddhist Educational Models

sīla-ethics	samādhi-meditation	paññā-wisdom
Vinaya Piṭaka	Sutta Piṭaka	Abhidhamma Piṭaka
sikkhāpada	samatha	vipassanā
pariyatti	paṭipatti	paṭivedha
rāga-desire	dosa-hatred	moha-delusion
perfect pot	clear water	Reflection of the Moon
kāya-body	vāk-speech	citta-mind
behaviour	meditation	view
outer mandala, development phase	inner mandala, completion phase	non-dual mandala, mahāmudrā
Semde (Mind)	Longde (Space)	Menagde (Secret)

Differences in educational models stem from different elimination strategies and differences in the Path. According to Tibetan Buddhism, the monastic way is called the Path of renunciation because the key factor is turning away from worldly concerns and the causes of suffering. Mahāyāna represents the Path of antidotes, because here positive qualities are developed, in this way to extinguish the causes, eliminating the hosts of Mārās. In Zen, the main method is Cutting, cutting the roots of the defiled mind. Vajrayāna is called the Path of Transformation, transforming the poisons, transforming the causes of suffering. Finally, Dzogchen is called the Path of self-liberation.

Due to these factors, there are different educational models, but all of them have three components, so there is much to explore in their correspondence. In the next table, the differences are presented based on ideas found in Tibetan texts such as Samten Migdron (tr. Esler, 2022).

Table 2: Comparative Pedagogical Orientations of the Five Buddhist Traditions

Theravāda	Mahāyāna	Zen	Vajrayāna	Dzogchen
Pāli Canon	Chinese Canon	Chinese, Japanese	Tibetan Canon	Nyigma Texts
renunciation	antidotes	cutting	transformation	self-liberation
gradual, causal	gradual, causal	sudden causal	gradual fruit	sudden fruit

Conclusion

This article has examined three-step educational models in five Buddhist traditions: Theravāda, Mahāyāna, Zen, Vajrayāna, and Dzogchen. Although these traditions differ in doctrine, textual foundation, practice method, and historical development, they share a common purpose: the transformation of human beings from suffering, confusion, and ignorance toward liberation, wisdom, and awakened living.

The Theravāda model emphasizes the Three Trainings of morality, concentration, and wisdom. This structure presents education as a gradual purification of conduct, mind, and understanding. The Mahāyāna model develops the path through bodhicitta, beginning with the aspiration to awaken for the

benefit of all beings, continuing through compassionate action, and culminating in the realization of emptiness. Zen highlights the immediacy of practice through body, speech, and mind, showing that awakening is not only theoretical but embodied in present-moment experience. Vajrayāna presents a transformative model through the development stage, completion stage, and Mahāmudrā, while Dzogchen offers a direct approach through the Series of Mind, Space, and Secret Instructions.

The comparative analysis shows that the different Buddhist paths can be interpreted as educational models because they provide systematic ways of developing ethical behavior, meditative awareness, emotional transformation, and liberating wisdom. Their similarities reveal a shared Buddhist pedagogical structure, while their differences show diverse strategies for addressing suffering in line with practitioners' capacities, contexts, and traditions.

The significance of this study lies in demonstrating that Buddhist education is not confined to monastic training or religious instruction. It offers a universal model of human development that can enrich contemporary educational thought. In a world marked by stress, conflict, ecological crisis, and spiritual confusion, Buddhist educational models remind us that true education should cultivate not only knowledge and skill but also wisdom, compassion, ethical responsibility, and freedom from suffering. Future research may further explore how these Buddhist educational models can be adapted for schools, universities, contemplative education, peace education, and holistic human development.

References

Anubuddha Sutta: Understood (AN 4.1). (n.d.). In *SuttaCentral* (Bhikkhu Sujato, Trans.). https://suttacentral.net/an4.1/en/sujato

Bhikkhu Ñāṇamoli. (Trans.). (2011). *The path of purification (Visuddhimagga)*. Mahānāyakathera of Vajirārāma.

Brassard, F. (2000). *The concept of bodhicitta in Śāntideva's Bodhicaryāvatāra*. State University of New York Press.

Cser, Z. (2025). *Beyond words: Comparative study of the different meditation methods in the five main schools of Buddhism* [Doctoral dissertation, International Buddhist Studies College, Mahachulalongkornrajavidyalaya University].

Dalai Lama. (2006). *Buddhism is a science of the mind*. https://www.dalailama.com/news/2006/buddhism-is-a-science-of-the-mind-dalai-lama

Dhammacakkappavattana Sutta: Setting in Motion the Wheel of the Dhamma (SN 56.11). (n.d.). In *SuttaCentral* (Bhikkhu Bodhi, Trans.). https://suttacentral.net/sn56.11/en/bodhi

Dhammapada, Cittavagga (Dhp 35). (n.d.). In *SuttaCentral* (Bhikkhu Sujato, Trans.). https://suttacentral.net/dhp35/en/sujato

Dilgo Khyentse Rinpoche. (1999). *Primordial purity: Oral instructions on the three words that strike the vital points*. Vajravairochana Translation Committee.

Esler, D. (Trans.). (2022). *The lamp for the eye of contemplation*. Oxford University Press.

Gombrich, R. F. (2006). *Theravāda Buddhism: A social history from ancient Benares to modern Colombo* (2nd ed.). Routledge.

Gow, H. B. (1989). The true purpose of education. *The Phi Delta Kappan, 70*(7), 545. http://www.jstor.org/stable/20403956

Haack, R. (1981). Education and the good life. *Philosophy, 56*(217), 289–302. http://www.jstor.org/stable/3750273

Khunu Rinpoche. (1999). *Vast as the heavens, deep as the sea*. Wisdom Publications.

Luetchford, E. M. (2010). *Introduction to Buddhism and practice of zazen: The teaching of Gudo Nishijima Roshi*. Windbell Publications.

Namkhai Norbu, C. (1997). *Longde teachings based on the original texts by Vairochana and Dzin Dharmabodhi*. Shang Shung Edizioni.

Namkhai Norbu, C. (2002). *The four contemplations of Semde*. Shang Shung Edizioni.

Namkhai Norbu, C. (2008). *The precious vase*. Shang Shung Edizioni.

Namkhai Norbu, C. (2022). *The three paths of liberation* [E-book]. Shang Shung Publications.

Nattier, J. (2005). *A few good men: The Bodhisattva path according to The Inquiry of Ugra (Ugraparipṛcchā)*. University of Hawai‘i Press.

Paṭhamasikkhattaya Sutta: The First Three Trainings (AN 3.89). (n.d.). In *SuttaCentral* (Bhikkhu Sujato, Trans.). https://suttacentral.net/an3.89/en/sujato

Rigpa Shedra. (2025). *Incalculable kalpa*. https://www.rigpawiki.org/index.php?title=Incalculable_kalpa

Satipaṭṭhāna Sutta: Mindfulness Meditation (MN 10). (n.d.). In *SuttaCentral* (Bhikkhu Sujato, Trans.). https://suttacentral.net/mn10/en/sujato

Śāntideva. (1979). *A guide to the Bodhisattva's way of life* (S. Batchelor, Trans.). Library of Tibetan Works and Archives.

Seung Sahn. (1997). *The compass of Zen*. Shambhala Dragon Editions.

Simonds, C. H. (2023). Lta sgom spyod gsum: A Tibetan approach to moral phenomenological praxis. *Journal of Buddhist Ethics, 30*, 93–137.

So Sahn. (2012). *The mirror of Zen: The classic guide to Buddhist practice* (Boep Joeng, Trans. from Chinese; Hyon Gak, Trans. from Korean). Shambhala.

Sopa, L. (1991). *The wheel of time*. Snow Lion Publications.

Subha Sutta: With Subha (DN 10). (n.d.). In *SuttaCentral* (Bhikkhu Sujato, Trans.). https://suttacentral.net/dn10/en/sujato

Ven. Mahinda. (2023). Dāna sīla bhāvanā: Three pillars of Buddhism. Buddhist Missionary Society Malaysia. https://aloka.info/wp-content/uploads/2023/12/Ven-Mahinda_Dana-Sila-Bhavana-2023.pdf

Vibhaṅga Sutta: Analysis (SN 12.2). (n.d.). In *SuttaCentral* (Bhikkhu Sujato, Trans.). https://suttacentral.net/sn12.2/en/sujato

Wangchuk, D. (2007). *The resolve to become a Buddha: A study of the bodhicitta concept in Indo-Tibetan Buddhism*. International Institute for Buddhist Studies of the International College for Postgraduate Buddhist Studies.

Steeping Innovative Mindfulness: Designing Avalokitea™, a Multi-Sensory Mindfulness Intervention for IBSC Students

Rose Hsu Yin[1] Phramaha Weerasak Abhinandavedi [2]
Maechee Narumon Jiwattanasuk[3]
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University [1,2,3]

Corresponding author email: myjuno.28@gmail.com[1]
Received 28/05/2026; Revised 09/06/2026; Accepted 10/06/2026

Abstract

This study aimed to: (1) investigate the mindfulness-related challenges, stress conditions, and contemplative needs of students at the International Buddhist Studies College (IBSC), Mahachulalongkornrajavidyalaya University; (2) develop Avalokitea™ as a multi-sensory mindfulness intervention integrating Buddhist contemplative principles and mindful tea practice; and (3) evaluate the preliminary implementation outcomes of the program among IBSC students. The study employed an exploratory pilot mixed-methods design. The qualitative phase consisted of a documentary review, expert consultation, and observational analysis of mindfulness, contemplative education, sensory awareness, Buddhist contemplative practice, and tea-based learning. Seven experts, including mindfulness practitioners, tea practitioners, and Buddhist scholars, contributed to the design and refinement of the intervention. The quantitative phase involved a two-hour pilot implementation at the IBSC Meditation Hall with sixteen student participants. Data were collected using the Avalokitea™ Mindfulness Questionnaire for IBSC Students, pre-test and post-test responses, participant reflections, and observational notes. Quantitative data were analyzed using descriptive statistics, while qualitative reflections were analyzed through thematic content analysis.

The findings revealed that IBSC students experienced stress, mental distraction, emotional fatigue, and difficulty maintaining consistent mindfulness practice in academic life. In response, Avalokitea™ was developed as a seven-step contemplative process consisting of Stillness, See the Lotus, Sound the Mantra, Set the Tea in Motion, Scent the Tea, Sip the Tea, and Share and Reflect. Descriptive findings indicated higher post-test scores across all mindfulness-related dimensions, suggesting possible positive changes in mindfulness awareness, emotional regulation, sensory attentiveness, contemplative

engagement, and present-moment concentration. Qualitative reflections further indicated increased calmness, gratitude, emotional awareness, and interpersonal connection. This study contributes to contemplative education by proposing Avalokitea™ as a culturally adaptive, tea-based, multi-sensory mindfulness model for multicultural educational environments. Further research with larger samples, longer intervention periods, and validated instruments is recommended.

Keywords: Avalokitea™; Mindfulness; Multi-Sensory Mindfulness; Contemplative Education; Tea Meditation; IBSC Students

Introduction

University students increasingly experience stress, emotional exhaustion, attentional difficulties, and challenges in maintaining psychological well-being within demanding academic environments. These issues may become more complex in multicultural educational settings, where students must adapt to diverse cultural backgrounds, languages, learning styles, and social expectations. Therefore, students require not only academic support but also practical approaches that cultivate self-awareness, emotional regulation, resilience, and inner stability. Previous research has shown that mindfulness is positively associated with psychological well-being, self-regulation, and present-moment awareness (Brown & Ryan, 2003). Mindfulness-based interventions have also been widely applied in educational and therapeutic contexts to support stress reduction, attentional control, and emotional balance (Kabat-Zinn, 2003; Baer, 2003).

Mindfulness is commonly understood as purposeful awareness of present-moment experience characterized by openness and non-judgmental attention (Kabat-Zinn, 2003). Bishop et al. (2004) further describe mindfulness as involving self-regulation of attention and an accepting orientation toward ongoing experience. Within Buddhist traditions, however, mindfulness is not limited to cognitive attention. It also includes embodied awareness, ethical sensitivity, and contemplative engagement with everyday life. This broader understanding is especially relevant in Buddhist higher education, where mindfulness may serve as both a psychological skill and a transformative learning process.

Contemplative education supports this holistic approach by integrating intellectual development, self-awareness, reflection, emotional understanding,

and personal growth. Palmer and Zajonc (2010) argue that higher education should nurture the whole person rather than focus exclusively on academic achievement. Similarly, Barbezat and Bush (2014) suggest that contemplative practices can enhance student engagement, empathy, attention, and reflective learning. These perspectives suggest that mindfulness education may be more meaningful when students engage in embodied, experiential practices.

Sensory awareness provides an accessible pathway for cultivating mindfulness because it grounds attention in direct experience. Nhat Hanh (1975) emphasizes that mindfulness can be practiced through ordinary activities such as breathing, walking, eating, and drinking tea. Tea practice has also been associated with attentiveness, simplicity, harmony, and presence in Asian contemplative traditions. Suzuki (1959) describes tea practice as both a cultural and spiritual discipline that cultivates awareness and refined attention.

Despite the growing literature on mindfulness, many interventions continue to focus primarily on seated meditation, cognitive attention training, or clinical stress reduction. Limited research has explored structured, multisensory mindfulness programs that integrate Buddhist contemplative principles, lotus visualization, mantra chanting, mindful tea engagement, sensory awareness, and reflective dialogue in multicultural higher education settings. To address this gap, the present study developed Avalokitea™ for students at the International Buddhist Studies College (IBSC), Mahachulalongkornrajavidyalaya University. The study aimed to investigate students' mindfulness-related challenges and needs, develop Avalokitea™ as a culturally adaptive intervention, and evaluate its preliminary implementation outcomes.

Research Objectives

1. To investigate the mindfulness-related challenges, stress conditions, and contemplative needs of students at the International Buddhist Studies College (IBSC), Mahachulalongkornrajavidyalaya University.
2. To develop Avalokitea™ as a culturally adaptive multi-sensory mindfulness intervention integrating Buddhist contemplative principles, sensory awareness, and mindful tea practice.
3. To evaluate the preliminary implementation outcomes of Avalokitea™ among IBSC students in terms of mindfulness awareness, emotional regulation, sensory attentiveness, contemplative engagement, and reflective experience.

Literature Review

Mindfulness has become a significant concept in contemporary psychology, education, and contemplative studies. Kabat-Zinn (2003) defines mindfulness as awareness that arises through intentionally paying attention to present-moment experience in a non-judgmental manner. This definition has strongly influenced modern mindfulness-based interventions, particularly in relation to stress reduction, emotional regulation, and psychological well-being. Similarly, Brown and Ryan (2003) found that mindfulness is positively associated with self-regulation, emotional balance, and overall well-being. Baer (2003) further demonstrated that mindfulness training can serve as a clinical intervention to reduce psychological distress and improve adaptive coping. Bishop et al. (2004) proposed an operational definition of mindfulness that involves the self-regulation of attention and an accepting orientation toward experience, providing a useful framework for educational mindfulness practice.

Within higher education, mindfulness is increasingly connected with contemplative education. Palmer and Zajonc (2010) argue that higher education should cultivate not only intellectual competence but also emotional awareness, personal meaning, and reflective understanding. Barbezat and Bush (2014) similarly emphasize that contemplative practices can support deeper engagement, empathy, attention, and meaningful learning. These perspectives are consistent with experiential learning theory, which views learning as a process grounded in direct experience, reflection, conceptualization, and application (Kolb, 1984). Therefore, mindfulness in education may be most effective when it combines cognitive awareness with embodied and reflective participation.

Sensory awareness is also central to embodied mindfulness. Shapiro, Carlson, Astin, and Freedman (2006) explain that mindfulness operates through attention, intention, and attitude, enabling individuals to become more aware of internal and external experiences. Langer (1989) highlights mindfulness as an active state of noticing novelty and engaging with present experience. In Buddhist practice, Thich Nhat Hanh emphasizes that mindfulness can be cultivated through ordinary activities such as walking, eating, breathing, and drinking tea (Hanh, 1991; Hahn, 1975). Anālayo Bhikkhu (2020) also highlights mindfulness of breathing as a foundational practice for cultivating bodily awareness, attentional stability, and direct observation of experience. This supports the Avalokitea™ process, which begins with stillness and breathing awareness before moving into

visual, auditory, sensory, and reflective mindfulness activities. Davidson and Goleman (2017) also show that meditation practice may positively influence attention, emotional regulation, resilience, and well-being. These studies suggest that sensory engagement through sight, sound, smell, taste, touch, and movement can anchor attention in lived experience and reduce mental distraction.

Tea practice has long been associated with contemplative traditions in Asia. Suzuki (1959) describes tea practice as a discipline of attentiveness, simplicity, harmony, and present-moment awareness. Nhat Hanh (1975) also presents mindful tea drinking as a practical method for cultivating awareness, gratitude, and appreciation of the present moment. From a Buddhist perspective, such everyday practices can support mindfulness when performed with clear awareness and free from distraction. Anālayo Bhikkhu (2003) and Gunaratana (2011) further emphasize mindfulness as direct observation of bodily and mental processes, making sensory-based practice relevant to Buddhist contemplative training.

Although existing mindfulness interventions have shown positive outcomes, many remain focused on seated meditation, cognitive attention training, or clinical stress reduction. Limited research has examined multi-sensory mindfulness interventions that integrate Buddhist contemplative principles, lotus visualization, mantra chanting, mindful tea practice, sensory awareness, and reflective dialogue within multicultural higher education. This gap supports the development of Avalokitea™ as a culturally adaptive, tea-based, multi-sensory mindfulness intervention for IBSC students.

Research Methodology

This study employed an exploratory pilot mixed-methods design to develop and preliminarily evaluate Avalokitea™ as a multi-sensory mindfulness intervention for students at the International Buddhist Studies College (IBSC), Mahachulalongkornrajavidyalaya University. The research process consisted of the following stages:

1. **Research Design**
    - The study used an exploratory pilot mixed-methods design.
    - Both qualitative and quantitative data were collected.
    - The purpose was to develop Avalokitea™ and examine its preliminary implementation outcomes among IBSC students.
2. **Phase 1: Data Collection**

- Documentary review was conducted to examine concepts and previous studies related to mindfulness, contemplative education, Buddhist contemplative practice, sensory awareness, experiential learning, and tea-based contemplative approaches.
- Expert consultation was conducted with seven specialists:
  - three mindfulness experts,
  - two tea practitioners,
  - two Buddhist scholars.
- The experts evaluated the conceptual appropriateness, practical feasibility, contemplative relevance, and cultural adaptability of the proposed intervention.
- Observational analysis was conducted during mindfulness and tea-based contemplative activities to identify practical considerations related to participant engagement, sensory awareness, contemplative participation, and reflective interaction.

3. **Phase 2: Development and Implementation of Avalokitea™**
   - Based on the qualitative findings, Avalokitea™ was developed as a structured two-hour multi-sensory mindfulness intervention.
   - The program consisted of seven contemplative steps:
     1. Stillness
     2. See the Lotus
     3. Sound the Mantra
     4. Set the Tea in Motion
     5. Scent the Tea
     6. Sip the Tea
     7. Share and Reflect
   - The intervention integrated contemplative breathing, lotus visualization, mantra chanting, mindful tea preparation, sensory awareness, tea tasting, and reflective dialogue.
   - The pilot implementation was conducted at the IBSC Meditation Hall.
   - Sixteen IBSC students voluntarily participated through purposive sampling.
   - Fourteen valid pre-test responses and sixteen post-test responses were collected.
   - Ten matched responses were used for comparative analysis.
4. **Research Instrument**

- The primary quantitative instrument was the Avalokitea™ Mindfulness Questionnaire for IBSC Students.
- The questionnaire was developed by the researchers and consisted of sixteen items.
- Items were measured using a five-point Likert scale.
- The questionnaire assessed mindfulness awareness, emotional regulation, sensory attentiveness, contemplative engagement, self-compassion, empathy, and reflective awareness.
- Additional qualitative data were collected through participant reflections and observational notes.

5. **Data Analysis**
    - Quantitative data were analyzed using descriptive statistics, including frequency, mean, standard deviation, and mean difference comparison.
    - Inferential statistical testing was not conducted because this study was a small-scale pilot implementation.
    - Qualitative data from participant reflections and observational notes were analyzed using thematic content analysis.
    - Responses were coded and organized into themes related to mindfulness experiences, emotional responses, sensory awareness, contemplative engagement, and interpersonal reflection.
6. **Ethical Considerations**
    - Participation in the study was voluntary.
    - Participants were informed of the study objectives and procedures before participation.
    - Informed consent was obtained from all participants.
    - Questionnaire responses were collected anonymously and used only for academic research purposes.
    - Participants were informed of their right to withdraw from the study at any stage without penalty.
    - Confidentiality and privacy were maintained throughout the research process.

Research Results

Objective 1: Mindfulness-Related Challenges and Contemplative Needs Among IBSC Students

The preliminary findings revealed that many students in the multicultural educational environment of the International Buddhist Studies College (IBSC) experienced challenges with stress management, mental distraction, emotional fatigue, and difficulty maintaining consistent mindfulness practice in daily life. Several participants reported difficulty sustaining concentration, regulating emotions, and remaining present during academic activities. Digital distraction and competing academic responsibilities were also identified as common challenges affecting mindfulness practice.

The baseline questionnaire results further suggested that participants desired mindfulness approaches that were practical, experiential, and applicable to everyday life rather than relying exclusively on formal meditation practice.

Table 1. Baseline Mindfulness Indicators of IBSC Students (n = 14)

No.	Mindfulness Indicator	Mean	SD
1	I am aware of my breathing while sitting quietly.	**3.71**	**1.07**
2	I can calm my body and mind through stillness.	**3.57**	**1.09**
3	I am able to remain present during a short period of meditation.	**3.50**	**0.94**
4	I can focus my attention on a guided visualization.	**3.43**	**0.94**
5	Chanting or listening to a mantra helps stabilize my attention.	**3.29**	**1.14**
6	Visualization and sound support my mindfulness practice.	**3.36**	**1.01**
7	I am aware of my movements while preparing or holding tea.	**3.07**	**1.14**
8	I can mindfully notice aroma during tea practice.	**3.43**	**0.94**
9	I am fully present while tasting tea.	**3.21**	**1.05**
10	Engaging my senses helps me stay focused in the present moment	**3.29**	**1.00**
11	I feel calm and relaxed after mindfulness practice.	**3.43**	**1.16**
12	I am able to regulate my emotions more effectively.	**3.43**	**0.94**
13	I can respond to situations with greater awareness.	**3.36**	**0.93**
14	I feel kindness and compassion toward myself.	**3.43**	**0.94**
15	I feel greater empathy and understanding toward others.	**3.43**	**0.94**
16	Reflection helps me understand my inner experience more clearly.	**3.50**	**1.02**

The baseline findings revealed moderate levels of mindfulness across multiple dimensions among IBSC students. Lower scores were observed in areas related to tea-preparation awareness, tea-tasting awareness, mantra participation, and visualization practice, suggesting challenges in sustaining mindfulness during daily activities. The results indicate that participants experienced varying levels of attentional stability, emotional regulation, and sensory awareness prior

to the intervention. These findings support the need for a practical, experiential mindfulness program that integrates contemplative practice with everyday sensory experience.

Objective 2: Development of the Avalokitea™ Program

Based on documentary review, expert consultation, and observational analysis, the Avalokitea™ program was developed as a multi-sensory mindfulness intervention integrating Buddhist contemplative principles, sensory awareness, tea practice, lotus visualization, mantra chanting, and reflective dialogue.

Seven experts, including three mindfulness experts, two tea practitioners, and two Buddhist scholars, contributed to refining the intervention design. Their recommendations emphasized experiential learning, sensory engagement, cultural inclusivity, contemplative participation, and practical applicability within educational environments.

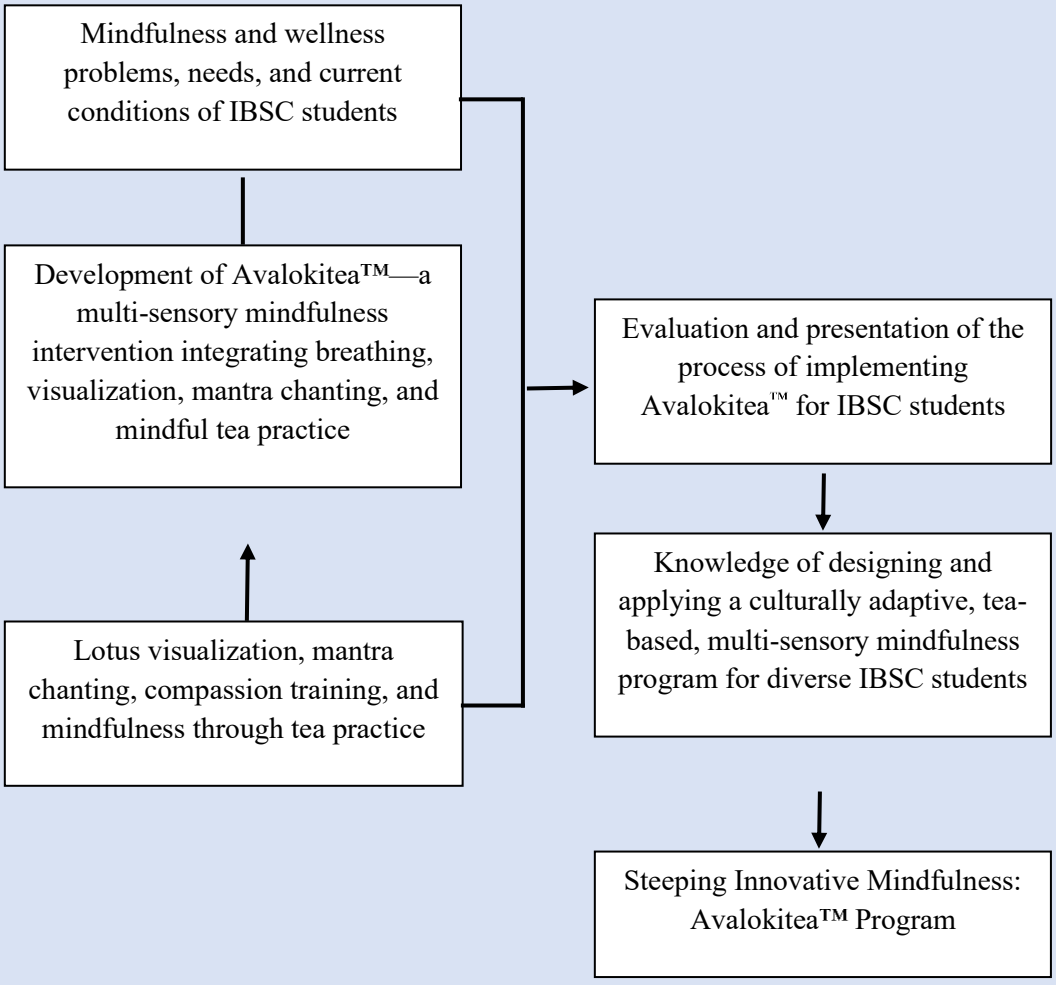


Figure 1. Conceptual Framework of the Study

The conceptual framework guided the development of Avalokitea™ by integrating mindfulness theory, contemplative education, sensory awareness, Buddhist contemplative practice, and tea-based experiential learning.

Table 2. Expert Consultation Summary

Evaluation Aspect	Evaluation Outcome
Alignment with Buddhist teachings	Considered doctrinally appropriate
Practical feasibility in university context	Considered feasible for student learning environments
Educational value for students	Considered beneficial for cultivating mindfulness awareness
Innovation of the program design	Considered a creative integration of contemplative practice and tea meditation
Overall suitability of the Avalokitea™ program	Experts expressed strong support for implementation
Innovative value	6/7 strong agreement, 1/7 cautious

Recommendations from the seven experts helped refine the intervention structure, sensory components, contemplative activities, implementation procedures, and the program's cultural adaptability.

The resulting intervention consisted of seven contemplative steps, as shown in Figure 2:



Figure 2. The Seven-Step Avalokitea™ Intervention Process

Objective 3: Implementation Outcomes of the Avalokitea™ Program

The implementation phase involved sixteen participants from the International Buddhist Studies College. Fourteen valid pre-test responses and sixteen post-test responses were collected through Google Forms, while ten matched responses were used for comparative analysis.

Descriptive statistical analysis indicated that post-test scores were higher than pre-test scores across all measured dimensions. The findings therefore suggest possible positive changes in mindfulness awareness, emotional regulation, sensory attentiveness, contemplative engagement, and present-moment concentration following participation in the intervention.

Table 3. Pre–Post Comparison of Mindfulness Indicators (n = 10)

NO.	Mindfulness Indicator	Pre-test	Post-test	Change
1	I am aware of my breathing while sitting quietly.	3.60	4.30	+0.70
2	I can calm my body and mind through stillness.	3.50	4.40	+0.90
3	I am able to remain present during meditation.	3.40	4.20	+0.80
4	I can focus my attention on visualization.	3.30	4.20	+0.90
5	Chanting or listening to a mantra stabilizes my attention.	3.20	4.40	+1.20
6	Visualization and sound support mindfulness practice.	3.30	4.30	+1.00
7	I am aware of my movements while preparing tea.	3.00	4.10	+1.10
8	I can mindfully notice tea aroma.	3.30	4.30	+1.00
9	I am fully present while tasting tea.	3.20	4.40	+1.20
10	Sensory engagement helps me stay present.	3.20	4.30	+1.10
11	I feel calm and relaxed after mindfulness practice.	3.40	4.50	+1.10
12	I regulate my emotions more effectively.	3.40	4.30	+0.90
13	I respond to situations with greater awareness.	3.30	4.20	+0.90
14	I feel kindness and compassion toward myself.	3.40	4.30	+0.90
15	I feel empathy and understanding toward others.	3.40	4.30	+0.90
16	Reflection helps me understand my inner experience.	3.50	4.40	+0.90

Descriptive statistical analysis indicated that post-test scores were higher than pre-test scores across all measured dimensions. The findings suggest possible positive changes in mindfulness awareness, emotional regulation, sensory attentiveness, contemplative engagement, and present-moment concentration following participation in the intervention.

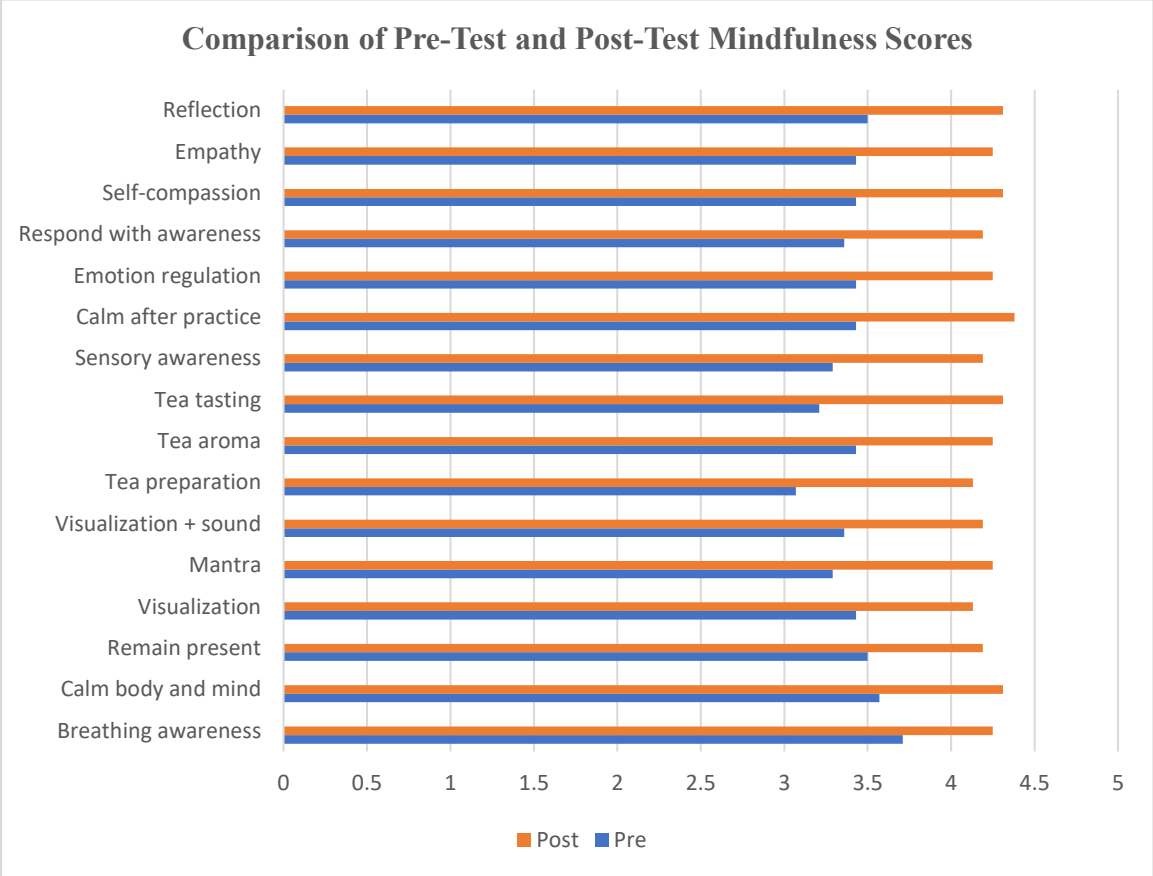


Figure 3. Comparison of Pre-Test and Post-Test Mindfulness Scores

The graphical comparison demonstrates that post-test scores were consistently higher than pre-test scores across all mindfulness-related dimensions. Improvements were observed in breathing awareness, calmness, present-moment awareness, visualization, mantra participation, sensory awareness, emotional regulation, self-compassion, empathy, and reflective awareness. These findings suggest possible positive changes following participation in the Avalokitea™ intervention.

Table 4. Qualitative Reflection Themes

Group	Main Theme	Representative Reflection
Sati	Present-moment awareness through observation	Participants reported that waiting for water to boil and observing tea preparation enhanced mindfulness and sensory awareness.
Samadhi	Concentration through mantra practice	Participants indicated that chanting the six-syllable mantra improved

Group	Main Theme	Representative Reflection
		concentration and encouraged continued practice.
Panna	Awareness of distraction and mental processes	Participants recognized mind-wandering during visualization and reflected on the importance of observing distraction.
Metta	Gratitude, loving-kindness, and interpersonal connection	Participants expressed gratitude, compassion, and a sense of connection through the shared tea experience.

Qualitative reflections supported the quantitative findings. Participants frequently reported increased calmness, concentration, gratitude, mindfulness, and interpersonal connection throughout the intervention. Reflections from the Sati group emphasized present-moment awareness, the Samadhi group highlighted concentration through mantra practice, the Panna group reflected on awareness of distraction, and the Metta group emphasized gratitude and loving-kindness. These findings suggest that the multi-sensory structure of Avalokitea™ may support both individual mindfulness development and collective contemplative engagement.

Discussion

The findings of this study suggest that Avalokitea™ may serve as a promising contemplative learning model that integrates mindfulness practice, sensory awareness, contemplative tea engagement, and Buddhist contemplative principles within a multicultural higher education context. The intervention was developed in response to mindfulness-related challenges identified among IBSC students, including stress, mental distraction, emotional fatigue, and difficulties maintaining consistent mindfulness practice in contemporary academic life. These challenges are consistent with broader concerns in mindfulness and educational research, which emphasize the importance of cultivating attention, emotional regulation, self-awareness, and psychological well-being among students (Brown & Ryan, 2003; Kabat-Zinn, 2003; Baer, 2003).

The descriptive post-test findings suggest possible positive changes in mindfulness awareness, emotional regulation, sensory attentiveness, contemplative engagement, and present-moment concentration following

participation in the Avalokitea™ intervention. These findings are consistent with previous research indicating that mindfulness-based practices may support attentional stability, emotional balance, and psychological well-being (Brown & Ryan, 2003; Kabat-Zinn, 2003; Davidson & Goleman, 2017). Bishop et al. (2004) explain that mindfulness involves both the self-regulation of attention and an accepting orientation toward present experience, while Shapiro, Carlson, Astin, and Freedman (2006) propose that mindfulness operates through the interaction of attention, intention, and attitude. The structure of Avalokitea™ reflects these dimensions by combining intentional awareness, non-reactive observation, sensory participation, and reflective sharing.

The study also supports the value of contemplative education in higher learning. Palmer and Zajonc (2010) argue that education should cultivate the whole person, including intellectual, emotional, ethical, and reflective dimensions. Similarly, Barbezat and Bush (2014) emphasize that contemplative practices can enhance attention, empathy, self-awareness, and meaningful learning. Avalokitea™ aligns with these perspectives by transforming mindfulness from a purely cognitive exercise into an experiential learning process. Its seven-step structure encourages students to learn through stillness, visualization, chanting, movement, aroma, taste, and dialogue. This is also consistent with experiential learning theory, which emphasizes learning through direct experience and reflection (Kolb, 1984).

Unlike conventional mindfulness interventions that often emphasize seated meditation or cognitive attention training, Avalokitea™ foregrounds embodied and sensory mindfulness. The qualitative reflections suggest that observing aroma, preparing tea, tasting tea, chanting mantras, visualizing the lotus, and engaging in reflective participation may support attentional grounding and present-moment awareness. This finding is consistent with Nhat Hanh's (1975) teaching that mindfulness can be cultivated through ordinary daily activities, including breathing, eating, walking, and drinking tea. It also resonates with Suzuki's (1959) interpretation of tea practice as a discipline of simplicity, attentiveness, harmony, and presence. From a Buddhist contemplative perspective, mindfulness is not limited to formal meditation but may be developed through careful observation of bodily and mental processes in everyday experience (Anālayo Bhikkhu, 2003; Gunaratana, 2011).

The multicultural educational context of IBSC provided an appropriate setting for exploring a culturally adaptive mindfulness intervention. The

integration of Buddhist contemplative principles, sensory awareness, and tea-based practice appeared to create an accessible contemplative environment for students from diverse cultural backgrounds. At the same time, the design of such interventions should remain sensitive to the risk of reducing mindfulness to a superficial technique detached from ethical and contemplative foundations (Purser, 2019). Avalokitea™ attempts to address this concern by integrating sensory experience with Buddhist values of awareness, compassion, reflection, and interpersonal connection.

However, the findings should be interpreted with caution. The study involved a small group of participants; the intervention was conducted as a single two-hour session; and the quantitative results were analyzed using descriptive statistics without inferential testing. Therefore, the results should not be interpreted as evidence of long-term effectiveness or broad generalizability. Rather, they should be understood as preliminary findings suggesting the potential value of Avalokitea™ as a multi-sensory contemplative learning model. Future research should involve larger sample sizes, longer intervention periods, validated mindfulness instruments, control or comparison groups, and inferential statistical analyses to examine the model's effectiveness and applicability more rigorously.

Knowledge from Research

The knowledge generated by this study is the Avalokitea™ Multi-Sensory Contemplative Mindfulness Model, a culturally adaptive mindfulness framework developed for students in a multicultural Buddhist higher education context. The model emerged from the integration of documentary review, expert consultation, observational analysis, pilot implementation, quantitative findings, and qualitative reflections. It demonstrates that mindfulness awareness may be cultivated not only through seated meditation or cognitive attention training but also through embodied sensory experience, Buddhist contemplative elements, tea-based practice, and reflective participation.

The model consists of seven interconnected dimensions:

1. Contemplative Stillness – preparing the mind through calm breathing and initial grounding.

2. Visual Awareness – cultivating attentional focus through lotus visualization.

3. Auditory Awareness – strengthening concentration through mantra participation.

4. Sensory Engagement – increasing awareness through observation of tea preparation and sensory experience.

5. Mindful Tea Practice – developing present-moment awareness through aroma, taste, and mindful consumption.

6. Reflective Participation – encouraging personal insight through contemplation and self-observation.

7. Interpersonal Engagement – fostering compassionate communication and shared reflection through group dialogue.

Together, these dimensions form a structured experiential mindfulness process that integrates Buddhist contemplative principles with embodied sensory awareness and contemplative learning.

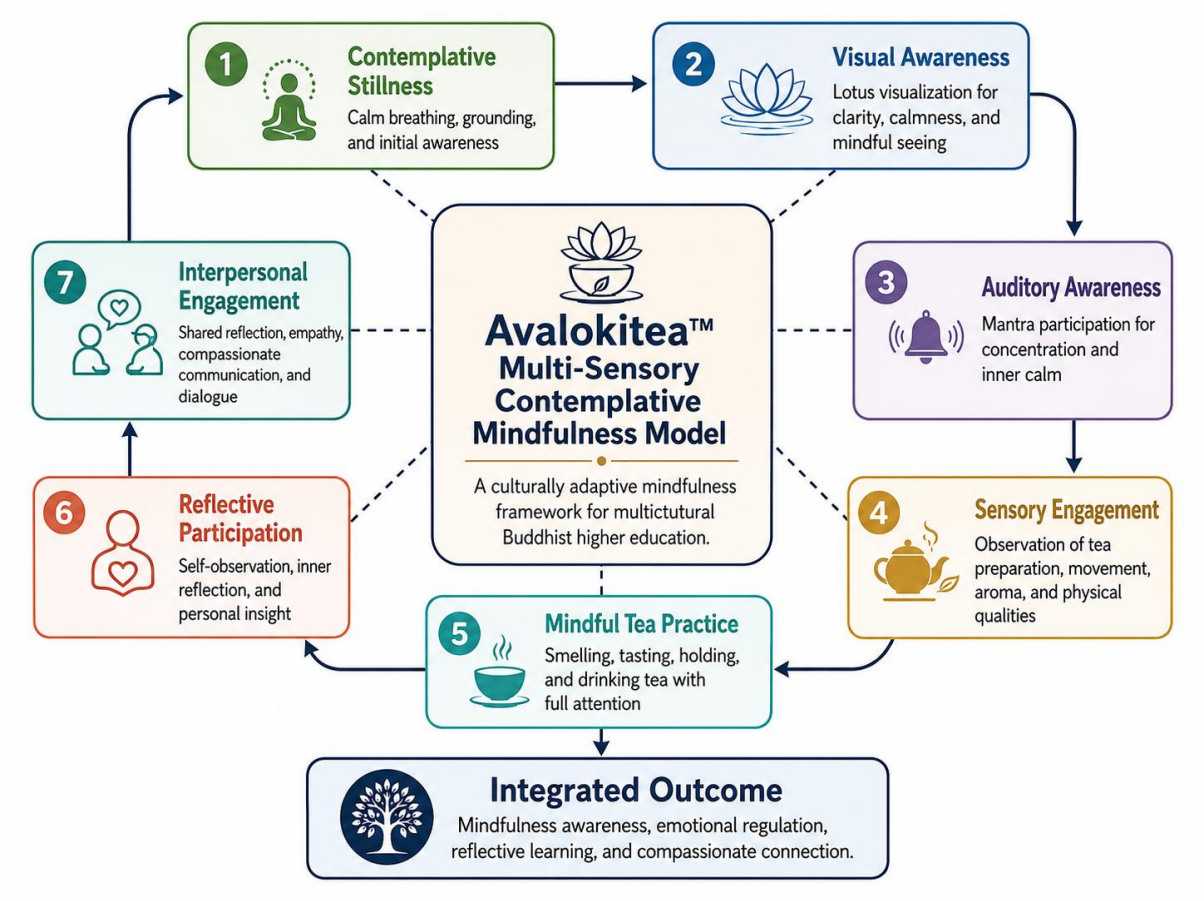


Figure 4. The Avalokitea™ Multi-Sensory Contemplative Mindfulness Model

Conclusion

This study investigated the mindfulness-related challenges, stress conditions, and contemplative needs of students at the International Buddhist Studies College (IBSC), developed Avalokitea™ as a multi-sensory mindfulness intervention, and evaluated its preliminary implementation outcomes among IBSC students. The findings revealed that students experienced stress, mental distraction, emotional fatigue, and difficulties maintaining consistent mindfulness practice within a multicultural academic environment. These findings indicate the need for accessible, experiential, and culturally adaptive contemplative approaches that can support mindfulness development and student well-being.

In response to these needs, Avalokitea™ was developed as a structured seven-step contemplative process consisting of Stillness, See the Lotus, Sound the Mantra, Set the Tea in Motion, Scent the Tea, Sip the Tea, and Share and Reflect. The intervention integrated contemplative breathing, lotus visualization, mantra chanting, sensory awareness, mindful tea engagement, and reflective dialogue. This design demonstrates how Buddhist contemplative principles can be combined with embodied sensory experience and tea-based practice to create a practical mindfulness learning model for diverse educational contexts.

The pilot implementation findings showed higher post-test scores across all mindfulness-related dimensions, suggesting potential improvements in mindfulness awareness, emotional regulation, sensory attentiveness, contemplative engagement, self-compassion, empathy, and present-moment concentration. Qualitative reflections further indicated that participants experienced increased calmness, gratitude, emotional awareness, and interpersonal connection during the intervention.

Overall, this study suggests that Avalokitea™ may serve as a promising multi-sensory contemplative mindfulness model for multicultural higher education settings. Its contribution lies in integrating Buddhist mindfulness principles with sensory-based learning, contemplative tea practice, and reflective participation. However, because this study was conducted as a small-scale pilot implementation, the findings should be interpreted as preliminary. Future research should involve larger sample sizes, longer intervention periods, validated mindfulness measurement instruments, control or comparison groups, and inferential statistical analyses to examine the effectiveness and broader applicability of the Avalokitea™ model.

Recommendations

1. Future studies should involve larger participant samples to improve the robustness and generalizability of the findings.

2. Longitudinal studies should be conducted to examine the long-term effects of the Avalokitea™ program on mindfulness development and psychological well-being.

3. Comparative studies involving control groups or alternative mindfulness interventions are recommended to further evaluate the effectiveness of the model.

4. Future research should employ validated mindfulness measurement instruments and inferential statistical analyses to strengthen empirical evidence.

5. Additional studies may explore the application of Avalokitea™ within mental health support programs, contemplative education initiatives, community-based mindfulness programs, and multicultural learning environments.

References

Anālayo Bhikkhu. (2003). *Satipaṭṭhāna: The direct path to realization*. Windhorse Publications.

Anālayo Bhikkhu. (2020). *Mindfulness of breathing: A practice guide and translations*. Windhorse Publications.

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*(2), 125–143. https://psycnet.apa.org/doi/10.1093/clipsy.bpg015

Barbezat, D. P., & Bush, M. (2014). *Contemplative practices in higher education: Powerful methods to transform teaching and learning*. Jossey-Bass.

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11*(3), 230–241. https://psycnet.apa.org/doi/10.1093/clipsy.bph077

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*(4), 822–848. https://psycnet.apa.org/doi/10.1037/0022-3514.84.4.822

Davidson, R. J., & Goleman, D. (2017). *Altered traits: Science reveals how meditation changes your mind, brain, and body*. Avery.

Gunaratana, H. (2011). *Mindfulness in plain English*. Wisdom Publications.

Hanh, T. N. (1975). *The miracle of mindfulness: An introduction to the practice of meditation*. Beacon Press.

Hanh, T. N. (1991). *Peace is every step: The path of mindfulness in everyday life*. Bantam Books.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144–156.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Prentice Hall.

Langer, E. J. (1989). *Mindfulness*. Addison-Wesley.

Palmer, P. J., & Zajonc, A. (2010). *The heart of higher education: A call to renewal*. Jossey-Bass.

Purser, R. E. (2019). *McMindfulness: How mindfulness became the new capitalist spirituality*. Repeater Books.

Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology, 62*(3), 373–386. https://doi.org/10.1002/jclp.20237

Suzuki, D. T. (1959). *Zen and Japanese culture*. Princeton University Press.

Proposing a Peacebuilding Model for Multicultural Couples through Buddhist Peaceful Means in Contemporary Myanmar

Ven. Suriya
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: vensuriya.spsu.mm@gmail.com
Received 19/04/2025; Revised 10/06/2026; Accepted 11/06/2026

Abstract

This study proposes a Buddhist peacebuilding model for multicultural couples in contemporary Myanmar. It aims to: (1) investigate the concepts, problem situations, and impacts of multicultural couples and peacebuilding in contemporary Myanmar; (2) examine Buddhist peaceful means relevant to peacebuilding among multicultural couples; and (3) propose a peacebuilding model for multicultural couples based on Buddhist peaceful means. The study employed a qualitative documentary research method. Data were collected from primary sources, including the Pāli Canon, commentaries, and Buddhist texts, together with secondary sources such as academic books, journal articles, legal documents, research studies, and reports related to multicultural marriage, interfaith relationships, Myanmar society, and Buddhist peacebuilding. The collected data were analyzed and synthesized to develop a conceptual model for preventing and resolving conflicts among multicultural couples.

The findings reveal that multicultural couples in Myanmar commonly face challenges related to coerced religious conversion, identity loss, cultural misunderstanding, legal complexity, family pressure, and social prejudice. These challenges may affect marital harmony, family relationships, children's identity formation, and wider social cohesion. The study further finds that Buddhist peaceful means provide an ethical and relational foundation for addressing these problems. Key principles include the Five Precepts, shared responsibility, non-violence, non-anger, non-conceit, open-mindedness, open communication, mutual respect, and acceptance.

These findings lead the study to propose the PR-Based Peacebuilding Model, consisting of two interrelated strategies: Prevention and Reconciliation. The prevention strategy emphasizes ethical conduct, mutual responsibility, non-violence, and non-anger as short-term approaches to prevent conflict escalation. The reconciliation strategy emphasizes non-conceit, open-mindedness, open communication, mutual respect, and acceptance as long-term approaches to restoring trust and harmony. The study contributes to Buddhist peace studies by offering a culturally grounded framework for strengthening peaceful coexistence among multicultural couples in Myanmar and similar pluralistic societies.

Keywords: Peacebuilding; Multicultural Couples; Buddhist Peaceful Means; Prevention and Reconciliation; Interfaith Marriage

Introduction

Marriage is a fundamental social relationship through which individuals form families, construct shared identities, and participate in wider community life. In many societies, marriage is not only a private relationship between two individuals but also a social institution shaped by religion, culture, ethnicity, law, family expectations, and communal values. When partners share similar cultural and religious backgrounds, the negotiation of marital life may be relatively less complex. However, multicultural couples often encounter additional challenges because they must manage differences in religious beliefs, ethnic identities, cultural practices, family obligations, and social recognition. These challenges can affect communication, trust, children's identity formation, family harmony, and wider social cohesion.

Myanmar provides an important context for studying multicultural couples because of its ethnic, religious, and cultural diversity. The country is commonly described as having more than 135 ethnic groups and several major religious traditions, including Buddhism, Christianity, Islam, Hinduism, and indigenous belief systems (Minority Rights Group, n.d.; Department of Population, Ministry of Labor, Immigration and Population, 2016). Although this diversity can enrich social life, it can also create tension when marriage occurs across religious, ethnic, or cultural boundaries. Previous studies and reports indicate that multicultural couples in Myanmar may face challenges related to religious conversion, ethnic identity loss, cultural misunderstandings, family resistance, legal complexities, and community prejudice (Su Myat Mon, n.d.; Nyein Su Wai Kyaw Soe, 2017; Fishbein, 2019).

In interfaith and interethnic marriages, religious identity and cultural belonging often become sensitive issues. One partner may be expected to convert, follow the religious practices of the other partner's family, or raise children according to a particular religious or ethnic identity. Such expectations may create pressure, emotional conflict, and a sense of identity loss. In addition, differences in ritual practice, dietary customs, inheritance expectations, gender roles, and family law may intensify misunderstanding between couples and their extended families (Aye Kyaw, 2000; Ye Mon, 2019). Therefore, peacebuilding among multicultural couples requires more than affection or personal

commitment. It requires ethical principles, mutual understanding, respectful communication, and practical methods for preventing and resolving conflict.

Buddhist teachings offer valuable resources for addressing these challenges. Buddhism generally regards marriage as a social and personal responsibility rather than a compulsory religious sacrament. It emphasizes ethical conduct, non-harm, patience, compassion, truthfulness, mutual respect, and wise communication as foundations for harmonious relationships. Buddhist narratives, such as those related to Visākhā, Uttarā Upāsikā, and Nandiya, also illustrate the challenges of religious difference within family life and the importance of patience, wisdom, and mutual respect (Burlingame, 1921). Furthermore, Buddhist peaceful means such as the Five Precepts, shared responsibility, non-violence, non-anger, non-conceit, open-mindedness, right speech, respect, and acceptance can provide a practical framework for fostering peace in multicultural marriages.

Although several studies discuss mixed marriages, interfaith relationships, and family law in Myanmar, limited research has systematically developed a Buddhist peacebuilding model for multicultural couples. To address this gap, this study investigates the problem situations and impacts of multicultural couples in contemporary Myanmar, examines Buddhist peaceful means relevant to marital peacebuilding, and proposes a PR-Based Peacebuilding Model consisting of two interrelated strategies: Prevention and Reconciliation. The model aims to offer a Buddhist ethical and relational framework to help multicultural couples prevent conflict, reconcile differences, and cultivate peaceful coexistence within the family and society.

Research Objectives

1. To investigate the concepts, problem situations, and impacts of multicultural couples and peacebuilding in contemporary Myanmar.
2. To study the concepts and principles of Buddhist peaceful means for peacebuilding in multicultural couples.
3. To propose a peacebuilding model for multicultural couples through Buddhist peaceful means in contemporary Myanmar.

Literature Review

The literature relevant to this study was reviewed under three interrelated themes: multicultural couples and marriage challenges in Myanmar, Buddhist

perspectives on marriage and family life, and Buddhist peaceful means for peacebuilding. Together, these studies provide the social context, conceptual foundation, and ethical principles for developing a Buddhist peacebuilding model for multicultural couples in contemporary Myanmar.

Myanmar is characterized by ethnic, cultural, and religious diversity. The country is commonly described as having more than 135 ethnic groups and several major religious traditions, including Buddhism, Christianity, Islam, Hinduism, and indigenous beliefs (Minority Rights Group, n.d.; Department of Population, Ministry of Labor, Immigration and Population, 2016). This diversity enriches social life but may also create challenges when individuals from different ethnic, cultural, or religious backgrounds enter marriage. Historical studies of marriage and gender in Burma show that intermarriage across ethnic, religious, and racial boundaries has long been shaped by colonial modernity, social hierarchy, and changing ideas of identity. Ikeya (2011a) explains that religion, race, and intermarriage were closely connected in colonial Burma, particularly regarding foreign men and Burmese women. Ikeya (2011b) further shows how women, colonialism, and modernity shaped social expectations in Burmese society.

Previous studies and reports indicate that multicultural marriages in Myanmar often involve coerced religious conversion, identity loss, cultural misunderstanding, family resistance, social prejudice, and legal complexity (San Hla Tin & Aung Myat Thu, n.d.; Su Myat Mon, n.d.; Nyein Su Wai Kyaw Soe, 2017). Su Myat Mon (n.d.) notes that many ethnic communities emphasize the preservation of cultural and religious identity through endogamous marriage, while Nyein Su Wai Kyaw Soe (2017) illustrates the practical and emotional difficulties that can arise in marriage across ethnic or religious lines. Fishbein (2019) also highlights the social sensitivity surrounding Buddhist, Christian, and Muslim relationships in Myanmar.

Buddhist perspectives on marriage emphasize ethical conduct, mutual responsibility, respect, patience, and harmonious family life rather than marriage as a compulsory religious sacrament. Dhammika (n.d.) explains that Buddhist teachings on marriage focus on affection, companionship, moral responsibility, and mutual care. The Sigālovāda Sutta, translated by Walshe (1995), presents reciprocal duties between husband and wife, including respect, faithfulness, household responsibility, and mutual support. Buddhist narratives concerning figures such as Visākhā and Uttarā Upāsikā also show that religious difference

within family life can create misunderstanding and pressure, yet such difficulties may be addressed through patience, wisdom, humility, and moral conduct (Burlingame, 1921).

Buddhist peaceful means provide an ethical framework for preventing and resolving conflict. At the preventive level, the Five Precepts support trust, safety, fidelity, honesty, and emotional stability in married life (Bhikkhu Bodhi, 2016). In Buddhist terminology, sīla refers to moral discipline or ethical conduct, which supports peaceful behavior and self-restraint (Digital Pali Dictionary, n.d.-a). At the level of reconciliation, Buddhist peaceful means emphasize humility, open-mindedness, right speech, mutual respect, and acceptance. The term suvācā refers to being easy to speak to, teachable, or open to advice, which is important for restoring understanding among multicultural couples (Digital Pali Dictionary, n.d.-b). Right speech encourages truthful, gentle, beneficial, and timely communication, which helps resolve disagreement without further harm (Bhikkhu Bodhi, 1994; Bhikkhu Bodhi, 2016). These principles are synthesized in this study into the PR-Based Peacebuilding Model, consisting of two interrelated strategies: Prevention and Reconciliation.

Conceptual Framework

The conceptual framework of this study was grounded in the understanding that conflicts among multicultural couples in Myanmar arise from the interaction of cultural, religious, social, legal, and family-related factors. At the same time, Buddhist peaceful means provide ethical and relational resources that can help couples prevent conflict, manage disagreement, and restore harmony. The framework, therefore, connects the social context of multicultural couples with Buddhist peacebuilding principles, documentary research procedures, and the development of a practical model.

As shown in *Figure 1*, the study begins with the context and problems of multicultural couples in contemporary Myanmar. These problems are examined through theoretical resources, including peacebuilding concepts, Buddhist peaceful means, and Buddhist perspectives on marriage and family. The research process consists of documentary data collection, content analysis, synthesis, and interpretation. The output of this process is the PR-Based Peacebuilding Model, which contains two interrelated strategies: Prevention and Reconciliation. The intended outcome is enhanced marital harmony, mutual understanding, respect and acceptance, conflict prevention, reconciliation, and broader social harmony.

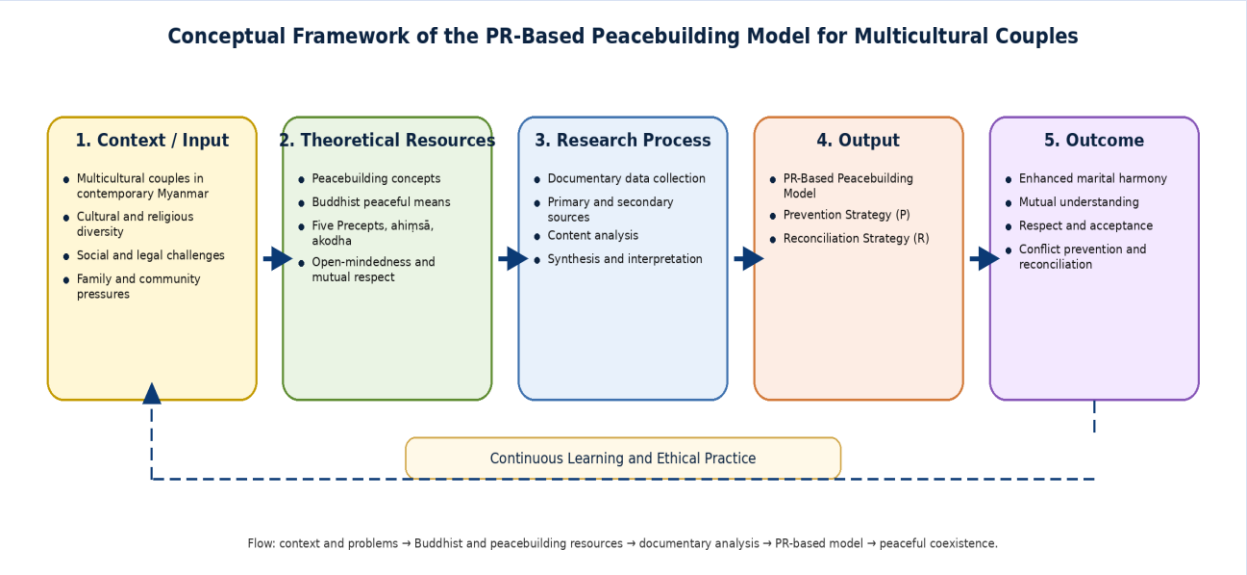


Figure 1. Conceptual framework of the PR-Based Peacebuilding Model for multicultural couples.

Research Methodology

The researcher divides the research methodology into the following sections for simplicity of comprehension: the research methodology used here is documentary and is divided into five. sections.

1. Data Collection: Data will be collected from the Pali Tipitaka, commentary, sub-commentary, academic journals, documents, books, and research works, which are available both in English and Myanmar.
2. Analysis and Synthesis: The collected data will be thoroughly analyzed and synthesized systematically to offer a fuller and better understanding of the theme of the research.
3. Outline construction: outlining the entire work of the collected materials.
4. Conclusion and Suggestion: The research will provide a comprehensive conclusion, and any interesting points or unclear cases will be suggested for future research.

The study was limited to documentary analysis and did not include field interviews or quantitative data collection. Therefore, the proposed model should be understood as a conceptual and theoretical contribution that may be further tested and developed through future empirical research.

Research Results

Objective 1: Concepts, Problem Situations, and Impacts of Multicultural Couples and Peacebuilding in Contemporary Myanmar

The findings revealed that multicultural couples in contemporary Myanmar exist within a complex social environment shaped by ethnic diversity, religious plurality, family expectations, customary practices, and legal structures. Myanmar's diverse ethnic and religious landscape creates possibilities for intercultural and interfaith marriage, yet such unions often involve social pressures related to religious identity, cultural belonging, family acceptance, and community recognition. Historical studies indicate that intermarriage in Burma has long been shaped by changing relationships among religion, race, gender, colonial modernity, and social hierarchy (Ikeya, 2011a, 2011b). These historical patterns help contextualize contemporary concerns about mixed marriage, identity preservation, and social recognition.

The study found that multicultural couples in Myanmar commonly face five major challenges: religious conversion pressure, identity loss, cultural misunderstanding, legal complexity, and family or social prejudice. Religious conversion was identified as one of the most sensitive issues because marriage across religious boundaries may involve expectations regarding conversion, ritual recognition, inheritance, divorce, and the religious upbringing of children (Aye Kyaw, 2000; Ye Mon, 2019). Although Buddhist traditions generally do not require religious conversion as a condition for marriage, some religious, social, or legal contexts may create pressure for one partner to adopt or conceal a particular religious identity. Such pressure can generate emotional conflict, dissatisfaction, distrust, and tension between spouses and extended families.

Cultural identity loss was also identified as a significant concern, especially among ethnic minority communities. Previous studies show that many ethnic communities in Myanmar encourage endogamous marriage to preserve cultural heritage, religious continuity, and communal belonging (Su Myat Mon, n.d.; Nyein Su Wai Kyaw Soe, 2017). This concern is particularly visible when women are expected to adopt the culture, religion, or identity of their husbands after marriage. Reports on Buddhist women's rights and marriage in Myanmar also suggest that religious and legal concerns surrounding marriage may become especially sensitive when gender, religion, and family law intersect (San Hla Tin & Aung Myat Thu, n.d.).

The findings further showed that cultural misunderstanding can arise from differences in religious practice, food rules, festivals, ritual expectations, gender roles, child-rearing practices, and family obligations. When couples lack open communication and mutual respect, these differences may become sources of resentment and conflict. Fishbein (2019) illustrates that Buddhist, Christian, and Muslim relationships in Myanmar may face social sensitivity and community pressure, even when couples themselves attempt to maintain harmony. Therefore, the impacts of multicultural marriage challenges are not limited to the couple alone. They may affect family relationships, children's identity formation, intergenerational harmony, and wider social cohesion.

Objective 2: Concepts and Principles of Buddhist Peaceful Means for Peacebuilding in Multicultural Couples

The findings showed that Buddhist peaceful means provide a practical ethical framework for preventing and resolving conflict among multicultural couples. From a Buddhist perspective, peace does not arise from one single cause but from multiple supportive conditions, including ethical conduct, self-restraint, mutual responsibility, compassion, patience, wisdom, and right communication. This view is consistent with Buddhist teachings that emphasize interdependence, ethical causality, and the cultivation of wholesome conditions for harmony (Bhikkhu Bodhi, 2016).

At the preventive level, the Five Precepts serve as the moral foundation for peaceful family life. These precepts encourage individuals to refrain from killing, stealing, sexual misconduct, false speech, and intoxicants. In marital life, they can be understood as ethical guidelines for protecting trust, loyalty, truthfulness, emotional safety, and responsible conduct. Bhikkhu Bodhi (2016) emphasizes the social and communal importance of Buddhist ethical discipline, while the Digital Pali Dictionary (n.d.-a) defines sīla as moral discipline or ethical conduct. In the context of multicultural couples, sīla supports peaceful behavior by discouraging actions that may lead to violence, betrayal, deception, or carelessness.

Shared responsibility is another key Buddhist principle for marital harmony. The Sigālovāda Sutta presents reciprocal duties between husband and wife, including respect, faithfulness, household responsibility, and mutual support (Walshe, 1995). These duties are significant because they move the marital relationship away from domination and toward partnership. For multicultural couples, shared responsibility helps both partners recognize that

peace in marriage depends on mutual contribution, not on the sacrifice or submission of one side.

The findings also identified non-violence and non-anger as central preventive principles. Non-violence, expressed through ahiṃsā or avihiṃsā, discourages physical, verbal, emotional, and psychological harm. Non-anger, or akodha, encourages emotional regulation, patience, and mindful response. These principles are especially important for multicultural couples because conflicts may arise from religious differences, cultural practices, family pressure, or social prejudice. If anger is met with anger, conflict may intensify; however, if disagreement is met with restraint, compassion, and wise communication, conflict can be reduced before it becomes destructive (Bhikkhu Bodhi, 1994; Ekman et al., 2005).

At the level of reconciliation, the study identified non-conceit, open-mindedness, open communication, mutual respect, and acceptance as essential Buddhist peaceful means. Non-conceit, or anatimāna, helps partners reduce ego-centered attachment to superiority, rigid identity, and the need to dominate the other partner's beliefs or practices. Buddhist narratives, such as those concerning Visākhā and Uttarā, demonstrate that patience, humility, and moral conduct can help transform religious differences into opportunities for understanding rather than conflict (Burlingame, 1921).

Open-mindedness is closely related to the Buddhist quality of suvācā, which refers to being easy to speak to, teachable, or open to advice (Digital Pali Dictionary, n.d.-b). This quality enables partners to listen without immediate rejection and to receive different perspectives without defensiveness. Open communication is also connected with right speech, which emphasizes communication that is truthful, gentle, beneficial, timely, and conducive to harmony (Bhikkhu Bodhi, 1994, 2016). These principles are particularly relevant when couples discuss sensitive issues such as religious practice, children's identity, family obligations, and cultural customs. Mutual respect and acceptance further support reconciliation by creating a relational space in which differences can coexist without coercion. This approach is consistent with restorative peacebuilding, which emphasizes repairing relationships rather than merely assigning blame (Pichler, 2013). The Edicts of King Asoka also reinforce the value of religious tolerance and respect among diverse traditions (Dhammika, 1993).

Buddhist canonical sources further strengthen the principles of prevention and reconciliation in the PR-Based Peacebuilding Model. Regarding the prevention of conflict, the Dhammapada teaches the abandonment of anger and pride and emphasizes overcoming anger through non-anger (Dhp 221, 223; Buddharakkhita, 1985). This supports the preventive principles of non-anger and emotional restraint among multicultural couples. In relation to reconciliation, the Subhāsita Sutta emphasizes speech that is well-spoken, harmless, truthful, and beneficial, making it directly relevant to open communication and right speech in marital conflict resolution (Snp 3.3; Bodhi, 2017). The Aṅguttara Nikāya also presents skillful dialogue as an important condition for meaningful discussion and discernment (AN 3.67; Bodhi, 2012). Furthermore, the Saṅgaha Sutta identifies generosity, kind speech, beneficial conduct, and impartiality as four bases for sustaining harmonious relationships (AN 4.32; Bodhi, 2012). These canonical teachings support the reconciliation principles of open-mindedness, open communication, mutual respect, and acceptance.

Objective 3: The PR-Based Peacebuilding Model for Multicultural Couples through Buddhist Peaceful Means

Based on the findings from the first and second objectives, the study proposed the PR-Based Peacebuilding Model for multicultural couples in contemporary Myanmar. The model consists of two interrelated strategies: Prevention and Reconciliation. These two strategies are complementary rather than separate. Prevention addresses the conditions that reduce conflict before it becomes serious, while Reconciliation addresses the process of restoring trust, understanding, and harmony after conflict has occurred.

The Prevention strategy consists of four components: moral foundation, mutual responsibility, non-violence, and non-anger. The moral foundation is grounded in the Five Precepts, which guide partners to avoid harmful actions and cultivate trust. Mutual responsibility encourages both partners to share duties, respect each other's roles, and support family well-being. Non-violence prevents physical, verbal, emotional, and psychological harm, while non-anger helps partners regulate emotions before disagreement becomes destructive. Together, these components create safety, trust, and stability in multicultural relationships.

The Reconciliation strategy consists of five components: non-conceit, open-mindedness, open communication, mutual respect, and acceptance. Non-conceit reduces ego-driven conflict and the tendency to impose one's identity on

the other. Open-mindedness allows partners to understand religious and cultural differences without prejudice. Open communication provides a constructive channel for discussing sensitive matters honestly and respectfully. Mutual respect recognizes the dignity, beliefs, traditions, and identity of each partner, while acceptance creates space for religious, ethnic, and cultural differences to coexist peacefully. These principles are consistent with studies emphasizing cultural adaptation, mutual understanding, and respect in interfaith relationships (Wong et al., 2024).

The findings show that Prevention and Reconciliation are closely connected. For example, the precept against harming others supports non-violence and non-anger; the precept against sexual misconduct supports faithfulness and shared responsibility; and the precept against false speech supports open communication and trust. In this way, the PR-Based Peacebuilding Model integrates Buddhist ethical principles with practical relational strategies. The model contributes to Buddhist peace studies by showing that peacebuilding is not limited to political or community-level conflict resolution but can begin within the intimate sphere of marriage and family. When multicultural couples cultivate ethical conduct, emotional restraint, open communication, mutual respect, and acceptance, they can transform difference into a basis for mutual learning, compassion, and peaceful coexistence.

Discussion

The findings of this study show that multicultural couples in contemporary Myanmar face complex challenges arising from religious diversity, ethnic identity, cultural expectations, family pressure, and legal conditions. These challenges are not merely private marital issues but are connected to wider social structures and communal attitudes. Religious conversion pressure, identity loss, cultural misunderstanding, and social prejudice may create tension within couples, between extended families, and within local communities. This finding is consistent with previous studies indicating that mixed marriages in Myanmar often involve concerns over religious identity, ethnic continuity, family acceptance, and social recognition (Su Myat Mon, n.d.; Nyein Su Wai Kyaw Soe, 2017; Fishbein, 2019).

The study also confirms that peacebuilding among multicultural couples should not be limited to legal protection or social tolerance alone. Although legal and social frameworks are important, sustainable marital peace also requires

ethical conduct, emotional restraint, mutual respect, and open communication. In this regard, Buddhist peaceful means offer a practical ethical framework for addressing conflicts within intimate relationships. The Five Precepts provide a moral foundation that supports trust, loyalty, truthfulness, self-restraint, and non-harm. These principles are relevant to multicultural couples because they help prevent behaviors that can damage marital stability, such as deception, violence, disrespect, and irresponsible conduct (Bhikkhu Bodhi, 2016).

Another significant finding is that Buddhist peaceful means operate at two interrelated levels: prevention and reconciliation. The prevention level emphasizes moral conduct, mutual responsibility, non-violence, and non-anger. These principles help couples prevent conflict before it becomes destructive. For example, non-violence reduces physical, verbal, and emotional harm, while non-anger encourages emotional regulation and patience. In multicultural relationships, disagreements may arise from religious rituals, dietary practices, family expectations, or children's identity formation. If such differences are handled with anger or coercion, conflict may intensify. However, when partners practice restraint, compassion, and mindful communication, conflict can be reduced before it becomes a serious relational crisis.

The reconciliation level is equally important because conflict cannot always be prevented. Multicultural couples may still experience disagreement even when they attempt to live ethically. Therefore, the principles of non-conceit, open-mindedness, open communication, mutual respect, and acceptance are essential for restoring harmony. Non-conceit helps partners reduce attachment to superiority and rigid identity. Open-mindedness allows them to listen to each other's beliefs and cultural practices without immediate judgment. Open communication supports truthful, respectful, and constructive dialogue. Mutual respect and acceptance create a relational space in which different identities can coexist without domination. These principles are consistent with the Buddhist emphasis on humility, right speech, and relational harmony (Bhikkhu Bodhi, 1994; Walshe, 1995).

The PR-Based Peacebuilding Model proposed in this study contributes to Buddhist peace studies by applying Buddhist peaceful means to the specific context of multicultural couples. The model shows that peacebuilding is not only a matter of political negotiation, institutional policy, or community mediation. It can also begin within the family, where religious, ethnic, and cultural differences are negotiated in everyday life. When couples learn to prevent conflict through

ethical conduct and reconcile conflict through communication and acceptance, the household becomes a practical site of peacebuilding. This is especially relevant in Myanmar, where family relationships are closely connected to religious identity, cultural belonging, and community harmony.

The model also contributes to practical peacebuilding by offering a framework that couples, religious leaders, family counselors, educators, and community mediators can use. Its twofold structure is simple yet meaningful: prevention addresses the conditions that reduce conflict, while reconciliation addresses the processes needed to restore harmony after conflict. This structure makes the model applicable not only to Buddhist couples but also to interfaith and interethnic couples who seek ethical and relational guidance for peaceful coexistence.

However, the study has some limitations. Since it used a documentary research method, the findings are based on textual analysis, previous studies, legal documents, reports, and secondary sources rather than direct field interviews with multicultural couples. Therefore, the proposed model should be understood as a conceptual and theoretical contribution rather than an empirically tested intervention. Future studies should include interviews, case studies, or surveys with multicultural couples in Myanmar to examine how Buddhist peaceful means are actually practiced in daily marital life. Comparative studies involving other religious traditions and legal perspectives would also strengthen the model's broader applicability. Despite these limitations, the study provides a useful Buddhist ethical framework for understanding and addressing the challenges of multicultural couples in Myanmar and other pluralistic societies.

Knowledge from Research

The knowledge generated from this study is the PR-Based Peacebuilding Model for Multicultural Couples. This model explains how Buddhist peaceful means can be applied to prevent conflict and restore harmony among couples from different religious, ethnic, and cultural backgrounds in contemporary Myanmar. The model is grounded in the understanding that conflict among multicultural couples often arises from religious conversion pressure, identity loss, cultural misunderstanding, family expectations, legal complexity, and social prejudice. Therefore, peacebuilding in multicultural marriage requires both ethical prevention and relational reconciliation.

The PR-Based Peacebuilding Model consists of two interrelated strategies: Prevention and Reconciliation.

The first strategy is Prevention. Prevention refers to the ethical and practical measures that help couples reduce the possibility of conflict before it becomes serious. It consists of four main components:

1. *Moral Foundation* – The Five Precepts provide an ethical basis for trust, loyalty, truthfulness, self-restraint, and non-harm in marital life.

2. *Mutual Responsibility* – Both partners share duties, respect each other's roles, and support family well-being without domination or neglect.

3. *Non-Violence* – Couples avoid physical, verbal, emotional, and psychological harm, thereby creating safety and trust within the relationship.

4. *Non-Anger* – Partners cultivate patience, emotional regulation, and mindful response in order to prevent disagreement from turning into destructive conflict.

The second strategy is Reconciliation. Reconciliation is the process of restoring trust, understanding, and harmony after conflict. It consists of five main components:

1. *Non-Conceit* – Partners reduce pride, superiority, and attachment to rigid identity, allowing humility and understanding to emerge.

2. *Open-Mindedness* – Partners listen to each other's religious beliefs, cultural practices, and family expectations without prejudice.

3. *Open Communication* – Couples discuss sensitive issues honestly and respectfully, especially matters related to religion, culture, children's identity, and family obligations.

4. *Mutual Respect* – Each partner recognizes the dignity, beliefs, traditions, and identity of the other.

5. *Acceptance* – Couples create space for religious, ethnic, and cultural differences to coexist peacefully within family life.

Together, Prevention and Reconciliation form a practical Buddhist peacebuilding framework. Prevention helps couples avoid conflict escalation through ethical conduct, shared responsibility, non-violence, and non-anger. Reconciliation helps couples restore harmony through humility, openness, communication, respect, and acceptance. The model demonstrates that peacebuilding begins not only in society but also within the intimate space of marriage and family. When multicultural couples practice Buddhist peaceful means in daily life, they can transform differences into opportunities for mutual learning, compassion, and peaceful coexistence.

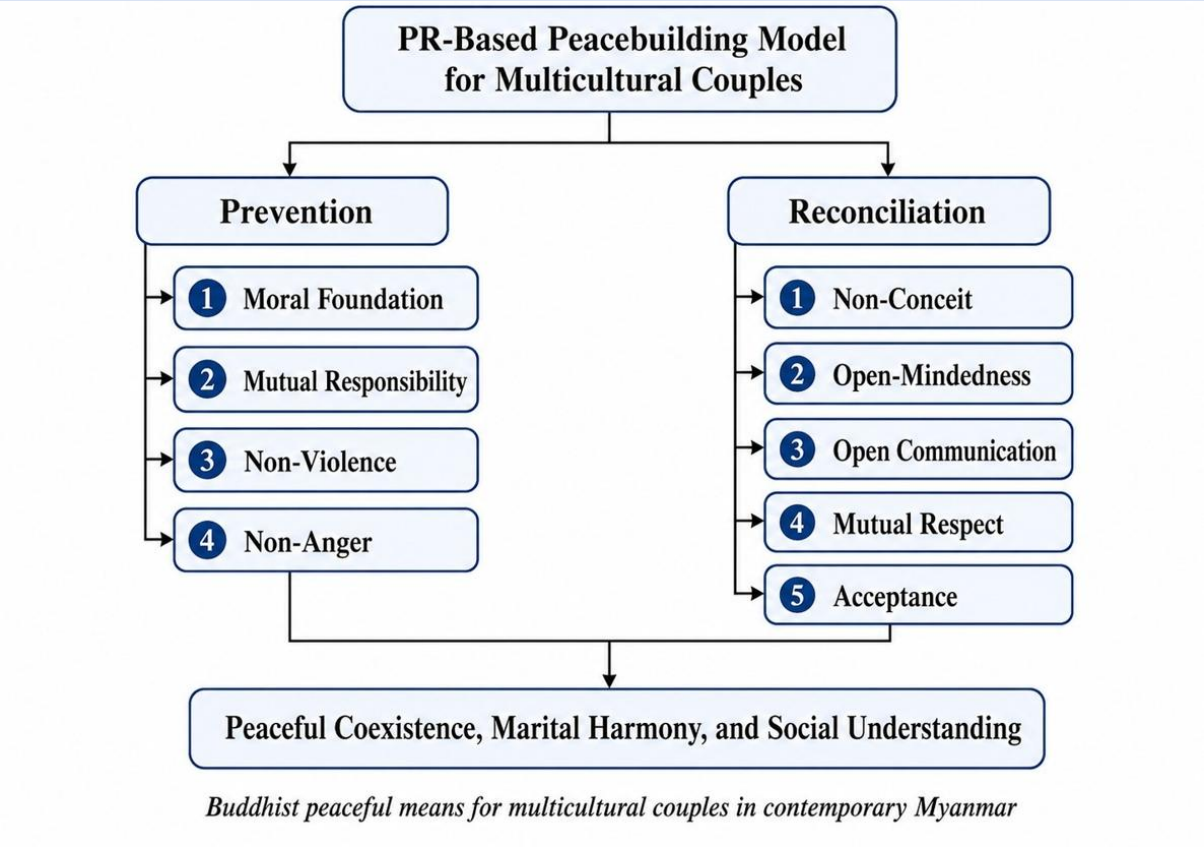


Figure 2. The PR-Based Peacebuilding Model for Multicultural Couples.

Conclusion

This study proposed a PR-Based Peacebuilding Model for multicultural couples in contemporary Myanmar that uses Buddhist peaceful means. The findings revealed that multicultural couples often face complex challenges arising from religious conversion pressure, ethnic and cultural identity loss, family expectations, legal complexity, cultural misunderstanding, and social prejudice. These problems may affect not only the couple but also their extended families, children's identity formation, and wider social harmony.

The study found that Buddhist peaceful means provide a practical ethical framework for addressing these challenges. At the preventive level, the Five Precepts, shared responsibility, non-violence, and non-anger help couples build trust, reduce harmful behavior, and prevent conflict from escalating. At the reconciliation level, non-conceit, open-mindedness, open communication, mutual respect, and acceptance help couples restore understanding and harmony after conflict has occurred. These principles show that peacebuilding in marriage requires both moral discipline and relational wisdom.

The proposed PR-Based Peacebuilding Model consists of two interrelated strategies: Prevention and Reconciliation. Prevention offers short-term and ongoing ethical practices to reduce conflict, while Reconciliation provides long-term methods to restore trust, respect, and peaceful coexistence. The model contributes to Buddhist peace studies by applying Buddhist ethical principles to the intimate sphere of marriage and family life. It also offers practical guidance for multicultural couples, Buddhist counselors, religious leaders, family educators, community mediators, and policymakers working in pluralistic societies.

However, this study was based on documentary research. Future studies should include interviews, surveys, or case studies with multicultural couples in Myanmar to examine how Buddhist peaceful means are practiced in real-life marital situations. Comparative studies involving other religious and legal perspectives are also recommended to strengthen the model's practical applicability.

Suggestion

This study provides a Buddhist peacebuilding framework for multicultural couples in Myanmar. However, further research is recommended to strengthen its practical and empirical foundation.

1. Future studies should include interviews, surveys, or case studies with multicultural couples in Myanmar. Direct experiences from couples would help examine how Buddhist peaceful means are applied in real-life marital situations and how effectively they support conflict prevention and reconciliation.

2. Future research should compare Buddhist peaceful means with peacebuilding approaches from other religious traditions in Myanmar. Such comparative studies would broaden understanding of interfaith marriage, reconciliation, and peaceful coexistence in a pluralistic society.

3. Future studies should examine the legal and policy dimensions of multicultural marriage in Myanmar. This would clarify how marriage laws, religious regulations, and social institutions either support or hinder peaceful family life.

Overall, future research should integrate empirical data, interfaith perspectives, practical counseling or mediation approaches, and legal considerations to enhance the applicability of the PR-Based Peacebuilding Model.

Abbreviations of Pali texts

Aṅguttara Nikāya	AN
Dhammapada	Dhp
Sutta Nipāta	Snp

References

Aye Kyaw. (2000). Religion and family law in Burma. *Journal of the Siam Society, 80*(2), 59–65.

Bhikkhu Bodhi. (1994). *The noble eightfold path: The way to the end of suffering*. Buddhist Publication Society.

Bhikkhu Bodhi. (Ed.). (2016). *The Buddha's teachings on social and communal harmony: An anthology of discourses from the Pāli Canon*. Wisdom Publications.

Bodhi, B. (Trans.). (2012). *The numerical discourses of the Buddha: A translation of the Aṅguttara Nikāya*. Wisdom Publications.

Bodhi, B. (Trans.). (2017). *The Suttanipāta: An ancient collection of the Buddha's discourses together with its commentaries*. Wisdom Publications.

Buddharakkhita, A. (Trans.). (1985). *The Dhammapada: The Buddha's path of wisdom*. Buddhist Publication Society.

Burlingame, E. W. (Trans.). (1921). *Buddhist legends: Translated from the original Pāli text of the Dhammapada commentary* (Vol. 1). Harvard University Press.

Department of Population, Ministry of Labour, Immigration and Population. (2016). *The 2014 Myanmar population and housing census: The Union report: Religion census report* (Vol. 2-C). Ministry of Labour, Immigration and Population.

Dhammika, S. (1993). *The edicts of King Asoka*. Buddhist Publication Society.

Dhammika, S. (n.d.). *The Buddha on weddings and marriage*. Lotus Library. https://www.lotuslibrary.com/wp-content/uploads/2023/04/0737-Buddha-on-Weddings-and-Marriage_Dhammika.pdf

Digital Pali Dictionary. (n.d.-a). *Sīla*. https://dpdict.net/?q=s%C4%ABla

Digital Pali Dictionary. (n.d.-b). *Suvācā*. https://dpdict.net/?q=suvaca

Ekman, P., Davidson, R. J., Ricard, M., & Wallace, B. A. (2005). Buddhist and psychological perspectives on emotions and well-being. *Current Directions in Psychological Science, 14*(2), 59–63.

Fishbein, E. (2019). In Myanmar, relationships between Buddhists, Christians, and Muslims are taboo. For these couples, love found a way. *Everand*. https://www.everand.com/article/425882175/Cdata-In-Myanmar-Relationships-Between-Buddhists-Christians-And-Muslims-Is-Taboo-For-These-Couples-Love-Found-A-Way

Ikeya, C. (2011a). Mixing religion and race: Intermarriage, miscegenation, and the wives and mistresses of foreign men. In *Refiguring women: Colonialism and modernity in Burma*. University of Hawai'i Press.

Ikeya, C. (2011b). *Refiguring women: Colonialism and modernity in Burma*. University of Hawai'i Press.

Minority Rights Group. (n.d.). *Ethnicity (135) and others foreigner of coding list*. Online Burma/Myanmar Library. https://www.burmalibrary.org/sites/burmalibrary.org/files/obl/docs21/Ethnicity_Codes.pdf

Nyein Su Wai Kyaw Soe. (2017). *A Myanmar wedding across ethnic lines*. Frontier Myanmar. https://www.frontiermyanmar.net/en/a-myanmar-wedding-across-ethnic-lines/

Pichler, C. (2013). *Peace through peaceful means: A Buddhist perspective on restorative justice*. Academia.edu.

San Hla Tin, & Aung Myat Thu. (n.d.). *Buddhist women rights perspective of marriage in Myanmar*. MERAL. https://meral.edu.mm/record/6623/files/buddhist%20women%20rights%20perspective%20of%20marriage%20in%20myanmar.pdf

Su Myat Mon. (n.d.). *Mixed marriages and fixed mindsets*. Frontier Myanmar. https://www.frontiermyanmar.net/en/mixed-marriages-and-fixed-mindsets

Walshe, M. (Trans.). (1995). *The long discourses of the Buddha: A translation of Dīgha Nikāya*. Wisdom Publications.

Wong, Y., Xian, S., & Neo, S. (2024). Exploring the role of cultural adaptation in interfaith marriages. *Journal of Psychosociological Research in Family and Culture, 2*(4), 21–27.

Ye Mon. (2019). *Fees and frustration: Myanmar's mixed-marriage law in practice*. Frontier Myanmar. https://www.frontiermyanmar.net/en/fees-and-frustration-myanmars-mixed-marriage-law-in-practice

The Relationship between Mindfulness Practice and Mental Health in Youth: A Mixed-Methods Study in Vietnamese Universities

Vo Van Nghia

Tran Nhan Tong Institute. Vietnam National University. Hanoi.Vietnam.

Corresponding author email: vovannghia1995@gmail.com

https://orcid.org/0009-0001-9199-8325

Received 14/05/2026; Revised 10/06/2026; Accepted 11/06/2026

Abstract

This study examined the relationship between mindfulness practice and mental health among Vietnamese university students in the context of increasing psychological distress in higher education. Although mindfulness has been widely studied in Western contexts, empirical evidence from Asian societies with living Buddhist traditions remains comparatively limited, particularly studies that integrate standardized quantitative measures with qualitative accounts of students' lived experience.

A sequential explanatory mixed-methods design was employed, with a cross-sectional quantitative phase followed by qualitative interviews. Quantitative data were collected from 412 university students aged 18–25 in Hanoi using the Five Facet Mindfulness Questionnaire (FFMQ), the Depression Anxiety Stress Scales (DASS-21), and the Satisfaction with Life Scale (SWLS). Qualitative data were collected through 20 semi-structured interviews with regular mindfulness practitioners and analyzed using reflexive thematic analysis.

The quantitative findings showed significant negative correlations between total mindfulness and depression ($r = -0.52$, $p < .001$), anxiety ($r = -0.47$, $p < .001$), and stress ($r = -0.44$, $p < .001$), as well as a positive correlation with life satisfaction ($r = 0.41$, $p < .001$). Multiple regression analyses indicated that non-reactivity and acting with awareness were the strongest mindfulness facets associated with more favorable mental health indicators.

The qualitative findings generated four themes: mindfulness as an emotion-regulation resource, enhanced self-awareness and self-acceptance, transformed coping with academic and social pressures, and spiritual connection with values-based living. The findings suggest culturally responsive implications for mindfulness activities in Vietnamese higher education. Mindfulness may be presented not only as a secular stress-reduction skill but also as a practice that integrates evidence-informed psychological training with Buddhist-informed ethical and contemplative dimensions, including sati, sīla, samādhi, and paññā. Because the quantitative phase was cross-sectional, the findings should be interpreted as associations rather than causal effects.

Keywords: Mindfulness; Mental Health; University Students; Emotion Regulation; Buddhism

Introduction

The mental health of young people, particularly university students, has become a critical public-health and educational concern. The transition to emerging adulthood is often accompanied by academic pressure, financial strain, career uncertainty, changing social identities, and heightened expectations from family and society. These factors can increase vulnerability to depression, anxiety, and chronic stress among university students (Auerbach et al., 2016; Regehr et al., 2013). In Vietnam, recent university-based research has also reported substantial levels of student psychological distress, especially during and after the COVID-19 period (Duong et al., 2023; Nguyen et al., 2023). In educational settings where campus counseling services may be limited, underused, or stigmatized, accessible and culturally sensitive approaches to student well-being are increasingly needed.

Mindfulness has received growing attention as one such approach. In contemporary psychology, mindfulness is commonly defined as awareness that arises through intentional, present-moment, and non-judgmental attention (Kabat-Zinn, 1994, p. 4). It has also been operationalized as a multidimensional construct involving observing, describing, acting with awareness, non-judging, and non-reactivity (Baer et al., 2006). Previous research suggests that mindfulness is associated with lower psychological distress, better emotion regulation, greater resilience, and higher subjective well-being among young adults and university students (Bajaj & Pande, 2016; Chambers et al., 2009; Finkelstein-Fox et al., 2018). Mindfulness-based interventions, including Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy, have also shown benefits for stress, anxiety, and depression across diverse populations (Khoury et al., 2013; Kuyken et al., 2013).

However, the roots of mindfulness lie in Buddhist contemplative traditions, where sati is not merely an attentional technique but part of a broader path of ethical conduct, collectedness of mind, and insight. Buddhist sources present mindfulness as part of the integrated training of sīla, samādhi, and paññā, emphasizing awareness of the body, feelings, mind, and mental phenomena to understand and reduce suffering (Bodhi Bhikkhu, 2011; Nyanatiloka Mahāthera, 1988; Thanissaro Bhikkhu, 2013a). This broader framework is important because

it prevents mindfulness from being reduced to a purely instrumental technique for symptom management. It also highlights the ethical and contemplative dimensions of mindfulness, including self-restraint, compassion, gratitude, and wise reflection.

In Vietnam, mindfulness practice among youth may function simultaneously as a modern life skill, a stress-management strategy, and a culturally familiar form of contemplative discipline. Temple-based meditation, lay Buddhist practice, online meditation communities, university clubs, and youth-retreat courses can provide students with opportunities to learn breath awareness, body awareness, emotional pausing, and reflective self-observation. These practices may be especially relevant for students facing examination pressure, family expectations, social comparison, and career uncertainty because they encourage noticing distress without immediately reacting to it. At the same time, the cultural framing of mindfulness as calmness, gratitude, compassion, and ethical self-cultivation may make it more acceptable than explicitly clinical mental health services for some students.

Despite the growing evidence on mindfulness and mental health, empirical research on mindfulness among Vietnamese university students remains relatively limited, particularly studies that combine standardized quantitative measures with qualitative accounts of lived experience. Moreover, many mindfulness studies are grounded primarily in Western psychological frameworks, while less attention has been given to how mindfulness is understood and practiced in Asian societies with living Buddhist heritages. To address this gap, the present study investigates the relationship between mindfulness practice and mental health indicators among Vietnamese university students using a mixed-methods design. Specifically, it examines the associations between mindfulness facets and depression, anxiety, stress, and life satisfaction; explores students' subjective experiences of mindfulness practice; and proposes implications for culturally adapted mindfulness activities in Vietnamese higher education.

Research Objectives

1. To determine the relationship between facets of dispositional mindfulness and mental health indicators, including depression, anxiety, stress, and life satisfaction, among Vietnamese university students.
2. To explore the psychological mechanisms and subjective experiences through which mindfulness practice is associated with students' well-being.

3. To propose implications for culturally adapted mindfulness activities within higher education.

Literature Review

1. Mindfulness: From Buddhist Philosophy to Psychological Construct

In early Buddhist sources, sati is a central path factor and a basis of contemplative cultivation. The Satipaṭṭhāna Sutta (MN 10) presents mindfulness through four foundations: contemplation of the body, feelings, mind, and mental phenomena. The Ānāpānasati Sutta (MN 118) describes mindfulness of breathing as a practice that, when developed and cultivated, supports the four foundations of mindfulness and the seven awakening factors. In this doctrinal setting, mindfulness is embedded within the broader training of sīla (ethical conduct), samādhi (collectedness or concentration), and paññā (wisdom or insight), and is directed toward understanding suffering and reducing attachment and aversion (Bodhi Bhikkhu, 2011; Nyanatilo Mahātheraka, 1988; Thanissaro Bhikkhu, 2013a, 2013b).

This Buddhist framing is important because it prevents the reduction of mindfulness to a purely instrumental technique for symptom control. While contemporary psychology often emphasizes attention and non-judgmental awareness, Buddhist texts situate mindfulness within an ethical and liberative orientation. The Dhammapada and Appamāda Sutta, for example, emphasize heedfulness (appamāda), restraint, and mental cultivation as conditions for non-decline and freedom from suffering (Thanissaro Bhikkhu, 2012, 2013b). For Vietnamese higher education, this suggests that culturally adapted mindfulness should be presented not only as stress reduction but also as reflective awareness, ethical responsibility, compassion, and wise action.

In clinical and educational psychology, Kabat-Zinn (1994) adapted mindfulness for modern healthcare contexts while retaining the core practice of present-moment awareness. Later models operationalized mindfulness as a multidimensional construct. The Five Facet Model identifies observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience (Baer et al., 2006). This framework allows mindfulness to be measured statistically and linked to mental health outcomes, but it should be interpreted alongside its cultural and Buddhist foundations when applied in Vietnam.

2. Mindfulness and Mental Health in Youth

Research with adolescents and university students has generally found that higher dispositional mindfulness is associated with fewer symptoms of depression, anxiety, and stress, and with higher life satisfaction and resilience (Bajaj & Pande, 2016; Finkelstein-Fox et al., 2018). Theoretical explanations often emphasize three pathways. First, mindfulness may support emotion regulation by helping individuals recognize and tolerate difficult feelings rather than suppressing or ruminating on them (Chambers et al., 2009). Second, mindfulness may facilitate cognitive decentering, allowing thoughts to be seen as transient mental events rather than facts (Fresco et al., 2007). Third, mindfulness may foster self-compassion, which can buffer self-criticism during failure or academic pressure (Neff, 2003).

Because much of the evidence comes from Western samples, cross-cultural work remains important. In countries with Buddhist cultural roots, the same observable practice may carry additional meanings: gratitude, reverence for teachers, moral restraint, compassion, and aspiration toward wisdom. These meanings may influence motivation, adherence, and interpretation of outcomes.

3. *Mindfulness Practice in the Vietnamese Context*

Vietnam has a long Buddhist history, including Zen traditions that emphasize wakeful awareness in daily life. Contemporary youth mindfulness practice is diverse: some students attend temple meditation sessions or retreats, some join university clubs, and others use online recordings or mobile applications. In this study, mindfulness practice is therefore understood broadly as intentional present-moment awareness cultivated through breath meditation, sitting meditation, walking meditation, body awareness, or mindful daily activity, regardless of whether the participant identifies as a religious Buddhist.

The Vietnamese context may make mindfulness particularly meaningful for students because the Buddhist language of inner peace, compassion, and gratitude remains culturally recognizable even among non-devout youth. At the same time, modernization, urban academic competition, and social-media comparison may create new forms of pressure. A culturally adapted approach should therefore avoid simply importing Western MBIs; it should consider Vietnamese educational norms, family expectations, campus resources, and Buddhist-informed understandings of mindful living.

Theoretical Framework

This study integrates the Mindful Emotion Regulation Model (Chambers et al., 2009), Self-Determination Theory (Ryan & Deci, 2000), and Buddhist doctrinal concepts of sati within sīla, samādhi, and paññā. The psychological model proposes that mindfulness is associated with reduced distress through improved awareness, acceptance, decentering, and non-reactivity. Self-Determination Theory helps explain how mindful awareness may support autonomy, competence, and relatedness in student life. The Buddhist framework adds that mindfulness is not merely value-neutral attention; it is cultivated through ethical awareness, concentration, and insight, which may shape Vietnamese students' interpretations of practice.

Accordingly, the study proposes that dispositional mindfulness and mindfulness practice function as psychological and cultural resources. Quantitatively, the five FFMQ facets are expected to be associated with depression, anxiety, stress, and life satisfaction. Qualitatively, students' narratives are expected to clarify how mindfulness is experienced in relation to emotion regulation, academic coping, self-acceptance, and values-based living. The third objective extends these findings to practical implications for culturally adapted university interventions without claiming that the intervention is tested and efficacious.

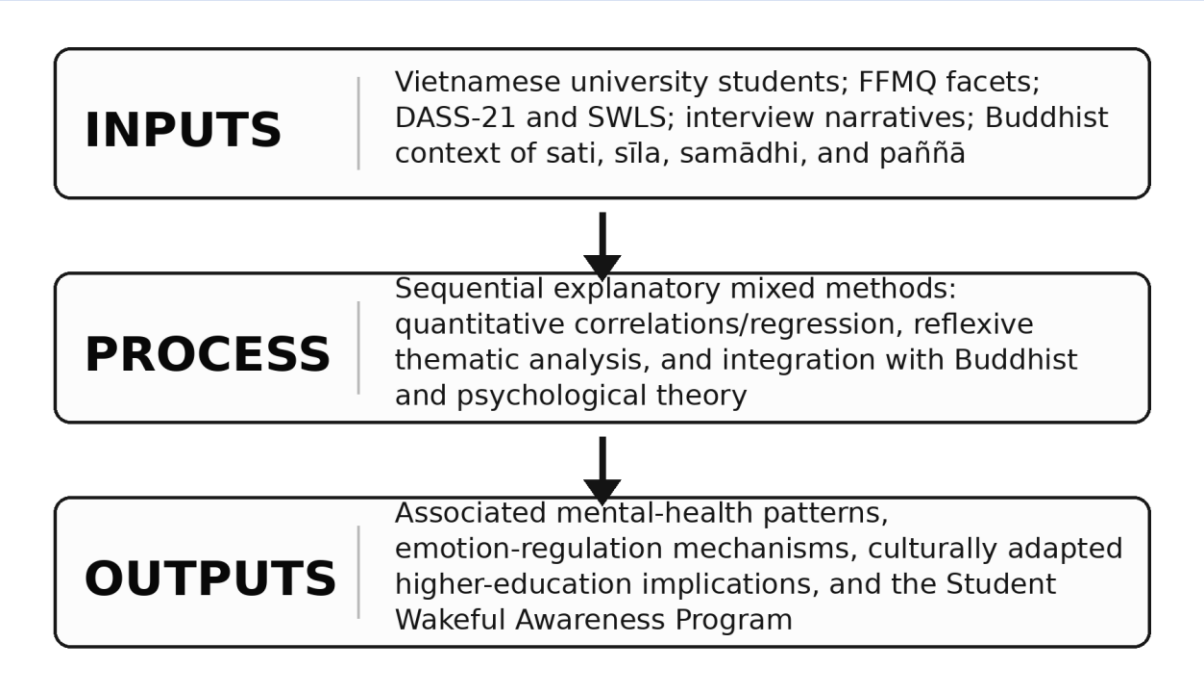


Figure 1. Input-process-output diagram of the theoretical framework.

Research Methodology

1. Research Design

The study employed a sequential explanatory mixed-methods design (Creswell & Plano Clark, 2018). Phase 1 consisted of a cross-sectional quantitative survey designed to examine associations and regression models. Phase 2 used semi-structured interviews to illuminate the mechanisms and subjective experiences underlying the quantitative findings. Because the quantitative phase was cross-sectional, all results are interpreted as associations rather than evidence of causation.

2. Participants

Quantitative phase. A convenience sample of 412 undergraduate students was recruited from three multidisciplinary universities in Hanoi, Vietnam. To comply with ethical approval and institutional permission requirements, the universities are referred to as University A, University B, and University C rather than by their full institutional names. The research area was limited to urban Hanoi; therefore, the findings should not be generalized to rural students, non-student youth, or universities outside the capital without further research.

Participants completed an online survey between September and December 2023. Inclusion criteria were: (1) age 18–25; (2) full-time undergraduate enrollment; and (3) voluntary informed consent. The final sample had a mean age of 20.6 years (SD = 1.8); 62.4% were female, 36.9% male, and 0.7% identified with another gender category. Regarding religious influence, 55.8% reported Buddhist influence or lay Buddhist family background, 35.2% reported no religion, and 9.0% reported Catholic or other faith backgrounds.

Mindfulness-practice exposure was measured by self-report. Overall, 27.9% of participants reported engaging in mindfulness or meditation at least once per week. Among regular practitioners, the most common pattern was 10–20 minutes per session, two to four times weekly, for at least three months. Practices included breath awareness, sitting meditation, walking meditation, mindful body scanning, and short temple- or club-based practice sessions. Participants were not recruited from clinical services; DASS-21 scores were used as symptom indicators rather than diagnostic evidence, and the study did not classify participants as having clinical mental disorders.

Qualitative phase. From the quantitative sample, 20 students with FFMQ scores in the upper quartile who reported regular practice were purposively selected for in-depth interviews. The subsample included 10 male and 10 female students from the three participating universities. The aim was to obtain rich accounts from participants with sustained mindfulness experience rather than to represent all Vietnamese students.

3. Instruments

The quantitative questionnaire included demographic variables, mindfulness-practice frequency and duration, the Five Facet Mindfulness Questionnaire (FFMQ), the Depression Anxiety Stress Scales (DASS-21), and the Satisfaction with Life Scale (SWLS). The 39-item FFMQ (Baer et al., 2006) was translated and checked for semantic equivalence by the research team; items were rated on a 5-point Likert scale. Cronbach's alpha in this sample was 0.89 for the total scale, with subscale alphas ranging from 0.78 to 0.88. The DASS-21 (Lovibond & Lovibond, 1995) assessed symptoms during the past week; Cronbach's alphas were 0.85 for depression, 0.81 for anxiety, and 0.83 for stress. The SWLS (Diener et al., 1985) had a Cronbach's alpha of 0.86.

The semi-structured interview guide included questions on the participant's path into mindfulness practice, usual practice schedule, perceived changes in emotion and thought patterns, application to academic pressure, difficulties in maintaining practice, and whether mindfulness carried any spiritual or values-based meaning. Each interview lasted 45–60 minutes, was audio-recorded with permission, and was transcribed verbatim.

4. Data Analysis

Quantitative data were analyzed using SPSS 26.0. Descriptive statistics and Pearson correlation coefficients were used to examine bivariate associations. Multiple linear regression models were fitted to assess the independent predictive value of the five mindfulness facets for each mental health outcome, controlling for age and gender. Qualitative data were analyzed using reflexive thematic analysis (Braun & Clarke, 2021). Two researchers independently conducted open coding, discussed candidate themes, and checked themes against the raw data to strengthen trustworthiness.

5. Research Ethics

The study protocol was approved by the Institutional Review Board of the University of Social Sciences and Humanities, Vietnam National University (IRB-2023-045). All participants were informed of the voluntary nature of participation and provided consent. Data were anonymized and securely stored.

Research Results

1. Quantitative Results

Descriptive statistics and correlations. Table 1 presents the means, standard deviations, and Pearson correlation matrix for the main variables. Total FFMQ mindfulness was significantly negatively correlated with depression (r = -0.52), anxiety (r = -0.47), and stress (r = -0.44), and positively correlated with life satisfaction (r = 0.41), all at $p < .001$. These results address Objective 1 by showing that higher dispositional mindfulness was associated with lower psychological distress and higher life satisfaction in this sample. They should not be interpreted as evidence that mindfulness caused these outcomes.

Table 1. Descriptive Statistics and Pearson Correlations (N = 412)

Variable	M (SD)	1	2	3	4	5
1. FFMQ Total	3.32 (0.48)	—				
2. DASS-Depression	5.61 (3.89)	-0.52**	—			
3. DASS-Anxiety	6.12 (4.01)	-0.47**	0.65**	—		
4. DASS-Stress	7.89 (4.34)	-0.44**	0.58**	0.62**	—	
5. SWLS	21.45 (5.67)	0.41**	-0.48**	-0.35**	-0.39**	–

Note. $p < .01$ (two-tailed). DASS-21 scores were used as symptom indicators, not clinical diagnoses.

Multiple regression analyses. Four multiple linear regression models were conducted with depression, anxiety, stress, and life satisfaction as dependent variables. The predictors were the five FFMQ subscales, with age and gender

entered as control variables. The standardized beta coefficients are summarized in Table 2.

Table 2. Multiple Regression Predicting Mental Health from FFMQ Facets (Standardized β)

FFMQ Facet	Depression	Anxiety	Stress	Life Satisfaction
Observing	-0.12*	-0.08	-0.05	0.15*
Describing	-0.15*	-0.17**	-0.14*	0.10
Acting with Awareness	-0.20***	-0.14*	-0.18**	0.14*
Non-judging	-0.18**	-0.12*	-0.20***	0.08
Non-reactivity	-0.27***	-0.25***	-0.23***	0.29***
Adjusted R^2	0.34	0.27	0.25	0.22

Note. * $p < .05$; ** $p < .01$; *** $p < .001$.

Non-reactivity emerged as the strongest and most consistent predictor across all mental-health indicators. Students who reported a greater capacity to allow thoughts and feelings to arise and pass without becoming entangled in them tended to report lower depression, anxiety, and stress, and higher life satisfaction. Acting with awareness was also associated with lower depression and stress. Non-judging was associated with fewer negative symptoms but did not significantly predict life satisfaction in the regression model.

2. Qualitative Findings

Reflexive thematic analysis of the interviews generated four overarching themes that illuminate Objective 2: the psychological mechanisms and subjective experiences through which mindfulness practice was perceived to relate to well-being. Consistent with prior scholarship on mindful emotion regulation and student well-being (Chambers et al., 2009; Finkelstein-Fox et al., 2018), the themes suggest that mindfulness may support students by creating a pause between emotional activation and behavioral response, reducing fusion with self-critical thoughts, and helping students orient attention toward present tasks.

Theme 1: Mindfulness as an emotion-regulation resource. Nearly all interviewees described the ability to pause before reacting to strong emotions as the clearest benefit. A 21-year-old female student shared: “Before, whenever I got a bad grade, I just wanted to cry and blame myself all day. Now I recognize

that sadness is like a cloud - it comes, and it will go. I sit quietly and breathe, not pushing it away, and it passes more quickly." A male student described applying mindfulness during a conflict with his roommate: "I noticed anger rising in my chest, just observing it. Instinctively, I no longer wanted to yell; I could talk calmly instead." This mechanism of recognizing, accepting, and not immediately reacting is consistent with the quantitative prominence of non-reactivity.

Theme 2: Enhanced self-awareness and self-acceptance. Mindfulness practice helped students notice self-critical thoughts and gradually alter their relationship with them. One 22-year-old female student said, "I realized there is a voice in my head that constantly criticizes me as not good enough. Meditation helped me see it is just a habit of the mind, not truth." The non-judging and describing facets were reflected in participants' attempts to label inner experience more objectively and reduce fusion with negative cognitions.

Theme 3: Transformed coping with academic and social pressures. Peer competition, family expectations, and workload were primary stressors. Practitioners reported improved single-tasking and reduced future-oriented anxiety. A final-year student noted: "I used to be terrified of not finding a job. But when I practice staying present, I just focus on completing each subject, each skill, instead of letting the fear of the future paralyze me." This theme illustrates the role of acting with awareness in coping with academic stress and strengthening a sense of autonomy.

Theme 4: Spiritual connection and values-based living. A culturally salient finding was that many students, including some who did not identify as devout Buddhists, described mindfulness as connected with deep peace, gratitude, and lighter living. One 20-year-old male student stated, "When I sit still, I feel lucky to be in school, to have a family. Suddenly, the scramble for grades and club positions becomes less important." This theme links the observing facet to broader awareness and suggests why Buddhist-informed concepts of gratitude, compassion, and wise restraint may be relevant to culturally adapted programs.

3. Implications for Culturally Adapted Mindfulness Interventions in Higher Education

The findings suggest several implications for culturally adapted mindfulness activities in Vietnamese higher education. Such activities should be framed as supportive, preventive, and developmental resources rather than as

clinical treatment or guaranteed solutions. The implications below are derived from observed associations and interview themes; therefore, they remain provisional pending longitudinal or intervention-based evaluation.

First, intervention content should prioritize non-reactivity and awareness in action, because these facets showed the most consistent associations with mental health indicators. Practical exercises may include breath awareness, short pauses before responding, mindful study routines, and reflection on emotional triggers. Second, programs should explicitly address student stressors such as examinations, family expectations, social comparison, and career uncertainty. Third, because students' narratives included gratitude, peace, and values-based living, culturally familiar Buddhist-informed elements such as mindful breathing, loving-kindness, compassion, and ethical reflection may be included, provided that they are presented in inclusive language for students of all religious or nonreligious backgrounds.

A tentative model, the Student Wakeful Awareness Program, may include four components: (1) core mindfulness skills, including breath, body, feeling tone, and present-task awareness; (2) psychoeducation on stress, emotion regulation, and rumination; (3) compassion and gratitude practices rooted in Vietnamese Buddhist culture but presented in inclusive language; and (4) peer-based practice communities or clubs that encourage continuity beyond a short course. Because this model was derived from a cross-sectional study and was not experimentally tested, it should be understood as a proposed framework for future evaluation rather than as an evidence-confirmed intervention.

Discussion

This study provides convergent quantitative and qualitative evidence that mindfulness is significantly associated with mental health and well-being among Vietnamese university students. Quantitative findings indicated that higher levels of mindfulness were associated with lower levels of depression, anxiety, and stress, as well as greater life satisfaction. These results are consistent with previous studies demonstrating that mindfulness is linked to reduced psychological distress and enhanced well-being among university students and young adults (Bajaj & Pande, 2016; Finkelstein-Fox et al., 2018). They also support broader evidence suggesting that mindfulness-based interventions can effectively promote emotional regulation, stress reduction, and psychological resilience across educational and clinical settings (Khoury et al., 2013; Kuyken

et al., 2013; Regehr et al., 2013). However, given the cross-sectional nature of the study, these findings should be interpreted as correlational rather than causal.

Among the five mindfulness facets examined, non-reactivity emerged as the strongest and most consistent predictor of mental health outcomes. Students who demonstrated greater ability to observe thoughts and emotions without reacting impulsively reported lower levels of depression, anxiety, and stress and higher life satisfaction. This finding aligns with the mindful emotion-regulation model, which proposes that mindfulness reduces distress by fostering awareness of internal experiences without automatic emotional or behavioral responses (Chambers et al., 2009). Qualitative interviews reinforced this interpretation, as participants described pausing, breathing, and observing difficult emotions without becoming overwhelmed. Such experiences resemble cognitive decentering, whereby individuals recognize thoughts and emotions as temporary mental events rather than objective realities (Fresco et al., 2007). These accounts also reflect Buddhist contemplative teachings that emphasize observing experience without attachment or aversion (Bodhi Bhikkhu, 2011; Thanissaro Bhikkhu, 2013a).

Acting with awareness was another important facet associated with lower depression and stress. Participants reported that mindfulness helped them focus on immediate academic tasks rather than becoming preoccupied with future concerns related to examinations, employment, or family expectations. This finding is particularly relevant in competitive university environments where academic pressure is a major source of stress. It also aligns with Self-Determination Theory, which highlights the importance of autonomy and intentional engagement in promoting psychological well-being (Ryan & Deci, 2000).

Interestingly, non-judging was associated with lower psychological distress but did not significantly predict life satisfaction. This suggests that reducing self-criticism and accepting difficult emotions may alleviate negative symptoms, yet positive well-being may depend on additional factors such as gratitude, self-compassion, meaningful relationships, and values-based living. Qualitative findings supported this interpretation, as students described mindfulness not only as a coping strategy but also as a pathway toward greater balance, gratitude, and inner calm. Previous research similarly indicates that self-compassion contributes to resilience and well-being, particularly in academically demanding contexts (Neff, 2003).

The findings also highlight the relevance of Buddhist perspectives on mindfulness. Traditional Buddhist teachings conceptualize mindfulness within a broader framework of ethical conduct, concentration, and wisdom (Bodhi Bhikkhu, 2011; Thanissaro Bhikkhu, 2013a). For Vietnamese universities, mindfulness programs may therefore be most effective when they integrate psychological accessibility with ethical reflection and contemplative depth. Such programs should remain inclusive and culturally sensitive, recognizing both the Buddhist heritage of mindfulness and the religious diversity of contemporary student populations.

Several limitations should be acknowledged, including the cross-sectional design, convenience sampling, reliance on self-report measures, and the inclusion of experienced mindfulness practitioners in the qualitative phase. Future studies should employ longitudinal and experimental designs to examine causal relationships and evaluate culturally adapted mindfulness interventions. Overall, this study contributes to the literature by demonstrating that mindfulness functions as both a psychological resource and a culturally meaningful practice that supports student well-being in the Vietnamese higher education context.

Knowledge from Research

The knowledge generated from this study is *the Student Wakeful Awareness Program*, a culturally adapted mindfulness framework for supporting mental health and well-being among Vietnamese university students. The model was developed by integrating quantitative findings, qualitative interview themes, and Buddhist-informed concepts of mindfulness. It responds to the finding that mindfulness, particularly non-reactivity and acting with awareness, was associated with lower depression, anxiety, and stress, as well as higher life satisfaction among Vietnamese youth.

The Student Wakeful Awareness Program consists of four interconnected components. The first component is *core mindfulness skills*, including breath awareness, body awareness, awareness of feeling tone, and present-task awareness. These practices help students return attention to the present moment and observe thoughts and emotions without immediate reaction. This component is especially relevant because non-reactivity and acting with awareness showed the strongest associations with favorable mental-health indicators.

The second component is *psychoeducation on stress and emotion regulation*. This includes learning about academic stress, rumination, emotional triggers, and the relationship between thought patterns and psychological distress. By understanding how stress operates, students may become better able to pause, name their experience, and respond skillfully rather than react impulsively.

The third component is *a practice of compassion and gratitude rooted in Vietnamese Buddhist culture*. Students' narratives showed that mindfulness was experienced not only as a psychological technique but also as a pathway toward calmness, gratitude, compassion, and values-based living. Therefore, culturally familiar Buddhist-informed practices such as mindful breathing, loving-kindness, compassion, gratitude reflection, and ethical self-awareness may enrich mindfulness education when presented in inclusive language for students of all religious and nonreligious backgrounds.

The fourth component is *peer-based practice communities*. Mindfulness practice is more likely to continue when students have supportive environments, such as university clubs, peer groups, short practice sessions, or guided campus activities. These communities can help sustain practice beyond a short course and reduce the isolation often associated with stress and psychological distress.

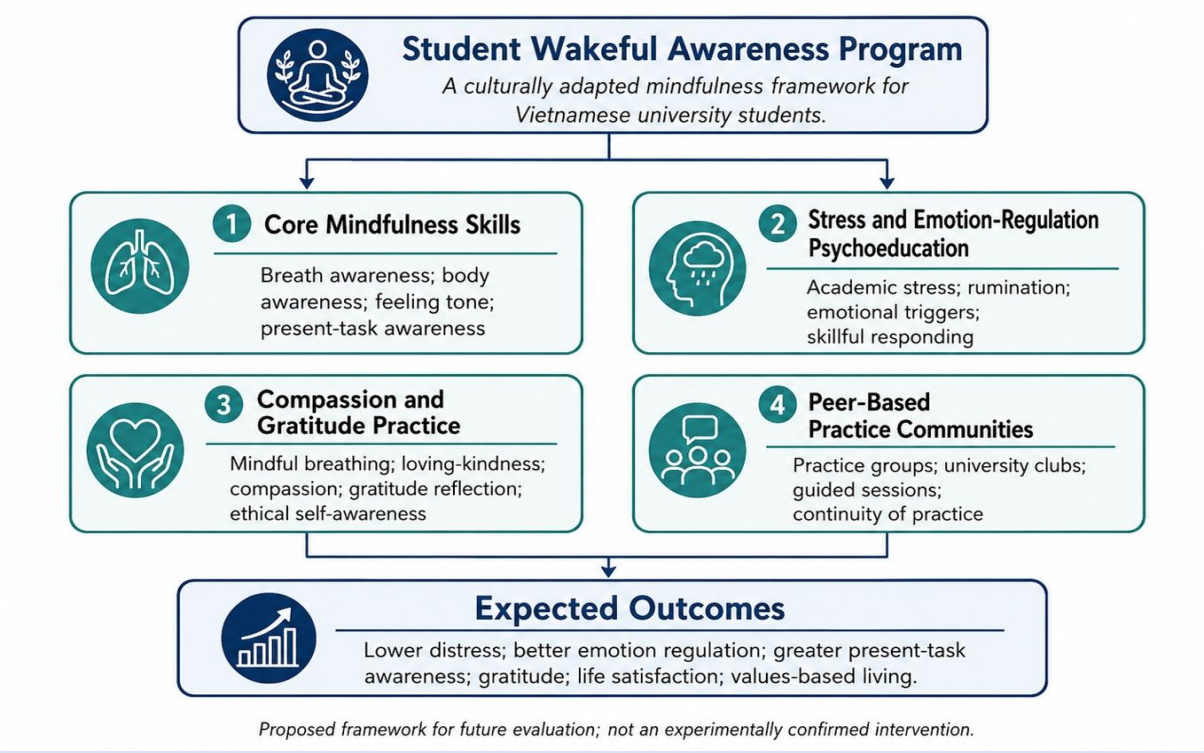


Figure 2. The Student Wakeful Awareness Program for Vietnamese University Students

Together, these four components form a culturally responsive mindfulness framework for Vietnamese higher education. The model suggests that mindfulness programs should be supportive, preventive, developmental, inclusive, and voluntary. They should not be presented as clinical treatment or as a guaranteed solution. Rather, the Student Wakeful Awareness Program offers a practical framework for future intervention design, longitudinal research, and experimental evaluation. Its contribution lies in connecting psychological evidence with Vietnamese Buddhist cultural resources to support student well-being in an academically grounded and culturally meaningful way.

Conclusion

This study addressed three objectives. First, it found that higher dispositional mindfulness was significantly associated with lower depression, anxiety, and stress, and with higher life satisfaction among 412 Vietnamese university students. Among the FFMQ facets, non-reactivity and acting with awareness showed the most consistent associations with favorable mental health indicators. These findings support the relevance of mindfulness to student well-being, though they remain associative rather than causal.

Second, qualitative interviews with 20 regular practitioners suggested that mindfulness may support students through emotional pausing, self-awareness, self-acceptance, present-task coping, and values-based reflection. Students' narratives showed that mindfulness was experienced not only as a psychological skill but also as a culturally familiar path toward calmness, gratitude, and balanced living.

Third, the study proposed implications for culturally adapted mindfulness activities within Vietnamese higher education. A Student Wakeful Awareness Program could combine core mindfulness skills, psychoeducation on stress and emotion regulation, compassion and gratitude practices, and a sustainable peer-practice community. Such a model may offer preventive and developmental benefits and could help support resilient and mindful youth, but its effectiveness must be tested through future longitudinal or experimental research before stronger claims can be made.

Overall, the study contributes to the literature by integrating standardized psychological measures, qualitative student voices, and Buddhist primary-source concepts. It suggests that mindfulness in Vietnam should be understood as both a

measurable psychological resource and a culturally embedded practice shaped by ethical conduct, concentration, insight, compassion, and gratitude.

References

Auerbach, R. P., Alonso, J., Axinn, W. G., Cuijpers, P., Ebert, D. D., Green, J. G., Hwang, I., Kessler, R. C., Liu, H., Mortier, P., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Aguilar-Gaxiola, S., Al-Hamzawi, A., Andrade, L. H., Benjet, C., Caldas-de-Almeida, J. M., Demyttenaere, K., Florescu, S., de Girolamo, G., Gureje, O., Haro, J. M., Karam, E. G., Kiejna, A., Kovess-Masfety, V., Lee, S., McGrath, J. J., O'Neill, S., Pennell, B. E., Scott, K., ten Have, M., Torres, Y., Zaslavsky, A. M., Zarkov, Z. & Bruffaerts, R. (2016). Mental disorders among college students in the World Health Organization World Mental Health Surveys. *Psychological Medicine, 46*(14), 2955–2970. https://doi.org/10.1017/S0033291716001665

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*(1), 27–45. https://doi.org/10.1177/1073191105283504

Bajaj, B., & Pande, N. (2016). Mediating role of resilience in the impact of mindfulness on life satisfaction and affect as indices of subjective well-being. *Personality and Individual Differences, 93*, 63–67. https://doi.org/10.1016/j.paid.2015.09.005

Bodhi Bhikkhu. (Trans.). (2011). *The middle length discourses of the Buddha: A translation of the Majjhima Nikāya* (4th ed.). Wisdom Publications.

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE.

Chambers, R. H., Gullone, E., & Allen, N. B. (2009). Mindful emotion regulation: An integrative review. *Clinical Psychology Review, 29*(6), 560–572. https://doi.org/10.1016/j.cpr.2009.06.005

Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). SAGE.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13

Duong, C. B., Tran, N. V., Nguyen, A. H., Le, T. N., Ha, B. H., Do, C. N. P., Huynh, K., Le, T. M., Nguyen, T. P., & Nguyen, H. T. T. (2023). Impacts of COVID-19 crisis and some related factors on the mental health of 37150 Vietnamese students: A cross-sectional online study. *BMC Public Health, 23*, Article 445. https://doi.org/10.1186/s12889-023-15317-3

Finkelstein-Fox, L., Park, C. L., & Riley, K. E. (2018). Mindfulness and emotion regulation: Promoting well-being during the transition to college. *Anxiety, Stress, & Coping, 31*(6), 639–653. https://doi.org/10.1080/10615806.2018.1518635

Fresco, D. M., Moore, M. T., van Dulmen, M. H. M., Segal, Z. V., Ma, S. H., Teasdale, J. D., & Williams, J. M. G. (2007). Initial psychometric properties of the Experiences Questionnaire: Validation of a self-report measure of decentering. *Behavior Therapy, 38*(3), 234–246. https://doi.org/10.1016/j.beth.2006.08.003

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Hyperion.

Khoury, B., Lecomte, T., Fortin, G., Massé, M., Therien, P., Bouchard, V., Chapleau, M.-A., Paquin, K., & Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review, 33*(6), 763–771. https://doi.org/10.1016/j.cpr.2013.05.005

Kuyken, W., Weare, K., Ukoumunne, O. C., Vicary, R., Motton, N., Burnett, R., Cullen, C., Hennelly, S., & Huppert, F. (2013). Effectiveness of the Mindfulness in Schools Programme: Non-randomised controlled feasibility study. *The British Journal of Psychiatry, 203*(2), 126–131. https://doi.org/10.1192/bjp.bp.113.126649

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation.

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101. https://doi.org/10.1080/15298860309032

Nguyen, L. X., Dao, L. T. D., Ta, A. N., Le, H. T., Nguyen, H. V., Nguyen, L. T. M., Nguyen, P. T., Nguyen, T. T., Ta, T. C., Nguyen, T. H., Nguyen, T. T., Huynh, T. A., Hoang, A. Q., Duong, L. T. H., Do, L. H., & Pham, N. T. (2023). Anxiety and associated factors among Vietnamese students during COVID-19 pandemic: A cross-sectional study. *Medicine, 102*(16), Article e33559. https://doi.org/10.1097/MD.0000000000033559

Nyanatiloka Mahāthera. (1988). *Buddhist dictionary: Manual of Buddhist terms and doctrines* (4th rev. ed.). Buddhist Publication Society.

Regehr, C., Glancy, D., & Pitts, A. (2013). Interventions to reduce stress in university students: A review and meta-analysis. *Journal of Affective Disorders, 148*(1), 1–11. https://doi.org/10.1016/j.jad.2012.11.026

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68–78. https://doi.org/10.1037/0003-066X.55.1.68

Thanissaro Bhikkhu. (Trans.). (2012). *Appamada Sutta: Heedfulness* (AN 7.31). Access to Insight. https://www.accesstoinsight.org/tipitaka/an/an07/an07.031.than.html

Thanissaro Bhikkhu. (Trans.). (2013a). *Ānāpānasati Sutta: Mindfulness of breathing* (MN 118). Access to Insight. https://www.accesstoinsight.org/tipitaka/mn/mn.118.than.html

Thanissaro Bhikkhu. (Trans.). (2013b). *Appamāda-vagga: Heedfulness* (Dhp II, verses 21–32). Access to Insight. https://www.accesstoinsight.org/tipitaka/kn/dhp/dhp.02.than.html

Appendix A:

Sample Items from the Five-Facet Mindfulness Questionnaire (Vietnamese Version)

- Observing: “I pay attention to sensations on my body, such as the wind blowing through my hair or the sun on my face.”
- Describing: “I am able to express my feelings in words.”
- Acting with Awareness: “I find it difficult to stay focused on what is happening in the present.” (reversed)
- Non-judging: “I think some of my emotions are bad or inappropriate and I should not be feeling them.” (reversed)
- Non-reactivity: “I watch my feelings without getting carried away by them.”

Appendix B:

Semi-Structured Interview Guide (Summary)

1. Can you share your journey of beginning mindfulness or meditation practice?

2. How often do you practice, for how many minutes, and in what setting?
3. What specific changes have you noticed in how you deal with sadness, anxiety, anger, or stress?
4. In your studies and relationships, how has mindfulness supported you?
5. Have there been times when practice felt difficult or ineffective? How did you handle that?
6. Do you feel that mindfulness practice carries any spiritual meaning or connects to your life values?

Applying Buddhist Scriptures to Parent–Child Conflict Resolution in Modern Societies

Ban Nya Baw Ga
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University

Corresponding author email: noungsai2021@gmail.com
Received 02/05/2025; Revised 18/11/2025; Accepted 09/06/2026

Abstract

This article examines the application of Buddhist scriptures to the resolution of parent–child conflict in modern societies. The study has three objectives: (1) to study the nature, causes, and impacts of conflict between parents and children in modern societies; (2) to analyse Buddhist scriptural principles relevant to resolving parent–child conflict; and (3) to propose a Buddhist scriptural framework for parent–child conflict resolution. This study employed a qualitative documentary research method. Data were collected from Buddhist scriptures, commentarial and secondary Buddhist sources, academic books, journal articles, research reports, and relevant studies on family conflict, communication, emotional regulation, and parent–child relationships. The collected data were analysed and synthesized to identify Buddhist principles applicable to family conflict resolution.

The findings reveal that parent–child conflictin modern societies often arises from generational differences, communication problems, emotional reactivity, unmet expectations, digital and social pressures, and differing values between parents and children. When unresolved, such conflicts may lead to emotional distance, misunderstanding, strained relationships, and family disharmony. Buddhist scriptures offer practical principles for addressing these problems, especially the Five Precepts, right speech, mindfulness, loving-kindness, and the Four Brahmavihāras. These teachings promote ethical conduct, non-harm, truthful and compassionate communication, emotional awareness, patience, empathy, and balanced understanding.

Based on these findings, the article proposes a Buddhist parent–child conflict-resolution framework grounded in ethical discipline, mindful awareness, compassionate communication, loving-kindness, and emotional balance. The study contributes to Buddhist family studies and conflict-resolution discourse by showing how Buddhist scriptural wisdom can be applied to contemporary family life. It offers practical guidance for parents, children, educators, counselors, and community leaders seeking to cultivate harmonious, respectful, and peaceful family relationships.

Keywords: Buddhist scriptures; Conflict resolution; Parent–child relationship; Mindfulness; Right speech; Loving-kindness; Modern society

Introduction

Conflict is a common and unavoidable dimension of human society. It arises when individuals or groups differ in goals, values, beliefs, expectations, or interests. Conflict may appear at many levels, ranging from political violence and social unrest to workplace disputes, marital disagreements, and family tension. From a Buddhist perspective, conflict is not merely an external social problem but is also rooted in unwholesome mental states such as greed, hatred, delusion, attachment to views, and egocentric desire. Rahula (1974) explains that human suffering and conflict are closely connected with craving, dissatisfaction, and ignorance. Contemporary conflict studies also show that conflict remains widespread across societies, with many violent conflicts occurring in developing regions of Asia and Africa (UCDP, 2023). Although conflict is a natural part of human interaction, unmanaged conflict may lead to suffering, emotional distress, violence, and social disharmony.

Within family life, conflict between parents and children is one of the most significant forms of interpersonal conflict. The parent–child relationship is a foundational social bond through which children learn values, emotional patterns, communication styles, and social responsibilities. However, this relationship can also become a source of tension when parents and children differ in expectations, autonomy, discipline, education, career choices, digital behavior, or lifestyle values. Steinberg (2001) notes that parent–child conflict is especially common during adolescence and emerging adulthood, when young people seek independence while parents continue to exercise guidance and protection. Bowen's family systems theory further suggests that family conflict should be understood relationally, because the emotional functioning of one family member influences the entire family system (Bowen, 1978).

In modern societies, parent–child conflict has become increasingly complex due to rapid technological, social, and cultural change. Children and youth are shaped by digital media, peer influence, academic pressure, social comparison, and changing ideas of identity and self-expression. Parents, by contrast, may continue to emphasize discipline, obedience, moral responsibility, and continuity with traditional family values. These differences may produce misunderstanding, emotional distance, and communication breakdown when not handled constructively (Coyne et al., 2014; Padilla-Walker et al., 2016). Family conflict studies also suggest that unresolved conflict may affect children's

attachment patterns, emotional security, and future relationships (Borst, 2015). Therefore, effective parent–child conflict resolution requires more than external problem-solving; it requires ethical awareness, emotional regulation, compassionate communication, and mutual understanding.

Buddhist teachings provide a valuable framework for addressing these relational challenges. The Five Precepts offer an ethical foundation for non-harm, honesty, self-restraint, responsibility, and respect for others (Keown, 2003). Right speech, a key component of the Noble Eightfold Path, encourages communication that is truthful, kind, beneficial, and timely (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 2005). Mindfulness helps individuals observe emotions and reactions without immediately acting on them, thereby supporting patience and emotional regulation (Kabat-Zinn, 1994; Siegel & Bryson, 2011). Buddhist-inspired practices of deep listening and compassionate speech also support healing and reconciliation within relationships (Hanh, 2013).

Moreover, loving-kindness and the Four Brahmavihāras provide a relational ethic for family harmony. Loving-kindness (mettā) cultivates goodwill; compassion (karuṇā) encourages sensitivity to suffering; empathetic joy (muditā) supports appreciation of another's happiness; and equanimity (upekkhā) develops emotional balance during disagreement (Bodhi Bhikkhu, 2005; Nyanaponika Thera, 1958, 1999). These qualities help parents and children move from blame and opposition toward shared responsibility, empathy, and cooperation.

This study, therefore, examines the application of Buddhist scriptures to conflict resolution between parents and children in modern societies. It analyses the nature and causes of parent–child conflict, identifies Buddhist scriptural principles relevant to family reconciliation, and proposes a Buddhist Parent–Child Harmony Model grounded in the Five Precepts, right speech, mindfulness, loving-kindness, and the Four Brahmavihāras.

Research Objectives

1. To study the nature, causes, and impacts of conflict between parents and children in modern societies.
2. To analyse Buddhist scriptural principles relevant to resolving parent–child conflict.
3. To propose a Buddhist scriptural framework for parent–child conflict resolution in modern societies.

.

Literature Review

The literature related to this study can be organized into three major themes: parent–child conflict in modern societies, communication and emotional regulation in family relationships, and Buddhist scriptural principles for conflict resolution. These themes provide the conceptual foundation for applying Buddhist teachings to the resolution of parent–child conflict in contemporary family life.

Parent–child conflict is a common feature of family relationships, particularly in modern societies shaped by rapid social, technological, and cultural change. Such conflict often arises from differences in values, expectations, communication styles, emotional needs, and levels of autonomy between parents and children. Steinberg (2001) explains that adolescence and young adulthood often bring changes in identity formation, independence, and family negotiation, which may increase tension between parents and children. Bowen's family systems theory also suggests that family conflict should not be viewed only as an individual problem but as part of a wider relational system in which each member influences the emotional functioning of the whole family (Bowen, 1978). From this perspective, conflict between parents and children may reflect not only disagreement but also unmet emotional needs, unclear boundaries, and patterns of communication learned across generations.

Modern studies of family conflict further indicate that poor communication, emotional reactivity, and unresolved tension may contribute to strained family relationships. Borst (2015) notes that family conflict can influence children's attachment styles, behavioral patterns, and later relationships. Donohue and Kolt (1992) also emphasize that conflict can escalate when individuals lack effective communication strategies. In contemporary families, digital media, peer influence, academic pressure, and changing social values may intensify misunderstanding between parents and children (Coyne et al., 2014; Padilla-Walker et al., 2016). These challenges show the need for approaches that promote emotional regulation, respectful dialogue, and mutual understanding.

Buddhist teachings offer important resources for addressing these problems. The Five Precepts provide an ethical foundation for non-harm, honesty, self-restraint, and responsible conduct (Keown, 2003). In the family context, these precepts can guide parents and children away from harmful speech, impulsive behavior, disrespect, and emotional violence. Right speech, as a

component of the Noble Eightfold Path, emphasizes communication that is truthful, kind, beneficial, and timely. This principle is particularly relevant to parent–child conflict because many disagreements become harmful not only because of the issue itself but because of harsh words, blame, or unwillingness to listen (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 2005).

Mindfulness is another central Buddhist principle relevant to conflict resolution. Kabat-Zinn (1994, 2001) defines mindfulness as intentional present-moment awareness, while Buddhist traditions understand sati as a practice that supports self-awareness, emotional restraint, and wise response. In parent–child relationships, mindfulness can help both sides recognize anger, disappointment, or fear before reacting impulsively. Siegel and Bryson (2011) similarly show that emotional awareness and reflective response are important for healthy child development and family communication. Thich Nhat Hanh (2013) further emphasizes deep listening and compassionate communication as essential practices for healing misunderstanding and restoring connection.

Loving-kindness and the Four Brahmavihāras also provide a strong relational foundation for family harmony. Mettā cultivates goodwill and care, while karuṇā develops compassion toward suffering. Muditā encourages appreciation of another's happiness, and upekkhā supports emotional balance during conflict (Nyanaponika Thera, 1958, 1999; Kavidhajajoti, 2007). These qualities help transform family relationships from blame and control into empathy, patience, and mutual support. Taken together, the literature indicates that Buddhist scriptures can contribute to parent–child conflict resolution by integrating ethical conduct, mindful awareness, compassionate communication, and emotional balance. This study, therefore, develops a Buddhist scriptural framework for cultivating harmony between parents and children in modern societies.

Conceptual Framework

The conceptual framework of this study is grounded in the understanding that parent–child conflict in modern societies arises from the interaction of personal, relational, social, and cultural factors. These include generational differences, communication problems, emotional reactivity, digital and social pressures, unmet expectations, and changing values. When these factors are not managed constructively, they may lead to misunderstanding, emotional distance, resentment, and family disharmony.

The framework proposes that Buddhist scriptures provide ethical, contemplative, and relational principles that can be applied to transform parent–child conflict. The key Buddhist principles include the Five Precepts, right speech, mindfulness, loving-kindness, and the Four Brahmavihāras. These teachings do not merely offer moral instruction; they also provide practical methods for cultivating self-restraint, mindful listening, compassionate speech, emotional awareness, empathy, patience, and balanced understanding.

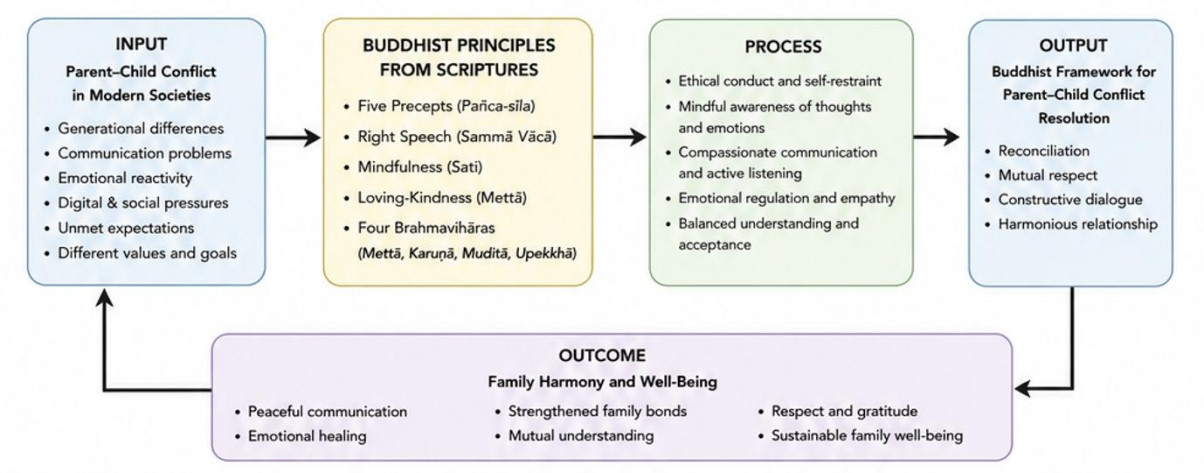


Figure 1. Conceptual Framework for Buddhist Parent–Child Conflict Resolution

As shown in Figure 1, the framework begins with the context of parent–child conflict in modern societies. These conflicts are analysed through documentary study of Buddhist scriptures, Buddhist scholarly works, academic literature, journal articles, research reports, and relevant studies on family conflict and communication. The analysis identifies Buddhist scriptural principles applicable to family conflict resolution. These principles are then synthesized into a Buddhist Parent–Child Harmony Framework. The expected outcome is improved communication, emotional regulation, mutual respect, reconciliation, and family harmony.

Research Methodology

This study employed a qualitative documentary research design. The purpose was to analyse Buddhist scriptural principles and relevant academic literature to develop a Buddhist framework for resolving conflicts between parents and children in modern societies. The research methodology was organized as follows:

1. Research Design

The study used a qualitative documentary research method.

The research focused on textual analysis and synthesis rather than fieldwork.

The aim was to examine Buddhist teachings and modern family-conflict literature related to parent–child conflict resolution.

2. Data Sources

Primary sources included Buddhist scriptures and selected canonical teachings related to ethical conduct, right speech, mindfulness, loving-kindness, compassion, and family harmony.

Secondary sources included academic books, journal articles, research reports, Buddhist scholarly works, and relevant studies on family conflict, communication, emotional regulation, parent–child relationships, and conflict resolution.

Relevant online academic materials were also reviewed when they were directly related to the research objectives.

3. Data Collection

Data were collected through documentary review and library-based research.

Materials were selected according to their relevance to the three research objectives.

The first group of documents was used to study the nature, causes, and impacts of conflict between parents and children in modern societies.

The second group of documents was used to analyse Buddhist scriptural principles relevant to resolving parent–child conflict.

The third group of documents was used to synthesize a practical Buddhist framework for parent–child conflict resolution.

4. Data Analysis

The collected data were analysed through content analysis and thematic synthesis.

Key concepts were identified, categorized, and interpreted according to the research objectives.

The analysis focused on recurring themes such as generational conflict, communication problems, emotional reactivity, ethical conduct, mindfulness, right speech, loving-kindness, and the Four Brahmavihāras.

5. Synthesis and Model Development

The findings from Buddhist scriptures and modern family-conflict studies were synthesized into a Buddhist Parent–Child Harmony Model.

The model integrates five major components: ethical foundation, mindful awareness, compassionate communication, loving relationship, and balanced understanding.

The model was developed to show how Buddhist scriptural principles can be applied to reduce conflict, promote reconciliation, and strengthen family harmony.

6. Scope and Limitation

This study was limited to documentary analysis.

It did not include interviews, surveys, or field observation.

Therefore, the proposed model should be understood as a conceptual and scriptural framework.

Future empirical research is recommended to examine how these Buddhist principles can be applied in real-life family counseling, parent–child communication programs, and Buddhist-based conflict-resolution training.

Research Results

Objective 1: To study the nature, causes, and impacts of conflict between parents and children in modern societies

The findings revealed that conflict between parents and children in modern societies is a common relational problem shaped by psychological, social, cultural, and technological factors. Parent–child conflict generally refers to disagreement, tension, or opposition that arises when parents and children hold different values, expectations, goals, communication styles, or emotional needs. In Buddhist terminology, conflict may be related to viggaha, which refers to contention, dispute, or quarrel arising from attachment to one's own view, desire, or position (Buddhadatta Mahathera, 2016). From a modern social perspective, conflict also occurs when one person's expectations or actions are perceived as

obstructing another person's needs, autonomy, or emotional security (Donohue & Kolt, 1992).

The study found that parent–child conflict in modern societies commonly arises from four major causes. First, generational differences often create disagreement between parents and children. Parents may emphasize discipline, obedience, social responsibility, and traditional values, while children may seek independence, self-expression, digital freedom, and personal identity. Second, poor communication frequently intensifies conflict. When parents communicate through criticism, control, blame, or comparison, children may respond with silence, resistance, anger, or emotional withdrawal. Third, emotional reactivity contributes to conflict escalation. Anger, disappointment, fear, and unmet emotional needs may cause both parents and children to react impulsively rather than respond thoughtfully. Fourth, modern social pressures, including academic competition, peer influence, social media use, economic uncertainty, and changing family structures, may increase stress within the family (Coyne et al., 2014; Padilla-Walker et al., 2016).

The findings further showed that unresolved parent–child conflict may produce several negative impacts. At the personal level, it may lead to stress, anxiety, resentment, low self-esteem, and emotional insecurity. At the relational level, it may weaken trust, reduce communication, and create emotional distance between parents and children. At the family level, repeated conflict may produce an atmosphere of fear, blame, and misunderstanding. In serious cases, conflict may also become a condition leading to verbal, emotional, or physical violence. Family conflict studies indicate that unresolved tension can influence children's attachment patterns, behavior, and future relationships (Borst, 2015; Steinberg, 2001). Therefore, parent–child conflict should not be viewed merely as ordinary disagreement but as a relational issue requiring ethical awareness, emotional regulation, and constructive communication.

Objective 2: To analyse Buddhist scriptural principles relevant to resolving parent–child conflict

The findings showed that Buddhist scriptures provide a practical ethical and contemplative framework for resolving conflict between parents and children. The key Buddhist principles identified in this study are the Five Precepts, right speech, mindfulness, loving-kindness, and the Four Brahmavihāras.

First, the Five Precepts provide an ethical foundation for family harmony. The precepts encourage abstention from killing, stealing, sexual misconduct, false speech, and intoxicants. In the context of parent–child relationships, these precepts may be interpreted as principles of non-harm, respect for boundaries, honesty, responsibility, and self-restraint (Keown, 2003). The first precept supports non-violence in speech and behavior. The second and third precepts encourage respect, trust, and responsible relationships. The fourth precept directly supports truthful and careful communication, while the fifth precept promotes heedfulness and emotional control. Together, the Five Precepts help family members avoid actions and words that create fear, distrust, and resentment.

Second, right speech (sammā-vācā) is central to Buddhist conflict resolution. Right speech encourages communication that is truthful, kind, beneficial, and timely. In parent–child conflict, harsh words, blame, sarcasm, and accusations often deepen emotional wounds. Right speech offers a practical alternative by guiding parents and children to speak with honesty and compassion rather than anger. This principle is closely related to modern communication approaches that emphasize active listening, emotional validation, and nonviolent dialogue (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 2005).

Third, mindfulness (sati) helps both parents and children become aware of their emotions before reacting. Mindfulness develops present-moment awareness, emotional regulation, and the ability to pause before speaking or acting (Kabat-Zinn, 1994, 2001). In family conflict, mindfulness allows parents to notice anger, fear, or disappointment without immediately expressing them in harmful ways. It also helps children recognize their feelings and respond more respectfully. Modern psychological studies similarly indicate that mindful awareness can support emotional regulation and reflective response (Siegel & Bryson, 2011).

Fourth, loving-kindness (mettā) provides an affective foundation for reconciliation. Loving-kindness encourages goodwill, patience, forgiveness, and care toward oneself and others. In parent–child relationships, mettā helps transform the atmosphere from one of control and resistance into one of warmth and mutual concern. Thich Nhat Hanh (1992, 2013) emphasizes deep listening and compassionate communication as practical means for healing misunderstanding and restoring connection.

Fifth, the Four Brahmavihāras—loving-kindness (mettā), compassion (karuṇā), empathetic joy (muditā), and equanimity (upekkhā)—offer a complete relational framework for family harmony. Mettā nurtures goodwill, karuṇā encourages sensitivity to suffering, muditā supports appreciation of another's happiness, and upekkhā develops emotional balance during disagreement (Nyanaponika Thera, 1958, 1999; Kavidhajajoti, 2007). These qualities help parents and children move beyond blame and ego-centered reaction toward empathy, patience, and mutual understanding.

Objective 3: To propose a Buddhist scriptural framework for parent–child conflict resolution

Based on the findings from the first and second objectives, this study proposes a Buddhist scriptural framework to resolve conflicts between parents and children in modern societies. The framework integrates ethical conduct, mindful awareness, compassionate communication, loving-kindness, and emotional balance as practical steps for transforming family conflict.

The first component is the ethical foundation. The Five Precepts help parents and children establish trust, safety, honesty, and non-harm in the family. When family members refrain from harmful speech, disrespect, dishonesty, and impulsive behavior, the conditions for conflict escalation are reduced.

The second component is mindful awareness. Mindfulness enables both parents and children to observe emotions, thoughts, and reactions before responding. This creates space for patience and thoughtful communication. In practice, mindfulness may include breathing awareness, pausing before speaking, listening without interruption, and reflecting on one's own emotional state.

The third component is compassionate communication. Right speech and deep listening guide family members to communicate truthfully, kindly, and constructively. Parents can listen to children's needs without immediate judgment, while children can express their feelings respectfully. This reduces misunderstanding and encourages dialogue rather than confrontation.

The fourth component is a loving relationship. Loving-kindness and compassion help family members remember that the goal of communication is not victory but understanding. When parents and children approach one another with goodwill and empathy, conflict becomes an opportunity for healing and growth.

The fifth component is balanced understanding. Equanimity supports emotional stability when disagreement cannot be immediately resolved. It helps parents accept children's individuality and helps children understand parents' concerns without resentment. This balanced attitude allows the family to maintain respect even during disagreement.

Therefore, the proposed Buddhist scriptural framework shows that parent–child conflict resolution requires both inner transformation and relational practice. Buddhist teachings help family members reduce harmful behavior, regulate emotions, communicate with compassion, and restore harmony. The framework may be applied in family education, Buddhist counseling, parent-training programs, and community-based conflict-resolution activities.

Discussion

The findings of this study indicate that parent–child conflict in modern societies is increasingly shaped by rapid technological, cultural, and social transformation. The first research objective revealed that many conflicts arise from generational differences, divergent values, communication problems, emotional reactivity, and changing expectations within the family. Parents often emphasize discipline, obedience, responsibility, and continuity with traditional norms, while children growing up in a digitally connected environment may place greater value on autonomy, self-expression, peer belonging, and personal identity (Padilla-Walker et al., 2016). These different orientations can easily lead to misunderstandings, emotional distance, and tension when family members lack open communication and emotional awareness (Gentzler et al., 2005). This finding is consistent with family studies showing that parent–child conflict is often linked to developmental transitions, changing autonomy needs, and patterns of family interaction (Steinberg, 2001; Bowen, 1978).

The study also found that contemporary pressures such as academic competition, peer influence, career decisions, and social media use further intensify parent–child disagreement. Digital media can expand children's social world and self-expression, but it can also create new areas of parental concern, including screen time, online relationships, values, and behavior (Coyne et al., 2014). When parents respond primarily with control or criticism, and children respond with resistance or withdrawal, conflict may deepen. Previous research similarly suggests that unresolved family conflict can affect attachment patterns, emotional security, and later relationship behavior (Borst, 2015). Therefore,

parent–child conflict should not be viewed merely as ordinary disagreement; it is a relational process that requires careful attention to communication, emotional regulation, and mutual understanding.

The second and third findings of this study show that Buddhist scriptural principles offer a valuable ethical and practical framework for addressing these challenges. The Five Precepts provide a moral foundation for non-harm, honesty, responsibility, and self-restraint, all of which are important for building trust in family relationships (Harvey, 2013; Keown, 2003). In parent–child conflict, the precept against harmful action may be extended to avoiding physical, verbal, and emotional harm, while the precept against false speech supports truthfulness and accountability. These principles encourage parents and children to reduce harmful behavior and cultivate respectful conduct. In this sense, Buddhist ethics does not function only as personal morality but also as a relational discipline that supports family harmony.

Mindfulness (sati) further strengthens conflict resolution by helping family members observe their emotions before reacting. During disagreement, parents and children may be driven by anger, fear, disappointment, or frustration. Mindfulness encourages present-moment awareness and emotional regulation, allowing individuals to pause before speaking or acting impulsively (Kabat-Zinn, 1994, 2003). This is consistent with modern psychological perspectives that emphasize emotional awareness and reflective response as important conditions for healthy family communication (Siegel & Bryson, 2011). When mindfulness is practiced in family life, it can reduce reactive behavior and create space for patient listening, self-reflection, and constructive dialogue.

Right speech is another important Buddhist principle for resolving parent–child conflict. The Noble Eightfold Path emphasizes communication that is truthful, kind, beneficial, and timely (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 2005). Many family conflicts become more harmful because of harsh words, blame, comparison, sarcasm, or emotional silence. Right speech provides a practical alternative by encouraging compassionate and purposeful communication. This principle is closely related to deep listening, which Thich Nhat Hanh (2013) presents as a method for healing misunderstanding and restoring connection. When parents listen deeply to children’s feelings, and children express their needs respectfully, communication becomes a path toward reconciliation rather than confrontation.

Moreover, loving-kindness (mettā) and the Four Brahmavihāras, loving-kindness, compassion (karuṇā), empathetic joy (muditā), and equanimity (upekkhā), enrich the emotional dimension of family relationships (Bodhi Bhikkhu, 2005; Nyanaponika Thera, 1958, 1999). These qualities help shift family interaction from blame and control toward empathy, patience, appreciation, and balanced understanding. Loving-kindness creates goodwill; compassion helps parents and children recognize each other's suffering; empathetic joy supports appreciation of one another's growth; and equanimity helps maintain emotional balance when disagreement remains unresolved. When practiced together, these principles can transform the family's relational atmosphere from tension to mutual care (Dalai Lama & Cutler, 2009).

Overall, the findings suggest that Buddhist teachings provide a comprehensive framework for parent–child conflict resolution in modern societies. The Five Precepts establish ethical discipline; mindfulness supports emotional regulation; right speech guides communication; and the Four Brahmavihāras cultivate relational harmony. These principles are especially relevant in a time when technological change, social pressure, and generational differences often widen emotional distance within families. Buddhist scriptural wisdom, therefore, offers not only a spiritual path for individual development but also a practical family ethic for strengthening communication, reconciliation, mutual respect, and long-term harmony between parents and children.

Knowledge from Research

The knowledge generated from this study is the Buddhist Parent–Child Harmony Model, a Buddhist scriptural framework for resolving conflict between parents and children in modern societies. The model explains how Buddhist teachings can be applied to transform family conflict into mutual understanding, emotional healing, and harmonious living.

The model is based on the finding that parent–child conflict often arises from generational differences, communication problems, emotional reactivity, unmet expectations, digital and social pressures, and changing family values. These conflicts may produce misunderstanding, resentment, emotional distance, and family disharmony. Therefore, conflict resolution requires not only external problem-solving but also ethical discipline, emotional awareness, compassionate communication, and balanced understanding.

The Buddhist Parent–Child Harmony Model consists of five interconnected components:

1. Ethical Foundation

This component is based on the Five Precepts. It encourages parents and children to cultivate non-harm, honesty, self-restraint, responsibility, and respect for one another. Ethical conduct creates safety and trust within the family.

2. Mindful Awareness

This component is based on mindfulness (sati). It helps family members become aware of emotions, thoughts, and reactions before speaking or acting. Mindfulness reduces impulsive responses and supports emotional regulation.

3. Compassionate Communication

This component is based on right speech and deep listening. It encourages truthful, kind, beneficial, and timely communication. Parents and children learn to listen carefully, speak respectfully, and avoid harsh or harmful words.

4. Loving Relationship

This component is based on loving-kindness (mettā) and compassion (karuṇā). It encourages goodwill, empathy, patience, forgiveness, and emotional support. Family members are guided to relate to one another with care rather than blame.

5. Balanced Understanding

This component is based on empathetic joy (muditā) and equanimity (upekkhā). It helps parents and children appreciate each other's growth, accept differences, and maintain emotional balance during disagreements.

Together, these five components form a practical Buddhist framework for resolving parent–child conflict. An ethical foundation prevents harmful behavior. Mindful awareness helps family members pause before reacting. Compassionate communication opens space for dialogue. A loving relationship restores warmth and empathy. Balanced understanding sustains harmony even when differences remain.

The model demonstrates that Buddhist scriptures remain relevant to modern family life by addressing both the inner causes and the relational expressions of conflict. By applying the Five Precepts, mindfulness, right speech, loving-kindness, and the Four Brahmavihāras, parents and children can transform conflict into an opportunity for learning, reconciliation, and mutual growth.

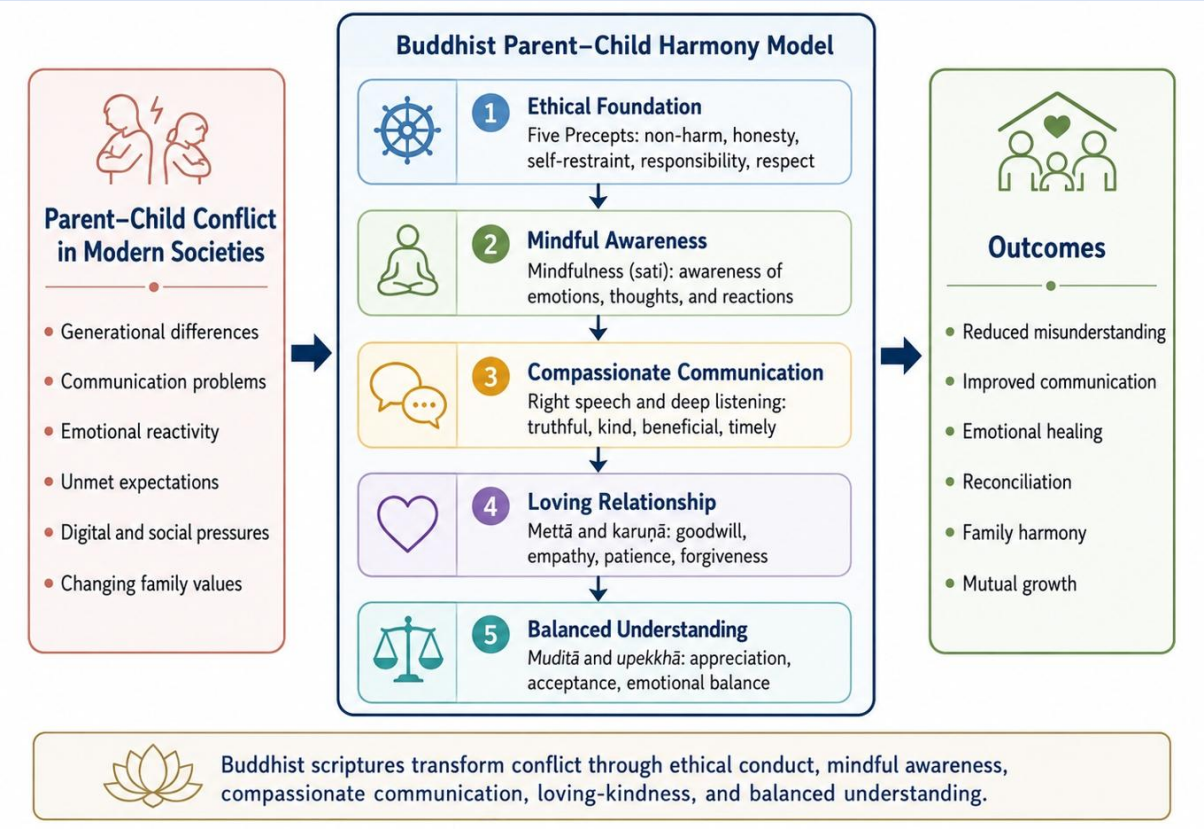


Figure 2. The Buddhist Parent–Child Harmony Model.

Conclusion

This study examined the application of Buddhist scriptures to resolving conflict between parents and children in modern societies. The findings show that parent–child conflict often arises from differences in values, communication styles, generational expectations, emotional needs, and social influences. In contemporary family life, these conflicts may be intensified by academic pressure, digital media, peer influence, changing social norms, and the desire of children for greater independence. If such conflicts are not managed with understanding and care, they may lead to emotional distance, resentment, poor communication, and disharmony within the family.

Buddhist scriptures provide a practical ethical and contemplative framework for addressing these problems. The Five Precepts offer a moral foundation for non-harm, honesty, self-restraint, and responsible conduct. Right speech encourages truthful, kind, beneficial, and timely communication. Mindfulness supports self-awareness and emotional regulation, helping both parents and children pause before reacting impulsively. Loving-kindness

cultivates goodwill and warmth, while the Four Brahmavihāras—loving-kindness, compassion, empathetic joy, and equanimity—help family members develop patience, empathy, appreciation, and emotional balance.

The proposed Buddhist scriptural framework shows that conflict resolution in the family is not merely a matter of solving external disagreements but also of transforming inner attitudes. Parents and children can reduce conflict by cultivating ethical conduct, mindful listening, compassionate speech, mutual respect, and balanced understanding. In this way, Buddhist teachings provide timeless wisdom that remains relevant to modern family life. The study contributes to Buddhist conflict-resolution studies by demonstrating how scriptural principles can be applied to strengthen parent–child relationships, promote emotional healing, and build a more peaceful family environment. Future research should include interviews, surveys, or case studies with families to examine how these Buddhist principles are practiced in real-life situations.

Suggestions

Based on the findings of this study, several suggestions are proposed for future research and practical application.

1. Future research should include empirical investigation through interviews, surveys, or case studies with parents, children, teachers, counselors, and Buddhist community leaders. Such empirical data would help examine how Buddhist principles are actually understood and applied in real family situations. This would also strengthen the practical relevance of the proposed Buddhist Parent–Child Harmony Model.

2. Buddhist-based family education programs should be developed for parents and children. These programs may include training in the Five Precepts, right speech, mindfulness, loving-kindness, deep listening, emotional regulation, and the Four Brahmavihāras. Such programs could be organized by Buddhist temples, schools, universities, family counseling centers, or community organizations.

3. Buddhist principles should be translated into practical communication tools for daily family life. For example, parents and children may be encouraged to practice mindful listening, pause before responding, avoid harsh speech, express feelings respectfully, and reflect on one another’s suffering and expectations. These practices can help reduce emotional reactivity and promote mutual understanding.

4. Future studies may compare Buddhist approaches with modern psychological theories of family communication, emotional regulation, and conflict resolution. Such comparative research would clarify how Buddhist teachings can complement contemporary counseling, family therapy, and peacebuilding practices.

5. The proposed Buddhist Parent–Child Harmony Model should be tested and refined through practical application. Pilot programs, workshops, or intervention-based studies could be conducted to evaluate whether the model improves communication, reduces conflict, and promotes family harmony. In this way, Buddhist scriptural wisdom can be further developed into an evidence-informed framework for strengthening parent–child relationships in modern societies.

References

Bodhi Bhikkhu. (Ed. & Trans.). (2005). *In the Buddha's words: An anthology of discourses from the Pāli Canon*. Wisdom Publications.

Borst, J. B. (2015). *A systematic review of the effects of family conflict: Focusing on divorce, infidelity, and attachment style* [Master's clinical research paper, St. Catherine University]. Sophia. https://sophia.stkate.edu/msw_papers/426

Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

Buddhadatta Mahāthera, A. P. (2016). *Concise Pāli-English dictionary*. Motilal Banarsidass.

Coyne, S. M., Padilla-Walker, L. M., Fraser, A. M., Fellows, K., & Day, R. D. (2014). "Media time = family time": Positive media use in families with adolescents. *Journal of Adolescent Research, 29*(5), 663–688. https://doi.org/10.1177/0743558414538316

Dalai Lama, & Cutler, H. C. (2009). *The art of happiness in a troubled world*. Doubleday.

Donohue, W. A., & Kolt, R. (1992). *Managing interpersonal conflict*. SAGE.

Gentzler, A. L., Contreras-Grau, J. M., Kerns, K. A., & Weimer, B. L. (2005). Parent–child emotional communication and children's coping in middle childhood. *Social Development, 14*(4), 591–612. https://doi.org/10.1111/j.1467-9507.2005.00319.x

Hanh, T. N. (1992). *Peace is every step: The path of mindfulness in everyday life*. Bantam Books.

Hanh, T. N. (2013). *The art of communicating*. HarperOne.

Harvey, P. (2013). *An introduction to Buddhism: Teachings, history and practices* (2nd ed.). Cambridge University Press.

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Hyperion.

Kabat-Zinn, J. (2001). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Piatkus.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144–156. https://doi.org/10.1093/clipsy.bpg016

Kavidhajajoti, V. (2007). *Mettā bhāvanā*. International Theravāda Buddhist Missionary University.

Keown, D. (2003). *A dictionary of Buddhism*. Oxford University Press.

Meiklejohn, J., Phillips, C., Freedman, M. L., Griffin, M. L., Biegel, G., Roach, A., Frank, J., Burke, C., Pinger, L., Soloway, G., Isberg, R., Sibinga, E., Grossman, L., & Saltzman, A. (2012). Integrating mindfulness training into K–12 education: Fostering the resilience of teachers and students. *Mindfulness, 3*, 291–307. https://doi.org/10.1007/s12671-012-0094-5

Ñāṇamoli Bhikkhu. & Bodhi Bhikkhu. (Trans.). (2005). *The middle length discourses of the Buddha: A translation of the Majjhima Nikāya* (3rd ed.). Wisdom Publications.

Nyanaponika Thera. (1958). *The heart of Buddhist meditation: A handbook of mental training based on the Buddha's way of mindfulness*. Rider.

Nyanaponika Thera. (1999). *The four sublime states: Contemplations on love, compassion, sympathetic joy and equanimity*. Inward Path.

Padilla-Walker, L. M., Nielson, M. G., & Day, R. D. (2016). The role of parental warmth and hostility on adolescents' prosocial behavior toward multiple targets. *Journal of Family Psychology, 30*(3), 331–340. https://doi.org/10.1037/fam0000157

Rahula, W. (1974). *What the Buddha taught* (Rev. ed.). Grove Press.

Siegel, D. J., & Bryson, T. P. (2011). *The whole-brain child: 12 revolutionary strategies to nurture your child's developing mind*. Delacorte Press.

Steinberg, L. (2001). We know some things: Adolescent–parent relationships in retrospect and prospect. *Journal of Research on Adolescence, 11*(1), 1–19. https://doi.org/10.1111/1532-7795.00001

Uppsala Conflict Data Program. (2023). *UCDP conflict encyclopedia*. Department of Peace and Conflict Research, Uppsala University. https://ucdp.uu.se/

An Application of Buddhist Mindfulness Meditation as a Complementary Approach to Depression Care

Ven. Nguyen Huu Anh[1] Phramaha Nantakorn Piyabhani[2]
Ven. Nguyen Anh Tuan[3]
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University[1,2,3]

Corresponding author email: nguyenhuuanh020902@gmail.com[1]
Received 05/02/2026; Revised 15/06/2026; Accepted 16/06/2026

Abstract

Depression affects approximately 332 million people worldwide and can substantially impair emotional, cognitive, social, and physical functioning. Although effective psychological and pharmacological treatments are available, recurrent depression and residual symptoms remain important clinical challenges. This qualitative study explored the potential role of Buddhist mindfulness meditation as a complementary approach to depression care. Data were drawn from documentary analysis of selected canonical and interpretive Buddhist texts, particularly the Satipaṭṭhāna Sutta and Ānāpānasati Sutta, and from in-depth interviews with three adults who had lived experience of depression and three experienced meditation teachers. Qualitative content analysis identified emotional, cognitive, behavioral, and somatic dimensions of depression, together with Buddhist interpretations involving greed (lobha), hatred (dosa), delusion (moha), craving, clinging, and mental proliferation. Participants described perceived improvements in emotional regulation, cognitive clarity, sleep, self-understanding, and sense of meaning associated with sustained mindfulness practice. The study's principal contribution is the STOP model, a preliminary four-stage framework—Stop, Transform, Observe, and Practice—that integrates breath awareness, body-based mindfulness, contemplation of feelings and mental states, loving-kindness, and daily-life practice. The model is intended as a culturally and spiritually informed complement to professional depression care rather than as a substitute for clinical assessment, psychotherapy, medication, or crisis intervention when these are indicated. Because the study used a small purposive sample, relied on retrospective self-report, and did not assess clinical outcomes, its findings are interpretive and exploratory. Further empirical evaluation is required before claims can be made regarding the model's safety, effectiveness, or comparative clinical value.

Keywords: Buddhist mindfulness meditation; Depression; STOP model; Complementary care

Introduction

Depression is a common mental disorder that can affect mood, interest, concentration, sleep, energy, relationships, and daily functioning. The World Health Organization estimated in 2025 that approximately 332 million people worldwide experience depression and emphasized that effective psychological and pharmacological treatments are available (World Health Organization, 2025). Depression results from complex interactions among biological, psychological, and social factors rather than from a single cause. Accordingly, research on complementary approaches should avoid presenting any one practice as a universal or standalone cure.

Evidence-based care includes psychological interventions, such as cognitive behavioral therapy and behavioral activation, as well as antidepressant medication when clinically appropriate. These treatments can be effective, but recurrent episodes, residual symptoms, access to treatment, adverse effects, and individual preferences remain important considerations. Mindfulness-based cognitive therapy has shown value in preventing relapse among some people with recurrent depression, particularly when delivered as a structured clinical intervention (Kuyken et al., 2016). Buddhist mindfulness meditation should therefore be examined as a possible complement to established care rather than as a replacement for it.

Buddhist mindfulness meditation offers a contemplative framework with both traditional and contemporary relevance. Mindfulness (sammā-sati) is a central component of the Noble Eightfold Path and is cultivated together with ethical conduct, concentration, and wisdom (Bodhi Bhikkhu, 2010). The Satipaṭṭhāna Sutta and Ānāpānasati Sutta provide systematic instructions for observing the body, feelings, mind, and mental phenomena, as well as for developing mindfulness of breathing (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995). Contemporary research has associated mindfulness training with changes in attention- and emotion-related processes, although such findings should be interpreted with caution and not treated as direct evidence of clinical efficacy (Hölzel et al., 2011).

Despite growing scientific interest, a gap remains between classical Buddhist accounts of mindfulness and contemporary clinical applications to depression. Secular mindfulness protocols often emphasize attentional and

cognitive skills, whereas Buddhist sources situate mindfulness within ethical restraint, compassion, insight, and liberation from suffering (Bodhi Bhikkhu, 2011). Conversely, classical texts were not written as modern clinical manuals. Few studies have integrated canonical interpretation, contemporary psychological literature, and the lived experiences of people with depression and experienced meditation teachers into a single, explicitly preliminary framework. This study addressed that gap by examining Buddhist mindfulness meditation through documentary analysis and qualitative interviews and by developing the STOP model—Stop, Transform, Observe, and Practice. The model was designed as a conceptual framework for supporting depression care through staged, body-based, and compassion-oriented mindfulness practices. It does not constitute a validated clinical treatment protocol, and its application should remain consistent with professional assessment, informed consent, risk management, and referral when symptoms are severe or persistent.

Research Objectives

1. To examine the manifestations and perceived contributing factors of depression from Buddhist and contemporary psychological perspectives.
2. To analyze the principles of Buddhist mindfulness meditation and their potential therapeutic relevance to depression care.
3. To develop a preliminary Buddhist mindfulness framework, the STOP model, as a complementary approach for supporting people experiencing depression.

Literature Review

1. Canonical Foundations

Early Buddhist canonical sources provide the doctrinal foundation for understanding mindfulness meditation. The Satipaṭṭhāna Sutta and Ānāpānasati Sutta describe the Four Foundations of Mindfulness (kāyānupassanā, vedanānupassanā, cittānupassanā, and dhammānupassanā) and sixteen contemplations of breathing (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995). These texts present mindfulness as part of an integrated training in ethical conduct, concentration (samādhi), and insight (vipassanā), rather than as an isolated attentional technique.

2. Modern Buddhist Interpretations

Contemporary Buddhist masters have adapted canonical teachings for modern practitioners. Zen Master Nhat Hanh's The Miracle of Mindfulness (1975) provides systematic instruction on mindfulness in everyday life, while his Breathe, You Are Alive! (1988) introduces breath as a medium between body and mind, demonstrating how mindful breathing fosters emotional control and inner tranquility. His development of mindfulness verses (gāthās) for daily activities illustrates how traditional practice can address modern suffering. Buddhadasa Bhikkhu's Mindfulness with Breathing (1988) further codifies Ānāpānasati through progressive stages building mindfulness, concentration, and insight according to practitioners' advancing capacity.

3. Clinical and Therapeutic Applications

The integration of mindfulness with contemporary psychological therapy has expanded its clinical relevance. Mindfulness-based cognitive therapy combines mindfulness practices with cognitive therapy to help participants recognize ruminative patterns and relate to thoughts as mental events rather than facts (Segal et al., 2013; Williams et al., 2007). Evidence suggests that structured MBCT can reduce relapse risk among some people with recurrent depression, although it is not a universal treatment and should be delivered with appropriate clinical safeguards (Kuyken et al., 2016). Neuroscientific and psychological studies may help explain potential mechanisms, but they do not replace direct evidence of safety and effectiveness for a newly proposed model.

The literature shows a progression from canonical Buddhist instruction to modern therapeutic applications. However, much scholarship focuses either on doctrinal foundations or on standardized clinical interventions. Less attention has been given to frameworks that integrate canonical sources, contemporary clinical evidence, and lived experience while retaining explicit safeguards against overgeneralization. The present study addresses this gap by developing a preliminary, culturally informed model grounded in documentary and qualitative evidence.

Conceptual Framework

The conceptual framework is organized around input, process, and output. Inputs comprise selected canonical Pāli texts, interpretive Buddhist works, contemporary clinical literature, and qualitative accounts from adults with lived

experience of depression and experienced meditation teachers. The process consists of documentary analysis, semi-structured interviews, qualitative content analysis, and iterative synthesis across the two data streams. The output is the preliminary STOP model—Stop, Transform, Observe, and Practice—together with cautious implications for complementary care, Buddhist education, and future empirical research. The framework does not assume clinical effectiveness; rather, it specifies concepts and practices that require subsequent evaluation.

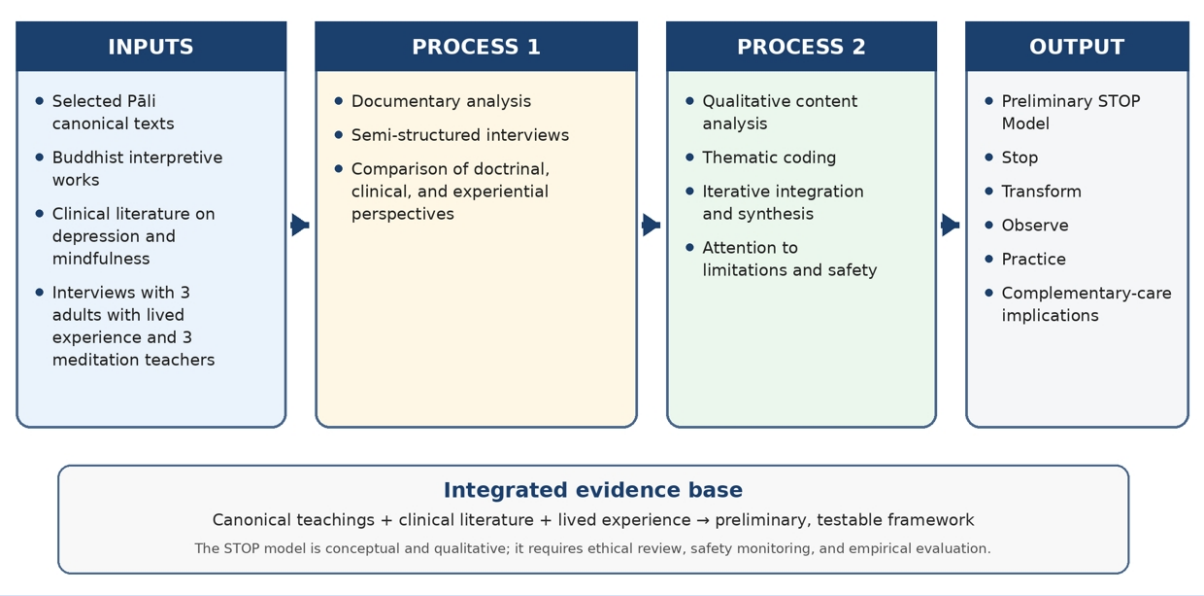


Figure 1. Conceptual Framework of the Study

Research Methodology

This study employed a qualitative research design combining documentary analysis and semi-structured interviews. The design was appropriate for exploring doctrinal concepts, lived experience, perceived mechanisms, and practice adaptations; it was not designed to test clinical effectiveness or establish causal outcomes.

Data Collection

Primary sources. Documentary data were drawn from English translations of selected Pāli canonical texts, with particular attention to the Satipaṭṭhāna Sutta and Ānāpānasati Sutta. Interpretations were compared with modern Buddhist commentaries and scholarly works to reduce reliance on a single translation or teacher perspective.

Secondary sources. Additional materials included Buddhist commentaries, scholarly books, peer-reviewed articles, clinical literature on depression and mindfulness, and works by contemporary meditation teachers. Sources were

selected for relevance to the research objectives and were used to contextualize, rather than clinically validate, the interview findings.

In-Depth Interviews

The interview component involved two purposively selected groups chosen for direct lived experience or established practice expertise:

Group 1—Participants with lived experience of depression. Three Vietnamese women who had recovered from or were recovering from depression were interviewed. Each reported using Buddhist mindfulness meditation as one element of her recovery process. Their accounts provided case-based insights into perceived causes, symptoms, obstacles, and changes associated with practice. The accounts should not be interpreted as representative of all people with depression.

Group 2—Meditation teachers and experienced practitioners. Three participants were selected based on at least 10 years of sustained mindfulness practice or formal teaching experience in a recognized Buddhist tradition. Two were senior monks affiliated with Plum Village, and one was a faculty member in a doctoral program in mindfulness studies. They contributed perspectives on doctrinal principles, practice adaptations, limitations, and referral considerations.

Semi-structured interviews were conducted by video call using a prepared interview guide with flexibility for open-ended follow-up. Interviews were conducted in Vietnamese or English and lasted approximately 60–90 minutes. Interview recordings were transcribed for qualitative analysis.

Data Analysis and Synthesis

Data were analyzed using qualitative content analysis. Interview recordings were transcribed, coded, and compared to identify recurring themes related to depression, mindfulness practice, perceived mechanisms, obstacles, and contextual adaptations. Documentary sources were analyzed for canonical and clinical concepts relevant to the emerging themes. Findings were synthesized iteratively to develop the STOP model. Interview accounts functioned as illustrative cases rather than representative or causal evidence.

Research result

The research findings are presented according to the three primary objectives: examining depression's problematic situations and causes, studying Buddhist mindfulness meditation principles and therapeutic benefits, and applying mindfulness meditation as a therapeutic approach for depression treatment. Interview data presented throughout should be understood as

illustrative case-based insights from a small purposive sample rather than as statistically representative evidence.

1. Depression: Problematic Situations and Causes

1.1 Manifestations from Dual Perspectives

The study found that depression manifests through three interconnected dimensions that Buddhist and therapeutic perspectives illuminate in complementary ways. Emotionally, depression presents through persistent sadness, hopelessness, and anhedonia—manifestations the Buddha identified as dukkha arising from the three unwholesome roots: greed (lobha), hatred (dosa), and delusion (moha) (Beck, 1979; Ñāṇamoli & Bodhi, 1995). Interview data confirmed these theoretical frameworks through lived experience. Ms. Nguyen Xan articulated the cognitive-emotional entanglement characteristic of her depression: thinking negatively, feeling resentful, and magnifying suffering in ways that created self-perpetuating cycles. Most significantly, Ven. Chan Troi Dat Nguyen identified a debilitating psychosomatic feedback loop—negative thoughts producing stomach pain, chest tightness, exhaustion, and insomnia, which in turn intensified the negative thoughts—demonstrating depression's integrated nature across psychological and somatic domains and validating the Buddhist concept of mind-body interdependence (nāma-rūpa).

Cognitively, depression involves systematic distortions including catastrophizing, overgeneralization, and harsh self-criticism—patterns Beck (1979) termed the "cognitive triad" of negative views about self, world, and future. Buddhism identifies these as "wrong view" (micchā-diṭṭhi) and "mental proliferation" (papañca), arising from delusion about reality's nature (Payutto, 2021). The Satipaṭṭhāna Sutta addresses these distortions through contemplation of the mind (cittānupassanā), teaching practitioners to observe thoughts as mental events rather than as representations of reality (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995). Interview findings confirmed this mechanism's therapeutic potential: Ms. Tran Nhat Quynh Nhi reported that mindfulness practice helped her identify and observe negative thoughts instead of being swept away by them, illustrating the shift MBCT terms "decentering."

Behaviorally and physically, depression produces withdrawal, motivational deficits, chronic fatigue, and somatic pain. Buddhist psychology explains these through the mental factors of sloth-torpor (thīna-middha) and

restlessness-worry (uddhacca-kukkucca)—two of the Five Hindrances that obscure mental clarity (Gunaratana, 2012). All three participants with lived experience of depression reported severe somatic symptoms, including rapid heartbeat, palpitations, severe headaches, chest heaviness, difficulty breathing, and prolonged insomnia. These symptoms validate the mind-body interdependence (nāma-rūpa) central to Buddhist psychology (Payutto, 2021).

1.2 Causal Factors: Buddhist and Therapeutic Convergence

From Buddhist perspectives, depression's root causes lie in the three unwholesome roots (akusala-mūla): greed manifesting as desperate clinging, hatred appearing as self-loathing and resentment, and delusion clouding perception of reality (Nārada, 1987). The doctrine of dependent origination (paṭicca-samuppāda) explains the self-perpetuating nature of depression: ignorance (avijjā) leads to craving (taṇhā) and clinging (upādāna), thereby generating continued suffering through attachment to impermanent phenomena (Payutto, 2021). Interview data illustrated these mechanisms: one participant's depression arose from the collapse of deep trust in a spiritual teacher, demonstrating how shattered attachment (upādāna) gives rise to intense aversion (dosa).

From therapeutic perspectives, depression arises from neurobiological factors (neurotransmitter imbalances, genetic predisposition), psychological factors (cognitive distortions, learned helplessness), and environmental stressors (trauma, chronic stress, social isolation) (Korb, 2015; World Health Organization, 2025). Interview data corroborated environmental stressors' role: cited causes included pressure from a child's serious illness, family conflict and parental divorce, childhood trauma, prolonged trauma in a romantic relationship, work pressure, the COVID-19 pandemic, and academic stress. This accumulation of stressors, combined with a lack of effective social support, created fertile ground for depressive episodes.

The comparison identified partial conceptual correspondences between Buddhist and contemporary psychological accounts while preserving their distinct aims and explanatory frameworks. The three unwholesome roots may be compared cautiously with maladaptive patterns of craving, aversion, and distorted appraisal; dependent origination offers an interpretive account of self-reinforcing processes; and mind-body interdependence may be placed in dialogue with psychosomatic perspectives. These correspondences may broaden conceptual

understanding, but they do not establish equivalence between Buddhist doctrine and clinical constructs or demonstrate the superiority of an integrated treatment approach.

2. Buddhist Mindfulness Meditation: Principles and Therapeutic Benefits

2.1 Core Principles from Canonical Sources

The Satipaṭṭhāna Sutta establishes the Four Foundations of Mindfulness as systematic training in present-moment awareness. Contemplation of the body (kāyānupassanā) begins with breath awareness, establishing stable attention by observing inhalation and exhalation without manipulation, a foundation that is particularly crucial for depression, as Ven. Dr. Thich Chan Phap Tu explained: "The body is the foundation because when the body relaxes, the feelings and mind also become calm." Contemplation of feelings (vedanānupassanā) trains practitioners to observe pleasant, unpleasant, and neutral sensations without reactive craving or aversion, directly addressing depression's characteristic emotional dysregulation. Contemplation of mind (cittānupassanā) develops metacognitive awareness, enabling practitioners to observe mental states with clear recognition but without identification. Contemplation of mental objects (dhammānupassanā) investigates phenomena, including the Five Hindrances, which are particularly relevant to depression: sloth-torpor, causing lethargy; restlessness-worry, producing agitation; and doubt, undermining confidence (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995).

The Ānāpānasati Sutta presents sixteen contemplations that progress from basic breath observation to increasingly subtle awareness, systematically developing both concentration (samādhi) and insight (vipassanā). The progressive structure, beginning with recognition of breath length, expanding to whole-body awareness, and then observing feelings, mind states, and phenomena, provides a graduated approach suitable for practitioners of varying capacities, including those with depression-related cognitive impairments (Buddhadāsa Bhikkhu, 1988).

Contemporary meditation masters have adapted traditional teachings for modern contexts while maintaining doctrinal integrity. Zen Master Nhat Hanh's development of gāthās (mindfulness verses) for daily activities, waking, eating, walking, and working, demonstrates how mindfulness extends beyond formal meditation into every moment of life. His teaching to "embrace" difficult

emotions with mindfulness rather than struggling against them, using the metaphor of a mother holding a crying baby, offers a profound therapeutic principle. Ven. Dr. Thich Chan Phap Tu articulated this: "Depression is seen as a form of energy. Instead of fighting or trying to eliminate it, mindfulness teaches how to transform this energy. The energy of mindfulness is invited to embrace the energy of depression, much like a mother embracing her crying baby."

2.2 Therapeutic Benefits: Evidence from Multiple Sources

Emotional regulation emerges as mindfulness meditation's primary therapeutic benefit for depression, based on both literature and participant accounts. The practice cultivates non-reactive awareness of emotions, creating psychological space between feelings and responses. Ms. Nguyen Pho Hoa's experience, despite not achieving complete recovery, illustrates this mechanism: she reported greater self-understanding, growing empathy toward others, and a gradual reduction in anger energy, a shift from reactive aversion toward acceptance that aligns with what mindfulness cultivates in theory. Neuroscientific research supports these experiential reports, as regular mindfulness practice has been associated with increased prefrontal cortex activity and decreased amygdala reactivity (Hölzel et al., 2011). It should be noted, however, that neuroimaging findings support only part of this interpretation and do not by themselves fully explain the experiential or doctrinal dimensions under discussion.

Cognitive benefits, drawing primarily from clinical literature, include breaking ruminative cycles and developing metacognitive awareness—the capacity to observe thoughts as transient mental events rather than self-defining truths (Segal et al., 2013). Ven. Dr. Thich Chan Phap Tu identified temporal displacement as depression's core mechanism: "Suffering and depression primarily stem from a mind stuck in the future (creating anxiety) and the past (creating regret). Mindfulness helps let go of the future and the past to return to the present moment, thereby stabilizing the mind and reducing suffering."

Behavioral and physical improvements were reported by all three participants with lived experience of depression, who described reduced physical tension, better sleep, and calmer mental states through mindfulness practice. The gradual calming of physiological arousal through breathwork and body scanning may interrupt the stress response maintaining depression, creating an upward spiral as reduced physical tension facilitates mental clarity (Korb, 2015). These reports illustrate individual trajectories rather than evidence of uniform outcomes.

Clinical literature suggests that mindfulness-based approaches may be relevant to relapse prevention for some people with recurrent depression, while the interviews emphasized the perceived importance of continued practice (Kuyken et al., 2016). One teacher described a single case in which mood improved during approximately three months of twice-daily guided meditation and worsened after practice was discontinued for more than a month. This retrospective account cannot establish causation, relapse-prevention efficacy, or the safety of medication changes. Another participant described improvements in mood, concentration, and sense of meaning during six months of sustained practice; this likewise represents an individual trajectory rather than a generalizable outcome.

3. Application: The STOP Model Framework

3.1 Model Development and Rationale

The study's principal contribution is the STOP model, Stop, Transform, Observe, and Practice, a preliminary framework that organizes breath awareness, body-based practice, contemplation of feelings and mental states, loving-kindness, and integration into daily life. The model is grounded in documentary and qualitative evidence and has not been tested as a clinical intervention.

The model emerged from synthesizing canonical teachings (Satipaṭṭhāna Sutta, Ānāpānasati Sutta), contemporary clinical insights (MBCT principles, neuroscience), and experiential wisdom from interviews. Ven. Chan Troi Dat Nguyen's identification of "stopping" as the essential therapeutic factor, stopping thoughts about the past and the future, and truly dwelling in the present moment, provided the foundational insight for Stage 1. Ven. Dr. Thich Chan Phap Tu's teaching about "embracing" depression rather than fighting it informed Stage 2's transformation approach. Ms. Tran Nhat Quynh Nhi's articulation that mindfulness helps identify and observe negative thoughts without being swept away by them validated Stage 3's focus on observation. The integration of all practices into daily life, emphasized by all meditation teachers, shaped Stage 4.

3.2 Stage 1: STOP — Developing Concentration

The initial stage addresses depression's characteristic temporal displacement, rumination about the past, and catastrophizing about the future by developing the capacity to interrupt these automatic patterns and anchor attention

in the present moment. Theoretical foundation draws from the Buddha's teaching in the Bhaddekaratta Sutta: "One should not chase after the past or place expectations on the future... Whatever phenomenon is present, one clearly sees right there, right now" (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995). This mechanism interrupts ruminative thought cycles identified as central maintaining factors in depression (Williams et al., 2007).

Core practice uses mindfulness of breathing (ānāpānasati) with simple verbal cues that support awareness of inhalation and exhalation (Hanh, 1975). One interview-informed adaptation involved attending to the abdomen's rise and fall rather than to sensations at the nostrils. The teacher presenting this approach regarded the lower-body focus as more grounding for people prone to intense rumination. This adaptation remains an experiential recommendation and requires evaluation for safety, feasibility, and acceptability.

3.3 Stage 2: TRANSFORM — Cultivating Awareness

The second stage shifts from interrupting negative patterns to transforming the relationship with difficult emotions through acceptance and compassionate awareness rather than elimination or suppression. Theoretical foundation draws from Ven. Dr. Thich Chan Phap Tu's teaching: "Depression is seen as a form of energy. Instead of fighting or trying to eliminate it, mindfulness teaches how to transform this energy. The energy of mindfulness is invited to embrace the energy of depression, much like a mother embracing her crying baby." This approach distinguishes Buddhist mindfulness from suppression-based coping strategies, offering a more sustainable path toward psychological health.

Core practice draws on contemplation of feelings (vedanānupassanā) in the Satipaṭṭhāna Sutta, in which pleasant, unpleasant, and neutral feeling tones are observed without immediate craving or aversion. Nhat Hanh (1988) similarly presents mindful breathing as a way to recognize and gently calm painful feelings rather than suppress them. Additional practices include body scanning to notice somatic tension and loving-kindness meditation (mettā) to cultivate self-compassion.

A participant account illustrates this transformation-oriented approach. One participant described greater self-understanding, increased empathy, and a gradual reduction in anger during ongoing recovery. This account suggests a

possible process of change but cannot establish that mindfulness caused the improvement or that similar outcomes would occur for others.

3.4 Stage 3: OBSERVE — Developing Right Understanding

The third stage deepens practice by cultivating observation of mental processes themselves, developing what Buddhist psychology terms "clear comprehension" (sampajañña) and leading toward right understanding (sammā-diṭṭhi). The theoretical foundation implements contemplation of the mind (cittānupassanā) and mental objects (dhammānupassanā) from the Satipaṭṭhāna Sutta. Practitioners observe mental states, distracted or concentrated, constricted or expansive, with clear recognition but without identification, thereby loosening the rigid fusion between the sense of self and depressive content (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995).

Core practice involves recognizing mental states as they arise and meeting distraction with awareness rather than self-criticism (Hanh, 1988). More advanced practices include observing rumination, catastrophizing, and self-critical thought patterns; investigating the Five Hindrances (nīvaraṇas); and recognizing individual mind-body cycles. The proposed mechanism is metacognitive awareness: shifting from automatic identification with thoughts toward observing them as transient mental events. One participant's account illustrated this perceived shift, but the study cannot establish that it caused clinical improvement.

3.5 Stage 4: PRACTICE — Integration into Daily Life

The fourth stage extends mindfulness from formal meditation into all life domains, recognizing that depression affects all activities and therefore healing must similarly pervade all moments. The theoretical foundation follows the Buddha's teaching that mindfulness should encompass all postures and activities (Ñāṇamoli Bhikkhu & Bodhi Bhikkhu, 1995). This stage incorporates elements of behavioral activation, a key evidence-based component of depression treatment, through mindful engagement with daily tasks (Lejuez et al., 2001).

Core practice incorporates Nhat Hanh's gāthās, or mindfulness verses, as brief reminders during routine activities such as waking, eating, walking, and responding to stress (Hanh, 1990). Rather than functioning as clinical

prescriptions, these verses are used to reconnect attention with the body, breath, present activity, gratitude, and a gentler orientation toward experience.

Additional elements include mindful communication through deep listening and loving speech, establishing a sustainable daily practice rhythm (formal practice in the morning and evening, plus informal integration), and participating in sangha or community support. Ms. Nguyen Xan's recovery involved not merely symptom reduction but restoration of motivation, meaning in life, and love for life, existential dimensions that conventional treatments often address less directly. Her transformation illustrates the potential of integrated practice, though her account reflects one individual's trajectory.

3.6 Strengths and Limitations

Potential strengths of the proposed approach include its emphasis on present-moment awareness, self-compassion, ethical reflection, body-based practice, daily-life integration, and community support. These features may be relevant to rumination, harsh self-criticism, and loss of meaning. However, the present study cannot determine effectiveness, side-effect frequency, relapse prevention, or comparative value because it did not use clinical outcome measures, a control group, or longitudinal follow-up. Participants' concerns about medication were individual experiences and should not be interpreted as evidence against pharmacological treatment.

Limitations acknowledged include: (1) initial difficulty and potential intensification of difficult feelings—Ven. Dr. Phramaha Weerasak Abhinadavedi noted many find it painful to sit quietly because difficult emotions arise strongly; (2) sustained commitment requirements—Ven. Chan Troi Dat Nguyen identified lack of determination and patience as a major obstacle; (3) cultural and religious barriers, Ven. Dr. Thich Chan Phap Tu observed many people assume meditation is only for Buddhists; and (4) difficulty maintaining practice during acute episodes, when depression worsens, motivation and concentration decline, creating a therapeutic paradox that patients need practice most when they can do it least.

These limitations suggest that mindfulness may be more feasible for some individuals as an adjunctive or maintenance-oriented practice after acute symptoms have been clinically assessed and stabilized. The study does not support replacing psychotherapy or medication with meditation, changing

medication without medical supervision, or using the STOP model during acute risk without qualified mental-health support. The appropriate timing, intensity, and integration of mindfulness require empirical evaluation.

Discussions

This research demonstrates meaningful convergence between Buddhist contemplative psychology and contemporary therapeutic approaches to depression. The Buddhist identification of three unwholesome roots—greed, hatred, and delusion—parallels Beck's cognitive model identifying maladaptive schemas as maintaining factors in depression (Beck, 1979; Nārada, 1987). Interview data provided compelling illustrative evidence: one participant's vivid description of a self-reinforcing mind-body cycle—negative thoughts producing physical symptoms, which in turn intensified negative thinking—echoes both Buddhist mind-body interdependence (nāma-rūpa) and contemporary psychosomatic understanding. Neurobiological findings showing that mindfulness practice is associated with increased prefrontal cortex gray matter density and decreased amygdala reactivity (Hölzel et al., 2011) provide partial biological support for observed experiential changes; however, neuroimaging data alone do not fully explain the doctrinal or phenomenological dimensions discussed in this study.

The STOP model offers an explicitly Buddhist and clinically informed structure for organizing practices discussed in the texts and interviews. Its sequence—Stop, Transform, Observe, and Practice—was designed to respond gradually to difficulties involving rumination, emotional reactivity, cognitive fusion, and disruption of daily functioning. The model's current support is conceptual and qualitative; clinical trials and safety monitoring are required before it can be recommended as an intervention.

A recurring theme in the teacher interviews was the value of beginning with body-based practices, such as breathing, walking, and body scanning, before moving to direct observation of complex thought patterns. This sequencing may be helpful for some people who find cognitive observation overwhelming, but the study cannot determine for whom it is appropriate. The approach is broadly consistent with body-oriented and trauma-informed perspectives that emphasize physiological stabilization, although direct extrapolation from trauma literature should remain cautious (van der Kolk, 2014).

Important limitations include the effort required for sustained practice, the possibility that quiet meditation may intensify difficult emotions, cultural or religious barriers, and reduced motivation or concentration during severe depressive episodes. These concerns reinforce the need for screening, informed consent, gradual instruction, qualified supervision, crisis procedures, and referral pathways. Mindfulness should be positioned as one possible component of integrated care rather than as a time-limited cure.

In interpreting findings, it is important to distinguish between conclusions supported by the existing clinical literature and those derived from this study's small qualitative sample. Broad claims about therapeutic mechanisms draw primarily from canonical texts, neuroscientific studies, and established clinical research. Claims about individual experience, transformative outcomes, specific coping strategies, and the subjective sense of recovery derive from the accounts of three patients and three meditation teachers and should be understood as interpretive, case-based findings rather than generalizable clinical evidence.

Knowledge from Research

This study generated a preliminary body of theoretical, practical, and methodological knowledge by integrating selected Buddhist texts, contemporary clinical literature, and six qualitative interviews.

Theoretical knowledge. The analysis identified points of dialogue between Buddhist psychology and contemporary models of depression. The three unwholesome roots (lobha, dosa, and moha), dependent origination (paṭicca-samuppāda), and mind-body interdependence (nāma-rūpa) offer interpretive perspectives on craving, aversion, distorted appraisal, and self-reinforcing cycles. These parallels should be treated as conceptual correspondences rather than claims that Buddhist and clinical constructs are equivalent.

Practical knowledge. The STOP framework organizes practice into four progressive stages and highlights several adaptations raised in the interviews: beginning with brief body-based practices, emphasizing gentleness, using walking meditation and mindfulness verses, integrating practice into daily routines, and drawing on community support. These elements may improve accessibility, but each requires empirical testing for safety, feasibility, and effectiveness.

Methodological knowledge. Combining documentary analysis with qualitative interviews enabled comparison among doctrinal principles, clinical concepts, teacher perspectives, and lived experience. This triangulated approach enriched conceptual development, but the small purposive sample, lack of independent coding information, possible translation effects, and absence of clinical outcome measures limit transferability.

Implications. The STOP model may be useful as a hypothesis-generating framework for Buddhist education, clinician-researcher collaboration, and pilot studies of culturally adapted complementary care. It should be implemented only with a clear scope, appropriate training, professional referral pathways, and explicit acknowledgment that it is not a substitute for evidence-based treatment.



Figure 2. The STOP model as a hypothesis-generating framework

Conclusion

This study explored Buddhist mindfulness meditation as a possible complementary approach to depression care by integrating selected canonical sources, contemporary clinical literature, and interviews with three adults with lived experience of depression and three experienced meditation teachers.

The analysis described depression across emotional, cognitive, behavioral, and somatic dimensions and considered Buddhist interpretations involving the three unwholesome roots, craving, clinging, and mental proliferation. The

comparison with contemporary psychological models identified potentially useful conceptual parallels, but it did not establish equivalence between Buddhist doctrine and clinical constructs.

The primary contribution of this study is the STOP model—a structured four-stage framework (Stop, Transform, Observe, Practice) designed to apply Buddhist mindfulness meditation to the treatment of depression. The model synthesizes canonical teachings, clinical insights, and lived experience to provide a graduated, accessible pathway. Critical depression-specific adaptations include directing breath attention to the abdomen, emphasizing body-based practices as entry points, and using mindfulness verses for daily life integration. The model addresses both symptomatic and existential dimensions of depression. However, its current support is conceptual and qualitative; it has not yet been evaluated in clinical trials, and its claims should be interpreted accordingly.

Interview participants described perceived changes in emotional regulation, cognitive clarity, sleep, self-understanding, and sense of meaning. These reports are individual, retrospective accounts and do not demonstrate clinical effectiveness or support medication changes. Mindfulness may be considered as a complement to professional care when appropriately adapted, supervised, and integrated with clinical assessment and treatment.

Future research should examine the STOP model through feasibility studies, explicit safety monitoring, standardized outcome measures, comparison conditions, and longitudinal follow-up. Research should also investigate cultural adaptation, participant selection, contraindications, teacher competence, and integration with evidence-based care. The present study provides a foundation for further inquiry rather than a conclusive demonstration of therapeutic efficacy.

Suggestion

Based on these research findings, the following suggestions are offered. Given the study's qualitative design, these recommendations are framed as proposals for consideration, pilot evaluation, and further investigation rather than as evidence-based directives for immediate adoption of the protocol.

For mental-health professionals. The STOP model may be considered for carefully designed pilot work as an adjunct to established care, not as a replacement. Any application should include clinical screening, suicide-risk

procedures, informed consent, qualified supervision, adverse-event monitoring, and coordination with existing treatment. Medication decisions must remain under the supervision of an appropriately licensed prescriber.

For Buddhist institutions and meditation centers. Programs addressing depression should be developed collaboratively with mental-health professionals. Teachers should receive mental-health literacy training, understand the limits of their role, use clear referral pathways, and avoid promising recovery or advising participants to discontinue treatment. Crisis and safeguarding procedures should be established before implementation.

For participants and families. Mindfulness may be explored as a supportive practice with realistic expectations regarding gradual learning and variable response. People experiencing severe, persistent, or worsening symptoms, functional impairment, or thoughts of self-harm should seek professional help promptly. Meditation should not be used to delay assessment or replace indicated treatment.

For researchers. Initial work should prioritize feasibility, acceptability, safety, and fidelity before comparative-effectiveness trials. Future studies should use transparent recruitment criteria, validated depression measures, adequate sample sizes, longitudinal designs, adverse event reporting, and clearly specified integration with psychotherapy or medication.

For policymakers and healthcare administrators. Support should focus on rigorous evaluation, ethical governance, workforce standards, referral systems, and equitable access. Decisions about coverage or implementation should follow sufficient evidence of safety, effectiveness, and cost-effectiveness rather than precede it.

Implementation should proceed thoughtfully, respecting the integrity of traditional teachings and contemporary clinical standards, while always prioritizing participant welfare and evidence-based practice.

References

Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. Penguin Books.

Bodhi Bhikkhu. (2010). *The noble eightfold path: Way to the end of suffering*. Buddhist Publication Society.

Bodhi Bhikkhu. (2011). What does mindfulness really mean? A canonical perspective. *Contemporary Buddhism, 12*(1), 19–39. https://doi.org/10.1080/14639947.2011.564813

Buddhadāsa Bhikkhu. (1988). *Mindfulness with breathing: A manual for serious beginners* (Santikaro Bhikkhu, Trans.). Wisdom Publications.

Davey, C. G., & Harrison, B. J. (2022). The self on its axis: A framework for understanding depression. *Translational Psychiatry, 12*, Article 23. https://doi.org/10.1038/s41398-022-01790-8

Gunaratana, B. H. (2012). *Mindfulness in plain English* (Updated and expanded ed.). Wisdom Publications.

Hanh, T. N. (1975). *The miracle of mindfulness: An introduction to the practice of meditation* (M. Ho, Trans.). Beacon Press.

Hanh, T. N. (1988). *Breathe, you are alive! The sutra on the full awareness of breathing*. Parallax Press.

Hanh, T. N. (1990). *Present moment wonderful moment: Mindfulness verses for daily living* (M. Ho, Trans.). Parallax Press.

Hölzel, B. K., Carmody, J., Vangel, M., Congleton, C., Yerramsetti, S. M., Gard, T., & Lazar, S. W. (2011). Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Research: Neuroimaging, 191*(1), 36–43. https://doi.org/10.1016/j.pscychresns.2010.08.006

Korb, A. (2015). *The upward spiral: Using neuroscience to reverse the course of depression, one small change at a time*. New Harbinger Publications.

Kuyken, W., Warren, F. C., Taylor, R. S., Whalley, B., Crane, C., Bondolfi, G., Hayes, R., Huijbers, M., Ma, H., Schweizer, S., Segal, Z., Speckens, A., Teasdale, J. D., Van Heeringen, K., Williams, M., Byford, S., Byng, R., & Dalgleish, T. (2016). Efficacy of mindfulness-based cognitive therapy in prevention of depressive relapse: An individual patient data meta-analysis from randomized trials. *JAMA Psychiatry, 73*(6), 565–574. https://doi.org/10.1001/jamapsychiatry.2016.0076

Lejuez, C. W., Hopko, D. R., & Hopko, S. D. (2001). A brief behavioral activation treatment for depression: Treatment manual. *Behavior Modification, 25*(2), 255–286. https://doi.org/10.1177/0145445501252005

Ñāṇamoli Bhikkhu. & Bodhi Bhikkhu. (Trans.). (1995). *The middle length discourses of the Buddha: A translation of the Majjhima Nikāya*. Wisdom Publications.

Nārada Mahāthera. (1987). *A manual of Abhidhamma* (5th ed.). Buddhist Missionary Society.

Payutto, P. A. (2021). *Buddhadhamma: The laws of nature and their benefits to life* (R. P. Moore, Trans., 4th ed.). Buddhadhamma Foundation.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse* (2nd ed.). The Guilford Press.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Williams, M., Teasdale, J., Segal, Z., & Kabat-Zinn, J. (2007). *The mindful way through depression: Freeing yourself from chronic unhappiness*. The Guilford Press.

World Health Organization. (2025, August 29). *Depressive disorder (depression)*. https://www.who.int/news-room/fact-sheets/detail/depression

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

Vo Van Nghia

Tran Nhan Tong Institute. Vietnam National University. Hanoi.Vietnam.

Corresponding author email: vovannghia1995@gmail.com

https://orcid.org/0009-0001-9199-8325

Received 16/04/2026; Revised 11/06/2026; Accepted 12/06/2026

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
Total	*All participants*	*250*	*100.0*

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

(β = .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.

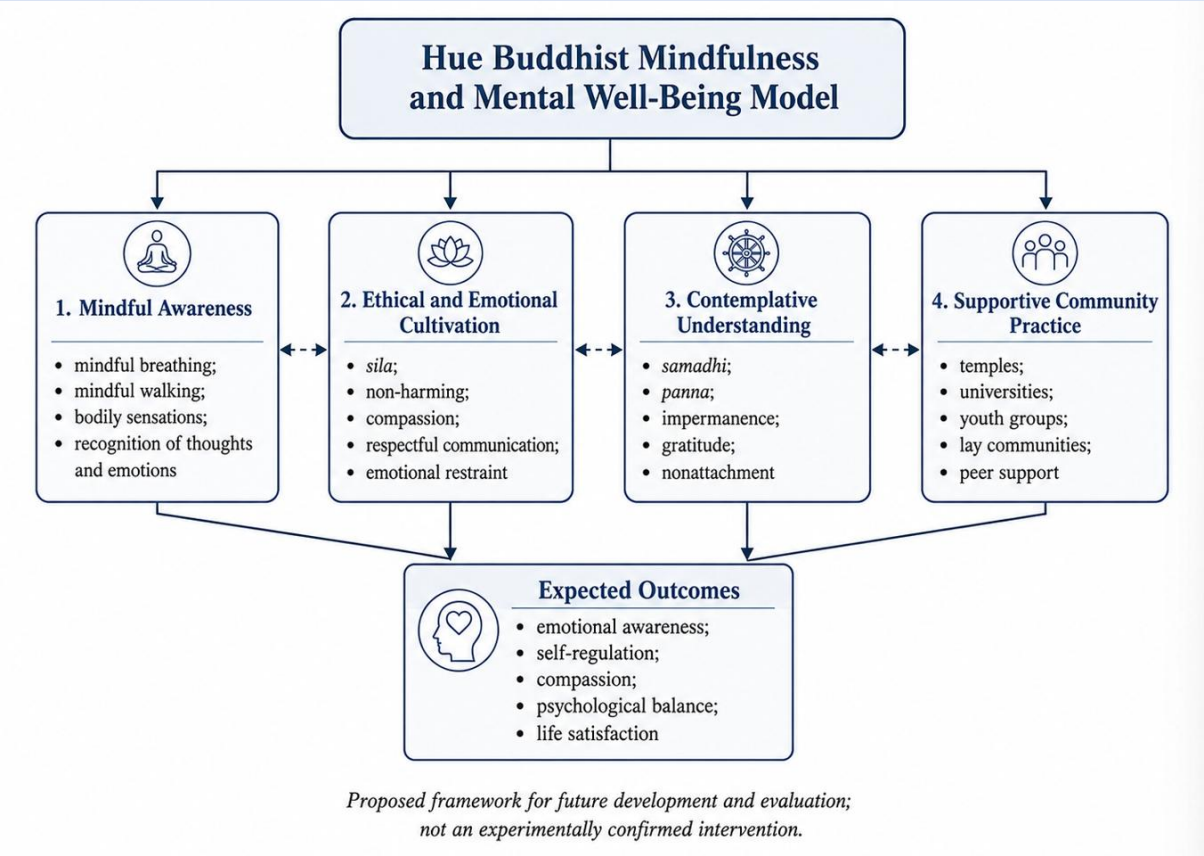


Figure 1. The Hue Buddhist Mindfulness and Mental Well-Being Model

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.

References

Anālayo. (2003). *Satipaṭṭhāna: The direct path to realization*. Windhorse Publications.

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*(1), 27–45. https://doi.org/10.1177/1073191105283504

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11*(3), 230–241. https://doi.org/10.1093/clipsy.bph077

Bodhi Bhikkhu. (1994). *The noble eightfold path: Way to the end of suffering*. Buddhist Publication Society.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology, 84*(4), 822–848. https://doi.org/10.1037/0022-3514.84.4.822

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D.-W., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research, 97*, 143–156. https://doi.org/10.1007/s11205-009-9493-y

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research, 57*(1), 35–43. https://doi.org/10.1016/S0022-3999(03)00573-7

Hanh, T. N. (1999). *The miracle of mindfulness: An introduction to the practice of meditation*. Beacon Press.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*(2), 144–156. https://doi.org/10.1093/clipsy.bpg016

Keng, S.-L., Smoski, M. J., & Robins, C. J. (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review, 31*(6), 1041–1056. https://doi.org/10.1016/j.cpr.2011.04.006

Ñāṇamoli Bhikkhu., & Bodhi Bhikkhu. (Trans.). (1995). *The middle length discourses of the Buddha: A translation of the Majjhima Nikāya*. Wisdom Publications.

Sahdra, B. K., Shaver, P. R., & Brown, K. W. (2010). A scale to measure nonattachment: A Buddhist complement to Western research on attachment and adaptive functioning. *Journal of Personality Assessment, 92*(2), 116–127. https://doi.org/10.1080/00223890903425960

Schueller, S. M., & Seligman, M. E. P. (2010). Pursuit of pleasure, engagement, and meaning: Relationships to subjective and objective measures of well-being. *The Journal of Positive Psychology, 5*(4), 253–263. https://doi.org/10.1080/17439761003794130

World Health Organization. (2022). *World mental health report: Transforming mental health for all*. https://www.who.int/publications/i/item/9789240049338

The Alternative Ways of Anti-Aging Through the Buddha's Principles Synchronized to the Medical Science

Pharmacist Prarudee (Brikshavana) Songpaiboon[1]
Phra Brahmawatcharatheeracharn[2] Sanu Mahatthanadull[3]
International Buddhist Studies College. Mahachulalongkornrajavidyalaya University[1,2,3]

Corresponding author email: pru.brikshavana@gmail.com[1]

Received 17/02/2025; Revised 30/06/2026; Accepted 30/06/2026

Abstract

Aging and anti-aging have long been extensively studied in medical science, with continuous advancements addressing aging through external interventions, internal regulation, and preventive strategies. These approaches reflect the complexity of aging as a multidimensional process involving biological, psychological, and environmental factors, as well as the ongoing human pursuit of maintaining health, vitality, and quality of life across the lifespan.

At the same time, the Teachings of the Buddha present an understanding of aging, illness, and well-being grounded in principles of natural causality and human development, emphasizing the interconnection between body and mind. When considered alongside medical science, these perspectives reveal a consistent and interconnected explanation of human life processes.

This qualitative documentary research consists of three objectives: (1) to explore the knowledge of aging and anti-aging theories in medical science, (2) to examine well-being life concepts from the Teachings of the Buddha, and (3) to introduce the alternative ways of anti-aging through the Buddha's principles synchronized with medical science. Data were collected through documentary research and in-depth interviews with 13 key informants from four academic scholar groups in Thailand and the United States. The research instruments were validated using the Content Validity Index (CVI) by three experts.

The findings indicate that aging is a multidimensional process characterized by interactions among biological, psychological, and environmental factors. This study synthesizes these mechanisms into the concept of the Aging Loop, which describes a cyclical and self-reinforcing interaction between physical and mental stress, inflammatory responses, disruption of physiological homeostasis, and cellular senescence. This process reflects a

continuous feedback system in which psychosomatic conditions and biological mechanisms influence one another, contributing to the progression of aging.

The Teachings of the Buddha explain aging, illness, and death as interconnected conditions within causal processes. Within the framework of Dependent Origination (Paṭicca-Samuppāda), these conditions are understood to arise dynamically from interdependent factors. The Fourfold Bhāvanā, Kāya-Bhāvanā, Sīla-Bhāvanā, Citta-Bhāvanā, and Paññā-Bhāvanā, are identified as the foundation for cultivating holistic well-being through the balanced development of body, conduct, mind, and wisdom.

Based on this conceptual alignment, the study introduces three alternative ways of anti-aging: (1) wise discernment in eating consumption, (2) wise discernment in the use of daily necessities, and (3) wise discernment in lifestyle choices beyond the four requisites. These approaches are guided by the principles of Suitability (Sappāya-Kārī), Moderation (Sappāye-Mattaññū), and Wise Attention (Yonisomanasikāra), which function as practical mechanisms for regulating patterns of consumption and behavior.

This framework further emphasizes the distinction between true value and artificial value in human choices, allowing individuals to align their behaviors with conditions that support physiological and psychological balance and long-term well-being. In this sense, anti-aging is not limited to external or aesthetic outcomes but involves regulating underlying processes of biological and functional decline.

Anti-aging is therefore understood as a process of wise discernment in daily living, grounded in wisdom, guided by the Buddha's principles, that promotes sustainable longevity, extends both life span and health span, and supports a complete state of well-being across the human lifespan.

Keywords: Anti-aging; Aging Loop; Medical science; Buddha's principles; Wise discernment; Suitability (Sappāya-Kārī); Moderation (Sappāye-Mattaññū); Wise attention (Yonisomanasikāra); Consumption; Daily necessities; Lifestyle choices

Introduction

Aging is an inevitable biological process that begins at birth and progresses throughout the human lifespan, yet its consequences extend far beyond physical decline. Despite significant advances in modern medical science, the growing gap between lifespan and health span continues to challenge both individuals and

healthcare systems worldwide. Many individuals experience chronic diseases, frailty, and diminished quality of life in later years, reflecting the complex and multidimensional nature of aging. According to the World Health Organization (2021), the global population aged 60 and above is projected to reach approximately 2.1 billion by 2050, underscoring the urgent need for sustainable strategies to support long-term well-being.

In response to these challenges, modern medical science has made substantial progress in understanding the biological mechanisms of aging and developing interventions aimed at delaying physiological decline. Contemporary anti-aging research encompasses pharmacological approaches targeting cellular processes, regenerative medicine focusing on tissue repair and stem-cell therapies, and lifestyle-based interventions such as dietary regulation, physical activity, and stress management. Foundational studies in cellular biology have identified key mechanisms underlying aging, including replicative senescence, telomere attrition, oxidative stress, and chronic inflammation (Hayflick, 1965; Harman, 1956; López-Otín et al., 2013). These advances have significantly expanded scientific understanding and contributed to the development of medical strategies to extend health span.

Despite these developments, existing anti-aging approaches remain limited in their ability to address aging as a fully multidimensional process. Many interventions primarily target biological or symptomatic aspects of aging, while broader psychological and behavioral dimensions of well-being are less systematically integrated. Research in stress biology and psychosocial health has demonstrated that chronic stress, physiological and psychological imbalance, and lifestyle patterns play a critical role in influencing biological aging and health outcomes (McEwen & Stellar, 1993; Epel & Blackburn, 2017). These findings suggest that aging is not solely a biological phenomenon, but a dynamic process shaped by the interaction between physiological and psychological systems.

In parallel with developments in modern science, philosophical and contemplative traditions have long examined the nature of human existence, well-being, and the causes of suffering. Among these traditions, the Teachings of the Buddha offer a comprehensive framework for understanding life through principles of causality, ethical conduct, mental cultivation, and wisdom. Within this perspective, aging, illness, and death are understood as natural and interconnected conditions arising within the process of existence. Rather than

attempting to eliminate aging, these teachings emphasize the cultivation of balance between body and mind, awareness of causes and conditions, and the development of resilience through disciplined and reflective living.

In recent decades, interdisciplinary research has begun to explore the interface between Buddhist contemplative practices and modern scientific inquiry. Studies on mindfulness-based interventions have demonstrated measurable effects on psychological well-being and physiological functioning, including reductions in stress and improvements in immune-related outcomes (Davidson et al., 2003). Additional research has examined compassion-based frameworks and contemplative approaches as models for emotional regulation and mental health (Gilbert, 2009). While these contributions provide valuable insights, they often focus on specific practices or outcomes rather than on a systematic, integrative framework that connects medical science with the broader principles of the Buddha's teachings in the context of aging.

Despite the expanding body of knowledge in both medical science and contemplative studies, there remains limited development of a systematic and integrative framework that combines these domains to address aging and well-being in a holistic and sustainable manner. In particular, the potential of the Buddha's principles to function as a coherent framework for regulating lifestyle, cognition, and behavior, thereby influencing both physiological and psychological dimensions of aging, has not been fully explored within contemporary scientific discourse.

Research Objectives

1. To explore the knowledge of aging and anti-aging theories in medical science.
2. To examine the well-being life concepts from the Teachings of the Buddha.
3. To introduce the alternative ways of anti-aging through the Buddha's principles synchronized with medical science

Literature Review

This literature review presents key theoretical and empirical foundations related to aging and anti-aging in medical science, well-being concepts derived from The Teachings of the Buddha, and existing interdisciplinary studies that connect the Buddha's principles with modern scientific perspectives. The review

is organized into three major areas: theoretical knowledge of aging and anti-aging in medical science, well-being concepts derived from the Teachings of the Buddha, and research examining the integration of Buddha's principles with modern scientific perspectives. This structure provides the conceptual foundation for the present study and supports the development of alternative approaches to anti-aging through the Buddha's principles synchronized with medical science.

Theoretical Knowledge in Aging and Anti-Aging in Medical Science

Modern medical science conceptualizes aging as a complex, multidimensional process involving cellular senescence, molecular damage, physiological dysregulation, chronic inflammation, and psychosocial stress. Rather than arising from a single mechanism, biological aging develops through interactions among genetic, cellular, systemic, environmental, and behavioral factors.

Hayflick (1965) provided an important biological foundation for the study of cellular aging by demonstrating that normal human diploid cells possess a finite capacity for replication. These cells typically divide approximately 40 to 60 times before entering a state of replicative senescence. This phenomenon, subsequently known as the Hayflick Limit, challenged the earlier assumption that normal cells could reproduce indefinitely and indicated that aging is influenced by intrinsic cellular mechanisms as well as by environmental damage.

A complementary explanation was proposed through the Free Radical Theory of Aging. Harman (1956) argued that aging results partly from the cumulative cellular damage caused by free radicals and reactive oxygen species generated during normal metabolic activity. Over time, oxidative damage may affect cellular membranes, proteins, and genetic material, thereby contributing to physiological decline and the development of age-related diseases. Although subsequent research has demonstrated that oxidative processes are more complex than originally proposed, Harman's theory established oxidative stress as a major area of aging research.

Research on telomere biology further advanced the molecular understanding of aging. Blackburn (2006) examined the roles of telomeres and telomerase in the regulation of cellular lifespan. Telomeres protect the ends of chromosomes but become progressively shorter during repeated cell division. Critically shortened telomeres may contribute to cellular senescence, reduced regenerative capacity, and genomic instability. Telomere biology therefore

provides an important link among cellular replication, stress exposure, and age-related deterioration.

Building on multiple biological theories, López-Otín et al. (2013) proposed the Hallmarks of Aging framework. The original model identified nine interconnected mechanisms: genomic instability, telomere attrition, epigenetic alterations, loss of proteostasis, deregulated nutrient sensing, mitochondrial dysfunction, cellular senescence, stem-cell exhaustion, and altered intercellular communication. This framework is significant because it presents aging as an interacting biological system rather than as the consequence of a single pathway. It has consequently become a major conceptual reference in contemporary gerontology and longevity research.

Aging also involves the progressive weakening of systemic regulation. Cannon (1932) introduced the concept of homeostasis to describe the body's capacity to maintain internal stability despite changes in the external environment. From this perspective, health depends on the dynamic regulation of physiological systems. Age-related decline may occur when the body's regulatory mechanisms become less efficient and less able to restore equilibrium following physical or psychological disturbance.

The inflammatory dimension of aging was subsequently emphasized by Franceschi et al. (2000), who developed the concept of inflamm-aging. This concept describes aging as being associated with chronic, low-grade systemic inflammation. Persistent inflammatory activity may contribute to immunosenescence and increase vulnerability to cardiovascular disease, metabolic disorders, neurodegeneration, and other age-related conditions. Inflamm-aging, therefore, connects immune dysregulation with the broader biological deterioration associated with advancing age.

Psychological and behavioral influences are also central to aging. McEwen and Stellar (1993) introduced the concept of allostatic load to explain how repeated or chronic stress can produce cumulative wear and tear across multiple physiological systems. Although short-term stress responses are adaptive, prolonged activation of neuroendocrine, cardiovascular, metabolic, and immune processes may accelerate physiological decline. This framework demonstrates that aging is influenced not only by biological mechanisms but also by an individual's continuing interaction with stressful social and environmental conditions.

Perceptions and attitudes toward aging may likewise influence health outcomes. Levy et al. (2002) found that individuals with more positive self-

perceptions of aging experienced greater longevity than those with negative self-perceptions of aging. This finding suggests that beliefs about aging may shape behavior, stress responses, motivation, social engagement, and health-related decision-making. Blackburn and Epel (2017) further connected psychosocial experience with cellular aging by examining how chronic stress may accelerate telomere shortening. Their work indicates that stress, emotional patterns, lifestyle, and social environments may influence biological aging through measurable cellular pathways.

These perspectives demonstrate that aging occurs across interrelated cellular, molecular, physiological, psychological, and social dimensions. Medical science provides increasingly detailed explanations of the biological mechanisms involved; however, the evidence also indicates that stress regulation, behavior, perception, and emotional well-being affect aging trajectories. These findings support the development of integrative approaches that address not only biological deterioration but also the psychological and behavioral conditions associated with healthy longevity.

Well-Being Life Concepts Derived from the Teachings of the Buddha

Scientific explanations of aging are complemented by Buddhist perspectives that emphasize ethical conduct, mental cultivation, wisdom, emotional balance, and the reduction of suffering. Within this perspective, well-being is not understood merely as the absence of disease or the prolongation of biological life. It also includes the cultivation of wholesome mental states, meaningful relationships, self-awareness, and wise adaptation to change.

Kabat-Zinn (1990) developed Mindfulness-Based Stress Reduction as an eight-week clinical program intended to help participants manage stress, chronic pain, and psychosomatic difficulties through systematic mindfulness practice. Although MBSR is presented in secular and clinically accessible terms, its foundational practices are related to Buddhist mindfulness (sati), present-moment awareness, and non-reactive observation. The program illustrates how Buddhist-derived contemplative practices can be adapted to modern healthcare without requiring participants to adopt a religious identity. Research on MBSR has contributed to understanding mindfulness as a resource for stress management, emotion regulation, and psychological well-being.

Compassion represents another important point of connection between Buddhist thought and contemporary psychology. Gilbert (2009) developed Compassion-Focused Therapy by integrating compassion training with

evolutionary psychology, attachment theory, and affect-regulation research. This approach is particularly relevant to individuals experiencing shame, self-criticism, and emotional vulnerability. Although it is not exclusively Buddhist, the model shares important features with Buddhist compassion practices, especially the cultivation of kindness toward oneself and others. Compassion-based approaches may therefore contribute to healthy aging by reducing psychological distress, social isolation, and harsh self-evaluation.

Mahatthanadull (2020) examined holistic well-being through Buddhist psychology by integrating moral discipline (sīla), mental cultivation (bhāvanā), and wisdom (paññā). This perspective presents sustainable well-being as a process involving ethical responsibility, psychological development, and insight into the nature of experience. Moral discipline supports harmonious relationships and reduces harmful behavior; mental cultivation strengthens awareness and emotional stability; and wisdom enables individuals to understand change, impermanence, and attachment more clearly.

These Buddhist-informed approaches broaden the meaning of well-being beyond symptom reduction. They suggest that healthy living involves the cultivation of ethical behavior, mindfulness, compassion, psychological resilience, and wisdom. Such qualities may be particularly relevant to aging because later life frequently involves bodily change, loss, uncertainty, changing social roles, and heightened awareness of mortality. The Buddha's principles may support individuals in responding to these realities with greater acceptance, balance, and meaning.

Nevertheless, contemplative practices should not be treated as substitutes for medical diagnosis or evidence-based treatment. Their relevance lies in their potential to complement medical care by strengthening stress regulation, emotional resilience, ethical awareness, and adaptive responses to aging. This distinction is important when developing an academically and clinically responsible integrative framework.

Integration of Anti-Aging through the Buddha's Principles and Medical Science

More recent interdisciplinary research has begun exploring the relationship between Buddhist philosophical perspectives and modern scientific understandings of health and aging.

Barash (2014) examined parallels between Buddhist philosophy and modern biological science, suggesting that principles such as impermanence,

non-self, and interdependence correspond with contemporary understandings of biological systems and ecological adaptation.

Richard Davidson et al. (2003) conducted a randomized controlled trial examining the effects of mindfulness meditation on brain activity and immune function. Participants demonstrated improved emotional states and immune responses.

Rosenkranz et al. (2013) further investigated the physiological effects of mindfulness meditation on neurogenic inflammation, demonstrating reduced stress-associated inflammatory responses.

These interdisciplinary studies highlight meaningful connections between contemplative practices and physiological processes. These contributions provide an important foundation for further development toward integrative anti-aging approaches that bring together the Buddha's principles and modern medical science.

Research Gap and Conceptual Direction

Despite these developments, existing studies generally examine biological mechanisms, psychological well-being, and contemplative practice as separate domains. Medical research frequently emphasizes cellular and physiological processes without incorporating ethical or existential dimensions of aging. Psychological studies may examine mindfulness or compassion without fully situating them within the broader Buddhist framework of moral cultivation and wisdom. Conversely, Buddhist studies may discuss well-being and impermanence without systematically connecting these principles to contemporary theories of biological aging.

Consequently, there remains a lack of a comprehensive conceptual framework that integrates medical explanations of aging with Buddha's principles of ethical conduct, mental cultivation, compassion, and wisdom. Existing interdisciplinary studies provide evidence of meaningful connections, but these connections have not yet been organized into a unified model of healthy aging.

Conceptual Framework

The conceptual framework of this research outlines the process of gathering and analyzing knowledge through an input–process–output structure. The study began with a thorough exploration of anti-aging concepts in medical

science, including clinical techniques and innovations. In parallel, the Buddha's principles on well-being were examined through classical sources. By examining and synthesizing these two domains, the research seeks to identify a possible bridging theory one that connects modern medical approaches with Buddhist intelligence, offering alternative ways of understanding aging and well-being. At this stage, it is focused on mapping how these perspectives may align through the processes of input, analysis, synthesis, and interpretation. The initial conceptualization and its structure are illustrated in Figures 1 and 2.

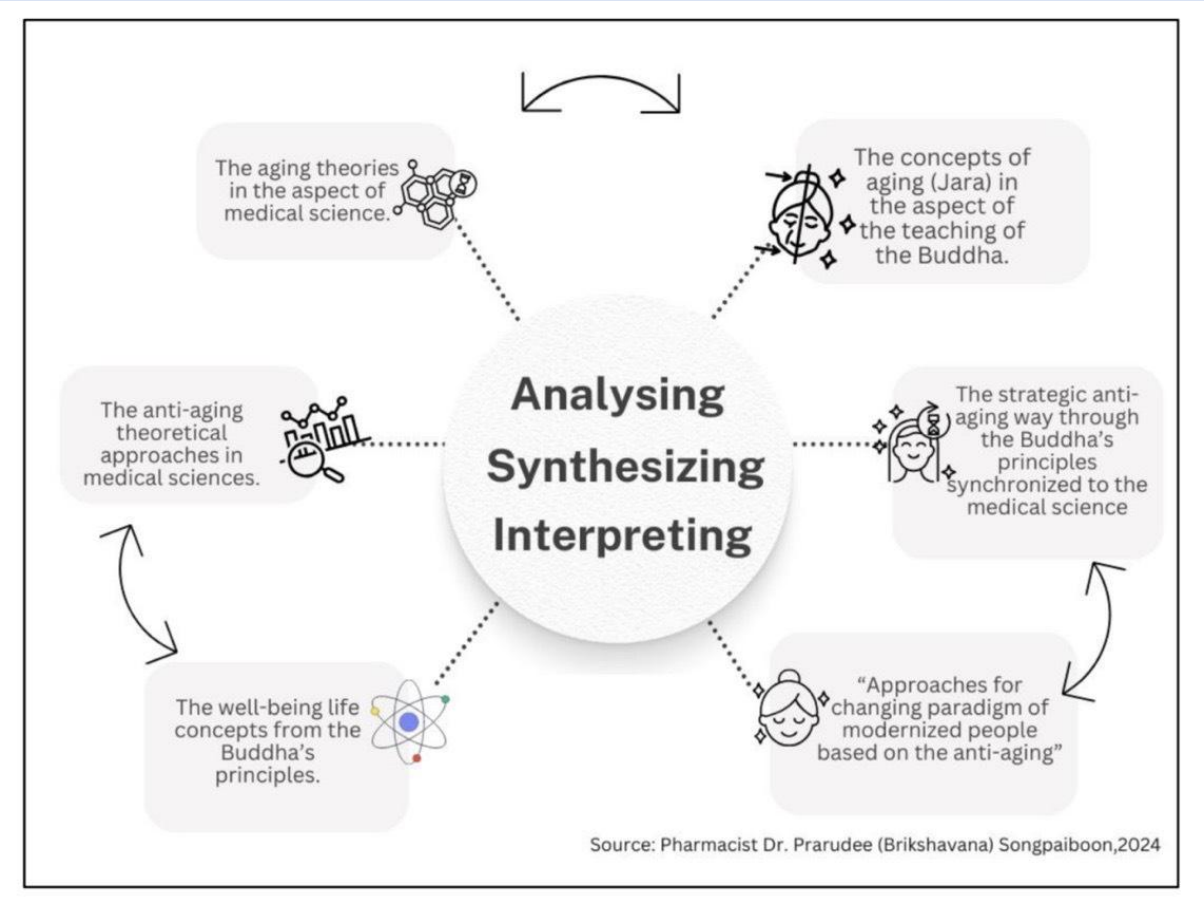


Figure 1. Conceptualization

The framework also emphasizes developing new approaches to changing the paradigm of modern people, based on the anti-aging framework. This conceptual integration aims to provide a holistic perspective on healthy aging by harmonizing scientific knowledge with ethical and contemplative principles derived from the Teachings of the Buddha.

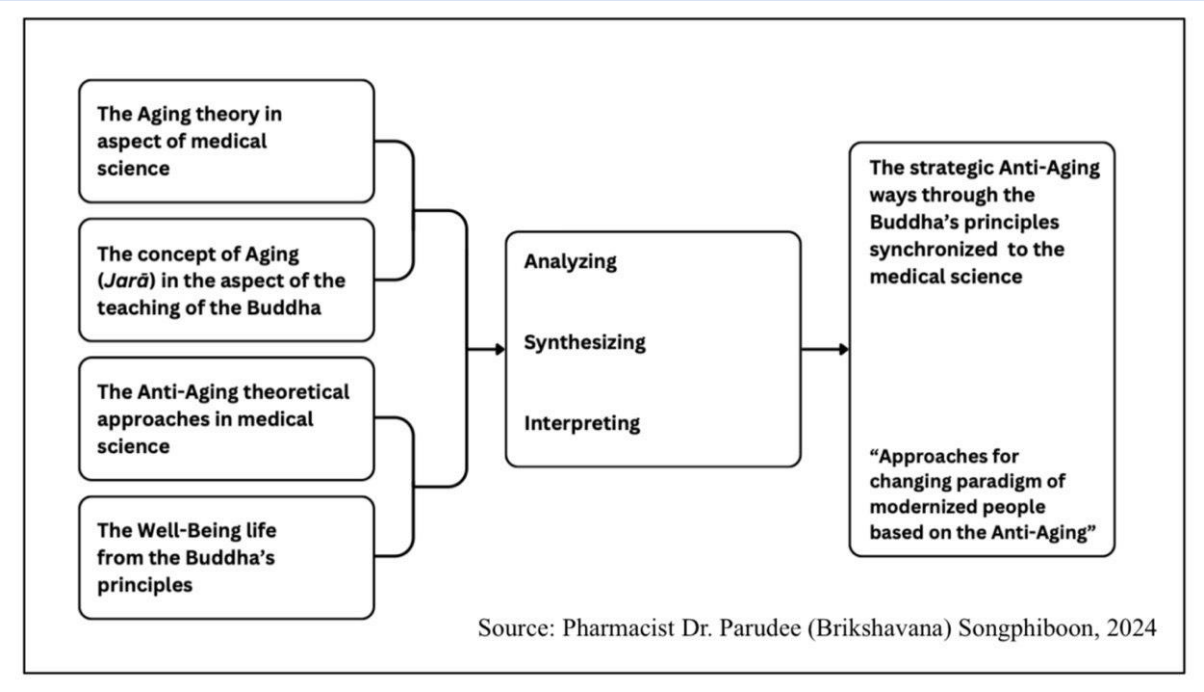


Figure 2. Conceptual Framework of the Study

Research Methodology

This study employed a qualitative research approach, combining documentary research and in-depth interviews, to explore theoretical knowledge of aging and anti-aging in medical science, well-being concepts derived from the Teachings of the Buddha, and the integrative knowledge of the Teachings of the Buddha and medical science in the context of anti-aging.

Documentary research was conducted through the systematic examination of academic sources, including medical textbooks, research reports, journals, and scholarly articles on aging and anti-aging in medical science. In parallel, primary and secondary sources of Buddhist knowledge, including the Tipitaka, Buddhist textbooks, Buddhist journals, and scholarly articles, were examined to explore concepts of well-being derived from the Teachings of the Buddha.

In addition, data were collected through in-depth interviews with key scholar informants from four academic groups relevant to the research context. These interviews were conducted to obtain scholarly perspectives on aging, anti-aging approaches, and well-being principles from both medical science and the Teachings of the Buddha.

The collected data were subsequently analyzed through synthesis and interpretation to identify the relationships between medical science and the Teachings of the Buddha. The integration of these knowledge domains was carried out in accordance with the conceptual framework of the study.

The integrated knowledge obtained from these processes was then used to develop a systematic body of knowledge on alternative anti-aging approaches grounded in the Buddha's principles and aligned with medical science.

Research Results

Objective 1: The Exploration of the Knowledge of Aging and Anti-Aging in Medical Science

The findings revealed that the knowledge of aging and anti-aging in medical science can be understood through several interconnected perspectives, including definitions of aging, multidimensional factors influencing the aging process, theoretical mechanisms underlying biological degeneration, and contemporary medical approaches to anti-aging.

Definitions of Aging in Medical Science

From the perspective of medical science, aging is commonly defined as a progressive degenerative process involving cellular deterioration, declining organ function, and a reduced capacity for biological regeneration. As cellular functions gradually decline, the body becomes increasingly vulnerable to chronic diseases and functional impairments. Scientific research indicates that aging is not merely a biological inevitability but a multidimensional phenomenon shaped by the interaction of physiological processes, genetic mechanisms, and environmental conditions (Harman, 1956; López-Otín et al., 2013). Consequently, aging is increasingly understood as a complex biological process that influences both longevity and quality of life.

Multidimensional Factors Influencing Aging

The findings further indicate that aging is influenced by multiple interconnected factors. Physiologically, aging is associated with the gradual decline in the body's ability to maintain internal equilibrium or homeostasis (Cannon, 1932; Kirkwood, 2005). At the cellular level, mechanisms such as mitochondrial dysfunction, telomere shortening, and cellular senescence contribute to biological deterioration over time (López-Otín et al., 2013).

In addition to biological mechanisms, psychological and behavioral factors also play a significant role in shaping aging outcomes. Chronic stress, unhealthy lifestyle behaviors, and environmental conditions may accelerate degenerative processes by triggering inflammatory responses and weakening physiological resilience (Franceschi et al., 2000; McEwen, 1998).

Theoretical Process of Aging: The Aging Loop

Based on the synthesis of the reviewed medical knowledge and the analytical interpretation of the research findings, this study proposes a conceptual model referred to as the Aging Loop ((Brikshavana) Songpaiboon, 2024), which describes aging as a cyclical process driven by the interaction between biological and psychosomatic mechanisms.

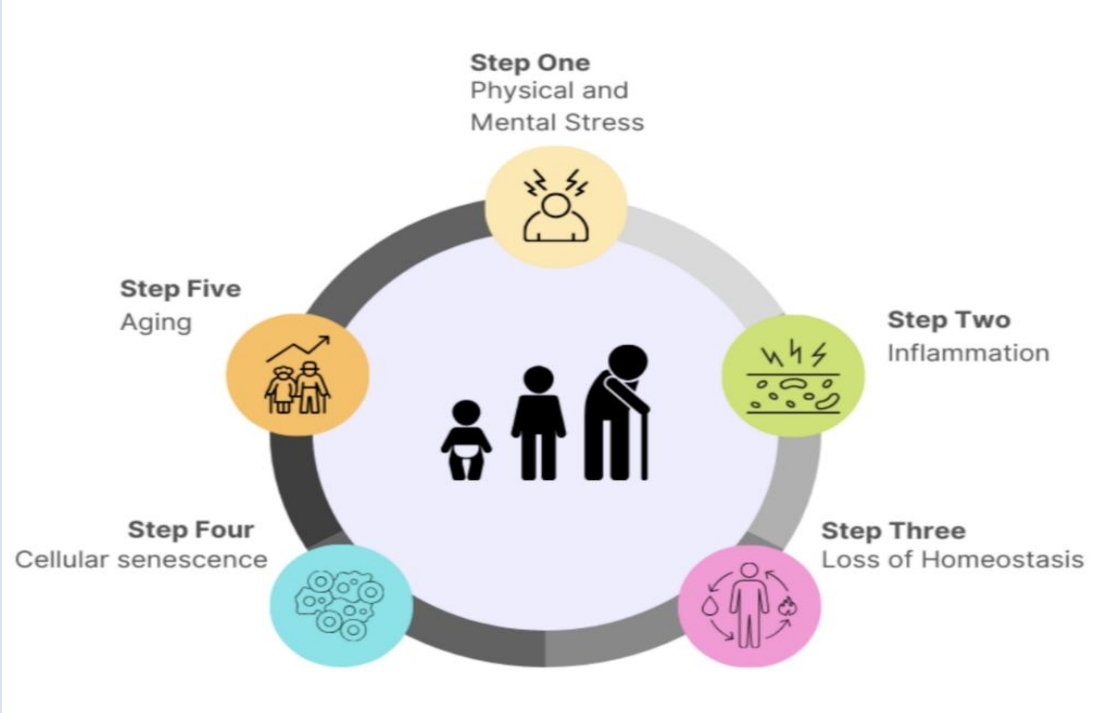


Figure 2. The Theoretical Process of Aging explained in Medical Science **(**Source: Pharmacist Dr. Parudee (Brikshavana) Songpaiboon, 2024)

In Figure 2, the aging process is associated with the accumulation of physical and psychological stressors. These stressors may increase oxidative stress and may stimulate inflammatory reactions within the body. Persistent inflammation subsequently disrupts the body's regulatory systems responsible for maintaining physiological balance or homeostasis.

As homeostatic regulation becomes unstable, cellular damage accumulates and leads to cellular senescence. The accumulation of senescent cells further intensifies inflammatory responses and weakens tissue regeneration. As physiological decline progresses, the resulting health deterioration itself becomes an additional source of physical and psychological stress, reinforcing the cycle and accelerating the aging process.

The Aging Loop, therefore, conceptualizes aging not merely as a chronological progression but as a self-reinforcing biological and psychosomatic cycle that integrates mechanisms of stress, inflammation, disruption of homeostasis, and cellular senescence.

Medical Approaches to Anti-Aging

Modern medical science proposes several approaches aimed at slowing or mitigating aging processes. These approaches can generally be categorized into three main strategies: internal anti-aging interventions, external anti-aging approaches, and preventive anti-aging strategies.

Internal anti-aging interventions focus on hormonal balance, immune resilience, metabolic regulation, and cellular repair mechanisms. External approaches address visible manifestations of aging through dermatological treatments, aesthetic procedures, and other appearance-based medical technologies. Preventive strategies emphasize lifestyle practices such as balanced nutrition, adequate sleep, regular physical activity, and effective stress management (Fontana & Partridge, 2015).

Objective 2: The Examination of the Well-Being Life Concepts from the Teachings of the Buddha

The findings revealed that the well-being life concepts derived from the Teachings of the Buddha present a holistic framework for understanding human life, emphasizing the interconnection between body and mind, the role of ethical conduct, and the development of wisdom as essential components of sustainable well-being.

From the perspective of the Teachings of the Buddha, aging, illness, and death are understood as natural conditions of existence that arise in accordance with causal relationships (SN 12.2). These conditions are not viewed as isolated events but as interconnected processes within the broader structure of life. The

principle of causality explains that all phenomena arise and cease depending on conditions, reflecting a dynamic and interdependent system rather than a fixed or linear progression (Gethin, 1998). This causal structure explains that aging is not an isolated condition but arises as part of a conditioned process, linking both physical and mental suffering within the cycle of existence.

Within this framework, human well-being is not defined solely in terms of physical health but is understood as a balanced state involving both physiological and psychological dimensions. The findings indicate that imbalance in mental states, such as stress, attachment, and unwholesome behaviors, contributes to disturbances that affect both mental and physical conditions. Conversely, the cultivation of wholesome mental states supports overall stability and resilience, aligning with the understanding of suffering and its causes as described in the Four Noble Truths (SN 56.11).

The study further identified that the development of well-being in the Teachings of the Buddha is structured through the Fourfold Bhāvanā, which consists of Kāya-Bhāvanā (development of the body), Sīla-Bhāvanā (development of ethical conduct), Citta-Bhāvanā (development of the mind), and Paññā-Bhāvanā (development of wisdom) (AN 4.41). These four dimensions represent an integrated system of human development in which physical health, moral discipline, mental cultivation, and wisdom are cultivated in a balanced and interrelated manner. These developments function as mechanisms for regulating mental and behavioral conditions that contribute to stress and suffering, which are closely associated with aging processes.

This framework emphasizes that sustainable well-being arises from the continuous cultivation of these dimensions rather than from external conditions alone. In this sense, well-being is not merely the absence of illness but a dynamic state of balance that is maintained through conscious awareness, ethical living, and reflective understanding (Harvey, 2013).

Furthermore, the findings highlight that the Teachings of the Buddha provide practical mechanisms for regulating human behavior and mental processes. Principles such as mindfulness, moderation, and wise attention (Yonisomanasikāra) function as tools for guiding daily life, enabling individuals to respond to internal and external conditions with greater awareness and stability (MN 10; AN 3.16).

The findings further indicate that the principles of suitability (Sappāya-Kārī) and moderation (Sappāye-Mattaññū) (Phra Brahmagunabhorn [P. A. Payutto], 2007) serve as practical guidelines for cultivating well-being in everyday life. These principles encourage individuals to conduct their lives with suitability, moderation, and wise discernment, thereby supporting wholesome conduct, mental balance, and the cultivation of wisdom in accordance with the Teachings of the Buddha.

Overall, the findings demonstrate that the well-being life concepts from the Teachings of the Buddha offer a comprehensive and systematic approach to human development. This approach integrates physical, psychological, and ethical dimensions, providing a foundation for understanding well-being as a dynamic and sustainable process across the human lifespan. This framework further provides the conceptual foundation for the application of discernment in daily life, as developed in Objective 3.

Objective 3: The Alternative Ways of Anti-Aging through the Buddha's Principles Synchronized with Medical Science

The findings of this study, derived from documentary analysis and in-depth interviews, indicate that aging is not determined by isolated domains of behavior, but by cumulative patterns of discernment expressed across daily life. These patterns do not generate different forms of aging; rather, they represent interconnected pathways through which physiological and psychological stress are initiated, accumulated, and reinforced.

In this study, such processes are conceptualized through the Aging Loop, a model proposed to explain the cyclical interaction between stress, inflammatory responses, disruption of homeostasis, and cellular dysfunction. This conceptualization is grounded in established findings in medical science, which identify chronic stress as a key factor in physiological dysregulation (McEwen, 1998) and inflammation and cellular senescence as central hallmarks of the aging process (López-Otín et al., 2013).

Building on this foundation, the findings further demonstrate that the initiation, accumulation, and reinforcement of these biological processes are significantly influenced by patterns of discernment in daily life. In this regard, aging is understood not merely as a biological inevitability but as a process

shaped by continuous interactions between behavioral regulation and physiological response.

Within the framework of the Teachings of the Buddha, discernment operates across three principal domains: eating and consumption, the use of daily necessities, and lifestyle choices beyond the four requisites. These domains do not function independently, but collectively shape the quality of stress exposure and self-regulation in everyday living.

At a deeper level, the distinction between true value and artificial value, guided by wise attention (yonisomanasikāra), functions as the cognitive regulatory layer of the system. Wise attention operates as a cognitive mechanism that enables individuals to recognize causality, evaluate conditions, and guide decision-making processes that influence both psychological states and physiological responses.

The findings further demonstrate that the application of wise discernment enables individuals to distinguish between true value and artificial value in everyday life. This process further guides the application of the principles of suitability (Sappāya-Kārī) and moderation (Sappāye-Mattaññū) in eating and consumption, the use of daily necessities, and lifestyle choices. These principles function as practical behavioral regulatory mechanisms that contribute to reducing the accumulation of physical and psychological stress and support appropriate lifestyle patterns within the integrated framework of the Buddha's principles synchronized with medical science.

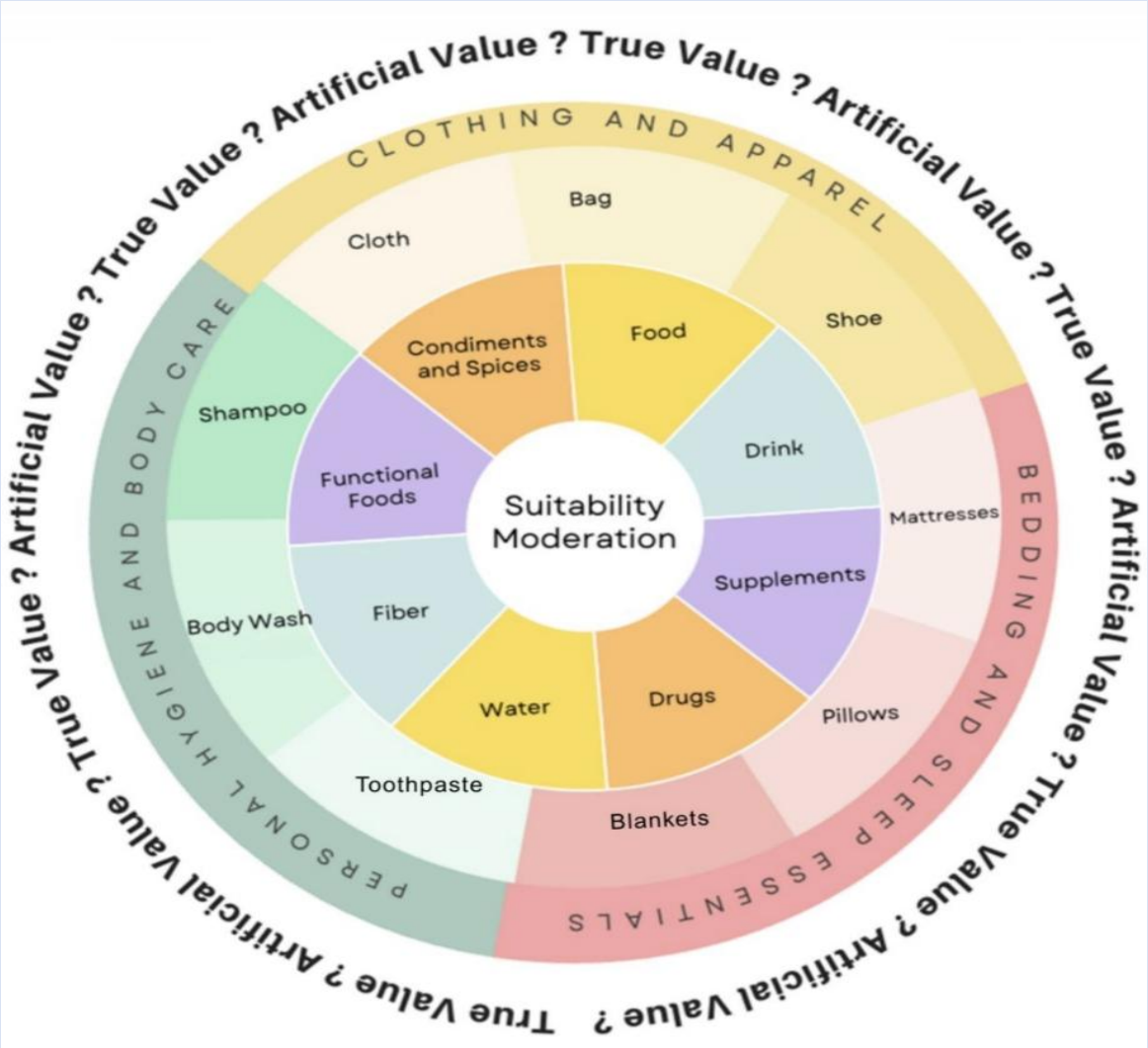


Figure 3. Yonisomanasikāra Guided Consumption Rings Model
(Source: Pharmacist Dr. Prarudee (Brikshavana) Songpaiboon,2024)

Figure 3 illustrates the Yonisomanasikāra Guided Consumption Rings Model proposed in this study. The model conceptualizes Yonisomanasikāra as a cognitive switch that enables individuals to distinguish between true value and artificial value in everyday life. Through the principles of suitability (Sappāya-Kārī) and moderation (Sappāye-Mattaññū), it guides wise discernment in eating and consumption, the use of daily necessities, and lifestyle choices, thereby promoting physiological and psychological balance within the integrated framework of the Buddha's principles synchronized with medical science.

Discussion

Objective 1: Aging as a Multidimensional and Self-Reinforcing System

The findings associated with the first research objective indicate that aging is best understood as a multidimensional, dynamically interacting process rather than a simple, linear decline in biological function. The proposed Aging Loop conceptualizes aging as a recursive system in which psychosocial stress, inflammatory activity, impaired homeostatic regulation, cellular damage, and senescence interact through reinforcing feedback mechanisms. Within this model, deterioration in one domain may intensify dysfunction in others, contributing to the gradual accumulation of physiological vulnerability.

This interpretation is consistent with major theories in biomedical aging research. Hayflick's demonstration of replicative senescence established that normal human cells possess a finite capacity for division, thereby identifying an intrinsic cellular mechanism of aging (Hayflick, 1965). Harman's Free Radical Theory emphasized the cumulative effects of oxidative damage on cellular structures and metabolic functioning (Harman, 1956). Research on telomere biology further showed how telomere attrition and altered telomerase activity are associated with cellular senescence, genomic instability, and reduced regenerative capacity (Blackburn, 2006; Blackburn & Epel, 2017). These mechanisms were subsequently integrated into the Hallmarks of Aging framework, which presents aging as the result of multiple interacting forms of molecular and cellular dysfunction rather than a single biological pathway (López-Otín et al., 2013).

At the systemic level, the concept of homeostasis explains how health depends on the capacity of physiological systems to maintain internal stability under changing conditions (Cannon, 1932). Aging may therefore involve not only the accumulation of cellular damage but also a progressive reduction in the body's ability to restore equilibrium following physical, psychological, or environmental disturbance. McEwen and Stellar's concept of allostatic load extends this interpretation by demonstrating how repeated adaptation to chronic stress can generate cumulative physiological wear across neuroendocrine, immune, cardiovascular, and metabolic systems (McEwen & Stellar, 1993). Similarly, the concept of inflamm-aging identifies chronic, low-grade

inflammation as an important mechanism linking immunological dysregulation with age-related decline and disease vulnerability (Franceschi et al., 2000).

Psychological and social factors also appear to influence aging trajectories. Positive self-perceptions of aging have been associated with greater longevity, suggesting that cognitive interpretations of aging may influence behavior, motivation, stress responses, and health-related decision-making (Levy et al., 2002). Blackburn and Epel (2017) further demonstrated the relevance of psychosocial stress to telomere biology, providing a possible pathway through which persistent psychological strain may become biologically embedded.

These established theories correspond to specific components of the proposed Aging Loop. Replicative senescence represents a reduction in cellular regenerative capacity (Hayflick, 1965), while oxidative stress contributes to cumulative molecular damage (Harman, 1956). Telomere shortening may intensify cellular instability and senescence (Blackburn, 2006; Blackburn & Epel, 2017), whereas chronic inflammation may both result from and contribute to cellular and systemic dysfunction (Franceschi et al., 2000). Homeostatic decline and allostatic load explain how stress-related dysregulation may amplify these processes at the whole-system level (Cannon, 1932; McEwen & Stellar, 1993).

Although these mechanisms are well established, they are frequently examined as separate biological or psychosocial phenomena. The present study extends the literature by organizing it within a unified systems framework. In the Aging Loop, cellular senescence is not treated solely as the final consequence of accumulated damage; senescent cells may also contribute to inflammatory signaling and altered tissue environments, thereby reinforcing systemic dysregulation. Similarly, chronic stress may disrupt homeostatic processes, intensify inflammatory activity, and indirectly contribute to cellular deterioration.

The Aging Loop, therefore, offers a systems-level interpretation of aging as an emergent process produced by interacting feedback mechanisms. It suggests that age-related decline may reflect a progressive weakening of regulatory capacity, in which physiological systems become less able to compensate for stress, inflammation, and cellular damage. However, the model should be understood as a conceptual synthesis rather than as a fully validated causal model. Its contribution lies in clarifying how established mechanisms may interact and

in providing a theoretical basis for examining multidimensional interventions aimed at supporting healthier aging trajectories.

Objective 2: Well-Being as a Causal and Integrative System

The findings associated with the second objective suggest that well-being, as interpreted through Buddhist teachings, can be conceptualized as an integrative system involving ethical conduct, mental cultivation, cognitive development, social relationships, and physical conditions. This interpretation is represented through the Fourfold Bhāvanā, which frames human development as an interdependent process rather than reducing well-being to a temporary emotional state or the absence of psychological symptoms.

Contemporary research provides partial support for this interpretation. Mindfulness-Based Stress Reduction demonstrates that systematic mindfulness practice may contribute to stress regulation, emotional awareness, and improved functioning among individuals experiencing chronic pain, stress, and psychosomatic difficulties (Kabat-Zinn, 1990). Compassion-Focused Therapy similarly shows that compassion training may reduce self-criticism, strengthen emotional resilience, and support psychological recovery (Gilbert, 2009). These approaches indicate that attention, emotional regulation, and compassionate orientation can function as active processes within psychological well-being.

Mahatthanadull (2020) further emphasizes that Buddhist well-being arises through the integration of ethical discipline, mental cultivation, and wisdom. From this perspective, well-being is not produced solely by pleasant emotional states. It is cultivated through the development of responsible behavior, wholesome mental qualities, reflective understanding, and appropriate relationships with oneself, others, and changing life conditions.

The present study extends these contributions by conceptualizing well-being as a regulatory system that may interact with the mechanisms represented in the Aging Loop. Ethical conduct may reduce interpersonal conflict and harmful behavior; mental cultivation may strengthen attention and emotional regulation; and wisdom may support more adaptive interpretations of stress, change, illness, and aging. These processes may influence lifestyle choices, social relationships, stress exposure, and behavioral responses that are relevant to long-term health.

Within this framework, ethical behavior, mindfulness, and wisdom are not treated merely as desirable outcomes. They are conceptualized as regulatory capacities that may influence how individuals respond to internal and external pressures. For example, mindfulness may increase awareness of stress responses, compassion may reduce hostility and social isolation, and ethical reflection may guide choices related to consumption, interpersonal conduct, and health behavior.

The relationship between Buddhist well-being and biological aging should nevertheless be stated cautiously. The present conceptual model does not demonstrate that ethical or contemplative cultivation directly reverses biological aging. Rather, it proposes that these practices may affect psychological and behavioral pathways associated with stress regulation, social functioning, and health-supportive behavior. In this sense, well-being may serve as a counterbalancing system that potentially reduces some of the dysregulatory pressures represented within the Aging Loop.

The Fourfold Bhāvanā therefore contributes an integrative perspective in which physical health, ethical relationships, mental development, and wisdom mutually support one another. This reconceptualization advances the literature by presenting well-being as an active, ongoing process of regulation rather than a passive psychological condition. It also broadens anti-aging discourse by emphasizing that healthy longevity may depend not only on biological intervention but also on the cultivation of mental balance, ethical responsibility, meaningful relationships, and adaptive understanding.

Objective 3: Discernment as a Regulatory Mechanism of Aging

The findings associated with the third objective indicate that alternative approaches to anti-aging and healthy longevity are closely related to discernment in everyday life, particularly in decisions concerning consumption, behavior, emotional response, relationships, and lifestyle. Repeated daily choices may either intensify or reduce the stress-related and behavioral pressures represented within the Aging Loop.

This interpretation is consistent with interdisciplinary research connecting contemplative practice, cognition, and physiological regulation. Barash (2014) identifies points of dialogue between Buddha's principles and dynamic biological systems, particularly regarding impermanence, interdependence, and adaptation. Empirical studies have also shown that mindfulness training is associated with

changes in brain activity and immune functioning (Davidson et al., 2003), while mindfulness-based practices have been linked with reduced inflammatory responses under conditions of psychological stress (Rosenkranz et al., 2013).

These findings suggest that cognitive and contemplative processes may be relevant to physiological regulation. However, previous research has often examined mindfulness through structured interventions conducted over a defined period. Such studies provide valuable evidence, but they do not fully explain how ordinary decisions and recurring behavioral patterns may operate as continuous influences on aging-related processes.

The present study addresses this gap by identifying discernment, especially wise attention (yonisomanasikāra), as a practical regulatory process. Wise attention involves examining experiences in terms of their causes, conditions, consequences, and ethical significance, rather than responding automatically to habit, craving, aversion, or social pressure. Applied to healthy aging, discernment may guide choices concerning food, physical activity, rest, work, emotional reactions, social engagement, and consumption.

Within the proposed model, discernment influences whether behavior contributes to stress accumulation or stress reduction. Choices driven by impulsivity, excessive consumption, hostility, or neglect may reinforce physiological and psychological dysregulation. By contrast, choices guided by awareness, moderation, and understanding may support more stable behavioral patterns and reduce unnecessary exposure to stress.

This interpretation reframes anti-aging as an ongoing process of cognitive and behavioral regulation rather than as a collection of isolated medical, cosmetic, or lifestyle interventions. Discernment operates at the micro level of daily decision-making, translating cognitive evaluation into repeated patterns of action. Over time, these patterns may influence stress responses, health behavior, social relationships, and physiological functioning.

Nevertheless, the relationship between discernment and biological aging remains conceptual within the present study. Further empirical research is needed to determine whether and how discernment-based practices influence measurable aging outcomes. The contribution of the model lies in proposing a plausible mechanism through which Buddhist cognitive principles may be connected with health-related behavior and long-term regulatory processes.

Overall Integration of Findings

Taken together, the findings demonstrate that aging, well-being, and anti-aging are interconnected processes operating within a unified system. The Aging Loop provides the biological and psychosomatic foundation; the Teachings of the Buddha offer a causal and regulatory framework; and discernment serves as the practical mechanism by which these processes are continuously enacted.

This integrative model advances existing research by systematically linking biological mechanisms, psychological processes, ethical dimensions, and contemplative practices into a coherent conceptual framework. While prior studies have examined these domains independently, the present study contributes by explicitly integrating them into a dynamic system.

This perspective suggests that aging is not merely a biological inevitability but a modifiable process shaped by ongoing interactions among physiological regulation, mental processes, ethical conduct, and daily decision-making. It highlights the importance of integrative approaches that address these interconnected dimensions in developing sustainable anti-aging strategies. In this sense, discernment operates as a micro-level regulatory mechanism within the broader Aging Loop system, translating cognitive processes into physiological outcomes. This indicates that discernment operates as a continuous feedback mechanism that links cognitive evaluation with behavioral regulation and physiological outcomes.

Knowledge from Research

The new knowledge derived from this study can be synthesized as *the Wisdom-Regulated Anti-Aging Model*, which integrates medical science and the Buddha's principles into a holistic framework for sustainable longevity and well-being. The model explains aging not merely as a chronological decline but as a dynamic process shaped by the interaction among biological mechanisms, psychological conditions, behavioral patterns, and wisdom-based regulation.

Thus, the main contribution of this research is the reconceptualization of anti-aging as a process of *wisdom-based self-regulation*. Anti-aging is not limited to aesthetic treatments, medical interventions, or external enhancements. Rather, it involves the continuous cultivation of discernment in ordinary life. By integrating the Aging Loop with the Buddha's principles, the study proposes that sustainable anti-aging depends on regulating both biological processes and the mental-behavioral conditions that influence them. In this sense, the Buddha's

principles, synchronized with medical science, offer an alternative pathway to health span, longevity, and complete well-being.

The model may be summarized as follows:

Wise Attention → Discernment of True and Artificial Value → Suitable and Moderate Choices → Regulation of Stress and Behavior → Support of Homeostasis and Well-Being → Sustainable Anti-Aging

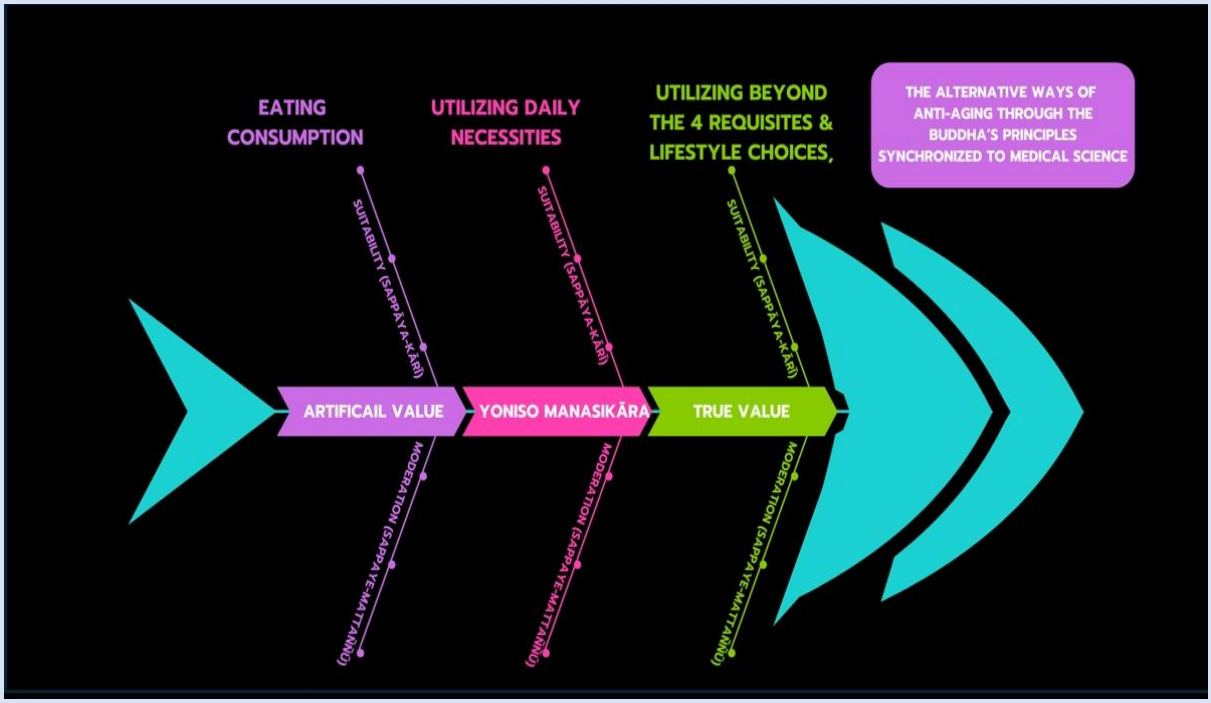


Figure 4. The Alternative Ways of Anti-Aging Through the Buddha's Principles Synchronized to the Medical Science
(Source: Pharmacist Prarudee (Brikshavana) Songpaiboon, 2024)

This model illustrates how wise attention (Yonisomanasikāra) regulates daily decisions by distinguishing between true and artificial value. Guided by suitability (Sappāya-Kārī) and moderation (Sappāye-Mattañññū), individuals cultivate balanced patterns of eating, use of daily necessities, and lifestyle choices. These patterns help reduce the accumulation of stress, support homeostasis, and promote sustainable anti-aging by integrating medical science with the Buddha's principles.

Conclusion

This study concludes that aging, although biologically inevitable, is not determined solely by chronological progression. It develops through interactions among cellular mechanisms, physiological regulation, psychological conditions, social influences, and repeated behavioral patterns. The proposed Aging Loop

conceptualizes these interactions as a multidimensional and self-reinforcing system in which psychosocial stress, chronic inflammation, declining homeostatic capacity, cellular damage, and senescence may intensify one another over time.

The findings also suggest that Buddha's principles, when brought into dialogue with medical science, can provide a complementary framework for healthy aging. The Fourfold Development (Bhāvanā 4) integrates physical development, ethical relationships, mental cultivation, and wisdom, thereby broadening well-being beyond the absence of disease or the extension of lifespan. Within this framework, wise attention (yonisomanasikāra) supports reflective awareness of causes, conditions, consequences, and appropriate responses to everyday experience.

Discernment, therefore, serves as a practical mechanism for applying Buddha's principles in daily life. Decisions concerning food, consumption, rest, physical activity, emotional responses, social relationships, and the use of material resources may either reinforce stress and physiological dysregulation or support more balanced patterns of living. Repeated choices guided by awareness, moderation, and ethical responsibility may strengthen psychological resilience and health-supportive behavior.

The principal contribution of this study is an integrative framework that links the Aging Loop, the Fourfold Development, and wise discernment into a unified model of healthy longevity. The framework reframes anti-aging as an ongoing process of maintaining physiological balance, regulating stress, cultivating ethical and mental well-being, and making informed daily decisions. Buddha's principles are therefore positioned as complementary resources rather than substitutes for medical treatment.

However, the proposed relationships remain conceptual. Future interdisciplinary research should examine whether Buddhist-informed practices influence stress regulation, inflammation, psychological resilience, health behaviors, and other indicators of healthy aging.

Recommendations

1. Individual level

People are encouraged to apply this approach in daily life through discernment in eating, the use of daily necessities, and ways of living. Guided by suitability and moderation, and by distinguishing between true value and artificial value, this enhances both physical and psychological well-being, supports the slowing of the aging process, and contributes to reducing health risks, without reliance on financial resources.

2. Organizational level

Organizations should actively promote this approach through policies, education, and supportive environments that encourage discernment, suitability, and moderation in daily living. This enables people to apply these principles consistently in practice and supports sustainable well-being at scale.

3. Societal level

At the societal level, this approach can be widely adopted as an accessible and low-cost means of promoting well-being. It contributes to slowing population-level degeneration, reducing stress, and alleviating long-term social burdens across all ages, genders, cultures, and religions.

Pāli Canon

Aṅguttara Nikāya (AN 3.16; AN 4.41).

Majjhima Nikāya (MN 10).

Saṃyutta Nikāya (SN 12.2; SN 56.11).

References

Barash, D. P. (2014). *Buddhist biology: Ancient Eastern wisdom meets modern science*. Oxford University Press.

Blackburn, E. H. (2006). Telomeres and telomerase: The path from mazes to principles. *Cell, 126*(4), 651–653.

Blackburn, E. H., & Epel, E. S. (2017). *The telomere effect: A revolutionary approach to living younger, healthier, longer*. Grand Central Publishing.

(Brikshavana) Songpaiboon, P. (2024). *The alternative ways of anti-aging through the Buddha's principles synchronized to the medical science* (Doctoral dissertation, International Buddhist Studies College, Mahachulalongkornrajavidyalaya University).

Cannon, W. B. (1932). *The wisdom of the body*. W. W. Norton & Company.

Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., Urbanowski, F., Harrington, A., Bonus, K., & Sheridan, J. F. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine, 65*(4), 564–570.

Fontana, L., & Partridge, L. (2015). Promoting health and longevity through diet: From model organisms to humans. *Cell, 161*(1), 106–118.

Franceschi, C., Bonafè, M., & Valensin, S. (2000). Inflamm-aging: An evolutionary perspective on immunosenescence. *Annals of the New York Academy of Sciences, 908*(1), 244–254.

Gethin, R. (1998). *The foundations of Buddhism*. Oxford University Press.

Gilbert, P. (2009). *The compassionate mind*. Constable & Robinson.

Harman, D. (1956). Aging: A theory based on free radical and radiation chemistry. *Journal of Gerontology, 11*(3), 298–300.

Harvey, P. (2013). *An introduction to Buddhism: Teachings, history and practices* (2nd ed.). Cambridge University Press.

Hayflick, L. (1965). The limited in vitro lifetime of human diploid cell strains. *Journal of the American Geriatrics Society, 13*(3), 569–574.

Kabat-Zinn, J. (1990). *Full catastrophe living*. Delacorte.

Kirkwood, T. B. L. (2005). Understanding the odd science of aging. *Cell, 120*(4), 437–447.

Levy, B. R., Slade, M. D., Kunkel, S. R., & Kasl, S. V. (2002). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology, 83*(2), 261–270.

López-Otín, C., Blasco, M. A., Partridge, L., Serrano, M., & Kroemer, G. (2013). The hallmarks of aging. *Cell, 153*(6), 1194–1217.

Mahatthanadull, S. (2020). Holistic well-being promotion for balanced way of life according to Buddhist psychology. *Journal of the International Buddhist Studies College, 6*(1), 111–112.

McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine, 338*(3), 171–179.

McEwen, B. S., & Stellar, E. (1993). Stress and the individual: Mechanisms leading to disease. *Archives of Internal Medicine, 153*(18), 2093–2101.

Rosenkranz, M. A., Davidson, R. J., MacCoon, D. G., Sheridan, J. F., Kalin, N. H., & Lutz, A. (2013). A comparison of mindfulness-based stress reduction and an active control in modulation of neurogenic inflammation. *Brain, Behavior, and Immunity, 27*(1), 174–184.

World Health Organization. (2021). *Global report on ageing and health*. World Health Organization.

Sīlānandābhivaṃsa, S. (2012). *Handbook of Abhidhamma III*. Buddhist Vipassanā Meditation Society.

Journal of International Buddhist Studies College

