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# The Development of Couples' Mental Well-Being through Mindfulness, Wisdom, and Loving-Kindness (MWL) Practice in Thailand

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*Received 21/04/2025; Revised 30/06/2025; Accepted 04/07/2025*

## **Abstract**

This study examined the development of couples' mental well-being and relationship dynamics following a culturally adapted Mindfulness, Wisdom, and Loving-Kindness (MWL) course at the Buddhamahametta Foundation, Ayutthaya, Thailand. Objectives were to (1) assess baseline mental-health and relational challenges, (2) track changes in individual and dyadic outcomes across MWL participation, and (3) evaluate the course's overall impact. Employing a mixed-methods pre-post design, nine couples (N = 18) were grouped by level of shared mindfulness engagement and attended two MWL cycles one month apart. Quantitative data were collected at three time points using the TMHI-15 and RDAS and analyzed with mixed ANOVA; qualitative data from in-depth interviews were subjected to thematic analysis. Findings integrate statistical trends with participants' experiential accounts to assess MWL's effectiveness.

### **Key findings:**

1. Baseline: Couples who practiced mindfulness together reported higher mental-health and relationship scores (not statistically significant), while qualitative data showed greater mindfulness awareness and emotional balance; non-practicing couples described disconnection and unresolved conflict.

2. Development: Mental health improved across sessions (significant over time,  $p = 0.009$ ). Relationship quality was generally stable but consistently higher for co-practicing couples; group differences favored co-practicing couples at post-course 1 ( $p = 0.003$ ) and post-course 2 ( $p = 0.044$ ). Qualitative themes included improved communication, self-awareness, and emotional regulation, especially when partners engaged jointly.

3. Intervention impact: The MWL package (mindfulness exercises, loving-kindness, Dhamma talks, reflective practices, Dharma music) was associated with enhanced individual well-being and stronger dyadic functioning.

Implication: Culturally adapted MWL programming shows promise for promoting family mental health and merits broader testing in therapeutic and community settings.

**Keywords:** Mindfulness-based Practices; Couples' mental well-being; loving-kindness (metta); Relationship quality; Buddhist Psychology

## **Introduction**

In contemporary Thailand, family relationships face significant pressures resulting from rapid social change, shifting cultural values, and increasing demands of modern life. Rising rates of marital conflict, domestic violence, and divorce reflect the fragility of familial bonds in this context. According to the Division of Family Institution Promotion, reported cases of domestic violence increased by more than 73% between 2016 and 2022, averaging five cases per day (Division of Family Institution Promotion, 2022). Similarly, data from the Department of Provincial Administration (2023) indicated that over half of registered marriages ended in divorce during the period 2019–2023. These statistics underscore a growing crisis in Thai families, driven by stressors such as economic hardship, communication breakdown, and emotional dysregulation.

Conventional family therapy models, including Structural Therapy, Narrative Therapy, Cognitive-Behavioral Therapy, and Emotionally Focused Therapy, have offered valuable frameworks for addressing relational dysfunction (Nichols & Davis, 2020). While effective in many contexts, these approaches often emphasize cognitive or behavioral restructuring without explicitly incorporating cultural or spiritual dimensions that may be particularly relevant in Thailand's predominantly Buddhist society. Consequently, there is a need to explore interventions that integrate indigenous wisdom and mindfulness-based practices (MBPs) as culturally congruent methods of fostering relational resilience.

A growing body of international scholarship highlights the potential of mindfulness to strengthen both individual mental well-being and relational functioning. Mindfulness practice is shown to enhance emotional regulation, empathy, and stress reduction, contributing to healthier interpersonal dynamics (Hölzel et al., 2011; Winter et al., 2021). In the domain of romantic relationships, Kimmes et al. (2020) found that relationship mindfulness is positively correlated with psychological health and relational satisfaction, while Karremans et al. (2020) demonstrated that mindfulness interventions significantly improved

emotional connectedness compared to relaxation techniques. Similarly, May et al. (2020) and Erkan et al. (2021) reported that mindfulness fosters deeper compassion, more skillful communication, and greater relational harmony among couples. These findings suggest that mindfulness, particularly when practiced jointly, can strengthen emotional awareness, mitigate conflict, and promote enduring relational bonds.

Despite this evidence, limited empirical research has examined the application of MBPs in Thai cultural settings, where Buddhist philosophy and meditation traditions form a central part of daily life. While mindfulness is deeply rooted in Thai Buddhism, its integration into structured family and couple interventions remains underdeveloped. Exploring such applications offers a dual opportunity: advancing academic understanding of culturally adapted mindfulness interventions and providing practical strategies for addressing the challenges faced by Thai families.

This study responds to that gap by investigating the effects of the Mindfulness, Wisdom, and Loving-Kindness (MWL) course on Thai couples' mental health and relationship quality. The MWL program combines mindfulness meditation, loving-kindness (metta) practices, Dhamma reflection, and contemplative music in a format that resonates with Thai cultural and spiritual traditions. The research employs a mixed-methods design to assess baseline challenges, examine the development of mental well-being through course participation, and evaluate overall relational outcomes.

By bridging contemporary MBP research with Thailand's Buddhist heritage, this study aims to illuminate how mindfulness practices can strengthen couples resilience, emotional regulation, and relational harmony. The findings are expected to provide evidence-based insights for scholars in Buddhist psychology and family therapy, practitioners designing culturally relevant interventions, and policymakers committed to promoting family well-being. Ultimately, the study aspires to contribute to both academic discourse and social application by proposing a mindfulness-informed model of family care rooted in Thai Buddhist values.

## **Research Objectives**

1. To assess the baseline mental health and relational challenges of couples.
2. To examine the development of couples' mental health and relationship quality through participation in MWL course.

3. To evaluate the overall impact of the MWL course on couples' mental well-being and relational outcomes.

## **Literature Review**

This literature review examines the relationship between well-being, mental health, and mindfulness-based practices (MBPs), with particular emphasis on their influence on couple relationships. It traces conceptual foundations of well-being and mental health, explores the Buddhist roots and mechanisms of MBPs, reviews empirical evidence on their role in enhancing couple well-being, and identifies knowledge gaps in the Thai cultural context.

### **Conceptualizing Well-being, Mental Health, and Happiness**

Well-being and mental health are multifaceted concepts that are essential to both individual flourishing and relational quality. Happiness often denotes a transient affective state of joy or contentment, whereas well-being encompasses a broader, more stable condition of life satisfaction across emotional, psychological, physical, and social dimensions (Diener et al., 2018). Mental health underpins these constructs by shaping individuals' cognitive, emotional, and behavioral functioning, thereby influencing their capacity to manage stress, maintain relationships, and contribute to society (World Health Organization [WHO], 2020).

Research indicates that well-being is shaped by both internal factors, such as genetic predispositions and personality traits, and external determinants, including socioeconomic conditions, social support, and health status (Lyubomirsky, 2007). From a sociological perspective, cultural norms, family structures, and collective values also profoundly influence well-being (Kanasz, 2013). Social connections and trust are particularly significant, with strong relational bonds serving as buffers against psychological distress and predictors of life satisfaction (Helliwell et al., 2020). These findings underscore the interdependence between individual well-being and relational health.

### **Mindfulness-Based Practices (MBPs)**

Mindfulness, as both a contemplative tradition and a therapeutic intervention, derives from Buddhist teachings such as the Satipaṭṭhāna Sutta (Discourse on the Foundations of Mindfulness). It emphasizes cultivating present-moment awareness with an attitude of openness and non-judgment (Anālayo, 2020). Core practices include focused attention on bodily sensations, awareness of feelings and thoughts, and loving-kindness meditation (mettā-

bhāvanā), all of which foster insight into impermanence (anicca) and non-reactivity.

Contemporary MBPs operationalize these principles into structured interventions, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT). Mechanistically, MBPs enhance attention regulation, increase body awareness, foster emotional regulation, and cultivate perspective-taking (Hölzel et al., 2011). These processes contribute to reductions in stress, anxiety, and depression, while promoting resilience and self-compassion.

### **MBPs, Mental Health, and Couples' Well-being**

Recent scholarship suggests that MBPs extend benefits beyond individual health to relational functioning. Studies demonstrate that mindfulness enhances empathy, improves conflict management, and strengthens emotional intimacy in couples (Karremans et al., 2020). Kimmes et al. (2020) found relationship mindfulness positively correlated with psychological well-being and relational satisfaction, while Winter et al. (2021) and Huxter and Pizutti (2021) highlighted the role of mindfulness in fostering emotional regulation and stress reduction.

The interdependence of partners' mental health further emphasizes the relational significance of MBPs. When one partner develops mindfulness skills, both may experience improved relational dynamics; however, evidence suggests that co-practice amplifies these benefits by fostering mutual presence, shared compassion, and resilience (McNamee et al., 2021). May et al. (2020) and Erkan et al. (2021) found that mindfulness practice improved communication, reduced reactivity, and promoted compassion in romantic partnerships. A recent study by Jiwattanasuk et al. (2025) on the MWL (Mindfulness, Wisdom, and Loving-Kindness) course found significant improvements in emotional regulation, stress reduction, and interpersonal connection among multicultural participants, underscoring the potential of integrated mindfulness programs for couples.

### **Cultural Context and Knowledge Gaps**

Despite growing global evidence, most research on MBPs and relationships has been conducted in Western contexts, where individualistic cultural norms shape relational experiences. Applying these findings directly to collectivist societies such as Thailand risks neglecting important cultural variables, including communal values, religious traditions, and gender dynamics. In Thailand, Buddhist principles deeply inform moral frameworks and daily

practices, yet empirical studies on MBPs specifically targeting couples remain limited.

Moreover, existing research seldom distinguishes between outcomes when mindfulness is practiced individually versus jointly. Preliminary findings suggest co-practice yields synergistic effects, enhancing relational satisfaction more than individual engagement alone (McNamee et al., 2021). Yet systematic evidence, particularly within Thai cultural contexts, is lacking. Addressing this gap is essential to developing interventions that resonate culturally and leverage indigenous wisdom traditions.

### **Synthesis**

The literature collectively demonstrates that well-being and mental health are intricately linked with relational quality and that MBPs can serve as effective tools for promoting both. Rooted in Buddhist philosophy yet validated in modern psychology, mindfulness fosters awareness, emotional regulation, and compassion that directly enhance couples' interactions. However, significant gaps remain in understanding how these practices function within Thai cultural contexts and whether joint practice yields distinct relational advantages. This study seeks to address these gaps by evaluating the MWL course as a culturally grounded intervention for Thai couples, thereby contributing to both academic scholarship and practical applications in family well-being.

## **Conceptual Framework**

This study's conceptual framework integrates mindfulness-based practice (MBP) theories derived from Buddhist philosophy with contemporary psychological models of mental health and relationship quality among Thai couples. As illustrated in Figure 1, the framework begins with an assessment of couples' initial conditions—including mental health, relational dynamics, and mindfulness engagement—and progresses through the implementation of a mindfulness-based course to observe psychological and relational change over time. The conceptual foundation rests on two key areas: (1) the frameworks guiding the assessment of mental health and relationship quality, and (2) the skill-based principles underpinning the Mindfulness Wisdom and Loving-Kindness (MWL) course.

### **1. Basic Mental Health and Relationship Assessment Concepts**

A variety of methods have been developed to assess mental health and relationship quality, ranging from clinical diagnostic tools and standardized

psychological scales to culturally specific instruments. The selection of appropriate tools must consider not only psychometric reliability but also cultural relevance and alignment with the study's objectives.

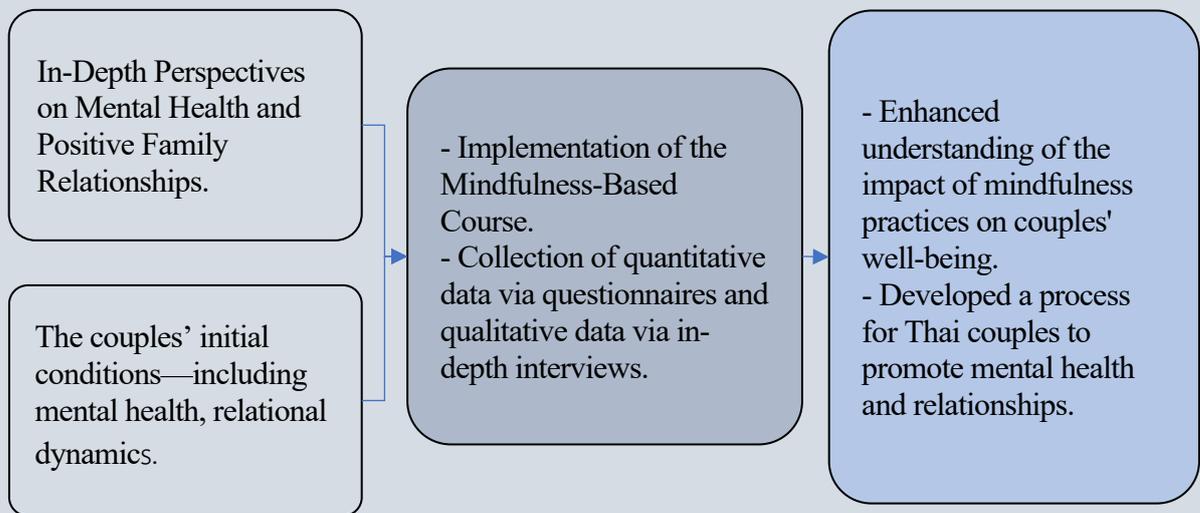
- 1) *Mental Health*: Defined as an individual's psychological functioning across emotional, social, and spiritual domains. The Thai Mental Health Indicator (TMHI-15) instrument captures five dimensions—mental state, mental capacity, quality of life, mental response, and social support—reflecting holistic well-being in a Thai Buddhist context. Higher TMHI-15 scores indicate greater emotional balance, resilience, and life satisfaction.
- 2) *Relationship Quality*: Conceptualized as a dyadic construct encompassing consensus, satisfaction, and cohesion. The Revised Dyadic Adjustment Scale measures how well partners agree on important issues, experience relationship satisfaction, and engage in shared activities. Higher RDAS scores suggest improved communication, mutual support, and overall relationship harmony. In mindfulness research, enhanced RDAS scores suggest improved communication, conflict resolution, and mutual support.

### **Mindfulness Wisdom & Loving-Kindness (MWL) Skills**

The MWL course is a mindfulness-based program adapted for the Thai cultural context. It incorporates four key skill domains:

- 1) *Mindfulness meditation (Vipassana)*: Cultivating present-moment awareness, clarity of perception, and insight into impermanence.
- 2) *Loving-kindness meditation (Metta)*: fostering compassion and emotional warmth.
- 3) *Reflective practices*: enhancing self-awareness and emotional regulation, and ethical contemplation.
- 4) *Mindful communication*: promoting empathy, deep listening, and conflict de-escalation in couples' interactions.

The MWL model draws on the Four Foundations of Mindfulness (*Satipatthana*), emphasizing mindfulness of body, feelings, mind, and mental objects. These practices are designed to reduce stress, improve emotional clarity, and strengthen interpersonal relationships.



**Figure 1:** Conceptual framework

## Research Methodology

This study employed a mixed-methods research design to explore the development of couples' mental well-being and relationship quality through mindfulness-based practices. The research was conducted at the Buddhamahametta Foundation in Ayutthaya, Thailand, between January and February 2025. The methodology is structured into two phases—quantitative and qualitative—each aligned with specific research objectives.

The study involved 18 participants (9 couples), purposively selected and categorized into three groups based on their level of mindfulness engagement:

*Group 1:* Both partners regularly practiced mindfulness (defined as engaging in mindfulness-based practices at least once per month over the past year)

*Group 2:* Only one partner practiced mindfulness

*Group 3:* Neither partner practiced mindfulness

All participants were Thai, married, and provided informed consent. Inclusion criteria ensured cultural and relational relevance, while exclusion criteria ruled out severe mental health conditions requiring clinical intervention.

The intervention involved a 1-day Mindfulness Wisdom and Loving-Kindness (MWL) course. The course combined traditional mindfulness techniques with culturally relevant elements, such as Dhamma talks, guided activities (mindful walking, seated meditation, mindful eating), reflective exercises, and Dharma music (including “Love,” “Kiang Thor,” and

“Ho’oponopono”). This culturally tailored approach aimed to foster self-awareness, emotional regulation, and improved interpersonal understanding among participants.

Data were collected over two MWL course cycles spaced one month apart, between January and February 2025, at three time points:

*Pre-course (Baseline):* Before the first MWL session

*Post-course 1:* Immediately after the first MWL session

*Post-course 2:* Immediately after the second MWL session

This study was conducted in two phases:

### **Phase 1: Quantitative Research**

The purpose of this phase was to assess and track changes in couples’ mental well-being and relationship quality using standardized instruments. Baseline data from the Thai Mental Health Indicator (TMHI-15) and the Revised Dyadic Adjustment Scale (RDAS) were collected to address Objective 1. Repeated measures examined the development of these outcomes over time, addressing Objective 2. Finally, pre- versus post-course comparisons evaluated the overall impact of the MWL course, addressing Objective 3.

Two standardized instruments were used.

- 1) *Thai Mental Health Indicator (TMHI-15):* A 15-item tool assessing mental well-being (Cronbach’s  $\alpha = 0.70$ ).
- 2) *Revised Dyadic Adjustment Scale (RDAS):* A 14-item scale measuring relationship quality (Cronbach’s  $\alpha = 0.90$ ).

Online questionnaires were administered via Google Forms. Quantitative data were analyzed using SPSS with descriptive statistics and mixed ANOVA, with post-hoc comparisons to compare changes over time and differences among the three groups.

### **Phase 2: Qualitative Research**

Semi-structured interviews were conducted to explore participants’ subjective experiences with the MWL course and its impact on their mental health and relationships. Interviews were conducted in person, audio-recorded with consent, and transcribed verbatim. Thematic analysis was employed to identify key themes, with data triangulation and peer debriefing used to ensure trustworthiness.

The purpose of this phase was to confirm quantitative baseline findings (Objective 1), explore the process of change through the MWL course (Objective

2), and enrich the evaluation of outcomes (Objective 3) by capturing participants' lived experiences.

This integrated mixed-methods approach provided comprehensive insights into both the quantitative outcomes and the qualitative experiences, informing the overall evaluation of the MWL course.

## **Research Results**

This section presents the findings structured by the three research objectives. Quantitative and qualitative results are integrated to provide a comprehensive understanding of how mindfulness-based practices influence couples' mental health and relationship quality in the Thai context.

**Objective 1:** To assess the baseline mental health and relational challenges of couples.

### **1.1 Participant Characteristics**

The study included 9 couples (18 participants), grouped based on mindfulness engagement: Group 1 (both partners practice), Group 2 (one partner practices), and Group 3 (neither partner practices). As shown in Table 1, Group 1 had the oldest participants ( $55.00 \pm 3.03$  years), and only Groups 1 and 2 reported prior meditation experience.

**Table 1** Demographic overview by group.

Variable	Group 1	Group 2	Group 3
Participants	6 (3 couples)	6 (3 couples)	6 (3 couples)
Age (Mean $\pm$ SD)	$55.00 \pm 3.03$	$47.17 \pm 10.50$	$42.33 \pm 4.55$
Family Size (Mean)	4 members	3 members	4 members
Meditation (Years)	$9.67 \pm 3.51$	$6.67 \pm 2.52$	0

### **1.2 Baseline Quantitative Assessment (Mental Health & Relationship Quality)**

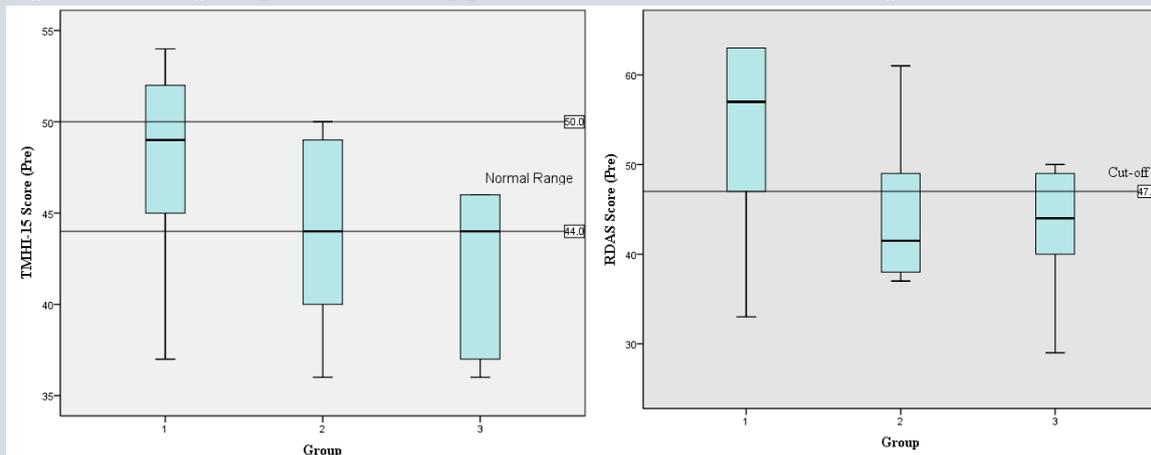
#### **1.2.1 TMHI-15 (Mental Health)**

At baseline, TMHI-15 scores were highest in Group 1 ( $47.67 \pm 6.35$ ), followed by Group 2 ( $43.86 \pm 5.64$ ) and Group 3 ( $42.17 \pm 4.67$ ). Although this pattern suggests that couples with shared mindfulness practice may have better mental well-being, the differences among groups were not statistically significant ( $p = 0.249$ ). This means that the observed differences could be due to chance and do not provide strong enough evidence to confirm a meaningful difference

between groups at the population level. Figure 2 (left panel) illustrates these distributions, showing overlapping quartiles that further support the lack of statistical significance.

### 1.2.2 RDAS (Relationship Quality)

At baseline, RDAS scores were highest in Group 1 ( $53.33 \pm 12.16$ ), followed by Group 2 ( $44.67 \pm 9.09$ ), and Group 3 ( $42.67 \pm 7.74$ ). These results suggest that couples with greater mindfulness engagement may experience better relationship quality. However, the differences among the groups were not statistically significant ( $p = 0.171$ ), indicating that the observed variations could be due to chance and are not strong enough to confirm a meaningful difference at the population level. As shown in the right panel of Figure 2, Group 1's boxplot is generally higher, reflecting fewer couples in distress, but the overlapping score ranges across groups further support the lack of statistical significance.



**Figure 2:** Boxplot of baseline TMHI-15 scores by couples' group (left) and boxplot of RDAS scores at baseline by couples' group (right).

### 1.3 Baseline Qualitative Assessment (Circumstances and Problems)

Common themes across all groups included the importance of mutual care, empathy, and communication. However, key distinctions emerged:

*Group 1:* Reported better emotional balance and constructive communication, though some partners noted stress-related challenges.

*Group 2:* Reflected an imbalance where the practicing partner managed emotions better than the non-practicing one.

*Group 3:* Described unresolved tensions, frequent misunderstandings, and occasional thoughts of separation.

These qualitative patterns are supported by the quantitative distributions shown in Tables 2 and 3. Table 2 presents the frequency of TMHI-15 interpretive levels (Above Average, Average, Below Average) across the three groups. Group

1 had the highest proportion of participants classified as “Above Average” in mental well-being, while Groups 2 and 3 had more participants in the “Average” and “Below Average” categories. This suggests that shared mindfulness practice may be associated with higher baseline mental health.

**Table 2:** Frequency of TMHI-15 interpretive levels by couples’ groups at baseline.

TMHI-15 Interpretation	Group 1	Group 2	Group 3	Total
Above Average	3 (50.0%)	- (0.0%)	- (0.0%)	3 (16.7%)
Average	2 (33.3%)	3 (50.0%)	3 (50.0%)	8 (44.4%)
Below Average	1 (16.7%)	3 (50.0%)	3 (50.0%)	7 (38.9%)

Table 3 shows the frequency of RDAS interpretive levels, distinguishing between couples experiencing “Marital Distress” and those classified as “Non-Marital Distress.” Group 1 had more couples in the non-distress category, while Groups 2 and 3 had a higher proportion of couples experiencing marital distress. These findings reinforce the qualitative observations and provide a clearer picture of the baseline relational challenges faced by couples with lower or no mindfulness engagement.

**Table 3:** Frequency of RDAS interpretive levels by couples’ groups at baseline.

RDAS Interpretation	Group 1	Group 2	Group 3	Total
Marital distress	2 (33.3%)	4 (66.7%)	4 (66.7%)	10 (55.6%)
Non-Marital distress	4 (66.7%)	2 (33.3%)	2 (33.3%)	8 (44.4%)

**Objective 2:** To examine the development of couples’ mental health and relationship quality through participation in MWL course.

A mixed ANOVA was performed with time (pre-course, post-course 1, post-course 2) as the within-subjects factor and group as the between-subjects factor.

## 2.1 Quantitative Summary

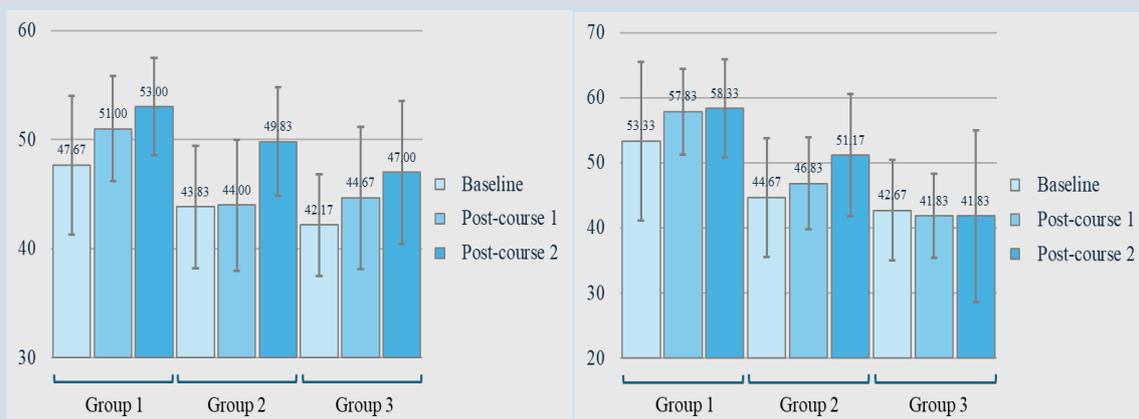
### 2.1.1 TMHI-15 (Mental Health) Over Time

A significant main effect of time was found for TMHI-15 scores ( $p = 0.021$ , adjusted using Greenhouse-Geisser), indicating that participants’ mental health

improved over the course of the study. Mean scores increased from 44.56 at baseline to 46.56 after the first MWL session, and further to 49.94 after the second session. Although the interaction between time and group was not statistically significant ( $p = 0.812$ ), Group 1 consistently reported the highest scores at all time points. This suggests that while all participants showed improvement, those with shared mindfulness practice may have experienced greater benefits. These results suggest that the MWL course was associated with general improvements in participants' mental health, even though the differences in improvement between the groups were not strong enough to be statistically confirmed.

### 2.1.2 RDAS (Relationship Quality) Over Time

The time effect was not statistically significant ( $p = 0.149$ ), meaning that relationship quality did not change significantly across the three time points. However, a significant difference was found between groups ( $p = 0.022$ ), with Group 1 consistently reporting higher relationship quality than Groups 2 and 3. This indicates the potential relational benefit of shared mindfulness practice.



**Figure 3** Changes in mean TMHI-15 score (left), RDAS score (right) following mindfulness course by group.

These change patterns of THMI-15 and RDAS scores are visualized in Figure 3, which depicts mean TMHI-15 (left) and RDAS (right) scores over the three time points for each group. All groups improved in mental well-being with clearly upward trend. RDAS scores, while stable over time, remained higher in Group 1, suggesting a possible cumulative benefit of shared practice.

## 2.2 Qualitative Summary

Thematic analysis of post-course interviews revealed participants' perceptions of emotional and interpersonal changes following the MWL course. Participants described greater calmness, improved focus, and better emotion regulation. Many couples shifted from reactive behaviors to more constructive

interactions (e.g., “pause to reflect, analyze the issue, resolve peacefully”). Shared mindfulness (Group 1) was consistently linked with more noticeable improvements. . In contrast, couples where only one or neither partner participated showed more varied or limited progress, suggesting that collaborative practice may amplify overall intervention effectiveness.

In summary, while mental health improved across groups, relational outcomes were more favorable for couples with mutual mindfulness engagement, reinforcing the value of shared practice.

**Objective 3:** To evaluate the overall impact of the MWL course on couples’ mental well-being and relational outcomes.

### **3.1 Quantitative Outcomes**

#### **3.1.1 TMHI-15 (Mental Health)**

Mental health significantly improved over time ( $p = 0.009$ ), with scores rising across all groups. Group 1 and regular attendees had the highest TMHI-15 scores at every time point, suggesting that shared mindfulness practice may contribute to better mental health. However, the time-by-group interaction was not statistically significant, meaning that while all groups improved, the rate of improvement did not differ significantly between them.

#### **3.1.2 RDAS (Relationship Quality)**

The most notable improvements occurred between baseline and post-course 1, with further gains at post-course 2. Statistically significant differences between groups were found at post-course 1 ( $p = 0.003$ ) and post-course 2 ( $p = 0.044$ ), with Group 1 outperforming Group 3, indicating stronger relationship quality among co-practicing couples.

### **3.2 Qualitative Outcomes**

Participants, especially in Groups 1 and 2, reported increased emotional regulation, reduced overthinking, and heightened awareness. Communication improved through mindful listening and reflection. For example, one participant shared that they learned “to recognize anger or unwholesome thoughts,” helping prevent escalation during conflicts.

Couples also reported greater mutual support, with shared practices strengthening emotional bonds. These themes matched the quantitative trends, reinforcing the connection between mindfulness engagement and relational improvement.

### **3.3 Integrated Interpretation**

Across both data sources, the MWL course led to significant improvements in mental well-being. Although changes in relationship quality were less pronounced over the intervention period, the data indicate that couples with higher engagement, particularly those who practiced mindfulness together, consistently experienced better relationship outcomes. These results highlight the course's effectiveness and the importance of shared mindfulness as a mechanism for supporting both individual and couple-level well-being.

## **Discussions**

At baseline, couples in which both partners practiced mindfulness (Group 1) generally showed better mental well-being (TMHI-15) and higher relationship satisfaction (RDAS) than those in which only one or neither partner practiced. Although these baseline differences were not statistically significant, qualitative interviews revealed that shared mindfulness practice fostered greater awareness and provided a positive relational foundation. These results support prior research on the importance of social connections and shared activities for overall well-being (Oishi et al., 2021; Iqbal et al., 2022). The enhanced communication, empathy, and mutual care reported by co-practicing couples suggest that mutual engagement in mindfulness can serve as a protective factor. This may be because shared practice might foster unique relational synergies, enhancing emotional resilience and stress navigation, which reinforces established links between mindfulness and improved coping mechanisms demonstrated in studies like Gutiérrez-Hernández et al. (2023).

Regarding the development process (Objective 2), the MWL course led to significant improvements in mental health as measured by TMHI-15 scores over time, especially for those engaging in the course (Groups 1 and 2). This improvement is consistent with Buddhist psychology and mindfulness-based therapy frameworks, which posit that mindfulness reduces stress, overthinking, and emotional reactivity while enhancing compassion and relational attunement (Kimmes et al., 2020; Leavitt & Karremans, 2023). These findings match the assumption that structured mindfulness training provides skills to mitigate stress and enhance positive mental states, as documented in recent MBI studies showing enhanced well-being and reduced distress (Gutiérrez-Hernández et al., 2023; Bowles et al., 2022; Englund-Helmeke, 2022). Although the control group

(Group 3) also showed some improvement, possibly due to natural emotional adaptation or placebo effects, the absence of a significant interaction effect might be attributed to sample size or variability in responses. For relationship quality (RDAS), Group 1 consistently reported significantly higher scores after the intervention compared to Group 3, supporting the idea that shared mindfulness practice benefits couple dynamics. While a significant main effect of time was not observed for RDAS, the overall trend indicates that co-practicing couples maintain better relationship quality, in line with studies linking mindfulness to positive relationship outcomes (Erkan et al., 2021; May et al., 2020).

In evaluating the MWL course's impact (Objective 3), the findings confirm that the course promotes improvements in both individual mental health and couple relationships. The course effectively integrates core mindfulness elements, deeper self-reflection, present-moment awareness, loving-kindness cultivation, and mindful communication, which together create a dual mechanism that enhances emotional regulation and interpersonal connection. This aligns with theories positing that structured mindfulness enhances couples' self-awareness, stress management, and communication, as evidenced by Erkan et al. (2021). The findings corroborate the notion of “shared mindfulness,” suggesting that joint practice fosters a positive relational feedback loop. This is likely due to the course's effective integration of core mindfulness principles (awareness, non-judgment, compassion) within relational settings, aligning with Buddhist psychology tailored to the Thai context (Suavansri et al., 2022).

This study fills literature gaps by presenting culturally relevant evidence for a Thai Buddhist context, employing an integrated mixed-methods approach, elucidating the varied effects of partner practice (McNamee et al., 2021), exploring change mechanisms, and providing guidance for future intervention designs. The results substantiate the efficacy of culturally tailored mindfulness programs, such as the MWL course, in enhancing couples' mental health and relationship quality in this particular context.

## **Knowledge from Research**

This study contributes to a deeper understanding of how mindfulness-based practices can enhance couples' mental well-being and relational harmony. The findings reveal that the development of “well-being couples” is supported by

both individual transformation and shared relational growth, cultivated through structured mindfulness engagement.

### **(1) Core Characteristics of Well-Being Couples**

The research identified three foundational qualities that characterize well-being couples:

*Empathy:* The ability to understand and share a partner's emotional experience.

*Effective Communication:* The use of mindful listening, emotional expression, and conflict resolution strategies.

*Mutual Care:* A shared commitment to emotional support, patience, and relational maintenance.

These traits were most evident among couples who practiced mindfulness together, suggesting that shared contemplative practices can foster deeper emotional connection and relational resilience.

### **(2) Mindfulness-Based Activities that Foster Relational Well-Being**

The MWL course was designed to cultivate specific skills that support both individual and couple-level well-being. Four key activities emerged as central to this process:

*Deeper Self-Reflection:* Encouraging non-judgmental awareness of thoughts and emotions through guided meditation and journaling.

*Present-Moment Awareness:* Reducing stress and overthinking by anchoring attention in the here and now.

*Loving-Kindness Cultivation:* Strengthening compassion and emotional warmth through metta meditation.

*Mindful Communication:* Enhancing interpersonal dialogue through reflective pauses and active listening.

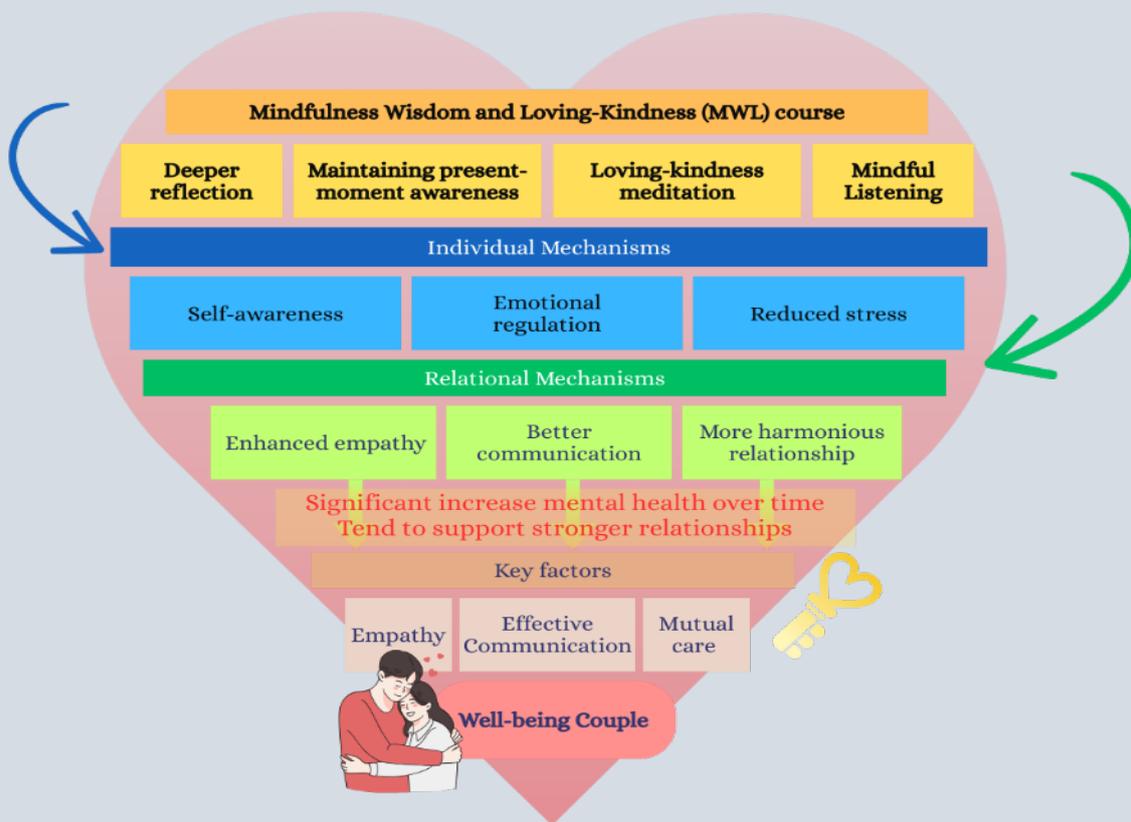
These practices align with Buddhist psychological principles and are adaptable to both individual and relational contexts.

### **(3) Dual Mechanisms of Change**

The research proposes a dual-process model through which mindfulness-based practices influence couples:

*Internal Mechanisms (Individual Level):* Improvements in emotional regulation, stress reduction, and mental clarity at the individual level, as reflected in rising TMHI-15 scores and participant narratives.

*Interpersonal Mechanisms (Couple Level):* Strengthening of empathy, communication, and mutual support within the couple, particularly among those who practiced together, as supported by RDAS trends and qualitative insights.



**Figure 4:** The Integrative Model of the MWL Course Mechanisms for Fostering Well-Being in Couples.

This integrative understanding is illustrated in Figure 4, which models how MWL course activities simultaneously promote individual well-being and relational growth. The dual mechanisms reinforce each other, suggesting that mindfulness-based interventions can be powerful tools for cultivating resilient, emotionally connected couples.

## **Conclusion**

This study investigates the developmental trajectory of couples' mental well-being and relationship dynamics following participation in a culturally adapted Mindfulness, Wisdom, and Loving-Kindness (MWL) course at the Buddhamahametta Foundation, Ayutthaya, Thailand. The study pursued three objectives: (1) to characterize baseline mental-health status and relational challenges among participating couples; (2) to examine changes in individual mental health and dyadic adjustment across course participation; and (3) to evaluate the overall impact of the MWL intervention on mental well-being and relational outcomes. Employing a mixed-methods, pre–post design with short-term follow-up, the sample comprised nine heterosexual couples (N = 18 individuals) allocated into three groups according to their level of shared mindfulness engagement. Intervention delivery spanned two MWL cycles separated by one month, and quantitative measures were collected at three time points using the Thai Mental Health Indicator (TMHI-15) and the Revised Dyadic Adjustment Scale (RDAS). Qualitative data were obtained via semi-structured, in-depth interviews exploring participants' experiential changes and relational processes. Quantitative analyses included descriptive statistics and mixed-model ANOVA to assess within- and between-group effects over time; qualitative data were analyzed thematically to identify recurrent change mechanisms and contextual influences. This integrative design enabled triangulation of outcomes and process evidence to appraise both efficacy and culturally specific pathways through which MWL practice may support individual and couple well-being.

## **Suggestions**

This research highlights the dual mechanisms—individual and relational—through which mindfulness-based practices enhance couples' mental well-being and relationship quality. Based on these findings, the following suggestions are proposed:

### *(1) Practical Recommendations for Couples*

Couples are encouraged to engage in shared mindfulness practices such as loving-kindness meditation, reflective journaling, and mindful communication. These activities foster empathy, emotional regulation, and mutual support. Regular joint participation in mindfulness sessions can help transform reactive behaviors into constructive dialogue, promoting relational harmony.

### *(2) Policy Recommendations*

Policymakers should integrate culturally adapted mindfulness programs into public health and family support services. The MWL course model, which blends traditional Buddhist practices with modern therapeutic elements, is well-suited for Thai communities. Funding should be allocated to support program development, practitioner training, and community outreach. Collaboration between government agencies, universities, and local foundations can ensure broad and sustainable implementation.

### *(3) Directions for Future Research*

For the next research issue, studies should be conducted on the long-term effects of mindfulness-based interventions using larger and more diverse samples. Future research should also explore objective and multi-method approaches—such as physiological data, dyadic analysis, or behavioral observation—to complement self-reported outcomes. Additionally, integrating digital tools such as mobile apps, virtual reality (VR), or AI-driven support could expand access and assess the effectiveness of mindfulness training in real-world and technology-enhanced environments.

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