Buddhist Principles in Elderly Care: Promoting Well-Being and Dignified Aging

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Abstract

This article aimed to study: (1) Buddhist principles relevant to elderly care, (2) the application of Buddhist teachings to promote well-being among older adults, and (3) a synthesized Buddhist Elderly Care (BEC) Model for Thai society. The research employed a qualitative documentary methodology, drawing on Buddhist philosophy and holistic care theories as the research framework. The target sources comprised 42 academic documents and research articles published between 2018 and 2023, selected through purposive sampling. The research instruments included: (1) a document analysis form, (2) an expert interview form, and (3) a credibility verification form. Data were analyzed using content analysis and conceptual synthesis.

The research results were found as follows. 1. Key Buddhist principles for elderly care include the Four Qualities of a Householder (gharavāsa-dhamma), the Four Bases of Social Solidarity (saṅgaha-vatthu), and the Four Foundations of Development (bhāvanā 4), which together promote holistic well-being in later life. 2. The application of Buddhist teachings promotes elderly well-being across four dimensions: physical (kāya), mental (citta), social (saṅgha), and wisdom (paññā). These findings resonate with Attarung (2023), who demonstrated that Buddhist principles provide a comprehensive framework for mind healing applicable across the life course, including in older adulthood. 3. The Buddhist Elderly Care (BEC) Model consists of four components: Physical Care (kāya-pariharaka), Mental Nurturing (citta-bhāvanā), Community Connectedness (saṅgha-sambandha), and Wisdom for Peaceful Death (paññā-maraṇa). This model provides a culturally grounded framework for dignified and spiritually meaningful aging.

Keywords: Mental healing, Buddhism, Mental health, Buddhist integration

Introduction

Aging is one of the most significant demographic phenomena of the twenty-first century. Thailand is rapidly transitioning into an aged society, with the National Statistical Office (2023) projecting that persons aged 60 and above will constitute more than 28 percent of the population by 2030. This demographic shift places enormous demands on health care systems, families, and communities to provide appropriate, dignified, and holistic care for older adults. Conventional biomedical models of elderly care tend to focus primarily on physical health management and functional decline, while neglecting the psychological, spiritual, and social dimensions of well-being that are particularly salient in later life. In a predominantly Buddhist society such as Thailand, spiritual frameworks are central to older adults' sense of meaning, identity, and coping with the existential challenges of aging and approaching death.

Buddhism, with its rich tradition of teachings on the nature of life, impermanence, and liberation, offers a profound framework for supporting well-being across the life course, and particularly in older adulthood. The Buddha's teachings address aging (jarā), illness (vyādhi), and death (maraṇa) directly and systematically, providing both a philosophical account of these universal experiences and a practical path for meeting them with wisdom, equanimity, and compassion. Attarung (2023) demonstrated that Buddhist principles constitute a comprehensive system of mind healing that is deeply relevant to mental health care; the present study extends this insight to the specific context of elderly care, arguing that Buddhist wisdom offers essential resources for promoting dignified, holistic, and spiritually meaningful aging in Thai society.

This article employs a qualitative documentary research design to examine Buddhist teachings relevant to elderly care and synthesize a practical model for Buddhist-integrated elderly care. The article is organized as follows: first, it reviews Buddhist teachings on aging and their relevance to holistic elder care; second, it analyzes specific applications of Buddhist principles to elderly well-being across physical, mental, social, and wisdom dimensions; and third, it proposes the four-component Buddhist Elderly Care (BEC) Model. This contribution aims to support policymakers, health care providers, family caregivers, and Buddhist institutions in developing culturally congruent, person-centered approaches to elderly care.

Research Objectives

1. To examine Buddhist principles relevant to elderly care.
2. To analyze the application of Buddhist teachings in promoting well-being among older adults.

3. To synthesize a Buddhist Elderly Care (BEC) Model for Thai society.

Literature Review

1. Buddhist Teachings on Aging and the Life Course. Buddhism addresses aging as one of the three unavoidable characteristics of conditioned existence, alongside illness and death. The First Noble Truth explicitly names aging (jarā) among the fundamental forms of suffering (dukkha), while simultaneously offering the Fourth Noble Truth — the Noble Eightfold Path — as the systematic means of meeting aging with wisdom and equanimity. The Buddha's teaching on impermanence (anicca) provides the foundational perspective for understanding the aging process not as failure or loss but as the natural unfolding of conditioned existence, to be met with acceptance, mindfulness, and compassionate care (Dhammapitaka, 2023; Sophaborn, 2022). The Pali Canon contains extensive teachings on the care of the elderly and the sick, including the Buddha's own example of personally caring for an ailing monk, which established caring for the sick and aged as a fundamental expression of Buddhist compassion (karuṇā).

2. Contemporary Research on Buddhism and Aging. A growing body of research documents the positive effects of Buddhist practices on well-being in older adulthood. Goleman and Davidson (2020) demonstrated that long-term meditation practice is associated with preserved cognitive function, reduced inflammatory markers, and greater psychological resilience in older practitioners. Kabat-Zinn (2019) documented the effectiveness of mindfulness-based interventions in reducing pain, anxiety, and depression among elderly populations. In Thailand, Mongkolsuk (2023) reported that older adults who engaged in regular temple activities, merit-making, and Dhamma practice reported significantly higher levels of life satisfaction and lower rates of depressive symptoms compared to non-practitioners. Saipetch (2023) further demonstrated that Buddhist-integrated care programs for Thai elderly produced improvements in psychological well-being, social connectedness, and preparation for death surpassing standard care.

3. Knowledge Gaps. Despite this promising evidence base, comprehensive models of Buddhist-integrated elderly care that address physical, mental, social, and spiritual dimensions simultaneously remain underdeveloped. Most existing programs focus narrowly on meditation or religious activity, without integrating the full richness of Buddhist teaching on aging, community, and the art of dying. The particular challenge of supporting older adults in facing death with dignity and equanimity — a domain in which Buddhism offers uniquely rich resources through teachings on impermanence, karma, and rebirth — is especially neglected

in the health care literature. Kittinannik (2023) and Srisuk (2022) emphasized that culturally embedded Buddhist care approaches are more acceptable and effective for Thai elderly than decontextualized secular interventions. The present study addresses these gaps by synthesizing a holistic, four-component BEC Model.

In summary, the literature confirms the theoretical and practical relevance of Buddhist teachings to elderly care while identifying the need for a comprehensive, culturally situated model. This study draws on the Four Noble Truths, the teaching on the Four Foundations of Development (bhāvanā 4: kāya, sīla, citta, paññā), and the principle of loving-kindness and compassion (mettā-karuṇā) as its primary theoretical frameworks.

Conceptual Framework

This study is a qualitative documentary research. The researcher formulated the research framework based on three Buddhist theoretical constructs: (1) the Four Foundations of Development (bhāvanā 4), which prescribes holistic development of body (kāya-bhāvanā), virtue (sīla-bhāvanā), mind (citta-bhāvanā), and wisdom (paññā-bhāvanā); (2) the Four Bases of Social Solidarity (saṅgaha-vatthu), comprising generosity (dāna), kind speech (piyavacā), beneficial conduct (atthacaryā), and equal participation (samānattatā), which sustain meaningful social relationships in later life; and (3) loving-kindness and compassion (mettā-karuṇā) as the ethical foundation of Buddhist caregiving. These Buddhist frameworks were integrated with the bio-psycho-social-spiritual model of holistic elderly care and life review theory. The independent variable consists of Buddhist principles and care practices. The dependent variable is the proposed four-component Buddhist Elderly Care (BEC) Model.

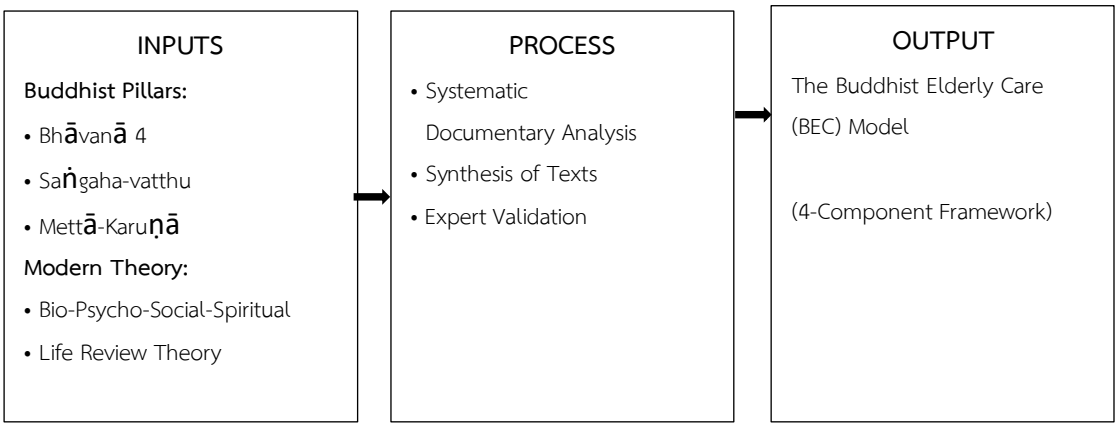


Figure 1. Research Framework for Buddhist Principles in Elderly Care

Research Methodology

Population and Sample

The population comprised all academic documents, research articles, Buddhist texts, and expert opinions related to Buddhist approaches to elderly care and aging. The sample consisted of 42 purposively selected documents published between 2018 and 2023, including peer-reviewed articles in gerontology, nursing, psychiatry, and Buddhist studies; relevant Pali canonical texts and commentaries on aging and death; Thai government reports on the elderly population; and textbooks in geriatric care and integrative health. Purposive sampling criteria required that sources directly address Buddhist teachings on aging, elderly care, or spiritual well-being in later life.

Research Instruments

Three research instruments were developed and validated. First, a document analysis form guided systematic extraction of theoretical constructs, key Buddhist principles, stress management strategies, and empirical findings from selected documents. Second, an expert interview form elicited insights from six specialists in Buddhist studies, clinical psychology, occupational health, and community health, using semi-structured interview questions. Third, a credibility verification form assessed the accuracy and applicability of synthesized content, reviewed by three independent experts.

Data Collection

Data collection proceeded in three phases. Phase one involved systematic searches in TCI Thai-Jo, PubMed, CINAHL, and Google Scholar using keywords including “Buddhism and aging,” “Buddhist elderly care,” “mindfulness and older adults,” and “Buddhist palliative care.” Phase two comprised individual semi-structured expert interviews conducted between March and May 2024, each lasting 60–90 minutes, audio-recorded with written informed consent. Phase three involved submission of the synthesized BEC Model to the expert panel for credibility and applicability verification.

Data Analysis

Data were analyzed through content analysis and conceptual synthesis. Documentary data were coded thematically using both deductive categories derived from the research objectives and inductive categories emerging from the data. Expert interview transcripts were analyzed using thematic analysis. Triangulation was achieved by cross-referencing documentary, interview, and theoretical data sources. The BEC Model was verified by the expert panel using a content validity index (CVI ≥ 0.80).

Research Results

Objective 1: Buddhist Principles Relevant to Elderly Care The documentary analysis identified three clusters of Buddhist principles with direct relevance to elderly care. The first cluster encompasses the Four Qualities of a Householder (gharavāsa-dhamma): truthfulness (sacca), self-discipline (dama), perseverance (khanti), and generosity (cāga). These qualities, taught by the Buddha as essential virtues for lay life, provide a practical ethical framework for older adults navigating the challenges of aging, loss, and dependence. The cultivation of khanti (patient endurance) is particularly relevant for coping with physical decline, while cāga (generosity) supports continued meaningful contribution to family and community despite reduced capacity (Dhammapitaka, 2023; Phra Dhammakittiwoong, 2023).

The second cluster comprises the Four Bases of Social Solidarity (saṅgaha-vatthu): generosity (dāna), kind speech (piyavacā), beneficial conduct (atthacaryā), and equal participation (samānattatā). These principles provide a Buddhist framework for sustaining meaningful social relationships and community belonging in later life, counteracting the social isolation and loneliness that are major risk factors for depression and cognitive decline among older adults (Mongkolsuk, 2023). The third cluster is the Four Foundations of Development (bhāvanā 4), which prescribes holistic cultivation of body, virtue, mind, and wisdom, providing a comprehensive framework for supporting well-being across all dimensions of elderly life (Sophaborn, 2022; Attarung, 2023).

Expert informants confirmed that these three clusters are mutually reinforcing and collectively address the full range of needs in elderly care. One gerontologist noted that the Buddhist emphasis on wisdom cultivation (paññā-bhāvanā) is particularly valuable in supporting older adults in achieving Erikson's developmental task of ego integrity — finding meaning and acceptance in one's life — and in facing death with equanimity.

Objective 2: Application of Buddhist Teachings to Elderly Well-Being The analysis identified four dimensions through which Buddhist teachings promote elderly well-being. Physically (kāya-bhāvanā), Buddhist practices including walking meditation, yoga-style stretching rooted in temple exercise traditions, and mindfulness of the body promote physical mobility, balance, and somatic awareness. Goleman and Davidson (2020) documented that regular meditation is associated with preserved hippocampal volume and reduced age-related cognitive decline. Mindfulness of breathing (ānāpānasati) has been shown to reduce chronic pain, improve sleep quality, and lower blood pressure in older adults (Kabat-Zinn, 2019).

Mentally (citta-bhāvanā), mindfulness meditation, loving-kindness practice, and engagement with Dhamma teachings provide effective resources for managing depression, anxiety, grief, and existential distress in later life. Saipetch (2023) reported that Buddhist-integrated mental health programs for Thai elderly significantly reduced depressive symptoms and improved life satisfaction. Srisuk (2022) demonstrated that loving-kindness meditation reduces anger and interpersonal conflict among older adults, improving family relationships and care quality. Socially (saṅgha-sambandha), participation in temple communities, merit-making activities, and Dhamma study groups provides structure, belonging, and purpose, counteracting the social isolation and role loss that accompany retirement and bereavement (Kittinannik, 2023). Spiritually and in terms of wisdom (paññā-bhāvanā), Buddhist teachings on impermanence, karma, and the art of dying (maraṇasati) support older adults in achieving acceptance, life review, and preparation for peaceful death, addressing a critical dimension neglected by biomedical care models (Somdej Phra Nyanasamvara, 2022; Dhammapitaka, 2023).

Objective 3: The Buddhist Elderly Care (BEC) Model Synthesizing documentary evidence and expert insights, the researcher proposes the Buddhist Elderly Care (BEC) Model comprising four interdependent components. Component 1: Physical Care (Kāya-pariharaka) — systematic support for physical health and functional capacity through Buddhist-informed practices including mindful movement, mindfulness of body, and mindfulness of breathing. This component addresses the physical dimension of aging with both practical care and meditative support for pain management and somatic awareness.

Component 2: Mental Nurturing (Citta-bhāvanā) — deliberate cultivation of psychological well-being through mindfulness meditation, loving-kindness practice, Dhamma study, and pastoral counseling. This component addresses depression, anxiety, grief, and existential distress, promoting emotional resilience and mental equanimity in later life. Component 3: Community Connectedness (Saṅgha-sambandha) — active facilitation of meaningful social participation through temple communities, merit-making, intergenerational Dhamma activities, and peer support groups. This component counteracts social isolation and sustains a sense of purpose and belonging. Component 4: Wisdom for Peaceful Death (Paññā-maraṇaṃ) — deliberate preparation for death through teachings on impermanence, maraṇasati (mindfulness of death), life review, and spiritual accompaniment at end of life. This component addresses the uniquely Buddhist contribution to dignified aging: supporting older adults in meeting death with clarity, acceptance, and equanimity.

These four components function as an integrated whole, addressing physical, mental, social, and spiritual dimensions simultaneously. The BEC Model is designed to be implemented collaboratively by health care professionals, Buddhist monks and nuns, family caregivers, and community volunteers, reflecting the Buddhist principle that care is a collective rather than individual responsibility.

Discussion

Objective 1 Results. The identification of the Four Qualities of a Householder, the Four Bases of Social Solidarity, and the Four Foundations of Development as core Buddhist principles for elderly care extends and deepens the framework proposed by Attarung (2023) for Buddhist mind healing. While Attarung (2023) demonstrated the therapeutic relevance of the Four Noble Truths and Noble Eightfold Path for mental health care broadly, the present study shows that additional Buddhist ethical and social teachings are specifically relevant to the challenges of elderly life, including dependence, loss, and social role transition. Dhammapitaka (2023) supported this finding, arguing that Buddhist lay ethics provide a comprehensive framework for maintaining dignity, agency, and moral purpose in later life, which is particularly important as functional capacity declines.

Objective 2 Results. The finding that Buddhist teachings promote elderly well-being across physical, mental, social, and spiritual dimensions is consistent with holistic models of elderly care in the gerontological literature. Goleman and Davidson (2020) and Kabat-Zinn (2019) provided neurobiological and clinical evidence for the physical and mental benefits of Buddhist meditation in older populations. The present study adds to this evidence by demonstrating that the social (saṅgha-sambandha) and wisdom (paññā-bhāvanā) dimensions of Buddhist teaching are equally essential to comprehensive elderly well-being, and that culturally embedded temple-based community programs may be particularly effective in the Thai context (Saipetch, 2023; Mongkolsuk, 2023). This finding is especially significant given evidence that social isolation is among the strongest predictors of morbidity and mortality in older adulthood.

Objective 3 Results. The BEC Model advances existing literature by providing a comprehensive, four-component framework that integrates physical care, mental nurturing, community connectedness, and wisdom for peaceful death. The inclusion of Component 4 — Wisdom for Peaceful Death (Paññā-maraṇaṃ) — represents the most distinctive and innovative contribution of this model. Buddhist teachings on maraṇasati (mindfulness of death) and the art of dying provide resources for supporting older adults at end of life that

are largely absent from secular palliative care models. Somdej Phra Nyanasamvara (2022) argued that Buddhist preparation for death, when practiced consistently from middle age onward, significantly reduces death anxiety and promotes acceptance, clarity, and peaceful passing. Future empirical studies should test the BEC Model in randomized controlled trials with Thai elderly populations in community, residential, and palliative care settings.

New Knowledge Generated from the Research

The primary contribution of this research is the Buddhist Elderly Care (BEC) Model, a theoretically grounded, culturally situated four-component framework for integrating Buddhist wisdom into elderly care practice. The BEC Model addresses the knowledge gap identified in the literature by providing a comprehensive architecture that extends beyond meditation-only approaches to encompass physical care, mental nurturing, community connectedness, and wisdom for peaceful death. The model may be visually represented as a four-petal lotus (paduma), where each petal represents one care component — Kāya-pariharaka, Citta-bhāvanā, Saṅgha-sambandha, and Paññā-maraṇaṃ — all arising from the central root of Buddhist compassion (karuṇā), symbolizing that care is ultimately an expression of unconditional loving-kindness toward those in the final stage of life. The BEC Model can guide policy development for national elderly care programs, training curricula for nurses, social workers, and monks working with older adults, and the design of Buddhist temple-based community care centers.

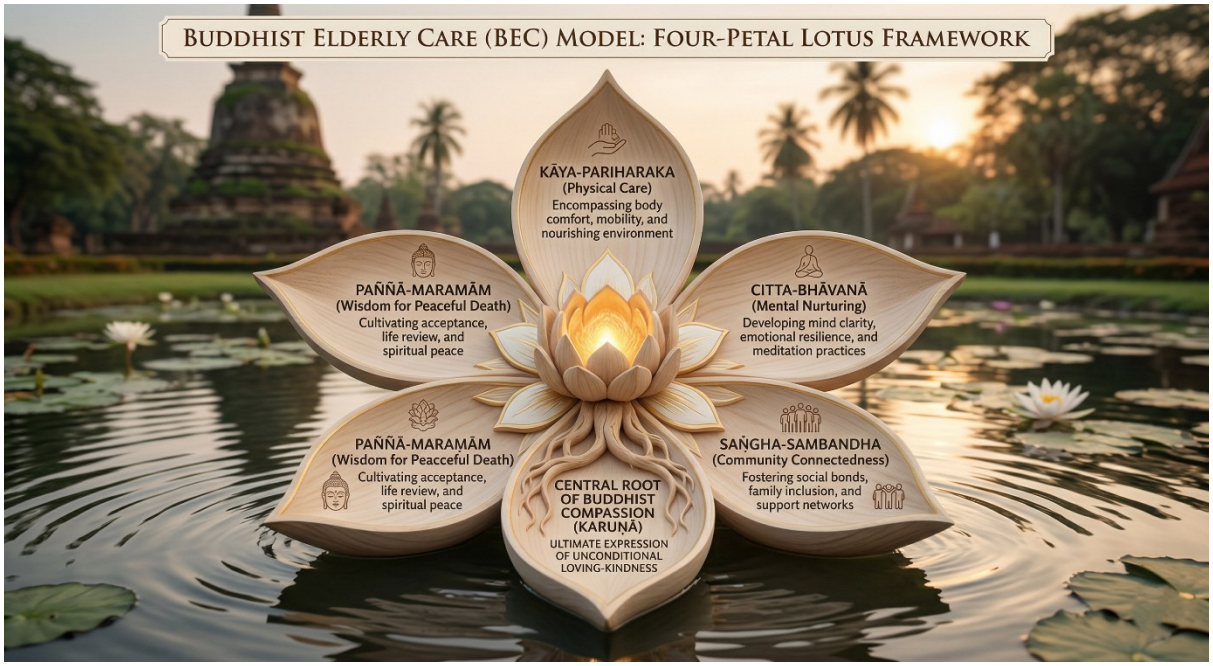


Figure 2: Buddhist Elderly Care (BEC) Model

Conclusion

This article has systematically examined Buddhist principles in elderly care through qualitative documentary research. The findings demonstrate that Buddhist teaching offers a philosophically coherent and practically valuable framework for supporting holistic well-being and dignified aging. Key Buddhist principles — including the Four Qualities of a Householder, the Four Bases of Social Solidarity, and the Four Foundations of Development — address the physical, mental, social, and spiritual dimensions of elderly life comprehensively. The synthesized Buddhist Elderly Care (BEC) Model, comprising Physical Care, Mental Nurturing, Community Connectedness, and Wisdom for Peaceful Death, provides a culturally grounded and spiritually meaningful framework for elderly care in Thai Buddhist society. Building on Attarung's (2023) foundational work on Buddhist mind healing, this study affirms that Buddhist wisdom represents a uniquely valuable resource for meeting the growing challenges of an aging society with compassion, dignity, and holistic care.

Recommendations

1. Recommendations for Applying the Research Findings

Objective 1 finding: Three clusters of Buddhist principles are directly relevant to elderly care. The Ministry of Public Health and the Ministry of Social Development and Human Security should incorporate Buddhist ethical frameworks — particularly the Four Foundations of Development and the Four Bases of Social Solidarity — into national elderly care policy and training curricula for professional caregivers.

Objective 2 finding: Buddhist teachings promote elderly well-being across physical, mental, social, and spiritual dimensions. Health care institutions, nursing homes, and community health centers should develop Buddhist-informed care protocols that address all four dimensions systematically, in partnership with Buddhist monks, nuns, and temple communities.

Objective 3 finding: The BEC Model provides a comprehensive framework for Buddhist elderly care. Buddhist temples, provincial health offices, and local government organizations should collaborate to establish temple-based elderly care centers implementing the BEC Model, particularly in rural areas where formal care infrastructure is limited.

2. Recommendations for Future Research

The BEC Model can be applied across community, residential, and palliative care settings for Thai elderly. Future research should: (1) conduct randomized controlled trials to validate the BEC Model with older adult populations in community and residential care

settings; (2) develop and validate standardized BEC program protocols, session guides, and outcome measures for physical, mental, social, and spiritual well-being; (3) investigate the specific effectiveness of Component 4 (Wisdom for Peaceful Death) in Buddhist palliative care and end-of-life settings; and (4) explore adaptations of the BEC Model for older adults from non-Buddhist backgrounds and for diaspora Thai communities.

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