

Depiction of Health Psychology in Buddhist Concepts

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Abstract: Health psychology investigates how biological, psychological, behavioral, and social factors interact to influence health and illness. While this field formally emerged in the twentieth century, its fundamental concepts—mind-body interaction, the role of behavior in health, and the integration of mental and moral well-being—were articulated by the Buddha more than 2,500 years ago. The present paper explores the depiction of health psychology in Buddhist concepts, highlighting the holistic framework of physical, mental, social, and spiritual health as found in early Pāli sources such as the Dhammapada, Girimānanda Sutta, Cūlā-Kammavibhaṅga Sutta, Sakkapañha Sutta, and Sigālovāda Sutta.

The study analyzes how Buddhist teachings anticipate the modern biopsychosocial model of health and examines the relevance of these insights in contemporary psychological and educational contexts. In particular, it emphasizes how Buddhist principles can inform the development of health psychology, counseling, and value-based education systems. The paper employs qualitative textual analysis, correlating canonical passages with modern psychological theories to reveal convergences in understanding health, illness, and well-being.

The findings suggest that Buddhism offers a comprehensive health model rooted in ethical conduct, mental discipline, and insight, which remains highly relevant for modern health psychology and school-based counseling. This interdisciplinary approach bridges ancient wisdom and contemporary science, providing a transformative vision of health as harmony within the self and with the world.

Keywords: Buddhism, Health Psychology, Dhammapada, Counseling, Mindfulness, Education, Well-being, Pāli Canon

Introduction

The human quest for health is as ancient as civilization itself. Yet, what constitutes “health” has never been a merely biological concern; it encompasses physical vitality, psychological balance, social harmony, and spiritual peace. The World Health Organization (WHO, 1948) redefined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This holistic conception parallels the Buddhist understanding of health (ārogya), which unites bodily, mental, and spiritual dimensions into a single continuum of well-being.

Over 2,500 years ago, the Buddha articulated an approach to health that transcended physical maintenance and included ethical and psychological dimensions. In Dhammapada verse 204, the Buddha declared:

Ārogyaparama lābha, santuṭṭhiparamam dhanam;

Vissāsaparamaññāti, nibbānam paramam sukham.

(Health is the greatest gain; contentment, the greatest wealth; trust, the

best of kinsmen; Nibbāna, the highest bliss.)

This verse reflects the same fourfold view of health that modern psychology recognizes as the biopsychosocial-spiritual model—physical (ārogya), mental (santuṭṭhi), social (vissāsa), and spiritual (nibbāna). It conveys a deeply integrated understanding of well-being, where physical health, moral integrity, and spiritual insight reinforce one another.

Modern health psychology, as a branch of psychology, studies how cognition, emotion, and behavior influence health outcomes. Yet, Buddhist philosophy had long examined these same processes under the doctrines of patiṭṭcasamuppāda (dependent origination) and the Four Noble Truths, which analyze how mental defilements (kilesa)—craving (taṇhā), aversion (dosa), and ignorance (avijjā)—lead to both psychological suffering and physical disease. The Buddha taught that liberation from such causes restores true well-being.

The present paper explores how Buddhist concepts of health, disease, and well-being reflect the principles that modern psychology calls health behavior, stress management, and psychosomatic balance. Furthermore, it extends this exploration into contemporary education, emphasizing the role of Buddhist ethics and mindfulness in promoting psychological health through counseling and value-based learning.

Objectives and Methodology

• Objectives

1. To analyze the depiction of health psychology in early Buddhist canonical sources.
2. To examine the relationship between Buddhist concepts of well-being and the modern biopsychosocial model.
3. To explore how Buddhist insights can inform psychological counseling and educational practices.
4. To provide a conceptual framework that integrates ancient Buddhist wisdom with contemporary health psychology and education.

• Methodology

This paper adopts a qualitative, interpretative, and interdisciplinary approach. The study involves textual analysis of primary Pāli sources—Dhammapada, Girimānanda Sutta, Cūla-Kammavibhaṅga Sutta, Sakkapañha Sutta, and Sigālovāda Sutta—along with secondary commentarial and scholarly interpretations. Comparative analysis is conducted with modern psychological theories and health models. The methodology follows three steps:

Textual Interpretation: Analyzing key canonical passages for their psychological significance.

Comparative Analysis: Juxtaposing Buddhist concepts with modern theories in health psychology, behavioral medicine, and counseling.

Applied Perspective: Evaluating the implications of Buddhist health concepts for education and student well-being within the context of India's

National Education Policy (NEP 2020).

• **Literature Review**

Health Psychology: Definition and Development

Health psychology emerged as a subfield of psychology in the 1970s, evolving from behavioral medicine and psychosomatic research. It is grounded in the biopsychosocial model proposed by Engel (1977), which views health as the product of complex interactions between biological, psychological, and social factors. This model challenged the reductionist biomedical paradigm that saw illness purely as physical dysfunction. Health psychologists study how emotions, thoughts, personality traits, and social environments contribute to physical well-being. They investigate stress, coping mechanisms, lifestyle choices, and adherence to medical advice. Research by Taylor, S.E. (2018) and Sarafino & Smith (2017) shows that stress reduction, positive mental states, and supportive relationships significantly improve immune response and overall health.

Thus, health psychology represents a scientific evolution toward holistic wellness—an orientation already deeply embedded in Buddhist teachings, which recognize that moral, emotional, and social harmony are inseparable from physical health.

The Buddhist View of Health and Disease

Buddhism offers a comprehensive vision of health encompassing body (kāya), speech (vacī), and mind (citta). The Pāli Canon presents both naturalistic and ethical dimensions of disease causation. According to the Gīrimānanda Sutta (Aṅguttara Nikāya 10.60), disease arises from imbalances in bodily humors—bile, phlegm, wind—as well as from karmic causes, environmental factors, and mental distress. The Buddha's instructions to the ailing monk emphasize the cultivation of ten perceptions (saññā), including impermanence (anicca), non-self (anattā), and the perception of peace (upasamasaññā). These mental exercises alleviate suffering by transforming the patient's cognitive and emotional responses—anticipating modern cognitive-behavioral and mindfulness-based therapies. Furthermore, the Cūla-Kammavibhaṅga Sutta (Majjhima Nikāya 135) introduces a moral-psychological dimension, explaining that unwholesome actions lead to unfavorable physical conditions, while kindness and compassion promote health and longevity. The Buddha thus recognizes ethical behavior as a determinant of health, paralleling modern research linking prosocial behavior and stress reduction to improved well-being (Post, 2005).

Mental Health in Buddhist Psychology

Buddhist psychology defines mental health not as the absence of emotion, but as the absence of defilements (kilesa). The Sakkapañha Sutta (Dīgha Nikāya 21) presents a dialogue where Sakka, the king of the gods, asks why living beings experience fear, sorrow, and conflict. The Buddha replies that craving (taṇhā) and ignorance (avijjā) are the roots of such suffering.

The Buddha's remedy—ethical conduct, meditation, and wisdom—

constitutes a therapeutic process: cognitive restructuring (right view), emotional regulation (right effort and mindfulness), and behavioral change (right speech and action). These correspond closely to the components of cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction (MBSR) developed by Kabat-Zinn (1994). De Silva (1990) argues that Buddhist psychology is an early form of clinical psychology focused on the purification of mind (citta-visuddhi). It recognizes the mind as both the cause and the cure of suffering:

“Manopubbangamā dhammā, manoseṭṭhā manomayā”

(Mind precedes all phenomena; mind is their chief; they are mind-made. – Dhammapada 1)

This principle mirrors the cognitive model’s assertion that thoughts shape emotions and behaviors, confirming the Buddha’s insight into psychosomatic interdependence.

The Social and Ethical Dimensions of Health

Health in Buddhism extends to social ethics. The Sigālovāda Sutta (Dīgha Nikāya 31) provides a comprehensive guide for social relationships—parents and children, teachers and pupils, spouses, employers and employees, and friends. These six relationships (cha disā) represent the directions one should honor, creating harmony and reducing social stress. In modern psychological terms, this constitutes the foundation of social health, recognizing that interpersonal trust and ethical communication are crucial for well-being. The Buddha’s vision aligns with social support theories in health psychology, which emphasize that positive relationships buffer stress and promote resilience (Cohen & Wills, 1985). Generosity (dāna), kindness (mettā), and compassion (karuṇā) are the social virtues that ensure psychological balance by reducing self-centeredness, envy, and hostility. Thus, ethical conduct functions as preventive medicine against emotional disorders.

Comparison Between Buddhist and Modern Health Models

Both Buddhism and health psychology propose that the mind significantly influences the body. However, Buddhism advances a deeper metaphysical understanding through paṭiccasamuppāda (dependent origination), which explains how mental states conditioned by ignorance give rise to suffering in a cyclical process. Modern psychology interprets this cyclical in terms of stress response, feedback loops, and cognitive schemas.

Comparison of Buddhist and Modern Health Psychology Models

Aspect	Buddhist Concept	Modern Health Psychology
Cause of illness	Craving, ignorance, unwholesome kamma	Biological dysfunction, stress, lifestyle
Mind–body relation	Psychophysical interdependence (nāma-rūpa)	Biopsychosocial interaction
Healing process	Moral purification, mindfulness, insight	Behavior modification, cognitive restructuring
Goal of health	Liberation (nibbāna), peace	Well-being, quality of life
Preventive measure	Noble Eightfold Path	Stress management, healthy behavior

This comparison shows that the Buddha's approach embodies a comprehensive health psychology—integrating ethics, cognition, and mindfulness centuries before these became academic subjects.

Relevance to Contemporary Society

In an age of technological stress, environmental crisis, and mental health epidemics, Buddhist principles provide sustainable solutions. Mindfulness-based interventions are now mainstream in psychology and medicine (Kabat-Zinn, 2011), demonstrating their empirical efficacy in stress reduction, chronic pain, and anxiety management. Moreover, the ethical and spiritual dimensions of health—often neglected in Western models—are vital for human flourishing. Buddhism's emphasis on *sīla* (ethical conduct), *samādhi* (concentration), and *paññā* (wisdom) corresponds to the modern triad of behavior, emotion, and cognition, forming a bridge between ancient and modern approaches to health.

• Health Psychology in Buddhist Concepts

The Buddhist analysis of health is inseparable from its moral and philosophical foundations. The Buddha taught that the mind (*citta*) is the fore-runner of all experience and that suffering (*dukkha*) arises through craving (*taṇhā*) and ignorance (*avijjā*). The path to well-being, therefore, lies in transforming the mind through ethical conduct, meditation, and insight. This threefold structure—*sīla*, *samādhi*, and *paññā*—can be understood as a health psychology model:

Buddhist Domain	Psychological Correlate	Health Function
<i>Sīla</i> (Ethical discipline)	Behavioral regulation	Prevents harmful habits and interpersonal conflict
<i>Samādhi</i> (Mental concentration)	Emotional regulation	Reduces stress and anxiety
<i>Paññā</i> (Wisdom/Insight)	Cognitive restructuring	Replaces distorted perceptions with understanding

Thus, Buddhist health psychology functions as an integrated behavioral science in which morality shapes behavior, meditation calms emotion, and wisdom transforms cognition—an early blueprint of biopsychosocial wellness.

Physical Health and the Body–Mind Relationship

The Dhammapada affirms that health (*ārogya*) is the “greatest gain,” indicating that physical well-being is a moral and spiritual value. Buddhism regards the body not as an obstacle but as an essential vehicle for practice; maintaining bodily health enables meditation and service. In verse 160, the Buddha states: “*Attā hi attano nātho*”—“The self is one’s own protector.” Caring for the body through moderation in eating, adequate rest, and ethical living is therefore an act of wisdom. Monks are advised in the Vinaya Piṭaka to treat illness with mindfulness and compassion, recognizing the interdependence of physical and mental states. The *Girimānanda Sutta* (Aṅguttara Nikāya 10.60) records the Buddha’s instructions for healing a

sick monk through ten perceptions (*saññā*). These include impermanence (*anicca*), non-self (*anattā*), and dispassion (*virāga*). By contemplating these truths, the patient experiences detachment from pain and fear. Modern psychosomatic research supports the view that perception and emotion modulate immune and nervous-system responses (Ader & Cohen, 1993). The *sutta* thus anticipates cognitive-behavioral and mindfulness therapies, demonstrating that shifting mental perspective can influence physical recovery. Buddhism emphasizes moderation (*majjhimā paṭipadā*) in consumption. The Buddha discouraged indulgence and deprivation alike, prescribing mindful eating (*bhojane mattaññutā*) as a practice that nurtures both physical and mental balance. Modern nutrition psychology recognizes similar principles of mindful consumption in preventing lifestyle diseases. In the *Sakkapañha Sutta* (Dīgha Nikāya 21), Sakka asks why beings live in conflict and fear. The Buddha answers that craving leads to discontent, discontent to mental agitation, and agitation to suffering. Liberation arises through mindfulness and wisdom. This diagnostic sequence parallels modern stress theory: maladaptive desires create tension; tension generates emotional and physiological arousal; sustained arousal leads to illness. Buddhist psychology treats mindfulness (*sati*) and equanimity (*upekkhā*) as antidotes, comparable to relaxation and cognitive-reappraisal techniques in psychology.

The Buddha described mindfulness as the faculty that observes phenomena without attachment. In the *Satipaṭṭhāna Sutta* (Majjhima Nikāya 10), he outlines four foundations of mindfulness—body, feelings, mind, and mental objects—constituting a complete awareness-based therapy. Kabat-Zinn (1994) later transformed this into the secular Mindfulness-Based Stress Reduction (MBSR) program, confirming Buddhism's enduring relevance to health psychology. Empirical studies (Davidson & Kabat-Zinn, 2003; Goleman & Davidson, 2017) show that mindfulness lowers cortisol levels and strengthens emotion-regulation networks in the brain. Thus, ancient Buddhist meditation provides an evidence-based method for cultivating mental health. The four *Brahmavihāras*—*mettā* (loving-kindness), *karuṇā* (compassion), *muditā* (sympathetic joy), and *upekkhā* (equanimity)—are affective states that balance emotion. Practicing *mettā-bhāvanā* replaces hostility with benevolence, reducing anger-related stress responses (Fredrickson et al., 2008). Compassion meditation enhances empathy and pro-social motivation, thereby strengthening social support—an established predictor of good health (Cohen & Wills, 1985).

Social Health and Ethical Relationships

The *Sigālovāda Sutta* (Dīgha Nikāya 31) serves as a Buddhist code of social ethics, describing the six directions of relationship—parents and children, teachers and students, husband and wife, friends, employers and workers, monks and laypeople. Mutual duties within these relationships foster trust (*vissāsa*), the social dimension of well-being cited in *Dhammapada* 204. Modern social psychology echoes this view: social support and role clarity reduce anxiety and depressive symptoms (Taylor, 2018). The Bud-

dha's prescription of generosity (dāna) and gratitude (kataññū) aligns with positive-psychology findings that altruism increases happiness (Lyubomirsky et al., 2005). The Sangha, as a moral community, exemplifies collective health. Harmony among monks is maintained through dialogue (saṅghādisesa) and confession (pātimokkha), preventing accumulation of guilt and resentment. This is comparable to modern group counseling and restorative-justice practices aimed at psychosocial healing.

Spiritual Health: The Highest Well-Being

Spiritual health in Buddhism refers to freedom from attachment and ignorance. The Nibbāna Pariyāya Sutta declares: "Nibbānam paramam su-kham"— "Nibbāna is the supreme happiness." Here, happiness is not sensory pleasure but the cessation of mental defilements. This transcendent state corresponds to self-actualization in Maslow's hierarchy, yet surpasses it by dissolving ego identity altogether. The spiritually healthy person lives with compassion, mindfulness, and equanimity, embodying the ultimate integration of health at physical, mental, and moral levels. Buddhist texts repeatedly link ethics to health outcomes. The Cūla-Kammavibhaṅga Sutta teaches that those who refrain from harming living beings enjoy long life and health, while the cruel suffer illness. Modern epidemiology supports the moral-health connection: behaviors rooted in aggression, addiction, or greed contribute to cardiovascular and psychosomatic disorders (Sapolsky, 2004). The five precepts (pañca-sīla)—abstaining from killing, stealing, sexual misconduct, false speech, and intoxicants—constitute preventive medicine. They regulate behavior, reduce guilt and interpersonal conflict, and promote community safety. Ethical living, therefore, is the foundation of both personal and public health.

Buddhist Psychopathology and Therapeutics

In Buddhist psychology, mental illness is understood as imbalance among wholesome (kusala) and unwholesome (akusala) states. The Abhidhamma classifies consciousness into 89 types, detailing how defilements disturb cognition and emotion. Delusion corresponds to distorted perception, greed to obsessive attachment, and hatred to chronic hostility—all recognized causes of psychological distress. The Buddhist path offers a comprehensive therapeutic regimen:

1. Ethical restraint (sīla-saṃvara) – comparable to behavioral modification.
2. Meditative stabilization (saṃādhi) – akin to relaxation and concentration training.
3. Insight development (vipassanā-bhāvanā) – paralleling cognitive insight therapy.

Each stage addresses behavioral, emotional, and cognitive dimensions respectively, forming a tri-level model of psychological healing.

Buddhism's doctrine of pāṭiccasamuppāda (dependent origination) provides a theoretical framework for understanding health as interdependence. Physical ailments affect mood; negative emotions affect bodily systems; so-

cial disharmony aggravates both. Modern health psychology confirms these reciprocal loops through stress physiology and social epidemiology (Uchino et al., 2012). The Buddhist remedy is the cultivation of mindfulness and compassion that interrupts these feedback cycles, establishing balance among body (kāya), feeling (vedanā), perception (saññā), and consciousness (viññāṇa).

Comparative Insights

Dimension	Buddhist Framework	Modern Health Psychology	Convergence
Physical	Balance of humors, karmic effects	Biological systems, stress	Mind-body feedback
Mental	Defilements, craving, ignorance	Cognition, emotion, behavior	Cognitive-behavioral parallels
Social	Ethical relations, community	social support, communication	Interpersonal trust
Spiritual	Liberation (nibbāna)	Meaning, purpose, self-transcendence	Positive psychology/well-being

These parallels demonstrate that Buddhist health psychology predates modern models while encompassing an additional spiritual dimension, offering a truly holistic paradigm.

Implications for Modern Health Practice

1. Preventive Health: Ethical conduct reduces harmful behaviors such as violence, addiction, and overconsumption.
2. Therapeutic Health: Meditation and mindfulness alleviate anxiety, depression, and chronic pain.
3. Community Health: Compassion and altruism build social capital, enhancing resilience.
4. Spiritual Health: Cultivating insight provides existential meaning, protecting against despair.

Health professionals increasingly integrate Buddhist-inspired mindfulness and compassion training into clinical and community programs, confirming the applicability of these ancient principles in contemporary contexts.

Buddhist teachings present an integrated model of health that unites physical maintenance, psychological balance, social harmony, and spiritual realization. The Dhammapada, Girimānanda Sutta, Cūla-Kammavibhaṅga Sutta, Sakkapañha Sutta, and Sigālovāda Sutta collectively articulate what modern science now calls holistic or integrative medicine. Health is not simply the absence of illness but the active presence of moral virtue, mental clarity, social trust, and spiritual freedom. Thus, Buddhism can be seen as an early form of health psychology—comprehensive, compassionate, and empirically verifiable through lived experience.

Applications of Buddhist Health Psychology to Counseling and Education

Buddhist counseling is grounded in the same principles that underlie health psychology—awareness, ethical conduct, and compassion. The counselor functions not as an external authority but as a facilitator of self-understanding. According to the Buddha, “Attā hi attano nātho” (Dhp. 160): each individual is his or her own guide. This principle informs a counseling approach that encourages autonomy, insight, and mindfulness.

The four noble truths offer a diagnostic-therapeutic model parallel to clinical psychology:

Buddhist Framework	Counseling Parallel	Therapeutic Function
1. Dukkha – Recognition of suffering	Identification of problem	Empathic understanding
2. Samudaya – Cause (craving/ignorance)	Exploration of root causes	Cognitive insight
3. Nirodha – Cessation	Goal setting / wellness vision	Hope & transformation
4. Magga – Path (Eightfold Way)	Counseling intervention plan	Behavioral change

This progression forms the structure of Buddhist-inspired therapy, where awareness and compassion replace repression and avoidance.

Mindfulness (sati) is the cornerstone of Buddhist therapy. In school and clinical settings, mindfulness counseling trains students to observe thoughts and emotions without judgment. It enhances executive control and emotional intelligence—qualities essential for adolescent development. Programs such as Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR), derived from Buddhist practice, have demonstrated significant efficacy in reducing anxiety, depression, and burnout (Kabat-Zinn 1994; Segal et al., 2013). In the context of school education, brief mindfulness sessions can help students cultivate focus, empathy, and resilience. Teachers trained in mindful communication act as moral exemplars, reflecting the Buddhist concept of the kalyāṇamitta—the noble friend who guides others with compassion and wisdom.

The cultivation of mettā (loving-kindness) and karuṇā (compassion) transforms counseling relationships. A counselor guided by mettā listens with unconditional acceptance, while karuṇā motivates active support. These attitudes correspond to Carl Rogers’ (1957) “core conditions” of empathy, genuineness, and unconditional positive regard. Buddhism adds the ethical dimension: the counselor’s conduct itself is therapeutic. When a student witnesses honesty, humility, and mindfulness in a mentor, moral learning occurs experientially—an implicit curriculum of virtue. India’s NEP 2020 emphasizes holistic education integrating cognitive, social, and emo-

tional learning. Buddhist psychology offers an indigenous model that fulfills this vision. The *Sigālovāda Sutta* outlines moral duties between teachers and pupils, analogous to modern teacher-student rapport. In Buddhist pedagogy, the goal of education is not mere information but transformation (parivartana). When counseling in schools draws upon mindfulness, ethical awareness, and compassion, it fosters “well-being education”—helping learners develop balanced minds and altruistic hearts. Buddhist-based school counseling can prevent behavioral problems through:

1. Mindful discipline: encouraging self-observation before reaction.
2. Value-based dialogues: promoting reflection on the five precepts.
3. Community meditation sessions: enhancing collective calm and empathy.

Research in educational psychology indicates that mindfulness and prosocial training improve classroom climate and reduce aggression (Jennings & Greenberg, 2009). Thus, Buddhist counseling supports NEP’s focus on emotional literacy and character building. In Buddhist tradition, a teacher (ācariya) guides students not only intellectually but ethically. The counselor adopts this dual role—combining psychological guidance with moral mentorship. Through storytelling (Jātaka tales), reflection, and meditation, counselors help students internalize resilience and compassion as lifelong values.

Modern health psychology recognizes four interdependent domains—biological, psychological, social, and spiritual. Buddhist counseling enriches each:

1. Biological: mindfulness lowers stress hormones and improves immunity.
2. Psychological: meditation restructures maladaptive cognition.
3. Social: compassion training strengthens relationships.
4. Spiritual: insight (vipassanā) offers existential meaning.

The integration of these dimensions forms a comprehensive model termed “Mindful-Compassionate Counseling”, rooted in Buddhist ethics and empirical psychology.

Comparative Analysis

Theme	Buddhist View	Health Psychology View	Integration
Nature of health	Holistic balance of body-mind-morality	Biopsychosocial model	Both emphasize interdependence
Source of illness	Craving, ignorance, unethical conduct	Stress, maladaptive cognition environment	Mutual causation of mind and body
Therapeutic method	Eightfold Path, meditation, morality	CBT, mindfulness, lifestyle modification	Shared cognitive-behavioral core
Goal	Nibbāna (liberation, peace)	Well-being, adjustment	Ultimate vs. relative wellness

Buddhism extends the scope of health psychology beyond symptom management to existential liberation. Yet, the two share a methodological convergence—empirical observation, experiential verification, and behavioral change.

In an age of psychosomatic disorders, substance abuse, and stress-related illnesses, Buddhist health psychology offers preventive wisdom. Its call for moderation, mindfulness, and moral responsibility resonates with public-health ethics. For educators, the Buddhist approach provides tools for emotional regulation and compassionate communication, countering the alienation prevalent among students. Integrating such perspectives into curricula can nurture citizens who are not only knowledgeable but wise, balanced, and humane.

While Buddhist concepts align closely with modern psychology, cultural adaptation is essential. Counselors must avoid dogmatic interpretation and translate teachings into universal principles accessible to diverse faiths. Future research may empirically test Buddhist counseling interventions in Indian schools, evaluating outcomes in stress reduction, academic performance, and moral development. Collaborative programs between departments of psychology and Buddhist studies could pioneer an indigenous, evidence-based counseling model.

Buddhism views health as harmony—of body, mind, morality, and wisdom. The Dhammapada verse “Ārogyaparamalābha” encapsulates the ideal: health as the supreme gain, contentment as the greatest wealth, trust as the deepest kinship, and Nibbāna as the highest happiness. Health psychology, though a modern discipline, echoes these insights by emphasizing behavioral regulation, emotional balance, and social support. When integrated with Buddhist ethics and mindfulness, it becomes a truly holistic science. In education, Buddhist counseling can nurture this holistic health from childhood. By teaching mindfulness, empathy, and moral reflection, schools can become centers of sukha—genuine happiness and well-being. Thus, the depiction of health psychology in Buddhist concepts reveals not only an ancient understanding of the human mind but also a practical guide for modern health, education, and peace.

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