

Research Paper

Impact of a Digital Spiritual Process on Mental Well-being

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ABSTRACT

Background: The current definition of mental health per the World Health Organization (WHO) encompasses an individual's emotional well-being and sense of interconnectedness with others. The Covid-19 pandemic led to an unprecedented burden of psychological distress primarily due to emotional stress and social isolation. The objective of this study was to evaluate the feasibility and effect of a digital spiritual process known as Maitri ShaktiPravaah, which has shown promising results in a prior pilot study, on a subject's mental well-being. **Methods:** In this prospective cohort study, eligible participants attended the digital program via Zoom platform. During the program, a pre-process Warwick-Edinburgh Mental Well-being Scale (WEMWBS) survey instrument was administered and the responses were collected anonymously. The participants then underwent the digital spiritual process called 'Maitri ShaktiPravaah'. After 21 days, a post process WEMWBS Scale was re-administered anonymously to the same participants via the same zoom online program format. The pre-process and post-process scores for each statement on the WEMWBS Scale was compared. **Results:** A total of 420 participants enrolled and completed the study. A statistically significant positive difference was noted in the participant's energy levels. An improved self-confidence was appreciated in females, and an overall augmented sense of feeling loved and deeper awareness of kinship was present in majority of the participants after the process. **Conclusion:** Maitri ShaktiPravaah, an online spiritual process showed a positive impact on the participant's mental state thus paving way to further research of similar online spiritual processes which can engage mass audiences on a digital platform.

Keywords: Digital Spiritual Process, Mental Well-being

Mental health has been defined by the World Health Organization in 2014 as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (1) This definition of mental well-

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being has been evolving to encompass emotional regulation, empathy and the sense of interconnectedness to include social integration and coherence (2).

The Covid-19 pandemic has led to an unprecedented burden of mental health challenges and growing psychological distress across the globe primarily due to growing emotional stressors and social isolation (3-7). During the pandemic, a pooled prevalence study from thirty-two countries globally with a total of 398,771 participants noted that global prevalence was 28.0% for depression, 26.9% for anxiety, 24.1% for post-traumatic stress symptoms, 36.5% for stress related symptoms, 50.0% for psychological distress and 27.6% for sleep problems (8). Mental health impact is highest in developing countries like India that had countrywide lockdown measures to contain the spread of disease (9).

Subsequently, the use of digital platforms has grown during the pandemic. Video-conferencing services like the Zoom platform had over ten times increase in usage since the start of the pandemic (10). Digital platforms have become a tool to maintain connectedness and interaction. There has been a substantial rise in the use of meditation applications and mental health support tools available digitally. Various modalities of complementary alternative therapies and healing modalities have also been increasingly utilized to alleviate stress (11).

In this study, we introduce a spiritual process called *Maitri ShaktiPravaah*, digitally. It is a guided relaxing process which consists of well-established meditative practices, including breath awareness for five minutes followed by chanting or listening to the vibratory sound 'Aum' for five minutes during which the participant is also asked to focus on a center-point between their eyebrows. Breath awareness is a foundation of several meditation techniques such as Mindfulness based intervention (MBI) and loving kindness meditation. Breath awareness and 'Aum' chanting has shown to benefit practitioners especially in coping with stress or generalized anxiety (12-14). These two meditative steps are followed by a brief viewing of a positive energized image of love and peace known as 'Divine Light' for one minute, which assists the participant to connect with the positive energy within themselves. The process concludes with participant laying down for fifteen minutes in meditative silence with their focus in the center point of their chest (known as the 'Heart center'). Previously, a pilot study of *Maitri ShaktiPravaah* conducted in-person showed promising results including increased perfusion in the prefrontal cortex on Brain SPECT Scans, enhanced connectivity in the 'precuneus' area of default mode network on resting state functional MRI, which supported improved emotional regulation in participants and neuropsychological tests showed better decision-making capability, sharper mental faculties and a positive, more joyful state of being in those who received *Maitri ShaktiPravaah* (15).

The objective of this study was to evaluate the feasibility of digital administration and the effect of *Maitri ShaktiPravaah* process on a subject's mental health state and to determine differences based on demographics such as age, gender and education levels.

MATERIALS & METHODS

Study Design

This is a prospective cohort study conducted by a team from P. D. Hinduja National Hospital & Medical Research Centre, India. Institutional Review Body (IRB) approval was obtained. The study was conducted between August 15th, 2021 to January 5th, 2022.

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Eligibility criteria

Our aim was to recruit novice participants with minimal to no experience of meditation. We excluded participants participating in regular spiritual practices (such as meditation of any kind, chanting, breath watch meditation, religious rituals, healing modalities or—energy transfer processes) for equal to or more than 2 months. We excluded participants less than 18 years and pregnant females. Given this study was conducted during the pandemic, we also excluded acutely ill covid positive patients defined as ‘any patient with SARS-CoV-2 related symptoms and a SARS-CoV-2 positive virologic test result’.

The *Warwick-Edinburgh Mental Well-being Scale* (WEMWBS Scale) [Fig. 1] is a validated tool that was selected for pre-process and post-process survey of the participants. The scale measures the mental health of a population, with specific focus on positive mental health attributes (16). The scale consisted of 14 items. Each item was coded from 1 “strongly disagree” to 5 “strongly agree”. WEMWBS scale demonstrated a good internal consistency in population samples with a Cronbach's alpha equal to 0.91 (17).

Outcomes

The primary outcome was participant's scores on the *WEMWBS Scale* before and after the online spiritual process. The secondary outcome was differences in response based on demographics such as age, gender, and education level.

Study participants

Participants were recruited through digital announcements made over social media platforms including Facebook and WhatsApp groups. The identity of the participants was kept anonymous through the course of the study. A digital registration and informed consent form were created via a Google form platform. Eligibility criteria was screened in the registration form. All eligible participants completed the registration and digital consent form. Demographic data and a correspondence email address were collected in this digital registration form. The data obtained from the participants was stored in a secure drive by the study coordinator. A computer-generated code was linked to the participant's email address and given to the participant as an identifier. This participant code was used to track participant responses before and after the session.

Digital Maitri ShaktiPravaah process

The digital spiritual process was administered via the Zoom networking platform. Participants were provided the Zoom login weblink via a secure email to the email addresses they provided in the registration form. Once participants logged into the zoom platform using their aforementioned email, they were renamed to their participant code by a technical support team. All participants were requested to keep their cameras on to ensure participation during the entirety of the session. A pre-process WEMWBS Scale was administered by a trained conductor through a zoom poll system. The responses collected were stored in a Microsoft excel document by the study coordinator in a secure drive. Following the completion of the pre-process scoring, a trained conductor held a brief online webinar explaining the detailed benefits and the posture to be maintained during the *Maitri ShaktiPravaah* process. Every participant was requested to sit in a relaxed posture with their eyes closed. The prerecorded digital *Maitri ShaktiPravaah* process started with a guided voice that initially instructed the subjects to watch their breath for five minutes followed by listening to the vibrational sound ‘AUM’, then participants were asked to open their eyes for one minute and view the screen where they were made to watch a still energized image of love and positivity (*Divine Light*) displayed on the screen. They were then made to close

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their eyes and bring their awareness to the center of their chest (heart center) and focus on the feeling of peace and calm. The duration of the entire digital process was thirty minutes. The participants were requested to do a daily practice for twenty minutes where they would close their eyes, relax their body, and recall the peaceful feeling they experienced during the session. This practice was suggested to be done for twenty-one days.

Twenty-one days (3 weeks) after the initial session, the post process survey WEMWBS Scale was administered to the participants to be completed in a zoom online session under observation. Participants were sent an email reminder and upon joining the online zoom session, they were made to complete the WEMWBS Scale via a zoom poll system, similar to prior. Participants who did not complete the forms were excluded from the study.

Statistics

Qualitative variables were represented using frequency and percentages and quantitative variables represented as mean \pm standard deviation (SD). We performed a Wilcoxon signed rank test to compare the median scores between the pre and post process score. Chi Square was used to see whether there is an association between age, gender, and progress post process. Statistical Analysis was done using Medcalc 19.6. Results were considered statistically significant when p value ≤ 0.05 .

RESULTS

A total of 505 participants enrolled in the study. 85 participants (16%) dropped out. This 'dropped out' cohort included those who were unable to complete the pre-process survey or online spiritual process due to disconnection from the Zoom platform during the session, those who had poor internet connectivity or audio-video malfunction and those that did not complete the post-process online survey. The participants that dropped out were not included in the final analysis and an intention to treat analysis was not performed. 420 participants (83% of the initial cohort) completed the entire study.

Demographic data

The baseline demographic characteristics of the group are depicted in **Table 1**. Of 420 participants, 271 (64%) were females. 306 (72.9%) participants were in the age group of 18 years to 30 years of age, followed by 59 (14%) were in the 31-40 years age ground and 55 (13%) were more than 40 years old. The education status of participants was not a mandatory field and therefore 149 participants completed this field of which 133 (89.30%) had completed higher than grade 10 level and 16 (10.70%) had completed grade 10 or below grade 10 level. There was no significant change noted in the survey scores based on the education status of the participants.

Table 1. Demographic characteristics of the group and total responses in each category.

Age	Total Responses 420	Percentage of total responses
>40 years	55	13.10%
18-30 years	306	72.90%
30-40 years	59	14%
Gender	Total Responses 420	Percentage of total responses
Female	271	64.5%
Male	149	35.5%
Highest education level	Total Responses 149	Percentage of total responses
Grade 10 or lower	16	10.70%
Higher than Grade 10	133	89.30%

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The post-process WEMWBS scale mean and median scores when compared to pre-process scores ($p < 0.0001$) are seen in **Table 2**.

Table 2. The total range, mean, and median WEMWBS Scale Scores of participants before and after the spiritual process

	N= total participants	WEMWBS Scale			Wilcoxon Sign Rank test
		Range of the scores	Mean of the scores	Median of the scores	
Pre-process	420	16-68	49.8 ± 9.23	51 (45-46)	P < 0.0001
Post process	420	29-70	52.87 ± 8.91	53 (47-59)	

The statements of the *Warwick-Edinburgh Mental Well-being Scale* are seen in **figure 1**. Majority of the statements that showed a positive change were related to the participant's affect and relatedness as seen in **Figure 1**.

On comparing the pre-process and post-process scores for each statement, a statistically significant positive difference was noted in responses to statements 2, 3, 4, 8, 9, 10, 11, 13, 14 ($p < 0.0001$) on the *Warwick-Edinburgh Mental Well-being Scale* seen in **Table 3**.

Table 3. The range, mean, and median WEMWBS Scale Scores of participants before and after the spiritual process for each statement.

	Statements of Warwick-Edinburgh Mental Well-being Scale		N	Range of scale score	Mean ± SD	Median (IQR)	Wilcoxon Sign rank test (p value)
1	I've been feeling optimistic about the future	Pre	420	1-5	3.72 ± 1.08	4 (3 - 5)	0.0888
		Post	420	1-5	3.83 ± 0.99	4 (3 - 5)	
2	I've been feeling useful	Pre	420	1-5	3.81 ± 1.09	4 (3 - 5)	0.0421
		Post	420	1-5	3.95 ± 0.97	4 (3 - 5)	
3	I've been feeling relaxed	Pre	420	1-5	3.03 ± 1.07	3 (2 - 4)	< 0.0001
		Post	420	1-5	3.52 ± 0.90	3 (3 - 4)	
4	I've been feeling interested in other people	Pre	420	1-5	3.12 ± 1.12	3 (2 - 4)	< 0.0001
		Post	420	1-5	3.41 ± 1.03	3 (3 - 4)	
5	I've had energy to spare	Pre	420	1-5	3.59 ± 1.15	4 (3 - 5)	0.1944
		Post	420	1-5	3.69 ± 0.97	4 (3-4)	
6	I've been dealing with problems well	Pre	420	1-5	3.88 ± 1.02	4 (3 - 5)	0.3899
		Post	420	1-5	3.93 ± 0.91	4 (3 - 5)	
7	I've been thinking clearly	Pre	420	1-5	3.73 ± 1.06	4 (3 - 5)	0.2267
		Post	420	1-5	3.81 ± 0.96	4 (3 - 5)	
8	I've been feeling good about myself	Pre	420	1-5	3.78 ± 1.06	4 (3 - 5)	< 0.0046
		Post	420	1-5	3.97 ± 0.97	4 (3 - 5)	
9	I've been feeling close to other people	Pre	420	1-5	3.14 ± 1.15	3 (2 - 4)	< 0.0001
		Post	420	1-5	3.49 ± 0.97	3 (3 - 4)	
10	I've been feeling confident	Pre	420	1-5	3.69 ± 1.07	4 (3 - 5)	< 0.0115
		Post	420	1-5	3.85 ± 0.96	4 (3 - 5)	
11	I've been able to make my own mind about things	Pre	420	1-5	3.42 ± 1.05	3 (3 - 4)	< 0.0001
		Post	420	1-5	3.83 ± 0.92	4 (3 - 5)	
12	I've been feeling	Pre	420	1-5	3.42 ± 1.14	3 (3 - 4)	< 0.0001

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	loved	Post	420	1-5	3.69 ± 0.99	4 (3-4)	
13	I've been interested in new things	Pre	420	1-5	3.87 ± 1.04	4 (3 - 5)	<0.0093
		Post	420	1-5	4.01 ± 0.91	4 (3 - 5)	
14	I've been feeling cheerful	Pre	420	1-5	3.61 ± 1.08	4 (3-4)	< 0.0001
		Post	420	1-5	3.89 ± 0.95	4 (3 - 5)	

Age group differences

There is a statistically significant association between scores and age in the statement 5 “I’ve had energy to spare” and statement 10 “I have been feeling confident”. Majority (54.2%) in the age group of 30-40 years showed progress in terms of score for statement 5, when compared to the participants in the other age groups as depicted in **Table 4**.

Table 4. The number (n) and percentage of participants and their progress in terms of score for statement 5, compared before and after the spiritual process in association with stratified age groups. Neutral stands for no change in score.

Age Grouped	Statement 5. “I’ve had energy to spare”			Total
	Neutral (n)	No Progress (n)	Progress (n)	
>40 years	20	9	26	55 (13.1%)
	36.40%	16.40%	47.30%	
18-30 years	96	108	102	306 (72.9%)
	31.40%	35.30%	33.30%	
30-40 years	11	16	32	59 (14.0%)
	18.60%	27.10%	54.20%	
Total	127	133	160	420

In the age group > 40 years, 28 participants (50.90%) showed an improvement in confidence levels (p 0.0189, p<0.05) as depicted in **Table 5**

Table 5. The number (n) and percentage of participants and their progress in terms of score for statement 10, compared before and after the spiritual process in association with stratified age groups. Neutral stands for no change in score.

Age Grouped	Statement 10. “I’ve been feeling confident”			Total
	Neutral	No Progress	Progress	
>40 years	20	7	28	55 (13.1%)
	36.40%	12.70%	50.90%	
18-30 years	118	92	96	306 (72.9%)
	38.60%	30.10%	31.40%	
30-40 years	24	12	23	59 (14.0%)
	40.70%	20.30%	39.00%	
	162	111	147	420
Chi Square test (p value)	P = 0.0189			

Gender differences

We noted an association between gender and the response to statement 2 “I’ve been feeling useful”, where post process survey scoring was higher and statistically significant in 104 females (38.4%) compared to 34 males (34.9%) showing no progress and 62 males were neutral (41.65%); (p 0.0494, p<0.05) as depicted in **Table 6**.

Table 6. The number (n) and percentage of participants and their progress in terms of score for statement 2, compared before and after the process in association with stratified gender. Neutral stands for no change in score.

Gender	Statement 2. I've been feeling useful			Total
	Neutral	No Progress	Progress	
Female	82	85	104	271 (64.5%)
	30.3%	31.4%	38.4%	
Male	62	35	52	149 (35.5%)
	41.6%	23.5%	34.9%	
Total	144	120	156	420
Significance level	P = 0.0494			

DISCUSSION

Mental Health illnesses have been a growing challenge for decades and there is mounting evidence to support the positive association between the spiritual well-being of an individual and their resilient emotional state (18). In the annual report of global disease burden, it was noted that the proportion of the world's mental health disease burden continues to increase with no evidence of reduction since 1990. The Covid-19 pandemic caused social isolation leading to significant adverse health consequences, primarily a staggering increase in mental health illness (19).

In this online research process, we met the objective of assessing the positive effect of *Maitri ShaktiPravaah* on emotional wellbeing wherein we noted that most participants showed a progressive change in the WEMWBS Scale post process and we were able to determine the significant difference based on participant's demographics

Majority of the participants were in the '18 years to 30 years' age group, which can be explained by their ability to engage and participate in digital platforms more effectively than an elderly cohort. We also noted that there was a statistically significant difference in the response change by participants in the age of 30-40 years in statement 5 "I've had energy to spare". This is a positive shift indicating an improvement in energy level in the middle-aged group who struggled with social isolation and amotivation during the pandemic in India (9).

With regard to test scoring differences based on gender, we noted that females had a significant improvement in statement 2, "I have been feeling useful". This is directly linked to self-esteem and hence this was a pertinent positive change noted. This may well have an important bearing as previous studies have shown that females experienced more peri-traumatic stress compared to the male gender during the pandemic and reported more depressive symptoms than men (9).

There was a significant statistical difference in responses to statements 4, 9 and 12, which were: "I've been feeling interested in other people", "I've been feeling close to other people" and "I've been feeling loved" respectively. These denote that the participant's sense of feeling valued and loved was strengthened, and the feeling of empathy increased after the process. This finding was also observed in the pilot study investigating of *Maitri ShaktiPravaah* process conducted in person. It was noted that the resting state functional magnetic resonance imaging showed increased connections of the left precuneus (in the posterior cingulate cortex area of default mode network). The role of the left precuneus within the default mode network is strongly associated with self-awareness, meta-awareness,

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and empathy which contribute towards harmonious social interactions (15). The finding goes to support the overall improved quality of mental health of the participants that attended and completed the process as it represents better emotional health and enriched sense of community.

Post-process responses to statement 3 “I’ve been feeling relaxed” and statement 14 “I’ve been feeling cheerful” supports emotional stability and the optimistic mood of the participant after the process, indicative of stronger mental resilience especially during the pandemic.

Although the study results are promising, the limitations in this study are the absence of a control group for comparison and the subjective scoring method. However, the reasonably large number of subjects and the presence of a strong correlation particularly in specific statements of the WEMWBS Scale make the test results valid. A second limitation is that we lack a long term follow up of these participants, which we hope to incorporate in future studies on of *Maitri ShaktiPravaah* process. Lastly, given that participants were aware about the potential outcome of the study, there is a potential subject bias that must be accounted for.

CONCLUSIONS

We can conclude that digital *Maitri ShaktiPravaah* spiritual process resulted in a positive impact on the participant’s overall mood, energy levels, and mental state. This study emphasizes the importance of the need for rigorous research of *Maitri ShaktiPravaah* and similar digital spiritual processes that can be made easily accessible to larger audiences to build emotional resilience and serve as a complementary intervention to support mental health. It is especially beneficial for individuals that are isolated or unable to access mental health services in remote locations. This study supports the feasibility of administering a digital spiritual process to support mental wellbeing of individuals.

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Data Availability

The raw data used to support the findings of this study are available from the corresponding author upon request.

Conflict of interest

The authors declare that there is no conflict of interest

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