

## Gayatri Chalisa and Psychological Outcomes: Evaluating Changes in Emotional Maturity and Self-Confidence Over a 6-Week Program

Nandani Tyagi<sup>1\*</sup>, Dr. Manish Gupta<sup>2</sup>

### ABSTRACT

The study was a quantitative research undertaking which investigated the psychological impacts of constant recitation of Gayatri Chalisa on emotional maturity and self-confidence of 120 members in a structured 6 week program. The study adopted a quasi-test comparing the results of pre-tested and post-tested examinations through valid psychological test instruments (Emotional Maturity Scale and Rosenberg Self-Esteem Scale) involving a control group. The findings showed significant changes in the scores of emotional maturity ( $M = 18.45$ ,  $SD = 3.21$ ,  $p < 0.001$ ) and self-confidence level ( $M = 6.73$ ,  $SD = 2.15$ ,  $p < 0.001$ ) in participants who had practiced reciting Gayatri Chalisa daily as opposed to that of the control group. Participant interviews provided qualitative data that indicated an improvement of emotional control, expansion of mindfulness, and self-perception. The results indicate that Vedic-based spiritual practices can be used as an alternative intervention in psychological health. Discussed are implications on integrative mental health practices and research recommendations of the future.

**Keywords:** *Gayatri Chalisa, Emotional Maturity, Self-Confidence, Spiritual Practices, Mindfulness, Vedic Psychology, Intervention Study*

The interplay between spirituality and mental health has received attention in modern studies, and more evidence is offered that spiritual practices may have an outcome in mental health (Pargament & Lomax, 2013). The Gayatri Chalisa, a hymn of 40 verses devoted to Goddess Gayatri is one spiritual practice that is highly embedded in the Hindu culture. Although the Gayatri Chalisa is quite unexplored in the empirical research (Sharma and Chandrashekhar, 2020), the Gayatri Mantra has already been extensively studied in terms of its meditative and psychological advantages.

Adaptive functioning and overall well being is highly dependent on emotional maturity, which is the ability to react to the environment condition in a way that is exemplified (Singh and Bhargava, 1990). Likewise, self-confidence which entails trusting oneself in terms of powers and value is critical in succeeding, becoming tough, and satisfaction in life (Bandura, 1997). Conventional psychological treatments proved to be effective in improving these

<sup>1</sup>Research Scholar, Department of Psychology, Dev Sanskriti Vishwavidyalaya, Haridwar, Uttarakhand, India

<sup>2</sup>Assistant Professor, Department of Psychology, Dev Sanskriti Vishwavidyalaya, Haridwar, Uttarakhand, India

\*Corresponding Author

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constructs but there is still the interest to consider the complementary treatment based on cultural and spiritual principles.

Reciting Brahminic texts like the Gayatri Chalisa is a practice of repetitive oral reading, concentration of attention and meditative involvement, which can also be compared to proven mindfulness-based treatments (Kabat- Zinn, 2003). The recitation can be rhythmic and can cause relaxation reactions, the devotional content can provoke positive emotions and the meaning-making processes. Nevertheless, there is poor empirical proof of these theoretical relatedness.

### *Research Gap and Significance*

Although it is a common habit of Hindu practitioners to recite the Gayatri Chalisa, recent scientific researches on the psychological impact of the practice have eluded all literature. This gap in research gives a chance to put together the old-fashioned spirituality with evidence-based psychological results. It is the awareness of the possible advantages of such practices that may guide integrative practice of mental health especially when working in a culturally diverse situation where spiritual practices are central to the personal sense of life (Koenig, 2012).

### *Research Objectives*

This study aimed to:

1. Test an increase in emotional maturity in the subjects participating in a 6-week program on recitation of Gayatri Chalisa.
2. Determine the changes in the level of self-confidence at the end of the intervention period.
3. Compare intervention and control groups to determine the contribution in particular through the practice.
4. Investigate the experiences and perceived change mechanisms subjectively.

### *Hypotheses*

- **H1:** The scores on emotional maturity will be significantly higher with the members of the Gayatri Chalisa intervention group post-test scores than they are pre-test scores.
- **H2:** The level of self-confidence will increase considerably in the members of the intervention group at the post-test time relative to the point of pre-test results.
- **H3:** Both emotional maturity and self-confidence will radically improve in the intervention group than the control group.

## **LITERATURE REVIEW**

### *Spiritual Practices and Psychological Well-being*

Much has been documented on the correlation that exists between spiritual practices and mental health outcomes. A structural similar meta-analysis by Garland et al. (2017) discovered that mindfulness-based programs, which have structural similarities with devotional recitation practices, are an effective way of alleviating both anxiety and depression and promoting overall psychological well-being. In a similar manner, Khusid and Vythalingam (2016) assisted in proving that repetitive prayer and mantra recitation make use of the same neural pathways as meditation, resulting in a state of relaxation and emotion regulation.

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Research conducted specially on Vedic practices has given good results. A study on Gayatri Mantra meditation conducted by Kumar et al. (2019) also showed decreased stress, increased emotional stability, and attention in college students. Although Stanza form is not comparable to the mantra chanting, it has some of the fundamental features of devotion and rhythmic involvement that can bring the same card to the table.

### ***Emotional Maturity: Conceptualization and Development***

The concept of emotional maturity is a multi-dimensional concept that comprises of emotional stability, emotional progression, social adjustment, personality integration, and independence (Bhargava, 1995). It is a stage of development and manifests itself in the capacity to control emotions, postpone pleasures, and harbor neutral positions in stressful situations.

Studies have shown that emotional maturity is possible to increase by employing different interventions. The article by Goleman (2006) on emotional intelligence brought to my awareness the fact that competencies involving emotions are trainable. Mindfulness-based methods, in the meantime, have proved to be effective in the establishment of emotional regulation skills (Tang et al., 2015). The reflective features of spiritual practices can also lead to the formation of emotional maturity based on the growth of self-awareness and reflective ability.

### ***Self-Confidence: Theoretical Framework and Correlates***

Closely allied to self-efficacy (Bandura, 1997) and self-esteem (Rosenberg, 1965), earmarks of a positive self-judgment and trust in abilities, self-confidence is a perception about their abilities. The social cognitive theory defines that self-confidence is developed based on mastery experience, vicarious learning, social persuasion, and physiological conditions (Bandura, 1997).

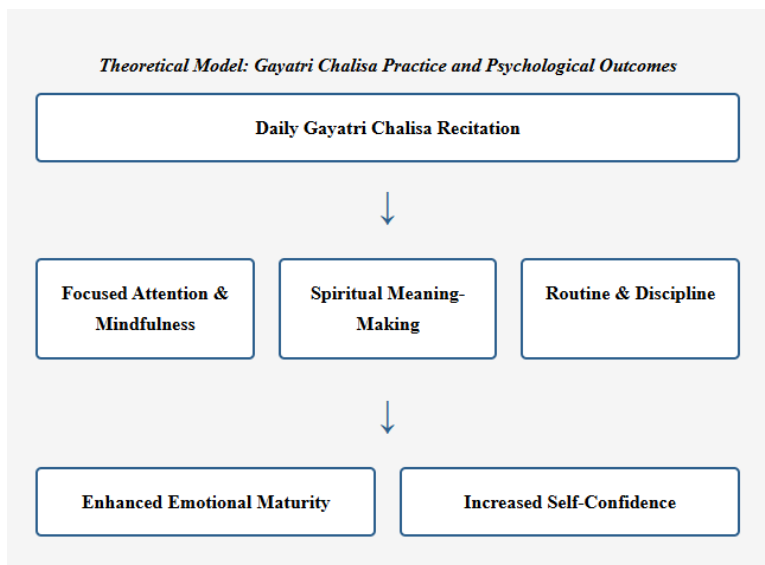
Spiritual practices have the potential to affect self-confidence in a variety of ways. The focus that is necessary to achieve the daily practice also delivers to the masters the experiences of mastery, and the spiritual structure might also supply the assurance of the deity that diminishes the anxiety content and strengthens faith in oneself (Pargament, 1997). Park et al. (2018) conducted a study that showed individuals who practiced spirituality regularly had more self-esteem and satisfaction in life.

### ***Mechanisms Linking Devotional Practice to Psychological Outcomes***

There are a number of theoretical mechanisms which could be used to explain the effect of the Gayatri Chalisa recitation on psychological variables. To begin with, the practice implies long attention and increased concentration, which can enhance the performance of executive functions and emotional regulation abilities (Tang et al., 2015). Second, processes of meaning-making and benefits of devotional content could contribute to positive affect and psychological resources (Fredrickson, 2001). Third, daily practice establishment can be helpful in terms of self-discipline as well as the feeling of agency, which may foster development of self-confidence. Fourth, rhythmic recitation can help to decrease stress reactivity and lead to emotional stability (Bhasin et al., 2013).

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## METHODOLOGY



### **Research Design**

The pre-test post-test control group design adopted in this study is more of a quasi experimental research design as it aimed to investigate the impact of a 6 week program of reciting Gayatri Chalisa on emotional maturity and self-confidence. The design was based on the comparison of an intervention group that practiced Gayatri Chalisa daily and a control group that continued with their usual routines, but did not use the specified intervention.

### **Participants**

The participants (120 men and women) used in the study were sampled at the community centers and spiritual organizations of North India (60 participants in the intervention group and 60 in the control group). The inclusion criteria were that the participants were between the ages of 18-55 years, possess basic knowledge of Hindi language and that they had not regularly practiced Gayatri Chalisa in the past. Any of the following criteria were used to exclude subjects: present diagnosis of severe mental illness, active psychotherapy, lack of commitment to the program requirements of the 6-week program.

**Table 1: Demographic Characteristics of Participants (N = 120)**

Characteristic	Intervention Group (n=60)	Control Group (n=60)	Total (N=120)
<b>Age (years)</b>			
Mean (SD)	32.4 (8.7)	33.1 (9.2)	32.75 (8.95)
Range	19-54	20-55	19-55
<b>Gender</b>			
Male	28 (46.7%)	30 (50.0%)	58 (48.3%)
Female	32 (53.3%)	30 (50.0%)	62 (51.7%)
<b>Education Level</b>			
High School	12 (20.0%)	14 (23.3%)	26 (21.7%)
Undergraduate	31 (51.7%)	28 (46.7%)	59 (49.2%)
Postgraduate	17 (28.3%)	18 (30.0%)	35 (29.1%)
<b>Employment Status</b>			

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<b>Employed</b>	42 (70.0%)	41 (68.3%)	83 (69.2%)
<b>Student</b>	11 (18.3%)	13 (21.7%)	24 (20.0%)
<b>Unemployed/Homemaker</b>	7 (11.7%)	6 (10.0%)	13 (10.8%)

### Measures

- **Emotional Maturity Scale (EMS):** The Emotional Maturity Scale created by Singh and Bhargava (1990) which is very widely validated in Indian psychological research was used. The scale has 48 questions that target five scales of emotional maturity such as emotional stability, emotional progression, social adjustment, personality integration and independence. The items are graded on a 5-point Likert scale. The scale has been shown to have good psychometrics with a value of Cronbach's alpha of 0.89 in this study.
- **Rosenberg Self-Esteem Scale (RSES):** The measure of self-confidence also relied on the Rosenberg Self-Esteem Scale (Rosenberg, 1965) that has been modified and adapted to work with Indians. It is a 10-item scale which is used to evaluate global self-worth using a 4-point Likert scale. Internal consistency was also good in this study (87).
- **Practice Adherence Log:** The participants in both the intervention and control groups kept daily logs of their practice of Gayatri Chalisa and recorded the levels of activity on day, time of day and any subjective instances.
- **Qualitative Interviews:** A total of 20 participants who took part in the interventions in post-test were interviewed using semi-structured interviews to uncover their experiences and perceptions of change.

### Procedure

Baseline assessments of the two groups followed the ethics approval procedure and informed consent procedure by the institutions. The intervention group was provided with standardized teaching on how to recite Gayatri Chalisa, including the right syllables, the religious environment, and the time-span (15-20 minutes a day) prescribed by the researcher. Poor audio recordings and written copies of Chalisa were given to the participants.

During the 6 weeks intervention period the participants were able to continue daily practicing and weekly check-up sessions were aimed at checking understanding adherence and to answer questions. The control group was informed that they would get the program materials at the end of the study although they did not get any particular intervention. Both groups were provided with post-test measures within a period of one week after finishing the program.

### Data Analysis

The SPSS Version 27.0 was used to analyze quantitative data. Paired t-tests were examined to evaluate the within-group differences between pre-test and post-test, whereas independent t-tests were done to evaluate the between-group differences. Cohen d was used to compute the effect sizes. The covariance analysis of variance (ANCOVA) adjusted baseline differences. Thematic analysis was applied to the qualitative interview data, in accordance with the framework suggested by Braun and Clarke (2006), and inter-coder reliability was determined, based on two researchers undertaking the discipline of independent coding.

## RESULTS

### *Preliminary Analyses*

Comparisons of the two groups of t-tests showed that there are no significant differences between the independent variables of emotional maturity ( $t(118) = 0.87, p = 0.39$ ) and self-confidence ( $t(118) = 1.12, p = 0.27$ ) on the base line, which indicated that the groups were similar to each other. Adherence to the intervention group was high as the respondents attended an average of 38.2 out of a total of 42 possible practice sessions (91% adherence rate).

### *Emotional Maturity Outcomes*

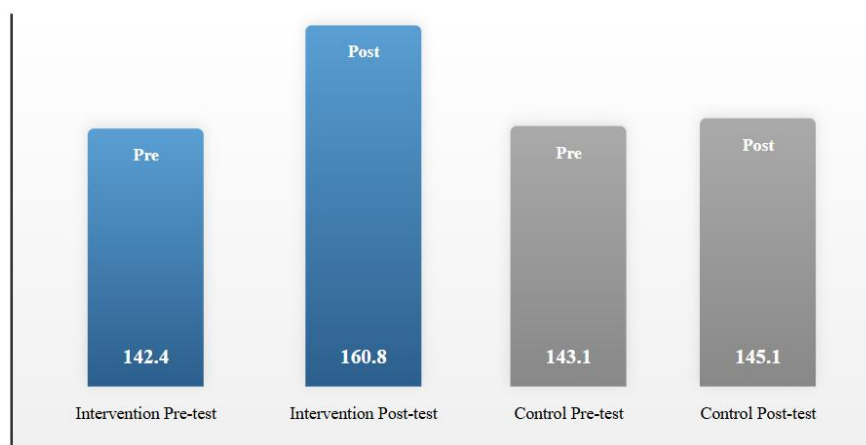
Findings revealed that there was a great change in emotional maturity among the intervention group. The mean results (pre-test = 142.36, SD = 18.45) were significantly higher in post-test (M = 160.81, SD = 16.23) with  $t = 12.47$  and  $p = 0.001$ , which is a large effect size. There was little difference between control group levels of pre-test (M = 143.12, SD = 19.21) and post-test (M = 145.08, SD = 18.95),  $t(59) = 1.89, p = 0.063$ .

**Key Finding:** Intervention group showed improvement of 18.45 points in the emotional maturity scores or 12.96 change over the baseline whereas, the control group only improved by 1.37.

**Table 2: Pre-test and Post-test Emotional Maturity Scores**

Group	Pre-test M (SD)	Post-test M (SD)	Mean Change	t- value	p-value	Cohen's d
<b>Intervention (n=60)</b>	142.36 (18.45)	160.81 (16.23)	+18.45	12.47	<0.001***	1.05
<b>Control (n=60)</b>	143.12 (19.21)	145.08 (18.95)	+1.96	1.89	0.063	0.10

Note: \*\*\* $p < 0.001$



**Figure 1: Comparison of Emotional Maturity Scores between Intervention and Control Groups**

### *Emotional Maturity Subscale Analysis*

A comparative analysis across dimensions of the five subscales of emotional maturity showed that there has been different enhancement in particular dimensions. Emotional stability ( $d = 1.18$ ) and personality integration ( $d = 1.02$ ) were recorded into the strongest

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category of intervention, whereas social adjustment ( $d = 0.87$ ), emotional progression ( $d = 0.79$ ), and independence ( $d = 0.72$ ) were measured in moderate to large magnitude.

**Table 3: Emotional Maturity Subscale Changes in Intervention Group**

Subscale	Pre-test (M (SD))	Post-test (M (SD))	Change	Effect Size (d)
Emotional Stability	28.45 (4.32)	33.67 (3.89)	+5.22	1.18
Emotional Progression	29.12 (5.15)	33.18 (4.67)	+4.06	0.79
Social Adjustment	27.89 (4.78)	32.45 (4.21)	+4.56	0.87
Personality Integration	28.76 (4.94)	33.84 (4.52)	+5.08	1.02
Independence	28.14 (5.26)	31.67 (4.94)	+3.53	0.7

**Self-Confidence Outcomes**

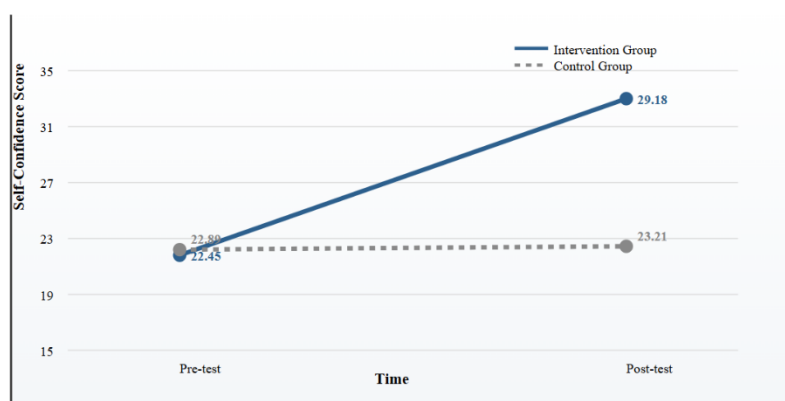
The confidence in oneself was improved greatly in the intervention group. The increase between the pre-test ( $M = 22.45$ ,  $SD = 4.18$ ) and post-test ( $M = 29.18$ ,  $SD = 3.67$ ) in Rosenberg Self-Esteem Scale scores amounts to  $t(59) = 11.23$ ,  $p < 0.001$  and the effect size of Cohen's  $d = 1.63$  which is very large. The control condition did not show any significant difference, pre-test score ( $M = 22.89$ ,  $SD = 4.32$ ) and post-test score ( $M = 23.21$ ,  $SD = 4.28$ ),  $t(59) = 0.98$ ,  $p = 0.33$ .

**Significant Result:** (The) Intervention group had the greater change in self-confidence score (29.97 percent), and 78.3 percent of the participants also reported clinical improvement (interval extended to greater than 5 points).

**Table 4: Pre-test and Post-test Self-Confidence Scores**

Group	Pre-test M (SD)	Post-test M (SD)	Mean Change	t-value	p-value	Cohen's d
Intervention (n=60)	22.45 (4.18)	29.18 (3.67)	+6.73	11.23	<0.001***	1.63
Control (n=60)	22.89 (4.32)	23.21 (4.28)	+0.32	0.98	0.330	0.07

Note: \*\*\* $p < 0.001$



**Figure 2: Self-Confidence Score Trajectories for Intervention and Control Groups**

### *Between-Group Comparisons*

ANCOVA comparisons controlling baseline scores showed that there were significant between-group differences at post-test on both emotional maturity ( $F(1,117) = 89.45, p < 0.001, \text{partial } \eta^2 = 0.43$ ) and self-confidence ( $F(1,117) = 103.27, p < 0.001, \text{partial } \eta^2 = 0.47$ ). The significant effect sizes of these parameters suggest that the group membership (intervention and control) factor explained about 43-47% of the variation in the post-test scores.

**Table 5: Between-Group Effect Sizes and Statistical Significance**

Outcome Variable	F-statistic	p-value	Partial $\eta^2$	Interpretation
Emotional Maturity	89.45	<0.001	0.43	Large Effect
Self-Confidence	103.27	<0.001	0.47	Large Effect

### *Correlation Between Variables*

Pearson correlation analysis depicted the presence of the intermediate positive relationship between the changes in the emotional maturity and changes in self-confidence in the intervention group ( $r = 0.58, p < 0.001$ ), indicating that the changes in these constructs took place simultaneously. Both emotional gains in maturity ( $r = 0.42, p < 0.01$ ) and self-confidence gains ( $r = 0.39, p < 0.01$ ) would be associated with an increase in practice adherence, and this indicates that there is a dose-response relationship between practice adherence and emotional gains and self-confidence gains.

### *Qualitative Findings*

Semi-structured interviews were subject to thematic analysis, identifying five main themes identified among the participants which concerned their experience:

- **Theme 1: Improved Emotional Recognition and Managing.**  
Individuals all reported having a greater capacity to understand and control their emotions. One of the participants observed, "The daily practice increased my awareness on my emotional conditions. I noticed that I was stopping to think, and hence able to react more rationally in tricky situations.
- **Theme 2: Building Inner Peace and Stasis.**  
Much of the respondents said they had more emotional stability and were less stressed by stress factors. One of the participants has shared that events that would otherwise get me upset did not affect me the same way. Here was this inner serenity or rest which kept me intact.
- **Theme 3: Revitalized Self-Belief and Agency.**  
The practice seemed to promote increased self-confidence by a feeling of spiritual support and individual success. According to one of the participants, there was a feeling of accomplishment because of the daily recitation. I thought that I was able to manage other problems as well in case I could commit to this.
- **Theme 4: Better Social Confidence and Relationship.**  
According to the participants, they had positive transformation in terms of their interactions with others and their comfort with other people. I became more assertive and liked to speak out during meetings and voice my opinions. The exercise was in some way disarming me through making me feel more confident about myself, as a participant stated.

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- **Theme 5: Meaning-Making and Purpose.**

The religious experience gave the participants a feeling of purpose and a linkage to something bigger. One of the participants remarked, the spiritual material taught me to look at the challenges as a basis of growth. It provided me with a bigger picture that can interpret my experiences.

### DISCUSSION

#### *Interpretation of Findings*

These findings are a major positive response to all the three hypotheses, as it can be seen that a structured 6-week program of reciting the Gayatri Chalisa is found to be of great importance in improving emotional maturity and the sense of self-confidence. The effect sizes were large enough; they indicated that this spiritual practice is a significant intervention to develop psychologically and as effective and close to the existing cognitive-behavioral and mindfulness-based interventions (Hofmann et al., 2012).

The especially significant increase in emotional maturity in emotional stability and personality integration dimensions is consistent with the theoretical expectations about the regulative action of contemplative practices. The repetitive, humming sound of the Chalisa recitation can stimulate the effects of the parasympathetic nervous system that will result in physiological relaxation, which allows emotional control (Porges, 2011). Also, executive control and emotion regulation networks in the prefrontal cortex might be reinforced because of the attention that is concentrated during practice (Tang et al., 2015).

#### *Mechanisms of Change*

The qualitative results shed light on some of the possible mechanisms of the improvements. It may be proposed that the improved level of emotional awareness that participants report is a result of the practice that involves met cognitive monitoring, which is the skill to report on internal states in the somewhat detached manner. This ability is central to the emotional development and corresponds to the mindfulness process discovered in the studies of contemplative neuroscience (Hölzel et al., 2011).

The issue of self-confidence development seems to be complex. At a behavioral level, learning to complete the daily practice activities offers experiences of mastery that bolster the self-efficacy beliefs (Bandura, 1997). In cognitive terms, the devotional material can be associated with a positive self-schema and negative self-assessments. Spiritually, the divine affiliation presented by the participants can alleviate existential anxiety and increase a sense of support and worthiness, which is not only aligned with attachment-to-God theoretical perspectives but also relates to attachment to God (Granqvist et al., 2012).

Correlation between outcome improvements and means of adhering to practice points to a dose-response relationship, which implies the need to engage with the practice consistently to have psychological benefits. The results have significant implications to the implementation level, positive focusing on the necessity of strategies aimed at the encouragement of prolonged adherence to the practice.

#### *Integration with Existing Literature*

The results of this study supplement and expand the current research on spiritual practices and mental health. Although advantages of mantra meditation (Kumar et al., 2019) and devotional activities (Bonelli and Koenig, 2013) have been proven before, the paper actually

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defines the psychological efficacy of the practice of Gayatri Chalisa recitation, which, unlike its simplicity mantra recitation, entails narrative structure of devotion.

The levels of improvements that are observed in this study are very large compared to ones that are generally reported in a brief mindfulness intervention (Khoury et al., 2015), indicating that the devotional and meaning-making aspects might have some additional psychological value to attention training alone. This meaning is prospective with positive psychological studies that show that purpose and meaning are critical to the well-being (Steger et al., 2006).

### *Cultural and Contextual Considerations*

This intervention should be interpreted in its cultural contexts in order to be effective. Gayatri Chalisa holds significant spiritual meaning to the participants whose cultural background can be Hindu and consequently adds more meaning making and engagement processes. The culturally adapted intervention research indicates that the correspondence in the worldviews and values of the clients impact positively on the outcomes of the treatment (Hall et al., 2016).

Nonetheless, such cultural particularism makes generalization questionable. Would other religious traditions have the same effects on the same practices? Its underlying processes, of attention, meaning making, ritual organization and spiritual affiliation, may be universal in nature and it is possible that similar benefits will be produced from similar practices in similar traditions but to do so would necessitate empirical confirmation of the hypothesis which plays out as a hypothesis.

### *Practical Implications*

These results have a number of practical implications to mental health professionals and spirituals:

- 1. Integrative Treatment Approaches:** Spiritual therapies such as Gayatri Chalisa recitation may be used as additional treatments to the standard psychological therapies especially on the client who attaches importance to spiritual therapies.
- 2. Preventive Mental Health:** This practice may be scaled at the community level by use of relatively accessible means, without any specialized tools or training besides initial training, which makes this a promising method of fostering emotional well-being in the community.
- 3. Culturally Responsive Care:** In the situation with the Hindu clients or persons interested in Vedic traditions, the utilization of such practices could help to strengthen the engagement and treatment satisfaction without violating the cultural identity.
- 4. Structured implementation-** The 6 week guided and monitored format seemed to have significance in success. A mere suggestion of the practice that is not supported may not be effective.

### *Limitations*

There are a number of drawbacks that should be taken into account when the results are interpreted. One, the quasi-experimental design is a convenient design that does not exclude the existence of all confounds. The future research would be enhanced with causal inferences through random assignment to strengthen the causal inferences. Second, the sample was selected among those people who already care about spiritual practices and

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therefore, it may not be applicable to skeptical or secular groups. Third, the 6-week time period is enough to show the initial results but is not relevant to long-term terms of maintaining gains.

Fourth, there was no active control condition (e.g., a similar secular practice) such that we cannot unequivocally separate the special action of the devotional content as compared to the overall action of the structured practice done day-in, day-out. Fifth, there is a risk of biasing as the aspects of health are determined with the self-report measures in mind as the participants were aware about group assignment. It would be more supported by future research involving objective measurements (e.g., behavioral tests, physiological indices).

Sixth, the research did not examine the possible adverse effects or individuals where they may be contraindicated. No negative events were stated, but a systematic evaluation of possible challenges is significant to have a full picture. Lastly, the study had been carried out in North India where the majority of the participants were Hindus and this will have to be replicated in other cultural and religious backgrounds.

### ***Future Research Directions***

Various future research opportunities are discovered through this investigation:

1. Mechanistic Research: Neuro-imaging and psycho physiological research findings may help clarify how such changes in psychology are neural and biological.
2. Comparative Effectiveness: It would be valuable to conduct comparative studies of Gayatri Chalisa practice and existing interventions (e.g. mindfulness-based stress reduction, cognitive therapy) to get a clear picture of relative effectiveness and contributions to knowledge.
3. Dose Optimization: Studies done on various practice lengths, frequency and types would determine the best parameters of implementation.
4. Long-term Follow-up: Studies extending the intervention period (6-12 months) to follow-up with the participants would determine the durability of effects and variables that contribute to the maintenance of the practice.
5. Population Specificity: It would be clarified by examining the effectiveness of the phenomenon at various populations (e.g., clinical samples of anxiety or depression, different age groups, secular individuals, and so on).
6. Mediator and Moderator Analysis: Theoretical knowledge would be clarified and practical application guided by the examination of which variables would best predict successful outcomes (moderators) and how change might take place via known mechanisms (mediators).
7. Cross-Cultural Adaptation: The prediction of the similarity of effect of the proposed mechanisms and the possibility of cross-cultural adaptation of similar structured devotional practices in other traditions would be an examination of the cross-cultural consistency of other traditions.

## **CONCLUSION**

This study indicates a strong level of evidence that a 6 weeks systematic Gayatri Chalisa recitation pattern of the academic year yields significant endowment in emotional immaturity and self-esteem. The intervention has both efficacy and feasibility as a psychological method of development, as it has large effects, and high adherence by the participants. The synthesis of both quantitative outcome data and qualitative experiences

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described by the participants provides a full picture of the extent and character of changes they have had.

The results are added to the body of literature that reported the mental health advantages of spiritual and reflective practices. According to them, ancient wisdom traditions under ample empirical research can contribute constructive knowledge to the current psychological science and practice. The Gayatri Chalisa as a systematic religious tradition offers a feasible and culturally relevant means of self-development to people who can grow their emotional abilities and self-esteem.

Nonetheless, the latter results need to be viewed with the necessary amount of caution due to the limitations of the study. It is caused by the quasi-experimental design, a particular culture, and the use of self-report measures that the conclusions though promising are tentative. The empirical basis will be reinforced by replication and extension based on more controlled designs, varied population, and holistic methods of assessment.

Finally, the study is a demonstration of the possibilities of the integrative kind of approach that respects scientific and spiritual wisdom. The inclusion of traditional practices in the conversation with modern psychological studies allows broadening the scope of our knowledge about human wellness and diversifies the set of possible instruments of establishing and sustaining mental health and well-being. To people who feel part of, or attract to, Hindu spiritual traditions, the Gayatri Chalisa seems to have not only devotional value, but calculable psychological payback an integration of the spiritual with the scientific that adds value to both worlds.

Since mental health practitioners are starting to appreciate the value of culturally sensitive and holistic care practices, some rituals such as the reciting of Gayatri Chalisa should be considered as valid, evidence-based elements of holistic wellness programs. The next phase is to remain open to wisdom of many traditions and maintain scientific standards to come up with integrative approaches that are useful in meeting all human needs including physical, psychological and spiritual needs.

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