



PROBLEM-SOLVING FOR DEPRESSION AMONG YOUTHS: A BUDDHIST PSYCHOLOGY APPROACH

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ABSTRACT

Depression among youths has become an escalating public health crisis in Ho Chi Minh City, Vietnam, with empirical evidence indicating that 57.6 percent of high school students exhibit clinically significant depressive symptoms. This academic article pursues three objectives: (1) to analyze the current conditions and risk factors of youth depression, (2) to examine Buddhist psychological principles for addressing mental suffering, and (3) to propose an integrated model combining Buddhist psychology with Cognitive Behavioral Therapy (CBT) to promote youth mental well-being.

The analysis reveals that youth depression is a multidimensional phenomenon rooted in academic pressure, intergenerational communication gaps, digital social comparison, and loss of existential meaning. The Four Noble Truths function as a comprehensive diagnostic system, while the Noble Eightfold Path provides a multidimensional treatment protocol encompassing the domains of wisdom, ethical conduct, and mental discipline. The core mechanisms of the integrated model include Right View paired with cognitive restructuring, Right Mindfulness paired with mindfulness-based cognitive therapy, loving-kindness and compassion paired with compassion-focused therapy, and Right Action paired with behavioral activation.

The proposed model is distinguished by two characteristics: scientific universality supported by empirical evidence, and cultural congruence with Vietnamese Buddhist heritage. This integration establishes a pathway for developing responsive mental health systems across school, family, and community contexts. Ultimately, the model aims not to create morally perfect youth, but to empower young people to liberate themselves from cycles of unrealistic expectations, cultivate stable inner refuge, and foster sustainable well-being autonomously.

Keywords: Buddhist psychology; youth depression; Noble Eightfold Path;
Cognitive Behavioral Therapy; mindfulness; Vietnamese adolescents

INTRODUCTION

Depression among youths has become an increasingly serious public health crisis in the urban societies of developing countries, particularly in Ho Chi Minh City, Vietnam, where rapid economic and social transformation has created an environment highly conducive to psychological vulnerability among adolescents. School-based epidemiological studies have found that 57.6 percent of high school students exhibit clinically significant depressive symptoms (Le & Hoang, 2024), and 39.8 percent screened positive for depressive symptoms using the DASS-21 instrument (Tran, Vo, & Nguyen, 2021). These figures indicate that the problem can no longer be overlooked.

The complex and interdependent risk factors include severe academic pressure, family conflict, social comparison through digital media, and the erosion of traditional support systems. Furthermore, critical gaps in mental health service provision remain a major obstacle, as only 143 psychologists serve a population of over 14 million people living with mental disorders nationwide (Nguyen & Bui, 2021). Compounded by a cultural context that regards depression as weakness or moral failure, most youths do not seek professional help (Pham, 2022).

In this context, Buddhist Psychology, rooted in the Four Noble Truths and the Noble Eightfold Path, presents a framework with high potential for responding to both clinical and cultural needs. Buddhist psychology does not merely aim to reduce psychiatric symptoms but seeks to systematically address the roots of suffering through the cultivation of wisdom, ethical conduct, and mental discipline processes that correspond closely to several therapeutic mechanisms within Cognitive Behavioral Therapy (Segal, Williams, & Teasdale, 2013).

This article pursues three objectives: (1) to analyze the current conditions and risk factors of youth depression in Ho Chi Minh City, (2) to examine the principles of Buddhist psychology for addressing mental suffering, and (3) to propose an integrated Buddhist psychology–CBT model for building psychological resilience and reducing youth depression sustainably.

MAIN CONTENT

Part I: Current Conditions and Risk Factors of Youth Depression in Ho Chi Minh City

1.1 Epidemiology and Manifestation Patterns

Depression among Vietnamese youths frequently manifests in ways that are not straightforward. Rather than expressing overt sadness, most youths display emotional numbness, chronic fatigue, social withdrawal, and somatic symptoms such as headaches and insomnia symptoms that families and schools commonly misinterpret as laziness or a poor attitude (Le & Hoang, 2024). This misinterpretation not only delays intervention but also intensifies feelings of guilt and self-blame among young people.

The COVID-19 pandemic further exacerbated the situation. A multi-province study found that stress increased to 65.5 percent, anxiety to 41.5 percent, and depression to 34.2 percent during the outbreak, with these symptoms persisting into the post-pandemic period (Doan, Phan, & Vu, 2023). These findings indicate that the long-term psychological impact of the pandemic remains a challenge requiring sustained attention and response.

1.2 Principal Risk Factors

The risk factors contributing to youth depression are complex and interdependent, operating across at least four distinct levels.

Academic Level: Vietnam's examination-oriented and highly competitive educational system generates pressure that stands as the most significant predictor of adolescent depression (Cao et al., 2024). Youths who define their self-worth through academic performance experience intense hopelessness when success falls short of expectations.

Family Level: Family conflict, intergenerational communication gaps, and the misinterpretation of depressive symptoms as behavioral problems all serve to intensify the severity of symptoms. This is particularly pronounced in contexts where Confucian values emphasize obedience and academic achievement as expressions of family honor (Vu & Doan, 2019).

Structural Level: The shortage of mental health professionals, social stigma, and the absence of clear referral pathways leave many youths undiagnosed and untreated (WHO

Viet Nam, n.d.). The consequences include academic decline, school dropout, self-harm behaviors, and recurrent depression extending into adulthood (UNICEF Viet Nam, 2022).

Digital Level: Vietnam ranks among the world's highest in social media usage, with over 73 percent of the population actively engaging on platforms such as Facebook, TikTok, and Instagram (We Are Social & Meltwater, 2024). Online social comparison, cyberbullying, and unrealistic beauty standards all contribute to declining self-esteem and heightened psychological distress among young people.

Part II: Buddhist Psychology Conceptual Framework and Problem-Solving Mechanisms

2.1 Conceptual Foundations of Buddhist Psychology

Buddhist psychology constitutes a science of the mind characterized by both phenomenological depth and practical orientation. Its fundamental distinction from Western psychology lies in viewing the mind as a dynamic process shaped by interdependent conditions Dependent Origination (Pratītyasamutpāda) rather than as a fixed entity with a stable self (Bodhi, 1993). The Three Marks of Existence Anicca (impermanence), Dukkha (suffering), and Anattā (non-self) function as experiential tools that enable individuals to profoundly transform their relationship with psychological pain (Gethin, 1998).

Contemporary research confirms that mindfulness and meditation practices rooted in Buddhism yield measurable outcomes in reducing stress, anxiety, and depression, while also enhancing emotional and cognitive flexibility (Davidson & Goleman, 2017). These findings provide an important foundation for developing therapeutic approaches that bridge ancient wisdom with modern psychology.

2.2 The Four Noble Truths as a Diagnostic and Therapeutic Process

The Four Noble Truths offer a self-contained system for diagnosing and treating psychological suffering that corresponds profoundly to contemporary psychological processes.

Dukkha (Suffering) represents the stage of recognizing and acknowledging pain. Clinically, this phase corresponds to depressive symptom assessment. Youths typically manifest suffering through intense attachment to academic results or social status, giving rise to feelings of emptiness and loss of meaning in life.

Samudaya (Origin of Suffering) identifies the root of suffering in craving and attachment. In the context of youth depression, Samudaya explains the mechanism by which young people define their self-worth through external factors. When those factors collapse, youths experience an acutely painful identity crisis a dynamic that corresponds closely to the concept of "conditional self-worth" in contemporary psychology.

Nirodha (Cessation of Suffering) presents the hope that suffering can be extinguished through the relinquishment of clinging. Psychologically, this truth functions similarly to cognitive restructuring, helping youths recognize that psychological well-being is not about achieving something new, but about liberating oneself from the patterns that generate attachment.

Magga (Path) constitutes the treatment plan, comprising the Noble Eightfold Path, which provides a multidimensional intervention strategy encompassing wisdom, ethical conduct, and mental discipline (Bodhi, 1994).

2.3 The Noble Eightfold Path as an Integrated Problem-Solving Protocol

The Noble Eightfold Path can be organized into three interrelated domains, each corresponding to therapeutic mechanisms in contemporary psychology.

The Wisdom Domain: Right View (*Sammā-ditṭhi*) functions to challenge the cognitive distortions that lie at the root of depression, such as extreme pessimism, overgeneralization, and self-blame. Right View cultivates flexible perspectives grounded in the principle of impermanence (*Anicca*), corresponding closely to cognitive restructuring in CBT (Harvey, 2013). Right Intention (*Sammā-saṅkappa*) redirects the mind away from self-hatred toward loving-kindness and compassion, aligning with compassion-focused therapy which has been demonstrated to effectively reduce shame and self-criticism (Neff, 2011).

The Ethical Conduct Domain: Right Speech (*Sammā-vācā*) and Right Action (*Sammā-kammanta*) play a vital role in repairing family relationships and building social support networks, which serve as significant protective factors against depression. The cultivation of positive behavior through Buddhist ethics corresponds to the principle of behavioral activation in CBT, which emphasizes increasing behaviors that generate satisfaction and meaning (Martell, Dimidjian, & Herman-Dunn, 2010).

The Mental Discipline Domain: Right Effort (*Sammā-vāyāma*) corresponds to proactive emotional regulation through the intentional cultivation of wholesome mental

states and the abandonment of unwholesome ones. Right Mindfulness (Sammā-sati) is the most vital bridge connecting Buddhism with contemporary psychology. Mindfulness training enables individuals to observe internal states without being swept away by them, reducing rumination the primary maintaining mechanism of depression (Teasdale et al., 2000). Right Concentration (Sammā-samādhi) builds emotional stability and cognitive clarity through sustained meditative practice. Neuroscientific research confirms that such concentration training produces measurable changes in brain regions associated with emotional regulation and self-referential processing (Lazar et al., 2005).

Part III: The Buddhist Psychology–CBT Integrated Model for Problem-Solving Depression

3.1 Foundations of Integration

The integration of Buddhist psychology with CBT is not merely the combination of techniques from two systems, but rather the discovery of deep correspondence at the level of psychological process. Both systems recognize that psychological suffering originates from distorted perception, maladaptive mental habits, and emotionally unskillful responses (Kumar, 2002).

The key points of convergence between the two systems include the following: cognitive distortions in CBT correspond to wrong view (micchā-ditṭhi) in Buddhism; rumination corresponds to unwise attention (ayoniso-manasikāra); behavioral activation corresponds to Right Action and Right Effort; and mindfulness training constitutes the clearest and most explicit bridge between the two systems (Segal, Williams, & Teasdale, 2013)

3.2 Core Components of the Integrated Model

The model proposed in this article comprises four interdependent components, with mindfulness serving as the central mechanism linking all dimensions.

3.2.1 Cognitive Transformation This component integrates CBT cognitive restructuring with Right View and wise attention (yoniso-manasikāra), enabling youths to identify cognitive distortions and shift from self-blaming questions toward condition-based inquiry. For example, the question "Why am I worthless?" is reframed as "What conditions have given rise to this suffering, and what is a constructive next step?" (Ven. Thich Quang An, 2026, as cited in Le, 2026).

3.2.2 Emotional Regulation through Compassion This component integrates CBT emotional regulation with Right Intention, loving-kindness (*mettā*), and compassion (*karuṇā*), aiming to reduce shame, self-blame, and self-directed anger — the principal hidden maintaining factors of depression.

3.2.3 Ethical Behavioral Activation This component integrates CBT behavioral activation with Right Speech, Right Action, and Right Livelihood. The Buddhist framework ensures that behavioral change carries moral and cultural significance, rather than being experienced as mere routine task completion.

3.2.4 Mindfulness and Concentration Training This component integrates Mindfulness-Based Cognitive Therapy (MBCT) with Right Mindfulness and Right Concentration, emphasizing the non-judgmental observation of internal states, the reduction of fusion with negative thoughts, and the cultivation of emotional stability through regular practice.

3.3 Practical Application and Cultural Appropriateness

The success of this model depends upon adaptation to the Vietnamese cultural context across three dimensions.

First, Language and Presentation. The model must preserve conceptual depth while remaining flexible in terminology, capable of being presented in secular psychological language in school contexts or in Dharma language in Buddhist communities. Translating religious vocabulary into accessible psychological terminology reduces resistance among youths who do not identify as Buddhist.

Second, Delivery Format. Implementation should take diverse forms. In schools, the model may be designed as short-term psychoeducational programs. In communities, it may be delivered through peer support group formats. In Buddhist settings, it may be integrated with existing contemplative practices. The "Task-shifting" strategy transferring service delivery from specialists to specifically trained personnel such as trained monastics represents an effective solution for systems facing shortages of psychologists (Le, 2026).

Third, Avoiding Moralization. The model must present Buddhist ethics as psychological empowerment rather than religious obligation. Because youths experiencing depression already carry heavy burdens of guilt and self-blame, framing ethics in terms of personal development and relational skills increases the acceptability and sustainability of change.

CONCLUSION

This article has presented an approach to solving youth depression through the integration of Buddhist psychology with CBT, offering a framework possessing both theoretical depth and practical applicability. The analysis demonstrates that youth depression in Ho Chi Minh City is a multidimensional phenomenon rooted in academic pressure, family communication gaps, digital comparison, and loss of existential meaning conditions that cannot be resolved through medical approaches alone.

The Four Noble Truths function as a comprehensive diagnostic system, while the Noble Eightfold Path provides a multidimensional treatment protocol that corresponds profoundly to the therapeutic mechanisms of CBT. The integration of key mechanisms Right View with cognitive restructuring, Right Mindfulness with MBCT-based mindfulness training, loving-kindness with compassion-focused therapy, and Right Action with behavioral activation produces a system that is both scientifically grounded and culturally congruent.

The ultimate goal of this model is not to produce morally perfect youth, but to empower young people to liberate themselves from cycles of unrealistic expectations, cultivate a stable inner refuge, and foster sustainable well-being autonomously. This model offers a comprehensive pathway for developing genuinely responsive mental health systems at the levels of schools, families, communities, and public health policy in societies where Buddhism constitutes a deep cultural foundation.

This article has examined youth depression in Ho Chi Minh City through the integrated lens of Buddhist psychology and Cognitive Behavioral Therapy, generating a framework that is simultaneously theoretically rigorous, culturally grounded, and practically applicable. The analysis has demonstrated that depression among Vietnamese youths is not a purely intrapsychic disorder but a multidimensional conditioned experience shaped by academic competition, family misunderstanding, digital social comparison, shame-based self-worth, and the collapse of existential meaning. These conditions cannot be adequately addressed through biomedical or individually focused clinical models alone.

The Four Noble Truths provide a comprehensive diagnostic framework that maps the full arc of depressive suffering from its phenomenological manifestation in emotional numbness and withdrawal, through its causal roots in conditional self-worth and craving for external validation, to the possibility of its transformation through systematic training in

wisdom, ethics, and mental discipline. The Noble Eightfold Path, in turn, constitutes a complete psychological intervention architecture whose mechanisms converge meaningfully with CBT at the level of cognitive change, emotional regulation, behavioral activation, and attentional training. This convergence is not superficial but reflects a deep structural compatibility rooted in both systems' shared recognition that psychological suffering arises from distorted perception and is transformable through intentional, sustained mental cultivation.

The proposed integrated model makes four distinct contributions to knowledge. First, it reconceptualizes youth depression as conditioned suffering rather than individual pathology, broadening the theoretical vocabulary available for culturally sensitive intervention design. Second, it introduces the concept of inner refuge as a bridging construct that explains why symptom-focused treatment alone is insufficient for many depressed youths. Third, it offers the first systematic mapping of the complete Noble Eightfold Path onto CBT mechanisms within a Vietnamese youth mental health context. Fourth, it demonstrates the feasibility of a culturally grounded, scalable problem-solving pathway that honors Buddhist wisdom while remaining aligned with contemporary psychological science.

Ultimately, the goal of this model is not to produce morally exemplary youth, but to **empower young people to reconstruct a stable inner foundation**, liberate themselves from cycles of unrealistic expectation and shame-based self-worth, re-engage with life through meaningful and ethical action, and cultivate sustainable well-being rooted in wisdom and compassion. In a society where Buddhism provides both a philosophical heritage and a living community of practice, this integration offers not only a therapeutic framework but a **cultural pathway to healing** one that speaks the language of the people it seeks to serve.

RECOMMENDATIONS FOR IMPLEMENTATION

The new knowledge generated by this model carries concrete implications for practice across five domains. The following recommendations are grounded in the empirical and theoretical findings of this study and are designed to be actionable within the sociocultural realities of Ho Chi Minh City and comparable Vietnamese urban contexts.

Recommendation 1: School-Based Psychoeducational Programs

What to implement: Educational institutions should integrate short, modular psychoeducational programs based on the Buddhist Psychology–CBT framework into existing student development curricula. These programs should include foundational psychoeducation about the thought–emotion–behavior cycle, brief mindfulness practices such as mindful breathing and body awareness, compassion-based self-reflection exercises, simple cognitive reframing activities grounded in Right View, and behavioral engagement tasks aligned with Right Action.

How to implement it: Programs should be designed as six-to-eight-week modules delivered by trained school counselors or teachers, with sessions lasting no longer than forty-five minutes to accommodate school timetables. Content should be framed in secular psychological language rather than explicitly religious terminology to maximize accessibility for students of diverse backgrounds. Assessment tools should be culturally adapted, favoring reflective journals, self-observation checklists, and guided group discussions over clinical questionnaires that may carry stigma.

Who should lead it: School counselors trained in both CBT principles and basic Buddhist psychological concepts should serve as primary facilitators. Where such personnel are unavailable, collaboration with local Buddhist community organizations particularly those with trained monastics who have received psychological skill-building can supplement institutional capacity through task-shifting arrangements.

NEW KNOWLEDGE

The body of knowledge presented in this framework was derived through a systematic synthesis of the article’s analysis of youth depression in Ho Chi Minh City. The article begins by examining the real conditions of depression among youths and identifies multiple interrelated risk factors, including academic pressure, family conflict, structural limitations in mental health services, and the influence of digital media. These conditions are then interpreted through the lens of Buddhist psychology, which views depression not merely as an individual pathology but as a form of suffering arising from interconnected causes and conditions.

Within this framework, the Four Noble Truths serve as a diagnostic structure for understanding depressive suffering. They guide the process of recognizing suffering, identifying

its causes, acknowledging the possibility of transformation, and establishing a practical path toward healing. The Noble Eightfold Path is subsequently translated into a multidimensional therapeutic process involving wisdom, ethical conduct, and mental discipline. The article further connects these Buddhist principles with key mechanisms of Cognitive Behavioral Therapy, such as cognitive restructuring, mindfulness training, emotional regulation, and behavioral activation.

As a result, the proposed knowledge framework emerges from the integration of Buddhist wisdom and contemporary psychological science. It demonstrates that distorted thinking in CBT corresponds to wrong view in Buddhism, while mindfulness practice corresponds to Right Mindfulness. This synthesis leads to a four-stage model consisting of mindful awareness, investigation of causes, inner transformation, and integration into daily life. The model is also shaped by the cultural context of Vietnam, where Buddhism remains an important cultural foundation and where access to professional mental health services is limited. Therefore, this body of knowledge represents a culturally responsive and theoretically grounded approach to addressing youth depression by combining Buddhist psychological insight with modern therapeutic tools.

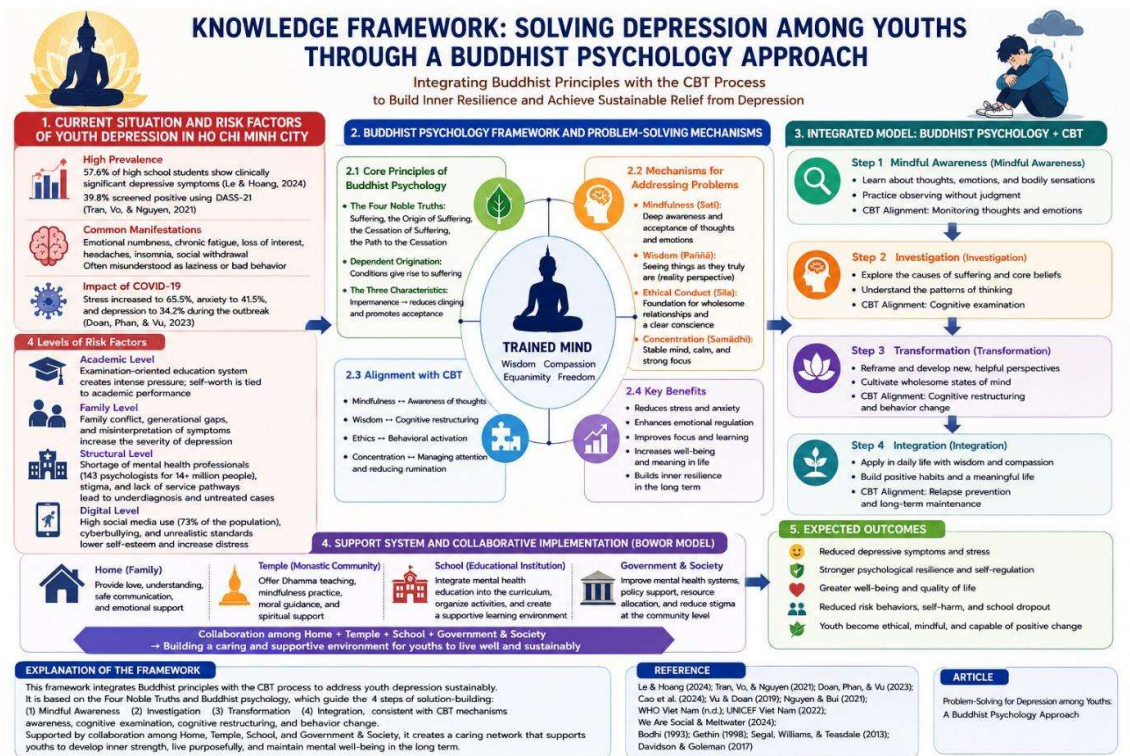


Figure 1. Knowledge Framework for Solving Depression among Youths through a Buddhist Psychology Approach

This diagram presents a knowledge framework for solving depression among youths through an integrated Buddhist Psychology and Cognitive Behavioral Therapy (CBT) approach. The framework is developed from the article “Problem-Solving for Depression among Youths: A Buddhist Psychology Approach,” which analyzes youth depression in Ho Chi Minh City as a multidimensional problem caused by academic pressure, family conflict, digital comparison, structural limitations in mental health services, and the loss of meaning in life.

The diagram is organized into five major sections. The first section explains the current situation and risk factors of youth depression in Ho Chi Minh City. It highlights the high prevalence of depressive symptoms among students, common manifestations such as emotional numbness, chronic fatigue, social withdrawal, headaches, and insomnia, and the long-term psychological effects of the COVID-19 pandemic. It also identifies four levels of risk factors: the academic level, family level, structural level, and digital level. These factors show that depression among youths is not merely an individual psychological disorder, but a conditioned experience shaped by social, cultural, educational, and technological environments.

The second section presents the Buddhist Psychology framework and its problem-solving mechanisms. At the center of the diagram is the trained mind, which represents the cultivation of wisdom, compassion, equanimity, and freedom. Buddhist Psychology is grounded in the Four Noble Truths, Dependent Origination, and the Three Characteristics of Existence. These principles help youths understand suffering, identify its causes, recognize the possibility of release, and follow a practical path toward healing. The diagram also shows key Buddhist mechanisms for addressing mental distress, including mindfulness, wisdom, ethical conduct, and concentration. These mechanisms correspond to important therapeutic processes in CBT, such as awareness of thoughts, cognitive restructuring, behavioral activation, and the reduction of rumination.

The third section proposes an integrated model combining Buddhist Psychology with CBT. The model consists of four steps. Step 1 is Mindful Awareness, in which youths learn to observe their thoughts, emotions, and bodily sensations without judgment. Step 2 is Investigation, where they explore the causes of suffering, core beliefs, and harmful patterns of thinking. Step 3 is Transformation, which involves reframing negative thoughts, cultivating wholesome mental states, and developing more helpful perspectives. Step 4 is Integration, where youths apply wisdom and compassion in daily life, build positive habits, and prevent

relapse. These four steps show how Buddhist principles can be translated into a practical psychological intervention.

The fourth section explains the support system and collaborative implementation. The diagram emphasizes that youth depression cannot be addressed by the individual alone. It requires cooperation among the family, temple or monastic community, school, government, and society. The family provides love, communication, and emotional support. The temple offers Dharma teaching, mindfulness practice, moral guidance, and spiritual support. The school integrates mental health education into the curriculum and creates a supportive learning environment. Government and society improve mental health policy, allocate resources, and reduce stigma at the community level. This support system creates a caring environment that helps youths recover and live sustainably.

The fifth section presents the expected outcomes of the framework. These outcomes include reduced depressive symptoms and stress, stronger psychological resilience and self-regulation, greater well-being and quality of life, reduced risk behaviors, self-harm, and school dropout, and the development of youths who are ethical, mindful, and capable of positive change.

Overall, the diagram shows that the integration of Buddhist Psychology and CBT provides both theoretical depth and practical applicability. Buddhist Psychology contributes wisdom, compassion, mindfulness, ethical awareness, and inner refuge, while CBT contributes structured techniques for identifying thoughts, regulating emotions, changing behavior, and preventing relapse. When these two approaches are combined and supported by family, temple, school, government, and society, they create a culturally appropriate and sustainable pathway for addressing youth depression.

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