

# Perceived Wellbeing as Related to Spirituality and Stress Management: A Case Study of the Purna Health Management System

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## Abstract

The Purna Health Management System (PHMS) is an integrated holistic system for health management, based on ancient Vedic philosophy and developed by Professor, Dr. Sri Svami Purna Maharaj. The current case study used an anonymous online survey to determine which aspects of the PHMS practitioners perceived as fostering wellbeing. The PHMS has four key factors: health, fitness, and nutrition (HF&N) (good food, good sleep, good exercise); life balance [stress management] (LB-SM) (good mind, good human interaction, good relationships, good deeds); spiritual growth and development (SG&D) (good meditation and contemplation); and living in harmony with the natural environment to support health (LHWNE) (good interaction with plants and animals, sustaining the environment). Relationships were tested between perceived wellbeing from key factors and years of implementation, suggested PHMS activities engaged in, and self-reported outcomes (physical health, mental/emotional health, overall stress, and ability to manage stress). Forty-one participants completed the survey. Those implementing the PHMS longer reported increased wellbeing for LB-SM ( $r_s = .45, p < .001$ ) and SG&D ( $r_s = .57, p < .001$ ). Participants eating more healthy foods in a week reported increased wellbeing for LB-SM ( $r_s = .32, p < .05$ ). Participants implementing more spiritual practices and practices to live in harmony with the environment in a week reported increased wellbeing for SG&D (both  $r_s = .32, p < .05$ ). No correlations were found between wellbeing and self-reported outcomes. Findings suggested the PHMS may support the perception of wellbeing in practitioners, especially when used regularly.

**Keywords:** Holistic health, wellbeing, Vedic philosophy, spirituality, stress management

## Introduction

Research indicates that wellbeing is a multidimensional construct (Lifshitz, Nimrod, & Bachner, 2018) and is correlated with positive health indicators (Kansky & Diener, 2017; Kok et al., 2013; Ryff, Singer, & Love, 2004). However, wellbeing is difficult to define (Cunningham, Cunningham, Roberston, & Heyn, 2018). There are two main types of wellbeing discussed in the literature: eudaimonic wellbeing and hedonic wellbeing (Ryan & Deci, 2001). Eudaimonic wellbeing involves an individual's active engagement in their personal growth and development, while hedonic wellbeing involves the individual

experiencing positive emotions and feelings of contentment (Ryff et al., 2004).

Hone, Jarden, Schofield, and Duncan (2014) explored several models of wellbeing and suggested that the concept of wellbeing may be synonymous with the notion of flourishing in life. Dodge, Daly, Huyton, and Sanders (2012) explained that wellbeing is experienced “when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge” (p. 230). Considering these definitions together, one could describe wellbeing as a positive inner state that is experienced by an individual when actively maintained

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through personal effort and with a proper balance between internal and external resources and challenges.

The Purna Health Management System (PHMS) is an integrated holistic system that provides guidance so individuals can be self-empowered to take responsibility for their own health. The purpose of doing so is to prevent disease, promote health, and foster wellbeing and longevity. The PHMS encourages people to live an active, independent, happy and healthy life. Balance is key to meet these aims. The term “balance” refers to work/life balance, balance of the body, and steadiness of the mind. The PHMS states that our health and wellbeing are supported when we are living a balanced lifestyle and are balanced in our care of the physical body, mental/emotional state, and communication with others. It was developed by Professor, Dr. Sri Svami Purna Maharaj—a rare Himalayan Master and Teacher—known by His students and followers as Svamiji (Adhyatmik Foundation, 2018; Purna, 2008, 2010, 2012, 2013, 2014). The PHMS is based on perennial, ancient Vedic philosophy (Jamison & Witzel, 2003). As such, the underlying foundation and framework of the PHMS uses several concepts of Vedic philosophy: Shatamjivet, Ashramas, Gunas, and Puruṣārthas.

Shatamjivet is a notion from the Upanishads that suggests humanity has the capability of living a long life (100 years or more), free from disease, if lifestyle is properly managed (Spedding, 2012). Ashramas are life stages, typically divided into periods of 25 years. Each period has a specific focus or set of tasks that are similar to lifespan human development theory in the Western tradition (Erikson, 1959; Havighurst, 1972). According to Vedic philosophy, the world is comprised of three gunas or qualities which are “waves of vibrations ... that ebb and flow in cycles through all forms of nature” (Spedding, 2012, p.40). The three gunas are: Sattva - “The quality of light and positivity” (Purna, 2013, p.179); Rajas - “The driving force for passion and activity” (Purna, 2013, p.179); and Tamas - “The signature of darkness, inertia, and negativity” (Purna, 2013, p.179). Finally, Puruṣārthas provide the aims of a fulfilling life: dharma (duty in life), artha (resources and wealth), kama (enjoyment of life), and moksha (spiritual enlightenment) (Spedding, 2012).

The goal of the PHMS is to teach individuals at any age or life stage how to achieve harmony by “improving health and wellbeing; achieving success and prosperity; and finding fulfillment at home and at work” (Purnahealth.org, 2013). There are four key factors comprising the PHMS. These factors work together as an integrated whole: health, fitness and nutrition (HF&N);

life balance (stress management) (LB-SM); spiritual growth and development (SG&D); and living in harmony with the natural environment to support health (LHWNE) (Spedding, 2012).

The HF&N key factor of the PHMS addresses the physical aspects of living a healthy lifestyle (Spedding, 2012). These include engaging in regular moderate physical activity, and being mindful of what we eat. Eating only a sattvic diet is suggested - a light, non-spicy plant-based diet free from sugar and processed foods (Spedding, 2013). Using supplements to compensate for a diet lacking in certain vitamins and minerals is also recommended (Spedding, 2013). Getting regular check-ups from a health care practitioner is suggested as well (Spedding, 2012). Evidence suggests that the use of nutritional supplements, coupled with a plant-based diet and being physically active support health and wellbeing (Chaudhary, Gustafson, & Mathys, 2018; Parry, Oeppen, Amin, & Brennan, 2018; Wiese, Kuykendall, & Tay, 2018).

The LB-SM key factor of the PHMS focuses on various elements of life that could get out of balance if they are not consciously attended to (Spedding, 2012). This factor suggests that providing our minds with a positive mental diet is important (Spedding, 2012). A positive mental diet includes thinking positive thoughts and focusing on positive emotions, reading uplifting prose and poetry, looking at beautiful art, listening to inspiring music, and enjoying the beauty of nature. Paying attention to and managing our thoughts and emotions so that they are balanced and harmonious are part of the LB-SM factor (Spedding, 2014a; Spedding 2015). The LB-SM factor also includes intentionally relating to others in ways that are positive, uplifting, and harmonious while avoiding negativity (Spedding, 2014a). Getting enough sleep daily is an important part of LB-SM (Spedding, 2014b). For managing stress, doing good deeds such as volunteering without a personal agenda, prioritizing our schedules and activities while balancing what we do at home and work are essential strategies (Purna, 2017; Spedding, 2012). The focus on positive mental and emotional states found in the PHMS are in harmony with positive psychology principles (Fredrickson, 2001; Gable, & Haidt, 2005; Linley, Joseph, Harrington & Wood, 2006; McGuire, Erickson, Quach & Willey, 2018; Seligman, Steen, Park, & Peterson, 2005; Sheldon, & King, 2001; Stebbins, 2018). Stress management practices such as mindfulness have been shown to support wellbeing (Jeanguenat & Dror, 2018; Roulston, Montgomery, Campbell, & Davidson, 2018).

The SG&D key factor of the PHMS addresses spirituality and how to cultivate inner peace through the unfolding of the spiritual path using Vedic principles (Jamison & Witzel, 2003). SG&D is guided by Patañjali's (1999) eight-fold path of yoga. The path begins with physical yoga postures to prepare the body for additional spiritual growth. It increases the experience of inner peace through spiritual practices, and ends with a total merger with the Divine source as the ultimate spiritual goal (Patañjali, 1999). The PHMS suggests that we are here to learn, to serve others, and to grow spiritually. Therefore, regular, conscientious focus on one's spiritual path is important to support that purpose (Spedding, 2012). Several studies found that engagement in spirituality increased wellbeing (Lifshitz et al., 2018; Schnitker & Richardson, 2018).

LHWNE is the fourth key factor of the PHMS (Spedding, 2012). It addresses mindful, sustainable, and renewable living. It also suggests spending at least an hour a day out in nature and relating positively to animals and plants. Evidence suggests that there are health benefits to spending time in the beauty of nature, such as experiencing decreased stress, increased positive affect and increased wellbeing (McMahan, & Estes, 2015; McMahan, Estes, Murfin, & Bryan, 2018; Southon, Jorgensen, Dunnett, Hoyle, & Evans, 2018; van den Berg & Staats, 2018; Zhang, Howell, & Iyer, 2014). The PHMS states that attending to sustainability and respectfully caring for Earth and all its inhabitants is important so that humanity will continue to be able to reap the health benefits of being in nature (Sandifer, Sutton-Grier, & Ward, 2015; Spedding, 2012).

The four key factors of the PHMS were subdivided into seven areas summarized by Svamiji during a recent telecast as, "Seven commandments for good health and happiness and all-around wellbeing" (Purna, 2017, telecast recording mins. 42:49–42:58). These "commandments" are suggested activities of the PHMS, as follows: good food, good sleep, and good exercise; good mind, good human interaction, good relationships, and good deeds; good meditation and contemplation; and good interaction with plants and animals while sustaining the environment.

Even though the PHMS is meant to foster health and wellbeing, the author wanted to know if practitioners of the system perceived improvements in these areas. Therefore, the current case study was conducted to determine which aspects of the PHMS practitioners perceived as fostering their wellbeing. Specifically, which of the four key aspects of the PHMS were perceived as supporting overall wellbeing in relation to

years of implementation of the PHMS, activities engaged in as suggested by the PHMS, and self-reported outcomes for physical health, mental/emotional health, overall stress, and ability to manage stress. In other words, the author wanted to determine whether it was merely a perception of wellbeing, or if that perception was supported by associations with what participants actually did (i.e. ongoing implementation of the PHMS and specific suggested lifestyle activities). The author also wanted to know if perception of wellbeing from the PHMS was associated with desired self-reported health outcomes. To that end, survey questions were written specifically to address the participants' agreement with statements about the key factors supporting their health and wellbeing. The author wanted to corroborate those perceptions. This aim was addressed by investigating associations between how much participants implemented the PHMS over time, which suggested PHMS activities they engaged in, their self-reported outcomes (physical health, mental/emotional health, overall stress and ability to manage stress) vs their perceived wellbeing. It was therefore hypothesized that practitioners who have been implementing the PHMS longer, do more suggested PHMS activities, and have better self-reported outcomes would perceive increased wellbeing in all four of the PHMS key factors.

### Method

The current study used a case study approach and collected data through a cross-sectional, mixed-methods, anonymous online survey to assess perceived wellbeing in people who were practicing the PHMS and implementing the system. "A case study is a research approach that is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context" (Crowe, et al. 2011, p.1).

The methods used in the current study have been described elsewhere (Schulz, 2015, Schulz, 2018). The study was approved by two institutional review boards prior to participant recruitment. Participants were recruited via daily announcements made using an IRB-approved script at a 4-day event held by Svamiji in the Poconos of Pennsylvania. The four-day event took place in April 2014. It involved a Women's Day, a Health Day, and a two-day Retreat. After hearing the announcements about the study, attendees of the 4-day event indicated interest on a sign-up sheet. In total, 100 potential participants were emailed a link to an anonymous online survey, as an opportunity to do *seva* (selfless service). Information about informed consent was provided in the e-mail, and study participants had to voluntarily consent to participate in the study before starting the survey. There was no incentive provided to complete the survey.

Reminder e-mails were sent to encourage participation in the study every 2-3 weeks. The survey was opened in April of 2014 and closed at the end of June 2014.

### Participants

Case study participants had to be 18 years of age and older to be eligible to participate in the study. They were students of Professor, Dr. Sri Svami Purna Maharaj (Svamiji), the founder of the PHMS. Potential participants were attendees of the 4-day event held by Svamiji in April 2014 described previously. The online survey was completed by 41 of 100 the potential participants. Please see Table 1 for the demographic characteristics of the study participants.

### Measures

The online survey used SurveyMonkey, was developed specifically for the current study, and was created by a panel of experts who were knowledgeable about Vedic philosophy. Although not formally validated, the survey had good content validity based on reviews by the panel of experts. The survey included items related to the demographic characteristics of participants, checklists, Likert scale questions, and open-ended questions. Demographic characteristics were age, sex, race, employment status, education history, and relationship status.

**Table 1.** Demographic characteristics of case study participants (n=41)

Variable	n (%)
Age <sup>a</sup>	
26–49 years	24 (57)
50–74 years	15 (36)
Age not stated	2 (5)
Gender	
Male	11 (27)
Female	30 (73)
Race/ethnicity	
White, non-Hispanic	27 (64)
Hispanic/Latino	11 (27)
Other	3 (7)
Marital status	
Never been married	6 (15)
A member of an unmarried couple	4 (10)
Married/legally partnered	15 (36)
Divorced	15 (36)
Would rather not say	1 (3)
Widowed	0 (0)
Employment status	
Self-employed	20 (49)
Full time	14(34)
Retired/unemployed	5(12)
Part time	1 (3)
Employment status not stated	1 (3)
Educational level	
High school or General Educational Development test	3 (7)
College degree	17(41)
Graduate degree	20 (49)
Education level not stated	1 (3)
Approximate annual income <sup>b</sup>	
\$0–\$39,999	12 (29)
\$40,000–\$99,999	10 (24)
\$100,000+	11 (27)
Income not stated	8 (20)

<sup>a</sup> The mean age was 47 years with a range of 26–74 years.

<sup>b</sup> The range was \$0–\$500,000

The survey also asked participants how many years they had been practicing the PHMS and how many hours of sleep they usually got during a 24-hour period. Likert scale questions were converted to points, either 1-5 points or 1-6 points, for data analysis.

Checklists were designed to determine the types of activities recommended by the PHMS that participants engaged in. The participants were asked about hobbies, exercise, foods they ate, weekly spiritual practices, and environmental practices they engaged in. Several answer options were provided for each activity, and participants were instructed to check all that apply. The number of checked responses were tallied for a total count for each activity. For the foods eaten activity, responses were divided into the separate categories of healthy and unhealthy foods for data analysis.

Likert scale responses were used for the self-reported outcomes. Physical health was rated (excellent, very good, good, fair, or poor) as overall physical health on most days, taking into account intensity of physical pain and other symptoms, frequency of physical illness, fatigue, and general energy level. Mental/emotional health was rated (excellent, very good, good, fair, or poor) as overall mental health on most days, taking into account intensity of emotional pain and other symptoms, mood swings, mental clarity, and general stress level. Overall stress was rated (no stress, very little stress, mild stress, moderate stress, quite a lot of stress, or extreme stress) as the overall amount of stress experienced during the past 12 months; the ability to manage stress was rated (excellent, very good, good, fair, or poor) by how well the respondent was able to manage stress.

To determine which four key factors of the PHMS practitioners perceived as fostering wellbeing, the survey used Likert scale questions (strongly disagree, moderately disagree, mildly disagree, mildly agree, moderately agree, or strongly agree). HFN, LB-SM, SG&D, and LHWNE were rated by their perceived ability to improve the health and wellbeing of survey respondents.

Open-ended questions were included in the survey to gain insight into how participants used the PHMS and how the PHMS helped them. Qualitative responses were not analyzed for the current study

### Data Analysis

Summary statistics are provided as counts and percentages. Survey responses did not meet normality assumptions, so nonparametric inferential analyses were performed. Spearman's correlation coefficient ( $r_s$ ) was used to estimate the strength of the relationship between perceived wellbeing (from the four key factors of the PHMS) and the following: years of implementation of the PHMS, total daily or weekly engagement in activities suggested by the PHMS, and self-reported outcomes of physical health, mental/emotional health, overall stress, and ability to manage stress. SPSS version 23 (IBM Corp., Armonk, NY) was used for all analyses, and statistical significance was set at  $p < .05$ , two-tailed.

### Results

The average number of years participants had been practicing the PHMS was 4 years, with a range of 0-20 years. Those who had implemented the PHMS for more years reported increased perceived wellbeing for LB-SM ( $r_s = .45, p < .001$ ) and SG&D ( $r_s = .57, p < .001$ ) (Table 2).

When comparing perceived wellbeing from the four key factors of the PHMS with weekly engagement in activities suggested by the PHMS, participants who reported eating more healthy foods in a week reported increased perceived wellbeing for LB-SM ( $r_s = .32, p < .05$ ) (Table 3). Participants who reported implementing more spiritual practices and more practices to live in harmony with the natural environment in a week reported increased perceived wellbeing for SG&D (both  $r_s = .32, p < .05$ ).

When comparing perceived wellbeing from the four key factors of the PHMS with self-reported outcomes of physical health, mental/emotional health, overall stress, and ability to manage stress, no significant correlations were found (Table 4).

**Table 2.** Relationship between perceived wellbeing from the four key factors of the Purna Health Management System (PHMS) and Years of Implementation of the PHMS

Four key factors of the PHMS	Correlation between perceived wellbeing and years of implementation
Health, fitness and nutrition	.27
Life balance (stress management)	.45*
Spiritual growth and development	.57*
Living in harmony with the natural environment	.29

Note. Spearman's correlation coefficient ( $r_s$ ) was used for analysis. Significance was set at  $p < .05$ .

\*  $p < .001$ , two-tailed.

### Discussion

The current case study was conducted to determine which of the four key aspects of the PHMS that practitioners perceived as fostering their wellbeing in relation to years of implementation of the PHMS, daily or weekly activities engaged in as suggested by the PHMS, and self-reported outcomes for physical health, mental/emotional health, overall stress, and ability to manage stress. It was hypothesized that practitioners who have been implementing the PHMS longer, do more suggested activities, and have better self-reported outcomes would perceive increased wellbeing from all 4 key factors. Those who implemented the PHMS for more years reported increased perceived wellbeing from LB-SM and SG&D. Those who reported eating more healthy foods in a week reported increased perceived wellbeing for LB-SM. Those who reported implementing more spiritual practices and more practices to live in harmony with the natural environment in a week reported increased perceived wellbeing from SG&D. No significant correlations were found between perceived wellbeing and self-reported outcomes. Given the above findings, the PHMS may be useful to support the perception of wellbeing in those who implement it, especially when used consistently over time and with frequent weekly use of more types of dietary, spiritual, and environmental practices, regardless of self-reported health and stress outcomes.

The current study found significant correlations between those who were practicing the PHMS teachings for more years and increased perceived wellbeing for the two key factors of LB-SM and SG&D. This finding suggested that there may be a positive cumulative effect from practicing the PHMS over longer periods relative to perceived wellbeing. Since LB-SM and SG&D both seem to have a calming influence that can lead to an experience of inner peace, the relationship between those two factors and perceived wellbeing makes sense

intuitively (Das, Punnoose, Doval, & Nair, 2018; Molek-Winiarska & Żoźnierczyk-Zreda, 2018).

The reason why practicing the two PHMS key factors of HF&N and LHWNE for more years did not have statistically significant relationships with perceived wellbeing is less clear. Perhaps the focus of those two key factors is more external and tangible and therefore not as easily connected to an inner process such as perceived wellbeing. Also, the length of time in years that these factors need to be practiced to have significant associations with perceived wellbeing has not yet been established. Perhaps it is an issue of dosage. However, findings did suggest that having variety in weekly plant-based dietary practices (an aspect of the HF&N key factor) and a large assortment of weekly practices to live in harmony with the natural environment were both correlated with perceived wellbeing. This suggests the relationship with perceived wellbeing for HF&N and LHWNE is less about a cumulative effect over time as measured in years and more about eating a larger amount and variety of healthy foods and engaging in more environmental practices each week.

Regarding the link between spirituality, stress reduction, and wellbeing, Goyal et al. (2014) in a systematic review and meta-analysis found that the spiritual practice of meditation reduced psychological stress but did not have a significant effect on wellbeing (defined in that article as positive affect). However, unlike the current study, the length of time in years that people had been meditators was not taken into account with those findings. Since the participants in Goyal et al. (2014) were involved in meditation programs targeted to address physical or mental/behavioral health issues, it is possible that they were newer to meditation. In a qualitative study conducted by Damianakis, Wilson, and Marziali (2018), caregivers managed their stress through a reflective process framed by their spirituality.

**Table 3.** Relationship between perceived wellbeing from the four key factors of the Purna Health Management System (PHMS) and Activities Engaged in as Suggested by the PHMS

Activity	Correlation of perceived wellbeing from the four key factors of the PHMS			
	Health, fitness and nutrition	Life balance (stress management)	Spiritual growth and development	Living in harmony with the natural environment
Hours of sleep in 24-hour period	-.30	-.20	-.26	-.16
No. weekly exercises	-.06	-.15	-.06	.31
No. weekly healthy foods	.18	.32*	.22	.25
No. weekly unhealthy foods	.04	.06	-.001	-.20
No. weekly spiritual practices	.27	.25	.32*	.30
No. weekly practices living in harmony with environment	.11	.28	.32*	.31

Note. Spearman's correlation coefficient ( $r_s$ ) was used for analysis. Significance was set at  $p < .05$ . \*  $p < .05$ , two-tailed

This finding supports the current study's results because reflection is an important aspect of the SG&D key factor of the PHMS (Spedding, 2012). In another study, caregivers of a family member on a palliative care unit also benefited from using their spirituality for overcoming fears and coping (Lalani, Duggleby, & Olson, 2018). This finding suggests that spirituality helps people manage stressful situations and emotions and thus is supportive of this current study's findings.

In the East, the view that there is a connection between spirituality and wellbeing as espoused by the PHMS has been long established, but in the West, the association is less empirically developed (Wagani & Colucci, 2018). However, Dierendonck and Mohan (2006) have suggested that there is a link between eudaimonic wellbeing and spirituality. Their conclusion supports the findings of this current study and points to a need for further research about the relationship between spirituality and wellbeing in the West. Eudaimonic wellbeing, the PHMS as a whole, and the SG&D key factor all involve personal effort. Therefore, Dierendonck and Mohan's (2006) suggestion underscores the importance of self-effort in fostering wellbeing through spirituality and is therefore congruent with the PHMS philosophy.

When evaluating perceived wellbeing for activities engaged in as proposed by the PHMS, participants who reported eating more healthy foods in a week also reported increased perceived wellbeing from the key factor of LB-SM. The extant literature typically focuses on diet and its effects on physical health rather than wellbeing. For example, the findings of a study conducted by Saxe et al. (2006) suggested that stress reduction and plant-based diets together may slow the progression of prostate cancer. Plant-based diets have been found to be health-supporting and prevent chronic diseases (Tuso, Ismail, Ha, & Bartolotto, 2013). A study by Liu (2013) suggested that plant based-diets increase wellbeing, which lends credence to the findings of the

current study. In another study, a 6-week workplace plant-based diet pilot program was found to increase quality of life-related wellbeing in participants (Sutcliffe, Carnot, Fuhrman, Sutcliffe, & Scheid, 2018).

Study participants who reported implementing more spiritual practices also reported increased perceived wellbeing for the key factor of SG&D. In a study conducted with elders living in nursing homes and in the community, Fry (2000) found that engagement in spiritual practices was predictive of psychological wellbeing, which supports the findings of the current study. A study conducted in a workplace environment suggested that including spirituality in the workplace increased wellbeing in working parents and moderated work-home life stress (Yadav & Kumar, 2018).

Participants who reported implementing more practices to live in harmony with the natural environment also reported increased perceived wellbeing for the key factor of SG&D. This finding is supported by a study conducted by Kamitsis and Francis (2013), who found that psychological wellbeing and being engaged in nature is mediated by spirituality. Sandifer Sutton-Grier, and Ward et al. (2015) also found that being in biodiverse nature is supportive of the experience of wellbeing.

In the PHMS, diet falls under HF&N rather than LB-SM. Similarly, in the PHMS, practices to live in harmony with the natural environment fall under LHWNE rather than SG&D. These findings support the notion that wellbeing is a multidimensional construct as suggested by Lifshitz et al. (2018). In summary, perceived wellbeing was significantly correlated with some of the suggested PHMS activities, but not always with activities associated with their assigned key factor. Therefore, these findings support the notion that the PHMS is a holistic and integrative system. It would be helpful for future studies to examine the multidimensional and integrative nature of the PHMS as suggested by these findings.

**Table 4.** Relationship between perceived wellbeing from the four key factors of the Purna Health Management System (PHMS) and self-reported outcomes of overall physical health, mental/emotional health, stress level, and ability to manage stress

Four key factors of the PHMS	Correlation of perceived wellbeing and self-reported outcomes			
	Overall physical health	Overall mental/emotional health	Overall stress level	Ability to manage stress
Health, fitness and nutrition	.14	.06	.02	.11
Life balance (stress management)	.16	.17	-.02	.16
Spiritual growth and development	.06	.10	.09	-.02
Living in harmony with the natural environment	.19	.32	-.01	.08

Note. Spearman's correlation coefficient ( $r_s$ ) was used for analysis. Significance was set at  $p < .05$ .

When evaluating perceived wellbeing for the self-reported outcomes of physical health, mental/emotional health, overall stress, and ability to manage stress, there were no significant correlations with any of the four key factors of the PHMS. These findings suggest that participants perceived certain PHMS key factors as supporting their health and wellbeing but that perception did not translate over to the self-reported outcomes. This is surprising since studies have shown that wellbeing is correlated with positive health indicators (Kok et al, 2013; Ryff et al., 2004). However, a study by Schnitker and Richardson (2018) suggested that health and wellbeing are not correlated with each other. These conflicting findings suggest that there is a need for more research to determine whether perceived wellbeing and physical health, stress, mental/emotional health, and ability to manage stress are related. One such step would be to have a consensus in the literature about the definition of wellbeing. With a clear definition, wellbeing and its relationships with physical health, mental/emotional health, overall stress, and ability to manage stress can be examined with in a variety of populations. Perhaps, in some cases, people who are experiencing elevated levels of stress, physical health problems, or mental/emotional issues, are still able to perceive themselves as being in a state of wellbeing despite those challenges.

### **Limitations**

The current case study had a limited sample size (n=41), however, it also had an excellent response rate (41%). Because of the small number of participants, the study is under-powered. Also, the low number of participants may have resulted in Type 2 errors. To address the issue of limited sample size resulting in low power and an increased potential for Type 2 errors, future research would ideally have more participants. However, the pool of people currently aware of the PHMS is quite small. Before we can increase the sample size for future research, more people need to become educated about the PHMS and then invited to participate in a study.

The online survey had good construct validity in that a panel of experts was used to create it. However, to decrease participant burden, it did not include standard validated instruments such as established surveys measuring stress, physical health and emotional health, for example. In the future, some of the survey items that were used for the current study could be incorporated into other research along with validated tools to examine their validity. Also, validated instruments could be used for studies that are smaller in scope examining certain

targeted aspects of the PHMS rather than the whole system at once. This approach would eliminate the concern for participant burden since the instruments would most likely be somewhat briefer.

Because the survey was designed for a homogenous, highly specific population, questions may have inadvertently led toward centrality of participant responses. If the PHMS becomes more mainstream and accessible to the public, then future studies could be conducted with a more diverse population.

Also, some people may wish to be cautious in applying the PHMS because it originates from a belief system/philosophy. To address this issue, as people become more aware of the PHMS, future qualitative or mixed-design research could examine the comfort level of people from all walks of life who are using it. Although the PHMS emerges from Vedic philosophy, it was designed to be Universal in use. This means that the PHMS is for everyone. Western research has already demonstrated the benefits of various aspects of the PHMS separately (Chaudhary, Gustafson, & Mathys, 2018; Fredrickson, 2001; Gable, & Haidt, 2005; Jeanguenat & Dror, 2018; Lifshitz et al., 2018; Linley, Joseph, Harrington & Wood, 2006; McGuire, Erickson, Quach & Willey, 2018; McMahan, & Estes, 2015; McMahan, Estes, Murfin, & Bryan, 2018; Parry, Oepen, Amin, & Brennan, 2018; Roulston, Montgomery, Campbell, & Davidson, 2018; Schnitker & Richardson, 2018; Seligman, Steen, Park, & Peterson, 2005; Sheldon, & King, 2001; Southon, Jorgensen, Dunnett, Hoyle, & Evans, 2018; Stebbins, 2018; van den Berg & Staats, 2018; Wiese, Kuykendall, & Tay, 2018; Zhang, Howell, & Iyer, 2014).

The current study used a cross-sectional survey design with correlational analyses, which did not allow for conclusions about causality. As such, we cannot be certain about the direction of causality in our findings. Other factors may be responsible for the observed correlations. Future studies could include longitudinal research to examine long-term effects of PHMS usage, and randomized control trials to determine causal relationships between variables. This would only be possible if there were a large enough pool of people willing to implement the PHMS over time and an appropriate setting in which to conduct the research.

### **Conclusion**

The value of this case study approach is that it allowed for an in-depth investigation into a unique group who are applying the PHMS teachings, to gain insight into what the group is about, and what draws members to

these teachings, and what they find helpful about being in the group and using the PHMS. The group in the current case study is comprised of Westerners learning to apply Eastern Vedic principles. It is worthwhile to examine groups such as these, as they may have some useful ideas to help others outside of the group. An example of useful understandings coming from a small group from the East is seen in the mindfulness movement (Nisbet, 2016) which has roots in Vipassana meditation (insight meditation) (Vipassana Meditation, 2018), and the mindfulness teachings of Thich Nhat Hanh (Hanh, 2016), among others. The mindfulness movement originated from Buddhism and is now growing and finding value in the West in many arenas including those addressing psychological wellbeing (Brown & Ryan, 2003; Carmody & Baer, 2008; Sisk, 2017; Galante et al. 2018; Gökhan, Meehan, & Peters, 2010; Kabat-Zinn, Lipworth, & Burney, 1985; Kristeller, & Wolever, 2010; Lee, Finestone, Rossiter, & Reilly, 2018; Lucas, Klepin, Porges, & Rejeski, 2018; Nisbet, 2016; Piet, & Hougaard, 2011; Shapiro, Astin, Bishop, & Cordova, 2005; Stevenson, Millings, & Emerson, 2018). Similarly, the findings of the current study suggest that the PHMS teachings from the East may be useful to those in the West looking to foster wellbeing in themselves and others.

Specifically, findings of the current case study suggested that the key factors of LB-SM and SG&D seemed to be associated with aspects of perceived wellbeing over time. Findings also suggested that eating more healthy foods, doing more spiritual practices, and engaging in more practices to live in harmony with the natural environment per week were related to perceived wellbeing. As such, these findings suggested the PHMS is an integrated, complete system that may be useful to support the wellbeing of those who implement it. This is especially so when the PHMS is used consistently over time and with a larger assortment of practices, regardless of self-reported health and stress outcomes. For the key factors addressing LB-SM and SG&D, the PHMS may help practitioners to cultivate inner peace and inner strength or resilience.

Based on the current study's findings, psychologists and other helping professionals who want to foster a sense of wellbeing in their clients could encourage them to make changes to their lifestyles to include ongoing engagement in the PHMS - i.e. following the 7 commandments stated previously (Purna, 2017). Those integrative and holistic lifestyle choices would include:

1. HF&N: eating a light, plant-based diet, free from added chemicals and preservatives, getting enough exercise and 6-8 hours of deep sleep;
2. LB-SM: balancing one's life and managing one's stress through intentionally doing good deeds, staying positive, harmonizing one's thoughts and mental/emotional reactions, having good human interactions, communicating in a calm balanced way, using active listening with others, and not blaming others or complaining;
3. SG&D: engaging in one's spiritual path through meditation, contemplation, and reflection;
4. LHWNE: having respect for and being protective of the natural environment and spending time out in nature (Purna, 2017; Spedding, 2012).

Since the developer of the PHMS, Svamiji, designed it to be integrative and holistic, it is not surprising that the PHMS four key factors appear to relate to one another and to wellbeing. However, there is a need for additional research to discover how practitioners and professionals can use the PHMS for the purposes of fostering perceived wellbeing within themselves and others. In order for future research to be possible, more education to a larger audience about the PHMS is needed. For example, some training is slated to occur at the end of July 2019 in the UK and then in November 2019 in India. The current intention is to make health and environment central in upcoming events to lay people and professionals within the Vedic and spiritual traditions that are the perennial foundation. This training will occur at retreats, workshops, counseling and conferences as well as through publications and telecasts.

Future research efforts could define wellbeing as it relates to the PHMS more clearly, address the various relationships between the PHMS constructs, and examine more closely the relationship between engagement in the PHMS practices and perceived wellbeing. Finally, there is a need for more research to look at the effectiveness of the PHMS longitudinally with a larger sample size and with other groups. By doing further research, we may be able to determine the best pathways between the holistic, integrative lifestyle choices suggested by the PHMS and the experience of wellbeing.

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### Appendix

Seven Commandments for Good Health and Happiness and All-Around Wellbeing. One should follow a good balanced framework for life and that includes:

1. Good food: Balanced and healthy sattvic nutrition
2. Good sleep: sound sleep, deep sleep, carefree sleep, relaxed 6-8 hours sleep
3. Good exercise: that means walking, asans, swimming, moderate physical activity
4. Good mind: positive approach towards life in thought and in action, including good deeds, voluntary work or seva without any condition, expectation or agenda, gain or reward,
5. Good meditation: that means review, contemplation, gentle analysis, silence, pranayam, positive sound and music, and focus of mind on nature including flowers and trees and plants
6. Good human interaction and good relationships: pleasant, positive, gossip-free interaction with family, friends, work place associates and outside world where interaction occurs with human beings, and responsibility for self no blame and no complain and no back bite and no gossip and no attack and no ill will against anyone.
7. Good interaction with plants and animals, recognizing them as us with the same atma and force as they are also our life supports and helpers; and help our environment and our world to sustain properly.

These are the simple seven commandments for a good life and lasting well-being and happiness (Purna, 2017: *Divine Dialogs*, October 15, 2017 [mp3], mins. 42:49- 45:58)