Mindfulness Wisdom & Loving-kindness (MWL) Program for Reducing Depression

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Abstract

Depression is a widely prevalent mental health condition that deeply impacts emotional well-being, personal relationships, and overall quality of life. For many individuals, especially in low-and middl Depression is a prevalent mental health condition that significantly impairs emotional well-being, interpersonal relationships, and overall quality of life. In low- and middle-income countries, limited access to adequate treatment exacerbates the challenge, leaving many individuals without effective care. Such as psychotherapy and medication, exist to address depressive symptoms, mindfulnessbased approaches, including loving-kindness meditation, have demonstrated efficacy in enhancing mental health.

The integration of Buddhist meditation practices, particularly *Dhamma gīta*-a form of chanting rooted in mindfulness and wisdom—remains underexplored in the context of depression treatment. This study aims to examine the potential benefits of the Mindfulness Wisdom & Loving-kindness (MWL) Program, which integrates Buddhist teachings, mindfulness meditation, and loving-kindness practices. By addressing this research gap, the MWL Program seeks to offer a sustainable, culturally relevant approach to alleviating depression and improving mental health outcomes, particularly in underserved communities e-income countries, this issue often goes untreated or inadequately addressed. While there are various treatment options available to alleviate depressive symptoms, mindfulness-based interventions, such as loving-kindness meditation, have been shown to be effective in improving mental health. However, the specific use of Buddhist meditation practices, particularly Dhamma gīta, for alleviating depression remains underexplored. This gap highlights the need for further research to examine the potential benefits of integrating Buddhist teachings and meditation techniques in the treatment of depression, offering a potentially sustainable approach to mental health care.

The Mindfulness Wisdom & Loving-kindness Program is a holistic approach that integrates mindfulness meditation, principles of Buddhist wisdom, and loving-kindness practices to address this gap. Drawing from evidence-based techniques like Mindfulness-Based Cognitive Therapy and Buddhist teachings on impermanence, suffering, and non-self, the program aims to cultivate non-judgmental awareness, emotional regulation, and resilience. Key components include mindfulness meditation for reducing rumination, Buddhist wisdom for fostering insight into the transient nature of suffering, and Loving-kindness Meditation for promoting self-compassion and countering negative self-judgment. Extensive research supports the effectiveness of mindfulness and loving-kindness practices in reducing depressive symptoms, enhancing emotional resilience, and improving overall well-being. The MWL program provides a comprehensive, multi-dimensional intervention-integrating mindfulness, wisdom, and loving-kindness for both the prevention and treatment of depression. By fostering mental tranquility,

emotional stability, and compassion, the program offers individuals a sustainable pathway to recovery and a balanced, fulfilling life.

Keywords: Mindfulness; Wisdom; Loving-kindness; MWL Program; Dhamma Gita; Depression

Introduction

Depression is a widespread and severe mental health disorder that significantly impacts individuals' lives, affecting their emotional well-being, relationships, and overall quality of life. It is linked to increased risks of suicide, substance abuse, and physical health issues like heart disease. According to the World Health Organization (2023), depression is part of a broader category of mood disorders, often marked by persistent sadness, hopelessness, and diminished interest in activities. The disorder is more prevalent among women and those who have experienced trauma or stressful life events. Globally, approximately 280 million people suffer from depression, with a significant portion of them not receiving treatment, particularly in low- and middle-income countries. Depression's causes are complex, involving both biological factors (like genetics, hormones, and neurotransmitters) and psychological factors (such as stress, loss, and failure). Research suggests that mindfulness practices, including loving-kindness meditation, can be effective in reducing depressive symptoms. While the specific term "Dhamma Gīta" is not directly found, the Pāli Canon emphasizes Sutta chanting and recitation as a way of preserving and propagating the Dhamma. For example, The practice of chanting the Metta Sutta (The Loving-Kindness Discourse) (Piyadassi Thera, 1999) (protective chants) reflects the use of rhythmic and musical elements in Buddhism and promotes loving-kindness and goodwill towards all beings, creating a protective mental field of compassion and peace.

Therefore, further exploration of mindfulness and loving-kindness meditation through Dhamma Gīta is crucial to understanding its potential benefits in reducing depression. Combining evidence-based techniques like Mindfulness-Based Cognitive Therapy (MBCT) (Giraldi, 2019) with Buddhist principles on impermanence, suffering, and non-self, the program helps individuals become more aware of their thoughts and emotions without judgment, reducing rumination and negative thinking. It also promotes wisdom through insights into the transient nature of suffering, encouraging a more balanced perspective on depressive symptoms. Loving-kindness Meditation (LKM) cultivates self-compassion and alleviates negative self-talk, addressing the core emotional challenges associated with depression. The MWL program serves as both a treatment for existing depression and a preventive measure for those at risk, offering a comprehensive, multidimensional approach to fostering emotional resilience and promoting longterm well-being.

The researcher has studied the MWL (Mindfulness, Wisdom & Loving-kindness) program (Jiwattanasuk, Vasuratna and Deegalle, 2024) developed by Phra Ajarn Kittichesath Sirivaththako, the abbot of Wat Phuttha Metta Bunyanuvapap in Thoen District, Lampang, and the president of the Buddhamahametta Foundation in Chiang Rak Noi, Bang Pa-In District, Ayutthaya. This program integrates mindfulness, vipassana meditation, and Loving-kindness practices to help participants cultivate sustained concentration and wisdom. It is designed to resonate with the behaviors and interests of contemporary society, where people often find enjoyment in listening to music. The program includes the creation of Dhamma songs that incorporate the teachings of the Buddha in an accessible and profound way, promoting kindness and compassion toward others and encouraging individuals to be givers of happiness and well-being to fellow human beings.

Depression

Depression is a complex mental health disorder that significantly impacts an individual's emotion Depression is a complex mental health disorder that profoundly affects an individual's emotional, psychological, and physical well-being. It is characterized by persistent sadness, a lack of interest or pleasure in activities, and symptoms such as changes in appetite, sleep disturbances, fatigue, feelings of worthlessness, and thoughts of death or suicide. Major Depressive Disorder (MDD) is diagnosed when at least five symptoms, including a depressed mood or loss of interest, persist for two weeks or longer. Screening tools such as the PHQ-9 and BDI-PC are commonly utilized for diagnosis. Treatment typically involves psychotherapy, medication (particularly selective serotonin reuptake inhibitors, or SSRIs), or a combination of both, along with ongoing care to prevent recurrence (Falk et al., 2023) al, psychological, and physical well-being. It is characterized by persistent sadness, a lack of interest in activities, and various symptoms such as changes in appetite, sleep disturbances, fatigue, feelings of worthlessness, and thoughts of death or suicide. Major depressive disorder (MDD) requires at least five symptoms, including a depressed mood or loss of interest, lasting for two weeks or more. Screening tools like the PHQ-9 and BDI-PC are commonly used to diagnose MDD. Treatment typically involves psychotherapy, medications (especially SSRIs), or a combination, with ongoing care to prevent recurrence (Falk et al., 2023).

Depression also affects a range of other conditions, including chronic illness, where it is common among individuals with conditions like diabetes, cancer, and heart disease. It can worsen with the progression of illness, exacerbating symptoms and complicating treatment. Depression is particularly challenging to diagnose in older adults, with many cases going undetected. Early diagnosis and treatment are vital, as untreated depression can lead to higher mortality rates and poor treatment adherence (Szczygieł et al., 2018; Rani and Anjum, 2024).

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The Symptoms and the Cause of Depression

Depression is a widespread condition that significantly disrupts both work and family life, often manifesting as a lack of motivation, energy, and interest in activities. These symptoms can strain marriages, hinder effective parenting, and damage social relationships. Depression can emerge at any age, and for some, it may be chronic or fluctuate in intensity. It is frequently

associated with other issues such as anxiety, substance abuse, and behavioral challenges. Depression can also contribute to various physical illnesses. While depression is commonly recognized in the general population, its impact on caregivers and parents is less understood. Individuals living with a depressed person often experience negative effects on their own functioning, and families with depressed parents tend to see struggles in academic, social, and personal roles. Depressed parents often find it difficult to parent effectively (Searle, 2011).

A study on lay beliefs about the causes of depression by Lauber et al. (2003) found that difficulties within family relationships (56.6%) were the most frequently cited cause of depression, followed by work-related stress (32.7%) and other unspecified stressors (19.9%). Despite these psychosocial attributions, a significant portion of participants (33%) believed that depression had biological or disease-related causes. These findings suggest that laypeople's beliefs about the origins of depression are influenced more by psychosocial factors than by demographic variables, and emphasize the importance of considering both psychosocial and biological models in developing therapeutic relationships.

Depression is typically seen as resulting from a complex interplay of life events, personal traits, and biological changes, rather than from a single cause. Several key factors contribute to its development:

1. Family History: A family history of depression can increase an individual's risk, suggesting a genetic predisposition.

2. Personality Traits: Certain personality characteristics, such as excessive worry, low self-esteem, perfectionism, sensitivity to criticism, and a generally negative outlook, can make some individuals more prone to depression.

3. Serious Medical Illness: Chronic or severe medical conditions can trigger depression, particularly due to the stress and worry associated with long-term illness.

4. Drug and Alcohol Use: Depression is closely linked with substance abuse. Many individuals with depression also struggle with drug and alcohol use, and vice versa, compounding the mental health challenges they face.

5. Life Events: Prolonged difficulties, such as chronic stress at work, ongoing relationship problems, or social isolation, are more likely to lead to depression than recent events. For individuals already vulnerable to depression due to past trauma or personal factors, life events such as losing a job can act as a trigger.

6. Changes in the Brain: While much research has focused on brain chemistry, depression is not simply a result of a chemical imbalance. Genetic vulnerabilities, severe life stressors, certain medications, and medical conditions can all affect the brain's ability to regulate mood and contribute to depression (Blue, 2024).

In summary, depression is a complex condition with multifactorial causes, including genetic, psychological, and environmental factors. Understanding these diverse influences is essential for providing effective treatment and support.

Mindfulness

Mindfulness, a concept with roots in ancient Buddhist traditions, has gained widespread recognition in Western psychology and medicine for its therapeutic benefits. It is defined by non-judgmental awareness of the present moment, encompassing an individual's thoughts, sensations, bodily states, and surroundings. This practice encourages openness, curiosity, and acceptance, with the goal of improving emotional regulation and overall psychological well-being. Rather than simply aiming for relaxation or emptying the mind, mindfulness involves a conscious effort to pay

attention to experiences as they unfold (Kabat-Zinn, 1990). It has been integrated into various therapeutic approaches and is particularly effective in managing mental health issues like anxiety and depression (Witt and Oh, 2010). In the Buddhist tradition, mindfulness, known as "sati" in Pali, is a central concept in the Tipitaka, the sacred texts of Theravada Buddhism. The *Satipatthana Sutta* (Soma Thera, 1999) is one of the most prominent references on mindfulness, outlining its practice in four main areas: mindfulness of the body (awareness of posture, breath, and physical sensations), mindfulness of feelings (recognizing and understanding emotional responses), mindfulness of the mind (observing mental states, such as distraction or focus), and mindfulness of mental objects (being aware of various mental phenomena like the Five Hindrances and the Four Noble Truths). Through cultivating mindfulness in these areas, the Buddha illustrates how mindfulness leads to deeper insight and spiritual liberation (Soma Thera, 1999). And the Mahāsatipaṭṭhāna Sutta (The Great Discourse on the Foundations of Mindfulness) (Thanissaro Bhikkhu, 2000) is one of the most important teachings in Buddhism. It is found in the Dīgha Nikāya (DN 22) and outlines a comprehensive framework for developing mindfulness (sati) to achieve liberation from suffering. The sutta forms the foundation for many mindfulness-based meditation practices and is central to the practice of Vipassana (insight meditation). The Satipaṭṭhāna Sutta and the Mahāsatipaṭṭhāna Sutta complement each other by serving different purposes. The former is a practical manual for mindfulness meditation, ideal for personal practice and immediate application. The latter provides a more detailed and doctrinally rich context, offering deeper insights into the Four Noble Truths and their connection to mindfulness. Together, these suttas represent a holistic framework for mindfulness practice, balancing practical guidance with doctrinal understanding. Practitioners can begin with the Satipaṭṭhāna Sutta to establish a solid foundation in mindfulness and later explore the Mahāsatipaṭṭhāna Sutta for a deeper understanding of the Buddhist path. Both suttas underscore the transformative power of mindfulness in achieving liberation, making them timeless cornerstones of Buddhist practice and study.

Mindfulness meditation

Mindfulness meditation, originally rooted in Buddhist traditions, emphasizes non-judgmental attention to the present moment and has been adapted for secular use in therapeutic and educational settings. It aims to foster awareness and acceptance of thoughts, emotions, and bodily sensations. Structured programs such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) (Giraldi, 2019) have popularized the practice. Mindfulness, which has gained significant traction in Western societies, has also been integrated into public school curricula. Although mindfulness originated in Buddhist philosophy over 2,500 years ago to alleviate suffering and cultivate inner wisdom, it began gaining attention in the West in the 1970s, particularly for managing stress and chronic pain. (Schwimmer and McDonough, 2018).

Developed by Jon Kabat-Zinn in the late 1970s, mindfulness is now widely recognized as an effective psychological technique. Although it has faced some criticism for commercialization and oversimplification, it is endorsed in clinical guidelines, such as those from the British National Institute for Health and Care Excellence, for treating physical and psychological disorders. The integration of mindfulness with Western science and culture has led to the emergence of "contemplative sciences," a field that includes mindfulness and yoga, aimed at improving well-being and mental peace (García-Campayo et al., 2021).

Research supports the effectiveness of mindfulness-based interventions in managing mental health conditions like anxiety, depression, and stress. Mindfulness meditation has been shown to enhance self-awareness, emotional regulation, and cognitive function, leading to improved quality of life and mental resilience (Cho, 2024). It is also beneficial in reducing symptoms of burnout and secondary traumatization, particularly for caregivers, by fostering compassion satisfaction and enhancing emotional tolerance (Motta, 2023). However, while mindfulness meditation offers significant benefits, it requires consistent practice and dedication, similar to physical exercise, to achieve its full potential.

Mindfulness meditation has proven effective in improving mental health, emotional regulation, and cognitive function. Research shows it enhances brain activity related to attention and emotion regulation (Díez and Castellanos, 2022) and is beneficial in reducing psychological disorders, as seen in studies with educators and schoolchildren (Zhang, 2024). A recent large-scale trial demonstrated that digital mindfulness programs significantly improve well-being, reduce depression, and enhance health-related behaviors (Western and Ainsworth, 2024). Overall, mindfulness is a promising, scalable tool for promoting mental health across various populations, though further research is needed to refine its application.

Mindfulness meditation, rooted in Buddhist traditions, has proven to be an effective tool for improving mental health, emotional regulation, and cognitive function across various settings. Studies show that mindfulness enhances academic performance by improving memory, focus, and concentration, while also reducing anxiety, stress, and depression among students (Kathayat, 2024). Research also highlights mindfulness's positive impact on happiness and well-being, with evidence suggesting that it can alter brain structures related to emotional regulation and attention, thereby contributing to greater life satisfaction (Surya and Ponijan, 2024). Additionally, advanced mindfulness practice, particularly within Theravada Buddhism, has shown to induce profound states of clarity and equanimity, with neuroscientific evidence supporting changes in brain connectivity during these "cessation" events (Lutterveld et al., 2024). Overall, mindfulness meditation offers a valuable approach to enhancing both mental and physical health, with potential for continued exploration, particularly in advanced practices and their neurobiological effects.

Wisdom (Paññā) in Buddhism

In Buddhism, paññā (often translated as "wisdom," "insight," or "discernment") is a central quality on the path to liberation. It is not merely intellectual knowledge, but a deep, transformative understanding of the nature of reality. Paññā enables one to see through the illusions of the world, realizing the three marks of existence (Nyanaponika Thera (2006) impermanence (anicca), unsatisfactoriness (dukkha), and non-self (anatta). It is the wisdom that directly leads to the cessation of suffering (dukkha) and the realization of liberation from samsāra (the cycle of birth, death, and rebirth).

And wisdom can be created by practicing meditation as Vipassanā Meditation (Insight Meditation) which is aimed directly at developing insight into the true nature of reality. Through vipassanā, practitioners cultivate mindfulness (sati) and awareness of the present moment, observing bodily sensations, feelings, thoughts, and mental states. The goal is to penetrate into the three basic facts of existence (Nyanaponika Thera (2006) impermanence (anicca), unsatis-factoriness (dukkha), and non-self (anatta). This practice directly develops paññā, as the meditator gains direct insight into the nature of all phenomena. In vipassanā, one might observe how sensations arise and pass away, recognizing their impermanent nature. With deeper practice, one also begins to discern the unsatisfactory nature of existence (dukkha) and the lack of inherent self (anatta).

i) Anicca (Impermanence): By observing the changing nature of thoughts, feelings, and sensations, one directly sees that all phenomena are transient.

ii) Dukkha (Suffering/Unsatisfactoriness): As one notices the constantly changing nature of sensations, desires, and thoughts, one perceives that attachment to these impermanent things causes suffering.

iii) Anatta (Non-self): Through vipassanā, the meditator recognizes that there is no permanent, unchanging "self" behind experiences. What we call "self" is merely a collection of changing physical and mental phenomena.

The Process of Developing Paññā Through Meditation

The development of paññā through meditation follows a gradual process. It typically unfolds in the following stages of Satipatthana Sutta: The Foundations of Mindfulness (Nyanasatta Thera,1994):

1. **Mindfulness of Breathing (Anapanasati)**:

o The meditator begins by focusing on the breath as a way to calm the mind. Mindfulness of breathing is a foundational practice that helps establish concentration (samādhi).

o As the mind becomes more stable, the meditator may begin to notice sensations in the body, mental states, and emotions more clearly. This heightened awareness creates the conditions for insight.

2. **Mindfulness of Sensations (Vedanānupassanā)**:

o In the next stage, the meditator focuses on bodily sensations. Observing the impermanent nature of sensations—whether pleasant, unpleasant, or neutral—leads to the understanding that everything in the body and mind is in constant flux.

o By recognizing how sensations arise and pass away, one gains insight into anicca (impermanence). This realization is the beginning of paññā, as it shifts one's perception of the world as something stable or permanent.

3. **Mindfulness of Mental States (Cittānupassanā)**:

o The practitioner turns attention to the mind itself, observing thoughts, emotions, and mental formations. One notices how mental states change, from happiness to sadness, from desire to aversion.

o Recognizing the transient nature of thoughts and emotions reveals the unsatisfactory nature of clinging to them, leading to an understanding of dukkha (suffering/unsatisfactoriness).

o This realization helps to weaken attachment to mental states and cultivates a deep sense of equanimity.

4. **Mindfulness of Mental Objects (Dhammanupassanā)**:

o The meditator may begin to observe more subtle mental phenomena, such as concepts, ideas, and the underlying tendencies of the mind (e.g., craving, aversion, ignorance). These are understood as impermanent and not part of a permanent self.

o Here, the meditator may begin to understand anatta (non-self)-the realization that all phenomena, both physical and mental, lack any permanent, independent essence.

o This insight into non-self is key to breaking the attachment to the notion of a "self" that is separate and independent from the world.

Loving-Kindness Meditation

Loving-kindness meditation (LKM) is a traditional practice aimed at cultivating positive emotions like compassion, empathy, and kindness toward oneself and others. It typically involves visualizing individuals who are the focus of these kind intentions. Originally from Buddhist traditions, LKM has been adapted for contemporary uses, including in psychotherapy and mindfulness programs. Research suggests that LKM leads to a variety of psychological benefits, including enhanced positive emotions, reduced stress, and improved emotional processing.

Key findings from recent studies include:

1. LKM and VR Integration: A study by María Alejandra Quiros Ramirez, Paul Vahlenkamp, and Stephan Streuber (2022) explored a Virtual Reality (VR) version of LKM, showing it effectively enhances mindfulness, compassion, and relaxation, comparable to traditional audio meditation. The study highlights the potential of VR as a modern tool to support LKM.

2. Loving-Kindness and Life Satisfaction: A meta-analysis by Xiaodan Gu et al. (2022) suggests that while LKM and compassion meditation (LKCM) can improve life satisfaction, the effect is inconsistent. LKCM shows positive effects in pre-post designs but less so in randomized controlled trials. The type of control condition (e.g., active vs. waitlist) and mediators like self-compassion and positive emotions play significant roles in outcomes.

3. Metta Meditation's Role in Therapy: Research by Simona Ioana Stefan and Stefan G. Hofmann (2019) found that Metta meditation, a form of LKM, is particularly effective in addressing issues like depression and social anxiety. It helps counter negative emotions such as anger, hostility, and self-loathing, and promotes healthier self-images and emotional experiences, enhancing social connectedness and therapy outcomes.

4. Forgiveness and Positive Emotions: A study by Kent C. Halverson and E. Ladewig Petersen (2024) investigated the effects of a single 15-minute LKM intervention on forgiveness. Participants who practiced spiritual LKM reported increased gratitude compared to those in a control group, with borderline effects observed in the secular LKM group. While the intervention did not significantly affect most other psychological measures, it was effective in enhancing positive affect and gratitude.

5. Meta-Analysis of Loving-Kindness Interventions: A meta-analysis by Julia Petrovic et al. (2024) reviewed 23 randomized controlled studies and found that LKM significantly improved mindfulness, compassion, positive affect, negative affect, and psychological symptoms compared to passive control groups. However, when compared to active control groups or alternative treatments, the effects were not significantly different. The results suggest that LKM is effective, particularly when compared to passive controls, but more research is needed to fully understand its relative effectiveness.

6. LKM and Prosocial Behavior: Research by Carmen Valor et al. (2024) examined the impact of brief LKM on prosocial behavior, including donations to strangers. The study found that LKM increased feelings of love but had mixed effects on actual donations. The meta-analysis indicated a small-to-medium effect of LKM on prosocial behavior, with younger participants showing stronger effects. While LKM can foster prosocial emotions, it may not be sufficient to motivate adults to engage in prosocial actions like donations.

In conclusion, LKM has shown promise in enhancing emotional well-being, fostering prosocial emotions, and improving mental health outcomes. However, its impact on actual prosocial behavior and its relative effectiveness compared to other interventions require further investigation.

The practice of Loving-Kindness Meditation

Loving-Kindness Meditation (LKM) is a practice designed to cultivate compassion and kindness toward oneself and others, with proven benefits for emotional well-being, prosocial behavior, and various professional settings. Recent studies have examined its impact in different contexts:

1. LKM and Medical Professionals: A study by Hao Chen et al. (2023) investigated the effects of LKM on doctors in China. After an 8-week intervention, the LKM group showed significant improvements in trust and sense of calling, as well as reductions in communication anxiety and defensive medicine practices. In contrast, the control group showed no significant changes, suggesting that LKM can improve both interpersonal dynamics and professional attitudes in healthcare settings.

2. LKM and Nurse Burnout: Fatemeh Asadollah et al. (2024) examined the impact of LKM on job-related burnout in neonatal intensive care unit (NICU) nurses during the COVID-19 pandemic. Over a month, nurses who practiced LKM three times a week showed a significant reduction in burnout levels compared to those who received mental health education materials. This suggests that LKM may be an effective intervention for reducing burnout in high-stress healthcare environments.

3. Informal Meditation and Mental Health: Qiang Xie et al. (2024) explored the relationship between informal meditation practice and mental health outcomes in a smartphone-based LKM and compassion training program. Their study found that participants who engaged more in informal meditation (outside of structured sessions) experienced small reductions in psychological distress and loneliness, but no significant changes in empathy or prosocial behavior. These results suggest that informal practice can have a beneficial impact on mental health, although the effects on prosocial behavior and empathy remain unclear.

In summary, these studies demonstrate the potential of LKM to improve emotional well-being, reduce burnout, and enhance interpersonal dynamics, particularly in healthcare settings. Further research is needed to understand the causal mechanisms and broader effects of informal practice on mental health and prosocial behavior.

Dhamma Gita

In Mindfulness, Wisdom & Loving-kindness (MWL) program, there is highlight session to integrate the meditation with Dhamma Gita or Dhamma Song which can be described as follows:-

The term "Dhamma Gita" in Buddhism represents the integration of Buddhist teachings with music, providing a unique medium for expressing the Buddha's principles. "Dhamma" refers to the teachings of the Buddha, which are central to Buddhist practice and are encapsulated in texts such as the Dhammapada, a collection of the Buddha's sayings (Kaviratna, 2024). The Dhamma Gita, as explored by Duangloy et al. (2016), uses music to express these teachings, embodying peace and respect for Buddhism while engaging practitioners in an accessible and engaging format. Music's historical connection to Buddhism, such as its role in Siddhartha's meditation before enlightenment, highlights its therapeutic and transformative qualities (Siriwattgo et al., 2024).

Through the fusion of Dhamma and music, the Dhamma Gita serves as a contemporary tool to deepen understanding of Buddhist principles, enhance interest, and make these teachings more widely accessible in modern settings.

The Dhamma Gita, drawing inspiration from the Bhagavad Gita, offers numerous benefits, particularly in areas such as personal growth, education, management, and social harmony. It emphasizes ethical living, self-realization, and the pursuit of knowledge, fostering a more balanced and fulfilling life. These principles not only promote individual development but also contribute to societal well-being and organizational success. By integrating the teachings of the Dhamma Gita into daily life, individuals can navigate challenges, improve self-management, and enhance productivity. This philosophical wisdom, rooted in Indian tradition, provides valuable lessons on managing responsibilities and achieving both personal and professional goals (Agarwal and Singaiah, 2023; Das, 2022).

Buddhism, through its connection with Thai folk music, has long used music as a means to promote virtue and ethics. Folk songs, often incorporating the Dhamma, play a significant role in enhancing morality, documenting societal changes, and reflecting Buddhist teachings. Music, in general, has proven benefits, including emotional management by reducing stress and boosting mood, enhancing productivity and creativity, improving memory recall, and even providing pain relief. These positive effects contribute to mental and physical well-being, making music a valuable tool for fostering a more fulfilling and healthy life (Siriwattgo et al., 2024).

The Effects of Mindfulness on Depression

Mindfulness-based interventions (MBIs), such as Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR), have gained considerable attention as effective treatments for mental health conditions, especially anxiety and depression. These interventions have been shown to offer relief from symptoms, particularly when compared to passive controls, though their impact may be less pronounced when compared to other active treatments (Bhattacharya and Hofmann, 2023). Research indicates that MBIs are particularly beneficial for individuals who are at risk for or asymptomatic of depression and anxiety, but they may not be sufficient on their own, requiring additional psychological or pharmaceutical treatments for sustained relief (Linardon et al., 2024).

MBIs have also been examined in different populations and settings, showing promising results. For instance, MBIs have been shown to reduce depression in elderly individuals and first-year university students (Lindayani et al., 2020; Skolzkov and Efremova, 2023). A study on university students found that an 8-week MBCT program significantly decreased perceived stress but showed no significant effects on anxiety or depression compared to a wait-list control group (Ritvo et al., 2021).

Research also suggests that resilience plays a key role in the effectiveness of mindfulness in reducing depression, especially when combined with self-compassion (Impact of Mindfulness and Self-Compassion on Anxiety and Depression, 2023). Mindfulness helps to build psychological resilience, which mediates its positive effects on depression, particularly in student populations (Zhang et al., 2024). Mindfulness-based programs have been shown to reduce rumination and worry, which are key emotional regulation mechanisms that contribute to anxiety and depression (Parmentier et al., 2019).

In more specific populations, such as individuals with Parkinson's disease, mindfulness-based cognitive therapy (MBCT-PD) delivered via telehealth showed promising outcomes, improving depression, anxiety, and quality of life (Interian et al., 2023).

Additionally, a study on the potential mechanisms of MBPs on anxiety and depression found that mindfulness might work through various emotional regulation processes, including rumination, self-compassion, and attention control abilities, though the evidence is still preliminary (Maddock and Blair, 2021). Overall, while MBIs are emerging as valuable tools for mental health, future research is needed to refine their effectiveness and explore the long-term benefits and mechanisms of action.

In summary, mindfulness-based approaches have demonstrated efficacy in reducing symptoms of anxiety and depression across a variety of populations and settings. While there is evidence supporting their effectiveness, these interventions are most impactful when combined with other therapeutic methods, and the full range of their benefits, including long-term effects, still requires further investigation.

Integration of Mindfulness Wisdom & Loving-kindness (MWL) Program for Depression Reduction

The Mindfulness, Wisdom & Loving-kindness (MWL) program is a comprehensive approach designed to reduce depression and enhance emotional well-being by integrating mindfulness meditation, Buddhist wisdom, and loving-kindness practices. The program draws from secular mindfulness techniques, such as those used in Mindfulness-Based Cognitive Therapy (MBCT), to help individuals develop non-judgmental awareness of their thoughts, emotions, and bodily sensations, fostering emotional regulation and reducing rumination—a key factor in the persistence of depression. It also incorporates Buddhist teachings, particularly from the Satipatthana Sutta and Mahasatipatthana Sutta, to deepen participants' understanding of the impermanent and transient nature of suffering (dukkha), which helps reduce attachment to depressive thoughts and promotes wisdom (paññā) through insight into the nature of the mind. Additionally, the program includes Loving-kindness Meditation (LKM), which encourages compassion toward oneself and others, counteracting self-criticism and negative self-judgment often associated with depression. Research supports the effectiveness of both mindfulness and LKM in alleviating depressive symptoms by building resilience, promoting self-compassion, and increasing psychological flexibility. The MWL program is a holistic, multi-dimensional intervention that combines these practices to help individuals manage depression more effectively, fostering greater emotional resilience and well-being.

Conclusion

In conclusion, the Mindfulness, Wisdom & Lovingkindness (MWL) program offers a comprehensive, integrated approach to reducing depression by combining mindfulness meditation, Buddhist wisdom, and loving-kindness practices. By fostering awareness, emotional regulation, and self-compassion, MWL helps individuals break free from cycles of rumination and negative self-judgment that often underlie depressive symptoms. The integration of Buddhist principles, such as impermanence and non-self, deepens participants' understanding of the transient nature of suffering, cultivating wisdom and equanimity. Research highlights the effectiveness of mindfulness and loving-kindness in enhancing emotional resilience and alleviating depression, making the MWL program a promising tool for both the prevention and treatment of depression. As a holistic intervention, the MWL program not only addresses depressive symptoms but also

empowers individuals to achieve lasting mental peace, emotional well-being, and compassion, ultimately providing a pathway to sustained recovery and a more balanced life.

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