

## ENHANCEMENT OF QUALITY OF LIFE THROUGH PRANIC HEALING AMONG WORKING WOMEN EMPLOYEES

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### *Abstract*

*Pranic healing (PH) is an ancient technique, utilizing Prana or life energy for healing. The present study investigates the effect of PH on Quality of Life of women employees working in a garment factory. An experimental design was used in this study. 65 employees with a mean age of 30.1 years were divided into 2 groups, 36 in Pranic and 29 in control group. The quality of life scale was measured during pre-test and post-test for both the groups, Mass PH was applied for 20 minutes, weekly twice for a month for the pranic group. Also, Pranic group participant's response was audio recorded after the last healing session to record their experiences. The pre- and post-test data were collected and analyzed using repeated measures ANOVA and Chi-square tests. The overall level of quality of life increased from the pre- to post for both control and pranic groups. However, the magnitude of change in the pranic group was significantly more compared to control group ( $p < .003$ ). Majority of the pranic group employees expressed tingling sensations (77.8%) during pranic healing session and their experience was found to be significant ( $p < .001$ ). The study demonstrated that PH was effective in enhancing the quality of life of working women employees.*

**Keywords:** quality of life; job stress; employee; pranic healing; prana

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## **Introduction**

Occupational stress has become one of the most frequent causes of health problems for people at work. Stress arises from unpredictable sources such as time pressure, hectic work, job insecurity, information overload, relocations, restructuring, downsizing, monotonous work, shift work (Rusli, Edimansyah, & Naing, 2008). These factors cause psychological stress and sleep disturbances, burn-out syndromes, and depression. Stress deteriorates the performance of an employee which results in low turnover rates of the company. Stress, anxiety, and depression have a direct bearing on Quality of Life (QOL) (Chen, Chou, Chen, Su, Wang, Feng, & Tsai, 2006). These suggest a growing need for intervention to not only handle such mental health issues, promote wellbeing in employees, and create a positive impact on QOL.

Measures like psychological counselling, complementary therapies like yoga and meditation have proved effective in managing the stress level of the employees and by positively contributing to the psycho-social wellbeing of the employees, thereby raising their productivity by reducing their stress and improving their QOL (Deshpande, 2012). Pranic Healing (PH) is a non-touch complementary therapy which focuses on the energy fields surrounding and within the body. PH is a simple, effective healing technique with respondents experiencing positive outcomes. It involves transference of Prana to re-balance the energy body. Prana also called vital energy or life force is essential to keep the body alive and healthy. The source of prana is from the sun, air, and earth. Live objects when placed in a high electromagnetic field and photographed show energy body surrounding it (Sui, 2016a).

Earlier studies have proved that by seeing air prana by participants enhanced positive feelings psychologically (Jois, Aithal, D'Souza, & Gayatri, 2015). In a study on prison inmates, it was found that PH can significantly improve physical fitness levels, overall health, psychological state and better sleeping pattern (Jois, Aithal, D'Souza, & Gayatri, 2018). PH was also found to be useful in treating mild and moderate depression as an adjuvant therapy in a randomized double-blind controlled trial (Rajgopal, Srikanth, Summanth, Anil, & Shashidhara, 2018). By applying PH, chronic pain of musculoskeletal disorder was reduced (Jain, Nagarathna, & Nagendra, 1999). Lung volumes measurement showed improvements after group PH by healthy adults (Jaisri, Vrunda, & Rajeev, 2003). PH can also enhance the agriculture production by increasing the

crop yield too (Jois, Roohie, Dsouza, Suma, Devaki, Asna, & Prasad, 2017). Pranic healing procedures have relieved many from stress, anxiety, and grief (Sui, 2015).

### Objective

The present study seeks to find out the effectiveness of PH on factory employees in improving their quality of life.

### Method

#### *Sample*

Female employees of a reputed garment industry in Mysuru, India participated in the study. Their age ranged between 20 to 60 years and interested in receiving pranic healing sessions were included in this study. Employees with previous exposure to pranic healing and those with severe physical or psychological disorder and pregnant women were excluded from the study. A checklist was developed to record participants' basic information such as name, age, locality and level of education and marital status is presented in Table 1.

Table 1. Demographic characteristics of female participants

Demographic characteristics		Pranic group (N=36)		Control group (N=29)	
		F	%	F	%
Age	Below 30	15	41.6	16	55.1
	Above 30	21	58.3	13	44.8
Marital Status	Unmarried	7	19.4	8	27.5
	Married	29	80.5	21	72.4
Education	Above 10 <sup>th</sup>	7	19.4	0	0
	Up-to 10 <sup>th</sup>	23	63.8	27	93.1
	Illiterate	6	16.6	2	6.89
Locality	Urban	11	30.5	11	37.9
	Rural	25	69.4	18	62.0

#### *Instruments*

*Quality of Life Scale (QLS)*: The QLS test is developed by Dubey & Dwivedi (2009) The term Quality of Life (QOL) tends to cover a variety of area

such as physical, mental, psychological, social and spiritual well-being, personal functioning and general limitations (Dubey, Dwivedi, & Verma, 1988). It is a 20 items test. The scoring system consists of five categories of agreement-disagreement to each item of quality of life scale. The scoring weights for each item range from 5 (strongly agree) to 1 (strongly disagree). Higher scores indicate better QOL. It has good reliability and validity. Reliability of the scale was established based on 50 samples and was found to be ( $r=0.58$ ; and  $r=0.87$  respectively) significant at 0.01 level. The scale had shown face (rated by experts) and content (areas so defined were represented through selected items) validities which were considered satisfactory.

#### *Procedure*

This study was conducted at the garment factory premises after obtaining their permission from management authorities. The participants were provided information about the study and their written consent was obtained. A total of 65 participants were selected based on inclusion and exclusion criteria. The mean age of the participants was 30.1 years. A pre-test was carried out to assess QOL among the participants. Later, the participants were randomly allocated to two groups, namely the Pranic and control group. Mass PH was given to pranic group comprising 36 employees twice a week for one month (Sui, 2016b), while the control group comprised 29 employees did not receive any intervention. After a month both the groups were given post-test to assess QOL. Experiences of Pranic healing group participants were audio recorded after the last healing session and the data was coded.

#### *Mass PH procedure*

Pranic healing protocol applied in this study was based on the following seven techniques: 1. Sensitizing the hands, 2. Scanning the Aura, 3. Cleansing the aura, 4. Increasing the receptivity, 5. Energizing with prana, 6. Stabilizing the projected prana and 7. Releasing. Mass PH is applied to a group of people, not as an individual since it saves time. All the participants sat on a chair with the palm facing upwards. Pranic healers used to project prana or life energy according to the procedure sitting at a distance of 5 meters from the group of participants.

*Research design*

A pre-test and post-test design with control were used.

*Data analysis*

The data were analyzed using repeated measure ANOVA, Chi-square and Carmer's V tests in SPSS version 20.0 software. The effect size was calculated using Cohen's-d and Hedges'g.

**Results**

Table 2 shows mean QOL scores of pranic and control groups in pre and post-test sessions along with the age groups of participants. On the whole, irrespective of the groups, in the pre-test the mean QOL is 78.03. During post-test, the mean QOL is increased to 83.69. This increment of 5.66 scores was found to be statistically significant ( $F=12.685$ ;  $p<.001$ ; Table 3). Further, group-wise comparisons revealed that pranic group has increased its QOL by 9.61 scores (pre 76.78; post 86.39), whereas the control group has increased its QOL by only 0.75 scores (pre 79.59; post 80.34).

Table 2. Mean QOL scores of pranic and control groups in pre and post-test sessions along with age and area

Groups	Variables	Pre-test		Post-test		Change (post-pre)
		Mean	SD	Mean	SD	
	Age groups					
Pranic	Below 30	76.13	12.69	83.40	8.29	7.27
	Above 30	77.24	11.93	88.52	8.00	11.28
	Total	76.78	12.08	86.39	8.41	9.61
Control	Below 30	84.25	6.51	83.06	8.31	-1.19
	Above 30	73.85	10.60	77.00	9.13	3.15
	Total	79.59	9.93	80.34	9.06	0.75
Total	Below 30	80.32	10.64	83.23	8.16	2.91
	Above 30	75.94	11.40	84.12	10.07	8.18
	Total	78.03	11.18	83.69	9.15	5.66
	Area					
Pranic	Urban	74.73	12.99	91.27	7.81	16.54
	Rural	77.68	11.82	84.24	7.86	6.56
Control	Urban	81.82	8.59	82.18	8.76	0.36
	Rural	78.22	10.66	79.22	9.30	1.0
Total	Urban	78.27	11.34	86.73	9.34	8.46
	Rural	77.91	11.22	82.14	8.75	4.23

Note: Effect size Cohen's d /Hedges' g = 0.695

Table 3. Results of Repeated measure ANOVA for mean QOL scores of pranic and control groups in pre and post-test sessions along with age and area

Source of variation	Sum of Squares	df	Mean Square	F	<i>p</i>
Change	863.559	1	863.559	12.685	.001
Change * group	629.344	1	629.344	9.244	.003
Change * age	137.749	1	137.749	2.024	.160
Change * group *age	.205	1	.205	.003	.956
Change * area	157.559	1	157.559	2.460	.122
Change * group *area	203.377	1	203.377	3.176	.080

In other words, pranic healing group has increased significantly ( $F=9.244$ ;  $p<.003$ ) its QOL than the control group. The effect size was found to be 0.695 (Cohen's  $d$  / hedges'  $g$ ) which indicates that the intervention has a medium effect. The power of the study was found to be more than 90%. Further analysis revealed that age did not have significant influence over the increase in the QOL scores. Area wise comparison revealed a similar increase both for respondents from urban and rural areas. The interaction between area and quantum of change was also found to be non-significant.

#### *Experiences during PH*

After PH session, the employee's experiences are tabulated in Table 4.

*Tingling sensations:* Majority of the pranic group employees (77.8%) expressed tingling sensations in their hands and various parts of the body which was found to be significant ( $X^2=11.111$ ,  $p<.001$ ). Age and area did not have a significant association with feeling tingling sensations.

*Increase in the Energy:* 66.7% of employees mentioned they feel an energy increase after PH, which was found to be significant ( $X^2=4.000$ ,  $p<.046$ ). Age and area did not have a significant association with an increase in the energy feeling.

*New experience:* 52.8% have expressed pranic sensation as a new experience during PH session. Area wise comparison revealed that participants from urban area felt more new experience than respondents from a rural area ( $\phi=-.338$ ,  $p<.042$ ).

*Warm feeling:* Very less percentage (22.2%) of the respondents reported the warm feeling ( $X^2=11.111$ ,  $p<.001$ ). Age and area did not have a significant association with a warm feeling.

Apart from the above experiences, participants also felt vibrations in the body, shaking, magnetic attraction, electric feelings in the hand, energy flowing sensation in the body among others.

Table 4. Chi-square analysis of Pranic healing group employees feedback after a healing session

Pranic healing group employees feedback after a healing session		Age		Area		Significance Total
		< 30	>30	Urban	Rural	
Tingling	F	13	15	8	20	28
Sensation	%	86.7	71.4	80	76.9	77.8
	Statistics	$\phi = -.181, p=.278$		$\phi = -.033, p=.842$		$X^2= 11.111, p= .001$
Energy	F	9	15	8	16	24
Increased	%	60.0	71.4	80.0	61.5	66.7
	Statistics	$\phi = .120, p=.473$		$\phi = -.175, p=.293$		$X^2= 4.000, p= .046$
New	F	9	10	8	11	19
Experience	%	60.0	47.6	80.0	42.3	52.8
	Statistics	$\phi = -.122, p=.463$		$\phi = -.338, p=.042$		$X^2=.111, p= .739$
Warm	F	4	4	2	6	8
Feeling	%	26.7	19.0	20.0	23.1	22.2
	Statistics	$\phi = -.090, p=.588$		$\phi = .033, p=.842$		$X^2=11.111, p=.001$

### Discussions

Participants were enthusiastic and eager to utilize PH intervention provided by the healer. They maintained good attendance and showed interest and cooperation until the study completion. This study reveals that mass PH intervention can enhance QOL. The resolution of mental health issues of workers enables them to enhance their QOL in all aspects of wellbeing. In addition, it is observed from the results that age and locality had no influence on intervention receptivity of the participants. Irrespective of age, and urban or rural background, anyone can receive pranic healing and utilize its benefit.

Other energy healing techniques showed changes when applied to patients with psychological problems. Perceived Stress among professionals was found to be reduced after five minutes of distance Reiki healing practised daily for twenty-one days (Vasudev & Shastri, 2016). A meta-analysis on external qigong, an energy-healing intervention shows that it could effectively be used as a treatment to reduce pain (Lee, Pittler, & Ernst, 2007). Clinical trials using Pranic Healing as adjuvant therapy was found to be useful to patients to

overcome mild to moderate depression (Rajgopal et al., 2018). These energy healing techniques help to absorb more prana which has the potential to heal. During PH session, the healer projects prana to the energy field of the participant to re-balance and strengthen them. This prana can be seen by naked eyes, experienced by hands and rebalanced to achieve physical and psychological well-being. Studies on the perception of prana among participants revealed more than 60% of the participants could see the prana. They felt relaxed and happy when they absorbed the prana (Jois, D'Souza, Rajini, & Moulya, 2017).

Earlier studies have shown that some spiritually based healing practices while invoking for higher energies were found to be useful in treating psychological problems and promoting wellbeing. Double-blind randomized controlled trial show that prayer has a positive influence during in-vitro fertilization (Cha, Worth, & Lobo, 2001). Invoking for higher energies is an important step in PH. It involves energy rebalancing, which has a potent effect on mind and body. During PH session, the healers pray to the almighty before, during and after the healing session, which facilitates the presence of divine energy in healing. An energy healer forms an intention and focuses compassionate thoughts towards subjects (Jeff, 2011).

In the present study, healers brought positive changes in the participants QOL despite being hardly aware of their mental health condition, social and personal background. PH is a no-touch, drugless therapy, easy to learn and practice, can be applied at subjects' convenient times. This complementary therapy has attracted well-educated followers seeking to integrate its therapeutic practices into their working lives and personal growth (Beckford & Suzara, 1994).

### **Conclusion**

The present study has provided initial evidence indicating that mass PH can improve QOL of women employees working in the garment factory. As employees of many industries face many mental health issues, resulting in underutilization of their potential, complementary therapy like PH can help individuals to overcome physical and psychological issues and achieve wellbeing.

#### *Limitation of the present study*

The present work has analyzed only female participants. Hence, gender generalization could not be made. Influence of variables such as pranic group interaction with control group participants could bring some influence on post-test scores since both the groups are working in the same factory.

#### *Recommendations for future work*

A similar type of studies has to be undertaken with larger sample size comprising mixed population and different professional groups.

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