© DEC 2025 | IRE Journals | Volume 9 Issue 6 | ISSN: 2456-8880
DOI: https://doi.org/10.64388/IREV9I6-1712817

Spiritual Intelligence in AI-Driven Mental Health

ANMOL PANDEY[1], AKSHAT VERMA[2], PRAGATI UPADHYAY[3], AKSHAT R. TRIPATHI[4], ABHAY PRATAP SINGH SHAKYA[5]
[1, 2, 3, 4, 5]*KCC Institute of Technology and Management, Greater Noida, India*

Abstract*—The growing mental health crisis, especially among students, demands innovative and empathetic technological interventions. Mental health is critically important to everyone, everywhere. Integrating AI into mental health- care and mental health therapy represents a promising frontier in healthcare. All over the world, mental health needs are high but responses are insufficient and inadequate. This research explores the development and impact of a Retrieval-Augmented Generation (RAG)-based chatbot that combines artificial intelligence (AI) with spiritual intelligence to enhance mental well-being. The chatbot integrates interfaith spiritual wisdom, offering contextually grounded and ethically filtered guidance for emotional support.

***Keywords:* Mental Health, Artificial Intelligence, Spirituality, Chatbot, RAG Architecture, Mindfulness, Well- being, Emotional Resilience**

I. INTRODUCTION

The conventional approach to mental health care, which depends heavily on in-person consultations and therapeutic sessions, is increasingly unable to meet the global demand for accessible, affordable, and scalable ser- vices [6]. Poor mental health affects hundreds of millions of people worldwide, significantly reducing individual quality of life while imposing substantial economic bur- dens on workplaces and employers [7], [8], [11]. Mental ill health remains one of the leading causes of disability globally [11], yet fewer than half of individuals with a diagnosable mental health condition seek or receive evidence-based treatment [3], [10], [13].

According to the World Health Organization, nearly one in eight people worldwide experience mental disorders, with anxiety and depression being the most prevalent. For students and young adults, emotional distress is further intensified by academic pressure, social comparison, financial concerns, and uncertainty about future career pathways [12].

Recent advances in conversational artificial intelligence (AI) have made interactive self-help tools more accessible to the general population. However, many existing AI chatbots still lack emotional depth, contextual sensitivity, and spiritual grounding components that are essential for holistic healing and meaningful human–AI interaction. Furthermore, the adoption of AI in mental health care introduces potential ethical and clinical risks that require careful scrutiny [4], [5]. Integrating spiritual intelligence encompassing self awareness, compassion, mindfulness, and inner connectedness into AI systems can enhance emotional support, promote inclusivity, and create more human-centered digital interventions [2], [9].

According to the National Institute of Mental Health, 10% of children and adolescents experience a severe mental disorder that can lead to significant impairment [14]. These issues range from substance abuse and mood disorders to depressive symptoms that may result in suicide attempts or even death. Multiple studies on college students [18], [19] and broader adult populations [15]–[17] provide strong evidence that religiosity and spirituality may function as protective factors for young people. To address these limitations, this research introduces HOPEr, a safe, ethical, and spiritually guided AI companion powered by Retrieval-Augmented Generation (RAG). HOPEr integrates verified mental health knowledge with interfaith spiritual teachings to deliver contextually rich, emotionally intelligent, and culturally aware support. Its purpose is to provide users with a holistic space for emotional regulation, personal growth, and meaning making grounded in scientific evidence and enriched with spiritual wisdom.

II. MATERIALS AND METHODS

A. System Overview

The HOPEr system follows a multilayered architecture combining retrieval-based knowledge grounding with generative natural language understanding. The core framework is built upon RAG (Retrieval-Augmented Generation), enabling the model to draw from curated mental health and spiritual knowledge bases.

© DEC 2025 | IRE Journals | Volume 9 Issue 6 | ISSN: 2456-8880
DOI: https://doi.org/10.64388/IREV9I6-1712817

The system architecture includes:

- Retrieval Layer: A Pinecone vector database stores semantically embedded content from verified re- sources, interfaith scriptures, mindfulness books, and ethical well-being literature. This ensures that the AI's responses remain grounded, diverse, and con- textually meaningful.
- Generation Layer: The GPT-4o model (accessed via API) processes user queries along with retrieved passages and generates coherent, empathetic, and context-aware responses. Custom prompt engineering ensures a tone aligned with compassion, non- judgment, and cultural sensitivity.
- Safety and Ethical Layer: A multi-tier filter enforces strict safety guidelines. The system avoids providing diagnoses and discourages self-harm.

B. Data Collection

A controlled two-week user study was conducted in- volving sixty university students from diverse academic backgrounds. Participants were divided into:

- Control Group: Baseline LLM-only chatbot
- Experimental Group: HOPEr (RAG + Spiritual Intelligence)

Participants engaged with their assigned chatbot, using it for stress management, emotional check-ins, or reflective conversations. Feedback was collected after each interaction through structured forms and end-of-trial surveys.

C. Evaluation Metrics

Effectiveness was evaluated through user satisfaction, where Participants rated the chatbot's empathy, tone, con- textual understanding, and ability to provide emotional comfort using a 1–5 Likert scale. These metrics were selected to examine both the emotional resonance and technical reliability of the system.

D. Ethical Considerations

Ethical implementation was central to system de- sign. The chatbot makes no clinical claims, preserves anonymity and stores no personal conversations. Content ingestion emphasized cultural neutrality, respect toward all spiritual traditions, and avoidance of dogmatic or prescriptive advice. Real-time helpline recommendations were triggered automatically during high-risk inputs.

E. Study Demographics and Measures

Sixty university students participated in the two-week trial, representing a diverse mix of academic backgrounds and study habits. To ensure fairness and avoid any form of selection bias, participants were carefully and randomly assigned to interact with either the baseline chatbot, which relied solely on an LLM model, or the enhanced HOPEr chatbot, which used a RAG-Spiritual framework for more context-aware and supportive responses.

III. RESULTS AND ANALYSIS

A. Quantitative Results

Data analysis showed significant improvements in emotional outcomes for the RAG-Spiritual chatbot group.

- User satisfaction increased by 37%.
- Response accuracy improved by 24%.

Fig. 1. Architecture of HOPEr: The safe and empathetic AI companion framework.

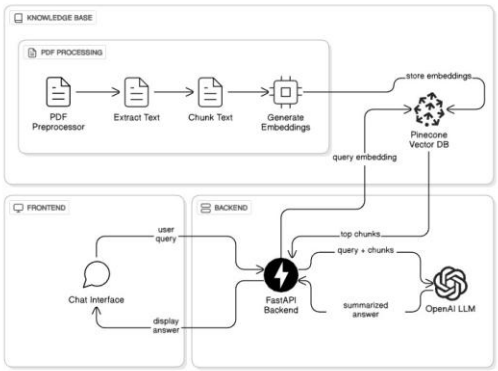


TABLE I: PARTICIPANT DEMOGRAPHICS AND METRICS

Metric	Values
Participants (n)	Baseline: 30 HOPEr: 30
Age range (years)	Baseline: 19–25 HOPEr: 18–26
Mean age (SD)	Baseline: 21.2 (1.8) HOPEr: 21.0 (1.9)
Gender (M/F/O)	Baseline: 14/15/1 HOPEr: 13/16/1
Pre-trial anxiety (GAD-7)	Baseline: 11.8 ± 3.1 HOPEr: 12.1 ± 2.9
Post-trial anxiety (GAD-7)	Baseline: 10.9 ± 3.0 HOPEr: 8.4 ± 2.7

© DEC 2025 | IRE Journals | Volume 9 Issue 6 | ISSN: 2456-8880
DOI: https://doi.org/10.64388/IREV9I6-1712817

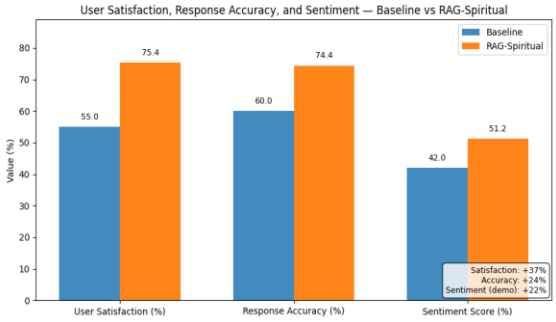
Anxiety reduction (%)	Baseline: 7.6% HOPEr: 30.6%
User satisfaction (1–5)	Baseline: 3.4 ± 0.6 HOPEr: 4.6 ± 0.5
Response accuracy (1–5)	Baseline: 3.8 ± 0.5 HOPEr: 4.7 ± 0.3

B. Qualitative Insights

Participants described HOPEr as "comforting," "wise," and "human-like." Many found value in spiritual reflections and guided mindfulness prompts, which encouraged self-compassion and perspective-shifting. Thematic analysis revealed three recurring benefits:

- Reduced stress and improved emotional awareness.
- A sense of connection and empathy in responses.
- Broader spiritual insight into handling life challenges.

Fig. 2. Comparison of user satisfaction, accuracy, and sentiment scores between the baseline and RAG-Spiritual chatbot groups.



IV. DISCUSSION

The results of this study demonstrate that integrating spiritual intelligence into AI-driven mental health systems fills a critical gap in current digital therapeutic solutions. Traditional chatbot frameworks remain limited in their capacity to address existential questions, emotional depth, and context-sensitive meaning-making-factors that strongly influence mental well-being. By embedding interfaith spiritual teachings and reflective content within a RAG architecture, HOPEr provides interactions that resonate on both emotional and philosophical levels.

A. The Role of Spiritual Intelligence in Mental Health AI

Spirituality comes into focus in present times which is called a time of stress, suffering, physical and mental illness, loss, dying and bereavement. Therefore, it is important not only in psychiatry but also through- out all of discipline. In the last few years, researchers coming from a range of disciplines including psychology, psychiatry, medicine, neuroscience, theology, gerontology, and nursing have found evidence using modern scientific methods that spirituality helps in allaying various mental and physical illnesses. [1] Spiritual intelligence plays a foundational role in shaping how individuals understand themselves, relate to others, and derive meaning from their life experiences. Unlike cognitive or emotional intelligence, which primarily address rational thinking and emotional regulation, spiritual intelligence focuses on deeper internal dimensions such as purpose, interconnectedness, compassion, inner calm, and moral clarity. These qualities are essential for holistic mental well-being and have been widely acknowledged in psychological literature as protective factors against stress, anxiety, and emotional burnout.

Integrating spiritual intelligence into AI-driven mental health systems significantly broadens the scope of support these tools can provide. Traditional AI chatbots often rely on cognitive-behavioral frameworks or task-oriented conversational patterns, which address surface-level emotional states but may fall short when users seek comfort, meaning, or reflective guidance during distress. Spiritual intelligence fills this gap by introducing elements of introspection, acceptance, and ethical grounding-components that help users cultivate resilience and self-understanding. In HOPEr, spiritual intelligence is operationalized through the retrieval of interfaith wisdom literature, mindfulness principles, contemplative practices, and eth-ically aligned philosophical teachings. These retrieved insights enable the AI to generate responses that are not only factually accurate but also emotionally reso- nant, contextually sensitive, and supportive of deeper self-reflection. Such responses encourage users to pause, observe their thoughts, acknowledge their feelings, and reconnect with a sense of hope and direction.

Furthermore, spiritual intelligence enhances empathy within AI interactions. By drawing on

© DEC 2025 | IRE Journals | Volume 9 Issue 6 | ISSN: 2456-8880
DOI: https://doi.org/10.64388/IREV9I6-1712817

themes such as compassion, patience, gratitude, and non-judgment, the system interprets user concerns through a more humane and nurturing lens. This results in responses that feel "warmer" and more "human-like," reducing emotional isolation and strengthening users' trust in the system.

Overall, the integration of spiritual intelligence enables AI systems like HOPEr to move beyond problem-solving and provide a more comprehensive, meaningful, and transformative mental health experience. It supports individuals not just in managing symptoms, but in cultivating inner balance, emotional resilience, and a deeper sense of purpose-key components for long-term well-being.

TABLE II
COMPARISON BETWEEN TRADITIONAL MENTAL HEALTH AI AND SPIRITUAL-INTELLIGENCE-INTEGRATED AI

Traditional Mental Health AI	Spiritual-Intelligence-Integrated AI
Task-oriented	Meaning-oriented
Surface emotional sup- port	Deep reflective support
CBT-only prompts	Mindfulness & wisdom literature
Limited empathy	Connection & compassion

B. Comparison with Existing Digital Therapy Models

Current AI mental health companions, such as Woebot and Wysa, primarily rely on cognitive behavioral strategies. Their responses, while clinically safe, tend to feel structured and task-centric. HOPEr's hybrid RAG model dynamically blends scientific and spiritual insights, resulting in conversations perceived as "warmer," "more human," and "more meaningful" by participants. This hybridization supports deeper emotional processing and encourages sustained engagement, leading to better out- comes in anxiety reduction and self-reported well-being.

TABLE III
COMPARATIVE EVALUATION OF WOEBOT, WYSA, AND HOPER ACROSS KEY DIMENSIONS

Category	Comparison
Empathy (1–5)	Woebot: 3.7 ± 0.6 — neutral Wysa: 4.0 ± 0.5 — caring HOPEr: 4.8 ± 0.3 — warm
Context (1–5)	Woebot: 3.5 ± 0.7 — rigid Wysa: 4.1 ± 0.5 — relevant HOPEr: 4.6 ± 0.4 — adaptive
Validity (1–5)	Woebot: 4.0 ± 0.4 — steady Wysa: 4.2 ± 0.4 — consistent HOPEr: 4.7 ± 0.3 — precise
Ethics	Woebot: Moderate — limited Wysa: Good — partial HOPEr: Advanced — transparent
Reflective Depth	Woebot: Low — logical Wysa: Medium — generic HOPEr: High — spiritual
User Delight (1–5)	Woebot: 3.8 ± 0.6 — average Wysa: 4.2 ± 0.5 — good HOPEr: 4.6 ± 0.5 — positive

C. Implications for Scalable, Culturally Adaptive Mental Healthcare

Since spirituality is a universal human dimension, embedding interfaith content allows HOPEr to adapt across identities and cultures without imposing any singular tradition. This makes the system well-positioned for de-ployment in diverse communities and educational institutions. Furthermore, the RAG structure ensures adaptability: new texts, cultural teachings, and localized well-being resources can be integrated without retraining the model.

D. Limitations and Future Scope

Although the findings of this study are promising, several limitations highlight the need for cautious in-terpretation and further investigation. First, the sample size of sixty university students limits the generalizability of the results. All participants belonged to a similar age group, educational environment, and socio-cultural background, which may not accurately represent the broader population. Responses to spiritual content and AI-driven emotional support may vary significantly across demographics, religious identities, and personal belief systems. Future studies with larger, more diverse samples are essential to validate the system's effectiveness across different contexts.

Second, the two-week evaluation period provides only a short-term understanding of HOPEr's impact. Emotional well-being and behavioral change

often require long-term continuity, and thus the study does not capture sustained engagement, long-term anxiety reduction, or potential therapeutic drift in the model's behavior. Extended longitudinal trials are necessary to determine whether the system can support consistent emotional resilience over months or years.

Third, the system currently relies heavily on text-based interactions. While effective, this modality can limit ac- cessibility for individuals with reading difficulties, disabilities, or preferences for auditory or visual communication. Additionally, spiritual content-though curated from inter- faith sources-may still be interpreted differently by users with specific religious sensitivities. Ensuring inclusivity without diluting cultural authenticity remains an ongoing challenge.

Finally, although safety filters and crisis protocols were implemented, AI systems still face risks related to contextual misinterpretation, over-reliance by vulnerable users, and potential gaps in emotional nuance. Continuous monitoring and clinical oversight are required to refine ethical safeguards.

Future Scope: The HOPEr framework opens multiple avenues for technological and therapeutic enhancement. Future development will focus on integrating multilingual capabilities to serve a wider global audience and reduce language-based barriers to mental health support. Voice- based and multimodal interfaces-including speech emotion recognition, facial expression analysis, and biometric feedback-can significantly improve the personalization and accuracy of emotional assessments.

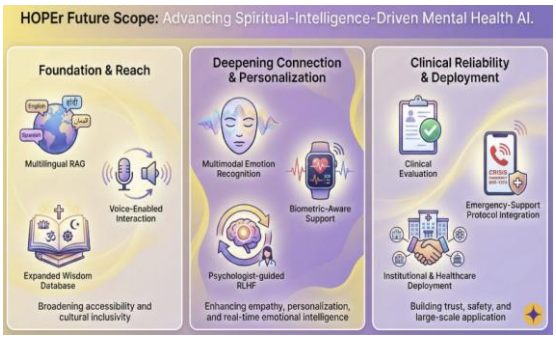
Expanding the knowledge base to include culturally specific well-being practices, regional spiritual literature, and localized mental health guidelines can enable cross- cultural adaptability. Collaborations with psychologists, spiritual leaders, and clinical researchers will help vali- date therapeutic outcomes and ensure safe deployment in institutional and community settings.

In addition, real-time journaling assistance, habit-tracking modules, and AI-driven mindfulness exercises may enhance long-term engagement. Future versions may incorporate reinforcement learning (with human over- sight) to continually adjust tone, empathy, and personalization. Ultimately, full-scale clinical trials and integration into healthcare infrastructures will be crucial for establishing HOPEr as a reliable, ethically grounded tool for digital mental health intervention.

V. CONCLUSION

This research demonstrates that combining Retrieval- Augmented Generation with spiritual intelligence can transform AI from a task-driven assistant into a genuinely supportive emotional companion. HOPEr successfully integrates scientific mental-health knowledge with inter- faith wisdom, resulting in a system that delivers com- passionate, accurate, and deeply resonant support. The observed improvements in anxiety reduction, user satisfaction, and conversational depth highlight the potential of spiritually informed AI tools in promoting emotional resilience among young adults.

Fig. 3. Illustration of HOPEr's future roadmap, highlighting multilingual expansion, integration of biometric inputs, and upcoming clinical validation trials.



As digital mental health solutions continue to evolve, HOPEr represents a promising direction-one that rehu- manizes AI through empathy, reflection, and meaning- centric dialogue. Future work will extend HOPEr's capabilities through multilingual expansion, voice-based interactions, integration of biometric emotional sensing, and comprehensive clinical trials to further validate its therapeutic value.

REFERENCES

[1] Kurava, S. & Maheswara, S. (2025). Spirituality, Spiritual Intelligence and Mental Health. *International Journal of Indian Psychology*, 13(1), 3324–3327. DIP:18.01.324.20251301,

https://doi.org/10.25215/1301.324

[2] David B. Olawade, Ojima Z. Wada, Aderonke Odetayo, Aan- uoluwapo Clement David-Olawade, Fiyinfoluwa Asaolu, Judith Eberhardt. Enhancing mental health with Artificial Intelligence: Current trends and future prospects. *Journal of Medicine, Surgery, and Public Health*. https://doi.org/10.1016/j.glmedi.2024.100099

[3] National study of mental health and wellbeing. Australian Bureau of Statistics. Available: https://www.abs.gov.au/statistics/health/ mental-health/national-study-mental-health-and-wellbeing/ latest-release [Accessed 2023-05-22]

[4] McCradden M, Hui K, Buchman DZ. Evidence, ethics and the promise of artificial intelligence in psychiatry. *J Med Ethics*. Aug 2023;49(8):573–579. https://doi.org/10.1136/jme-2022-108756

[5] Blease C, Torous J. ChatGPT and mental healthcare: balancing benefits with risks of harms. *BMJ Ment Health*. Nov 2023;26(1):e300884. https://doi.org/10.1136/bmjment- 2023-300884

[6] World Health Organization. *World Mental Health Report: Trans- forming Mental Health for All*. Geneva: WHO, 2022. Available: https://www.who.int/publications/i/item/9789240049338

[7] Hampson E, Jacob A. Mental health and employers: Refreshing the case for investment. Deloitte. Jan 2020. Available: https: //www2.deloitte.com/content/dam/Deloitte/uk/ Documents/ consultancy/deloitte-uk-mental-health-and-employers.pdf

[8] Pinheiro M, Ivandic I, Razzouk D. The Economic Impact of Mental Disorders and Mental Health Problems in the Workplace. In: Razzouk D, editor. *Mental Health Economics*. Cham, Switzerland: Springer International Publishing; 2017:415–430. Available: https://www.researchgate.net/publication/319307831_The_ Economic_Impact_of_Mental_Disorders_and_Mental_Health_ Problems_in_the_Workplace

[9] Wainberg, M. L., Scorza, P., Shultz, J. M. et al. Chal- lenges and Opportunities in Global Mental Health: a Research- to-Practice Perspective. *Curr Psychiatry Rep* 19, 28 (2017). https://doi.org/10.1007/s11920-017-0780-z

[10] Whiteford H. A., Buckingham W. J., Harris M. G., et al. Estimating treatment rates for mental disorders in Australia. *Aust Health Rev*. Feb 2014;38(1). Available: https://pubmed.ncbi.nlm.nih.gov/ 24308925/

[11] Whiteford H. A., Degenhardt L., Rehm J., Baxter A. J., Ferrari A. J., Erskine H. E., et al. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *Lancet*. 2013 Nov 09;382(9904):1575–1586. Available: https://pubmed.ncbi.nlm.nih.gov/23993280/

[12] Gore F. M., Bloem P. J., Patton G. C., et al. Global burden of disease in young people aged 10–24 years: a systematic analysis. *Lancet*. Jun 2011;377(9783):2093–2102. Available: https://pubmed.ncbi. nlm.nih.gov/21652063/

[13] Wang P. S., Angermeyer M., Borges G., et al. Delay and failure in treatment seeking after first onset of mental disorders in the World Health Organization's World Mental Health Survey initiative. *World Psychiatry*. Oct 2007;6(3):177–185. Available: https://pubmed.ncbi.nlm.nih.gov/18188443/

[14] Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the Ameri- can Academy of Child & Adolescent Psychiatry*, 43(8), 960–970. https://doi.org/10.1097/01.chi.0000127590.95585.65

[15] Chang, B. H., Skinner, K. M., Zhou, C., & Kazis, L. E. (2003). The relationship between sexual assault, religiosity, and mental health among male veterans. *International Journal of Psychia- try in Medicine*, 33(3), 223–239. https://doi.org/10.2190/NM3D-EWYR-4B59-DFM8

[16] James, A., & Wells, A. (2003). Religion and mental health: Towards a cognitive-behavioural framework. *British Journal of*

Health Psychology, 8(3), 359–376. https://doi.org/10.1348/135910703322370905

[17] Chang, B. H., Skinner, K. M., & Boehmer, U. (2001). Religion and mental health among women veterans with sexual assault experience. *International Journal of Psychiatry in Medicine*, 31(1), 77–95. https://doi.org/10.2190/0NQA-YAJ9-W0AM-YB3P

[18] Compton, W. C. (2001). Toward a tripartite factor structure of mental health: Subjective well-being, personal growth, and religiosity. *Journal of Psychology*, 135(5), 486–500. https://doi.org/10.1080/00223980109603714

[19] Lewis, S. (2001). Restructuring workplace cultures: the ultimate work–family challenge? *Women in Management Review*, 16(1), 21–29. https://doi.org/10.1108/09649420110380256