IJBMC
International Journal of Body, Mind and Culture

Volume 13, Issue 2, pp 123-132
DOI: 10.61838/ijbmc.v13i2.1264

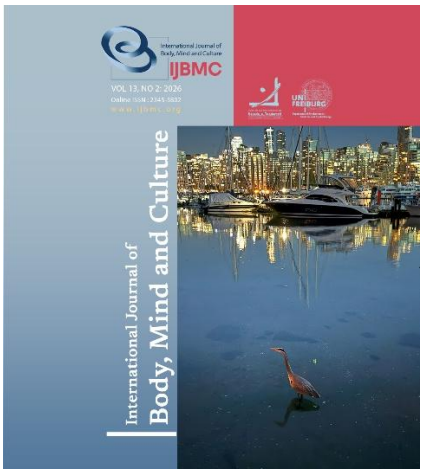
Article type:
Original Research

The Impact of the 6 Month Meditation Training Program on Practitioners' Well-being and Subjective Happiness

Katekanok. Chumpradit[1], Daonoi. Suttiniphapunt[2], Wirunsiri. Jaima[3], Pratya. Phetkate[4*], Walaitat. Worakul[5], Adisak. Theeranuphattana[6], Jitpinan. Srijakkot[7], Narongsak. Jukrkorn[8], Rattana. Bannatham[9], Paripan. Kaewnet[10], Sasiwimon. Puphoung[11]

1 Associate Professor, Faculty of Management Science, Chiang Rai Rajabhat University, Chiang Rai, Thailand
2 Ph.D., Willpower Institute, Bangkok, Thailand.
3 Associate Professor, Faculty of Management Science, Chiang Rai Rajabhat University, Chiang Rai, Thailand
4 Assistant Professor, Department of Integrative Medicine, Chulabhorn International College of Medicine, Thammasat University (Rangsit Campus), Pathum Thani, Thailand.
5 Independent Researcher, Chiang Mai, Thailand.
6 Associate Professor, Department of Management and Entrepreneurship, Chiang Mai University Business School, Chiang Mai University, Chiang Mai, Thailand.
7 Assistant Professor, Department of Education Research and Nursing Administration, Faculty of Nursing, KhonKaen University, KhonKaen, Thailand.
8 Former Assistant Professor, Faculty of Management Science, Phranakhon Rajabhat University, Retired, Bangkok, Thailand.
9 Ph.D., BMA Human Research Ethics Committee, Bangkok, Thailand.
10 Ph.D., Faculty of Tourism and Hotel Management, Chiang Rai Rajabhat University, Chiang Rai, Thailand.
11 Assistant Professor, Faculty of Management Science, Chiang Rai Rajabhat University, Chiang Rai, Thailand.

Corresponding author email address:
Effat_mer@tums.ac.ir



Article history:

Received 11 Oct 2025
Revised 27 Dec 2025
Accepted 30 Jan 2026
Published online 01 Feb 2026

How to cite this article:
Chumpradit, K., Suttiniphapunt, D., Jaima, W., Phetkate, P., Worakul, W., Theeranuphattana, A., … Puphoung, S. (2026). The Impact of the 6 Month Meditation Training Program on Practitioners' Well-being and Subjective Happiness. International Journal of Body, Mind and Culture, 13(2), 123-132.

ABSTRACT

Objective: This observational study aimed to explore self-perceived changes in the holistic well-being and subjective happiness of practitioners following completion of a six-month intensive meditation course, the Meditation for Instructor Course (MIC).

Methods and Materials: This mixed-methods study used a single-group, retrospective pre–post ("then–now") design. Quantitative data were collected from 1,123 graduates of the MIC (49th cohort) who completed a post-course questionnaire rating their current status and recalling their pre-course status on 15 single-item indicators across physical, mental, intellectual, and social well-being, plus subjective happiness (10-point scales). Qualitative data were obtained via in-depth interviews with 30 purposively selected key informants. Paired-samples t-tests were conducted with Cohen's d and 95% confidence intervals, and qualitative data were analyzed using thematic content analysis.

Findings: Participants reported statistically significant improvements across all 15 outcomes ($p<.001$), with large effect sizes ($d=0.78–1.65$). Interview themes converged with quantitative results, highlighting enhanced self-awareness, improved emotional regulation, and greater interpersonal harmony.

Conclusion: Completing the MIC was associated with substantial perceived improvements in holistic well-being and subjective happiness. Given the single-group "then–now" design, self-report measures, and potential selection/recall biases, causal inferences are limited; controlled studies using validated multi-item instruments are recommended.

Keywords: Meditation, well-being, subjective happiness, mindfulness, mind-Body medicine.

Introduction

Meditation, a core component of contemplative traditions, has gained significant recognition in contemporary healthcare for its wide-ranging benefits on holistic health (Jamil et al., 2023). The modern medical paradigm is increasingly shifting from a purely biomedical model towards an integrative, humanistic approach that incorporates mind-body practices to enhance overall well-being (Maizes et al., 2009). This shift aligns with 21st-century health promotion concepts emphasizing holistic models encompassing physical, mental, social, and intellectual dimensions (Fan, 2017).

While extensive research demonstrates that meditation can be effective in reducing stress, anxiety, and depression (Goyal et al., 2014) and improving sleep quality (Black et al., 2015), the evidence is not uniformly positive. Some studies report mixed or null effects, and the scientific literature has been critiqued for methodological limitations (Farias & Wikholm, 2016) Furthermore, a growing body of research highlights that meditation is not without risks, with some individuals experiencing adverse effects such as increased anxiety, panic, or traumatic re-experiencing (Binda et al., 2022; Matko & Van Dam, 2025). This underscores the need for a balanced perspective and further research into the specific effects of different meditation programs.

The Meditation Instructor Course (MIC) at Thailand's Willpower Institute, founded by the late Somdet Phra Nyanavajirodom (Luang Por Viriyang Sirintharo), is a prominent public meditation program based on the Samma Samadhi (Right Concentration) tradition of the revered master Ajahn Mun Bhuridatta. Unlike most meditation training courses, this program is systematically designed and delivered over six months. It combines intensive instruction on Buddhist meditation philosophy and psychology with consistent practical training in walking and sitting meditation throughout the course.

Since its inception in 1997, over 100,000 individuals have graduated from 53 cohorts, spreading largely through word-of-mouth testimonials about perceived benefits. Despite this popularity and abundant anecdotal evidence, systematic academic research empirically validating its effects has been lacking.

This study, therefore, provides an initial, exploratory investigation of the self-reported effects of the MIC program. It specifically examines the association between program completion and changes across a holistic spectrum of well-being—encompassing physical, mental, intellectual, and social dimensions—and subjective happiness. While established programs like Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) have a strong evidence base, the MIC program is distinct in its six-month, long-term duration, its foundation in the Samma Samadhi tradition, and its aim of training instructors. These unique characteristics warrant a specific investigation.

Given the exploratory nature of this research on a previously unstudied program, we employed broad, single-item measures to capture a wide range of potential changes. The primary goal of this study is not to establish causality but to provide a foundational, observational assessment of the program's perceived impact, thereby identifying key areas for future, more rigorous investigation using validated instruments.

Methods and Materials

Study Design

This study used an exploratory, single-group, pre-post, retrospective design. We acknowledge that this design carries a fundamental threat to internal validity, as it lacks a control or comparison group. Consequently, it is not possible to definitively attribute observed changes solely to the meditation intervention, nor to rule out the influence of confounding factors such as the passage of time, historical events, or response-shift bias (i.e., changes in how participants understand the questions from pre-test to post-test). Therefore, this study should be considered an exploratory, observational assessment intended to identify potential associations warranting more rigorous investigation through controlled or randomized trials, rather than a confirmation of causal effects.

Intervention

The MIC program is a structured, six-month meditation training course developed by the late Somdet Phra Nyanavajirodom (Luang Por Viriyang Sirintharo) based on the Samma Samadhi (Right Concentration) tradition of the Thai Forest Tradition, particularly the lineage of master Ajahn Mun Bhuridatta. The program aims to train individuals not only in personal meditation

practice but also to equip them with the knowledge and skills to teach meditation to others.

The curriculum integrates theoretical instruction with intensive practical training. Theoretical components cover the philosophical foundations of Buddhist meditation, the psychology of the mind, and the principles of Samma Samadhi. Practical training includes both walking meditation (to develop initial concentration and bodily awareness) and sitting meditation (to deepen concentration and cultivate insight). Participants are encouraged to practice daily, maintain mindfulness in everyday activity, and observe ethical precepts. The program emphasizes the development of mind power through meditation practice, leading to a calm, focused mind that serves as a foundation for wisdom and compassion, as well as overall well-being.

The course is delivered through a combination of in-person group sessions, guided meditation practices, Dhamma talks, and individual home practice. Participants meet regularly throughout the six months to receive instruction and guidance from experienced meditation teachers and to share experiences. The program has been running continuously since 1997 and has trained over 100,000 individuals across 53 cohorts, making it one of the largest community outreach meditation training programs in Thailand.

Participants

The sampling frame for this study consisted of all 3,850 individuals who completed the 49th cohort of the Meditation Instructor Course (MIC) at the Willpower Institute in 2023. From this population, 1,123 participants were recruited for the quantitative phase through convenience sampling, representing a response rate of 29.2%. It is important to note that this recruitment method and the relatively low response rate may introduce selection bias, as participants who chose to respond may differ systematically from those who did not. Therefore, the findings may not be generalizable to the entire population of MIC graduates. The large sample size, however, provides sufficient statistical power for the exploratory analyses conducted.

For the qualitative phase, 30 key informants were purposively selected. The selection criteria required participants to have completed the full 6-month course and maintained a consistent meditation practice throughout the program. They represented MIC classes of the 49th cohort from all regions of the country, following the unified instruction and practical protocols. This ensured that the interviewees had rich, direct experience of the phenomena under investigation, enabling deep, insightful data collection until data saturation was reached.

Instruments

Part I Questionnaire:

A structured questionnaire was designed to collect quantitative data. It was divided into four sections: (a) demographic information; (b) self-assessment of the four dimensions of well-being (physical, mental, intellectual, social) before and after the course; (c) self-assessment of subjective happiness before and after the course; and (d) open-ended questions for additional comments. The self-assessment items used a 10-point rating scale (1 = lowest, 10 = highest) to capture participants' perceived changes.

The instrument's content validity was assessed by a panel of 12 experts in meditation, psychology, education, and research methodology, yielding an average Item-Objective Congruence (IOC) index of 0.907. The Cronbach's alpha was 0.89 in the current study, indicating good internal consistency reliability. The full questionnaire used in this study is available from the corresponding author upon request.

To clarify the interpretation of results, the directionality and scoring rules for each key variable are summarized in Table 1 below.

Table 1

Interpretation Guidelines for Questionnaire Scores

Variable	Scoring Directionality	Interpretation
Physical, Mental, Intellectual, Social Well-being	Higher score = better	A higher score indicates greater improvement or a more positive state.
Overall Happiness	Higher score = better	A higher score indicates a greater level of subjective happiness.
Impact of Chronic Conditions	Lower score = better.	A lower score indicates that chronic conditions have a less negative impact on daily life.
Stress Reduction	Higher score = better	A higher score indicates a greater perceived reduction in stress.
Compassion, Reasoning, Careful Work, Mindfulness, Concentration	Higher score = better	A higher score indicates a higher level of the respective quality.

Part II Semi-Structured Interview:

A semi-structured interview guide was developed to explore participants' nuanced experiences. The questions were designed to elicit detailed narratives about the perceived effects of the meditation practice on their well-being and daily lives.

Data Collection

Data for both pre- and post-training assessments were collected retrospectively after participants had completed the six-month program. Participants were asked to recall their state before the program began ("then-now" assessment). This retrospective pre-test design is a notable limitation due to the potential for recall and response-shift bias, in which participants' understanding of the concepts being measured may have changed as a result of the training. The questionnaire was administered to the quantitative sample, while in-depth, one-on-one interviews were conducted with the 30 key informants.

Data Analysis

Quantitative data from the questionnaires were analyzed using SPSS. Descriptive statistics (frequencies, means, standard deviations) were calculated to summarize demographic data and scores at both time points. Paired-samples t-tests were used to compare the mean pre- and post-training scores. Given the exploratory nature of the study and the multiple comparisons, a Bonferroni correction was not applied, thereby increasing the risk of Type I errors. To provide a more complete picture of the magnitude of change, Cohen's d for paired samples and their 95% Confidence Intervals (CIs) were also calculated.

Qualitative data from the in-depth interviews were analyzed using thematic content analysis. The process involved transcribing the interviews, identifying significant statements, and grouping them into themes and sub-themes that reflected the impact of the meditation course. A triangulation process was used, in which findings from quantitative and qualitative data were systematically compared and integrated to enhance the validity and reliability of the overall results.

Findings and Results

Participant Demographics

The demographic profile of the 1,123 survey respondents revealed a diverse sample representative of the broader MIC program population. The detailed demographic characteristics are presented in Table 2.

Table 2

Participant Demographics

Characteristic	Category	N	%
Gender	Male	300	26.7
	Female	820	73.0
	LGBTQ+	3	0.3
Age	≤30 years	45	4.0
	31-40 years	57	6.1

	41-50 years	185	16.5
	51-60 years	358	31.9
	61-70 years	387	34.5
	>70 years	91	8.1
Education	Below a bachelor's degree	412	36.7
	Bachelor's degree	485	43.2
	Above a bachelor's degree	226	20.1
Occupation	Retired	310	27.6
	Business/self-employed	230	20.5
	Government employee	182	16.2
	Homemaker	134	11.9
	Private sector employee	96	8.6
	General laborer	71	6.3
	Student	32	2.9
	Farmer	35	3.1
	Unemployed	16	1.4
	Monk	5	0.4
	Nun	3	0.3
	Village health volunteer	2	0.2
	Others	7	0.6
Marital Status	Single	306	26.9
	Married	541	48.2
	Divorced	129	11.5
	Widowed	108	9.6
	Separated	39	3.5

The Effects on Well-being and Subjective Happiness

The quantitative results demonstrated statistically significant improvements across all measured dimensions of well-being and subjective happiness following completion of the MIC program. Paired samples t-tests were conducted to compare pre-training and post-training scores for each variable. The results, presented in Table 3, revealed that all variables showed significant positive changes ($p < .001$). The magnitude of these changes was substantial. Cohen's d calculations indicated large effect sizes across all outcomes, ranging from d = 0.78 (Impact of Chronic Conditions) to d = 1.65 (Mindfulness), indicating a highly impactful intervention.

Table 3

Comparison of Pre-Training and Post-Training Scores on Well-being and Subjective Happiness (N=1,123)

Dimension/Variable	Pre-Training Mean (SD)	Post-Training Mean (SD)	Mdiff (Post-Pre)	t	p	Cohen's d	95% CI for Mdiff
Physical Well-being							
Sleep Quality	5.62 (2.32)	8.39 (1.77)	2.77	-38.97	<.001	1.16	[2.63, 2.91]
Impact of Chronic Conditions	6.12 (2.68)	3.69 (2.05)	-2.43	26.25	<.001	0.78	[-2.61, -2.25]
Mental Well-being							
Stress Reduction	5.34 (2.11)	8.11 (2.08)	2.77	-34.16	<.001	1.02	[2.61, 2.93]
Gentle Mind	6.00 (1.94)	8.72 (1.38)	2.72	-49.13	<.001	1.47	[2.61, 2.83]
Compassion (Metta)	6.67 (1.93)	9.09 (1.25)	2.42	-43.62	<.001	1.30	[2.31, 2.53]
Intellectual Well-being							
Wisdom/Intelligence	5.74 (1.84)	8.23 (1.46)	2.49	-45.48	<.001	1.36	[2.38, 2.60]
Reasoning	6.31 (1.93)	8.85 (1.25)	2.54	-46.53	<.001	1.39	[2.43, 2.65]
Mindfulness	5.50 (1.94)	8.59 (1.33)	3.09	-55.34	<.001	1.65	[2.98, 3.20]
Concentration	6.17 (2.01)	8.72 (1.31)	2.55	-46.22	<.001	1.38	[2.44, 2.66]
Careful Work	5.71 (1.83)	8.42 (1.37)	2.71	-50.04	<.001	1.49	[2.60, 2.82]
Social Well-being							
Good Relationships	6.01 (2.01)	8.74 (1.36)	2.73	-48.89	<.001	1.46	[2.62, 2.84]
Forgiveness	6.01 (2.07)	8.87 (1.26)	2.86	-49.91	<.001	1.49	[2.75, 2.97]
Responsibility	6.79 (1.95)	8.98 (1.26)	2.19	-40.94	<.001	1.22	[2.09, 2.30]
Subjective Happiness							
Life Satisfaction	6.39 (1.95)	8.80 (1.32)	2.41	-43.80	<.001	1.31	[2.30, 2.52]
Overall Happiness	6.48 (1.92)	8.82 (1.25)	2.34	-43.79	<.001	1.31	[2.24, 2.45]

Note: Mdiff = Mean Difference (Post-Training - Pre-Training). t-values (df = 1,122). 95% CI = 95% Confidence Interval for the Mean Difference. $d_z = \frac{t}{\sqrt{N}}$ *(Effect size for dependent means.*

Physical Well-being

In the dimension of Physical Well-being, participants reported significantly improved scores on Sleep Quality (Mdiff = 2.77, 95% CI [2.63, 2.91], t(1122) = 38.97, p < .001, d = 1.16) and a significant reduction in the 'Impact of Chronic Conditions' (Mdiff = -2.43, 95% CI [-2.61, -2.25], t(1122) = -26.25, p < .001, d = 0.78), suggesting better symptom management.

Qualitative interviews elaborated these findings. Participants reported, "*I used to have stress-induced insomnia... now I sleep very comfortably,*" and "*As my mind became calmer, I felt my body responding better.*" Another stated, "*My doctor praised how much my blood pressure has improved.*"

Mental Well-being

All measures within the Mental Well-being dimension demonstrated statistically significant improvements, with large effect sizes. Participants reported a substantial increase in Stress Reduction (Mdiff = 2.77, 95% CI [2.61, 2.93], t(1122) = 34.16, p < .001, d = 1.02). Even greater effects were observed for Gentle Mind, which improved by 2.72 points (95% CI [2.61, 2.83], t(1122) = 49.13, p < .001, d = 1.47). Compassion (Metta) also increased significantly (Mdiff = 2.42, 95% CI [2.31, 2.53], t(1122) = 43.62, p < .001, d = 1.30). Notably, Compassion achieved the highest post-training mean score in this dimension (M = 9.09), and its reduced standard deviation (from 1.95 to 1.25) indicates a convergence toward consistently high levels of compassion among participants following the intervention.

Qualitative data illustrated these transformations. One participant stated, "*I used to take anti-anxiety medication regularly... After the meditation course, I haven't touched it.*" Another reflected, "*People around me might not have changed, but I see them in a better light.*"

Intellectual Well-being

The selected Intellectual Well-being dimension demonstrated the strongest effects observed in this study. The most substantial change was in Mindfulness (Mdiff = 3.09, 95% CI [2.98, 3.20], t(1122) = 55.34, p < .001, d = 1.65), aligning with the MIC program's emphasis on present-moment awareness. Pronounced improvements followed this in Careful Work (Mdiff = 2.71, 95% CI [2.60, 2.82], t(1122) = 50.04, p < .001, d = 1.49), Reasoning (Mdiff = 2.54, 95% CI [2.43, 2.65], t(1122) = 46.53, p < .001, d = 1.39), Concentration (Mdiff = 2.55, 95% CI [2.44, 2.66], t(1122) = 46.22, p < .001, d = 1.38), and Wisdom/Intelligence (Mdiff = 2.49, 95% CI [2.38, 2.60], t(1122) = 45.48, p < .001, d = 1.36). Consistent reductions in standard deviations across all variables indicate reliable positive effects across diverse participants.

Participants reported, "*I am more aware of my thoughts. When a negative thought arises, I can catch it and manage to let it go,*" and "*My mind is clearer now. I can focus without getting distracted.*"

Social Well-being

Significant improvements were observed across all measures of Social Well-being, with large effect sizes. Forgiveness showed the most substantial improvement (Mdiff = 2.86, 95% CI [2.75, 2.97], t(1122) = 49.91, p < .001, d = 1.49), followed by Good Relationships (Mdiff = 2.73, 95% CI [2.62, 2.84], t(1122) = 48.89, p < .001, d = 1.46) and Responsibility (Mdiff = 2.19, 95% CI [2.09, 2.30], t(1122) = 40.94, p < .001, d = 1.22). Notably, Responsibility achieved the second-highest post-training mean score across all dimensions (M = 8.98), second only to Compassion (M = 9.09), suggesting that the program effectively cultivated prosocial qualities that enhance community cohesion.

Participants shared, "*My relationship with my family has improved. With increased mind power, I'm more patient and understanding,*" and "*I can forgive more easily. I realize that holding onto anger only hurts myself.*"

Subjective Happiness

Participants' Subjective Happiness increased significantly following the intervention. Life Satisfaction improved substantially (Mdiff = 2.41, 95% CI [2.30, 2.52], t(1122) = 43.80, p < .001, d = 1.31), with post-training scores reaching a mean = 8.80. Similarly, Overall Happiness increased by 2.34 points (Mdiff = 2.34, 95% CI [2.24, 2.45], t(1122) = 43.79, p < .001, d = 1.31), reaching a mean = 8.82. The nearly identical t-values and effect sizes for these two constructs suggest that improvements in life satisfaction and overall happiness were equally great. Moreover, reductions in standard deviation for both variables (Life Satisfaction: 1.95 to

1.32; Overall Happiness: 1.92 to 1.25) indicate a convergence toward consistently high levels of subjective happiness among participants following the intervention.

Participants described, "*I feel a kind of happiness that is subtle and deep. It's not excitement, but a deep sense of peace,*" and *"I've found happiness that comes from within and doesn't depend on external circumstances.*"

Discussion and Conclusion

This study provides preliminary mixed-methods evidence suggesting an association between participation in the MIC program and self-reported improvements in holistic well-being and subjective happiness, aligning with extensive research demonstrating meditation's benefits for mental and physical health (Goyal et al., 2014; Hölzel et al., 2011; Tang et al., 2015). The unique contribution lies in investigating a large-scale, area-based meditation outreach program rooted in Thai Buddhist tradition, using a holistic four-dimensional well-being model to provide empirical validation for a program that has trained over 100,000 individuals. A notable distinction of this study is the MIC program's extended 6-month duration with sustained regular practice, compared to western interventions like MBSR and MBCT, which typically span 8 weeks (approximately 26 contact hours) (Carmody & Baer, 2009). This allows substantially greater accumulated practice hours critical for clinically meaningful changes, as meditation benefits accrue dose-dependently with longer-term practice producing more pronounced neural and psychological changes (Bowles et al., 2022; Kral et al., 2018).

Physical well-being improvements, particularly in sleep quality and alleviation of chronic disease symptoms, underscore the powerful mind-body connection. By calming the nervous system and reducing stress, meditation appears to facilitate the body's natural healing processes, a finding consistent with research on psychoneuroimmunology (Black, 2002) and the effects of mindfulness-based interventions on cardiovascular health (Lundgren et al., 2022; Momeni et al., 2016). Recent meta-analytic evidence further supports the positive effects of mindfulness meditation on sleep quality (Rusch et al., 2019), which is a critical component of physical well-being.

Mental well-being impacts - including stress reduction and the cultivation of compassion and equanimity - represent the cornerstone of the program's success. The MIC program teaches practitioners to observe their thoughts and emotions without attachment, a core principle of mindfulness known to decondition maladaptive emotional responses (Hölzel et al., 2011). The exceptionally high scores in forgiveness and compassion, particularly the post-training mean of 9.09 for compassion (the highest across all variables), suggest that the practice not only reduces negative affect but actively cultivates positive, pro-social emotions that are key components of flourishing (Fredrickson, 2001; Mohajeri et al., 2023). This emphasis on compassion development distinguishes the MIC program from some secular mindfulness interventions, which focus on stress reduction and reflect its Buddhist philosophical foundations.

Enhancements in intellectual well-being, characterized by increased mindfulness, concentration, and wisdom, reflect the cognitive benefits of meditation. The practice trains the brain's attention networks, thereby improving executive function and cognitive flexibility (Jha et al., 2007). These findings are supported by neuroimaging evidence showing that meditation induces structural and functional changes in brain regions associated with attention, emotion regulation, and self-awareness (Marchand, 2014). The finding that mindfulness had the largest effect size (t = -55.34) aligns with the program's core focus on cultivating present-moment awareness through Samma Samadhi practice. This heightened awareness and mental clarity reflect improvements in attentional performance and cognitive flexibility, which are positively related to meditation practice and levels of mindfulness (Moore & Malinowski, 2009).

Social well-being improvements highlight the interpersonal benefits of what is fundamentally an intrapersonal practice. As participants developed stronger mental clarity, inner peace, and self-compassion, they became more patient and understanding, which helped them establish harmonious, forgiving relationships with others. The cultivation of compassion and loving-kindness through the MIC program may explain improvements in social well-being, as meditation practices have been shown to enhance empathy, compassion, and prosocial behaviors

Ijbmc.org
E-ISSN: 2345-5802

(Luberto et al., 2018). This supports the idea that individual transformation can be a catalyst for creating healthier and more harmonious social environments, extending benefits beyond the individual to families and communities.

The mixed-methods design allowed for a rich, multi-faceted understanding of the program's effects. The quantitative data provided clear evidence of the magnitude of change, while the qualitative data gave voice to lived experiences, revealing the mechanisms and personal significance behind the numbers. The large sample size (n = 1,123), acceptable instrument validity (IOC = 0.907), and good internal consistency (Cronbach's α = 0.89) support the reliability of the findings.

The findings have important implications for healthcare's paradigm shift toward more integrative body-mind-culture models. The MIC program exemplifies how traditional contemplative practices, when systematically structured and delivered at scale, can serve as powerful tools for health promotion and disease prevention. The program's emphasis on self-cultivation and inner transformation aligns with humanistic values of patient autonomy, self-efficacy, and holistic care. Mindfulness-based interventions have been shown to enhance self-efficacy and quality of life in clinical populations significantly (Kadhim et al., 2022). By empowering individuals to take an active role in their own well-being through meditation, the program challenges the passive, medicalized model of health. It offers an alternative that is both cost-effective and culturally resonant.

Furthermore, the cross-cultural applicability of the findings is noteworthy. While the MIC program is rooted in Thai Buddhist traditions, the core principles of mindfulness, concentration, and compassion are universal and have been successfully adapted in secular contexts worldwide (Kabat-Zinn, 2003). This suggests that similar local programs could be developed and implemented in diverse cultural settings, contributing to efforts to promote mental health and well-being.

Several significant limitations may be found in this study. First, the single-group, pre-post assessment design without a control or comparison group represents a fundamental threat to internal validity. It is not possible to definitively attribute the observed changes solely to the meditation intervention, as confounding factors such as the passage of time, regression to the mean, expectancy effects, or concurrent life events could influence them. Second, the sample consisted of self-selected volunteers who completed the entire six-month program, introducing survivorship and selection biases; these individuals may be more motivated or predisposed to positive outcomes than the general population or those who discontinued participation.

Third, a major limitation of this study is the use of ad hoc, single-item measures for key constructs (e.g., stress reduction, compassion, reasoning, careful work, overall happiness), each rated on a 10-point scale. While the overall questionnaire demonstrated good internal consistency (Cronbach's α = 0.89), single-item measures cannot assess construct-level reliability and validity. Key psychometric properties, including test-retest reliability, factor structure, and measurement invariance across different groups (e.g., age, sex, branch), were not assessed. Additionally, single-item measures may not capture the multidimensional nature of complex constructs such as well-being and happiness as comprehensively as validated multi-item scales.

Fourth, the statistical analysis did not adjust for multiple comparisons (increasing the risk of Type I errors), nor did it account for potential clustering effects by branch or handle missing data through advanced methods such as multiple imputation.

Future research is essential to address these limitations. Rigorous studies should employ randomized controlled trial (RCT) or quasi-experimental designs with active comparison groups, utilize validated multi-item psychometric scales such as the Perceived Stress Scale (PSS), Self-Compassion Scale (SCS), Mindful Attention Awareness Scale (MAAS), Five Facet Mindfulness Questionnaire (FFMQ), or established happiness scales such as the Subjective Happiness Scale (SHS) or Satisfaction with Life Scale (SWLS), incorporate objective physiological and behavioral measures (e.g., cortisol levels, heart rate variability, electroencephalography, validated compassion scales), and systematically track practice dose and adherence.

Conclusion

In conclusion, this observational study found a positive association between participation in the Willpower Institute's Meditation Instructor Course and retrospective self-reported improvements in physical, mental, intellectual, and social dimensions of well-being,

Ijbmc.org
E-ISSN: 2345-5802

as well as subjective happiness. Given the single-group, retrospective pre–post design and reliance on self-reported data, these findings should be interpreted as preliminary and exploratory, and not as evidence of causal effects.

Conflict of Interest

The authors declare that they have no financial conflict of interest. It should be noted that the research was conducted on a program run by the Willpower Institute, and the authors have an affiliation with the institute as graduates of the program. To ensure objectivity, data access and analysis were conducted independently of the program's administrative staff.

Acknowledgments

The authors express their gratitude and appreciation to all participants.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study included the fact that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contribute to this study.

References

Binda, D. D., Greco, C. M., & Morone, N. E. (2022). What are adverse events in mindfulness meditation? *Global advances in health and medicine*, *11*, 2164957X221096640. https://doi.org/10.1177/2164957X221096640

Black, D. S., O'Reilly, G. A., Olmstead, R., Breen, E. C., & Irwin, M. R. (2015). Mindfulness meditation and improvement in sleep quality and daytime impairment among older adults with sleep disturbances: a randomized clinical trial. *JAMA internal medicine*, *175*(4), 494-501. https://doi.org/10.1001/jamainternmed.2014.8081

Black, P. H. (2002). Stress and the inflammatory response: a review of neurogenic inflammation. *Brain, behavior, and immunity*, *16*(6), 622-653. https://doi.org/10.1016/S0889-1591(02)00021-1

Bowles, N. I., Davies, J. N., & Van Dam, N. T. (2022). Dose–response relationship of reported lifetime meditation practice with mental health and wellbeing: A cross-sectional study. *Mindfulness*, *13*(10), 2529-2546. https://doi.org/10.1007/s12671-022-01977-6

Carmody, J., & Baer, R. A. (2009). How long does a mindfulness-based stress reduction program need to be? A review of class contact hours and effect sizes for psychological distress. *Journal of Clinical Psychology*, *65*(6), 627-638. https://doi.org/10.1002/jclp.20555

Fan, D. (2017). Holistic integrative medicine: toward a new era of medical advancement. *Frontiers of medicine*, *11*(1), 152-159. https://doi.org/10.1007/s11684-017-0499-6

Farias, M., & Wikholm, C. (2016). Has the science of mindfulness lost its mind? *BJPsych bulletin*, *40*(6), 329-332. https://doi.org/10.1192/pb.bp.116.053686

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American psychologist*, *56*(3), 218. https://doi.org/10.1037/0003-066X.56.3.218

Goyal, M., Singh, S., Sibinga, E. M., Gould, N. F., Rowland-Seymour, A., Sharma, R., Berger, Z., Sleicher, D., Maron, D. D., & Shihab, H. M. (2014). Meditation programs for psychological stress and well-being: a systematic review and meta-analysis. *JAMA internal medicine*, *174*(3), 357-368. https://doi.org/10.1001/jamainternmed.2013.13018

Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on psychological science*, *6*(6), 537-559. https://doi.org/10.1177/1745691611419671

Jamil, A., Gutlapalli, S. D., Ali, M., Oble, M. J., Sonia, S. N., George, S., Shahi, S. R., Ali, Z., Abaza, A., & Mohammed, L. (2023). Meditation and its mental and physical health benefits in 2023. *Cureus*, *15*(6). https://doi.org/10.7759/cureus.40650

Jha, A. P., Krompinger, J., & Baime, M. J. (2007). Mindfulness training modifies subsystems of attention. *Cognitive, Affective, & Behavioral Neuroscience*, *7*(2), 109-119. https://doi.org/10.3758/CABN.7.2.109

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. https://doi.org/10.1093/clipsy.bpg016

Kadhim, Q. K., Al-Healy, N. H., Al-Maeeni, M. K. A., Sabri, S. K., & Adhab, A. H. (2022). The Efficacy of Positive Group Psychotherapy on Self-Differentiation of Patients with Prostate Cancer. *International Journal of Body, Mind & Culture (2345-5802)*, *9*. 10.22122/ijbmc.v9isp.427

Kral, T. R., Schuyler, B. S., Mumford, J. A., Rosenkranz, M. A., Lutz, A., & Davidson, R. J. (2018). Impact of short-and long-term mindfulness meditation training on amygdala reactivity

to emotional stimuli. *Neuroimage*, *181*, 301-313. https://doi.org/10.1016/j.neuroimage.2018.07.013

Luberto, C. M., Shinday, N., Song, R., Philpotts, L. L., Park, E. R., Fricchione, G. L., & Yeh, G. Y. (2018). A systematic review and meta-analysis of the effects of meditation on empathy, compassion, and prosocial behaviors. *Mindfulness*, *9*(3), 708-724. https://doi.org/10.1007/s12671-017-0841-8

Lundgren, O., Garvin, P., Nilsson, L., Tornerefelt, V., Andersson, G., Kristenson, M., & Jonasson, L. (2022). Mindfulness-based stress reduction for coronary artery disease patients: potential improvements in mastery and depressive symptoms. *Journal of clinical psychology in medical settings*, *29*(3), 489-497. https://doi.org/10.1007/s10880-021-09822-z

Maizes, V., Rakel, D., & Niemiec, C. (2009). Integrative medicine and patient-centered care. *Explore*, *5*(5), 277-289. https://doi.org/10.1016/j.explore.2009.06.008

Marchand, W. R. (2014). Neural mechanisms of mindfulness and meditation: Evidence from neuroimaging studies. *World journal of radiology*, *6*(7), 471. https://doi.org/10.4329/wjr.v6.i7.471

Matko, K., & Van Dam, N. T. (2025). Beyond serenity: Adverse effects of meditation and mindfulness in clinical practice. *Current Opinion in Psychology*, 102197. https://doi.org/10.1016/j.copsyc.2025.102197

Mohajeri, M., Alfooneh, A., & Karbasi, A. (2023). Investigating the Differences between the Components of Meta-Emotions and Mindfulness in Depressed and Normal People. *International Journal of Body, Mind & Culture (2345-5802)*, *10*(2). 10.22122/ijbmc.v10i2.497

Momeni, J., Omidi, A., Raygan, F., & Akbari, H. (2016). The effects of mindfulness-based stress reduction on cardiac patients' blood pressure, perceived stress, and anger: a single-blind randomized controlled trial. *Journal of the American Society of Hypertension*, *10*(10), 763-771. https://doi.org/10.1016/j.jash.2016.07.007

Moore, A., & Malinowski, P. (2009). Meditation, mindfulness, and cognitive flexibility. *Consciousness and cognition*, *18*(1), 176-186. https://doi.org/10.1016/j.concog.2008.12.008

Rusch, H. L., Rosario, M., Levison, L. M., Olivera, A., Livingston, W. S., Wu, T., & Gill, J. M. (2019). The effect of mindfulness meditation on sleep quality: a systematic review and meta-analysis of randomized controlled trials. *Annals of the New York Academy of Sciences*, *1445*(1), 5-16. https://doi.org/10.1111/nyas.13996

Tang, Y.-Y., Hölzel, B. K., & Posner, M. I. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience*, *16*(4), 213-225. https://doi.org/10.1038/nrn3916