

## **Integrating Buddhist Teachings in Counselling and Psychotherapy for Cancer Patients: A Review with Focus on Dharma Therapy**


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### **Abstract**

Cancer significantly impacts both physical health and psychological well-being of a person. Consequently, counselling, psychotherapy, and psychological support are essential components of palliative care services in resolving and managing their psychological problems. Researches shows the positive outcomes of incorporating religion and spirituality into counselling, particularly for terminally ill patients. This study reviews current literatures and explores the application of Buddhist teachings and mindfulness meditation in counselling and psychotherapy for cancer patients, with a focus on addressing their psychological issues. Special attention is given to Dharma Therapy, founded by Sik Hin Hung in 2010, and case studies from the Buddha's era as mentioned in Buddhist literature. The study employed qualitative methods, gathering data from Buddhist canonical sources and previous research findings. Through thematic analysis, the data were analyzed under three major themes: religion and spirituality-integrated counselling and psychotherapy, the integration of Buddhist teachings in counselling, and cultural values, with several subordinate themes emerging under these themes. The study concludes that Buddhist teachings and meditation can be effectively applied in counselling and psychotherapy for cancer patients to manage their psychological issues, and that the Dharma Therapy offers a comprehensive model for this approach. These findings deserve further validation through high-quality researches in practical settings in future studies.

**Keywords:** Buddhist counselling, Cancer patients, Dharma therapy, Mindfulness meditation, Psychological problems

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## Introduction

Cancer is a widespread global health issue and one of the leading causes of death of humans. It is a chronic disease with multiple causes, including genetic factors, lifestyle choices such as tobacco use, certain infections, and environmental exposures to chemicals and radiation. According to the World Health Organization (WHO), cancer was the second leading cause of death globally in 2018, with 18.1 million new cases and 9.6 million deaths, accounting for 1 in 6 deaths worldwide. The WHO also projected that the number of new cancer cases in low-income countries would increase by more than 80% between 2018 and 2030, a rate double that expected in high-income countries (40%) (WHO, 2018). The WHO's 2022 report highlighted nearly 10 million cancer-related deaths in 2020, confirming cancer as a leading cause of death globally. The most commonly diagnosed cancers are breast, lung, colon, rectum, and prostate. It is estimated that the number of new cancer cases will increase from 19.3 million in 2020 to 30.2 million by 2040 (GCO, 2022).

The increase in new cancer cases highlights the growing need for palliative care, cancer-related psychological support, counselling, and psychotherapy. Cancer patients often experience a range of psychological issues, from mild distress to severe psychiatric problems. Research has identified common psychological morbidities in cancer patients, such as depression, anxiety, distress, and

perceived stress (Bränström et al., 2010). Studies also show a high risk of developing psychological disorders among terminally ill patients, including those with cancer. Moreover, numerous studies have revealed the detrimental impact of psychological distress on the lives of cancer patients (NCCN, 2020; Zabora et al., 2001; Herschbach et al., 2008; Weeratunga et al., 2016).

Distress is a common psychological problem faced by cancer patients, defined as "a multi-determined, unpleasant emotional experience of a mental, physical, social, and/or spiritual nature that makes it harder to cope effectively with cancer." Distress exists on a continuum, ranging from normal feelings of sadness and fear to more severe issues that can become disabling, such as depression, anxiety, panic, social isolation, and spiritual crises. Higher levels of distress can negatively impact a person's self-care, social life, mood, and faith (NCCN, 2020; Carlson & Bultz, 2003). In extreme cases, cancer patients may attempt or commit suicide due to unbearable pain and psychological distress (NCCN, 2020; Fine, 2001; Rosenfeld et al., 2004). Furthermore, research shows that cancer can diminish nearly every aspect of a person's life—physically, mentally, emotionally, socially, and spiritually (Lin & Bauer-Wu, 2003; Fialka-Moser et al., 2003). Akechi and colleagues have shown that, as a life-threatening illness, cancer significantly impacts patients' emotional well-being, increasing suicidal thoughts and making it a significant public health concern in clinical oncology (Akechi et al., 1999).

Research has shown that cancer patients are at high risk for developing psychological disorders due to cancer-related psychological imbalances (Grassi et al., 1993; Akechi et al., 1999; Wang et al., 2020). A study by Akechi and colleagues found that 93% of cancer patients with suicidal risks or suicide attempts had a psychiatric diagnosis, with mood disorders and delirium being the most commonly identified conditions. Additionally, adjustment disorders with mixed disturbances of emotions and conduct were also observed (Akechi et al., 1999).

During the COVID-19 pandemic, a study by Wang and colleagues in 2020, involving 6,213 participants, revealed a high prevalence of mental health problems among cancer patients, as well as significant gaps in mental health services during that period. The study found that 23.4% of participants had depression, 17.7% had anxiety, 9.3% had Post-Traumatic Stress Disorder (PTSD), and 13.5% exhibited hostility. The research further identified several risk factors for developing psychological disorders related to cancer, including a history of mental illness, excessive alcohol consumption, and frequent worry about cancer management (Wang et al., 2020). These findings underscore the high vulnerability of cancer patients to mood and anxiety-based psychological disorders. As a result, counselling and supportive psychological interventions are essential for reducing psychological distress, helping patients adjust to their circumstances, and maintaining their psychosocial well-being (Teo et al., 2019; Grassi et al., 2017).

## **Literature review and gaps**

Various counselling and psychotherapeutic approaches have been developed globally, particularly within the framework of modern Western psychological theories such as psychoanalytic, gestalt, behavioral, existential, cognitive, and humanistic approaches. Counselling and psychotherapy are provided in both individual and group settings (Jones, 2001; Kottler, 2004). Among these therapeutic approaches, Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavior Therapy (REBT) are widely used in clinical settings to treat stress-related and mood-related psychological disorders. However, religiously and spiritually integrated psychotherapeutic orientations are gaining increasing popularity in the treatment of a wide range of psychological problems.

Terminally ill patients, such as those with cancer, typically have a range of psychological needs, including emotional, cognitive, behavioral, and spiritual needs (Carlson & Bultz, 2003; Ernstmann et al., 2009). To address these needs comprehensively, strong counselling support services and psychological care are essential. Traditional counselling services based on Western psychological theories generally help manage mood and distress, and promote mental and emotional balance. For example, cognitive therapies focus on transforming negative thoughts into positive ones and introducing healthier thinking patterns. However, Western

psychotherapeutic approaches often give limited attention to the spiritual needs of cancer patients, which are crucial for terminally ill individuals.

Additionally, while cognitive-behavioral approaches highlight the importance of changing negative cognitions into positive ones, they often lack comprehensive guidance on how counsellors can help patients develop a new, positive, and healthier philosophy of thought and attitudes. To address these gaps and meet the diverse needs of cancer patients, there is a growing emphasis on integrating religious and/or spiritual elements into psychological care and counselling services.

## **Objectives**

The objectives of this study are:

- to identify the historical and cultural value of Buddhist teaching based counselling and psychotherapy.
- to discuss the significance of integrating religion and spirituality in regular psychological interventions for cancer patients.
- to explore the special features of Buddhist teaching based counselling and Dharma Therapy of Sik Hin Hung in 2010.
- to examine the applicability of Buddhist teaching based counselling interventions on resolving psychological problems in cancer patients.

## **Method**

This study is exploratory research utilizing qualitative methods. Data were collected from canonical Buddhist literature and secondary sources, including current research and publications related to counselling for cancer patients. The data were analyzed using the thematic analysis method, and conclusions were drawn based on the results and discussion.

## **Limitations**

This study primarily relies on Buddhist canonical sources and selected previous research and publications.

## **Results and Discussion**

This study collected data to investigate the significance of Buddhist teaching-based counselling, specifically focusing on Dharma Therapy proposed by Sik Hin Hung. The analysis of the data revealed three major themes: 1) Religion and spirituality in integrated counselling and psychotherapy, 2) Integration of Buddhist teachings in counselling, and 3) Cultural values. Several subthemes were identified within these major themes.

### **Theme 1: Religion and spirituality integrated counselling and psychotherapy**

Several researchers highlight the importance of integrating religion/spirituality and various types of meditation practices into psychotherapeutic interventions, noting generally positive associations between mental health and religion/spirituality

(Hefti, 2011; Dalmida, 2006; Stanley et al., 2011; Baetz & Toews, 2009; Shonin et al., 2015). Over the past few decades, numerous religion/spirituality-based psychotherapies have been developed, some of which are now positively implemented in clinical settings. For instance, Religiously Integrated Cognitive Behavioral Therapy (RCBT) is designed to help individuals with chronic medical illnesses by addressing thoughts and behaviors in alignment with their own religious beliefs, practices, and resources (Pearce et al., 2015).

Additionally, some psychological interventions incorporate various religious concepts to assist individuals from different religious contexts. For example, RCBT has been developed to integrate elements from five major world religions (Christianity, Judaism, Islam, Buddhism, and Hinduism), enhancing its effectiveness for clients from diverse religious backgrounds (Pearce et al., 2015).

## **Theme 2: Integrating Buddhist teaching in counselling and psychotherapy**

Buddhist Teaching-Based Counselling and Psychotherapy (BTBCP), commonly referred to as Buddhist Counselling or Buddhist Psychotherapy, is a widely studied and discussed area within psychology, counselling, and psychotherapy. Research in Sri Lanka and globally highlights significant interest from scholars and researchers in BTBCP (Priyadarshana, 2016; Galmangoda, 2006; Quek, 2007).

Alongside empirical studies, numerous books have been written on this subject. Research and publications on BTBCP date back to the early twentieth century and have gained considerable attention by the second decade of the twenty-first century. In the early 1900s, American psychologist William James predicted, "This [Buddhist Psychology] is the psychology everybody will be studying twenty-five years from now" (Sangharakshita, 1964, p.94). While the timeframe he suggested has passed, the ongoing interest in this field over the past twelve decades underscores the relevance of his prediction.

Among religion/spirituality-integrated psychotherapeutic approaches, therapies based on Buddhist teachings and practices have been developed and utilized since the 1980s. For example, Mindfulness-Based Stress Reduction (MBSR), created by Jon Kabat-Zinn in 1979 (Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (MBCT), developed by Segal and colleagues in 2004, and Dialectical Behavior Therapy (DBT), introduced by Marsha M. Linehan in the 1980s (Linehan, 2001), incorporate Buddhist teachings and mindfulness meditation. Research has shown positive psychological outcomes associated with these therapies (Rouleau et al., 2015; Shennan, Payne, & Fenlon, 2011; Zhang et al., 2015). These therapies are based on various Buddhist traditions, including Theravāda, Mahāyāna, and Zen (Wu Yan et al., 2019).

## **Subordinate theme 2.1: Afflicted in the body, but un-afflicted in the mind**

The application of Buddhist teachings in counselling and psychotherapeutic contexts can be traced back to the era of the Buddha, as evidenced by historical Buddhist literature (Priyadarshana, 2023). Several incidents recorded in the Buddhist texts, such as the Nakulapitā Sutta and Anāthapindikovāda Sutta from the Middle Length Sayings-III, and the Dhanañjāni Sutta from the Middle Length Sayings-II, demonstrate the psychotherapeutic value of Buddhist Teaching-Based Counselling and Psychotherapy (BTBCP). These texts provide counselling and guidance for individuals suffering from illnesses, near-death experiences, or impending death. The analysis of these cases highlights that BTBCP interventions, combined with insight-oriented (vipassanā) or concentration-oriented (samatha) meditation, can be highly effective, particularly for patients with terminal illnesses like cancer or those experiencing near-death situations. Such therapeutic approaches help patients overcome painful mental states and cultivate a spiritual oasis, which in turn enhances their overall psychological well-being.

Among the cases described in Buddhist literature, the story of the elderly Nakulapitā stands out. He experienced prolonged psychological distress in his later years, and the Buddha's intervention proved highly effective in bringing him peace for the remainder of his life. The elderly householder Nakulapitā openly expressed his distress to the Buddha

and sought guidance that would provide lasting benefit and happiness.

“Lord, I am a feeble old man, aged, advanced in years, having come to the last stage of life. I am afflicted in body and ailing with every moment. And it is only rarely that I get to see the Blessed One & the monks who nourish the heart. May the Blessed One teach me, may the Blessed One instruct me, for my long-term benefit and happiness” (Sanyutta-Nikaya-3, 1925:01).

Nakulapitā's expression of his pain served as a form of catharsis, potentially helping him release his emotions. His case reflects the grief and psychological distress experienced by many elderly individuals and those with terminal illnesses. While some elderly people may become more introverted and suppress their sadness, worry, and distress without sharing, Nakulapitā's experience illustrates the benefit of sharing one's grief with someone who can offer constructive guidance. The Buddha provided supportive guidance to Nakulapitā, showcasing a deeply psychological approach. Initially, the Buddha acknowledged Nakulapitā's suffering. by agreeing with his view: “So it is, householder. So it is. The body is afflicted, weak, and encumbered” (Sanyutta-Nikaya-3, 1925, p.1). He then challenged the irrationality of Nakulapitā's thinking and presented a rational approach to overcoming and transforming these negative thoughts. This approach involved cognitive transformation to change his mood. The Buddha advised him to cultivate the mindset: “Even though I may be

afflicted in body, my mind will not be afflicted” (Sanyutta-Nikaya-3, 1925, p.1). Nakulapitā found solace in the Buddha’s words, and Venerable Sariputta Maha Thera further explained, using examples, the distinction between being afflicted in body and being afflicted in mind, and how one can be afflicted in body but remain unaffected in mind. Following this guidance, Nakulapitā practiced the recommended techniques to alleviate his suffering and achieved a peaceful life. Similarly, Anātapindika, another elderly householder, also faced affliction, suffering, and severe illness. He articulated his physical and mental pain, suffering and grievance in front of Venerable Sariputta Maha Thera as follows;

“I’m not keeping well, Master Sāriputta, I’m not alright. The pain is terrible and growing, not fading, its growing, not its fading, is evident. The winds piercing my head are so severe, it feels like a strong man drilling into my head with a sharp point. The pain in my head is so severe, it feels like a strong man tightening a tough leather strap around my head. The winds slicing my belly are so severe, like a deft butcher or their apprentice were slicing open a cow’s belly open with a meat cleaver. The burning in my body is so severe, it feels like two strong men grabbing a weaker man by the arms to burn and scorch him on a pit of glowing coals. That’s how severe the burning is in my body. I’m not keeping well, Master Sāriputta, I’m not alright. The pain is terrible and growing, not fading, its growing, not its fading, is evident” (Majjhima Nikāya – Vol. III, 1999:310).

Householder Anātapindika’s expression of his distress reflects the profound suffering caused by severe, unbearable physical pain and illness. Such intense discomfort makes it difficult to remain calm and composed. Patients in this condition often experience sadness, fainting from pain, mourning, weeping, lamenting, bewilderment, and physical gestures of despair, such as beating their chests and falling into disillusionment. After carefully listening to Anātapindika’s grievances, Venerable Sariputta helped him understand the nature of the physical body, mind, life, and the world. Venerable Sariputta clarified the interconnected nature of clinging, grasping, and attachment to worldly things. Sariputta thera then instructed Anātapindika to practice mindfulness with the aim of detaching from these attachments, providing him with insight to see things as they are, to release his grasp on them, and to adopt a more constructive perspective.

“Then, householder, you should train thus: 'I will not cling to the eye, and my consciousness will not be dependent on the eye.' You should train thus: 'I will not cling to the ear...I will not cling to the nose...I will not cling to the tongue...I will not cling to the body...I will not cling to the mind, and my consciousness will not be dependent on the mind..... Householder, you should train thus: 'I will not cling to this world, and my consciousness will not be dependent on this world. I will not cling to the world beyond, and my consciousness will not be dependent on the world beyond.' Householder, you should train thus: 'I will not cling to what is seen, heard,

sensed, cognized, encountered, sought after, and examined by the mind, and my consciousness will not be dependent on that.' Thus you should train" (Majjhima Nikāya – Vol. III, 1999:310).

Similar to the cases mentioned above, Venerable Channa, Venerable Punna, Venerable Nandaka (Majjhima Nikāya, – Vol. III, 1999), Brahman Dhananjāni (Majjhima Nikāya – Vol. II, 2002), and many others received guidance, counselling, and mindfulness instructions from the Buddha. Other esteemed disciples of the Buddha, such as Venerable Sariputta Maha Thera, assisted individuals in resolving their issues, shifting their thinking, and developing attitudes that enabled them to understand the nature of worldly phenomena and achieve a peaceful end to their lives.

The case of Brahman Dhananjāni illustrates that BTBCP is not restricted to any particular religion, social class, or ethnic group. Since Brahman Dhananjāni was a devout Hindu and Venerable Sariputta Maha Thera did not guide him towards Nibbāna. Brahman Dhananjāni was provided with guidance on enduring his current suffering and practicing meditation to attain companionship with Brahmans in the Brahma-world in the next life, as Brahmans highly value the Brahma-world (Majjhima Nikāya, – Vol. II, 2002).

This demonstrates that BTBCP is offered regardless of religious, ethnic, or social differences, and those who have received spiritual and therapeutic

support from Buddhist teachings have benefited greatly. The cases from the era of the Buddha, as compiled in the tipitaka, reveal the effectiveness and applicability of using the Buddha's teachings as a method of psychological treatment for stress, depression, and anxiety in patients with terminal illnesses and those facing near-death experiences. Such teachings and mindfulness practices have helped clients reduce psychological distress, create a spiritual oasis, and achieve spiritual development, leading them to adopt a more positive and constructive mindset.

## **Theme 2.2: Management of unpleasant feelings and developing resilience**

According to Buddhist teachings, the psychological nature of all beings involves clinging to pleasant experiences and resisting unpleasant ones. Individuals experience sensations continuously through six sense organs: the five physical senses (eyes, nose, ears, tongue, and skin) and the mind, which processes these sensations (Nissanka, 2005; Majjhima Nikāya, – Vol. I, 2007). Beings seek satisfaction in the pleasures derived from these senses. Buddhist teachings describe three types of feelings: sukha vedanā (pleasant feelings), dukkha vedanā (painful or unpleasant feelings), and adukkhamasukha vedanā (neutral feelings). Most beings constantly strive to achieve and maintain pleasant feelings while avoiding unpleasant ones. They experience happiness with pleasant sensations and cling to them,

seeking to prolong these experiences. When confronted with unpleasant or painful feelings, their natural tendency is to reject, forget, suppress, neglect, or resist these feelings. This reaction to painful and unpleasant feelings often leads to sadness, worry, disappointment, lamentation, distress, depression, and psychological imbalance (Nissanka, 2005; Majjhima Nikāya – Vol. I, 2007).

The root of all pleasant and unpleasant feelings, as well as suffering, is ignorance (avijjā) and craving (taṇhā). According to the Law of Dependent Origination (paṭiccasamuppāda), a fundamental concept in Buddhist teachings that describes the interconnectedness of phenomena, the cycle of existence and suffering unfolds as follows:

From ignorance as a requisite condition come fabrications. From fabrications... comes consciousness. From consciousness... name-&-form. From name-&-form... the six sense media. From the six sense media... contact. From contact... feeling. From feeling... craving. From craving... clinging/sustenance. From clinging/sustenance... becoming. From becoming... birth. From birth as a requisite condition, then aging & death, sorrow, lamentation, pain, distress, & despair come into play. Such is the origination of this entire mass of stress & suffering (Sanyutta Nikāya-2, 1922, p. 02).

Individuals with severe psychological disorders may struggle to differentiate between pleasant and unpleasant feelings, leading to various abnormal behaviors, including self-harm

(Nissanka, 2005). Such cases often require psychiatric drug treatment rather than just counselling and psychotherapy. In contrast, individuals with mild to moderate psychological disorders are generally able to distinguish between pain and pleasure. They tend to attempt to avoid unpleasant experiences while seeking pleasant ones, both physically and mentally. However, these individuals also benefit from substantial guidance, counselling, and psychotherapeutic support to improve their psychological well-being.

Buddhist teaching-based psychotherapy can effectively help clients manage distressing emotions and unpleasant feelings through insightful attitudes and meditation practices. Particularly, the mindfulness of feelings (vedanānupassanā) as taught in the Mahāsatipaṭṭhāna Sutta allows individuals to understand the nature of momentary feelings. All feelings, whether pleasant, unpleasant, or neutral, are characterized by their arising and disappearing nature. The typical psychological response of worldly beings is to cling to these momentary feelings, fostering craving and a sense of ownership ("I, me, mine"). However, spiritual development through mindfulness of the body and feelings helps individuals recognize the transient nature of these feelings, leading to reduced clinging and craving. Instead, they develop tolerance and equanimity (Pali: upekkhā; Sanskrit: upekṣhā). Proper mindfulness practice, combined with effective counselling and guidance, can help patients—such as those with cancer—gain insight, transform their painful feelings into

psychologically neutral ones, and adopt a more constructive perspective. As a result, these patients may experience a reduction in complaints related to psychological or physical pain.

### **Theme 2.3: Dharma Therapy**

Dharma Therapy (DT), developed by Sik Hin Hung in 2010, is a psychotherapeutic approach that combines meditation and counselling based on Buddhist teachings. It is designed as an intervention grounded in the Buddha's path to awakening. Dharma Therapy incorporates several core Buddhist concepts, including the Law of Dependent Origination (*patīccasamuppāda*), the Four Noble Truths (*ariya sacca*), the Three Marks of Existence (*tilakkhana*), the Law of Karma and its effects (*kamma* and *vipāka*), and mindfulness meditation (*sammā sati*) as a key component. The therapy aims to help patients develop a spiritual oasis and integrates Buddhist principles into modern psychotherapeutic practices to assist individuals in understanding their problems more realistically and constructively (Hung, 2010).

While most mindfulness-based psychotherapeutic interventions (MBIs) typically focus solely on mindfulness practice or guided meditation without incorporating counselling support, Dharma Therapy offers a more comprehensive approach. It combines mindfulness practice with behavioral, emotional, and cognitive transformation through counselling, addressing negative thinking and fostering realistic, constructive thought patterns.

This integrative approach is suggested to be particularly effective in meeting the psychological and spiritual needs of cancer patients.

The process of Dharma Therapy develops through seven steps together with six major steps and introductory session at the beginning, and all together there are seven steps as follows; (Hung, 2010; Hung & Shui Wa, 2021).

1. Introduction and preparation session.
2. Become aware of the suffering and unsatisfactory conditions of the current situation.
3. Develop a desire to be liberated from the suffering.
4. Question and investigate the cause of suffering.
5. Observe and learn by paying careful attention to suffering and the cause of suffering.
6. Developing insight and wisdom as how to bring an end to suffering and the cause of suffering.
7. With insight and wisdom, take the necessary steps to bring an end to suffering.

A case study published by Sik Hin Hung, the founder of Dharma Therapy, and his colleagues demonstrates the therapy's effectiveness in a clinical setting. The study reported that Dharma Therapy was highly effective in helping the participant alleviate the suffering caused by the death of loved ones (Hung

& Shui Wa, 2021). The participant had been struggling with psychological issues, including anxiety, panic attacks, and feelings of helplessness. Through Dharma Therapy, he was able to cultivate a spiritual oasis that helped him manage his mind, thoughts, perceptions, attitudes, and values. Additionally, he developed the ability to release memories of previous attachments and adopt more positive perspectives, attitudes, and values. The researchers observed a significant reduction in the participant's levels of stress, anxiety, and depression after fourteen sessions of Dharma Therapy.

### **Theme 3: Cultural value**

Integrating Buddhist teachings and meditation techniques can be particularly effective in societies like Sri Lanka, Thailand, and other countries where Buddhism is culturally or intellectually valued. In Sri Lanka, for example, people have a deep-seated belief in and familiarity with religious concepts, rituals, and cultural practices, which are integral to their lives, similar to many other Asian countries (Mehta, 1997). Religion and religious teachings are involved in every aspect of life, including birth, death, illness, education, career, happiness, and sorrow. For many Sri Lankans, religious activities and guidance serve as psychological support and protection, akin to medical treatments for physical ailments (Chaudhry, 2008).

According to Buddhist teachings, Dhamma (the teachings of the Buddha) is viewed as a psychological remedy,

and the Buddha recommended its application in daily life (dhammosadha samam natthi, etam pivatha bhikkhavo). Therefore, Buddhist teaching-based counselling and psychotherapeutic approaches, such as Dharma Therapy developed by Hung in 2010, can be highly effective in alleviating distress and other psychological issues faced by cancer patients and individuals with terminal illnesses. This approach can also contribute to their psychological and spiritual well-being.

### **Conclusions**

Religion and spirituality-integrated psychotherapies are frequently recommended for clients with chronic illnesses such as cancer. The application of Buddhist teachings and techniques in providing psychological support for terminally ill individuals can be observed through historical incidents from the Buddha's era. Analysing these cases highlights the effectiveness of such psychological interventions. Buddha's teachings, including the Law of Dependent Origination, the Noble Truths, the Three Marks of Existence, the Law of Karma, and Right Mindfulness, offer psychoeducation to help individuals manage and overcome psychological challenges. Meditation practices further assist in creating a spiritual oasis and fostering constructive thinking. Dharma Therapy, developed by Sik Hin Hung in 2010, serves as a model for Buddhist teaching-based counselling and provides supportive evidence of its significance for addressing various psychological issues. This type of counselling intervention

may be particularly effective for terminally ill individuals, especially in countries where Buddhist teachings and practices are culturally or intellectually valued. However, considering the limitations of this study, these findings should be further validated through future scientific research conducted under controlled conditions.

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