

3rd icH&Hpsy 2017
3rd International Conference on Health and Health Psychology

**THE RELATIONSHIP BETWEEN NON-ATTACHMENT
AND MENTAL HEALTH AMONG VIETNAMESE BUDDHISTS**

Hang N. T. Nguyen (a)*, Ngan H. Dang (b), Hoang V. Nguyen (c)
*Corresponding author

(a) University of Social Sciences and Humanities, Vietnam National University, Hanoi, Vietnam,
minhhangnt@gmail.com

(b) University of Social Sciences and Humanities, Vietnam National University, Hanoi, Vietnam,
danghoangngan@gmail.com

(c) University of Minnesota – Twins Cities, USA, hoangnv@gmail.com

Abstract

Evidence shows that those who practice Buddhism have positive mental health. Such research, however, is nearly non-existent in Vietnam, a country with a long Buddhist tradition. What is the relationship between non-attachment and mental health (stress, anxiety, and depression) in Buddhists, and what is the most influential variable that affects the non-attachment and mental health of Buddhists? The purposes of this study are (1) to examine the relationship between non-attachment in Buddhism and several mental health components (stress, anxiety and depression), and (2) to explore, within the demographic and religious variables, the most influential variable that affects the non-attachment and mental health of Buddhists. The participants were 472 Buddhists (427 laypersons, 45 monks; 339 women and 130 men) from four *sanghas* located around Vietnam. Data were collected from January to April of 2016. Each participant underwent a battery of measures comprised of the Non-attachment Scale, the Depression, Anxiety, and Stress Scale (DASS-42), and a demographic questionnaire. A negative correlation was found between non-attachment and negative mental health components (stress, anxiety, and depression) within the sample group. Three variables – frequency of practicing dharma, belief in dharma, and change of mind since practicing dharma – were correlated with non-attachment and mental health. Frequency of practicing dharma and change of mind since practicing dharma were the best predictors of non-attachment and positive mental health. Results showed that practicing non-attachment improves mental health. Practicing Buddhism is strongly related to religious commitment, which helps individuals strengthen their beliefs in Buddhism and non-attachment, where they are free of external pressures and, hence, happier.

© 2017 Published by Future Academy www.FutureAcademy.org.UK

Keywords: Non-attachment, mental health, Buddhism, Vietnamese Buddhists.



This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 Unported License, permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is

1. Introduction

Vietnam has a long Buddhist tradition and two of its Dynasties, the Ly and the Tran, even honoured Buddhism as the religion of the country. Today, although there are different religions in the country, Buddhism remains the religion with the highest number of followers. All Vietnamese people to some extent hold beliefs that are deeply rooted in Buddhist *dharma* (teaching), such as *karma*, the principle of cause and effect, and reincarnation. In the context of contemporary Vietnamese society, although wars have ended, suffering caused by wars remains everywhere, in every person and every Vietnamese family. Additionally, other catastrophes, such as natural disasters, traffic accidents, family violence, and pollution, tend to increase gradually. These natural and human-caused problems have put much mental pressure on people, and many have been diagnosed with psychological disorders. Recent studies have shown that stress, anxiety, and depression have increased in Vietnam. Research by Le (2009) on senior high school students showed that 49.2% of students had extremely severe levels of stress. Explanations for this tendency included less free time for relaxation and play due to tight study schedules, the huge amount of knowledge they were expected to master in class, and pressure related to the high school graduation and college entrance exams. Research on 600 high school students, using a subscale of the Depression, Anxiety, and Stress Scale (DASS-42) known as DASS-21 and the Zung Anxiety Scale, found that 21.6% of students had anxiety disorders (Nguyen, 2009). Factors that affected anxiety in students included pressure from preparing for the college entrance exam, maintaining academic performance, preparing for career orientation, and feeling inferior in comparison to peers. Research by Le (2001) on 252 college students using DASS-42 showed that 11% of students (7% female and 4% male) had anxiety and 5% had depression at severe levels. Additionally, 2% of students were diagnosed with severe levels of stress, 2% with depression, and 12% with anxiety. Tran (2012) studied 483 medical school students in Ho Chi Minh City using the DASS-21 subscale and found that 71.4% of students were diagnosed with stress, 22.4% had anxiety, and 28.8% had depression at mild and moderate levels. Furthermore, 52.8% of students were diagnosed with all three disorders and these diagnoses did not differ by gender or living location. At severe and extremely severe levels, however, male students were more likely than female students to be diagnosed with these disorders. Other studies using different scales and surveys also yielded some concerning results: 79.01% of university students had mild stress and 3.02% experienced moderate stress (Nguyen T., 2009), and 42% of high school students had severe stress and 15.33% suffered very severe stress (Pham, 2007). Research conducted by one of the current authors studied 466 students in Hanoi and Hai Phong, and showed that 36.9% of students had moderate and severe anxiety, 5.1% displayed moderate depression, and 1.8% suffered from severe depression (Nguyen, 2014). Further research by this author concerning 150 gifted students in Hanoi showed that 59.3% of students had mild stress and 14.7% of students had medium stress (Nguyen, Hoang, & Nong, 2016). Most research concerning mental health in Vietnam, however, has focused on high school and college students.

In the context of increases in the factors that negatively affect mental health, as mentioned above, the practice of Buddhism has been expanding over the last decade in Vietnam, as well as throughout the world. Evidence shows that those who practice Buddhism have positive mental health. According to the Mental Health Foundation, one in four British adults practices meditation, and 50% would be interested in learning to meditate as a means of coping with stress and improving their health (Shonin, Gordon, &

Griffiths, 2014). Research shows that Buddhist teachings and Buddhist practice help people regulate their emotions (Desbordes et al., 2012; Van Gordon, Shonin, Sumich, Sundin, & Griffiths, 2013), reduce symptoms of depression (Burns, Lee, & Brown, 2011) and stress (Dane, 2000; Sooksawat, Janwantanakul, Tencomnao, & Pensri, 2013), feel more lively (Bitner, Hillman, Victor, & Walsh, 2003), and improve their personal relationships. Research conducted by Wang, Wong, and Yeh (2016) with 262 Taiwanese students showed that non-attachment (release from mental fixations; Sahdra, Shaver, & Brown, 2010) had significant positive correlations with confidence, life satisfaction, positive emotions, peaceful mentality, and happiness, and displayed significant negative correlations with negative emotions and psychological stress. Moreover, non-attachment is strongly negatively correlated with negative emotions, psychological stress, anxiety, and depression. A combination of high non-attachment and high dialectical coping is correlated with low stress and high happiness (Wang et al., 2016). A study by Sahdra and Shaver (2013) considered that non-attachment had a negative correlation with anxiety attachment, and that non-attachment can predict close-mindedness. Furthermore, non-attachment and compassion could predict prosocial behaviours in adolescent men and women.

According to Shonin et al. (2014), practicing mindfulness has been developed into Mindfulness-based Cognitive Therapy, which has been applied by both the National Institute for Health and Care Excellence, and by the American Psychiatry Association for treating depression. Furthermore, using meditation in treating disorders relating to stress, anxiety, and panic is reported to be effective (Kabat-Zinn et al., 1992). In recent years, the application of Buddhism to psychological health care has increased at a rapid rate. To be more specific, in 2012, there were approximately 500 scientific articles concerning the principles and practices of Buddhism, such as mindfulness, non-self, non-attachment, and compassion; between 2002 and 2012, only 50 articles on similar subjects were published (Shonin et al., 2014). In addition to meditation and mindfulness, other teachings of Buddhism, such as compassion, loving kindness, and non-self, are being applied in interventions for psychological disorders such as affective disorders, addiction and substance abuse, and schizophrenia (Shonin et al., 2014). Research also shows that this therapeutic approach is effective with diverse disorders, including chronic pain, stress, body dysmorphic disorder, anxiety, depression, obsessive-compulsive disorder, post-traumatic stress disorder, insomnia, eating disorders, personality disorders, and borderline disorder (Lee & Geffen, 2008; Murphy & Donovan, 1997; Walsh, 2008). Meditation, mindfulness, non-attachment, and compassion play important roles in different aspects of mental health (Fletcher, Schoendorff, & Hayes, 2010; Hayes, 2002; Neff, 2003a; Neff, 2003b; Sahdra et al., 2010). Non-attachment, in particular, helps people avoid suffering and enhance their perception, metacognition, and psychological flexibility (Wendling, 2012).

The following definition of terms will prove useful for readers unfamiliar with the concepts related to the premise of this study.

1.1 Non-attachment

Buddhism is considered to be a philosophical, psychological, ethical, and cultural system that offers varied solutions to human suffering (Kelly, 2008). Buddhism also offers many different practices to reduce suffering, to cultivate peace and happiness, and to finally be free of suffering.

One of the basic teachings in Buddhism that addresses suffering, or *dukkha* in Pali, is The Four Noble Truths, or *Ariya Sacca*. These include (i) the nature of suffering, (ii) the cause of suffering, (iii) the end of suffering, and (iv) the path leading to the end of suffering (*Dhammacakkapavattana Sutta*). Buddhism views suffering as the nature of life, but not in negative terms. In fact, Buddhism states that suffering is manmade through human desires, lusts, hatred, and ignorance. Clinging to success, body, mind, career, appearance, youth, and even life, which are temporary, cause people to suffer and be dependent on external stimuli in order to feel happiness. People therefore feel obstructed and dependent on ideas, images, sensations, or experiences, and suffer from pressure to achieve, hold, change, and avoid whatever they think they are suffering from (Sahdra et al., 2010; Tart, 1997). Thus, when desire, lust, hatred, ignorance, and attachment are eliminated, people achieve a state of freedom and happiness. This happiness is no longer dependent on external stimuli and people are able to ‘create’ happiness from within (Hanh, 1991). This state of happiness can only be achieved through practicing Buddhism’s Eight Noble Paths: right view, right intentions, right speech, right actions, right livelihood, right effort, right mindfulness, and right concentration. Practicing the Eight Noble Paths helps people reduce their attachment to emotions that arise when exposed to certain situations and to accept phenomena as they are, rather than illusions created by their mind (Grabovac, Lau, & Willett, 2011). Practitioners therefore learn how to transform and finally free themselves from suffering and achieve happiness (Ekman, Davidson, Ricard, & Wallace, 2005).

Shonin and colleagues (2014) defined attachment as ‘over-allocation of cognitive and emotional resources toward a particular object, construct, or idea to the extent that the object is assigned an attractive quality that is unrealistic and that exceeds its intrinsic worth’ (p. 126). According to Sahdra et al. (2010), a Buddhist approach to attachment implies possessiveness, jealousy, preoccupation, clinging, defensiveness, compulsion, obsession, acquisitiveness, defensive avoidance, competitiveness, and anxiety concerning gaining, escaping, or being able to avoid. Thus, non-attachment is a mental fixation ‘based on insight into the constructed and impermanent nature of mental representations’ (Sahdra et al., 2010, p. 116). We define non-attachment as being aware of the impermanence of things, leading to independence from both external factors, such as materials, relationships, and sensations, and internal factors, such as desires, feelings, and ego, allowing one to be free and able to create happiness.

1.2 Mental Health

We use the term ‘mental health’ to implicitly address three types of disorders: stress, anxiety, and depression.

2. Problem Statement

Several empirical studies have indicated a negative association between non-attachment and poor mental health; however, such research is nearly non-existent in Vietnam, a country with a long Buddhist tradition. The previous research discussed above suggests that we should conduct a study concerning the relationship between non-attachment and mental health in Vietnamese Buddhists.

3. Research Questions

Q1. What is the relationship between non-attachment and mental health (stress, anxiety, and depression) in Buddhists?

Q2. Are there differences in the relationship between non-attachment and mental health given different demographical variables?

Q3. Are there differences in the relationship between non-attachment and mental health given different religious variables?

Q4. Among the demographic and religious variables, what is the most influential variable affecting the non-attachment and mental health of Buddhists?

4. Purpose of the Study

The purposes of the study are to examine the relationships between non-attachment in Buddhism and several mental health components (stress, anxiety, and depression), and to explore demographic and religious variables to determine the most influential variable affecting the non-attachment and mental health of Buddhists.

5. Research Methods

5.1. Participants and Procedure

The study was conducted from April 2015 to July 2016, advancing through the following stages: a) researching theory and designing methods and research tools; b) conducting a pilot study, analysing data, and adjusting research tools; c) conducting the study; and d) analysing data and writing a report.

Participants included in this study were Buddhist followers who practiced Buddhism on a regular basis, listened to dharma talks directly or via social media, visited Buddhist temples and engaged in Buddhist ceremonies, and possessed a basic understanding of Buddhist teachings. Participants completed our survey at Buddhist temples under the guidance of the researchers.

Participants were collected from four *sanghas* (Buddhist community monks, nuns, novices, and laity), each of which corresponded to several provinces/cities (see Table 2).

Participants were informed of research goals and approximate survey time (about 30 minutes), were assured of confidentiality, and provided their informed consent. We did not ask participants to provide their names on the survey. Consenting participants were guided through completing the survey and providing answers for any question.

The pilot study was conducted on 53 participants in December 2015 and some items, due to mistakes in translation, were modified according to feedback from participants. The study was then conducted on 500 participants, of whom 472 completed the survey. Ages of participants ranged from 12 to 71 (mean age = 33.7 years).

5.2. Measures

5.2.1 Non-attachment Scale (NAS)

The NAS is a Likert-type scale that includes 30 items with ratings that range from 1 ('disagree completely') to 6 ('agree completely'); high scores indicate a greater level of non-attachment (Sahdra et al., 2010). Example items include 'I find I can be calm and/or happy even if things are not going my way', 'I can enjoy pleasant experiences without needing them to last forever', and 'I can see my own problems and shortcomings without trying to blame them on someone or something outside myself'. Participants were asked to read each item carefully and to decide how much they agreed with the item.

5.2.2 Depression, Anxiety, and Stress Scale (DASS-42)

The DASS-42 includes three sub-scales, each with 14 items representing 14 symptoms of mental health, which can relate to either stress, anxiety, or depression (Bilgel, & Bayram, 2010; Crawford & Henry, 2003; Lovibond, & Lovibond, 1995). Example items include 'I tended to over-react to situations', 'I felt scared without any good reason', and 'I felt that I had nothing to look forward to'. Participants were asked to read each item carefully and to indicate their experience with symptoms over the last week, using a scale ranging from 1 ('Did not apply to me at all') to 4 ('Applied to me very much'), with high scores indicating more frequent symptoms.

Table 1 describes the reliability of the NAS in our research, as well as in research conducted by Sahdra and her colleagues (2010). The reliability of all three sub-scales in our research was higher than in other research. Furthermore, the correlation between NAS and DASS-42 in our research is either equal to or higher than that found by Sahdra and her colleagues.

Table 01. Correlation between the Non-attachment Scale (NAS) and the Depression, Stress, and Anxiety Scale (DASS), comparing our research with that of Sahdra et al. (2010)

| | Our research | | Sahdra et al. (2010) | | | |
|------------|-------------------------|---------------------------------|-------------------------|-----|---------------------------------|--------|
| | <i>Cronbach's Alpha</i> | <i>Correlation With the NAS</i> | <i>Cronbach's Alpha</i> | | <i>Correlation With the NAS</i> | |
| | | | A | D | A | D |
| NAS | .930 | | .93 | .93 | | |
| DASS | .969 | -.335** | | | | |
| Stress | .910 | -.280** | .82 | .88 | -.28*** | -.24** |
| Anxiety | .914 | -.324** | .81 | .87 | -.20** | -.35** |
| Depression | .932 | -.341** | .86 | .92 | -.27*** | -.27** |

** $p < .01$, *** $p < .001$; A – college students, fall 2008 to winter 2009; D – college students, spring 2009.

5.3 Demographic questionnaire

The questionnaire consisted of two parts: demographic variables and religious, or Buddhist, variables. The former included gender, age, *sangha*, marital status, occupation, and income. The latter included religious status (monk or lay person), taking refuge in the Three Jewels (yes or no), time of taking refuge in the Three Jewels (has taken or not), venue of practice, fellow practitioners, frequency of practice, degree of belief in dharma, and change of mind since practicing Buddhism, or simply change in mind.

Data were analysed using the SPSS program version 22.0 and analyses included mean, standard deviation, *t*-test, ANOVA, and multivariate regression. Both NAS and DASS distributions were normal.

6. Findings

Data concerning demographic and Buddhist variables are described in Tables 2 and 3, respectively. Participants included 130 men (27.7%), 339 women (72.3%) and three who did not specify gender. Participants ranged in age from 12 to 71 years, with a mean of 33.7 years (SD = 13.2). Participants practiced Buddhism in four *sanghas* in the north of Vietnam. Approximately half of the participants were not married (28.9% without boyfriend/girlfriend and 15.8% with boyfriend/girlfriend), 37.1% were married, 8.3% were divorced, and 9.9% were monks and nuns. Participants had different occupational backgrounds and ranged in income from one to 25 million VND/month (one million VND = 46 USD).

Table 02. Demographic characteristics of participants

| | Category | <i>n</i> | % |
|---|--|----------|------|
| Gender | Male | 130 | 27.7 |
| | Female | 339 | 72.3 |
| Age (years) (Mean = 33.7, SD = 13.2) | < 18 | 9 | 1.9 |
| | 18 – 25 | 150 | 32.1 |
| | 26 – 35 | 149 | 31.9 |
| | 36 – 55 | 112 | 24.0 |
| | > 55 | 47 | 10.1 |
| <i>Sangha</i> | Hanoi (1) | 139 | 29.4 |
| | Ninh Binh (2) | 79 | 16.7 |
| | Bac Ninh (3) | 143 | 30.3 |
| | Hai Phong (4) | 111 | 23.5 |
| Marital status | Unmarried without boyfriend/girlfriend (1) | 132 | 28.9 |
| | Unmarried with boyfriend/girlfriend (2) | 72 | 15.8 |
| | Living with partner (3) | 169 | 37.1 |
| | Divorced, separated, bereaved (4) | 38 | 8.3 |
| | Monk (5) | 45 | 9.9 |
| Occupation | Student (1) | 88 | 18.6 |
| | Self-employed, housewife/househusband (2) | 59 | 12.5 |
| | Businessman (3) | 44 | 9.3 |
| | Government official (4) | 119 | 25.2 |
| | Teacher, researcher (5) | 36 | 7.6 |
| | Farmer, worker (6) | 38 | 8.1 |
| | Retired (7) | 17 | 3.6 |
| | Other (8) | 26 | 5.5 |
| | Monk (9) | 45 | 9.5 |
| Income (per month in million VND) | No income (1) | 75 | 16.1 |
| | < 3 | 77 | 16.6 |
| | 3 – 5 | 107 | 23.0 |
| | 5 – 10 | 122 | 26.2 |
| | > 10 | 39 | 8.4 |
| | Monk (no income) | 45 | 9.7 |

There were 45 monks and 427 laypeople, of whom 58.5% had not taken refuge in the Three Jewels and 41.5% had, for a period of 1 to 22 years. Participants practiced Buddhism in temple (44.1%), at home (43.7%), and other places (12.2%). The number of participants who practiced alone, with family members, with friends, or with *sangha* were nearly equal. Among participants, 5.4% hardly practiced Buddhism, whereas others practiced from several times a year (21.8%) to everyday (36.4%). The majority of participants had a solid belief in Buddhism (83.6%) and assessed themselves as having changed positively since practicing (93%).

6.1. Relationship between non-attachment and mental health of Buddhists

Results showed that the entire sample of participants had a non-attachment mean of 4.37 ($SD = .81$). American adults who did not practice meditation had a non-attachment mean of 4.39 ($SD = .76$), whereas that of those who practiced meditation was 4.64 ($SD = .82$; Sahdra et al., 2010).

The DASS mean obtained was .72 ($SD = .56$). The correlations between non-attachment scores and mental health scores, as well as inter-correlations among variables of mental health, are described in Table 4.

Table 03. Buddhist characteristics of participants

| | Category | <i>n</i> | % |
|--|-----------------------|----------|------|
| Buddhist status | Monk | 45 | 9.5 |
| | Layperson | 427 | 90.5 |
| Had taken refuge in the Three Jewels | Yes | 183 | 41.5 |
| | No | 258 | 58.5 |
| Time since first taking refuge in the Three Jewels (years) | < 5 | 66 | 50.0 |
| | 5 – 10 | 46 | 34.8 |
| | > 10 | 20 | 15.2 |
| Place of practice | At home | 194 | 43.7 |
| | In Pagoda | 196 | 44.1 |
| | Other | 54 | 12.2 |
| Practice with | Alone | 104 | 23.8 |
| | Friends | 107 | 24.4 |
| | Family members | 89 | 20.3 |
| | <i>Sangha</i> | 138 | 31.5 |
| Frequency of practice | Never | 25 | 5.4 |
| | Several times a year | 102 | 21.8 |
| | 1 – 4 times a month | 82 | 17.6 |
| | More than once a week | 88 | 18.8 |
| | Everyday | 170 | 36.4 |
| Belief in dharma | Strongly believe | 206 | 43.6 |
| | Believe | 189 | 40.0 |
| | Quite believe | 49 | 10.4 |
| | Somewhat believe | 14 | 3.0 |
| | Don't believe | 14 | 3.0 |
| Change of mind since practicing dharma | Very positive | 217 | 46.3 |
| | Positive | 219 | 46.7 |
| | Not at all | 26 | 5.5 |
| | Negative | 7 | 1.5 |

Table 04. Correlations between non-attachment scores and mental health scores, as well as inter-correlations among variables of mental health ($N = 470$)

| | Non-attachment | Stress | Anxiety | Depression |
|-------------------------------|----------------|--------|---------|------------|
| Non-attachment | - | | | |
| Stress | -.28** | - | | |
| Anxiety | -.32** | .82** | - | |
| Depression | -.34** | .78** | .87** | - |
| Total DASS (mental health) | -.34** | .92** | .95** | .94** |

** $p < .01$.

There were negative correlations between non-attachment scores and total mental health scores ($r = -.34, p < .01$), between non-attachment scores and stress scores ($r = -.28, p < .01$), between non-attachment scores and anxiety scores ($r = -.32, p < .01$), and between non-attachment scores and depression scores ($r = -.34, p < .01$). There were high inter-correlations among subscales and the total scale, ranging from $r = .78, p < .01$ (between stress and depression) to $r = .95, p < .01$ (between anxiety and total DASS). The correlation between non-attachment and mental health disorders was higher than that obtained by Sahdra et al. (2010).

Results also showed that no participant had stress, anxiety, or depression scores that exceeded the cut-off point for 'normal' scores (Lovibond & Lovibond, 1995), indicating that all participants were mentally healthy. The following analysis therefore only addressed the influence of demographical and religious variables on Buddhists, without analysing the influences of the stress, anxiety, and depression variables.

6.2. Relationships between demographic variables and non-attachment

The relationships between demographic variables and non-attachment are described in Table 5.

Table 05. Relationships between demographic characteristics and non-attachment

| | Category | <i>N</i> | <i>M</i> | <i>SD</i> | <i>t/F</i> | <i>p</i> |
|------------------------------|---|----------|----------|-----------|------------|----------|
| Gender | Male | 130 | 4.22 | .88 | -2.56 | .011 |
| | Female | 339 | 4.44 | .77 | | |
| Age (years) (Mean = 33.7) | < 18 | 9 | 3.43 | .08 | .45 | .774 |
| | 18 – 25 | 150 | 3.27 | .05 | | |
| | 26 – 35 | 149 | 3.30 | .05 | | |
| | 36 – 55 | 112 | 3.32 | .04 | | |
| | > 55 | 47 | 3.38 | .08 | | |
| <i>Sangha</i> | Hanoi (1) | 139 | 4.46 | .70 | 24.82 | .000 |
| | Ninh Binh (2) | 23 | 4.11 | .81 | | |
| | Bac Ninh (3) | 111 | 4.74 | .79 | | |
| | Hai Phong (4) | 143 | 3.99 | .72 | | |
| Marital status | Unmarried without boyfriend/girlfriend | 140 | 4.37 | .75 | 8.85 | .000 |
| | Unmarried with boyfriend/girlfriend | 72 | 4.21 | .72 | | |
| | Living with partner | 170 | 4.33 | .76 | | |
| | Divorced, separated, bereaved | 41 | 4.27 | .81 | | |
| | Monk | 49 | 5.01 | .83 | | |
| Occupation | Students | 88 | 4.26 | .66 | 6.71 | .000 |

| | | | | | | |
|--------------------------------------|--|-----|------|-----|------|------|
| | Self-employed, housewife/househusband | 59 | 4.22 | .73 | | |
| | Businessman | 44 | 4.01 | .81 | | |
| | Government official | 119 | 4.31 | .84 | | |
| | Teacher, researcher | 36 | 4.34 | .73 | | |
| | Farmer, worker | 38 | 4.60 | .73 | | |
| | Retired | 17 | 4.80 | .61 | | |
| | Other | 26 | 4.35 | .87 | | |
| | Monk | 45 | 5.01 | .83 | | |
| Income (per month in million VND) | No income | 75 | 4.35 | .65 | | |
| | < 3 | 77 | 4.28 | .69 | | |
| | 3 – 5 | 107 | 4.24 | .86 | 6.94 | .000 |
| | 5 - 10 | 122 | 4.35 | .84 | | |
| | > 10 | 39 | 4.27 | .68 | | |
| | Monk (no income) | 45 | 5.01 | .83 | | |

6.2.1 Gender

An independent samples *t*-test showed that non-attachment differed by gender, as Buddhist women had significantly higher non-attachment scores than did Buddhist men (Table 5).

6.2.2 Age

One-way ANOVA analysis did not yield any significant effect of age on non-attachment scores ($F[4, 461] = 1.72, p = .145$).

6.2.3 Sangha

One-way ANOVA analyses showed that there was a significant effect of *sangha* on non-attachment scores (Table 5). Bac Ninh (*sangha* 3), which included Hung Yen, Phu Tho, Hoa Binh, and Vinh Phuc, had the highest non-attachment, significantly higher than those of *sangha* 1 (Hanoi; $p = .013$), *sangha* 2 (including Ha Nam, Nam Dinh, Ninh Binh, Thai Binh, and other provinces; $p < .001$) and *sangha* 4 (including Hai Phong, Quang Ninh, and Hai Duong; $p < .001$). *Sangha* 1 had significantly higher non-attachment than did both *sangha* 2 ($p = .006$) and *sangha* 4 ($p < .001$). Overall, based on the non-attachment scores, *sangha* 3 had the highest score, the second belonged to *sangha* 1, and the lowest were in *sanghas* 2 and 4.

6.2.4 Marital status

One-way ANOVA analyses showed that there was a significant effect of marital status on non-attachment scores (Table 5). Unsurprisingly, monks had the highest non-attachment scores and their mean scores were significantly higher than those of other groups. Detailed analyses are described in Table 6.

Table 06. Comparison between non-attachment and marital status scores

| Group | <i>n</i> | <i>M</i> | <i>SD</i> | <i>t</i> -test, <i>p</i> (95% interval) |
|--|----------|----------|-----------|---|
| (1) Unmarried without boyfriend/girlfriend | 140 | 4.37 | .75 | (5) > (1), $p < .001$ |
| (2) Unmarried with boyfriend/girlfriend | 72 | 4.21 | .72 | (5) > (2), $p < .001$ |
| (3) Living with partner | 170 | 4.33 | .76 | (5) > (3), $p < .001$ |

| | | | | |
|-----------------------------------|----|------|-----|-----------------------|
| (4) Divorced, separated, bereaved | 41 | 4.27 | .81 | (5) > (4), $p < .001$ |
| (5) Monk | 45 | 5.01 | .83 | |

6.2.5 Occupation

One-way ANOVA analyses showed that there was a significant effect of occupation on non-attachment scores (Table 5). Detailed analyses are described in Table 7.

Table 07. Comparison between non-attachment and occupation scores

| Group | <i>n</i> | <i>M</i> | <i>SD</i> | <i>t-test, p (95% interval)</i> |
|---|----------|----------|-----------|---------------------------------|
| (1) Student | 88 | 4.26 | .66 | (8) > (1), $p < .001$ |
| (2) Self-employed, housewife/househusband | 59 | 4.22 | .73 | (8) > (2), $p < .001$ |
| (3) Businessman | 44 | 4.01 | .81 | (6) > (3), $p = .024$ |
| (4) Government official | 119 | 4.31 | .84 | (8) > (4), $p < .001$ |
| (5) Teacher, researcher | 36 | 4.34 | .73 | (8) > (5), $p = .005$ |
| (6) Farmer, worker | 38 | 4.60 | .73 | |
| (7) Retired | 17 | 4.80 | .61 | (7) > (3), $p = .014$ |
| (8) Monk | 45 | 5.01 | .83 | (8) > (3), $p < .001$ |
| (9) Other | 26 | 4.35 | .87 | (8) > (9), $p = .021$ |

Monks had higher non-attachment scores than did students, the self-employed, housewives/househusbands, businessmen, government officials, teachers, researchers, and others (Table 7). People who were retired had higher non-attachment scores than did businessmen ($p = .014$), and farmers and workers also had higher non-attachment scores than did businessmen ($p = .024$).

6.2.6 Income

One-way ANOVA analyses showed that there was a significant effect of income on non-attachment scores (Table 5). Monks, who did not have a solid income and were dependent on donations from others, had higher non-attachment scores than did other groups of people. There were no differences among the other groups with different incomes ($p > .05$). In general, monks had higher non-attachment scores than did lay people, and the non-attachment scores of lay people were not dependent on their income status.

6.3. Relationship between Buddhist variables and non-attachment

The relationships between Buddhist variables and non-attachment are described in Table 8.

6.3.1 Buddhist status

Independent samples *t*-test analysis showed that monks had significantly higher non-attachment scores than those of lay people (Table 8). Those who took refuge in the Three Jewels also had significantly higher non-attachment than did those who had not.

Table 08. Relationships between Buddhist variables and non-attachment

| | Category | <i>n</i> | <i>M</i> | <i>SD</i> | <i>t/F</i> | <i>p</i> |
|--|-----------------------|----------|----------|-----------|------------|----------|
| Buddhist status | Monk | 45 | 5.01 | .83 | 5.72 | .000 |
| | Layperson | 426 | 4.31 | .77 | | |
| Had taken refuge in the Three Jewels | Yes | 183 | 4.68 | .77 | 7.34 | .000 |
| | No | 258 | 4.14 | .75 | | |
| Time since first taking refuge in Three Jewels (years) | < 5 | 66 | 4.59 | .75 | .468 | .627 |
| | 5 – 10 | 46 | 4.60 | .71 | | |
| | > 10 | 20 | 4.78 | .94 | | |
| Venue practicing dharma | At home | 194 | 4.25 | .78 | 27.35 | .000 |
| | In temple | 196 | 4.67 | .76 | | |
| | Other places | 54 | 3.91 | .72 | | |
| Fellow practitioners | Alone | 104 | 4.53 | .85 | 29.54 | .000 |
| | Friends | 107 | 3.95 | .66 | | |
| | Family members | 88 | 4.11 | .79 | | |
| | <i>Sangha</i> | 138 | 4.77 | .68 | | |
| Frequency of practicing dharma | Never | 25 | 4.15 | .86 | 28.06 | .000 |
| | Several times a year | 102 | 3.82 | .71 | | |
| | 1 – 4 times a month | 82 | 4.33 | .82 | | |
| | More than once a week | 88 | 4.33 | .57 | | |
| | Everyday | 170 | 4.77 | .74 | | |
| Belief in dharma | Strongly believe | 206 | 4.68 | .79 | 17.38 | .000 |
| | Believe | 189 | 4.20 | .75 | | |
| | Quite believe | 49 | 3.97 | .66 | | |
| | Somewhat believe | 14 | 3.75 | .51 | | |
| | Don't believe | 14 | 4.12 | .74 | | |
| Change of mind since practicing dharma | Very positive | 217 | 4.66 | .78 | 19.63 | .000 |
| | Positive | 219 | 4.14 | .76 | | |
| | Not at all | 26 | 3.99 | .63 | | |
| | Negative | 7 | 4.22 | .71 | | |

6.3.2 Time since first taking refuge in the Three Jewels

In contrast to our expectations, the analysis showed that there was no significant effect of time since first taking refuge on non-attachment scores (Table 8), general mental health scores ($F[2, 129] = 2.24, p = .111$), anxiety scores ($F[2, 129] = 1.18, p = .312$), or depression scores ($F[2, 129] = 1.83, p = .165$). On the stress subscale, those who had taken refuge fewer than 5 years at the time they completed the survey had significantly higher stress than those who had taken refuge more than 10 years before the survey ($F[2, 129] = 3.18, p = .045$).

6.3.3 Venue when practicing dharma

Although participants practiced in the four *sanghas*, they may not have practiced in *sangha* frequently. We therefore asked about their usual place of practice. One-way ANOVA analyses showed that there was a significant effect of place of practice on non-attachment (Table 8). People who practiced regularly in temples had higher non-attachment than did those who practiced at home ($p < .001$) or other places ($p < .001$). People who practiced at home had higher non-attachment than did people who practiced at other places ($p = .011$).

6.3.4 Fellow practitioners

One-way ANOVA analyses showed that non-attachment scores were related to the fellow practitioners (Table 8). People who practiced with a *sangha* had the highest non-attachment score, which was significantly higher than that of those who practiced with friends ($p < .001$) or with family members ($p < .001$). It was also found that those who practiced alone had a significantly higher non-attachment than did those who practiced with friends ($p < .001$) or with family members ($p = .001$).

6.3.5 Frequency of practicing dharma

Practicing Buddhism includes a wide range of actions such as meditation, chanting, praying, and donating. One-way ANOVA analyses showed that there was a significant effect of frequency of practice on non-attachment (Table 8) and on mental health ($F[4, 466] = 9.82, p < .001$). People who practiced every day scored highest on the NAS. Those who practiced 1 – 4 times per month scored comparably to those who practiced more than once a week ($p > .05$) and higher than those who only practiced several times a year ($p < .001$).

6.3.6 Belief in dharma

One-way ANOVA analyses showed that there was a significant effect of degree of belief in dharma on non-attachment scores, $F[4, 466] = 17.38, p < .001$ (Table 8). Those who said they ‘strongly believe’ had significantly higher non-attachment than did those who said they ‘believe’ ($p < .001$), ‘quite believe’ ($p < .001$), or ‘somewhat believe’ ($p < .001$).

6.3.7 Change of mind since practicing dharma

Result showed that 46.3% of Buddhists indicated that they had changed very positively since practicing dharma, 46.7% reported that they had changed positively, 5.5% had not changed at all, and 1.5% said they had changed negatively. One-way ANOVA analyses showed that people who thought that they had changed very positively scored significantly higher on the NAS than did those who indicated they had changed positively ($p < .001$) and higher than those who thought that they had not changed at all ($p < .001$). Overall, there was a significant effect of change of mind on non-attachment scores, $F[3, 464] = 19.63, p < .001$. (Table 8).

6.4. Correlations among main variables, non-attachment, and mental health

Pearson’s correlation analysis showed that there were moderate correlations between the frequency of practicing dharma and belief in dharma, between the frequency of practicing dharma and the change of mind since practicing dharma, and between belief in dharma and the change of mind since practicing dharma (Table 9). There were also significant positive correlations between the three variables and non-attachment ($r = .37, r = .29, r = .28$, respectively; $p < .01$), and negative correlations between those variables and mental health disorders ($r = -.26, r = -.21, r = -.30$, respectively; $p < .01$).

Table 09. Intercorrelations among main Buddhist variables, as well as between main Buddhist variables and non-attachment and mental health ($N = 464$).

| | (1) | (2) | (3) | Non-attachment | Mental Health |
|--|-----|-------|-------|----------------|---------------|
| (1) Frequency of practicing dharma | 1 | .48** | .40** | .37** | -.26** |
| (2) Belief in dharma | | 1 | .58** | .29** | -.21** |
| (3) Change of mind since practicing dharma | | | 1 | .28** | -.30** |

** $p < .01$.

6.5. Factors predicting Buddhist non-attachment and mental health

A multivariate regression model for predicting the influence of main Buddhist variables on non-attachment and mental health is presented in Table 10.

A group of three factors was a significant predictor for Buddhists' non-attachment ($R^2 = .164$, $F[3, 460] = 30.12$, $p < .001$; Table 10), accounting for 16.4% of the variance. Among those factors, frequency of practicing dharma ($\beta = .29$, $t = 5.84$, $p < .001$ Table 10) and change of mind since practicing dharma ($\beta = -.12$, $t = -2.21$, $p = .028$; Table 10) were the best predictors of Buddhists' non-attachment. Belief in dharma could not predict the non-attachment score.

Table 10. Multivariate regression models predicting for non-attachment and mental health of Buddhists

| Variables | R^2 | $R^2\Delta$ | F | Non-standardised Coefficients | | Standardised coefficients | t | p |
|---|-------|-------------|-------|-------------------------------|------|---------------------------|-------|------|
| | | | | B | SE | B | | |
| Predictors of non-attachment of Buddhists | | | | | | | | |
| | .164 | .159 | 30.12 | | | | | .000 |
| Frequency of practicing dharma | | | | 5.53 | .95 | .29 | 5.84 | .000 |
| Belief in dharma | | | | -2.19 | 1.48 | -.08 | -1.48 | .141 |
| Change of mind since practicing dharma | | | | -4.46 | 2.02 | -.12 | -2.21 | .028 |
| Predictors of mental health of Buddhists | | | | | | | | |
| | .114 | .109 | 19.80 | | | | | .000 |
| Frequency of practicing dharma | | | | 2.93 | .90 | .17 | 3.27 | .001 |
| Belief in dharma | | | | -.24 | 1.40 | -.01 | -.17 | .865 |
| Change of mind since practicing dharma | | | | 8.51 | 1.91 | .24 | 4.46 | .000 |

A multivariate regression model showed that a group of three factors was a significant predictor for Buddhists' mental health ($R^2 = .114$, $F[3, 460] = 19.80$, $p < .001$; Table 10), accounting for 11.4% of the variance. Among those factors, change of mind since practicing dharma ($\beta = .24$, $t = 4.46$, $p < .001$; Table 10) and frequency of practicing dharma ($\beta = -.17$, $t = 3.27$, $p = .001$; Table 10) were the best predictors of Buddhists' mental health. Belief in dharma did not account for any variance in mental health scores.

Furthermore, regression analysis showed that non-attachment was a significant predictor of stress ($R^2 = .071$, $t = -5.96$, $p < .001$), anxiety ($R^2 = .105$, $t = -7.40$, $p < .001$), and depression ($R^2 = .115$, $t = -$

7.79, $p < .001$) (see Table 11). Thus, non-attachment could predict the reduction of stress (7.1%), anxiety (10.5%), and depression (11.5%).

Table 11. Linear regression model of stress, anxiety, and depression on non-attachment

| Variables | R^2 | $R^2\Delta$ | F | Non-standardised | | Standardised | t | p |
|------------|-------|-------------|-------|------------------|------|--------------|-------|------|
| | | | | Coefficients | | coefficients | | |
| | | | | B | SE | β | | |
| Stress | .071 | .069 | 35.52 | -.09 | .01 | -.27 | -5.96 | .000 |
| Anxiety | .105 | .103 | 54.80 | -.10 | .01 | -.32 | -7.40 | .000 |
| Depression | .115 | .113 | 60.70 | .11 | .01 | .34 | -7.79 | .000 |

In summary, frequency of practicing dharma and change of mind since practicing dharma were significant predictors of the non-attachment and mental health of our Buddhist sample. Non-attachment could also predict the reduction of stress, anxiety, and depression.

7. Conclusion

7.1. General discussion

First, female participants had higher non-attachment than did male participants. Wang et al. (2016) also showed that women scored significantly higher than did men on four aspects: relationship harmony, dialectical adaptation, life satisfaction, and happiness. Non-attachment had significant and positive correlations with self-esteem, life satisfaction, positive emotion, peaceful mind, and happiness, and negative correlations with negative emotions and stress. Research concerning gender identity has illustrated some characteristics relating to self and attachment. For example, Bem (1974) associated a masculine sex-role identity with the tendency to act as a leader and a feminine sex-role orientation with sensitivity to the needs of others. Hofstede (2001) described masculinity as ego-oriented, focused on money, and living to work, in contrast to femininity being relationship-oriented, focused on quality of life, and working to live. Masculinity therefore tends to be associated with possessions, conquering success, and enhancing ego, which represents clinging to external pleasure. Perhaps these cultural characteristics make it more difficult for men to become more non-attached.

Second, participants from *sangha* 3, which included Bac Ninh, Hung Yen, Phu Tho, Hoa Binh, and Vinh Phuc, scored significantly higher on the NAS than did other participants from other provinces. These differences could have arisen due to the fact that there were more monks in the group (14 people), so participants were more likely to practice Buddhism in *sangha*. This is consistent with the analysis because monks had higher non-attachment than did lay people, and those who practiced with *sangha* scored significantly higher on the NAS than did those who did not.

Third, monks scored significantly higher on the NAS than did those who were unmarried without a boyfriend/girlfriend, those who were unmarried with a boyfriend/girlfriend, those who were married, and those who were divorced, separated, or bereaved. These differences again suggest that family members can also be objects of unhealthy attachment. It is also intuitive to think that possessions can be clung to. Although monks, farmers, workers, and retirees, who are usually the poorest in Vietnamese society, had the top scores on the NAS, the results did not find any correlation between income and non-attachment.

More research is therefore needed to understand what factors may influence high non-attachment in farmers and workers in comparison with people who work in other fields.

Fourth, monks and people who had taken refuge in the Three Jewels had greater non-attachment than did lay people and those who had not taken refuge in the Three Jewels. People who practiced with a *sangha* had greater non-attachment than those who did not, and those who practiced Buddhism in temple had greater non-attachment than those who did not. Living as monks, taking refuge in the Three Jewels, and practicing with *sangha* at temple are actions of religious commitment. It has been shown that religious commitment helps to augment feelings of happiness and improve mental health through enhancing self-regulation (McCullough & Willoughby, 2009) and a willingness to forgive ourselves and others (Alaedein-Zawawi, 2015; McCullough & Worthington, 1999; Toussaint & Webb, 2005), which reduces attachment and increases freedom. People who choose to be monks and those who take refuge in the Three Jewels are more likely to understand and practice Buddhist teachings, including the basics, such as the five precepts of committing to abstain from killing, stealing, sexual misconduct, lying, and intoxication, and the advanced, such as the four immeasurables and emptiness. Interacting closely with monks, living peacefully in a nourishing environment, and practicing the Buddha's teaching gradually enhances people's religious commitment. The four immeasurable minds include kindness, sharing, compassion, forgiveness without attachment, a desire to share freedom and happiness with others (Hanh, 1998), and giving away without any personal benefit (Croake & Rusk, 1980). People who practice deeply will understand the impermanence and emptiness of self, and therefore reduce their attachment to self, as well as to other things, to become completely free.

It is therefore understandable that people who practiced Buddhism regularly attained greater non-attachment in comparison with those who practiced less frequently. Chanting, meditating, and practicing mindfulness are all common practices in Buddhism. Following these practices regularly helps Buddhists to experience spirituality, increase their belief and religious commitment, and transform themselves to suffer less and become freer. Our analysis agreed with this observation, as participants who believed completely in Buddhism showed the greatest non-attachment. Similarly, participants who related a positive change of mind showed greater non-attachment.

Fifth, results showed that no participant had suffered stress, anxiety, and depression, whereas other social groups such as students have been found to score significantly higher on the same DASS scale (Le, 2011; Nguyen P., 2009; Tran, 2012). Research employing other scales has also reported high levels of stress, anxiety, and depression (Le, 2009; Nguyen T., 2009; Nguyen, 2014; Pham, 2007). It has been shown that the mental health of Buddhists is extraordinary, which has never been reported for any other research sample in Vietnam.

Sixth, the negative correlation in this sample between non-attachment and mental health disorders is consistent with other research (Burns et al., 2011; Coffey & Hartman, 2008; Dane, 2000; Sahdra et al., 2010; Sahdra & Shaver, 2013; Sahdra, Ciarrochi, Parker, Marshall, & Heaven, 2015; Sooksawat et al., 2013; Wang et al., 2016). This means that greater non-attachment is related to lower stress, anxiety, and depression; in this way, non-attachment can be a predictor of mental health.

Seventh, our research yielded some interesting results that are difficult to explain. Particularly, there was no significant difference between people who did not believe in Buddhism and those who

believed completely. Similarly, there was no significant difference in non-attachment scores between people who changed negatively and those who changed positively. This might be due to the small sample size and could be investigated closely in future research.

Last, results showed that although frequency of practicing dharma and change of mind since practicing dharma could explain variance in non-attachment and mental health in Buddhists, belief in dharma did not influence non-attachment or mental health. This implies that practicing Buddhism, not merely believing, can help people change, transform, and cultivate good mental health, which suggests a potential beneficial application of practicing Buddhism as psychological treatment for stress, anxiety, and depression.

Additionally, we think that in order to understand the characteristics and mechanisms of non-attachment, it is necessary to develop a multi-factor scale for non-attachment. The scale can consist of two main sub-scales, external non-attachment and internal non-attachment. External non-attachment may measure materials, relationships, success, and sensations, whereas internal non-attachment may measure ideas, thoughts, feelings, desires, and self-non-attachment.

7.2. Implications

The current study answered our research questions and showed some interesting results. Results showed that practicing Buddhism in general and non-attachment in particular is a good way for individuals to become less attached to what they had or thought they had, improving their mental health. Practicing Buddhism was strongly related with religious commitment, through ordination or taking refuge in the Three Jewels, all of which help individuals strengthen their beliefs in Buddhism and non-attachment, allowing them to become more free and happier regardless of external conditions. Results also suggest the need for future research concerning applying the practice of non-attachment to the improvement of mental health for those who are diagnosed with psychological disorders. Future research may develop a multi-factor scale to measure non-attachment and study the relationship between religious orientation and non-attachment, as well as between religious orientation and mental health, in Buddhists.

Acknowledgments

We thank Professor Marti Hope Gonzales (University of Minnesota) for comments that greatly improved the manuscript.

References

- Alaedein-Zawawi, J. (2015). Religious commitment and psychological well-being: Forgiveness as a mediator. *European Scientific Journal*, 11 (5), 117-141.
- Bem, S. L. (1974). The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology*, 42, 155-162.
- Bilgel, N., & Bayram, N. (2010). Turkish version of the Depression, Anxiety and Stress Scale (DASS-42): Psychometric properties. *Archives of Neuropsychiatry*, 47, 118-26.
- Bitner, R., Hillman, L., Victor, B., & Walsh, R. (2003). Subjective effects of antidepressants: A pilot study of the varieties of antidepressants-induced experiences in meditators. *Journal of Nervous and Mental Disease*, 191, 660-667.
- Burns, J. L., Lee, R. M., & Brown, L. J. (2011). The effect of meditation on self-reported measures of stress, anxiety, depression, and perfectionism in a college population. *Journal of College Student Psychotherapy*, 25, 132-144.
- Coffey, K. A., & Hartman, M. (2008). Mechanisms of action in the inverse relationship between mindfulness and psychological distress. *Complementary Health Practice Review*, 13, 79-91.

- Crawford, J. R., & Henry, J. D. (2003). The Depression Anxiety Stress Scales (DASS): Normative data and latent structure in a large non-clinical sample. *British Journal of Clinical Psychology, 42*, 111-131.
- Croake J.W., & Rusk, R. (1980). The theories of Adler and Zen. *Journal of Individual Psychology, 36*, 219-226.
- Dane, B. (2000). Thai women: Meditation as a way to cope with AIDS. *Journal of Religion and Health, 39*, 5-21. doi:10.1023/A:1004634607280
- Desbordes, G., Negi, L. T., Pace, T. W. W., Wallace, B. A., Raison, C. L., & Schwartz, E. L. (2012). Effects of mindful-attention and compassion meditation training on amygdala response to emotional stimuli in an ordinary, non-meditative state. *Frontiers in Human Neuroscience, 6*, 1-15.
- Ekman, P., Davidson, R. J., Ricard, M., & Wallace, B. A. (2005). Buddhist and psychological perspectives on emotions and well-being. *Current Directions in Psychological Sciences, 14*, 59-63.
- Fletcher, L. B., Schoendorff, B., & Hayes, S. C. (2010). Searching for mindfulness in the brain: A process-oriented approach to examining the neural correlates of mindfulness. *Journal of Mindfulness, 1*, 41-63.
- Grabovac, A. D., Lau, M. A., Willett, B. R. (2011). Mechanisms of mindfulness: A Buddhist psychological model. *Springer Science Business Media*. Published online. doi: 10.1007/s12671-011-0054-5.
- Hanh, T. N. (1991). *Peace is every step: The path of mindfulness in everyday life*. A. Kotler (Ed.). Bantam Books
- Hanh, T. N. (1998). *The heart of the Buddha's teachings*. New York, NY: Broadway Book.
- Hayes, S. C. (2002). Buddhism and acceptance and commitment therapy. *Cognitive and Behavioral Practice, 9*, 58-66. doi:10.1016/S1077-7229(02)80041-4.
- Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions and organizations across nations*. Thousand Oaks, CA: Sage (co-published in the PRC as Vol. 10 in the Shanghai Foreign Language Education Press SFLEP Intercultural Communication Reference Series, 2008)
- Kabat-Zinn, J., Masson, A. O., Kristeller, J., Peterson, L. G., Fletcher, K. E., Pbert, L., ... Santorelli, S. F. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *The American Journal of Psychiatry, 149*, 936-943.
- Kelly, B. D. (2008). Buddhist psychology, psychotherapy and the brain: A critical introduction. *Transcultural Psychiatry, 45*, 5-30. doi:10.1177/1363461507087996
- Lee, M., & Geffen (2008). Buddhist psychotherapeutic approach to depression. In P. S. Oei Tian & C. S-K. Tang (Eds.), *Current research & practice on cognitive behavior therapy in Asia* (pp. 79-88). Singapore: PH Productions Pte. Ltd.
- Le, M. T. (2011). Psychological health of students: A cross-sectional study. *Journal of Practical Medicine, 1*, 72-80.
- Le, T. T. T. (2009). Academic stress and coping of high-school students. *Journal of Psychology, 4* (121), 22-27.
- Lovibond, S. H. & Lovibond, P. F. (1995). *Manual for the Depression Anxiety & Stress Scales (2nd Ed.)*. Sydney: Psychology Foundation.
- McCullough, M. E., & Willoughby, B. L. B. (2009). Religion, self-control, and self-regulation: Associations, explanations, and implications. *Psychological Bulletin, 135*(1), 69-93.
- McCullough, M. E., & Worthington, E. L. (1999). Religion and the forgiving personality. *Journal of Personality, 67*, 1141-1164.
- Murphy, M., & Donovan, S. (1997). *The physical and psychological effects of meditation (2nd Ed.)*. Petaluma, CA: Institute of Noetic Sciences.
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*, 223-250. doi:10.1080/15298860390209035

- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85-102. doi: 10.1080/15298860390129863
- Nguyen, H. T. (2009). Causes of stress on Vietnam National University's students. *Journal of Psychology*, 3 (120), 1-5.
- Nguyen, T. M. H. (2014). Contemporary research of internalizing disorders of children and adolescents. In *Book of full text of International Conference on Schools Psychology of Consortium to Advance School Psychology – International (CASPI) "Developing Training Program and Managing Quality Assurance for Training and Services in Schools Psychology in Vietnam"* (pp. 385-394). Hanoi: VNU Press.
- Nguyen, T. M. H., Hoang, N. P., & Nong, T. M. (2016). Stress faced by gifted Vietnamese students: What might contribute to it? *Health Psychology Report*, 4(1),16-23.
- Nguyen, T. H. P. (2009). Reality and cause of anxiety disorders of Quang Binh High School students. *Journal of Psychology*, 6, 20-30.
- Pham, T. B. (2007). Academic stress of high school students. *Journal of Psychology*, 12, 29-33.
- 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, 116-127.
- Sahdra, B. K., & Shaver, P. R. (2013). Comparing Attachment Theory and Buddhist Psychology. *The International Journal for the Psychology of Religion*, 23, 282-293. doi: 10.1080/10508619.2013.795821
- Sahdra B. K., Ciarrochi J., Parker P. D., Marshall S., & Heaven P. (2015). Empathy and nonattachment independently predict peer nominations of prosocial behavior of adolescents. *Frontiers in Psychology*, 6, 263. doi: 10.3389/fpsyg.2015.00263
- Shonin, E., Van Gordon, W. & Griffiths, M. D. (2014). The emerging role of Buddhism in clinical psychology: Toward effective integration. *Psychology of Religion and Spirituality*, 6, 123-137.
- Sooksawat, A., Janwantanakul, P., Tencomnao, T., & Pensri, P. (2013) Are religious beliefs and practices of Buddhism associated with disability and salivary cortisol in office workers with chronic low back pain? *BMC Musculoskeletal Disorders*, 14, 1-8.
- Tart, C. T. (1997). Attachment. *Journal of Consciousness Studies – Online*. Retrieved from http://www.paradigm-sys.com/ctt_articles2.cfm?id=24
- Toussaint, L., & Webb, J. (2005). Theoretical and empirical connections between forgiveness, mental health, and well-being. In E. Worthington (Ed.), *Handbook of forgiveness* (pp. 349-362). New York, NY: Brunner Routledge.
- Tran, K. T. (2012). Stress, anxiety and depression on Med University's students. *Journal of Medical Research*, 16 (1), 355-361.
- Van Gordon, W., Shonin, E., Sumich, A., Sundin, E., & Griffiths, M. D. (2013). Meditation awareness training (MAT) for psychological wellbeing in a sub-clinical sample of university students: A controlled pilot study. *Mindfulness. Advance online publication*. doi:10.1007/s12671-012-0191-5.
- Walsh, R. (2008). Contemplative psychotherapies. In R. Corsini & D. Wedding (Eds.), *Current psychotherapies* (8th Ed.) (pp. 437-480). Belmont, CA: Thomson Books/Cole.
- Wang, S., Wong Y. J., & Yeh K. (2016). Relationship harmony, dialectical coping, and nonattachment: Chinese indigenous well-being and mental health. *The Counseling Psychologist*, 44, 78-108.
- Wendling, H. M. (2012). *The relation between psychological flexibility and the Buddhist practices of meditation, nonattachment, and self-compassion*. (Unpublished doctoral dissertation) University of Akron, Ohio. Retrieved from https://etd.ohiolink.edu/pg_10?0::NO:10:P10_ACCESSION_NUM:akron1332773514