
Developing a Gratitude-Driven Buddhist Meditation Model for Enhancing Adolescent Mental Well-Being: A Case Study of the Buddhamahametta Foundation

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Abstract

This article develops and evaluates a gratitude-driven meditation model to enhance adolescents' mental well-being by integrating mindfulness, wisdom, loving-kindness, gratitude practice, and the Dhamma Gīta. The study has three objectives: to analyze the root causes of emotional distress among adolescents at the Buddhamahametta Foundation; to explore key components of meditation practices in the Dhamma Gīta that support adolescent well-being; and to develop and validate a gratitude-driven meditation model to improve adolescent mental health. The study employed a mixed-methods research design consisting of documentary analysis, in-depth interviews, focus group discussions, and a quasi-experimental pretest-posttest assessment. The participants included 39 adolescents aged 12–16 who had attended meditation retreats at the Buddhamahametta Foundation, as well as 12 key informants, including meditation masters, adolescent practitioners, and mindfulness educators. Quantitative data were analyzed using descriptive statistics, a paired-samples t-test, and the Wilcoxon Signed-Rank Test, while qualitative data were analyzed through content and narrative analyses.

The findings revealed that adolescents experienced emotional distress mainly from academic pressure, uncertainty about the future, fear of making mistakes, concerns about appearance, family problems, friendship changes, social media use, and limited coping skills. The study also found that mindfulness, loving-kindness, gratitude, bowing meditation, appreciation for parents and teachers, and the Dhamma Gīta were important components in supporting emotional balance, self-awareness, concentration, and interpersonal connection. The MWL Program significantly improved adolescents' mental well-being, with posttest scores exceeding pretest scores and qualitative reflections indicating

increased calmness, focus, emotional regulation, compassion, and gratitude. The study contributes to Buddhist studies, youth mental health, and holistic education by presenting a culturally grounded, low-cost, and practice-based meditation model for adolescent well-being.

Keywords: Mindfulness Meditation; Loving-kindness; Adolescent Mental Well-being; Gratitude; Dhamma Gīta; MWL Program

Introduction

In recent years, mental health issues among adolescents have become a growing concern worldwide. According to the World Health Organization (2024), approximately 13% of the global burden of disease for adolescents is related to mental disorders, with conditions such as anxiety, depression, and emotional instability becoming increasingly prevalent. In Thailand and similar contexts, these challenges are often exacerbated by academic pressure, family conflict, excessive social media use, and uncertainty about future careers (Kieling et al., 2011; Garofoli, 2020). Although various interventions have been introduced, ranging from clinical treatments to school-based mental health programs, many focus on cognitive or pharmacological strategies, while fewer draw from spiritual or cultural frameworks that may resonate more deeply with adolescents' lived experiences. Research by Bluth et al. (2016) has demonstrated the value of mindfulness and self-compassion in promoting psychological well-being among teens. Likewise, gratitude meditation has been shown to enhance emotion regulation and neural functioning associated with positive emotional states (Kyeong et al., 2017). However, few studies have synthesized these elements, mindfulness, loving-kindness, and gratitude, into a coherent meditation model that incorporates culturally meaningful elements such as Buddhist music or Dhamma Gīta. This indicates a clear gap in current scholarship and a need for integrative, culturally grounded approaches.

This study focuses on adolescents who participate in meditation retreats at the Buddhamahametta Foundation in Ayutthaya, Thailand. These young participants, typically referred by families or schools, represent a group in need of non-clinical, accessible approaches to strengthen emotional resilience. The researcher, Phra Jirawat Ciravaddhano Kanapongrussamee, has several years of experience conducting meditation training with youth and has observed the transformative impact of combining mindfulness with loving-kindness and gratitude practices, especially when conveyed through Dhamma Gīta. Grounded

in Buddhist teachings such as the Metta Sutta and Kataññu Suttas, this approach nurtures emotional balance, empathy, and a sense of connection with one's family and teachers (Thanissaro, 2010; A I 61).

The objective of this research is to develop and evaluate a structured meditation model—known as the Mindfulness Wisdom and Loving-Kindness (MWL) program—that integrates mindfulness, loving-kindness, and gratitude-based practice through Dhamma Gīta. Conducted between September 2024 and May 2025, this study employed a mixed-method design involving qualitative interviews, focus group discussions, and a quasi-experimental assessment. This article presents three main findings: (1) key factors contributing to adolescent mental health challenges, (2) essential components of an effective meditation-based gratitude model, and (3) the outcomes of implementing the MWL program. The results are expected to benefit academic research on youth well-being, support policy recommendations for holistic education, and inspire future applications in community-based mental health promotion.

Research Objectives

1. To analyze the root causes of emotional distress among adolescents at the Buddhamahametta Foundation.
2. To explore key components of meditation practices with Dhamma Gīta in supporting adolescent well-being.
3. To develop and validate a gratitude-driven meditation model for enhancing adolescent mental health.

Literature Review

Existing literature suggests that adolescent mental well-being is shaped by the interaction of psychological, social, educational, and cultural factors. Adolescence is a developmental stage marked by emotional sensitivity, identity formation, peer comparison, academic pressure, and increasing exposure to digital environments. Kieling et al. (2011) emphasize that adolescent mental health problems are a global concern requiring early and context-sensitive intervention, while Garofoli (2020) notes that unresolved stressors during this period may contribute to anxiety, depression, emotional instability, and maladaptive coping behaviors. These studies support the need for preventive and accessible well-being programs, especially those that can be implemented outside strictly clinical settings.

Mindfulness-based interventions have been widely studied as a method for improving adolescent emotional regulation and resilience. Rooted in the Buddhist practice of sati, mindfulness trains awareness of body, feelings, mind, and mental phenomena, as presented in the Satipaṭṭhāna Sutta (Ñāṇamoli & Bodhi, 1995). Contemporary studies show that mindfulness-based programs can reduce anxiety, improve self-awareness, and support psychological flexibility among adolescents (Biegel et al., 2009; Bluth et al., 2016). However, many modern mindfulness programs are presented in secular or Western clinical formats, which may underemphasize relational, moral, and cultural dimensions of adolescent development.

Loving-kindness meditation adds an important affective and relational dimension to mindfulness. Grounded in the Karaṇīya Mettā Sutta, loving-kindness cultivates goodwill, compassion, and non-hostility toward oneself and others (Bodhi, 2000). Research indicates that loving-kindness meditation can reduce psychological distress and strengthen positive emotional states (Kearney et al., 2013; Schroter & Jansen, 2022). For adolescents, this practice is particularly relevant because many emotional difficulties arise from peer conflict, family tension, self-criticism, and social comparison. Loving-kindness, therefore, extends mindfulness from self-awareness toward empathy and relational healing.

Gratitude further deepens this model by connecting emotional well-being with moral recognition and social responsibility. In Buddhist thought, kataññutā-kataveditā emphasizes recognizing and repaying kindness, especially toward parents and teachers (Woodward, 1932). Contemporary psychological research also shows that gratitude practice can enhance happiness, reduce depressive symptoms, and improve emotional regulation (Kyeong et al., 2017; O’Leary & Dockray, 2015). Nevertheless, gratitude has rarely been systematized as a core component of Buddhist-informed adolescent meditation programs.

The role of Dhamma Gīta offers an additional cultural and pedagogical contribution. Music is emotionally engaging for adolescents and can support attention, mood regulation, and meaning-making (Husna & Rinjani, 2022). In Buddhist settings, Dhamma Gīta communicates moral teachings through melody, rhythm, and affective experience. Yet scholarly research has paid limited attention to its therapeutic and educational use with adolescents. Therefore, the present study addresses a significant gap by integrating mindfulness, wisdom, loving-kindness, gratitude, bowing practice, appreciation activities, and the

Dhamma Gīta into the MWL Gratitude-Driven Meditation Model to support adolescent mental well-being.

Conceptual Framework

This framework informs the development of a culturally embedded and evidence-based meditation model tailored for Thai adolescents. The details are as follows:

Independent Variables	Process / Tools / Area / Target Audience	Dependent Variable
1. Mindfulness practice based on the Four Foundations of Mindfulness (MN 10; Kabat-Zinn, 1990)	- Structured meditation program (MWL Model: Mindfulness, Wisdom, Loving-Kindness) - Tools: Dhamma Gīta, guided meditation, bowing rituals, reflection journals	Mental well-being of adolescents
2. Loving-kindness meditation based on the <i>Karaṇīya Mettā Sutta</i> (Sn 1.8; Kearney et al., 2013)	- Setting: Buddhamahametta Foundation, Ayutthaya - Target group: Thai adolescent participants (primary/secondary students)	Measured through: - Positive emotions
3. Gratitude cultivation based on <i>Kataññu Suttas</i> (A I 61; Kyeong et al., 2017)	- Activities: Teacher & Parent Appreciation, gratitude chanting, Dhamma music integration	- Positive relationships
	- Assessment tools: Pre-test/post-test (TMHI-15), focus groups, in-depth interviews	- Positive functioning
	- Duration: September 2024 – May 2025	- Emotional resilience & reduced stress

This conceptual framework integrates **Buddhist contemplative traditions** with **contemporary psychology** to support adolescents' emotional well-being.

The MWL Program (Mindfulness, Wisdom, and Loving-Kindness) serves as a holistic tool that promotes inner peace, social empathy, and gratitude, aligning spiritual values with developmental needs.

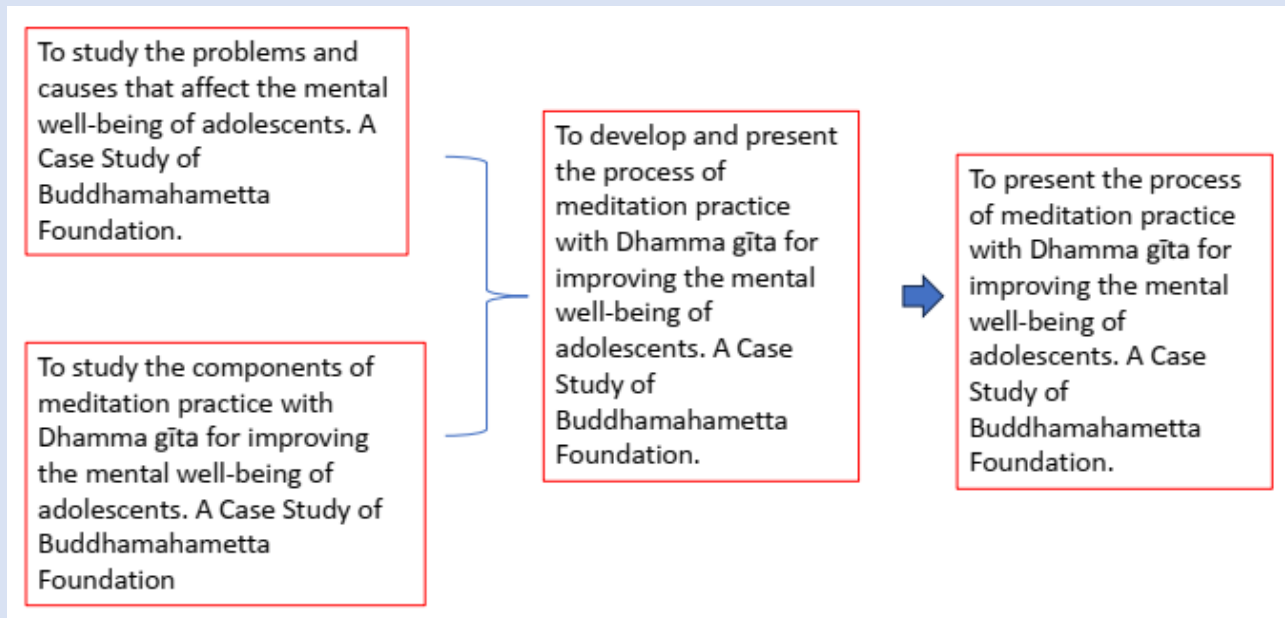


Figure 1: Conceptual Framework

Research Methodology

This study employed a mixed-methods approach, combining quantitative and qualitative techniques to develop and evaluate a gratitude-driven meditation model for adolescents. The research was conducted at the Buddhamahametta Foundation in Chiangrak Noi, Bang Pa-in District, Phra Nakhon Si Ayutthaya Province, Thailand. The research process was implemented in three key steps:

Step 1: Exploring Problems and Causes Affecting Adolescent Mental Well-Being

A purposive sample of 39 adolescents (aged 12-16) who had previously attended meditation retreats at the foundation was selected. Data collection was conducted from September to October 2024 using question form & open-ended questions, grounded in adolescent psychology and Buddhist principles. The question & interview form was validated by three experts with Item-Objective Congruence (IOC) scores ≥ 0.80 . Interviews were recorded and analyzed using thematic content analysis to identify emotional challenges, sources of stress, and daily-life difficulties.

Step 2: Identifying Components of Meditation Practice with Dhamma Gīta

This phase involved 12 key informants, including meditation masters, adolescent practitioners, and mindfulness educators. A focus group discussion was conducted in November 2024, guided by themes on mindfulness and loving-kindness practices, adolescents' engagement with gratitude activities, and the role of Dhamma Gīta in emotional development. The discussion guide was validated ($\text{IOC} \geq 0.85$) and designed in accordance with Morgan's (1998) focus group framework. The data were analyzed using qualitative content analysis to identify key themes and recurring patterns.

Step 3: Development and Evaluation of the MWL Program

In this final stage, a sample of 39 adolescents who completed at least four sessions of the Mindfulness Wisdom & Loving-Kindness (MWL) program was selected. The evaluation tools included a pre-test and post-test using the Thai Mental Health Indicator (TMHI-15), which measures positive thinking, positive relationships, and positive functioning. The TMHI-15 was validated ($\text{IOC} \geq 0.80$) and showed strong reliability (Cronbach's $\alpha = 0.87$). Data collection took place from December 2024 to February 2025. Quantitative data were analyzed using descriptive statistics (mean, SD) and inferential tests (paired-samples t-test and Wilcoxon Signed-Rank Test). Additionally, qualitative reflections and interviews were analyzed narratively to triangulate findings and support program evaluation.

This structured three-phase process ensures methodological rigor, yielding a well-rounded understanding of how the MWL program enhances adolescent mental well-being through a Buddhist-informed, gratitude-based approach.

Research Results

1) General data of the sampling group of 39 participants

Table 1: The number and percentage of general data of the sampling group of adolescents

No.	Description		# of key informants	Percentage
1	Gender	Female	15	38.46%
		Male	24	61.54%
2	Age	12-13 years old	21	53.85%
		14-15 years old	17	43.59%
		More than 15 years old	1	2.56%
3	Education	M1	19	48.72%
		M2	12	30.77%
		M3	8	20.51%
4	Meditation Times	1 time	28	71.79%
		2-3 times	8	20.51%
		4-5 times	2	5.13%
		More than 5 times	1	2.56%
5	Family Status	Living with parents	26	66.67%
		Living with relatives	8	20.51%
		Living with other guardians	4	10.26%
		Parents are divorced	1	2.56%
6	Hobbies	Playing sports	14	35.90%
		Playing video games	10	25.64%
		Watching TV/movies	11	28.21%
		Doing housework	2	5.13%
		Drawing and listening to music	1	2.56%
		Reading books	1	2.56%
7	Internet usage (average time per day)	1-3 hours	15	38.46%
		4-6 hours	9	23.08%
		More than 6 hours	15	38.46%
8	Social media usage	YouTube	3	7.69%
		Facebook	17	43.59%
		Instagram	8	20.51%
		TikTok	11	28.21%

Based on Table 1 and the research findings, the 39 adolescent participants were mostly male (61.54%) and aged 12–13 (53.85%), with most studying in Mathayom 1 (48.72%). The majority (71.79%) had meditated only once, showing they were mostly beginners. Two-thirds (66.67%) lived with parents, indicating a supportive home environment.

Their hobbies included sports (35.90%), watching TV/movies (28.21%), and playing video games (25.64%). Internet use was high, with 38.46% using it over 6 hours daily. Facebook (43.59%) and TikTok (28.21%) were the most popular platforms.

These results helped shape a beginner-friendly meditation model that integrates mindfulness, loving-kindness, and gratitude. The MWL program was designed to match adolescents' lifestyle and needs, and the research confirmed its effectiveness in improving emotional well-being and relationships.

2) The results of research based on an objective.

Objective 1: The results of research showed as follows:-

Table 2: The number (#) and percentage (%) of the sampling group's responses in Adolescent Stress Sources Based on Response Levels

Item	Description	Scale of Response									
		1 (Not at all)		2 (A little)		3 (Moderately)		4 (A lot)		5 (Completely)	
		#	%	#	%	#	%	#	%	#	%
1	Schoolwork and Exams	2	5.1%	8	20.5%	20	51.3%	7	17.9%	2	5.1%
2	Friendship Issues	12	30.8%	7	17.9%	11	28.2%	5	12.8%	4	10.3%
3	Family Problems	10	25.6%	14	35.9%	4	10.3%	7	17.9%	4	10.3%
4	Problems about a lover or love	19	48.7%	4	10.3%	6	15.4%	8	20.5%	2	5.1%
5	Social Media	12	30.8%	15	38.5%	3	7.7%	4	10.3%	5	12.8%
6	Uncertainty about the Future	5	12.8%	8	20.5%	7	17.9%	12	30.8%	7	17.9%

The data reveal that schoolwork and exams are the top stressors, with over 69% of adolescents feeling moderate to high stress. Uncertainty about the future is also a major concern, affecting 66.6%. Family problems and social media cause varying levels of stress, while friendship issues and romantic problems are less intense for most participants. Overall, academic pressure and anxiety about the future are the most significant sources of stress.

Table 2: The number (#) and percentage (%) of sampling group's responses in Stress from Social and Personal Concerns

Item	Description	Scale of Response									
		1 (Not at all)		2 (A little)		3 (Moderately)		4 (A lot)		5 (Completely)	
		#	%	#	%	#	%	#	%	#	%
1	Pressure to Fit In	13	33.3%	15	38.5%	5	12.8%	5	12.8%	1	2.6%
2	Concerns About Appearance	7	17.9%	8	20.5%	7	17.9%	12	30.8%	5	12.8%
3	Fear of Making Mistakes	3	7.7%	7	17.9%	9	23.1%	11	28.2%	9	23.1%
4	Afraid that the friend will change	11	28.2%	5	12.8%	10	35.6%	7	17.9%	6	15.4%
5	Uncertainty about the Future	7	17.9%	6	15.4%	8	20.5%	14	35.9%	4	10.3%

The data show that pressure to fit in is not a major concern for most adolescents, with 71.8% feeling no or only slight pressure. However, concerns about appearance affect 43.6% moderately to completely. Fear of making mistakes is a significant stressor, with over 74% feeling moderate to high anxiety. Worry about friends changing impacts 68.9% of respondents to varying degrees, indicating sensitivity to social relationships. Lastly, uncertainty about the future remains a strong concern, with 66.7% experiencing moderate to high stress. Overall, self-image, fear of failure, changing friendships, and future anxiety are key emotional challenges.

The findings from both tables indicate that academic pressure, especially from schoolwork and exams, is the most common source of stress among adolescents. In addition, uncertainty about the future, fear of making mistakes, and concerns about appearance are significant emotional challenges. While the pressure to fit in is less impactful for most, issues such as changing friendships, family problems, and social media contribute to varying levels of stress. Overall, adolescents face stress mainly from academic expectations, self-image, and social-emotional uncertainties.

Objective 2.

Table 3: The number (#) and percentage (%) of the sampling group's responses in Beliefs About Practices That Help Reduce Anxiety

Item	Description	Scale of Response									
		1 (Strongly Disagree)		2 (Disagree Slightly)		3 (Moderately Agree)		4 (Agree a Lot)		5 (Strongly Agree)	
		#	%	#	%	#	%	#	%	#	%
1	Mindfulness (Sati)	1	2.6%	8	20.5%	12	30.8%	12	30.8%	6	15.4%
2	Loving-Kindness (Metta)	5	12.8%	1	2.6%	7	17.9%	14	35.9%	12	30.8%
3	Gratitude (Katanyu)	3	7.7%	3	7.7%	6	15.4%	17	43.6%	10	25.6%

The results show that most adolescents agree that mindfulness (Sati), loving-kindness (Metta), and gratitude (Katanyu) can help reduce anxiety and build confidence. Specifically, 76.9% agreed that mindfulness is helpful, 84.6% agreed that loving-kindness has benefits, and 84.8% supported the role of gratitude. This indicates that most participants recognize the emotional value of these practices in improving their mental well-being.

According to Table 5, adolescents found all meditation activities helpful for improving mental well-being. The most helpful activities were walking and sitting meditation with Dhamma Gīta (74.4% rated it as “a lot” or “very helpful”) and Dhamma preaching (71.8%). Other highly rated activities include loving-kindness practice, slow bowing to the Buddha, and the Parent and Teacher Appreciation sessions, with most participants rating them as moderately to very helpful. Overall, the program was well-received, with participants feeling that these practices supported their emotional and mental wellness

The results show that key components such as mindfulness, loving-kindness, and gratitude are widely recognized by adolescents as helpful in reducing anxiety and boosting confidence. Additionally, meditation activities with Dhamma Gīta, especially walking/sitting meditation and Dhamma

preaching, were found to be highly helpful. Overall, these practices effectively support adolescent mental well-being, fulfilling Objective 2.

Table 5: The number (#) and percentage (%) of the sampling group's responses in the Helpfulness of Meditation Practices with Dhamma Gīta

Item	Description	Scale of Response									
		1 (Not helpful at all)		2 (A little helpful)		3 (Moderately helpful)		4 (A lot helpful)		5 (Very helpful)	
		#	%	#	%	#	%	#	%	#	%
1	Walking meditation and Sitting Meditation with Dhamma gita	0	0.0%	5	12.8%	5	12.8%	17	43.6%	12	30.8%
2	Slowly bowing the Buddha	0	0.0%	5	12.8%	9	23.1%	13	33.3%	12	30.8%
3	Practicing loving-kindness	1	2.6%	4	10.3%	9	23.1%	15	38.5%	10	25.6%
4	Session : "Parent Appreciation"	2	5.1%	4	10.3%	9	23.1%	16	41%	8	20.5%
5	Session : "Teacher Appreciation"	0	0.0%	5	12.8%	10	25.6%	15	38.5%	9	23.1%
6	Session : "Dhamma preaching"	0	0.0%	5	12.8%	6	15.4%	15	38.5%	13	33.3%

Objective 3.

The result of research has consisted of the result of Quasi-Experimental research and Qualitative Research as follows:-

1) The result of Quasi-Experimental Research

Table 6: The result of comparing the difference in average scores of mental well-being status pretest and posttest of practicing Mindfulness Wisdom & Loving-kindness (MWL) program using a dependent T-test

Comparison	Pre-test		Post-test		T-test	p-value
	Mean	SD	Mean	SD		
Score	42.4103	4.5982	43.2308	4.8038	4.0866	0.0002

The results from the quasi-experimental research show that the Mindfulness, Wisdom & Loving-kindness (MWL) program significantly improved adolescents' mental well-being. After participating in the program,

students' average mental well-being scores increased from 42.41 to 43.23. The statistical test ($t = 4.09$, $p = 0.0002$) confirms that this improvement is not due to chance but a real, meaningful change. This means the MWL program, with meditation and Dhamma Gīta, was effective in supporting the emotional and mental health of young participants at the Buddhamahametta Foundation.

2) Result of the Qualitative Research

The qualitative findings from focus groups and in-depth interviews confirm that the *MWL program, which uses the Dhamma Gīta*, is highly effective in improving adolescents' mental well-being. Participants shared that Dhamma music made meditation *more enjoyable, calming, and meaningful*, helping them feel more focused, emotionally balanced, and connected to Buddhist values—even if they didn't fully understand the lyrics.

Each activity had unique benefits:

- *Walking & sitting meditation* improved focus, peace of mind, and emotional control.
- *Bowing to the Buddha* fostered mindfulness and gratitude.
- *Loving-kindness practice* brought feelings of warmth, happiness, and compassion.
- *Parent and Teacher Appreciation sessions* deepened empathy and strengthened family and school relationships.
- *Dhamma preaching* gave useful life guidance and emotional clarity.

Participants reported an *average satisfaction score of 8.31 out of 10*, showing they valued the program highly. In summary, the MWL program offered a practical, joyful, and deeply meaningful way for adolescents to improve their mental well-being through meditation and music, while also supporting emotional, social, and spiritual growth.

Discussions

This research found that the main problems affecting adolescent mental well-being (Objective 1) included academic pressure, family conflict, peer relationships, and social media stress. This is consistent with the concept of emotional vulnerability in adolescence presented by Kieling et al. (2011), which identifies school stress and social influences as major mental health risks. This aligns with the underlying assumption that adolescents face complex emotional

challenges requiring holistic support. This may be because adolescents are navigating physical, emotional, and social changes simultaneously, with limited coping tools. As the research of Garofoli (2020) confirms, adolescents often suffer from anxiety, depression, and emotional instability due to unresolved social and academic pressures. So, identifying the roots of these stressors is critical for designing effective interventions.

As for Objective 2, the components of effective meditation practice for adolescents were found to include mindfulness (*sati*), loving-kindness (*mettā*), and gratitude (*kataññutā*), particularly when practiced through Dhamma Gīta. This is consistent with the Four Foundations of Mindfulness in the *Satipaṭṭhāna Sutta* (MN 10) and the practice of loving-kindness taught in the *Karaṇīya Mettā Sutta* (Sn 1.8). It also supports the theory of gratitude and social bonding as described by Kyeong et al. (2017), who showed that gratitude meditation improves emotional regulation and neural connectivity. This aligns with the underlying assumption that Buddhist values, when integrated through accessible formats such as Dhamma music, can support emotional development. This may be because music enhances emotional engagement, and gratitude rituals such as bowing and chanting connect adolescents to their cultural and spiritual identity. As research by Thanissaro (2010) and Jiwattanasuk (2021) has found, bowing and Dhamma Gīta foster moral awareness and family connection. So, combining mindfulness and Buddhist music helps create a holistic space for emotional healing.

For Objective 3, the findings indicate that the MWL Program significantly enhanced adolescents' mental well-being by strengthening self-awareness, emotional balance, and positive relationships. This result corresponds with Kabat-Zinn's (1990) mindfulness-based stress reduction model, which emphasizes present-moment awareness as a foundation for emotion regulation, and with Bluth et al. (2016), who highlight the role of mindfulness and self-compassion in adolescent resilience. It also supports previous evidence that mindfulness- and compassion-based practices can improve psychological flexibility and emotional well-being among young people (Biegel et al., 2009; Kearney et al., 2013).

The distinctive contribution of the MWL Program lies in its integration of mindfulness, wisdom, loving-kindness, gratitude, and Dhamma Gīta into a culturally grounded model. Unlike many mindfulness programs that focus mainly

on attention training and stress reduction, the MWL model extends practice into relational and moral development. Loving-kindness helps adolescents cultivate compassion toward themselves and others, while gratitude practices deepen appreciation toward parents, teachers, and supportive communities. Dhamma Gīta makes meditation more emotionally accessible by using Buddhist music to calm the mind, support reflection, and communicate moral values in a form suitable for adolescents. This may explain why participants reported greater calmness, emotional strength, and interpersonal connection after practice. Similar benefits were also found in Jiwattanasuk et al. (2025), where mindfulness-based practice promoted peace and emotional resilience in a multicultural group. Thus, the MWL Program offers a holistic approach that supports both adolescent mental health and character formation.

Knowledge from Research

The new knowledge generated by this research is the *MWL Gratitude-Driven Meditation Model*, a Buddhist-informed framework for enhancing adolescent mental well-being that integrates mindfulness, wisdom, loving-kindness, gratitude, and the *Dhamma Gīta*. The model demonstrates that adolescent mental well-being can be strengthened when meditation is presented not only as silent mental training but also as an emotionally meaningful, culturally familiar, and relationally grounded practice.

The model consists of four interrelated dimensions. The first dimension is *Mindfulness (sati)*, which trains adolescents to become aware of their body, feelings, thoughts, and emotional reactions. This dimension helps reduce distraction, anxiety, and impulsive responses by developing attention, calmness, and self-observation. The second dimension is *Wisdom (paññā)*, which supports reflection on the causes of suffering, emotional distress, and interpersonal conflict. Through guided reflection and Dhamma teaching, adolescents learn to understand their experiences more clearly and respond to difficulties with greater maturity.

The third dimension is *Loving-kindness (mettā)*, which cultivates goodwill, compassion, forgiveness, and positive relationships with oneself, family members, teachers, peers, and others. This dimension is especially important for adolescents who experience stress from family expectations, peer relationships, and social comparison. The fourth dimension is *Gratitude (kataññutā)*, which functions as the emotional and moral core of the model. Gratitude is cultivated

through appreciation for parents and teachers, bowing meditation, chanting, reflection, and the *Dhamma Gīta*. These practices help adolescents recognize the kindness they have received and transform emotional distance into respect, empathy, and connection.

Within the model, *Dhamma Gīta* serves as a *cultural-emotional medium* that makes Buddhist meditation more accessible to adolescents. Music softens resistance to meditation, creates emotional engagement, and helps transmit Buddhist values in a form that is easier for young people to receive. Even when participants do not fully understand the lyrics, the rhythm, melody, and contemplative atmosphere support calmness, attention, and emotional openness.

The process of the MWL model can be summarized as follows:

Mindfulness → Wisdom → Loving-kindness → Gratitude → Emotional Resilience and Mental Well-Being

Through this process, adolescents move from scattered attention to self-awareness, from emotional confusion to reflective understanding, from self-centered stress to compassionate connection, and from relational distance to gratitude-based appreciation. The expected outcomes are improved emotional balance, reduced stress, stronger concentration, greater empathy, better relationships with parents and teachers, and increased inner calm.

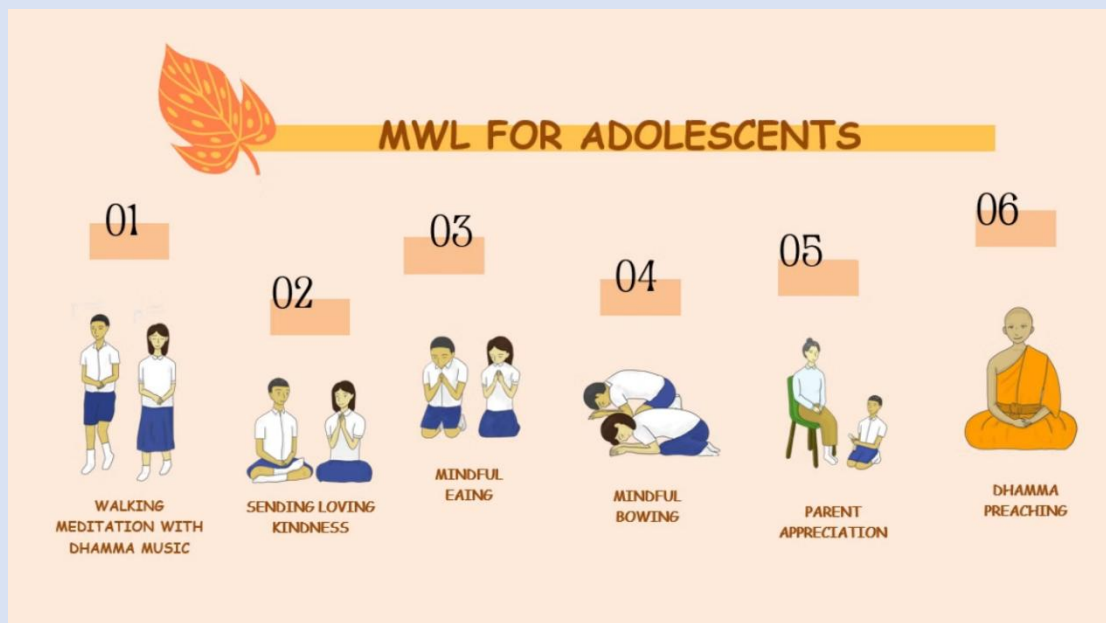


Figure 2: Mindfulness, Wisdom, and Loving-Kindness (MWL) Activities for Adolescents

Thus, the MWL Gratitude-Driven Meditation Model contributes to Buddhist studies, youth mental health, and holistic education by offering a practical, culturally grounded approach to adolescent well-being. It shows that Buddhist meditation for adolescents can be strengthened when mindfulness and loving-kindness are combined with gratitude practice and *Dhamma Gīta*. The model is suitable for application in schools, temples, youth development programs, meditation retreats, and community-based mental health promotion.

Conclusion

This study concludes that the Mindfulness, Wisdom, and Loving-Kindness Program offers a practical and culturally grounded model for enhancing adolescent mental well-being through Buddhist-informed meditation and *Dhamma Gīta*. The findings show that adolescents at the Buddhamahametta Foundation experienced emotional distress from multiple sources, especially academic pressure, uncertainty about the future, fear of failure, self-image concerns, family issues, peer relationships, and social media influences. These stressors indicate the need for accessible, non-clinical, and holistic approaches that strengthen emotional resilience and inner stability.

The study further confirms that mindfulness, loving-kindness, and gratitude are central components of adolescent mental well-being. When combined with *Dhamma Gīta*, bowing meditation, walking and sitting meditation, parent appreciation, teacher appreciation, and *Dhamma* preaching, these practices became more engaging and meaningful for adolescents. Participants reported that Buddhist music made meditation calmer, more enjoyable, and easier to connect with emotionally, even when they did not fully understand the lyrics. The program, therefore, succeeded not only as a meditation practice but also as a moral and relational learning process.

The quasi-experimental findings showed improvements in mental well-being scores after participation in the MWL Program, while qualitative data confirmed greater emotional balance, focus, gratitude, and compassion, as well as stronger relationships with parents, teachers, and peers. These findings suggest that the MWL Program can be adapted for schools, temples, youth centers, and community-based mental health programs. However, future research should examine the model's long-term effects, compare outcomes with control groups, and test its applicability across diverse cultural and educational contexts. Overall, this research demonstrates that Buddhist gratitude-based meditation with

Dhamma Gīta can support adolescents' emotional, social, and spiritual development in contemporary society.

Suggestion

Based on the research findings, the following suggestions are proposed:

1. **For Schools and Educators**, schools should consider integrating the MWL program into student development activities or mental health support programs. Short daily practices such as walking meditation with *Dhamma Gīta* or loving-kindness sessions can help reduce student stress and improve focus.

2. **For Community and Religious Organizations**, Temples, youth centers, and community groups can adopt the program during school breaks or weekends. Activities like parent and teacher appreciation sessions can strengthen family and community relationships.

3. **For Future Research** Future studies could explore the long-term effects of the MWL program or compare outcomes across diverse cultural settings to expand its applicability.

In conclusion, the MWL model offers a practical, low-cost, and meaningful way to support adolescents' mental well-being and should be shared and expanded through schools and community networks.

References

- Biegel, G. M., Brown, K. W., Shapiro, S. L., & Schubert, C. M. (2009). Mindfulness-based stress reduction for the treatment of adolescent psychiatric outpatients: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 77(5), 855–866.
- Bluth, K., Gaylord, S. A., Campo, R. A., Mullarkey, M. C., & Hobbs, L. (2016). Making friends with yourself: A mixed methods pilot study of a mindful self-compassion program for adolescents. *Mindfulness*, 7(2), 479–492.
- Bodhi, B. (Trans.). (2000). *The connected discourses of the Buddha: A translation of the Saṃyutta Nikāya* (Vol. I–II). Boston: Wisdom Publications. (Sn 1.8)
- Garofoli, M. (2020). Adolescent substance abuse. *Primary Care: Clinics in Office Practice*, 47(2), 383–394.
- Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion*, 10(1), 83–91.
- Husna, N. N., & Rinjani, D. (2022). The role of music in the life of teenagers. *Jurnal Seni Musik*, 11(1), 19–25.

- Jiwattanasuk, N. (2021). *A process of development for peaceful well-being of meditation practitioners through Buddhist peaceful means: A case study of Buddhamahametta Foundation*. [PhD's dissertation, Mahachulalongkornrajavidyalaya University].
- Jiwattanasuk, N., Vasuratna, V., & Deegalle, M. (2025). Mindfulness-based practices for multicultural meditation practitioners to develop mental well-being. *ABAC ODI Journal Vision. Action. Outcome*, 12(2), 225–242.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. (15th anniversary ed.). Delta Trade Paperback/Bantam Dell.
- Kearney, D. J., McDermott, K., Malte, C., Martinez, M., & Simpson, T. L. (2013). Loving-kindness meditation for posttraumatic stress disorder: A pilot study. *Journal of Traumatic Stress*, 26(4), 426–434.
- Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., Rohde, L., Srinath, S., Ulkuer, N. & Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. *The Lancet*, 378(9801), 1515–1525.
- Kyeong, S., Kim, J., Kim, D. J., Kim, H. E., & Kim, J. J. (2017). Effects of gratitude meditation on neural network functional connectivity and brain-heart coupling. *Scientific Reports*, 7(1). <https://doi.org/10.1038/s41598-017-05520-9>.
- Ñāṇamoli, B., & Bodhi, B. (Trans.). (1995). *The Middle Length Discourses of the Buddha: A translation of the Majjhima Nikāya*. Boston: Wisdom Publications. (MN 10)
- O'Leary, K., & Dockray, S. (2015). The effects of two novel gratitude and mindfulness interventions on well-being. *Journal of Alternative and Complementary Medicine*, 21(4), 243–245.
- Schroter, F. A., & Jansen, P. (2022). Making peace with disliked others: The effects of a short loving-kindness meditation on implicit and explicit emotional evaluations. *BMC Psychology*, 10(1). <https://doi.org/10.1186/s40359-022-00817-5>.
- Thanissaro, N. (2010). 'Heaven starts at your parents' feet': Adolescent bowing to parents and associated spiritual attitudes. *International Journal of Children's Spirituality*, 15(4), 295–305.
- Woodward, F. L. (Trans.). (1932). *The Book of the Gradual Sayings (Aṅguttara Nikāya)*, Vol. I. London: Pali Text Society. (A I 61, A II 128)
- World Health Organization. (2024). *Adolescent mental health: Fact sheets*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>