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Research Paper

# From Moral Rigidity to Moral Clarity: Self-Righteousness Reduction and Valuable Transformation Through Walk-and-Talk Therapy in the Indian Himalayas

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## ABSTRACT

Self-righteousness, characterized by the belief that one's moral views are inherently superior, is a significant yet underexplored concept in psychotherapy outcome studies. Although therapy often addresses emotional distress, cognitive inflexibility, and low self-esteem, the moral-valuable aspect of psychological transformation—how individuals engage with their moral beliefs—remains largely unstudied. This research examined the effects of a walk-and-talk therapy intervention on self-righteousness in 699 young adults (350 before and 349 after the intervention; 507 males, 192 females; aged 20–39) in the Uttarakhand Himalayas. Self-righteousness was measured using a 7-item Likert scale ($\alpha$ = .89) that assessed moral absolutism, intolerance of ambiguity, and in-group moral favoritism. The findings showed a significant transition from moral rigidity to openness: pre-intervention M = 2.10 (SD = 0.52) compared to post-intervention M = 4.29 (SD = 0.45), Welch's $t(681) = 59.73$, $p < .001$, $d = 4.52$, $r_r^b = .976$. An ANCOVA, accounting for age and gender, confirmed this effect (partial $\eta^2 = .84$). Gender analysis showed no significant differences (Hedges' $g = 0.06$, $p = .49$). Mediation analysis revealed that the reduction in self-righteousness was partly mediated by emotional catharsis ($\beta = .29$) and self-aliveness ($\beta = .35$), indicating that emotional release and a sense of vitality contribute to moral flexibility. The construct's role within the broader therapeutic framework was explored through correlation ($\rho = .85$–$.90$ with other outcomes) and PCA (loading = .90 on PC1)—the lowest among four constructs, suggesting that while self-righteousness is part of the Therapeutic Growth Factor, it maintains some unique variance. The results are interpreted using Haidt's moral foundations theory, Kohlberg's moral development model, and Hindu-Buddhist concepts of vairāgya (dispassion) and viveka (discernment). The study discusses the implications for incorporating moral-valuable outcomes into psychotherapy research and practice.

***Keywords:*** *Self-Righteousness, Eco-Therapy, Walk-and-Talk therapy, Moral Rigidity, Moral Development, Valuable Transformation, Vairagya, Moral Foundation Theory*

## The Overlooked Ethical Aspect of Psychotherapy

Research in psychotherapy predominantly emphasizes reducing distress: lessening anxiety, easing depression, boosting self-esteem, and enhancing coping mechanisms. Although these

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results are vitally significant, they only capture a fraction of what therapy can—and arguably should—achieve. Human psychological functioning involves not just emotional regulation and cognitive clarity but also a moral-valuable aspect: how individuals engage with their own beliefs, handle moral disagreements, and how flexibly or rigidly they maintain their ethical commitments.

This ethical aspect is far from theoretical. Clinical observations consistently show that psychological distress often coincides with moral rigidity—the unyielding belief that one's moral viewpoint is exclusively correct and that those who disagree are not just wrong but morally flawed. This rigidity appears as an intolerance for ambiguity, favoritism towards one's moral group, diminished empathy for those outside this group, and a limited ability to understand different moral perspectives. In contrast, psychological development is often linked with moral softening—an enhanced ability to hold one's beliefs with humility, accept moral complexity, and acknowledge the validity of different moral frameworks without forsaking one's own.

Despite its clinical importance, this moral-valuable aspect of therapeutic change has been largely overlooked by outcome research. A thorough review of psychotherapy literature reveals no publicly available study that has evaluated self-righteousness as a primary outcome variable in any therapeutic intervention—whether conventional or nature-based. This study aims to fill this gap by exploring how Himalayan walk-and-talk therapy influences self-righteousness, the cognitive-emotional stance of viewing one's moral beliefs as inherently superior.

**Self-Righteousness as a Psychological Construct**

In this study, self-righteousness is defined not as a simple character trait but as a complex cognitive-emotional-motivational structure with several interacting components. Cognitively, it involves moral absolutism: the belief that moral questions have single correct answers and that one already knows them. Emotionally, it involves moral contempt: the tendency to feel disgust, anger, or superiority towards those with different moral views. Motivationally, it involves moral fortification: the strategic maintenance of moral certainty as a defense against the anxiety of moral ambiguity.

Psychometric research on self-righteousness is limited but indicative. (Skitka, 2005) showed that moral convictions predict behavior more strongly than attitudes alone, and that individuals with strong moral convictions are less willing to compromise or cooperate with those outside their moral group. (Haidt, 2012) argued that moral judgments are primarily intuitive rather than rational, driven by quick emotional evaluations that are later rationalized—suggesting that self-righteousness reflects not reasoned moral confidence but emotionally fortified moral defensiveness. (Graham, 2011) demonstrated that moral foundations differ across cultures and political orientations, indicating that what individuals consider “moral” is culturally constructed, making strict adherence to any single moral framework inherently narrow-minded.

**Why Nature-Based Therapy May Transform Moral Stance**

Various theoretical models suggest that being immersed in natural settings, especially awe-inspiring and culturally revered landscapes like the Himalayas, can decrease self-righteousness and encourage moral adaptability. Firstly, research on awe (Keltner D. &., Approaching awe, a moral, spiritual, and aesthetic emotion., 2003); (Piff, Awe, the small

self, and prosocial behavior., 2015) shows that experiencing vastness often leads to a "small self" phenomenon, where self-focus and self-importance are diminished, thereby fostering prosocial behavior, reducing feelings of entitlement, and improving perspective-taking. If self-righteousness is partly sustained by an inflated moral self-view, then awe should help diminish it.

Secondly, existential psychology (Foster, 1980); (Frankl, 1985) suggests that encounters with vastness, mortality, and the limitations of personal agency—common in high-altitude trekking—prompt a reassessment of one's fundamental beliefs, including moral ones. The existential anxiety triggered by mountain landscapes may unsettle moral certainty, paving the way for more flexible and humble moral engagement.

Thirdly, Indian philosophical traditions offer a culturally specific perspective. The Advaita Vedāntic ideas of vairāgya (detachment from rigid identification with one's mental contents) and viveka (discriminative wisdom distinguishing the essential from the non-essential) align with the kind of moral softening this study explores. In Buddhist psychology, the concept of upādāna (clinging), including clinging to views (diṭṭhupādāna), is seen as a root cause of suffering. Walking through the Himalayas, a landscape rich in these philosophical traditions, may activate culturally ingrained frameworks for letting go of moral clinging.

### *The Present Study*

This research investigates self-righteousness as a primary outcome variable in Himalayan walk-and-talk therapy, focusing on three research questions:

- **RQ1 (Magnitude of Change):** Does the intervention lead to a statistically and practically significant decrease in self-righteousness? This is examined using Welch's t-test, Mann–Whitney U, Cohen's d, and ANCOVA, controlling for age and gender.
- **RQ2 (Gender Invariance):** Does the change in self-righteousness vary by gender? This is explored through between-group comparisons, Hedges' g, and TOST equivalence testing.
- **RQ3 (Mechanistic Pathways):** What psychological processes contribute to changes in self-righteousness? This is analyzed through mediation analysis examining catharsis and self-aliveness as mediators, and through correlation and PCA to position self-righteousness within the broader therapeutic framework.

By focusing on self-righteousness as a central construct rather than a secondary outcome, this study breaks new ground in the empirical investigation of moral-valuable transformation in nature-based psychotherapy.

## METHOD

### *Participants*

The study involved 699 young adults who were evaluated either before (n = 350) or after (n = 349) participating in a structured walk-and-talk therapy program in the Uttarakhand Himalayas. The participants, aged between 20 and 39 years, included 507 males and 192 females at both assessment points. The intervention was a multi-day guided therapeutic trek that combined rhythmic walking with structured psychotherapeutic conversations, conducted along traditional trekking paths in the Garhwal and Kumaon Himalayan regions.

**Measure: Self-Righteousness Scale**

Self-righteousness was measured using a 7-item Likert scale (α = .89) specifically developed for this study, drawing on psychological literature related to moral conviction, moral absolutism, and in-group favoritism. The items addressed three aspects of the construct: (a) moral absolutism (belief in singular moral truths; 3 items), (b) intolerance of moral ambiguity (discomfort with moral uncertainty and complexity; 2 items), and (c) in-group moral favoritism (tendency to view one's own moral community as superior; 2 items). Responses were recorded on a 7-point scale (1 = strongly disagree to 7 = strongly agree). Higher scores indicated greater moral openness and flexibility, as the items were reverse-scored to align with the positive therapeutic direction. Therefore, the observed increase from pre to post reflects a shift from rigid self-righteousness to humble moral clarity.

**Additional Measures**

For mediation and correlation analyses, three additional constructs were evaluated: Emotional Catharsis (10-item ERQ adaptation, α = .91), Self-Aliveness (15-item MAAS adaptation, α = .93), and Cognitive Insight (7-item BCIS adaptation, α = .90). The Overall Index (α = .95) was calculated as the weighted composite of all four constructs.

**Analytic Strategy**

The analysis was conducted in four stages. Stage 1 (Primary Effect) assessed pre-post differences using Welch's t-test, Mann–Whitney U, effect sizes (Cohen's d, Hedges' g, rank-biserial correlation), and ANCOVA controlling for age and gender. Stage 2 (Gender Comparison) examined gender differences using independent-samples tests, equivalence testing (TOST with Δ = ±0.20 SD), and Gender × Time interaction in factorial ANOVA. Stage 3 (Mediation) investigated whether the Time → Self-Righteousness pathway was mediated by catharsis and self-aliveness using the (Baron, 1986) framework, supplemented by Sobel tests and bootstrapped indirect effects. Stage 4 (Architectural Position) placed self-righteousness within the broader multi-construct outcome structure through Pearson and Spearman correlations and PCA loading comparisons.

## RESULTS

**Stage 1: Primary Effect of the Intervention on Self-Righteousness**

***Table 1 Descriptive Statistics for Self-Righteousness Before and After Intervention***

| Group | *n* | *M* | *SD* | Min | Max |
|---|---|---|---|---|---|
| **Before** | 350 | 2.098 | 0.522 | 1.00 | 3.71 |
| **After** | 349 | 4.288 | 0.445 | 3.00 | 5.86 |

*Note.* Moral openness is indicated by higher scores/flexibility (items reverse-scored from original self-righteousness direction). Scale range: 1–7.

Following the intervention, participants demonstrated an increase of over two full scale points in moral openness (M = 4.29) compared to those assessed before the intervention (M = 2.10). The post-intervention group also exhibited less variability (SD = 0.45 vs. 0.52), indicating a shift towards a more consistent, higher-functioning moral perspective.

*Table 2 Inferential Tests for Self-Righteousness (Before vs. After)*

| Test | Statistic | *p* | Effect Size | Interpretation |
|---|---|---|---|---|
| **Welch's t-test** | t(681) = 59.73 | < .001 | d = 4.52 | Extremely large |
| **Hedges' g** | — | — | g = 4.51 | Extremely large |
| **Mann–Whitney U** | U = 120,694 | < .001 | $r_r^b$ = .976 | Near-complete separation |

*Note.* df for Welch's t adjusted for unequal variances. $r_r^b$ = rank-biserial correlation.

Both parametric and non-parametric analyses confirmed a substantial difference between pre- and post-intervention scores. With a Cohen's d of 4.52, this effect ranks among the most significant in psychotherapy literature, being roughly 5.5 times the threshold for a "large" effect (d = 0.80). The rank-biserial correlation of .976 suggests that in 97.6% of all possible pairings, the post-intervention participant scored higher on moral openness.

**ANCOVA: Adjusting for Age and Gender**

*Table 3 ANCOVA Results for Self-Righteousness Controlling for Age and Gender*

| Source | *SS* | *df* | *F* | *p* | Partial $\eta^2$ |
|---|---|---|---|---|---|
| **Time (B/A)** | 838.37 | 1 | 3581.96 | < .001 | .837 |
| **Gender** | 1.10 | 1 | 4.68 | .031 | .007 |
| **Age** | 0.13 | 1 | 0.56 | .455 | .001 |
| **Residual** | 162.65 | 695 | — | — | — |

*Note.* B/A = Before/After. Type-II sums of squares. Partial $\eta^2$ for Time represents variance explained after controlling for age and gender.

Even after adjusting for age and gender, the effect of Time remained highly significant ($F(1, 695) = 3581.96$, $p < .001$, partial $\eta^2 = .837$), with Time accounting for about 84% of the error-adjusted variance in self-righteousness. Gender was marginally significant ($p = .031$) but contributed minimally to variance ($\eta^2 = .007$), while age was not significant ($\eta^2 = .001$), indicating that the moral transformation was consistent across ages 20–39.

**Stage 2: Gender Invariance of the Self-Righteousness Shift**

*Table 4 Gender Comparison on Self-Righteousness (Pooled Across Time)*

| Gender | *n* | *M* | *SD* | *t* | *p* | *g* | TOST |
|---|---|---|---|---|---|---|---|
| **Male** | 507 | 3.17 | 1.20 | 0.69 | .49 | 0.06 | p < .01 |
| **Female** | 192 | 3.24 | 1.18 | — | — | — | — |

*Note.* TOST = Two One-Sided Tests with equivalence bounds Δ = ±0.20 SD. Significant

TOST p-value indicates positive evidence of equivalence.

Males and females exhibited nearly identical scores in self-righteousness (M = 3.17 vs. 3.24; Hedges' g = 0.06). The TOST equivalence test was significant ($p < .01$), offering strong statistical evidence that the gender difference lies within the equivalence bounds. A 2 (Gender) × 2 (Time) factorial ANOVA showed no significant interaction ($F(1, 695) = 0.42$, $p = .52$, $\eta^2 < .001$), suggesting that the therapeutic progression in self-righteousness was the same for both genders. This result is significant given Indian gender norms, which assign different moral roles and expectations to men and women. The intervention seems to trigger a universal moral-softening process that surpasses gender-specific moral socialization.

**Stage 3: Mediation Analysis—How Does Self-Righteousness Change?**

To explore how the intervention influences self-righteousness, a mediation model was tested where Time (Before = 0, After = 1) predicts Self-Righteousness through two parallel mediators: Emotional Catharsis and Self-Aliveness.

***Table 5 Mediation Analysis: Time → Catharsis/Self-Aliveness → Self-Righteousness***

| Path | *β* | *SE* | *t* | *p* | 95% CI |
|---|---|---|---|---|---|
| **Total effect (c): Time → S-R** | .93 | .02 | 59.7 | < .001 | [.90, .96] |
| **$a_1$: Time → Catharsis** | .91 | .02 | 54.2 | < .001 | [.87, .94] |
| **$a_2$: Time → Self-Aliveness** | .89 | .02 | 44.5 | < .001 | [.85, .93] |
| **$b_1$: Catharsis → S-R (adj.)** | .29 | .05 | 5.8 | < .001 | [.19, .39] |
| **$b_2$: Aliveness → S-R (adj.)** | .35 | .05 | 7.0 | < .001 | [.25, .45] |
| **Direct effect (c′): Time → S-R** | .34 | .06 | 5.7 | < .001 | [.22, .46] |
| **Indirect via Catharsis ($a_1b_1$)** | .26 | .04 | — | < .001 | [.18, .35] |
| **Indirect via Aliveness ($a_2b_2$)** | .31 | .05 | — | < .001 | [.22, .41] |
| **Total indirect effect** | .57 | .06 | — | < .001 | [.46, .69] |
| **Proportion mediated** | **.61** | — | — | — | — |

*Note.* S-R = Self-Righteousness. Standardized coefficients reported. 95% CIs for indirect effects computed via 5,000 bootstrapped resamples. β values for mediation paths are standardized regression coefficients.

The mediation analysis showed that about 61% of the total effect of the intervention on self-righteousness was mediated through catharsis and self-aliveness combined. Self-aliveness was a stronger mediator (β = .35) than catharsis (β = .29), indicating that the experience of embodied vitality is a slightly more effective pathway to moral softening than emotional release alone. However, the remaining direct effect (c′ = .34) was significant, suggesting that the intervention also impacts self-righteousness through other pathways not captured by catharsis and aliveness, likely including awe, existential reflection, and culturally embedded moral frameworks.

***Table 6 Spearman Correlations Between Self-Righteousness and Other Constructs***

| Construct | Catharsis | Aliveness | Insight | Overall |
|---|---|---|---|---|
| **Self-Righteousness** | .85 | .87 | .88 | .90 |

*Note.* All ρ values significant at p < .001. N = 699.

***Table 7 PCA Loadings for Self-Righteousness Compared with Other Constructs***

| Construct | PC1 Loading | Communality | Rank |
|---|---|---|---|
| **Self-Aliveness** | .98 | .96 | 1st |
| **Catharsis** | .96 | .92 | 2nd |
| **Insight** | .94 | .88 | 3rd |
| **Self-Righteousness** | **.90** | **.81** | **4th** |

*Note.* PC1 explains 88.7% of total variance. All loadings > .90.

Self-righteousness showed a very strong correlation with all other constructs (ρ = .85–.90), confirming its role in the unified therapeutic shift. Nevertheless, its PCA loading (.90) and communality (.81) were the lowest among the four constructs, suggesting that self-righteousness retains more unique (construct-specific) variance compared to catharsis, aliveness, or insight. About 19% of the variance in self-righteousness is not shared with the

general Therapeutic Growth Factor, marking the largest such residual among the four constructs. This indicates that moral-valuable change, although closely linked to the overall therapeutic transformation, involves somewhat distinct mechanisms (e.g., existential reappraisal, culturally mediated moral reflection) that are not entirely captured by emotional or somatic channels.

## DISCUSSION

### The Magnitude and Nature of Moral-Valuable Transformation

The main finding of this study is that Himalayan walk-and-talk therapy leads to a profound change in participants' moral-valuable stance—from rigid self-righteousness to flexible moral clarity—with an effect size (d = 4.52) that far exceeds benchmarks from traditional psychotherapy research. To put this in perspective: a meta-analysis of CBT for depression shows average d values of about 0.7–1.2; mindfulness-based interventions for moral cognition yield d values of 0.3–0.6. The current effect is roughly four to six times larger than any previously reported moral-psychological intervention effect.

What does this transformation look like in practice? Participants shifted from a position of moral absolutism (pre-intervention M = 2.10 on a 7-point scale, indicating high agreement with items reflecting rigid moral conviction) to a stance of humble moral openness (post-intervention M = 4.29, indicating moderate-to-strong endorsement of moral flexibility, tolerance of ambiguity, and willingness to consider alternative moral perspectives). This is not a minor attitudinal change but a qualitative reorganization of how participants relate to their own moral convictions.

### Interpreting the Shift Through Moral Psychology Frameworks

(Haidt, 2012) moral foundations theory offers one interpretive lens. According to Haidt, moral intuitions are quick, affective, and largely non-rational—implying that self-righteousness is not a reasoned position but an emotionally fortified defensive stance. The Himalayan intervention may disrupt the affective foundations of moral rigidity through multiple channels: awe-induced self-diminishment reduces the emotional investment in being "right"; physical exhaustion lowers the energy available for defensive moral posturing; communal walking creates moral common ground that softens in-group/out-group boundaries; and the therapist's nonjudgmental presence models moral humility.

(Kohlberg, 1987) developmental framework provides a complementary perspective. In Kohlberg's stage model, moral development progresses from concrete, rule-based thinking (stages 1–4) to principled, post-conventional reasoning (stages 5–6). Self-righteousness corresponds to the rigid, rule-based stages where moral correctness is defined by conformity to one's own group norms. The observed shift toward moral openness resembles developmental progression toward post-conventional reasoning—typically a gradual, years-long process that the Himalayan intervention appears to catalyze over a much shorter timeframe. Whether this represents genuine developmental acceleration or a temporary state shift that reverts over time is an important question for longitudinal investigation.

### Indian Philosophical Frameworks: Vairāgya and Viveka

The Indian philosophical concepts of *vairāgya* (dispassion) and *viveka* (discernment) provide a culturally embedded framework for understanding the observed transformation. In the Advaita Vedāntic tradition, *vairāgya* is not emotional numbness but a state of non-attachment to one's mental contents—including moral convictions—that allows clear seeing

without the distortion of ego-investment. *Viveka* is the discriminative wisdom that distinguishes between the essential and the contingent, the universal and the parochial. Together, they describe a moral stance that holds convictions lightly—neither abandoning them nor clinging to them—which is precisely what the post-intervention self-righteousness scores appear to reflect.

The Himalayan environment is uniquely suited to activate these cultural frameworks. The mountains serve not just as a scenic backdrop but as a potent symbol of renunciation (sannyāsa), spiritual quest, and the dissolution of ego boundaries. Those traversing this landscape might subconsciously absorb the cultural narrative of the mountain pilgrim who relinquishes worldly attachments, including the attachment to moral certainty, in the quest for deeper understanding. This cultural mechanism might explain part of the significant direct effect ($c' = .34$) that is not mediated by catharsis or self-aliveness.

**The Mediation Model: Embodied Pathways to Moral Softening**

The mediation analysis showed that 61% of the intervention's impact on self-righteousness was conveyed through catharsis and self-aliveness, with self-aliveness being the more influential mediator. This suggests a plausible sequence of mechanisms: rhythmic walking in a challenging natural setting initially triggers somatic vitality (self-aliveness)—the felt sense of being physically present, energized, and genuine. This embodied vitality then disrupts the cognitive defenses that uphold moral rigidity, as the body's felt sense of aliveness offers an alternative source of psychological security that doesn't rely on being "morally right." At the same time, cathartic emotional release—facilitated by the dialogic walking process—releases accumulated emotional tension that has been tied up in maintaining rigid moral stances.

In this model, moral softening is not a cognitive achievement but a somatic-emotional outcome: the body relaxes, emotions are released, and the psychic energy previously used to defend moral positions becomes available for more adaptable moral engagement. This has significant implications for intervention design: to alter moral stance, one should not argue with moral convictions (a cognitive approach likely to reinforce rigidity through reactance) but rather create conditions for embodied relaxation and emotional release that undermine the emotional foundation of moral defensiveness.

**The Unique Architectural Position of Self-Righteousness**

The PCA analysis indicated that self-righteousness, while strongly linked to the general Therapeutic Growth Factor, retains more construct-specific variance (19%) than any other outcome variable. This suggests that moral-valuable transformation, while part of the unified therapeutic shift, involves partially distinct mechanisms. We hypothesize that these mechanisms include existential reappraisal (confrontation with vastness that relativizes moral certainty), culturally mediated moral reflection (the Himalayan pilgrimage narrative), and interpersonal moral modeling (the therapist's non-judgmental stance). These mechanisms may operate at a slower timescale or through different neural pathways than the cathartic-vitality channels that drive the other constructs, explaining the relatively lower PCA loading.

***Limitations and Future Directions***

Several limitations must be acknowledged. First, the Self-Righteousness Scale ($\alpha = .89$) was developed for this study and, while demonstrating adequate reliability, lacks external

validation against established moral psychology measures. Future studies should correlate this scale with the Moral Foundations Questionnaire (Graham et al., 2011), the Need for Cognitive Closure Scale (Webster, 1994), and behavioral measures of moral flexibility (e.g., willingness to cooperate with moral out-groups in game-theoretic paradigms). Second, the one-group pretest-posttest design cannot definitively attribute the moral shift to the intervention rather than to selection effects, demand characteristics, or other confounds. An RCT comparing walk-and-talk therapy with walk-only, talk-only, and wait-list conditions would enable causal isolation.

Third, the lack of longitudinal follow-up leaves us uncertain about the persistence of moral softening. If self-righteousness reverts to its original level within a few weeks, the finding holds limited clinical importance; however, if it endures, it indicates a true developmental catalyst.

Furthermore, the conceptual direction of the scale deserves attention. Higher scores after the intervention indicate increased moral openness and tolerance—traits highly valued in diverse societies. Nonetheless, some level of moral conviction is beneficial; too much moral flexibility could potentially lead to moral relativism, indecision, or vulnerability to manipulation. Future studies should explore whether the post-intervention moral stance achieves an ideal balance between conviction and flexibility, or if further increases in moral openness might become detrimental.

### *Implications for Clinical Practice and Policy*

If moral-valuable transformation is indeed an outcome of nature-based therapy, its implications extend beyond individual clinical results. In a time of growing political division, moral tribalism, and intolerance towards moral out-groups, an intervention that consistently softens rigid moral beliefs while maintaining moral engagement could have significant social applications. Walk-and-talk programs aimed at groups prone to moral absolutism—such as ideological extremists, politically polarized communities, and areas of intergroup conflict—represent a novel application worth exploring. The culturally resonant portrayal of Himalayan therapy as a pilgrimage rather than treatment may encourage participation from populations resistant to traditional psychotherapy.

## CONCLUSION

This study offers the first empirical evidence that a nature-based psychotherapy intervention can lead to substantial, gender-invariant reductions in self-righteousness—the cognitive-emotional stance of rigid moral superiority. The transition from moral absolutism to moral openness ($d = 4.52$) was partly facilitated by embodied vitality and emotional catharsis, indicating that moral softening is not a cognitive achievement but a somatic-emotional outcome of the organism's recalibration through therapeutic walking in a sacred landscape. Self-righteousness held a unique position in the therapeutic framework—strongly linked to the general Therapeutic Growth Factor while retaining more construct-specific variance than any other outcome, suggesting partially distinct moral-transformative mechanisms rooted in awe, existential confrontation, and culturally embedded frameworks of vairāgya and viveka. By introducing moral-valuable transformation as a measurable psychotherapy outcome, this study opens a new area for clinical research: the systematic exploration of how therapy alters not just how people feel, but how they relate to their own moral beliefs.

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