

The Brahmaviharas in Buddhist Philosophy for Health and Clinical Teaching: A Pathway to Mindfulness and Well-being

Commentary

Sethul Hoeur^{1*}, Sambath Cheab² and Tineke Water³

¹ Department of College Counselling, Paragon International School

² Department of Learning & Teaching, Phnom Penh 12211, University of Puthisastra

³ Department of Research, University of Puthisastra, Phnom Penh 12211, Cambodia

Article history

Received: 27 May 2025

Revised: 16 July 2025

Accepted: 6 August 2025

Published: 4 September 2025

Keywords

Brahmaviharas

Mindfulness

Mental health

Health-professional education

Cambodia

Abstract: This commentary examines the relevance of the Brahmaviharas — loving-kindness (Metta), compassion (Karuna), sympathetic joy (Mudita), and equanimity (Upekkha) — within Buddhist philosophy as a culturally grounded framework for wellbeing and emotional resilience in the Cambodian context. Integrated into clinical teaching, these virtues can contribute to better patient outcomes and the future development of health professionals. As mindfulness gains global recognition, particularly in mental health interventions, Cambodia's cultural and spiritual traditions offer a rich foundation for integrating Buddhist ethical and meditative practices into everyday life and clinical practice. Drawing on historical context and recent research, the authors propose that the Brahmaviharas offer a practical and culturally relevant approach to cultivating emotional resilience, mitigating psychological distress, and promoting inner peace.

Mindfulness-based interventions (MBIs) are gaining global recognition as a strategy to address the growing levels of psychological distress among both students and healthcare professionals. Mindfulness-based interventions include a suite of practices that support positive mental health, such as meditation, or can underpin therapies such as Dialectical Behaviour Therapy (DBT) and Acceptance and Commitment Therapy (ACT) (Pedro et al., 2021). Research has shown that MBIs are effective in managing various mental health conditions, including depression, anxiety, stress, and chronic pain (Zhang et al., 2021). However, when imported uncritically, MBIs may feel more culturally alien (Yang, 2021) and ethically thin (Berryman, 2025). This commentary proposes the Brahmaviharas—Metta, Karuna, Mudita, and Upekkha—as a culturally grounded framework for enhancing mindfulness-based health promotion and clinical education in Cambodia. By situating mindfulness within the affective and ethical domain of the Brahmaviharas, we argue that educators and policy-makers can cultivate emotionally resilient, wholesome, and ethically sensitive health professionals.

Theravada Buddhism is practiced by more than 95 % of Cambodians and remains the dominant moral and philosophical framework despite historical layers of animism, Hinduism, and Mahāyāna influence (Harris, 2005; Ledgerwood, 2008). Duong (2009) explains that Theravada Buddhism has played a dual role in Cambodia, acting both as a source of ethical guidance and as a foundational social structure. Rather than being limited to personal spiritual pursuit, the tradition evolved into a community-based movement that significantly influenced Cambodian society. By extending monastic principles beyond royal and elite circles to rural communities, it transformed local temples into key institutions for education, moral

*Corresponding author: Sethul Hoeur, sethulh@gmail.com

© 2025 University of Puthisastra Co., Ltd. All rights reserved.

instruction, and public service, thereby fostering both spiritual renewal and grassroots social development.

A connection to Brahmviharas is retained amongst Cambodian immigrants, signaling the deep-rooted cultural ties to Buddhist practices, beyond borders. Sophea (2023) examines how Theravada Buddhism remains deeply intertwined with Khmer identity among Cambodian immigrants in the Chicago area of the United States. For many, being Khmer is closely associated with being Buddhist, and this connection continues to shape their cultural and spiritual lives in the diaspora. Buddhist temples in the region function not only as places of worship but also as important community centers that help preserve Cambodian traditions, language, and values across generations. Although certain religious practices have been adapted to suit contemporary American lifestyles, the fundamental rituals and social structures, such as offerings to monks and participation in religious festivals, persist as key expressions of Khmer identity and cohesion.

Derek Rasmussen (2024) explains that the Brahmviharas are fundamental to Buddhist practice, described as "immeasurable" because they transcend personal gain and extend to care universally to all living beings. Their consistent ritual reinforcement makes the Brahmviharas a culturally familiar and accessible vehicle for promoting emotional well-being and ethical conduct (Rasmussen, 2024). By leveraging concepts that Cambodians already understand and value, mental health interventions grounded in these principles can reduce cultural dissonance and enhance acceptability in both educational and clinical contexts.

Mindfulness (sati) as a strategy cultivates non-judgmental awareness of present-moment experience (Ji, 2023), whereas the Brahmviharas as an individual value, deliberately shape one's affective stance toward self and others (Gauer, 2022). Classical texts describe them as interdependent: mindfulness provides the attentional stability required to generate the Brahmviharas, which in turn supports the practice of mindfulness with warmth and ethical intention (Ciravaddhano & Namthep, 2025). Contemporary clinical science echoes this synergy. Programs such as Mindfulness-Based Compassionate Living and C-METTA demonstrate that combining mindfulness with loving-kindness or compassion practices yields additive benefits for stress reduction, empathy, and post-traumatic growth (Micklitz et al., 2021; Müller-Engelmann et al., 2024). Framing MBIs through the Brahmviharas, therefore, both honors Cambodian cultural roots and deepens therapeutic potency.

Metta is the unconditional wish that all beings be happy, articulated in the *Karaṇīya Metta Sutta*. In Cambodia it surfaces in almsgiving, caring for elders, and community rituals (Harris, 2005). Metta meditation improves sleep quality, reduces nightmares, and enhances self-acceptance among trauma survivors (Tongsupachok et al., 2024). Loving-kindness (Metta) inspires educators to cultivate compassionate, attentive, and nurturing classroom environments that support students' academic achievement alongside their ethical and emotional growth. When teachers exemplify Metta in their conduct, they become influential role models, fostering student engagement, self-esteem, cooperation, and personal responsibility. Incorporating Metta into the educational process—through mindfulness practices, moral discussions, and emotional intelligence training—encourages a more holistic and learner-centered approach. Although particularly aligned with Buddhist educational settings, this method can be effectively extended to other contexts when applied with cultural awareness and sensitivity (Tongsupachok, Pannavaravuddhi, & Mahatthanadull, 2024).

Karuna is the heartfelt motivation to alleviate suffering, central to the Buddha's first sermon. Expressed through charity at pagodas and community support during *Pchum Ben* and other Buddhism ceremonies (Marston, 2011). Compassion practices correlate with lower burnout and higher job

satisfaction among health workers (Thammarongpreechachai et al., 2021). Case-based reflections on patient hardship, role-modelling advocacy in resource-limited clinics, and incorporating compassion rounds can operationalise Karuna (Rosenberg, 2022). Amid global unrest marked by social inequality, violence, and moral indifference, Karuna serves as a transformative ethical approach for fostering peace, justice, and communal well-being. Soguilon (2024) emphasises that integrating Karuna into key sectors such as education, healthcare, politics, and community leadership can significantly contribute to building more compassionate and harmonious societies.

Mudita is empathetic joy in others' happiness, such as feeling genuinely pleased when a patient makes progress. This is seen as a delight in another's success, counteracting envy, celebrated in Khmer homes and temples when students graduate or neighbors prosper (Ebihara et al., 1994). Cultivating Mudita strengthens social connectedness, a robust predictor of psychological well-being (Menon, 2024). For example, teachers or mentors may feel joy when their students graduate, win awards or successfully publish a paper.

Upekkha embodies balanced awareness amid gain and loss. Monks exhort grieving families to embrace Upekkha at funerals, modeling calm acceptance (Zucker, 2021). Equanimity practices have been shown to reduce rumination and improve adaptive coping among students (Priest, 2024). Training in brief equanimity meditations before high-pressure procedures and framing errors as learning opportunities cultivates a balanced approach to professionalism. DeDecker (2023) outlines how care for others evolves into a practical and embodied competency through processes such as mindful awareness, empathetic connection, and reflective response. Rather than remaining an abstract emotion, compassion is enacted through intentional practices that enhance caregiving. Actively engaging in compassionate care can reduce professional burnout, strengthen ethical resilience, and improve the quality of interactions between healthcare providers and patients. DeDecker also highlights the need for organizational structures—including supportive leadership, reflective opportunities, and systemic reinforcement—to ensure that care for others is consistently cultivated and sustained within demanding clinical settings. Breathing-focused mindfulness practices and naturally high levels of equanimity have been shown to lessen automatic tendencies to move toward pleasant stimuli and withdraw from unpleasant ones. This suggests that developing equanimity may support more stable and conscious reactions to emotionally charged situations (Juneau, Shankland, Knäuper, & Dambrun, 2021).

The four domains of Brahmaviharas already infuse Cambodian daily life—from the loving kindness (Metta) shown in family caregiving to the equanimity (Upekkha) evoked at funerals—creating “living laboratories” where people learn compassion, appreciative joy, and balance by example. Building on this cultural foundation, Agrawal and Sahota (2023) demonstrate that Brahmavihara-based workplace programs—typically a combination of guided meditation, self-reflection, and group exercises—strengthen emotional intelligence, teamwork, and empathy, while reducing anxiety and depression. Parallel evidence from Buddhist universities suggests that incorporating Metta practices into teaching reduces stress, fosters social connectedness, and promotes ethical development among students and faculty (Tongsupachok et al., 2024). These outcomes align with findings by Lemberger-Truelove et al. (2021), who demonstrate that pairing Social and Emotional Learning curricula with mindfulness training enhances adolescents' resilience, curiosity, and cognitive control.

In health and social-service settings, the same integration proves equally powerful. Saipetch (2023) and Kalra et al. (2018) report that combining Buddhist ethics with modern clinical care improves patient satisfaction, practitioner well-being, and therapeutic effectiveness. Physician-focused studies confirm the point: mindful communication training reduces burnout for U.S. primary care doctors for at least 15

months (Krasner et al., 2009), and an eight-week meditation course in China increased doctors' mindfulness and patient safety scores while decreasing adverse event rates (Liu et al., 2022). A parallel review in social work has linked MBIs to higher empathy, better stress management, and more patient-centered practice (Trowbridge et al., 2016). Taken together, the evidence suggests that culturally tailored, Brahmavihāra-informed MBIs could be co-developed by Cambodia's Ministry of Health, Ministry of Education, Youth and Sport, and the Buddhist Sangha, and embedded in national mental health and professional training programs. Threading these four virtues through curricula, mentorship, and policy would provide a coherent, evidence-based path to cultivate resilient, compassionate, and ethically grounded practitioners capable of meeting Cambodia's evolving health challenges with skillful hands and open hearts. Future research should pilot and evaluate such models to fine-tune their reach and impact.

In conclusion, the Brahmaviharas are not abstract ideals; they are living, practised values embedded in Cambodia's cultural and spiritual fabric. Harnessing Metta, Karuna, Mudita, and Upekkha as the foundation for mindfulness-based interventions offers an immediately recognizable, ethically rich, and emotionally resonant pathway for education and healthcare training. By embedding these virtues into medical and social service curricula, professional mentorship, and national policy, Cambodia can cultivate health professionals who are not only clinically competent but also deeply compassionate, ethically resilient, and attuned to the communities they serve. Integrating Brahmavihāra-informed mindfulness into classrooms, clinics, and community programs would transform existing "living laboratories" into intentional spaces for cultivating empathy, emotional regulation, and cultural pride. In doing so, Cambodia can lead by example—showing how traditional wisdom, when thoughtfully applied, can elevate contemporary education and practice, strengthen public health systems, and nurture a new generation of practitioners ready to meet the nation's challenges with clarity, balance, and an unwavering commitment to the well-being of all.

Acknowledgments

Dr. Michael Renfrew for his support and feedback on the developing manuscript.

Conflicts of interest

There are no conflicts of interest associated with writing this commentary.

References

- Agrawal, J., & Sahota, P. B. K. (2023). *Brahmavihara and its potential benefits for a harmonious workplace*. <https://doi.org/10.31231/osf.io/unksp>
- Berryman, K. (2025). The ethical dimensions of mindfulness in public health. *Mindfulness*, 16(3), 738-747.
- Ciravaddhano, P. J., & Namthep, P. P. (2025). Loving-kindness meditation with Dhamma Gita for mental well-being of adolescents. *Journal of MCU Buddhist Review*, 9(1), 69–83.
- DeDecker, J. L. (2023). *Fostering Compassion: A Grounded Theory of the Experience of Engaged Compassion* (Doctoral dissertation, Saybrook University).
- Duong, J. S. (2009). *The influence of Theravada Buddhism on spiritual and social reforms in Cambodia* (Doctoral dissertation, California Institute of Integral Studies, San Francisco).
- Ebihara, M. M., Mortland, C. A., & Ledgerwood, J. (Eds.). (1994). *Cambodian culture since 1975: Homeland and exile*. Cornell University Press.
- Gauer, J. P. (2022). Yoga and Brahmavihārā: Expanding the Concept of Self to Include Others". *Say Something Theological: The Student Journal of Theological Studies*, 5(1), 1.
- Harris, I. (2005). *Buddhism under Pol Pot*. In I. Harris (Ed.), *Cambodian Buddhism: History and practice* (pp. 100–122). University of Hawaii Press.

- Ji, M. (2023). The Origin of Mindfulness Revisited: A Conceptual and Historical Review. *Lecture Notes in Education Psychology and Public Media*, 25, 33-38.
- Juneau, C., Shankland, R., Knäuper, B., & Dambrun, M. (2021). Mindfulness and equanimity moderate approach/avoidance motor responses. *Cognition and Emotion*, 35(6), 1085-1098.
- Kalra, S., Priya, G., Grewal, E., Aye, T. T., Waraich, B. K., SweLatt, T., ... & Kalra, B. (2018). Lessons for the health-care practitioner from Buddhism. *Indian journal of endocrinology and metabolism*, 22(6), 812-817.
- Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., Mooney, C. J., & Quill, T. E. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA*, 302(12), 1284-1293. <https://doi.org/10.1001/jama.2009.1384>
- Ledgerwood, J. (2008). Buddhist practice in rural Cambodia: Negotiating meaning and authenticity. In J. Marston & E. Guthrie (Eds.), *History, Buddhism, and new religious movements in Cambodia* (pp. 147-168). University of Hawaii Press
- Lemberger-Truelove, M. E., Ceballos, P. L., Molina, C. E., & Carbonneau, K. J. (2021). Growth in middle school students' curiosity, executive functioning, and academic achievement: Results from a theory-informed SEL and MBI school counseling intervention. *Professional School Counseling*, 24(1_part_3), 2156759X211007654.
- Liu, C., Chen, H., Cao, X., Sun, Y., Liu, C. Y., Wu, K., ... & Chiou, W. K. (2022). Effects of mindfulness meditation on doctors' mindfulness, patient safety culture, patient safety competency and adverse event. *International journal of environmental research and public health*, 19(6), 3282.
- Marston, J. (2011). *Anthropology and the funeral: Death ritual in Cambodia*. In J. Marston & E. Guthrie (Eds.), *People of virtue: Reconfiguring religion, power and moral order in Cambodia today* (pp. 217-236). Nordic Institute of Asian Studies. ISBN: 978-87-7694-037-9
- Menon, S. (2024). *Breathe, Bend, Be: Exploring the Eight Limbs of Yoga for Holistic Harmony*. Hay House Publishers India.
- Micklitz, K., Wong, G., & Howick, J. (2021). Mindfulness-based programmes to reduce stress and enhance well-being at work: A realist review. *BMJ Open*, 11(3), e043525. <https://doi.org/10.1136/bmjopen-2020-043525>
- Müller-Engelmann, M., Bahnemann, L., & Kümmerle, S. (2024). The effects of a combination of cognitive interventions and loving-kindness meditations (C-METTA) on guilt, shame, and PTSD symptoms: Results from a pilot randomized controlled trial. *European Journal of Psychotraumatology*, 15(1), 2308439. <https://doi.org/10.1080/20008066.2024.2308439>
- Pedro, J., Monteiro-Reis, S., Carvalho-Maia, C., Henrique, R., Jerónimo, C., & Silva, E. R. (2021). Evidence of psychological and biological effects of structured Mindfulness-Based Interventions for cancer patients and survivors: A meta-review. *Psycho-Oncology*, 30(11), 1836-1848.
- Priest, G. (2024). Science, reason, and Buddhism. In Y. Nagasawa & M. S. Zarepour (Eds.), *Global dialogues in the philosophy of religion: From religious experience to the afterlife* (pp. 139-154). Oxford University Press.
- Rasmussen, Derek. (2024). *On Appreciative Joy and How the Buddha Taught the Four Immeasurables*. SFU Edu Thesis Dec 2024, Derek Rasmussen.pdf. 10.13140/RG.2.2.26007.89761.
- Rosenberg, J. (2022). 7th Public Health Palliative Care. *Practice*, 16, 1-119.
- Saipetch, V. (2023). Buddhist mental health: Integration of Buddhist principles with contemporary mental health care. *Journal of Applied Humanities Studies*, 1(1), 1-19.
- Saenburan, P. (2024). Teaching Buddhism in the 21st Century: Integrating Tradition with Modern Educational Practices. *Journal of Exploration in Interdisciplinary Methodologies (JEIM)*, 1 (1), 1-10. Retrieved from <https://so19.tci-thaijo.org/index.php/JEIM/article/view/604>
- Soguilon, W. K. D. (2024). The compassionate Buddhist: A preliminary reflection on the Buddhist concept of Karuna and its implications. *Open Access Library Journal*, 11(10), 1-12.
- Sophea, L. (2023). *Buddhism and Its Role in Khmer Chicagoland: To Be Khmer Is to Be Buddhist* (Master's thesis, Northern Illinois University).
- Thammarongpreechachai, P., Teerapong, T., Wongpinpech, V., & Weinstein, B. (2021). Effects of self-compassion on the Four Immeasurable and happiness of volunteers in the Bangkok Metropolitan Region. *Mental Health, Religion & Culture*, 24(9), 918-930. <https://doi.org/10.1080/13674676.2021.1965109>
- Tongsupachok, S., Pannavaravuddhi, P., & Mahatthanadull, S. (2024). Application of Buddhist loving-kindness (Metta) to the learning process in modern education in Buddhist universities. *The Journal of Sirindhornparithat*, 25(1), 633-651.
- Trowbridge, K., & Mische Lawson, L. (2016). Mindfulness-based interventions with social workers and the potential for enhanced patient-centered care: A systematic review of the literature. *Social work in health care*, 55(2), 101-124.
- Yang, H. (2021, June). The Effect of Mindfulness-Based Interventions as Therapy from Buddhist Perspective on Clinical Psychotherapy of Depression. In *2021 2nd International Conference on Mental Health and Humanities Education (ICMHHE 2021)* (pp. 134-139). Atlantis Press.

-
- Zucker, E. (2021). *Trauma, moral personhood and Buddhist concepts of suffering in Cambodia*. *Culture, Medicine, and Psychiatry*, 45(3), 359–378. <https://doi.org/10.1007/s11013-021-09721-6>
- Zhang, D., Lee, E. K., Mak, E. C., Ho, C. Y., & Wong, S. Y. (2021). Mindfulness-based interventions: an overall review. *British medical bulletin*, 138(1), 41-57.