

Does Spiritual Practice determine Psychological Well-being and Quality of Life? A Cross-Sectional Study

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Spirituality plays a significant role in the lives of people. A review of the literature shows that people engaged in spiritual practices have a sense of peace and purpose in life. Engagement in such practices leads to positive effects on mental health. This study aimed to investigate the effect of engagement in spiritual practices on psychological well-being and quality of life. Data were collected from 308 individuals, using Ryff's Psychological Well-being Scale (1989), Quality of Life-BREF scale (World Health Organization, 1996), Personal and Spiritual practice-related information form. The sample consisted of 126 (41%) males and 182 (59%) females. A cross-sectional research design was used. Based on practice scores, participants were divided into three groups- spiritual practitioners (n=149), non-practitioners (n=115), and semi-practitioners (n=44). One-way Analysis of Variance (ANOVA) was calculated to compare scores across three groups. F values for psychological health ($F=4.54$, $p=.01$) and social relationships ($F=3.49$, $p=.03$) dimensions of Quality of life are statistically significant. Post-hoc comparison confirms that practitioners who engaged in spiritual practices are significantly higher than non-practitioners on psychological health ($p=.01$) and social relationships ($p=.03$). Psychological well-being across groups was compared and results revealed significant differences in Self-Acceptance ($F=3.28$, $p=.04$) and Purpose in Life ($F=2.92$, $p=.05$). Pairwise comparisons show that spiritual practitioners are significantly higher than non-practitioners on Self-Acceptance ($p=.03$). Present findings support that spirituality should be considered a vital factor in psychological health programs.

Keywords: Spiritual Practices, Quality of Life, Psychological Well-being

Spirituality is found in all societies and cultures and plays an important role in human life across the world. Research evidence demonstrates that spirituality helps many people to improve their physical and mental well-being. As reported by Oman and Syme (2018) empirical studies and meta-analysis revealed a causal effect of spirituality/religion on health. The review indicates that people practicing spirituality with more depth have better mental health than those who are not practicing (Koenig, 2012).

India has a strong spiritual and religious foundation and it is almost imbibed in everyday life of many people in India. People perform spiritual practices to deepen their relationship with god or supreme power. However, nature of spiritual practice or worship may differ from person to person. A survey conducted by Pew research centre by Evans (2022), indicates that

majority of Hindus in India worship daily through prayer at their home, and more than two-thirds visited temples. Various religious and spiritual institutions in India have been contributing in enhancing to well-being of people.

Spirituality is defined by Joseph et al., (2017) as "a more general, unstructured, personalized, and naturally occurring phenomenon, where a person seeks closeness and/or connectedness between him/herself and a higher power or purpose". In Indian literature, practicing spirituality involves Sadhana (rigorous pursuit and practice), Satsang (a company of like-minded people, aided by your role model or Guru), Seva (Selfless service), and Surrender to supreme power. AYUSH (six Indian systems of medicine) mentioned that these spiritual practices are supportive of psychological well-being and good health holistically (Ministry of AYUSH, 2015).

Spirituality and Psychological Wellbeing

Research indicated that spirituality is a significant predictor of psychological well-being (Basileyo, 2019; Burney, et al., 2017). A systematic review of research by Goncalves et. al., (2015) reported that religious and spiritual interventions were effective in decreasing stress, depression, and alcoholism. Similarly, a holistic health program based on ancient Vedic philosophy helped participants to manage stress, anxiety, and overall emotional health (Schulz, 2021). Evidence also showed that workplace spirituality buffers the effect of work stress and enhances teachers’ psychological well-being in India (Mahipalan & Muhammed, 2019). Thus, spirituality can contribute to psychological well-being of people. It helps people better to cope with stress and unhealthy emotions. Also to adopt a healthy lifestyle and avoid unhealthy behaviors (Wagani, & Colucci, 2018), increased altruism and prosocial behaviors after spiritual practices (Pandya, 2017). Based on the research evidence Lewis, (2018) and Isaac et al., (2016) have suggested integrating spirituality into clinical practice.

Spirituality and Quality of Life

Quality of life (QOL) is the degree of satisfaction a person obtains from life. It encompasses multiple domains such as physical, psychological, social, etc. Environment plays an important role in quality of life, it consists of psycho-socio and cultural environments (Moudjahid & Abdarrazak, 2019), and spirituality is one of them. A review of literature on spirituality and quality of life from 1979 to 2016 by Panzini et al., (2017) and by Dewi & Hamzah (2019) between 2013-18 indicated a positive correlation between spirituality and quality of life. A study conducted by Lau et al., (2015) confirmed that spirituality was a causal predictor of quality of life. Cross-sectional studies in Brazil (Vitorino et al.,2018) and India (Deb & Strodl, 2019) have shown an association between spirituality and quality of life. It was observed that spiritual well-being positively contributed to the quality of life of cancer patients (Yilmaz & Cengiz, 2020). Considering positive results, Balboni and Balboni (2018) emphasized spiritual dimension of clinical care and suggested that medical

practitioners support spiritual lives of patients with serious illnesses.

This review of research literature shows a positive association between spiritual practices and psychological well-being. Similarly, it also indicates that individuals who are engaged in spiritual activities have a good quality of life. However, Indian studies in this respect are fewer in number. So, the present study was undertaken mainly to find out the effect of engagement in spiritual practices on psychological well-being and quality of life.

Method

Participants

Table 1: Demographic details of participants

Demographic categories	Sub-categories	N	%
Study groups	Practitioners	149	48.4
	Non-practitioners	115	14.3
	Semi-practitioners	44	37.3
Gender	Male	126	41%
	Female	182	59%
Age group	18-24	49	15.9%
	25-34	66	21.4%
	35-44	57	18.5%
	45-54	53	17.2%
	55-64	46	14.9%
	65-74	37	12.0%
Marital status	Married	221	71.8%
	Unmarried	65	21.%
	Divorcee	4	1%
	Widow/er	18	6%
Education	Postgraduate	116	37.7%
	Graduate	113	36.7%
	Secondary & Higher Sec	60	19.5%
	Primary & Upper Primary	19	6.2%
Monthly Income	Up to 10 thousand	21	6.8%

	11 to 25 thousand	87	28.2%
	26 to 50 thousand	78	25.3%
	50 thousand to 1 lakh	50	16.2%
	1 lakh & above	72	23.4%

The incidental sampling method was used for data collection. In all, there were 308 individuals where 126 were males and 182 females ranging from 18 to 74 years ($M=44$ years). Data was collected using a combination of offline ($n=231$) and online ($n=77$) modes.

Measures

Standardized tools were used to study the objective. To measure Psychological Well-being, Ryff's Scale (1989) was used. It consists of 42 items and is comprised of six dimensions with seven items each: environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance, and autonomy. It is a six-point rating scale ranging from 1 (strongly disagree) to 6 (strongly agree). Internal consistency and factorial validity of the Psychological Well-being (42-item) scale were examined by Shryock and Meeks (2018), internal consistency alphas (α) were .71, .78, and .77. Factorial validity for the 6-factor model was $NFI=.777$, $CFI=.836$, $RMSE=.063$, $PClose=.000$, $CMIN/DF=3.089$. Quality of Life was measured using WHOQOL-BREF scale, developed by the World Health Organization (WHO, 1996). It is a five-point rating scale, consisting of 26 items, that measures four dimensions - physical health, psychological health, social relationships, and environment. Higher scores indicate higher quality of life for individuals. Hindi scale of QOL shows good internal consistency (Meena et al., 2015).

Personal and spiritual practice information form was designed by researchers. The first part consisted of demographic information like age, education, family structure, socio-economic background, marital status, etc., and in second part, information related to the spiritual practices of individuals was asked e.g. type of spiritual practice, years of practice, frequency, and duration of practice, details of the institute they joined for spiritual practice, etc.

Informed consent included mentions about the study's purpose and background, procedure, data confidentiality, and the respondents' right to withdraw from participation at any time and for any reason.

Procedure

Approval for conducting research was obtained from the Research Advisory Committee and Ethics Committee of the Jnana Prabodhini Samshodhan Sanstha (JPSS). Potential participants were informed about the study. Translation and back-translation were done for all tools. Pilot testing was conducted before data collection. The participants provided their informed consent to participate in this study. After getting consent from the participants, data were collected using offline and online modes. All COVID-19 guidelines were followed at the time of paper-pencil test administration. Online data was collected using Google Forms. Data coding, data entry, and scoring were completed. Individuals who had solved all the tests were considered for data analysis. The data cleaning process was completed before data analysis. Based on spiritual practice scores, participants were divided into three groups-practitioners ($n=149$), non-practitioners ($n=115$), and semi-practitioners ($n=44$). In present research, spiritual practitioners are defined as those who were engaged (more than two years before COVID-19) in any regular, one or more intentional spiritual activity that was performed voluntarily to deepen one's relationship with God/ sacred/ supernatural power.

Results and Discussion

The obtained data were analyzed using One-way Analysis of Variance (ANOVA) through SPSS. Sample sizes were different in each group hence Hochberg's GT2 post hoc test was used to compare group differences.

Quality of Life

Results of one-way ANOVA across three groups showed that F value of psychological health ($F=4.54$, $p=.01$) and social relationships ($F=3.49$, $p=.03$) are statistically significant, whereas no significant differences are seen in dimensions of Physical Health and Environment.

Table 2: One-way ANOVA across the groups

Quality of Life Dimensions	Sum of Squares	Mean Square	F	p
Physical health	37.85	18.93	1.32	.27
Psychological health	104.76	52.38	4.54	.01
Social relationships	20.76	10.38	3.49	.03
Environment	47.99	23.99	1.25	.29

Table 3: Pairwise comparison of Quality of Life

Groups		Mean Difference	Std. Error	p
(I)	(J)	(I-J)		
Psychological health				
Practitioners	Non-practitioners	1.27	.42	.01
Practitioners	Semi-practitioners	.52	.58	.75
Social relationships				
Practitioners	Non-practitioners	.55	.21	.03
Practitioners	Semi-practitioners	.05	.30	.99

A Pairwise comparison shows significant mean differences on Psychological health ($p=.01$), mean of practitioners ($M=24.79$, $SD=3.22$) is significantly high as compared to non-practitioners ($M=23.52$, $SD=3.60$).

Present results appeared coherent with a previous cross-sectional study that showed the level of spirituality affects psychological health, social relationship, and environment but no significant difference was found in physical health dimension (Vitorino et al., 2018). The present finding is also consistent with the two review articles by Panzini et al., (2017) and Dewi and Hamzah (2019) which indicate that a person with high spirituality has a better quality of life. Plante (2009) examined religious and spiritual traditions and identified thirteen common tools that can be integrated into psychotherapy for enhancing psychological health. In the present study, spiritual practitioners are involved in one

or the other methods, like prayer and meditation, as identified common tools. Most of them are associated with spiritual organizations and follow the spiritual path suggested by their GURU. This may reflect in quality of life of practitioners. Plante (2009) also pointed out forgiveness, gratitude, and kindness as common tools, which are rooted in Indian spiritual and religious scriptures. The process of incorporating them in daily life is a continuous process and most of the Sadhaks (followers) follow this path during Sadhana (practice). Recent study findings also showed that daily spiritual practices help older people to be optimistic about their life with good mental health and quality of life (Debnath et al., 2022).

The result of pairwise comparison showed significant differences in favour of practitioners on Social relationships ($p=.03$) dimension. One of the reasons could be that most of the practitioners associated with spiritual organizations and followed the principles and path as a disciple. It may enhance social support and secure feeling (Vitorino, et al., 2018). They were engaged in spiritual activities for more than two years which may help them to connect with supreme power that may create positive feelings like hope, love, and faith as reported by Negi (2020). Meeting other disciples regularly, and doing spiritual activities together may reflect in the social relationship dimension of Quality of life. A consistent finding by Strawbridge, Shema, Cohen, and Kaplan (2001) reported that people who were involved in spiritual/religious practice improved mental health, social relationships, and maintained good health behaviour.

One-way ANOVA was calculated to compare scores on psychological well-being across three groups. F values for Self-acceptance ($F=3.27$, $p=.04$) and Purpose in life ($F=2.93$, $p=.05$) are statistically significant. No significant differences are found in Autonomy ($F=.44$, $p=.65$), Positive relations with others ($F=.99$, $p=.37$), Environmental mastery ($F=2.10$, $p=.12$), Personal growth ($F=.05$, $p=.95$).

Table 4: One-way ANOVA across the three groups: Psychological Wellbeing

Psychological Wellbeing	Sum of Squares	Mean Square	F	p
Self-Acceptance	182.93	91.46	3.27	.04
Autonomy	27.12	13.56	.44	.65
Positive relations with others	58.69	29.35	.99	.37
Environmental mastery	83.17	41.58	2.10	.12
Personal growth	3.08	1.54	.05	.95
Purpose in Life	129.88	64.94	2.93	.05

Table 5: Pairwise comparison on Psychological Well-being dimensions

Dimension of Psychological Well-being	Groups		Mean Difference (I-J)	Std. Error	p
	(I)	(J)			
Self-Acceptance	Practitioners	Non-practitioners	1.67	.66	.03

Pairwise comparisons show that mean of practitioners ($M=37.02$, $SD=5.12$) is significantly high on Self-Acceptance than non-practitioners ($M=35.36$, $SD=5.36$), which indicates that Practitioners accept themselves as they are, including their strengths and weaknesses. They have a positive attitude towards themselves. A similar result was found in a study conducted by Burney, Osmany, and Khan (2017), which demonstrated that university students who were high in spirituality and also high on self-acceptance after a spirituality-based intervention. This could be because spiritual practices increase awareness of inner self (Richardson Gibson & Parker, 2003), which may be reflected in self-acceptance.

No significant differences were found in other dimensions of psychological well-being. It may be because data was collected in the unlocking phase of COVID-19 and that effect may be carried out. Thus, practitioners, semi and non-practitioners were experiencing the same environment (means of environment dimension of QOL is also not significant) and

not being able to create backgrounds suitable to personal growth. The reason behind no significant difference in the dimension of purpose in life could be that a person who regularly engages in spiritual practice with devotion may be detached from material pleasure (Chandur & Sriram, 2018), their goals and priorities could be dedicating themselves to their spiritual commitments, or pledging to be deeper. Overall, results indicate that level of spiritual engagement was associated with psychological health, social relationship, and self-acceptance. It may be possible that a high spiritual level may be helpful to maintain peace of mind in day-to-day life (Mittal & Ahtar, 2011).

Conclusion and implication

In summary, results revealed that the level of engagement in spiritual practices determines psychological health and social relations. Practitioners had better self-acceptance as compared to non-practitioners. In future specific spiritual practitioners, and particular age cohorts can be focused. A similar study can be conducted on a large randomized sample. However, present research findings support that spirituality should be considered a vital factor in psychological health programs. Findings will be useful for investigators to design spirituality-based interventions for Indians.

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