

Impact of Five Days Spiritual Practice in Himalayan Ashram of Sahaj Marg on Well-Being Related Parameters and Selected Physiological Indicators

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ABSTRACT

Impact of five days spiritual practice in Himalayan Ashram of Sahaj Marg on well-being related parameters and selected physiological indicators has been studied on 55 participants (25 male, 30 female; age range 18-65 years; mean age = 49 years & SD = 12.5 years). The results of the self-report measures suggested that there was improvement after practice in Mental Health Continuum-Short Form (MHC-SF) and its dimensions like Emotional and Social well-being; Factors of Scale of Positive and Negative Experience (SPANE) like SPANE-P (Positive), SPANE-N (Negative) and SPANE-B (Balance), Sat-Chit-Ananda, Depression Anxiety and Stress Scale's (DASS)-Depression, Anxiety, Stress and DASS-Total had significant change towards improved well-being. However, MHC-SF- Psychological well-being, Flourishing Scale (FS) and Mindful Attention Awareness Scale (MAAS) did not show significant impact. Observations during the Semi-structured interview corroborated with the above results.

Keywords: *Sahaj Marg, Spiritual Practice, Well-being, Meditation.*

All communities have been making efforts to enhance the well-being and happiness of their people. These efforts are mainly of two types: deliberately delivered modules and socio-cultural practices of societies (Singh, Jain & Singh, 2014). Various studies have been carried out on deliberately induced modules and their efficacy has been well documented (Singh & Choubisa, 2009; Crawford & Caltabiano, 2011; Diener & Diener, 1995; Seligman, Steen, Park & Peterson, 2005 ;). However socio-cultural practices are also very important as they are practiced widely in all societies with spirituality being central to many cultures.

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Spirituality is an integral part of one's identity and the personal experience of the transcendent which may be called God or a higher power, or unity with greater world or mystery, (Gall, Malette & Guirguis, 2011). Various activities come under the category of spiritual practices with meditation being the core component in most of the eastern spiritual practices. Meditation practices can be divided into two categories: focused attention meditation, which requires sustained attention voluntarily on a chosen object, and open monitoring meditation, in which moment to moment content of experience is monitored without reaction (Lutz, Slagter, Dunne, & Davidson, 2008). Automatic self-transcending meditation practice is a third category of meditation practice as suggested by Travis. This includes techniques designed to transcend their own activity. The category of automatic self-transcending is found to be different from focused attention and open monitoring (Travis & Shear, 2010).

Individuals with higher level of spiritual well-being have been reported to experience lesser levels of emotional and mental illness (Brown, Carney, Parrish & Klem, 2013). A new spiritual understanding called three Principles, considers mindfulness, flow and mental health as the most natural state of people. This state can be realized and sustained via three spiritual principles which are Universal Mind, Thought and Consciousness. By understanding the three spiritual principles, one can gain insight into "thought recognition" and "innate health via clear mind". This insight has shown significant positive relationship with mindful acceptance, mindful attention, flow experience, and mental health (Kelly, Pransky, & Lambert, 2016). Universal Mind has been considered as the purest life force; the formless energy and creative intelligence within and behind all of life; the essence of everything in the universe, including human beings, (Banks, 1998).

There are many activities in rural India which have spiritual effects, for example *Satsang*, which comprises of different prayers and chanting in a group. *Satsang* has been found to be promoting well-being among women in rural India. *Satsang* has a spiritual essence that helps a person in connecting with inner self and higher self, also referred to as God (Singh, et al., 2014).

For higher level of spiritual experiences a concept of *Sat-Chit-Ananda* (*Sat* meaning being truthful, *Chit* referring to being aware, and *Ananda* being the bliss) has been described in Indian spiritual texts. The Indian concept is about achieving bliss or infinite happiness by having the experience of connecting with inner source (Srivastava and Misra, 2011). A study proposed a scale to measure *Sat-Chit-Ananda* with adequate psychometric properties in which a multi-dimensional construct with four dimensions namely *Chit*-consciousness, *Antah Shakti*- Inner strength, *Sat*- truthfulness and *Ananda*- blissfulness was proposed (Singh et al., 2013).

Meditation is a core component of most of the eastern spiritual practices. Mental and physical health has been found to improve as a result of meditation (Kabat-Zinn, 1994). Empirical studies

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have confirmed that meditation can indeed foster beneficial psychological and physiological state (Davidson, Kabat-Zinn, Schumacher, Rosenkranz, et al., 2003). Effect of a Buddhist practice Soka Gokai (Soka Gokai International) on well-being and some factors of positive psychology have been studied in great detail in a transnational comparison. The practice has been found to be very effective across the nations (Sachar, 2013). In a review of many studies on effect of meditation, it has been found that meditation improves state of mind and health (Arya, Singh & Malik, 2013).

Many Indian organizations with large international following such as Art of Living, Brahma Kumaris, Vipassana and Sahaj Marg are having very effective and popular meditation based programs. These organizations have similar aim of giving spiritual progress, mental peace and happiness through meditation based spiritual practices; however their practices are different in terms of type of meditation, other side-activities and delivery of the programs.

Art of Living runs “Happiness Program” and other programs involving meditation, *pranayama* (breathing exercises) and *sudarshan kriya* (a process for cleansing of mind). In a one month study on *Sudarshan Kriya Yog* (SKY), significant reductions occurred in the pre- and post-intervention mean Hamilton Anxiety Scale (HAM-A), total score and psychic subscale (Katzman, et al, 2012). In a review paper on *Sudarshan Kriya Yog* (SKY), several papers on SKY were studied in which mounting evidence was found to suggest that SKY can be beneficial, low-risk, low-cost adjunct to the treatment of stress, anxiety, post-traumatic stress disorder, depression, stress-related medical illnesses, substance abuse and rehabilitation of criminal offenders (Zope & Zope, 2013).

Brahma Kumaris practice a technique of *rajyoga* (Yoga of mind). Their main focus is on spiritual study, meditation and self-transformation. It was observed in a study that use of some autonomic and respiratory variables (e.g., heart rate) may reveal group effects of meditation, whereas other variables can alter in an individualistic way (Telles & Desiraju, 1993).

The organization of Vipassana, practices one of the ancient Indian technique of meditation called Vipassana, which means to see things as they really are. In a study on impact of intensive Vipassana meditation, it was found that there was a significant improvement on all positive psychometric measures of psychological health and well-being, including positive affect, satisfaction with life, and mindfulness whereas there was significant decrease in depression, stress and negative affect measures related to ill-being. As an exception, anxiety subscale of the Depression, Anxiety and Stress Scale (DASS) did not change (Krygier et al., 2013). In another research which reflects author’s embodied experience of meditation; Vipassana Meditation is a medium for embodied self-reflexivity. It adds value to the body of knowledge of meditation. Engaging in embodied self-reflexivity has the potential to reduce stress for nurses and women, (Riet, 2011).

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Sahaj Marg or Sri Ram Chandra Mission offers a platform for spiritual and practical living in more than 100 countries. Their practice is based on inner experience through meditation. It is a refined and simplified form of *Rajyoga*, suitable for modern everyday life. *Rajyoga* refers to meditation and other practices affecting the mind and heart. The Sahaj Marg practice includes a morning meditation, evening cleaning (cleaning of mind) and prayer meditation at bed time. These three basic elements combine to create a complete and effective system for inner transformation. *Pranahuti*, an ancient yogic technique, also called yogic transmission is the backbone of Sahaj Marg practice. *Abhyasi* (practitioner) training program at CREST, stay in retreat centers, annual *bhandaras* (spiritual gatherings), and stay in Himalayan ashram are some of the supporting elements (a full description of courses available at www.sahajmarg.org). There is a lack of systematic studies on Sahaj Marg practices available in the published literature. To fill up this gap, the present study has been carried out in which the impact of five days Spiritual Practice in Himalayan Ashram of Sahaj Marg on well-being related parameters and selected physiological indicators have been assessed. At the end of the program, semi-structured interview was conducted to correlate the results of quantitative techniques with individual responses based on personal experience.

RESULTS

Well-being related parameters

There was a significant difference in the scores for the MHC-SF (Total) pre ($M = 52.42$, $SD = 10.57$) and post intervention ($M = 57.12$, $SD = 9.39$); $t(50) = 3.06$, $p < 0.01$. At component level also there was a significant difference in the scores for the MHC-SF (Emotional) pre ($M = 11.72$, $SD = 2.86$) and post intervention ($M = 13.04$, $SD = 2.38$); $t(50) = 2.69$, $p < 0.01$. MHC-SF (Social) also changed significantly with pre ($M = 16.68$, $SD = 5.70$) and post intervention ($M = 18.88$, $SD = 4.57$); $t(50) = 3.24$, $p < 0.01$. There was no significant change observed in MHC-SF (Psychological) (Table 1).

Table 1: Analysis of Pre and Post data for well-being related parameters

Factor	PRE- Testing		POST-Testing		N	t
	Mean	SD	Mean	SD		
MHC-SF (Emotional)	11.72	2.86	13.04	2.38	50	-2.69**
MHC-SF (Social)	16.68	5.70	18.88	4.57	50	-3.24**
MHC-SF (Psychological)	24.02	4.86	25.20	4.34	50	-1.61
MHC-SF (Total)	52.42	10.57	57.12	9.39	50	-3.06**
SPANE-Positive	23.57	3.88	26.22	3.57	49	-5.03**
SPANE-Negative	13.33	3.33	10.92	3.51	49	5.16**
SPANE-Balance	10.24	5.84	15.31	6.57	49	-6.40**
Flourishing Scale	47.18	8.18	49.69	8.23	55	-1.94
Sat-Chit-Ananda	73.43	9.48	76.02	6.89	51	-2.22*
MAAS	66.74	15.72	71.20	15.54	50	-1.52
DASS(Depression)	4.57	4.81	3.27	4.26	49	2.75**

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Factor	PRE- Testing		POST-Testing		N	t
	Mean	SD	Mean	SD		
DASS(Anxiety)	4.76	4.47	3.61	4.08	49	2.24*
DASS (Stress)	5.82	4.40	4.00	4.38	49	3.01**
DASS (Total)	15.14	12.51	10.88	11.73	49	3.14**

*Note: MHC-SF = Mental Health Continuum Short Form, SPANE= Scale of Positive and Negative Experiences, MAAS= Mindful Attention Awareness Scale, DASS= Depression, Anxiety and Stress Scale. * Significant $p < 0.05$ ** significant $p < 0.01$*

In SPANE-Balance scores also, there was a significant difference pre (M = 10.24, SD = 5.84) and post intervention (M = 15.31, SD = 6.57); $t(49) = 6.40$, $p < 0.01$. SPANE-Positive change significantly pre (M = 23.57, SD = 3.88) and post intervention (M = 26.22, SD = 3.57); $t(49) = 5.03$, $p < 0.01$. SPANE-Negative also changed significantly with pre (M = 13.33, SD = 3.33) and post intervention (M = 10.92, SD = 3.51); $t(49) = 5.16$, $p < 0.01$.

There was no significant change in the scores for the Flourishing scale. Values of *Sat-Chit-Ananda* Scale changed significantly pre (M = 73.43, SD = 9.48) and post intervention (M = 76.02, SD = 6.89); $t(51) = 2.22$, $p < 0.05$.

There was no significant change in MASS values. DASS (Depression) changed significantly pre (M = 4.57, SD = 4.81) and post intervention (M = 3.27, SD = 4.26); $t(49) = 2.75$, $p < 0.01$. DASS (Anxiety) also changed significantly pre (M = 4.76, SD = 4.47) and post intervention (M = 3.61, SD = 4.08); $t(49) = 2.24$, $p < 0.05$. There was a significant change in DASS (Stress) values pre (M = 5.82, SD = 4.40) and post intervention (M = 4.00, SD = 4.38); $t(49) = 3.01$, $p < 0.01$. DASS (Total) also changed significantly pre (M = 15.14, SD = 12.51) and post intervention (M = 10.88, SD = 11.73); $t(49) = 3.14$, $p < 0.01$.

Physiological parameters

Physiological measures (Blood Pressure and Heart Rate) were taken as dependent variables in the study to observe any change in them. There was no significant change in blood pressure (systolic) values. Blood Pressure (diastolic) changed significantly pre (M= 85.31, SD = 11.79) and post intervention (M = 77.21, SD = 10.42); $t(42) = 5.50$, $p < 0.01$. Heart Rate changed significantly pre (M=77.52, SD = 10.41) and post intervention (M = 86.12, SD = 9.58); $t(42) = 7.92$, $p < 0.01$ (Table 2).

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Table 2: Analysis of Pre and Post data for physical health related parameters

Factor	PRE- Testing		POST-Testing		N	t
	Mean	SD	Mean	SD		
Blood Pressure (systolic)	133.55	29.95	128.90	16.53	42	1.25
Blood Pressure (diastolic)	85.31	11.79	77.21	10.42	42	5.50**
Heart Rate	77.52	10.41	86.12	9.58	42	-7.92**

* Significant $p < 0.05$ ** significant $p < 0.01$

However, when we critically analyze the blood pressure data as per the American Heart Association Standards, the number of participants in normal range (BP Systolic < 120 and BP Diastolic < 80) increased from 7 to 12 (Fig 1). Participants in Pre-hypertension stage (BP Systolic 120-139 or BP diastolic 80 – 89) increased from 15 to 19. Participants in High blood Pressure Stage 1 (BP Systolic 140-159 or BP diastolic 90 – 99) decreased from 11 to 9. Participants in High Blood Pressure Stage 2 (BP Systolic > 160 or BP diastolic > 100) decreased from 4 to 2. Very important thing to note is that participants in hypertensive crisis condition reduced from 5 to 0 (Fig. 1).

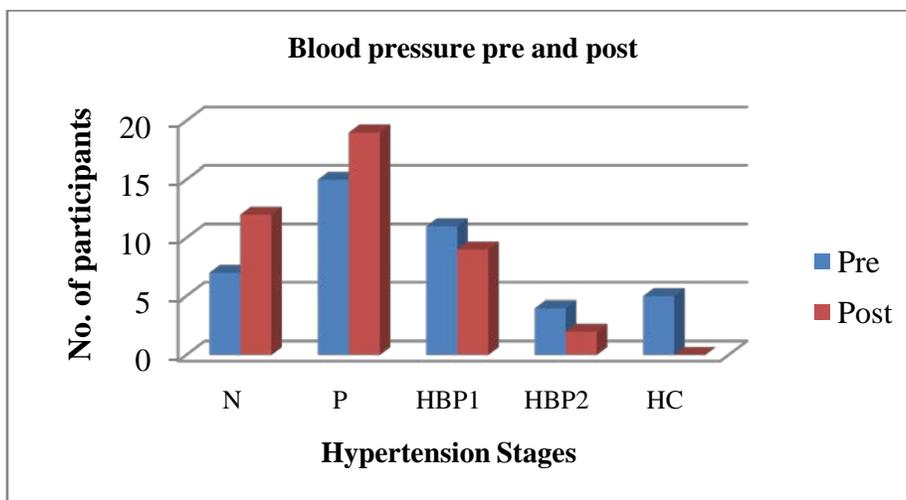


Figure 1: Number of participants in various stages of hypertension
 N-Normal; P-Pre-hypertension; HBP1-High Blood Pressure Stage 1;
 HBP2-High Blood Pressure Stage 2; HC-Hypertensive Crisis

Semi Structured Interview

To assess the impact of the program, semi structured interview was conducted to assess the impact of the program in qualitative terms. Replies to the questions are given below.

Q1 Why have you come for this program?

Majority of participants replied that they have come for spiritual progress. Many replied that they have come for mental peace, uniqueness of Himalayan Ashram at *Satkhola*, to participate in the program at Himalayan Ashram, to experience the atmosphere. One participant had heard from

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other practitioners that this place is like heaven. Some people replied that they wanted to be one with nature and also because the spiritual master likes the place very much. Some wanted to experience the silence of Himalayas.

Q2 How long have you been practicing Sahaj Marg?

Experiences of participants spanned over a very wide range with eight participants having experience up to five years and another five having experience of more than 20 years (Fig. 2). Twenty five participants were in the range of five to ten years whereas sixteen were in the range of ten to twenty years. One participant did not report the experience. When asked to elaborate, some reported that they discontinued for some time, some said that with the grace of master they were active till now. Some reported that they are continuing because of interest in meditation and spirituality and also their faith in the absolute.

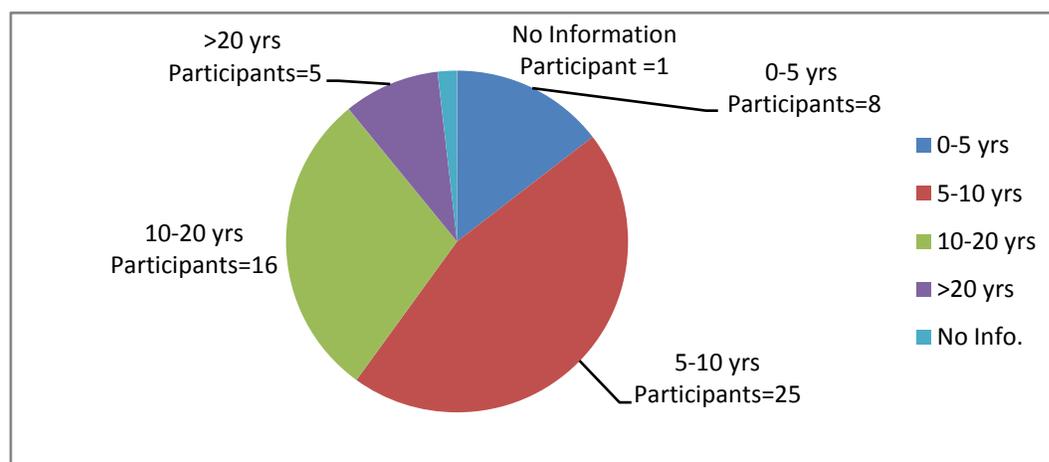


Figure 2. Duration of meditation practice

Q3 How regular you are in your practice? (Rate between 1- seldom to 5- Regular)

When asked about the regularity of meditation practice on a scale of 1-5 (1- seldom, 5- regular), thirty two of them reported the highest number 5 (Fig. 3). Twelve of them reported 4 while nine of them reported 3. One participant reported two and nobody reported 1 whereas for one participant data was not available. When asked to elaborate, some reported that they were regular in all aspects of practice whereas some reported that they were regular in the morning meditation but irregular in evening. Some reported their irregularity due to laziness whereas some others had lack of reason for irregularity. One person reported that he was missing diary writing whereas one reported that his practice has improved in *Satkhol*.

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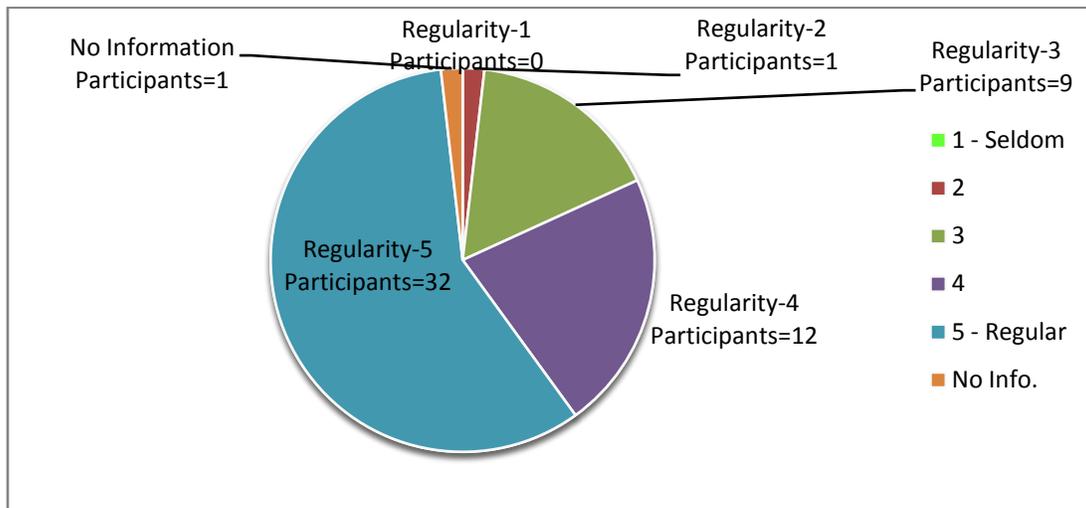


Figure 3: Regularity of meditation practice

Q4 How much improvement you feel in your spiritual condition during this program?

When asked about the improvement in spiritual condition during the program on a scale of 1-5 (1- Negligible, 5- Tremendous), thirty five of them reported the highest number 5 (Fig. 4). Sixteen of them reported 4 while three of them reported 3. None of them reported 1 or 2 whereas for one participant, data was not available. When asked to elaborate, some reported that their mind was totally at peace and they developed art of listening to nature silently, some felt totally absorbed in meditation, for some the regularity of practice and sensitivity has increased. One participant reported that he was fully focused on the program without deviation due to group effect while one reported that exploring self was much easier here.

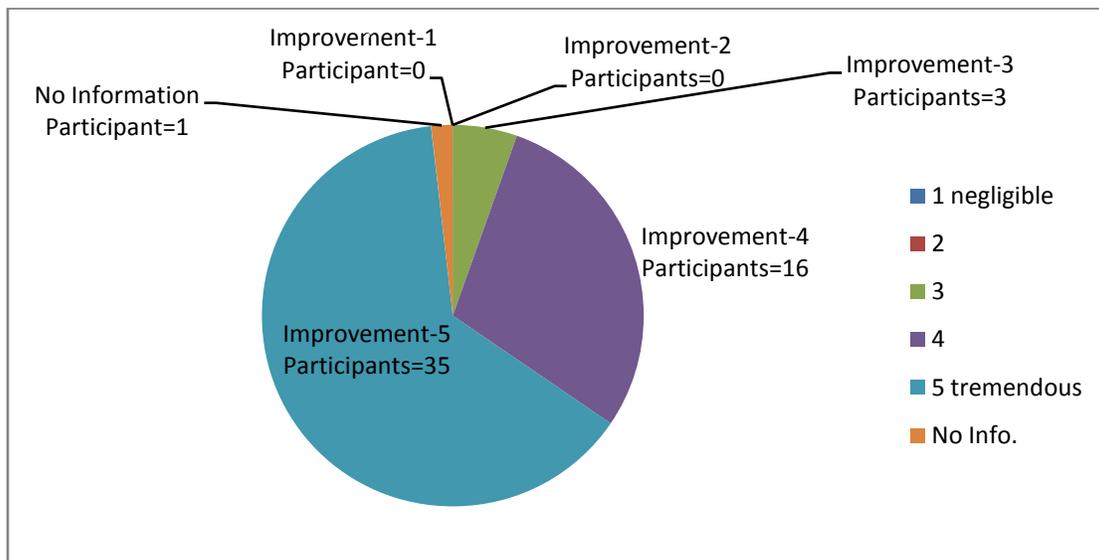


Figure 4. Improvement in spiritual condition during the program

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Q5 Which activities you liked most in the program?

Six participants reported that they liked all the activities whereas many reported that they liked meeting the Master. Many participants replied that they liked Volunteer Work, meditation, cleaning process, peaceful atmosphere, introspection, group meditation etc. Some people liked heart fullness program where as some liked the nature walks.

Q6 Which activities you did not like in the program?

Eight participants reported that there was no activity which they did not like. One participant did not like filling this format; one did not like being left totally free whereas one did not like not having time for introspection. One person felt that unnecessary fear was created about rules and regulations in the *Ashram*. All other participants did not answer the question.

Q7 Anything you want to say on your own?

Many participants felt very good with two saying that it is like heaven. Some participants wanted to thank the Master for the opportunity. Some felt free inside whereas some felt the real experience of meditation. Some wanted to come again whereas some said that participants are wonderful. One participant wanted to stay there only after retirement whereas one appreciated the program. One participant felt differently during meditation which was never felt earlier. Twenty seven participants did not mention anything.

DISCUSSION

Main aim of this work was to study the effect of immersive spiritual practices at Himalayan Ashram of Sahaj Marg on well-being related parameters. There were significant improvements in measures of well-being with SPANE and MHC-SF (Emotional), MHC-SF(Social), MHC-SF(Total) and *Sat-Chit-Ananda* showing significant positive change. In a similar study, brief mindfulness meditation training was effective at increasing mindfulness skill, reducing negative mood and significantly reducing fatigue (Zeidan, et. al, 2010). In another study on *Satsang* carried out in rural India, it was observed that all the rural women participating in *Satsang* felt more empowered and free from stressors (Singh, et al., 2014). *Satsang* also has spiritual essence similar to Sahaj Marg Spiritual Practice. In another study, mindfulness meditation significantly reduces stress levels for meditation and it was effective in reducing repetitive and persistent thinking (Kang, Choi & Ryu, 2009). Considering various studies cited about meditation effects earlier, it can be interpreted that the well-being related parameters have moved on expected lines showing significant improvement. The insignificant MAAS results may also be attributed to this practice being heart centered instead of mind. In this practice, practitioners are encouraged to be heart centered however they observe through introspection what is going on in the mind also as a secondary thing.

DASS factors, Depression, Anxiety, Stress and their total values have reduced significantly with downward trend. Rocha et. al, (2012) have found that regular yoga practice reduced stress,

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depression and anxiety and it also improved performance in a recognition memory task. In the same study, Salivary Cortisol analysis indicated that yoga practice reduces physiological parameter indicative of stress levels. In a similar study based on *Pranayama*, it was found that regular practice of *pranayama* had a positive effect in lowering the test anxiety (Nemati, 2013). A study on effect of negative air ions concentration found that there was a decline in computer-oriented stress and psychological stress (Malik, Singh, & Singh, 2010). The pristine environments similar to Himalayan Ashram are known to harbor high density of beneficial negative air ions (Suni, et. al, 2007). This may also be relevant as the decrease in stress may be partly due to higher levels of negative air ions in natural surroundings.

In selected physical health indicators, there is significant improvement in Blood Pressure-Diastolic values in spite of the fact that normally blood pressure increases at higher altitudes (Lang, et al., 2016; Stöwhas, et al, 2013). However, mean Heart Rate values have gone slightly up instead of improvement. It is difficult to explain this negative effect, however, one of the possible reasons may be the higher altitude (Stöwhas, et al, 2013). In a related study, a meditation group performed mindfulness meditation 30 minutes daily for seven consecutive days. They were found to have reduction in Systolic blood pressure and anxiety scale scores (Yu, Xueling, Liyuan & Xiaoyuan, 2013). Another study observed that higher blood pressure (BP) participants in the Mindfulness Based Stress Reduction (MBSR) group had lower BP at week 8 relative to control group (Tavis, et. al, 2012). In a study on 50 healthy subjects (24 males and 26 females) it was found that heart rate, systolic BP and diastolic BP after *pranayama* and meditation for 15 days, went down (Roopa, et. al, 2011). In a study on borderline hypertensive subjects, it was found that relaxation and meditation technique is an effective method of lowering borderline hypertensive blood pressures (Benson, Rosner, Marzetta, & Klemchuk, 1974).

In the present study, semi-structured interview was also conducted to reinforce the observations. It has been found that results obtained for well-being related indicators correlate well with responses of semi-structured interview. Tremendous improvement was reported by 35 participants in their spiritual condition, whereas 16 participants reported a value of four on a scale of one to five, where 5 correspond to tremendous. This is an indication of majority of participants finding a lot of improvement in their spiritual condition which correlates well with results of self-report measures. The fact that they liked most of the activities in the program also points towards participants feeling contented. Participants gave very positive responses, when asked to say anything on their own.

Some participants had higher blood pressure, however it could not be ascertained whether they had similar problem before starting the practice of Sahaj Marg. Moreover what other difficulties they are facing in life has not been asked for. Hence it cannot be explained how the practice worked for them before the program, which is a limitation of this study. Also, to more clearly pin

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point the main factor (the practice, the location, the Master, or all of them) responsible for benefits, control group is desirable. It would have been better to have a control group such as a group of people who practiced but did not attend the ashram, however it could not be realized due to physical limitations of the research team as the ashram is too far away and participants come from different parts of the world, with different backgrounds. Getting people of similar backgrounds at a place other than *ashram* and not doing the practice was very difficult and hence this can be considered a limitation. Follow up measurement could also not be done which adds to limitations in terms of finding whether the effect is lasting or not. Another limitation of the study has been that it could not bring out clearly what might be bringing about the benefits (the active component): is it the practice, the location, the Master, or all of them.

CONCLUSION

The results of the self-report measures suggest that due to the program, mental health and its emotional and social well-being components, SPANE, *Sat-Chit-Ananda* showed improvement whereas Depression, Anxiety, Stress and their total had significant reduction. However, MHC-SF (Psychological), FS and MASS did not have significant change. Results of well-being and ill-being related parameters, physiological parameters and semi-structured interview indicate perceived change towards general improvement.

SUGGESTIONS FOR FUTURE STUDIES

Sahaj Marg spiritual practice is finding more and more acceptance throughout the world; however it has not been researched well. It is also being spread by the name Heartfulness as an experience even for those who may not like to follow the regular practice of Sahaj Marg for long duration. It is suggested that heartfulness programs of Sahaj Marg aimed at non-practitioners could also be studied in different settings. Moreover, the inclusion of control group as well as wider physiological parameters can be considered to strengthen the results in future studies.

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Conflict of Interests

The authors declared no conflict of interests.

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