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Research Article

The Interplay of Mindfulness, Interoception, and Dual Emotions in Enhancing Psychological Well-being - Development of Heal-thy Life Spiritual Psychology Assessment Scale (HLSPAS)

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Abstract

Recent developments in positive psychology and spiritual practices suggest a nuanced pathway to enhancing psychological well-being through the cultivation of mindfulness, interoception, and balanced dual emotions. This article explores the conceptual progression from mindfulness to interoception, further leading to an understanding of internal values and the strategic balancing of the dual emotions of silence and happiness. Mindfulness, defined as the non-judgmental focus on the present moment. Interoception, or the awareness of internal body sensations, complements mindfulness by enhancing self-regulation. The integration of silence and happiness as dual emotions contributes to mental clarity which is crucial for reducing symptoms of anxiety and depression. Happiness, associated with positive social interactions and compassion, plays a critical role in the promotion of relational well-being. By maintaining a balance between these emotions, individuals may experience enhanced well-being through improved hormonal balance and psychological resilience. Supported by spiritual practices that emphasize egolessness and contentment, this model proposes that mindfulness, interoception, and dual emotion management can synergistically foster a health-promoting environment, both psychologically and physiologically. This research involving development of Heal-thy Life Spiritual Psychology Assessment Scale (HLSPAS) aims to synthesize these elements into a coherent model that contributes to the broader understanding of psychological well-being, drawing from spiritual experience and practice in these areas.

Keywords:
Mindfulness • Interoception • Silence • Egolessness • Eudaimonic well-being • Happiness • HLSPAS • HLSPI

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Introduction

In contemporary psychological practice, as informed by my own journey over nearly five decades, mindfulness and interoception are increasingly recognized as essential components in enhancing psychological well-being. Mindfulness, originally derived from ancient Eastern traditions and now integrally embedded in Western therapeutic practices, involves a focused awareness and acceptance of the present moment (Kabat-Zinn, 1994). It has been widely studied for its benefits in reducing the symptoms of various psychological disorders including anxiety, depression, and stress-related disorders (Hölzel et al., 2011). Interoception, defined as the sensory processing of internal bodily signals, complements mindfulness by providing a deeper understanding of the physiological processes related to emotions and health (Craig, 2002). Together, these practices form a robust framework for developing a heightened state of self-awareness and regulation. The pursuit of psychological well-being, however, is complex and extends beyond the individualistic focus of mindfulness and interoception. It necessitates the integration of positive emotional states that can support sustained mental health. In this context, the dual emotions of silence and happiness emerge as pivotal components. Silence, often misunderstood merely as the absence of sound, encompasses a state of mental quietude and reduced cognitive noise, which can lead to greater emotional resilience and clarity of thought (Dana, 2021, 2022). Happiness, typically characterized by feelings of joy and contentment, is crucial not only for individual well-being but also for fostering social connectedness and empathy (Fredrickson, 2001).

Recent research, along with my personal experiences, suggests that balancing these dual emotions can significantly enhance psychological resilience and well-being. Silence facilitates a reduction in the overwhelming influx of stimuli that individuals face, which can decrease stress levels and enhance mindfulness (Kabat-Zinn, 2003). On the other hand, happiness, particularly when derived from meaningful social interactions and personal achievements, enhances psychological flexibility and builds a buffer against the negative impacts of stress (Lyubomirsky, King & Diener, 2005). The synthesis of mindfulness, interoception, and the dual emotions of silence and happiness provides a comprehensive model for understanding and improving psychological well-being. This model posits that mindfulness enhances the awareness of both external and internal environments, allowing individuals to better perceive their emotional and bodily states through interoception (Farb, Segal & Anderson, 2013b). This enhanced perception can facilitate a deeper engagement with the emotions of silence and happiness, each serving distinct yet complementary roles in mental health. Silence supports introspective practices and the reduction of mental clutter, thereby reducing the risk and impact of psychological disorders such as anxiety and depression. Happiness, often spurred by positive interactions and accomplishments, offers a robust defense against the physiological and psychological detriments of stress (Davidson, Jackson & Kalin, 2000).

Furthermore, this interplay of mindfulness, interoception, and dual emotions aligns with broader psychological theories such as the Broaden-and-Build theory of positive emotions (Fredrickson, 2001). This theory proposes that positive emotions broaden an individual's momentary thought-action repertoires, which in turn help to build their enduring personal resources, ranging from physical and intellectual resources to social and psychological resilience. The relevance of this model is particularly significant in the context of modern-day stressors, where individuals are continuously bombarded by information and often struggle with social isolation and mental health challenges. By fostering an environment where individuals can regularly engage in practices that promote mindfulness, interoception, and positive emotional experiences, there is potential for a more holistic approach to mental health that is both preventive and therapeutic.

This research, therefore, aims to explore how the strategic integration of these psychological constructs - mindfulness, interoception, and the dual emotions of silence and happiness - can be operationalized to enhance overall well-being. It will examine existing research on these practices, discuss their physiological and psychological impacts, and propose a Heal-thy Life Spiritual Psychology Assessment Scale (HLSPAS) to measure their combined effect on health outcomes. The ultimate goal is to provide a comprehensive understanding that could guide future research and practice in psychological health and well-being, informed by my personal insights and decades of practice.

Mindfulness and Interoception

The interconnected practices of mindfulness and interoception are pivotal in the realm of psychological health, offering robust mechanisms for enhancing well-being. Mindfulness, defined as the intentional and nonjudgmental focus on the present moment, is recognized for its therapeutic benefits across a spectrum of psychological conditions, notably anxiety and depression (Hölzel et al., 2011). This practice involves a deliberate attention to current activities and experiences, fostering a profound connection with the present that can mitigate the pervasiveness of stress-related thoughts and feelings. A substantial body of research supports the efficacy of mindfulness in mental health therapy. Studies have consistently shown that mindfulness meditation can lead to significant reductions in the symptoms associated with psychological stress, anxiety, and depressive disorders (Hölzel et al., 2011; Kabat-Zinn, 2005). For instance, mindfulness-based stress reduction (MBSR) programs have demonstrated effectiveness in reducing anxiety levels and improving mood in various populations, showcasing the adaptive advantages of mindfulness in managing emotional challenges (Grossman, Nieman, Schmidt & Walach, 2004).

Complementing mindfulness, interoception involves the sensitivity to internal bodily cues, such as heart rate, respiratory patterns, and gastrointestinal sensations.

It is a critical component of how individuals perceive and react to emotional states (Craig, 2002). By enhancing one's awareness of physiological signals, interoception contributes significantly to emotional regulation and self-awareness. It enables individuals to recognize and interpret their body's signals, which can inform their emotional responses and decision-making processes (Khalsa et al., 2018). The relationship between interoception and emotional well-being is complex and multifaceted. Improved interoceptive awareness can lead to better management of emotional experiences by aligning physiological responses with psychological states. This alignment is crucial in conditions such as anxiety and depression, where physiological symptoms can exacerbate the emotional disturbance (Paulus & Stein, 2010). Furthermore, interoception is integral to the embodiment of emotions, where recognizing and understanding bodily signals can deepen emotional experiences and enhance emotional empathy (Critchley & Garfinkel, 2017).

Empirical studies have elucidated the pathways through which mindfulness and interoception interact to affect psychological well-being. Mindfulness training has been shown to enhance interoceptive awareness by increasing the accuracy of heartbeat detection, a common measure of interoceptive ability (Bornemann, Herbert, Mehling & Singer, 2015). This heightened awareness can, in turn, facilitate better emotional regulation by enabling a more nuanced understanding and response to physiological feedback related to stress and anxiety (Farb, Segal & Anderson, 2013a). Moreover, the practice of mindfulness can amplify the benefits of interoception by helping individuals detach from negative thought patterns and focus more acutely on internal bodily states without judgment. This process not only reduces the impact of stress and anxiety on the body but also promotes a more grounded, calm, and balanced psychological state (Mehling et al., 2012). In therapeutic settings, integrating mindfulness and interoception has shown promise in treating a range of psychosomatic and psychological disorders. For example, therapies that incorporate elements of both practices, such as Mindfulness-Based Cognitive Therapy (MBCT) and Dialectical Behavior Therapy (DBT), have been effective in reducing symptoms of depression, anxiety, and borderline personality disorder (Baer, Smith, Hopkins, Krietemeyer & Toney, 2006; Linehan, 1993). The synergy between mindfulness and interoception forms a foundational strategy for enhancing psychological well-being. Through the cultivation of focused attention and bodily awareness, individuals can achieve a more harmonious balance between mind and body, leading to improved mental health outcomes. As research continues to explore these interactions, it becomes increasingly clear that these practices are not only beneficial in clinical settings but also serve as vital tools for everyday emotional health and resilience.

Dual emotions: silence and happiness

In the pursuit of psychological well-being, the novel concept of balancing dual emotions - silence and happiness - offers a promising avenue for enhancing mental resilience and emotional health. Silence, in this context, refers not only to the absence of sound but to a mental state characterized by diminished internal chatter, facilitating greater mental clarity and peace. This form of silence can be profoundly therapeutic, contributing to the reduction of anxiety and stress-related disorders. Dana (2021, 2022) posits that fostering moments of silence in one's daily life can interrupt the relentless flow of thoughts, which is often dominated by rumination and worry, thus leading to enhanced mental clarity and reduced symptoms of anxiety and depression. Moreover, the practice of cultivating silence has been linked to the development of deeper introspective capabilities, which in turn facilitate a more profound understanding of one's thoughts and emotions. This deeper understanding can promote a more nuanced approach to handling emotional disturbances, allowing individuals to experience and process negative emotions more constructively without becoming overwhelmed by them (Killingsworth & Gilbert, 2010).

Conversely, happiness in this dual-emotion framework is associated with positive, outward-facing emotions such as joy, satisfaction, and well-being, which are crucial for fostering strong social bonds and promoting effective communication. According to Fredrickson (2001), the experience of happiness often leads to broader social interactions and behaviors marked by kindness and compassion. This outward expression of positive emotions can create feedback loops that not only enhance personal happiness but also strengthen community ties and improve overall social cohesion. Fredrickson's broaden-and-build theory further supports the importance of happiness, suggesting that positive emotions broaden an individual's momentary thought-action repertoires, leading to building lasting personal resources, ranging from physical and intellectual resources to social and psychological ones (Fredrickson, 2004). In essence, happiness helps to build resources that can be crucial during times of stress or adversity, promoting resilience and a buffer against negative psychological states.

Balancing these dual emotions, silence and happiness, involves the cultivation of an internal environment where one can oscillate between introspection and extrospection effectively. It is this balance that potentially allows for an optimal psychological state wherein one is neither overly stimulated by externalities nor overly withdrawn into one's internal world. This equilibrium facilitates a unique space for emotional growth and resilience, where the mind can navigate seamlessly between deep contemplative states (silence) and engaging, joyful interactions (happiness), enhancing overall mental health and well-being. Moreover, the interplay between silence and happiness could be particularly beneficial in therapeutic or stress-reduction interventions. Mindfulness and meditation programs often encourage participants to find a balance between

these states, suggesting periods of silent reflection followed by interactive sessions or practices focused on cultivating joy and gratitude (Kabat-Zinn, 2005; Siegel, 2010).

Empirical research supports the efficacy of such dual-emotion strategies. Studies have shown that interventions that include both meditative practices (promoting silence) and activities that foster positive emotional experiences (promoting happiness) can lead to significant improvements in mental health outcomes, including reduced symptoms of depression and anxiety, as well as enhanced levels of life satisfaction (Chiesa & Serretti, 2009; Lyubomirsky, Sheldon & Schkade, 2005). The strategic balancing of silence and happiness as dual emotions offers a dynamic and holistic approach to psychological resilience. By cultivating both introspective depth and expansive, positive interactions, individuals can foster a mental environment conducive to sustained psychological well-being. This balance not only aids in managing stress and reducing mental health disorders but also enriches the quality of life by enhancing both personal fulfillment and social connectivity.

Integrating values and emotions

The integration of values and emotions within the framework of psychological well-being is a critical aspect that enriches our understanding of how mental health can be enhanced through mindful practices. The concept of balancing dual emotions, specifically silence and happiness, provides a nuanced approach to emotional regulation that extends beyond simple emotional states to incorporate a broader spectrum of values including tolerance, acceptance, love, and compassion. These values are not only inherently beneficial for the individual's mental health but also promote social harmony and personal growth. Silence and happiness, as a dual emotional state, can foster a range of positive psychological changes by facilitating an environment conducive to the secretion of health-promoting hormones such as oxytocin and dopamine (Alexander et al., 2021). These hormones play a significant role in enhancing mood and overall well-being, thereby supporting the assertion by Davidson et al. (2000) that positive emotions can lead to physiological benefits that promote health. This hormonal response can be particularly effective in reducing stress, anxiety, and symptoms of depression, creating a feedback loop that further strengthens the practice of these values (Davidson et.al., 2003).

The practice of silence allows for deeper introspection and mindfulness, enabling individuals to become more aware of their internal value systems and how these may be influenced or disrupted by external factors. This awareness is crucial for developing tolerance and acceptance, as it encourages a non-judgmental perspective towards both oneself and others. Research has shown that increased mindfulness and introspection can lead to greater empathy and reduced biases, which are essential for fostering acceptance and tolerance (Kabat-Zinn, 2005; Siegel, 2010). Conversely, the

emotion of happiness often encourages outward expression and connection, fostering values such as love and compassion. Fredrickson's (2004) broaden-and-build theory suggests that positive emotions expand an individual's awareness and encourage novel, varied, and exploratory thoughts and actions. This can lead to stronger social bonds and an increased propensity to engage in prosocial behaviors, such as helping others and expressing gratitude, which are both reflective of the values of love and compassion (Fredrickson, 2001). Moreover, the integration of these values through the balanced expression of silence and happiness allows for a more adaptable emotional repertoire. Being able to switch fluidly between introspection and social engagement enables individuals to respond more effectively to different situational demands. This adaptability is crucial for maintaining psychological resilience and well-being in a complex social and personal landscape. For example, the ability to remain silent and introspective during times of conflict or stress can prevent escalatory responses, while happiness and its associated behaviors can strengthen relationships and build supportive networks (Gross, 2002).

The therapeutic implications of integrating values and emotions are significant. Mindfulness-based interventions often emphasize the cultivation of such values, teaching individuals how to manage their emotions and enhance their relationships through practices that encourage both reflective silence and active engagement with positive emotions (Segal, Williams & Teasdale, 2002). These interventions can be particularly effective in treating a range of psychological issues, from everyday stress to more severe conditions like major depressive disorder. Empirical studies support the integration of these values and emotions in therapy. For instance, incorporating practices that foster both mindfulness (silence) and compassion (happiness) has been shown to improve clinical outcomes by not only reducing symptoms but also by enhancing clients' quality of life and social functioning (Hofmann, Sawyer, Witt & Oh, 2010). The synthesis of values and emotions through the dual framework of silence and happiness provides a robust mechanism for enhancing psychological well-being. This integration facilitates a balanced approach to personal and social interactions, promotes a range of healthful hormonal responses, and supports the development of a comprehensive set of psychological tools that aid individuals in navigating their complex emotional landscapes. Such practices not only support individual well-being but also contribute to healthier and more compassionate societies (Lawlor, 2016).

Spiritual Practices Supporting Dual Emotions

Eudaimonic Approaches

Eudaimonic well-being, as conceptualized in positive psychology, extends beyond the mere experience of pleasure and delves into the deeper aspects of human flourishing that are associated with meaning, purpose, and self-realization

(Ryan & Deci, 2001). Eudaimonic approaches emphasize practices that foster soul consciousness, a state where the individual transcends mere physical preoccupations and concerns, nurturing a sense of interconnectedness and egolessness. This advanced state of being promotes contentment, peace, and sustainable well-being.

One of the primary techniques in eudaimonic practices is the visualization of the intrinsic light in others, which is a method of seeing beyond the physical appearances and perceived differences to recognize the shared essence of humanity and spirituality in all (Vago & Silbersweig, 2012). This practice not only diminishes the boundaries created by the ego but also fosters a profound sense of unity and compassion towards others, which are key elements of eudaimonic well-being. By focusing on the intrinsic light, individuals may experience a reduction in personal biases and an increase in altruistic behaviors, as suggested by research that links such visualizations with increased empathy and reduced social isolation (Hutcherson, Seppala & Gross, 2015). Moreover, the practice of disengaging from worldly concerns, another cornerstone of eudaimonic approaches, involves a deliberate withdrawal from the everyday stressors and materialistic values that often dominate modern life. This disengagement is not about neglecting responsibilities, but rather about gaining a healthier perspective on life's transient worries and emphasizing spiritual or existential values over material gain (Steger, Frazier, Oishi & Kaler, 2006). Studies have shown that such practices can lead to greater life satisfaction and improved mental health, as individuals who focus on eudaimonic rather than hedonic goals tend to exhibit lower levels of stress and higher levels of positive affect (Ryan, Huta & Deci, 2008).

Engagement in eudaimonic practices also cultivates a sense of egolessness and contentment. Egolessness is not about losing one's identity but transcending the narrow self-interest to embrace a broader, more inclusive view of oneself as part of the interconnected web of life (Dambrun & Ricard, 2011). This perspective shift is crucial for fostering sustainable happiness, as it reduces the emotional disturbances that arise from ego-based desires and aversions. Psychological research supports the idea that reductions in egoistic self-concern are associated with increases in psychological well-being and reductions in emotional distress (Brown & Ryan, 2003). Further, eudaimonic well-being is enhanced by the feeling of contentment, which arises from a deep acceptance of life as it is, without relentless striving for more or better. This acceptance is closely linked to mindfulness and is seen as a protective factor against the dissatisfaction bred by constant desire (Sheldon, Ryan, Deci & Kasser, 2004). Contentment in eudaimonic terms is profound, stemming from a realization of innate wholeness and sufficiency, and is supported by practices that encourage a non-attachment to transient external outcomes.

In practical terms, the implementation of eudaimonic practices can be facilitated through various activities such as meditation, reflective writing, community service,

and spiritual or religious engagement. These activities help individuals to cultivate insights into their true nature beyond the physical and material, leading to a more fulfilling and harmonious life (Seligman, Rashid & Parks, 2006). Eudaimonic approaches offer a powerful pathway to psychological well-being by fostering deeper levels of self-awareness, connection, and peace. Through techniques that encourage the transcendence of physical preoccupations, visualization of the intrinsic light in others, and disengagement from worldly concerns, individuals can achieve a state of egolessness and contentment. This shift not only enhances personal well-being but also contributes to the well-being of others, reinforcing the interconnected nature of human flourishing.

Operationalizing egolessness and happiness.

The pursuit of psychological well-being often emphasizes the cultivation of positive emotions and states that transcend the self-centered focus, notably egolessness and happiness. Research underscores that practical spiritual practices, such as blessings, positive thinking, and divine surrender, can significantly enhance these emotional states, contributing to both psychological and social well-being (Emmons & McCullough, 2003).

Blessings as a practice involves the conscious act of wishing positive things for others, which can lead to a reduction in self-centeredness and an increase in feelings of connectedness and happiness. This practice not only benefits the receiver but also enhances the giver's sense of well-being by fostering a sense of generosity and outward focus (Krause, 2006). Regular engagement in blessing others can facilitate a shift from ego-driven motivations to a more altruistic, compassionate orientation, which is associated with improved mental health and increased life satisfaction (Post, 2005). Positive thinking is another powerful tool in operationalizing egolessness and happiness. It involves consciously focusing on the positive aspects of life, maintaining a hopeful outlook, and fostering optimism. Research has demonstrated that such an orientation can buffer against the psychological impacts of stress and adversity, and enhance resilience (Seligman & Csikszentmihalyi, 2000). By maintaining a positive outlook, individuals can reduce the habitual patterns of negative thinking that often underpin egoistic concerns such as envy, resentment, and insecurity (Fredrickson, 2001). Divine surrender, or the practice of relinquishing personal control and worries to a higher power, serves as a profound method for cultivating egolessness and enhancing inner peace and contentment. This practice can include meditation, prayer, or simply the mental act of handing over one's fears and desires to something greater than oneself. It has been shown to decrease stress and anxiety by reducing the burden of personal control and the strain of constant self-regulation (Pargament, Koenig & Perez, 2000). Individuals practicing divine surrender often report increased feelings of serenity and trust, which contribute to overall happiness and psychological stability.

The integration of these practices into daily life can be systematically approached through various interventions. For example, structured meditation programs that include teachings on blessings and divine surrender can help individuals learn how to effectively incorporate these practices into their routine (Carmody & Baer, 2008). Workshops and community groups focused on positive thinking can provide the necessary support and reinforcement for individuals to shift towards more optimistic and less self-centered patterns of thought. Moreover, these practices are not just solitary; they can be communal, involving family, community, or spiritual groups, which further enhances their impact by creating supportive networks that encourage and reinforce egoless and positive attitudes (Keltner & Haidt, 2003). For instance, community-based programs that encourage members to bless each other and share their experiences of divine surrender can strengthen social bonds and foster a supportive environment conducive to personal and collective well-being.

In operational terms, success in fostering egolessness and happiness could be measured through self-report scales assessing levels of connectedness, altruism, life satisfaction, and reduction in negative emotional states. Longitudinal studies could track changes over time in these variables, providing empirical evidence for the efficacy of these spiritual practices (Lyubomirsky et.al., 2005). Operationalizing egolessness and happiness through practical spiritual methods like blessings, positive thinking, and divine surrender can significantly enhance an individual's psychological and social well-being. These practices provide accessible tools for reducing ego-driven behaviors and increasing positive emotional states, which are crucial for achieving lasting psychological resilience and well-being.

Spiritual Psychology and Heal-thy Life Spiritual Psychology Assessment Scale (HLSPAS)

Spiritual Psychology is increasingly recognized as a vital component of holistic health, yet significant gaps remain in accurately assessing this multifaceted construct, particularly within culturally diverse contexts. Tools such as the 24-item San Diego Wisdom Scale (SD-WISE) have explored aspects of spirituality, but often as a minor component compared to other dimensions like pro-social behaviors and emotional regulation. This imbalance highlights the limited scope of such tools in capturing the full essence of spiritual wellness (Jeste et al., 2021). Globally, efforts to adapt spiritual assessment tools for specific populations - such as the Daily Spiritual Experiences Scale (DSES), which has been applied to Chinese Americans with cancer-related pain - have faced challenges regarding cultural relevance and the overlap between spirituality and religiosity (Lo, Chen, Wasser, Portenoy & Dhingra, 2016). Development of a Heal-thy Life Spiritual Psychology Assessment Scale seeks to address these gaps by offering a culturally sensitive tool, focusing on personal

well-being, inner peace, and mental health. The need for such an instrument is further underscored by the growing emphasis on culturally relevant interventions in palliative care and chronic illness management. In the Chinese-American context, for example, spiritual assessment has proven essential in developing personalized care strategies (Mokkink et al., 2010).

Theoretical frameworks such as Positive Psychology and Transpersonal Psychology highlight the profound impact of spirituality on health outcomes. However, existing tools often lack the cultural specificity needed to capture the nuances of spiritual experiences across different societies. The role of spirituality in psychological resilience has also been demonstrated in studies involving breast cancer patients, where factors like social support and resilience directly influence spiritual needs (Du et al., 2024). Additionally, emerging tools such as the OCEANic Scale, which attempts to quantify abstract spiritual experiences, reflect the growing interest in measuring spirituality's impact on well-being (Schmautz et al., 2024). Nevertheless, these instruments often fall short in capturing the spiritual dimensions inherent to non-Western cultures. The Heal-thy Life Spiritual Psychology Assessment Scale fills this gap by integrating spiritual practices, aligning with the global trend toward culturally informed spiritual assessment, as emphasized by the COSMIN checklist for developing health measurement tools (Mokkink et al., 2010).

This study utilized a mixed-methods approach to develop the Heal-thy Life Spiritual Psychology Assessment Scale, employing both qualitative and quantitative methodologies to ensure cultural relevance and psychometric rigor. Following the COSMIN checklist, the scale underwent a systematic process of item generation, expert validation, and psychometric testing, including reliability measures such as intraobserver stability and test-retest analysis (Mokkink et al., 2010). The development process also drew from established spiritual assessment methods, such as spiritual lifemaps and genograms, to inform item creation (Hodge, 2005). The scale was validated through exploratory and confirmatory factor analyses, with strong psychometric properties emerging in a sample of individuals practicing spiritual and holistic lifestyles, similar to those seen in scales developed for specialized populations, such as patients with COVID-19 (Rahimaghaee, Vizheh & Hatamipour, 2022). The primary goal of this study is to create a reliable, culturally tailored instrument that accurately measures spiritual wellness, thereby facilitating the integration of spirituality into holistic health assessments.

Spiritual Assessment Scales

The exploration of spirituality in health and psychological assessments has led to the development of various spiritual scales, each catering to specific needs and contexts. The Paloutzian and Ellison Spiritual Well-Being Scale evaluates overall spiritual

health and has been widely used in clinical and research settings (Paloutzian & Ellison, 1982). The San Diego Wisdom Scale, also known as the Jeste-Thomas Wisdom Index, examines the relationship between wisdom and spirituality, emphasizing cognitive and emotional regulation aspects (Jeste et al., 2021). The Daily Spiritual Experiences Scale-Chinese (DSES-C) measures the frequency of spiritual experiences in everyday life, tailored to the cultural context of Chinese populations (Underwood, 2011). Additionally, the Spiritual Needs Assessment Scale for COVID-19 Patients, developed during the pandemic, addresses the unique spiritual needs of patients affected by COVID-19, highlighting the role of spiritual care in managing illness-related distress (Rahimaghaee et al., 2022). The OCEANic Feelings Scale, combined with the Brief-Affective Neuroscience Personality Scales (BANPS-GL) and the Big Five Inventory (BFI-44), measures spiritual experiences through a lens of affective neuroscience, offering insights into the neurobiological underpinnings of spirituality (Schmautz et al., 2024). The Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being 12 scale (FACIT-Sp-12) assesses spirituality as a component of quality of life, particularly in chronically ill patients, providing a reliable measure of spiritual well-being (Fradelos et al., 2024). The Spiritual Care Intervention and Spiritual Well-Being Questionnaire (SCIPS) evaluates the provision of spiritual care among nurses, emphasizing religious and existential dimensions (Musa, 2017). The Spirituality Index of Well-Being (SIWB) examines self-efficacy and life schemes, measuring the impact of spirituality on personal well-being (Daaleman & Frey, 2004). The Snyder's Hope Scale and the Paloutzian and Ellison's Spiritual Well-Being Scale (SWBS) (Darvyri et.al., 2014) are combined to assess hope and spiritual well-being in clinical settings, supporting interventions aimed at enhancing patients' spiritual health (Afrasiabifar, Mosavi, Jahromi & Hosseini, 2021). The Scale of Religious and Spiritual Struggles (RSS) identifies struggles within religious and spiritual domains, providing a tool to address conflicts that impact mental health (Tomás & Moreira, 2024). The Positive Psychological Attitudes tool measures life purpose, satisfaction and self-confidence (Kass et al., 2001). The Spiritual Health Assessment Scale - Index of Core Spiritual Experiences (INSPIRIT) is used to assess spiritual health and coping strategies in diverse populations (Manna, Udayaraj, Grover & Kumar, 2024). The Spiritual Leadership Scale evaluates the influence of spiritual leadership in organizational contexts, highlighting its role in employee well-being and motivation (Grobler & Sibanda, 2024). Nursing-specific spiritual scales emphasize the duty of healthcare providers to meet patients' spiritual needs, enhancing the holistic care approach (Cadge & Bandini, 2015). The Spiritual Distress Assessment Tool (SDAT) addresses spiritual distress in hospitalized elderly persons, providing a validated tool for geriatric care (Monod et al., 2010). Lastly, the Spiritual Needs Assessment Scale for patients with cancer addresses the unique spiritual needs of cancer patients, aiding in the provision of comprehensive spiritual care (Erci & Aslan, 2022).

Heal-thy life spiritual psychology assessment scale (HLSPAS).

The scale encompasses a comprehensive range of spiritual and psychological virtues that contribute to holistic well-being. These include honesty, happiness, thought control, and the absence of envy, along with alertness and detachment. It emphasizes passion, positive thinking, and humility, fostering qualities such as caring, acceptance, contentment, and a sense of unlimited potential. The scale also highlights the importance of self-control, restfulness, self-awareness, and empowerment, encouraging individuals to enjoy solitude while maintaining peace and calmness. Additionally, it values a loving nature, concise and kind communication, ease in approach, cheerfulness, stability, and mastery over situations. Other key virtues include tolerance, relaxation, empathy, farsightedness, regard for others, and understanding. The scale promotes egolessness, non-greediness, flexibility, and cooperation, while also prioritizing transparency, an expansive sense of being (oceanic feeling), strong interpersonal relationships, effective planning, the absence of procrastination, and consistency. Together, these traits form a foundation for personal and interpersonal growth.

Method

Objective

The primary objective of this study was to develop, validate, and determine the reliability (Boateng, Neilands, Frongillo, Melgar-Quinonez & Young, 2018) of the "Heal-thy Life Spiritual Psychology Assessment Scale" (HLSPAS) aimed at measuring spiritual wellness in individuals. The scale was designed to assess various dimensions of spiritual wellness among adults aged 18 to 65 years, with the goal of creating a comprehensive tool that captures the essence of spiritual health.

Study design.

This study utilized a cross-sectional design to develop and validate the HLSPAS. The study involved multiple phases including scale development, pilot testing, and statistical validation through Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA).

Study setting: The study was conducted both online and in-person across various regions of India. The online format allowed for broader participation, while in-person data collection ensured access to individuals without reliable internet access.

Participants. A total of 512 participants aged between 17 and 65 years were recruited from various cities and towns across India. Participants included individuals from diverse educational, occupational, and socio-economic backgrounds, providing a wide range of perspectives on spiritual wellness.

Sampling Strategy and Sample Size. A convenience sampling approach was employed, utilizing both online and in-person recruitment methods. Participants were selected based on their availability and willingness to participate in the study. Cochran (1977) proposed a formula to determine a representative sample size for proportion estimation, which is given by:

$$n = \frac{z^2 p(1-p)}{e^2}$$

In this formula, n represents the sample size, z is the critical value associated with the desired confidence level, p is the estimated proportion of an attribute in the population, q is equal to 1−p, and e denotes the desired level of precision. Assuming maximum variability in the population (p=0.5), a 95% confidence level (z=1.96), and a precision of ±5% (e=0.05), the required minimum sample size is 384. However, to enhance statistical robustness and improve the reliability of the findings, the final sample size was increased to 512 participants (Costello & Osborne, 2005; Tabachnick & Fidell, 2013).

Study procedures.

The study was conducted in three main phases:

Item Generation and Scale Development: Initially, about 100 items were developed based on an extensive literature review and consultation with experts in spiritual wellness and psychological measurement. The items were reviewed by six experts from the fields of psychology, social work, and education, resulting in a Content Validity Index (CVI) score of 0.9285.

Pilot Study. A pilot study was conducted with a subset of participants (n = 120) to test the clarity, relevance, and comprehension of the items. Feedback was gathered, and adjustments were made accordingly.

Statistical Validation. EFA was performed to identify the underlying factor structure of the scale, leading to the refinement of items. CFA was then used to confirm the factor structure, resulting in a final scale with 22 items categorized into four factors.

Inventories Used. The inventories employed for the study included:

(i) Heal-thy Life Spiritual Psychology Assessment Scale (HLSPAS): The newly developed scale measuring spiritual wellness across four dimensions.

(ii) Demographic Questionnaire: Collected information on age, gender, education level, occupation, and other relevant background factors.

Data Collection. Data collection involved administering the HLSPAS to participants through online forms and face-to-face interviews. Each participant was provided with clear instructions with a Participant Information sheet, Informed Consent and assured of the confidentiality of their responses. Data was managed using standardized protocols to ensure accuracy and confidentiality.

Data Analysis. Exploratory Factor Analysis (EFA): EFA was conducted to explore the factor structure of the 42 initial items during pilot study, reduced to 24 items and later reduced to 22 items, grouped into four distinct categories. Confirmatory Factor Analysis (CFA): CFA was employed to confirm the structure suggested by the EFA. Fit indices such as Chi-square, RMSEA, CFI, and TLI were used to determine the goodness of fit of the model (Kline, 2016). Reliability Testing: Internal consistency was assessed using Cronbach's alpha, and test-retest reliability was established to ensure the scale's stability over time (Nunnally & Bernstein, 1994).

Human Participants Protection. Ethical approval was obtained from the institutional review board before the commencement of the study. Informed consent was obtained from all participants, and confidentiality was strictly maintained throughout the research process. Participants were informed of their right to withdraw from the study at any point without any penalty. Parent consents were taken for ages below 18 yrs.

Data Analysis

Reliability Analysis

The internal consistency of the questionnaire was assessed using Cronbach's Alpha, a widely used statistical measure for evaluating the reliability of scale items. The SPSS output revealed a Cronbach's Alpha value of 0.925 for the initial 24-item scale, indicating excellent internal consistency. According to established reliability benchmarks (Jabarali, Sathya Kumar & Barak, 2024), a Cronbach's Alpha above 0.7 is deemed acceptable, reflecting adequate internal consistency, while a value exceeding 0.8, as observed in this study, suggests strong reliability (Field, 2005). This high reliability score confirms that the scale items are well-correlated and effectively measure the intended construct.

Following an exploratory analysis, the scale was refined to 22 items, with a revised Cronbach's Alpha of 0.921, maintaining excellent reliability. This suggests that the refined scale preserves its internal consistency while potentially reducing redundancy or overlap among items. Given these results, the scale can be confidently used for further statistical analyses and research applications.

Frequency statistics for demographic variables.

The frequency analysis of Table 1 reveals key demographic and contextual characteristics of the study participants. The sample is predominantly adolescent (68.2%) with a smaller proportion of adults (31.8%), and the mean age is 25.42 years (SD = 12.77), ranging from 17 to 65 years. A majority of participants fall within the 17–19 age group, representing over 60% of the sample, while individuals aged 20–50 make up a smaller portion, and those over 60 are minimally represented. In terms of gender, females dominate the sample at 77.1%, followed by males at 21.5%, with a small representation (1.4%) of individuals identifying as "Others." Marital status data indicate that 50.2% are single, 8.2% are married, and 41.0% preferred not to disclose, suggesting potential sensitivity around this information.

Educationally, 68.8% are undergraduates, 12.5% are postgraduates, and 18.2% did not provide information. Regarding family education, 21.5% reported that both their parents and siblings attended college, 16.0% are the first in their family to pursue higher education, and 18.2% share this status with siblings, with 42.0% abstaining from response. Employment data show that 48.6% of participants are students, with smaller proportions being employed (5.3%) or self-employed (3.1%), while 37.7%

Table 1
Frequency Statistics of Demographic Variables

Demographic Variables	Category	Frequency (Percentage)
Sample Size		512
Age Group Classification	Adolescent	349 (68.2%)
	Adult	163 (31.8%)
Gender	Male	110(21.5%)
	Female	395(77.1%)
	Others	7(1.4%)
Marital Status	Single	257(50.2%)
	Married	42(8.2%)
	Separated	3(0.6%)
	Not Prefer to say	210(41%)
Education Qualification	Undergraduate	352 (68.8%)
	Post graduate	64 (12.5%)
	Others	3 (0.6%)
	Not Prefer to say	93 (18.2%)
Education in Family	First in my family to attend college or university	82 (16%)
	Myself and Siblings are first in family to attend college or university	93 (18.2%)
	Myself, siblings, and Parents have attended college or university	110 (21.5%)
	Prefer not to say	227 (44.3%)
Employment Status	Student	249 (48.6%)
	Employed	27 (5.3%)
	Self-employed	16 (3.1%)
	Unemployed	25 (4.9%)
	Prefer not to say	195 (38.1%)

chose not to disclose their employment status. Overall, the analysis highlights a predominantly young, female, and student-centric sample, with significant non-response rates in categories like diet, family education, and employment, possibly reflecting contextual or cultural sensitivities. These findings should be considered when interpreting the study results and assessing their broader applicability.

Exploratory factor analysis.

The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy, with a value of 0.948, indicates that the sample size is highly suitable for factor analysis. Bartlett's Test of Sphericity, with a significant p-value of 0.000, confirms that the correlation matrix is not an identity matrix, validating the appropriateness of factor analysis

The total variance explained in Table 2, details the variance accounted for by the components. Components with eigenvalues greater than 1 are retained (Figure 1), resulting in four components explaining a cumulative 52.501% of the total variance. Rotation redistributes this variance more evenly across the components to improve interpretability. Specifically, Factor 1 (Self-regulation) explains 18.410%, Factor 2 (Resilience) accounts for 16.094%, Factor 3 (Detachment) contributes 9.460%, and Factor 4 (Empathy) represents 8.537% of the variance.

From Table 3, the component matrix displays the unrotated loadings of variables on components, where loadings greater than 0.4 are significant. Key factor loadings greater than 0.50 were identified for each factor: Factor 1 includes variables such as sq2, sq4, sq5, sq6, sq7, sq8, sq11, sq12, and sq13; Factor 2 encompasses sq16, sq18, sq19, sq20, sq21, sq22, sq23, and sq24; Factor 3 covers sq9, sq10, and sq17; while Factor 4 comprises sq14 and sq15. For instance, sq6 has a strong loading of 0.667 on factor 1, indicating its primary association with this factor. After Varimax rotation, the rotated component matrix simplifies interpretation by maximizing high loadings and minimizing low ones. For example, sq14 exhibits a high loading of 0.732 on Component 4, emphasizing its strong association with this factor.

The component transformation matrix in Table 4 shows correlation between components post-rotation, maintaining independence between components through orthogonal Varimax rotation. Lastly, the component score covariance matrix confirms the uncorrelated nature of components, with diagonal elements of 1 and off-diagonal elements of 0, consistent with Varimax rotation.

Table 2
Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
1	8.347	37.941	37.941	8.347	37.941	37.941	4.050	18.410	18.410
2	1.141	5.185	43.126	1.141	5.185	43.126	3.541	16.094	34.504
3	1.056	4.802	47.928	1.056	4.802	47.928	2.081	9.460	43.964
4	1.006	4.572	52.501	1.006	4.572	52.501	1.878	8.537	52.501
5	0.846	3.846	56.347						
6	0.824	3.744	60.091						
7	0.776	3.528	63.618						
8	0.754	3.426	67.045						
9	0.725	3.296	70.341						
11	0.634	2.881	76.223						
12	0.613	2.786	79.010						
13	0.596	2.709	81.718						
14	0.532	2.420	84.138						
15	0.526	2.392	86.530						
16	0.493	2.241	88.771						
17	0.459	2.088	90.858						
18	0.449	2.040	92.899						
19	0.434	1.973	94.872						
20	0.399	1.812	96.684						
21	0.375	1.707	98.390						
22	0.354	1.610	100.000						

Figure 1
Scree Plot for Factor Analysis

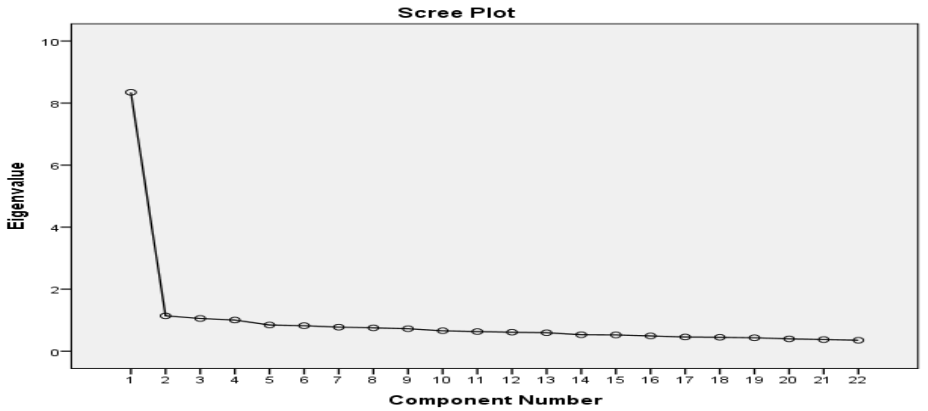


Table 3
Component Matrix and Rotation Component Matix

Scale	Component Matrix Components				Rotated Component Matrix			
	1	2	3	4	1	2	3	4
sq2	0.612				0.599			
sq4	0.627				0.597			
sq5	0.621				0.435			
sq6	0.667				0.559			
sq7	0.592				0.592			
sq8	0.636				0.657			
sq9	0.578				0.424		0.581	
sq10	0.553						0.455	
sq11	0.645				0.452			
sq12	0.632				0.681			
sq13	0.598				0.534			
sq14	0.465	0.420	0.463				0.428	0.732
sq15	0.572	0.484						0.762
sq16	0.647				0.405	0.472		
sq17	0.524			0.512			0.654	
sq18	0.646					0.615		
sq19	0.720					0.522		
sq20	0.627					0.577		0.411
sq21	0.658					0.596		
sq22	0.670					0.466		
sq23	0.561		-0.476			0.672		
sq24	0.646					0.677		

Table 4
Component Transformation Matrix

Factor	1	2	3	4
1	0.638	0.583	0.382	0.327
2	-0.597	0.335	-0.127	0.717
3	0.347	-0.707	-0.027	0.615
4	-0.339	-0.218	0.915	-0.019

Table 5
Reliability and Validity of Exploratory Factor Analysis Model

Factors	AVE	CR	Cronbach alpha
Self-Regulation	0.328	0.812	0.849
Resilience	0.336	0.799	0.851
Detachment	0.324	0.585	0.583
Empathy	0.558	0.716	0.609

After the Exploratory Factor Analysis (EFA) and the extracted factors highlight the reliability and validity of the identified constructs based on the Average Variance Extracted (AVE), Composite Reliability (CR), and Cronbach's alpha values which is presented in Table 5. For Self-Regulation, the AVE (0.328) is below the recommended threshold of 0.50, indicating limited convergent validity. However, the CR (0.812) and Cronbach's alpha (0.849) values exceed the acceptable thresholds, signifying

good internal consistency and high reliability. Similarly, Resilience shows an AVE of 0.336, suggesting limited convergent validity, while its CR (0.799) and Cronbach's alpha (0.851) indicate acceptable internal consistency and high reliability. In contrast, Detachment demonstrates weaker performance, with an AVE of 0.324, a CR of 0.585, and a Cronbach's alpha of 0.583, reflecting limited convergent validity, low internal consistency, and inadequate reliability. On the other hand, Empathy stands out with an AVE of 0.558, exceeding the recommended threshold and confirming good convergent validity. The CR (0.716) is within acceptable limits, though the Cronbach's alpha (0.609) is slightly below the ideal threshold of 0.70 but marginally acceptable for exploratory research. Overall, while factors like Self-Regulation, Resilience, and Empathy exhibit strong reliability and acceptable internal consistency, the results suggest that Detachment requires refinement to enhance its validity and reliability. Additionally, the AVE values for most constructs, except Empathy, highlight the need to improve convergent validity across these factors which is moderately acceptable.

Confirmatory factor analysis.

The results of the Confirmatory Factor Analysis (CFA) provide a thorough evaluation of the model's goodness-of-fit and the relationships between observed and latent variables (Hooper, Coughlan and Mullen, 2008). The fit indices presented in Table 6 confirm that the hypothesized model demonstrates an acceptable fit to the data. The normed chi-square value (CMIN/df = 2.179) is below the recommended threshold of 5, indicating a good model fit. The Goodness-of-Fit Index (GFI = 0.929) and Adjusted Goodness-of-Fit Index (AGFI = 0.911) exceed the acceptable cutoff of 0.90, signifying a high degree of model fit. The Root Mean Square Error of Approximation (RMSEA = 0.048) falls well within the acceptable range, indicating a close fit to the data. While the Normed Fit Index (NFI = 0.893) is slightly below the ideal threshold of 0.90, it still reflects a satisfactory fit. Incremental fit indices such as the Comparative Fit Index (CFI = 0.939), Tucker Lewis Index (TLI = 0.930), and Incremental Fit Index (IFI = 0.939) are all above 0.90, confirming excellent model fit. Parsimony-adjusted indices, including the Parsimony Goodness-of-Fit Index (PGFI = 0.745), Parsimony Comparative Fit Index (PCFI = 0.825), and Parsimony Normed Fit Index (PNFI = 0.785), exceed the minimum threshold of 0.50, ensuring a balance between model complexity and fit. Collectively, these indices validate the adequacy of the measurement model.

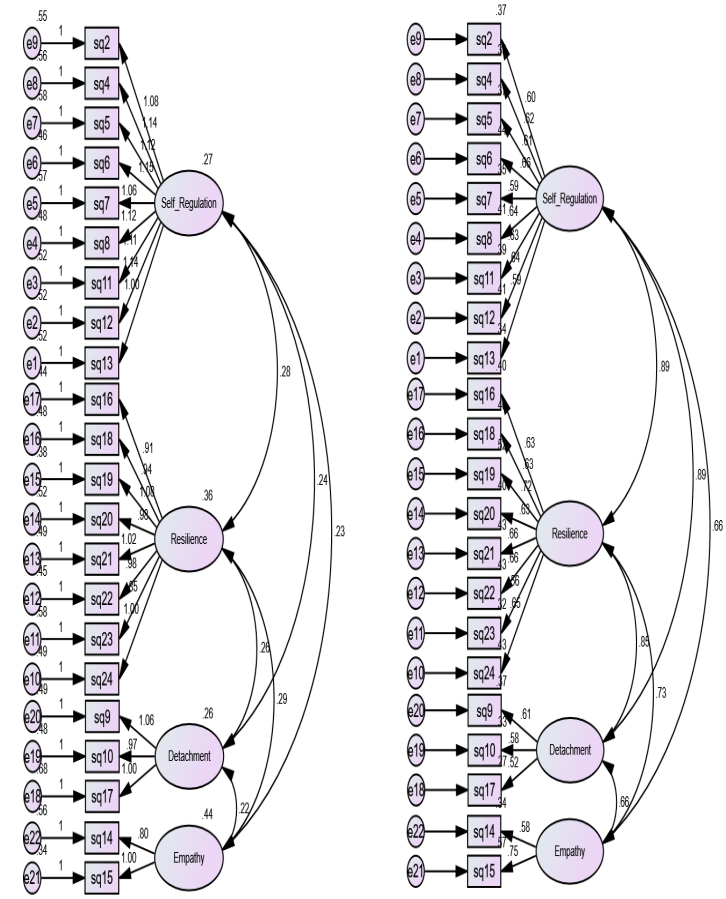
Overall, the CFA results confirm that the latent constructs—Self-Regulation, Resilience, Detachment, and Empathy are reliably measured by their respective indicators. The statistically significant relationships ($p < 0.001$) across all items provide robust evidence for the validity of the measurement model, supporting its use in subsequent analyses. Hence, with the fulfilment of all reliability and

validity conditions, the confirmatory factor analysis model is effective for assessing the contribution of the factors in measuring Heal-thy Life Spiritual Psychology Assessment Scale (HLSPAS) for adults and adolescents.

Table 6
Model Fit Indices for Confirmatory Factor Analysis

Name of Index	Index Value	Adequate fit
CMIN/Df (normed/relative Chi-Square)	2.179	Less than 5
GFI (Goodness of fit)	0.929	Greater than 0.90
AGFI (adjusted goodness of fit)	0.911	Greater than 0.90
RMSEA (root mean square of approximation)	0.048	Less than 0.10
NFI (normal fit index)	0.893	Greater than 0.90
CFI (comparative fit index)	0.939	Greater than 0.90

Figure 2
Confirmatory Factor Analysis Model



(a) Unstandardized Estimates (b) Standardized Estimates

Discussion

The Heal-thy Life Spiritual Psychology Assessment Scale offers a holistic tool for measuring spiritual wellness across emotional, mental, and behavioral dimensions. Compared to scales like the Spiritual Well-Being Scale (SWBS) and the Daily Spiritual Experience Scale (DSES), which emphasize religious and experiential aspects, the Heal-thy Life Spiritual Psychology Assessment Scale takes a broader approach, including dimensions such as detachment and simplicity (Ellison, 1983; Underwood & Teresi, 2002). Confirmatory Factor Analysis (CFA) further validated the model, with fit indices within acceptable thresholds (CFI = 0.939, RMSEA = 0.048). When compared to the Fetzer (1999) Multidimensional Measurement of Religiousness/Spirituality (MMRS), the Heal-thy Life Spiritual Psychology Assessment Scale captures not only religious practices but also behavioral elements, such as adaptability (Idler et al., 2003). While the Spiritual Assessment Inventory (SAI) focuses on spiritual maturity, the Heal-thy Life Spiritual Psychology Assessment Scale uniquely integrates behavioral dimensions such as non-attachment (Hall & Edwards, 2002). Overall, its strong psychometric properties and comprehensive approach make it a robust tool for assessing spiritual wellness across diverse contexts.

The Heal-thy Life Spiritual Psychology Assessment Scale identified four factors that align with existing research on spiritual and psychological well-being, highlighting their relevance for holistic health. Self-Regulation (for Emotional and Cognitive Self-Regulation) encompasses variables related to emotional stability, positive thought generation, introversion-extroversion balance, self-awareness, and contentment. These reflect an individual's ability to regulate their thoughts and emotions consciously (Chiesa & Serretti, 2009; Kabat-Zinn, 2005). Resilience (Adaptive Resilience and Integrity) includes items that emphasize adaptability, fearlessness, straightforwardness, and maintaining consistency in thoughts, words, and actions, which are hallmarks of resilience and personal integrity (Brown & Ryan, 2003). Detachment (Detached and Uplifting Interactions) captures the ability to stay emotionally detached yet loving, to move from turbulence to positivity, and to interact without associating oneself with external attributes like body or status (Aich, 2013; Creswell & Lindsay, 2014). Empathy (Empathy and Receptivity) factor reflects understanding others' feelings and valuing their suggestions, indicative of an empathetic and open mindset (Goleman, 1995; Post, 2005). Silence and Solitude promotes inner reflection and growth through practices like meditation, supported by items on transitioning between sound and silence (Dysinger & Luke, 2020; Leary & Guadagno, 2011). Clarity and Simplicity of Action, central to spiritual traditions, is reflected in purposeful living and simplicity (Radhakrishnan, 1953; Yang, Lin & Culham, 2019). Intellectual Honesty emphasizes transparency and authentic communication (Carter, 1996; Seligman, 2002). Finally, Detachment from Ego and Excuses focuses on humility and spiritual awareness by transcending ego-driven behaviors (Tolle, 2005).

The current model suggests that the integration of mindfulness with the awareness of internal bodily states (interoception) and the balanced experience of emotions such as silence and happiness can lead to a more resilient psychological state. Previous studies have separately underscored the benefits of mindfulness and interoception in managing stress, anxiety, and depression, and in enhancing overall mental health (Hölzel et al., 2011; Khalsa et al., 2018). Moreover, the applicability and effectiveness of this integrated model may vary across different cultural and demographic groups. Cultural differences in the interpretation of mindfulness and the practices associated with interoception and spiritual expressions may influence the outcomes of such interventions. For instance, Western populations may interpret and engage with mindfulness differently compared to Eastern populations, where many of these practices originated (Christopher, Charoensuk, Gilbert, Neary & Pearce, 2009).

Understanding the mechanisms through which mindfulness, interoception, and dual emotions interact to enhance well-being is also crucial. It is hypothesized that mindfulness enhances one's sensitivity to interoceptive signals, which in turn promotes a better regulation of emotions (Farb et al., 2013b). This emotional regulation could be pivotal in cultivating states of silence (reduced mental chatter) and happiness (positive social connectivity), each contributing uniquely to psychological resilience and well-being. Neuroscientific studies employing techniques such as fMRI could provide insights into the brain areas activated by these practices and their interaction effects, offering a biological underpinning to the psychological and emotional benefits observed (Critchley, Wiens, Rotshtein, Ohman & Dolan, 2004).

Recommendations

The specific interaction between these practices, combined with the strategic cultivation of dual emotions through spiritual practices, remains less explored. Future studies should aim to empirically test this model using both quantitative and qualitative methodologies to capture its potential impacts comprehensively. Longitudinal designs could elucidate how these practices affect psychological well-being over time, while experimental studies could explore the immediate effects of these interventions on stress reactivity and emotional resilience (Davidson & McEwen, 2012). Similarly, age and socioeconomic status might affect accessibility and responsiveness to the interventions proposed. Therefore, further research is needed to adapt and test these interventions across diverse groups to ensure their broad applicability and effectiveness.

From an applied perspective, developing intervention programs that operationalize this model could be revolutionary in mental health and well-being promotion. Such programs would need to be tailored to individual needs, incorporating flexible modules that address specific aspects such as developing mindfulness, enhancing interoceptive awareness, or balancing silence and happiness according to personal

or cultural preferences. Additionally, integrating technology, such as mobile apps for mindfulness and interoception training, could enhance accessibility and engagement with these practices (Plaza, Demarzo, Harrera-Mercadal & Garcia-Campayo, 2013).

On a policy level, integrating evidence-based practices stemming from this model into public health initiatives could promote mental health on a larger scale. Educating healthcare providers, educators, and employers about the benefits and methods of integrating mindfulness, interoception, and dual emotions into daily routines could foster a more resilient society. Public health campaigns could focus on raising awareness and providing resources for self-care strategies that incorporate these elements.

While the proposed model of integrating mindfulness, interoception, and dual emotions enriched by spiritual practices is compelling, it is imperative that future research substantiates its effectiveness across diverse populations and settings. This would not only enhance the scientific understanding of these practices but also maximize their potential in improving psychological well-being on a broader scale.

Conclusion

The "Heal-thy Life Spiritual Psychology Assessment Scale" demonstrates strong psychometric properties across multiple analyses, including EFA, CFA, and reliability. Its four-factor structure captures a comprehensive range of spiritual dimensions, offering a more holistic approach compared to existing spiritual assessment scales. The scale's excellent reliability supports its use in longitudinal studies and interventions, while the combination of emotional, mental, and behavioral factors makes it a unique tool in the assessment of spiritual wellness. Future research should focus on cross-cultural validation and further exploring the applicability of this scale in diverse populations.

The integration of mindfulness and interoception with the dual emotions of silence and happiness, as grounded in spiritual traditions, presents a promising and innovative approach to enhancing psychological well-being and health. This comprehensive model highlights the potential of combining ancient wisdom with modern psychological practices to foster a deeper sense of inner peace and external social connectedness, which are essential components of sustained well-being.

Limitations

Despite the promising psychometric properties of the Heal-thy Life Spiritual Psychology Assessment Scale, several limitations must be considered. While the scale was designed to measure universal aspects of spiritual wellness, cultural specificity may affect item interpretation, and cross-cultural validity was not tested, warranting further research in diverse contexts. The reliance on self-reported data introduces potential

bias, such as social desirability, and future studies could include objective measures to mitigate this issue. Additionally, the scale has not been tested in clinical or intervention-based settings, limiting its applicability in therapeutic contexts. Some factors, such as Self-Awareness and Emotional Clarity, may overlap conceptually, necessitating further refinement to ensure distinctiveness. Finally, more direct comparisons with a broader range of spiritual and psychological measures are needed to assess the scale's advantages and limitations fully. Addressing these issues in future research will enhance the scale's applicability and accuracy across various populations and contexts.

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Data Availability Statements. The data supporting the findings of this study are available from the author upon reasonable request.

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Ethical Approval. This study was accorded Ethical Committee Approval vide Institutional Ethics Committee: 1) Meenakshi Medical College Hospital & Research Institute (DHR Registration No: EC/NEW/INST/2021/2220) Reference number: MMCHRI IEC/ PhD/ 20/ JUNE/ 23 dated 26.06.23 and 2) Meenakshi Academy of Higher Education and Research (DHR Reg.No: EC/NEW/INST/2023/3553 and CDSCO Reg. No: ECR/1906/INST/TN/2023). Reference number: MAHER/IEC/PhD/80/Nov24 dated 27.01.25. The study was carried out in accordance with the principles as enunciated in the Declaration of Helsinki.

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Appendix 1

Heal-thy Life Spiritual Psychology Assessment Scale (HLSPAS)

Please read each statement and circle a number 3, 2, 1 or 0 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. The scale can be completed within 8-10 minutes.

The rating scale is as follows:

3 - Applied to me very much, or most of the time

2 - Applied to me to a considerable degree, or a good part of time

1 - Applied to me to some degree, or some of the time

0 - Did not apply to me at all

Name:

Age:

Description	3	2	1	0
1. I can halt my thoughts to experience natural love, happiness, and bliss at will.				
2. If peace eludes me, I can effortlessly generate pure and positive thoughts.				
3. I preserve warmth in my behaviour by not dwelling on my or others' past.				
4. I'm content and foster contentment with pure-positive thoughts for myself and others.				
5. I can ground myself as an introvert or extrovert at will.				
6. I naturally settle into self-awareness when tasks or thoughts conclude.				
7. I can swiftly shift from turbulent emotions to uplifting feelings.				
8. I approach actions, even speech, as a loving yet detached guest.				
9. I am easy and simple in thoughts, words, and actions, speaking briefly and sweetly.				
10. I always remember my naturally cheerful inner self.				
11. I remain stable amid praise, criticism, gain, or loss.				
12. I can understand others' feelings.				
13. I value others' suggestions.				
14. My lightness enables understanding psychological and social aspects for solutions.				
15. While speaking, I don't associate myself with the body, image, or status.				
16. I'm content and unburdened by desires, facing situations fearlessly.				
17. I flexibly adapt to situations.				
18. I can cooperate with everyone.				
19. My thoughts, words, actions, and relationships are uncomplicated and straightforward.				
20. I achieve success by planning my actions.				
21. I don't make excuses that hinder progress.				
22. I maintain consistency in thoughts, words, actions, behavior, and sleep.				