AN IMPACT OF SPIRITUALITY ON LIFE SATISFACTION
AND EXPLANATORY LIFE STYLES AMONG
PROSPECTIVE PROFESSIONAL CAREGIVERS

ABSTRACT

THESIS

SUBMITTED FOR THE AWARD OF THE DEGREE OF

Doctor of Philosophy

IN

PSYCHOLOGY

BY

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Under the supervision of

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(Reader)

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ALIGARH MUSLIM UNIVERSITY
ALIGARH (INDIA)
2006
Abstract
Human body is the platform for all pleasure and pain at the sensory level. At the same time, it has a sophisticated mind, which keeps track of things at the psychological level. Today’s materialistic world is a product of technological change and development that has made people to become more self-centered. This might led to isolation and creation of vacuum around the people.

In mindless pursuit of worldly possessions negative emotions like greed, jealousy and hatred have overpowered our mind, creating tensions, leading an individual to a less satisfied life and adopting negative approach towards it. In order to overcome these problems many researches has to be done. One of the fruitful may to overcome these problem is that one should become spiritual. Spirituality helps an individual to be satisfied and form a positive frame of mind, in coping up the daily hazards of life.

This research enfolds five chapters. Chapter I deals with the detailed introduction of the variables i.e. spirituality, life satisfaction and explanatory life styles.

Spirituality: Spirituality is a special quality God has given to us. It is an institution whose purpose is to stabilize something to last that will not last. It is a process by which one unites to the Self, the God head within. Spirituality measures four dimensions viz. innerness, transcendence, purpose and meaning in life and unifying interconnectedness.
Life satisfaction: The striving for happiness satisfaction has so inextricably woven into the very deep core structure of the human psyche. Satisfaction is both a physiological state of contentment of the organism as well as a state of psychological well-being. The major causes of satisfaction are – income, health, status work, etc. Three models of life satisfaction are “Top-down Theories”, “Bottom-up” and “Bi-directional” Theories.

Explanatory Life Styles: Explanatory Life Styles is a stable trait, a relatively constant aspect of a given individual’s personality. It is a prime candidate as psychological precursor of good or bad health because it affects the severity of deficits following uncontrollable aversive events. The two explanatory life styles are optimism and pessimism. Optimism can be defined as the inclination to anticipate the best possible outcome for actions or events. While pessimism, in general language, describes a belief that things are bad, and tend to become worse or that looks to the eventual, triumph of evils over good.

Chapter II is exclusively meant for Review of Literature. Various studies on spirituality, life satisfaction and explanatory life styles has been done on different groups, emphasizing its effect on health and illness. More research is needed especially on the variable of explanatory life styles as its effect is only seen among elderly or adult people’s health. The effect of explanatory life styles on other aspect and domain of life should be explored. Various studies on job satisfaction has been done but on employees only. But this research has been done on students who are pursuing the professional courses of caregivers.
Objectives: In the light of literature reviewed the present study was planned to ascertain the relationship of spirituality with life satisfaction and explanatory life styles among prospective professional caregivers. To verify the objectives of present research certain null hypothesis were formulated. These are as follows:

\(H_01: \) There would not be significant relationship between explanatory life styles and life satisfaction with spirituality among male and female

\(H_02: \) There would not be significant relationship between explanatory life styles and life satisfaction with spirituality among different professional groups.

\(H_03: \) There would not be significant relationship of explanatory life styles and life satisfaction with spirituality among male and female students of Modern Medicine, Indigenous Medicine and Humanities

\(H_04: \) There would not be any moderating effect of spirituality on the relationship between life satisfaction and explanatory life styles among prospective professional caregivers.

\(H_05: \) There would not be any moderating effect of life satisfaction on the relationship between explanatory life styles and spirituality among prospective professional caregivers.

\(H_06: \) There would not be any moderating effect of explanatory life styles on the relationship between spirituality and life satisfaction among prospective professional caregivers.
$H_0^7$: There would not be any moderating effect of spirituality on the relationship between explanatory life styles and life satisfaction among male and female students of Modern Medicine, Indigenous Medicine and Humanities.

$H_0^8$: There would not be any moderating effect of life satisfaction on the relationship between explanatory life styles and spirituality among male and female of Modern Medicine, Indigenous Medicine and Humanities.

$H_0^9$: There would not be any moderating effect of explanatory life styles on the relationship between life satisfaction and spirituality among male and female of Modern Medicine, Indigenous Medicine and Humanities.

$H_0^{10}$: There would not be significant difference between male and female with regard to spirituality, life satisfaction and explanatory life styles.

$H_0^{11}$: There would not be significant effect of spirituality, life satisfaction and explanatory life styles among male and female students of Modern Medicine.

$H_0^{12}$: There would not be significant effect of spirituality on explanatory life styles and life satisfaction among male and female students of Indigenous Medicine.

$H_0^{13}$: There would not be significant effect of spirituality, explanatory life
styles and life satisfaction among male and female students of Humanities.

Chapter III: In this chapter the whole Methodology, related to this research has been discussed Sample. The research was conducted on 300 students of professional courses, pursuing Modern Medicine, Indigenous Medicine and Humanities. It comprised of male (0.50) and female (50) students of professional courses. Tools: The data were collected with the help of (i) Spiritual Assessment Scale (Howden, 1992); (ii) Life Orientation Test (Michael Schier and Carver, 1985) and (iii) Life satisfaction Scale (Warr et. Al., 1979). Analysis: The data were analysed by means of Pearson Product Moment Correlation, Partial Correlation and t-test.

Chapter IV: This deals with Results and Discussion, which are as follows:

➢ When male and female of prospective professional caregivers were compared, there was not significant relation found between explanatory life styles and life satisfaction with spirituality ($r_{male} =0.14$, $r_{female} =0.04$).

➢ There was found a significant relation among the students of Modern Medicine between explanatory life styles and spirituality ($r=0.30$, p<0.05). But an insignificant relation was found between life satisfaction and spirituality of this group ($r=0.20$).

➢ Among the Indigenous Medicine there was an insignificant relation found between explanatory life styles and spirituality ($r=-0.12$) and a positive relation was found between spirituality and life satisfaction ($r=0.15$).
There was a positive relation found between explanatory life styles and spirituality \( (r=0.17) \) and between life satisfaction and spirituality \( (r=0.15) \) among the students of Humanities.

When male and female students of Modern Medicine were compared there was a positive significant relationship found between spirituality and explanatory life styles \( (r=0.27; \ r=0.36, \ p<0.05, \ respectively) \). But between life satisfaction and spirituality, there was a positive significant relation found among female \( (r=0.25, \ p<0.05) \) of this group, and an insignificant relation was found among male \( (r=0.15) \) of this group.

Among the male and female students of Indigenous group a negative insignificant relationship was found between explanatory life styles and spirituality, in male \( (r=-0.01) \), while a positive relationship was found in female \( (r=0.08) \). Also between life satisfaction and spirituality there existed a negative correlation among male \( (r=-0.18) \) while among female a positive relationship was obtained \( (r=0.21) \).

When male and female students of Humanities were compared, a positive significant relationship was obtained among female \( (r=0.29, \ p<0.05) \) between explanatory life styles and spirituality, while an insignificant relation was found among male \( (r=0.06) \). There was found an insignificant relationship between life satisfaction and spirituality among male \( (r=0.14) \) and female \( (r=0.19) \).

A negative insignificant correlation existed between life satisfaction and explanatory life styles among males \( (r_{XY,T}=-0.08) \), when spirituality was partialled out of professional caregiver. While positive insignificant
relation was found between life satisfaction and explanatory life styles among female ($r_{XY}=0.03$). A positive insignificant relation existed between life satisfaction and spirituality among female ($r_{X1Y}=0.15$), when explanatory life styles was partialled out. But a negative insignificant association existed between life satisfaction and spirituality among male ($r_{X1Y}=-0.05$), when explanatory life styles was partialled out. An insignificant positive correlation was found among male ($r_{YX}=0.13$) and female ($r_{YX}=0.12$), when life satisfaction was partialled out.

In the case of Modern Medicine, it was observed a positive but insignificant relationship between life satisfaction and explanatory life styles ($r_{XY}=0.07$) while spirituality was being partialled out. There a positive correlation was found between life satisfaction and spirituality ($r_{XY}=0.17$), when explanatory life satisfaction was partialled out. On the other hand spirituality was found significantly correlated with explanatory life styles ($r=0.28$, $p<0.01$), when life satisfaction was partialled out.

Among the students of Indigenous Medicine, we find a positive insignificant correlation between life satisfaction and explanatory life styles, when spirituality was partialled out ($r_{XY}=0.04$). A positive insignificant correlation was found between spirituality and life satisfaction, when explanatory life styles was partialled out ($r_{XT}=0.15$). While a negative insignificant correlation was found between explanatory life styles and spirituality, when life satisfaction was partialled out ($r_{TYX}=-0.12$).
Among the Humanities group, when spirituality was partialled out, a positive but insignificant relationship was obtained between life satisfaction and explanatory life styles \( r_{XY,t} = 0.07 \). A positive correlation was obtained between life satisfaction and spirituality \( r_{XT,Y} = 0.16 \), when explanatory life style was partialled out. When life satisfaction was partialled out, a positive correlation was obtained between spirituality and explanatory life style \( r_{TY,X} = 0.18 \).

When spirituality was partialled out, among the male students of Modern Medicine, a negative insignificant correlation was found \( r_{XY,t} = -0.02 \). While among the female students of the same discipline a positive relationship was found \( r_{XY,t} = 0.17 \).

When explanatory life style was partialled out, it was found insignificant positive correlation between spirituality and life satisfaction among male \( r_{XT,Y} = 0.15 \) and female \( r_{XT,Y} = 0.17 \) students of Modern Medicine.

While partialling out life satisfaction the obtained correlation values between spirituality and explanatory life styles among male and female were found to be \( r_{TY,X} = 0.27 \) and \( r_{TY,X} = 0.31 \), respectively, which are significant at 0.01 level of significance on the students of Modern Medicine.

In Indigenous Medicine it was found that when spirituality was partialled out in case of male subject, the value was found to be negative and insignificant between life satisfaction and explanatory life styles \( r_{XY,t} = -0.06 \). While in the case of female subjects on the same variable, insignificant positive relationship \( r_{XY,t} = 0.18 \) was established.
When explanatory life styles was partialled out, a very weak positive correlation was found between life satisfaction and spirituality ($r_{XT,Y}=0.08$) among male. On the other hand a satisfactory positive relationship was established among female ($r_{XT,Y}=0.24$) of Indigenous Medicine.

When life satisfaction was partialled out there was a very weak positive relationship found between spirituality and explanatory life styles among male ($r_{TY,X}=0.05$). While in the case of female, it was found a negative insignificant correlation ($r_{TY,X}=-0.22$) between spirituality and explanatory life styles, among Indigenous group.

A negative insignificant correlation among male ($r_{XY,T}=-0.10$) was found between life satisfaction and explanatory life styles, when spirituality was partialled out, among the students of Humanities. And contrary to it a reasonable positive relationship was found between life satisfaction and explanatory life styles, among female ($r_{XY,T}=0.15$).

When explanatory life style was partialled out, a positive relationship was found between spirituality and life satisfaction among male ($r_{XT,Y}=0.14$) and female ($r_{XT,Y}=0.12$) of Humanities.

When life satisfaction was partialled out, a positive relationship was established between spirituality and explanatory life styles among male ($r_{TY,X}=0.07$) and female ($r_{TY,X}=0.26$, $p<0.05$) students of Humanities.

When male and female were compared on the variable of life satisfaction, they did not differ significantly ($t=0.37$). Also on the variable of explanatory life styles ($t=0.84$) and spirituality ($t=0.76$), they did not
differ significantly. But female tend to be more optimistic and spiritual oriented than male.

➢ When male and female students of Modern Medicine were compared on the variable of life satisfaction (t=0.06) and spirituality (t=0.26) they did not differ significantly. While on the variable of explanatory life styles they did differ significantly (t=2.36, p<0.05) and the degree of optimism was found to be more in female.

➢ Among the Indigenous Medicine group, when male and female students were compared on the variable of life satisfaction (t=0.10) and explanatory life styles (t=0.91) they both did not differ significantly and were equally satisfied and optimistic. On the variable of spirituality male and female did not differ significantly (t=0.61), but female were more spiritual oriented.

➢ Among the students of Humanities, male and female did not differ significantly on the variable of life satisfaction (t=0.76). Also on the variable of explanatory life styles male and female did not differ significantly (t=0.06) when male and female were compared on the variable of spirituality, they did not differ significantly (t=1.07). But the tendency of spirituality was greater among female than male.
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2006
Dedicated
to
My Late Father
Dr. Mumtaz Khan
Certificate

This is to certify that the thesis entitled “An Impact of Spirituality on Life Satisfaction and Explanatory Life Styles Among Prospective Professional Care Givers”, by Jameela Khatoon is an original piece of work and has been carried out under my supervision towards her Ph.D. Degree.

I understand that the thesis is complete in all respects and can be submitted for evaluation.

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Acknowledgement

In the name of Allah, the most Beneficent and Merciful, whose benign benediction gave me the raged real for the completion of this work.

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Chapter-1

Introduction
Human body is the platform for all pleasure and pain at the sensory level. At the same time, it has a sophisticated mind, which keeps track of things at the psychological level. Today's materialistic world is a product of technological change and development that has made people to become more self-centered. This might led to isolation and creation a vacuum around the people. In mindless pursuit of worldly possessions negative emotions like greed, jealousy and hatred have overpowered our mind, creating tensions, leading an individual to a less satisfied life and adopting negative approach towards it.

We have been blessed with the capacity to discriminate. We are equipped to take decisions using our intellect and by applying acquired wisdom. We have vast potential, but because of our ignorance of Self, these potentials remain largely untapped i.e. all wise men have exhorted to try and attain Supreme Knowledge of the Self.

According to ancient Indian sages human being are comprised of both matter and spirit. Our physical body, mind and intellect are the matter components while our soul is the spirit – the real self – that radiates and drives the matter components.

SPIRITUALITY

Spirituality is the process by which one unites to the Self, the godhead within. A human being is separated from his true self – atman or godhead by a mass of desires. He needs to slowly overcome his desires and reveal that Self.
A systematic attempt to achieve this, makes one truly spiritual. Spiritual experience is the goal of a deeply religious person whereas a major discovery or an intervention is the goal of a scientific mind. If both the aspects are unified, we can transcend to that level of thinking in which unity is cohesive concept. For this science and spirituality have to interact.

Throughout history, spirituality has been a major divine force in all religions of the world, cultures and traditions. At the turn of the 20th century, spirituality has comeback again. For transpersonal and existential psychologists, spiritual issues and matters are old and familiar domains. As psychology matured, spirituality and treatment diverged. However, the field of spirituality in turn is relatively isolated from psychology. The emergence of interaction between psychology and spirituality, each informing the other, seems to be the fascinating discourse.

Traditionally, thoughts on the soul and spirit were discussed either with priests or with God in private. Recently there is awakening of the motion of spirituality in broader context of living well in society. An Australian philosopher, Raymond Gaiter (1998), has summarized “People are increasingly attracted to an abstract spirituality, to the kind of religion i.e. identified with the God of the philosophers in a contrast ... to ... the God of religion except they would prefer to keep God out of it all together”.

Spiritualism is the most integrated and comprehensive psychological world view. It implies that although human beings are by nature restless, unstable, greedy, selfish, impulsive and so on, they can have inbuilt –
disposition towards self – transformation by acquiring finer subtler qualities of spiritual nature (Roland, 1998) which they can realize by cultivating an observer' (drashta) in their mind.

Spirituality is used to denote “certain positive inward qualities and perceptions” avoiding implications of “narrow, dogmatic beliefs and obligatory religious observances” (Wulff, 1996, p.47). Spirituality helps in alleviating all types of distress viz. mental, emotional and physical caused due to lack of appropriate relationship with the ultimate reality reflected in the appropriate relationship with other people and thing. It is an attitude, a posture of one’s very being that allow seeing not different thing but everything differently (Edwards, 1755/1960; Holifield, 1983, p.88).

Spirituality measures four dimensions i.e. unifying interconnectedness, transcendence, purpose and meaning in life and innerness. Unifying interconnectedness is defined as the feeling of relatedness or attachment to others, a sense of relationship to all life, a feeling of harmony with self and others and a feeling of oneness with the universe and /or a universal element or Supreme Being.

Purpose and meaning in life is defined as the process of searching for or discovering events or relationships that provide a sense of worth, hope and/or reason for living/existence.

Innerness, or inner resources, is defined as the process of striving for and/or discovering wholeness, identity, and a sense of empowerment. Innerness or inner resources are manifested in feelings of strength, in times of crises,
calmness or serenity in dealing with uncertainty in life, guidance in living, being at peace with one’s self and the world and feeling of ability.

Transcendence is defined as the ability to reach or exceed the limits of usual experience, the capacity, willingness or experience of rising above or coming bodily or psychic conditions; or the capacity for achieving wellness and/or self-healing.

The four dimensions are being interrelated. Broken lines connect the four concepts to show interrelatedness. They are conceptualized as occurring in no particular sequential order, but rather are believed to covary with one another. Relationships in the model are depicted by solid lines and by arrows indicating the direction of the relationships.
To define spirituality is not an easy task. It is a complex phenomenon and is an attribute of individuals. Spirituality means the development of self-consciousness and the cultivation of one’s own inner resources through requiring personal effort and personal choice. It makes the transition from the narrow individual life to the truly free and truly personal life in which harmony is attained through the union between the individuals. Above all, it is very humble and harmonious and can affect each other. Spirituality is a part of life and it guides our behaviour as to how to adapt to the internal environment, just as a human being is adapted to live in the external environment. Spirituality prevents us from feeling self-important.

The social science literature emphasizes the importance of spirituality in relation to the fields of social work, counseling, occupational therapy, psychiatry and nursing. Specifically, many in the field of social work have written on the importance of spirituality in practice and the education or training of practitioners. Carr and Morris (1996) proposed that “spiritual assessment and appropriate interventions can be integrated regularly into practice (p.73)”. Cornett (1992) stated that the ecological approach should be inclusive of the spiritual aspects of the individual in their environment.

Though it is difficult to define spirituality but some of the conceptions about spirituality had led to various critiqued definitions.
Canda’s Conceptualization

Canda is possibly the most prolific social work authors on spirituality (1986, 88a, 88b, 1990a, 1990b, 1990c, 1995, 1997). Canda attempts to conceptualize spirituality:

“Spirituality is the gestalt of the total process of human life and development, encompassing the biological, mental, social and spiritual aspects. In particular, spirituality is concerned with the distinctively spiritual aspects of human experiences as it is interwoven with all the other aspects. The spiritual aspect refers to experience of a quality of sacredness and meaningfulness in self, other people, the non-human world and the ground of being (as conceived in theistic, non-theistic, or atheistic terms, (1988a, p.43).

Green’s Conceptualization

[Spirituality]... “is a striving for the presence of God and the fashioning of a life of holiness appropriate to such striving…” (Green, 1987, p.903). This definition focuses on the activity of relating to God. It is unclear as to what the presence of God is or how or what a ‘life of holiness’ is.

Frame’s Conceptualization

Spirituality refers to the ways clients construct meaning in their lives (Frankl, 1963) or their “inner attitude that emphasizes energy creative choice, and a powerful force for living” (Booth as cited in Frame 1996, p.17).

Spirituality as Connectedness

Many conceptualizations of spirituality involve the term ‘connectedness’. Connectedness is a fairly abstract term that implies a linkage
or a feeling of relatedness between people and object where there is no apparent connection.

Shafranske (1984, p.233) states “spirituality is the courage to look within and to trust – what is seen and what is trusted, appears to be a deep sense of belonging, of wholeness, of connectedness and of openness to the infinite”.

Zumeta (1993, p.26) states “spirituality is an awareness of the connectedness of all things. Specifically, when people are fully in a spiritual place, they feel connected with themselves, clients, students, their town, state, country, planet and the universe. Spirituality removes barrier between ourselves and others”.

**Spirituality as Transcendence**

Many definitions of spirituality contain references to a transcendent or a non-material dimension.

O’brien (1994) stated, “Spirituality... is the experience of the transcendent, the infinite, the supreme, the source of all beauty, goodness and existence (p.72).

Jenkins (1995) stated “Spirituality involves efforts to consider metaphysical or transcendent aspects of everyday life as they relate to forces, Supernatural and otherwise, that exist outside the person” (p.52).

**Multidimensional Definition of Spirituality**

While there appears to be no agreed definition for spirituality in the literature several authors seem to use similar conceptual definition. A strong common
theme that spans the literature is the principle of a multidimensional interconnectedness, a belief that “All living beings are vitally connected” (Scudder, 1937). Burkhardt (1989) conceptualized spirituality to involve a harmonious interconnectedness with environment.

Browen et al. (1988) constructed a behavioural/cognitive model of spirituality for working with individuals in addiction recovery. They defined spirituality in terms of Dollard’s three dimensions. First, they included behaviours in relationship to ourselves (e.g. honesty, self-evaluation, imaging, exercising, positive thinking, etc.). Second, they included behaviours in relationships with others example forgiving honesty, risking, touching, etc. Last they addressed behaviours in relation to a higher power (e.g. self-evaluation, meditation, all aspects of communication; Dollard, as cited in Brown et al., 1988, p.159).

The above definitions of spirituality can be summarized as:

a) **Inner strength** which manifests joy, peace, awareness; possess ability to be centered;

b) **Unfolding mystery** which indicates meaning and purpose in life; relates to mystery with peace and comfort, has ability to see beyond the present reality; and

c) **Harmonious interconnectedness** which states experience of harmony in relationships with self, others and environment.
Spirituality and Related Disciplines

Spirituality has also been discussed as an important component of therapy in the areas of psychology, marriage or family and hospice care. Miller (1990) states that psychologists should consider some spiritual dimension of life as legitimate concerns of psychosocial rehabilitation. Potts (1996) states that the willingness of therapists to address the spiritual dimensions of cancer may greatly enhance therapeutic relationships and the efficacy of psychosocial interventions.

Marriage and family therapists have shown an increased interest in spirituality (Anderson & Worthem, 1997). Nathanson (1995) conducted a study examining the effects of spirituality on divorce recovery. It was found that 83% of the sample found spirituality to be a major source of support. Prest and Keller (1993) conclude that therapists should, “attend to the spiritual belief systems of their clients if they are to understand better the people with whom they work” (p.137).

Spirituality and Psychobiological outcomes

There are several studies supporting a positive relationship between the ability of the mind to modulate mental and physical illness. The field of psycho-neuroimmunology, which emerged in the 1940’s, has established that there is a brain-body connection in which the mind can impact the immune system in its fight against the body’s foreign invaders (e.g. bacteria, viruses). Psycho-neuroimmunology explains a brain-body connection in which the limbic-hypothalamic system of the brain converts electrical neural impulses
into the hormonal messengers of the body. The hypothalamus is the brain’s control center for all the major regulatory system of the body, the autonomic, endocrine, immune systems, and the neuropeptide psychosomatic network (Rossi, 1988). Thus psycho neuroimmunology offers one possible explanation for the link between spiritual beliefs and psychobiological phenomena such as consciousness, emotions, moods and memory.

**Spirituality and Physical Illness**

Simonton et al. (1978) demonstrated a relationship between spirituality and physical illness among a group of patients diagnosed with medically incurable malignancies.

**Spirituality and Severe Mental Illness**

A qualitative study by Sullivan (1993) examined the relationship between. Spirituality as associated with relapse and recidivism rates among individuals with severe mental illnesses. Koss (1987) compared the effects of community mental health services in Puerto Rico to that of a spiritual healer in the treatment of patients with mental health complaints. She found that the outcome rating of the spiritualists patients were significantly better than those of the therapist.

**Spirituality and Religion**

All creatures big and small are beautiful creations of God. Very often however, we tend to either ignore the ‘small’ or ‘exploit’ them for selfish reasons. This is where religion and spirituality can help to restore to us a holistic perspective.
Spirituality is a unified quality of mind, heart and soul. It is concerned with individual subjective experiences, sometimes shared with others. Using a fruit analogy, the relationship between religion and spirituality can be explained. Religion is walnut skin and spirituality is the seed of the walnut. Similarly, religion is the apple’s skin and spirituality is the pulp of apple. Spirituality does not necessarily involve religion. For Smith (1994), the exploration of spirituality is one holistic purpose of world religions. Thoresen (1998) suggested that some characteristics between spiritual and religions perspectives are shared, such as a search for what is sacred or holy in life, coupled with some kind of transcendent (beyond the self) relationship with God or higher power or universal energy.

Religious thought and spirituality serve a larger purpose only when they find a positive expression in action. Theory without implementation is of no use. The concept of religion and spirituality are being hijacked by humans for their own selfish purposes, leaving out all the other, equally if not more valid forms of life. Throughout the history of scientific psychology, spirituality has held an ambiguous status, traditionally relegated to the realm of religion and religiousness, and often being perceived as a construct that is not accessible to empirical research methodologies and / or indicative of pathology. (e.g. Ellis, 1985, 1986; Ellis & Yeager, 1989; Freud, 1985; Grof, 1985; Hill & Smith, 1985; Hoje, 1996; Jones, 1994; Leuba, 1925; Skinner, 1953; Walsh & Vaughan, 1991; Wilber, 1990; Zinnbauer, et al., 1997). Nevertheless, in recent years an increasing amount of theoretical scientific and professional literature has appeared that is concerned with the conceptualization and/or measurement
of spirituality (e.g. Hood, Spilka, Humsberger & Gorsuch, 1996; Ingersoll, 1994) as well as with the psychology, medicine and counseling (e.g. Kelly, 1995, Krippner and Welsh, 1992; Lawlis, 1996; Richards & Bergin, 1997; Scotton, Chinen & Battista, 1996; Shafranske, 1996).

Religion and spirituality are universal threads in the fabric of human experience. Although each culture and religion provides different revelation and ritual for explaining and defining this “meaning ultimacy” (Verbit, 1970), there is amazing consistency regarding its theme: that there exists a broader paradigm for understanding existence that transcends the immediacy of our own individual consciousness and that binds all things into a more unitive harmony.

Although religion and spirituality are venues that certainly attract those with a strong sense of transcendence, there are other ways this motivation can find expression in patriotism, self-sacrificing, altruism, nationalism, etc.

Spirituality is clearly different from religiousness (Zinnabauer, Pargament & Scott, 1999). The former emphasizes a personal search for connection with a larger sacredness while the latter provides a more social emphasis on encountering the divine. Although Zinnbauer et al., (1997) argues that spirituality is one component of religiousness. It represents a broad domain of motivation that underlie strings in both secular and religious contexts, and this is what distinguishes it from other similarly named constructs.

The studies suggest that there is a connection between spiritual beliefs and related disciplines. However, more studies are needed in order to explore the structure of spiritual beliefs and process by which spiritual transformation
can take place. An obstacle to rigorous research in area has been the lack of an agreed upon conceptual definition of spirituality. Also lacking is a standardized psychometrically sound measure of spirituality (Jenkins, 1995).

**Islamic Spirituality**

The spirit manifests itself in every religious universe where the echoes of the Divine word are still audible but the manner in which the manifestations of the spirit take place differs from one religion to another. In Islam, the spirit breathes through all that reveals the one and leads to the one, for Islam’s ultimate purpose is to reveal the unity of the Divine Principle and to integrate the world of multiplicity in the light of that Unity. Spirituality in Islam is inseparable from the awareness of the One of Allah, and a life lived according to His Will.

The principle of unity (*al-tawhid*) is at the heart of the Islamic message and determines Islamic spirituality in all its multifarious dimensions and forms. Spirituality is tawhid and the degree of spiritual attainment achieved by any human being is none other than the degree of his or her realization of tawhid.

The central theophany of Islam, the *Quran* is the source par excellence of all Islamic spirituality. It is the word manifested in human language. Through it, knowledge of the one and the paths leading to Him were made accessible in the past of the cosmos which was destined to become the abode of Islam. Likewise, the soul and inner substance of the Prophet (S.A.W.) are the complementary source of Islamic spirituality hidden outwardly but living as presence and as transforming grace within the hearts of those who tread the path of realization. Moreover, it can be said that both the created order and man
himself are also marked by the imprint of Divine Unity which must be taken into consideration in any study of Islamic spirituality.

Related to Islamic spirituality are all the doctrines that speak of the One, all the artistic forms that reflect the principle of Unity, and all human actions that issue from the inner man as a theomorphic being. To live by the Will of God who is one and to obey His Laws is the alpha of the spiritual life. Its omega is to surrender one’s will completely to Him and to sacrifice one’s existence before the one who alone can be said ultimately to be. Between the two stands various levels of correct and ever more interiorized action and above the plane of action stand the love of God and finally knowledge of Him, the knowledge that is summarized in the testimony (Shahadah) of Islam La ilaha illa‘llah (There is no divinity but God, but Allah the one). All that one needs to know and can know is already contained in this testimony. To accept it along, with the second Shah‘adah Muhammad ur rasūl Allāh (Mohammad is God’s messenger) is to become a Muslim. To realize its full meaning is to reach the highest degree of spirituality, to act perfectly according to His Will, to love only the Beloved, and to know all that can be known. It is to gain sanctity and attain the crown of spiritual poverty. It is to become a friend of God, Wali Allāh, the term that Muslims use for saint. In a profound sense, Islamic spirituality is nothing other than the realization of tawhid. Its study is nothing other than tracing the impact in depth of tawhid upon the life, actions, art, and thought of that segment of the human race which makes up the Islamic people or ‘ummah’. Islamic spirituality concerns itself primarily with what leads to inwardness and the world of the Spirit. It deals with the outward
elements of the religion to the extent that they serve as vehicles for the life of the Spirit.

The term “Spirituality” in Islamic Languages

Since the term “spirituality” as used in English language has obviously strong Christian connotations, some may raise the question: What does spirituality mean in the context of the Islamic tradition itself? The answer could best be found by turning to the term “Spirituality in the major Islamic languages such as Arabic, Persian and Turkish. The terms used for “spirituality” are ruhāniyyah (Arabic), ma’nawiyyat (Persian), or their derivatives. Both terms are of Arabic origin, drawn from the language of the Quran and the Islamic Revelation. The first is derived from the word rūh, meaning spirit, concerning which the Quran instructs the Prophet (S.A.W.) to say, when he was asked about the nature of spirit. “The spirit is from the command of my Lord” (XVII, 85). The second is derived from the word mālānā, literally “meaning” which connotes “inwardness”, “real” as opposed to “apparent” and also “spirit” as this term is understood traditionally—that is pertaining to a higher level of reality than both the material and the psychic and being directed related to the Divine Reality itself.

In summary, these terms refer to that which is related to the world of the spirit, is in Divine Proximity, possesses inwardness and interiority, and is identified with the real – and therefore also, from the Islamic point of view – permanent, and abiding rather than the transient and passing. Taken together, these meanings reveal aspects of Islamic spirituality as it is understood by traditional Islam and from the Islamic point of view.
There is also another dimension to the meaning of “spirituality” as used in Islamic languages. When this term is employed, there is always evoked a sense of the presence of the barakah, or that grace which flows in the view of the universe and within the life of man to the extent that he dedicates himself to God. There is, in addition, the sense of moral perfection and beauty of the soul as far as human beings are concerned. There is also a “presence” which brings about recollection of God and paradisal world when ideas, sounds and words and, in general, objects and works of art are involved. In all these cases, the term “spirituality” evoked in the Muslim mind a proximity to God and the world of the Spirit.

**Science Vs Spirituality**

There is a wide spread myth that science and spirituality are different from each other, that science is “scientific”, while spirituality is “superstition”, that science is “logical”, while spirituality is ‘irrational’, that science is useful in our daily life while spirituality is something esoteric and that science should be learnt while spirituality should be unlearnt.

All this stems from a misunderstanding of both science and spirituality. The truth is that science explores the outer world and spirituality the inner realm. Science works at the things that are measurable, physical, palpable, amenable to the senses. Spirituality looks at consciousness, thoughts, emotions, attitudes, values, character – all these are immeasurable, mental, not apparent to the senses. Science, gets us physical comforts, while spirituality bring us mental calm. A study of both is required right from the time a human being is
born, if he wants to develop himself into a balanced, integrated and holistic person.

How to become Spiritual?

There are the following few steps, as to how to become a spiritual person. One should

(i) Stop criticizing each other's religion.

(ii) Stop converting people of other faiths to one's faith.

(iii) Stop believing that his/her religion is the true religion.

(iv) Respect for all super-conscious being to which ever faith seem to belong.

(v) Believe in the existence of universal consciousness permeating the cosmos.

(vi) Be clear in one's mind that science does not disprove religion.

Summing up, the time is ripe for moving away from traditional faiths and inaugurating a new universally acceptable, single, common science of spirituality, encompassing the truths of all religions. One should be simultaneously scientific and spiritual. That is the future of humanity in the 21st century.

LIFE SATISFACTION

It is a fact that ours is a machine made civilization; life is dominated by the machine. We get up by the alarm clock, clothe ourselves in machine-made stuff, eat a patent breakfast. We then rush to the time of gas or compressed steam, to factory, shop, office or field where we manipulate one's mind of tool,
implement or appliance or other all day long. That is our life. The hectic schedule of life has made lost the beauty of nature. Are we satisfied with this life? – Obviously not.

The story of man’s quest for happiness and satisfaction begins at the very beginning of time. Milton in his “Paradise Lost” depicts how Adam, though residing amidst the boundless joy and pleasures of Eden, experience a vague restlessness and dissatisfaction.

The striving for happiness, satisfaction has so inextricably woven into the very deep core structure of the human psyche, that its existence has from the beginning been accepted as an inevitable reality of human life. Satisfaction is both a physiological state of contentment of the organism as well as a state of psychological well being, not essentially a consequent of the physiological situation at least among the humans. Satisfaction with life is one’s own perception that all’s well with him in relation to his environment and others view of him, that he enjoys the bliss of well-being and of being at home in the world. What is central to satisfaction is need fulfillment and experience of wholesome, pleasant and comforting state of affairs with one’s being on attaining equilibrium by getting the needed. The deprivation of which motivates the organism to pursue a goal in that direction.

“Satisfaction in the human context is not merely a concept of need fulfillment, it is much more complex, involving a number of explicit and implicit parameters physical, social and psychological – while the importance of drive reduction and need fulfillment can hardly be overemphasized in
satisfaction, which are ultimately connected with survival itself”. Satisfaction, among human being, is a multiplicative function of numerous factors, the upper most being the felt psychological experience, which is unique with each human being, his idiosyncratic experience of inner well-being and tranquility, aspirations, hopes, fears and apprehensions.

Some limited aspects of the all pervasive phenomenon of satisfaction in psychological literature may be found in such concepts of homeostasis. Cognitive dissonance and so forth, but none of these is adequate to explain psychological situation contained in life satisfaction. Cantrill’s (1965) is perhaps the most acceptable conceptualization, close to what satisfaction consist in. For him, it is typically human-like to be capable of experiencing satisfaction coated with lives of values. This enables him to explore experiment and extend the range of his behaviour to expand and elevate his value satisfaction along with ensuring the recurrence of satisfaction state. Polyani’s (1959) observation on the subject seems to be quite relevant. Here as he speaks of “desire for tension” the craving for mental dissatisfaction and the essential restlessness are the byproducts of the in built desire of human beings to enrich the possibilities of satisfaction in life and giving vent to man’s innovative and creative potentials. Studies on the role of personality factors and distinctive human characteristics in the satisfaction-dissatisfaction are not many. In one study, for e.g. (Blishen and Atkinson 1980), such factors as age, language and income were found to be related to life satisfaction. Satisfaction increased with income as well as with age besides certain socio-cultural factors contributing to it.
“Satisfaction with life” has emerged in recent years as dimension of fairly great psychological import in personality studies, referring to what may be termed as a feeling of subjective well-being (Diener, 1984). The concept has been delineated from various related concepts, the three components – positive-affect, negative-affect and life-satisfaction contributing to it. The first two refers to the affective emotional aspect of the construct and the latter to the cognitive, judgemental aspects. Shin and Johnson (1978) define life satisfaction “as a global assessment of person’s quality of life according to his chosen criteria”. Judgement of satisfaction has to do with a comparison of one’s state of affairs with what is perceived as an appropriate standard, no matter it is at variance with standards at large. One important dimension that seems to bear conceptual relevance to life satisfaction is alienation, which too is to be defined in terms of the “satisfaction – dissatisfaction”, perceived or felt in one’s own being; vis-a-vis the global standards of satisfaction. Persons lacking in self-confidence perceived themselves as socially incompetent, unsuccessful, dissatisfied, pessimistic, anxious and in general, as having negative feeling and self-evaluation.

Causes of Satisfaction

There are many factors that contribute to an individual’s happiness or satisfaction with life, and these factors rather than age, impact the person’s perceived quality of life in the later years. Research has demonstrated that locus of control, health, housing, social-support and sources of reinforcement has impact on individual’s happiness and satisfaction.
The most obvious cause of satisfaction is the real satisfaction of needs by the objective conditions of life. And in fact a number of factors are found to be predictive of happiness – income, health, interesting and high status work, marriage and other social relationships and satisfying leisure (Argyle, 1987). The condition of people winning football pools or lottering is quite interesting. Some of them are a little happier than before, but their lives are often seriously disrupted – as a result of giving up jobs, and moving house to more prosperous neighbourhood, where they are not accepted. So their objectives conditions of life have not really improved much. Though it is widely believed that wealth is one of the main causes of happiness but in the case of winners, it has little effect on happiness (Kamman and Campbell, 1982).

Strack, et al. (1985) found that subjects reported satisfaction levels of 7.27 after thinking of three particularly unpleasant events in the past, but 6.85 after thinking of very happy events. A Cambridge study found that British manual workers in the top third of British incomes were more satisfied than non-manual workers with the same salaries – because the manual workers compared themselves with other manual workers, most of whom were paid less while the non-manual workers were paid less, than many other non-manual workers (Runciman, 1966). In fact this is one of the main areas where comparisons are important: industrial workers are very concerned about fair payment, and what other workers are being paid. Such comparisons are a major source of pay satisfaction (Berkowitz et al. 1987), and there are several cases of
workers choosing to lose their jobs entirely rather than be paid less than another group.

The gap between aspirations and achievement predicts satisfaction quite well typically 0.50 in a series of studies (Michalos, 1986). The Michigan model states that the goal achievement gap is partly based on comparisons with past life, partly on comparisons with ‘average folks’.

It is normal for us to have hopes and aspirations, and to raise them upward if they are attained – like a high jumper raising the bar. However, over high aspirations can be a threat to happiness and therefore happiness therapy is sometimes suggested for persuading people to lower them.

People can get used to almost anything, and one theory of satisfaction is that they do, and only respond to recent changes in conditions. This was given some support from the reported finding that accident victims who become para and quadri-plegic becomes nearly as happy as other people. However, as Veenhoven (1990) has pointed out these patients were in fact less satisfied than controls, and they were interviewed face-to-face, while controls were telephoned. It is found that higher satisfaction is reported in face-to-face interviews. Furthermore, other kinds of victims report quite low levels of satisfaction.

One group of people who believe have not adapted to their situation are those suffering from depression. There is one very striking example of adaptation, however, and that is to the weather. Although, people are happier
and more satisfied on sunny days, there is no general effect of climate on satisfaction, presumably because people get used to their weather.

Do the different domains of satisfaction produce general satisfaction, or does a more basic personality trait of satisfaction lead to satisfaction with particular domains? There is evidence that both directions of causation work, especially for broad and important domains like work. It has been found that there is a top-down effect for satisfaction with social activities, perhaps due to extraversion, and a bottom-up effect for marital satisfaction (Lance et al., 1989).

**Satisfaction and Interrelationship**

A study of satisfaction in a number of relationship was carried out. Three dimensions of satisfaction was found namely – material, tangible help; emotional support; and shared interest. It was found that the spouse is by far the greatest source of satisfaction, next is close relatives and friends and at last are work-mates and neighbours. Many studies have confirmed the effect of marriage on happiness. The relationship is still found when other various, such as age, occupation and income are held constant. Satisfaction with home life is quite a strong predictor of happiness, but women with children experiences negative emotions like boredom aggression and loneliness. (Harding, 1985).

Happiness causes marriage, as well as marriage causes happiness. It is found that happy people are found more attractive (and possibly more marriageable). The effect of ending marriage by death or separation on divorces is very strong, as something has been lost. Human being are basically sociable and
cooperation; many things cannot be done alone – sex and family life, most work, most leisure. Since various forms of cooperation are so important for human life, cooperator has acquired rewards to motivate it, as in the case of sex and friendship. Living alone derives those rewards, and so life is felt as incomplete and less meaningful (Argyle, 1991).

Other relationships also contribute to satisfaction. Friends certainly do, particularly to satisfaction from shared interests, for which they are rated most as the same as spouse. Kin, especially parents and sibling are important, especially as sources of material help. Other studies have found that work mates can be a greater source of satisfaction.

Relationships can also be a source of conflict. Young lovers have to work through a lot of early disagreements. Marriage is the greatest source of conflict as well as of satisfaction; parents often have a lot of trouble with their children especially, when they are adolescents. Nevertheless, relationships continue to provide the greatest single source of happiness (Argyle, 1987).

People’s feelings of happiness and satisfaction are no doubt a function of the affective quality of their every day experiences. The nature of this relation, however, is not as straight forward as one might expect e.g. whereas negative experiences do frequently decreases individuals perceptions of their quality of life (Zantra & Reich, 1983), some finding indicate that negative events may also increase subjective-well-being (Elder, 1974). In fact, even events of extreme, hedonic values seems to be poor predictors of individual’s well-being e.g. Brickman, Coates and Janoff – Bulman (1978) found in their
study that people who won a million dollars in a lottery were generally not any happier than the control subjects. They were less able to enjoy more mundane events.

It is very important to consider the psychological mechanism that mediate between the external event and individual’s happiness and satisfaction. For e.g. it seems reasonable to suppose that the influence of objective life circumstances on judgement of happiness and satisfaction depends in part on whether these events are actually thought about at the time the judgement is made. The influence of the life events one think about may not only depend on their hedonic relevance but also on the way the events are thought about. e.g. Thinking about an event that has recently occurred may lead to a more positive evaluation of one’s life if the event is positive than that if it is negative. This may be partly because the recalled events is considered representative of other events that occur in one’s present life. (cf. Tversky and Kahneman, 1982). Hedonically relevant events can affect individual’s current mood state, and this positive or negative mood might influence life satisfaction independently of the conditions that gave rise to it. For e.g. Schwarz and Clore (1983) had subjects recall their pleasant or unpleasant past events and the feelings associated with it. They found that subjects who described negative past events were in a more depressed mood and reported lower life satisfaction, than subjects who described positive events.
Models

Theories of relations between global and life facet satisfactions have proposed either "top-down" or "bottom-up" influences - "Bottom-up" theories proposed that perceptions of structural aspects of the environment lead to satisfaction within various life domains. Social indicators research (Glatzer and Mohr, 1987) has proceeded along the lines of bottom-up theories, under the rationale that changes in overall life satisfaction can be affected by addressing social concerns within specific domains of life.

"Top-down" theories on the other hand (Diener, 1984; Liang, 1984; Liang & Bollen, 1983; Staw and Ross, 1985; Stones and Kozma, 1985), propose that global satisfaction determines satisfaction with specific life facets. Social interventions may effect changes in satisfaction with specific aspects of life.

A third "bi-directional" or "reciprocal" model proposes that global life satisfaction both determines and results from satisfaction with specific domains of life. (Diener, 1984). Michalos (1980) for example suggested that satisfaction in several life domains may contribute to overall life satisfaction and that satisfaction with life in general influence individuals satisfaction judgements in various life domains. Thus, the bi-directional model acknowledges the importance of both (a) stable dispositional influences on global and domain specific satisfaction judgements and (b) the impact that life facet satisfactions have on judgements of overall life satisfaction.
Research in this area has demonstrated positive association between overall life satisfaction & satisfactions in several life domains (e.g. Andrews & Withey, 1974; Headey et al., 1985; Iris & Barrett 1972; Kopelman et al. 1983; London, Crandall & Seals 1977; Mastekaasa, 1984; Mc Kennall & Andrews, 1980; Michalos 1980; Near et al. 1978, 1983; Rouseau, 1978) and among satisfaction in various life domains (e.g. Headey et al. 1985; Hulin 1969; Kopelman, et al. 1983; London et al., 1977). However the simple co-relational approach taken by most of these studies precludes conclusion about the direction of the caused relation, if any, between global life facet satisfaction.

EXPLANATORY LIFE STYLES

Explanatory life style is a stable trait, a relatively constant aspect of a given individual’s personality. Explanatory life style is a prime candidate as psychological precursor of good or bad health because it affects the severity of deficits following uncontrollable aversive events (Peterson & Seligman, 1984a). It emerged from the reformulation of the learned helplessness model as a way of accounting for the diversity of people’s response to uncontrollable bad events (Abramson, Seligman & Teasdale, 1978). Explanatory style is the habitual way in which people explain the bad events that befall them (Peterson & Seligman, 1984a). Various explanatory life styles are developed among human beings. The two most important styles have been discussed in this chapter i.e. (i) Optimism and (ii) Pessimism.
Optimism

"The Optimist sees the doughnut, the pessimist sees the hole". (Anonymous).

"The fuel of heroes, the enemy of despair the creator of the future".

"A man who is healthy, has an optimistic view and who has optimistic view, has everything". (Arabian Proverb).

Optimism has come from the Latin word “optimus” meaning “best”. It may be understood best as a metaphysical theory, or as an emotional disposition. The term became current in the early part of the eighteenth century. Optimism can be defined as inclination to anticipate the best possible outcome for actions or events. It exemplifies life view where one looks upon the world as a positive place. Optimists generally believe that people and events are inherently good. They have a so-called “positive” outlook on life, believing that things will work out in the end.

Philosophers often link the concept of optimism with the name of Gottfried Leibniz, who held that we live in the “best of all possible worlds”, a theodicy which Voltaire famously mocked in his satirical novel Candide. The anarchist philosopher William Godwin demonstrated perhaps even more optimism than Leibniz. He hoped that society would eventually reach the state where calm reason would replace all violence and force, that mind could eventually make matter subservient to it, and that intelligence could discover the secret of immortality.

The antithesis of optimism is pessimism. Between these extremes there are all shades of opinion, so that it is at times hard to classify philosophers.
Those, however, are to be classed as optimist who maintain that the world is on the whole good and beautiful and that man can attain the state of true happiness and perfection either in this world or in the next, and those who do not maintain the same are pessimists. The term optimism, as thus extended, would also include “meliorism”, a word first used in print by Sully to designate the theory of those who hold that things are, indeed, bad, but that they can be better, and that it is in our power to increase the happiness and welfare of mankind.

Kubzansky used that concept of “explanatory style”, formulated by Martin Seligman, as identified by the MMPI, to define optimism and pessimism. The optimists explain negative events in their lives as due to transient, external factors that are specific to the immediate circumstances. Some theorists consider optimism as an emotion (e.g., Tiger). It seems to be more of an explanatory style than an emotion. Scheier and Carver (1985) define optimism “as a generalized expectancy that good, as opposed to bad, outcomes will generally occur when confronted with problems across important life domains”. (Franken, 1994). In general, optimism is used to denote a positive attitude or disposition that good things will happen independent of one’s ability.

Lionel Tiger argues optimism to be a biological component. In his book “Optimism: The Biology of Hope”, published in 1979, he reasoned that since the principles of learning tells us that humans tend to abandon tasks associated with negative consequences, it was biologically adaptive for humans to develop a sense of optimism. Tiger reasoned that it was biologically adaptive for our
ancestors to experience positive emotions instead of negative emotions when they were injured because it would reinforce their tendency to hunt in the future. Therefore, Tiger reasons, optimism is a biologically induced state. (Franken, 1994).

In fact, many personality theorists consider optimism as a personality trait and not an emotion. They believe that optimism may be an inborn temperament: some people are by nature, either optimistic or pessimistic.

Several researchers have come to the conclusion that optimism is a thinking style that can be learned. In fact, that is what Martin E.P. Seligman’s book Learned Optimism professes. Seligman’s method of teaching optimism relies heavily on active thought processes, which is more of cognitive activity.

Some researchers such as Snyder feel that optimism differs from hope in that it contains a proactive component called planning (Franken, 1994). Additionally, optimistic statements are usually based on logical, concrete facts. Both of these concepts (planning and logic) implies some sort of cognitive activity.

Optimistic claims are usually based on evidence that can be judged or evaluated in terms of rational criteria. Like hope, optimism is also a great motivator. According to Miller’s Model of Hope (1983, 1982) optimism is essential for hope. It states that hope is a complex multidimensional construct. It is more than goal attainment and encompasses a state of being. Hope exists at three levels. The first level focuses on superficial wishes characterized by
shallow optimism, requires little psychic energy to maintain and produces no despair when it is not actualized.

The second level focuses on hoping for relationship, self-improvement and personal accomplishments and involves greater psychic energy than the first level. If these hopes are not actualized, anxiety results.

The third level is related to a desire for relief from suffering, personal trait or entrapment and involves a total dedication of psychic energy. Freedom is the ability to recognize that the individual can impact on an outcome and maintain a positive attitude. Reality surveillance involves cognitive tasks designed to obtain information that confirms the reality of the hope. Therefore, if one is optimistic, he may have a hope of having, or doing or achieving something.

The common-sense notion of optimism can be expressed in statements such as “I’m always optimistic about my future”, a sample item taken from a psychometric scale developed by Scheier and Carver (1985). In contrast to explanatory style, this view of optimism explicitly pertained to expectancies and reflects a positive outlook on the future.

Interest in dispositional optimism was fueled initially by a general model of behavioural self-regulation derived by Carver and Scheier (1981) which assumes that goal-directed behavior is guided by a hierarchy of closed-loop negative feedback systems. People strive for goals as long as they see them as attainable and as long as they believe that their actions will produce the desired outcome. Expectancies can be generalized across a variety of situations
and can remain stable over time. Therefore, the label "dispositional optimism" was chosen. It is defined as a stable tendency to believe that one will generally experience good outcomes in life. People who have a favourable outlook on life are considered to cope better with stress and illness, to invest more effort to prevent harm, and to enjoy better health than those with negative generalized outcome expectancies.

Indeed, there is ample evidence that dispositional optimism is associated with improved coping. It is commonly held that positive thinking can help a person triumph over adversity, recover from illness, endure a personal hardship overcome whatever obstacle may be confronted (e.g. Cousins, 1977; Peale, 1956).

In this regard, Scheier and Carver (1987, 1985) have suggested that dispositional optimism may have important implications for the manner in which people deal with the stresses of life (cf. Lazarus, Kanner & Folkman, 1980; Reker & Wong, 1985).

People who see desired outcomes as attainable continue to exert their efforts to attain those outcomes, even when doing so is difficult or painful. When outcomes seem sufficiently unattainable, whether through personal inadequacies or through external imposed impediments, people reduce their efforts. Thus, outcome expectancies are viewed as a major determinant of disjunction between two classes of behavior: continued striving versus giving up and turning away.
The kinds of problems encountered by people during the course of their
daily living are often genial in scope, or are multiple determined. In addition,
new problems always seem to arise, often before specific expectancies can be
developed. Finally, many problems unfold themselves slowly, over a long
period of time, making it difficult to know how things will work out in the end.
In all of these cases, focusing on expectancies that are specific in nature may be
impractical as well as unwise, if not possible. For such situations, it may be
more profitable to focus attention on expectancies that are more global in scope
(cf, Rotter, 1954). Therefore, Scheier and Carver (1985) used the term
“dispositional optimism” to refer to generalized expectancies of this sort.

A number of studies have not explored the impact of dispositional
optimism. Considering, for example, a study by Scheier and Carver (1985,
study 3). College undergraduates were asked to complete a measure of
dispositional optimism and a checklist of physical symptoms at two different
times, presumably marking a particular stressful period in the students lives.

In a 70 year longitudinal study, it was found that children who were
optimistic in childhood actually died younger than their more pessimistic age-
mates (Friedman et al. in press). The measures of optimism used in that study
were different from those used today, so this result should be interpreted with
cautions.

People who tend to think of stressors as temporary and who do not
always blame themselves for the onset of stressors appear to be harmed less by
them. This cognitive stance can be quite adaptive especially when combined
with a challenge orientation. Its benefits can also be seen, however, among many devout people whose religious beliefs prompt them to think of poverty, disease and other objective stressors, not as challenges to overcome, but as temporary conditions to be endured until their suffering is rewarded.

A prospective inverse association between optimism and symptom reporting was found, which remained significant even when initial symptom levels were partialed out. (Carver & Gaines, 1986; Humphries, 1986; Reker & Wong, 1983; Scheier & Carver, 1985; Strack, Carver & Blaney, 1986).

While these studies have begun to document the beneficial effects of optimism on the outcomes that people receive, other research has begun to explore underlying mechanisms by which the effects may be mediated.

One possibility is that the differences in well-being between optimists and pessimists derived from differences between them in the kinds of strategy they use to deal with stressful encounters. Researchers have found that problem-focused coping is more likely in situations that seem to be amenable to positive change (Folkman & Lazarus, 1980; McCrae, 1984). It is also more likely among persons who expect to see positive change, where something constructive can be done. It is predicted that optimism would be associated with active attempts to deal with stressors in a problem-focused way.

Emotion-focused coping is more likely when people believe that the situation is one that must be endured (Folkman & Lazarus, 1980; McCrae, 1984). Prediction with regard to emotion-focused coping suggests that pessimism may be associated with a tendency toward emotion-focused coping.
It is often assumed, that emotion-focused coping occurs in the service of problem-focused coping. This would seem to suggest the opposite prediction that optimism would be associated with the use of this strategy. It may well be said that optimism is positively associated with certain subclass of emotion-focused coping (e.g., emphasizing the positive aspect of a situation) and is inversely associated with others (e.g., denial).

Optimism is a vital ingredient of life i.e., creative, productive and enjoyable. Research shows that optimists live longer, enjoy better health and do better in relationship, work and sports. For some optimism comes naturally. For most it is a positive attitude towards life that must be learned and cultivated.

**Pessimism**

“No amount of positive thinking can lead to positive results as long as negative patterns exists”.

In proper language the term, pessimism, generally, describes a belief that things are bad, and tend to become worse; or that looks to the eventual triumph of evil over good. It contrasts with optimism, the contrary belief in the goodness and betterment of thing generally.

The term pessimist is applied to persons who habitually take a melancholy view of life, to whom painful experiences appeal with great intensity, and who have little corresponding appreciation of pleasurable ones. Such a temper is partly due to natural disposition and party due to individual circumstances.
As a philosophical system, pessimism may be characterized as one of the many attempts to account for the presence of evil in the world. Gottfried Leibniz held that “metaphysical” evil is necessarily involved in the creation of finite existences, and that the possibility of sin and consequent suffering is inalienable from the existence of free and rational creatures. With Schopenhauer, the originator of Pessimism as a system, as with those who have accepted his qualitative estimate of the value of existence, evil in the full sense is not merely, as with Leibniz, a possible development of certain fundamental principles of nature, but itself the fundamental principle of the life of man. The world is essentially bad and “ought not to be”.

**Different Views of Pessimism**

Arthur Schopenhauer’s pessimism comes from his elevating of *Will* above reason as the mainspring of human thought and behaviour. Schopenhauer pointed hunger, sexuality, the need to care for children, and the need for shelter and personal security as the real sources of human motivation. Reason, compared to these factors, is mere window – dressing of human thoughts; it is the clothes of our naked hungers to put on when they go out in public. Schopenhauer sees reason as weak and insignificant compared to Will; in one metaphor, Schopenhauer compares the human intellect to a lame man who can see, but who rides on the shoulders of the blind giant of Will. The prognosis of either pointlessly continuing the cycle of life or facing extinction is one major leg of Schopenhauer’s pessimism. He moreover considers the desires of the will to entail suffering because they are desires; because their objects are
always limited resources. And the consciousness of this perpetual unfulfilled desire is pain.

Pleasure is merely an exception in human experience, the rare and brief cessation of the striving of the will, the temporary absence of pain. This theory recalls that of Plato and is nearly identical with the Buddhist notion that conscious existence is fundamentally and necessarily evil. Hence further, comes the Ethical Theory of Schopenhauer, which may be summed up as the necessity for “denying the will to live”. Peace, can be attained only in proportion as man ceases to desires; thus the pain of life can be minimized only by the renunciation of the search after happiness, and can be abolished only by ceasing to live.

Von Hartmann endeavoured to improve upon Schopenhauer in taking the unconscious as the foundation of reality. According to him, Man is “to make the ends of the unconscious his own ends”, to renounce the hope of individual happiness, and so by the suppression of egoism to be reconciled with life as it is. Von Hartmann claims to have harmonized optimism and pessimism, by finding in his own pessimism the strongest conceivable impulse to effective action. With Von Hartmann life is not as with Schopenhauer, essentially painful; but predominates greatly over pleasure; and the world is outcome of a systematic evolution by which the end of the unconscious will eventually be attained in the return of humanity into the peace of unconsciousness.
Bochme, representing the pessimistic aspect of the actual world said that both Schopenhauer and Hartmann rendered some service by emphasizing the perpetual contrast between desire and achievement in human affairs, and by calling attention to the essential function of suffering in human life.

The view to be taken of the contention of pessimism depends mainly on whether the question can be settled by an estimate — of the relative amount of pleasure and pain in average human life. Such a calculus is impossible.

Life, it is contended, may still be happy, even though its pains may exceed its pleasures; or it may be worthless even if the reverse is the case. The true pessimistic estimate of life, would be that it is rather unhappy, because it is worthless, than worthless because it is unhappy.

According to Caro, pessimism is especially prevalent in periods of transition, in which old ways of thought have lost their hold, while the new order has not yet made itself fully known, or has not secured general acceptance for its principles.

Metchnikoff attributes the pessimistic temper to a somewhat similar period in the life history of the individual, viz: that of the transition from the enthusiasm of youth to the calmer and more settled outwork of maturity. It may be admitted that both causes contribute to the low estimate of life which is implied in the common notion of the pessimistic temperament.

People develop depression if they acquire a depressive attributional response style (Seligman, 1991). This style is composed of three dimensions: focus of control (internal versus external), stability (stable versus variable) and
globality (global versus specific). A stable cause involves a long-lasting factor ("It is never going to go away"), whereas an unstable cause is transient ("It was a one time thing"). A global cause is one that affects a wide domain of activities ("It's going to ruin everything I do") whereas a specific cause is encumbrised ("It has no bearing on my life"). Finally, an internal cause points to something about the self ("It's me"), whereas an external cause points to other people or circumstance ("It's the heat this place"). For pessimistic explanatory style it is believed that bad events are caused by stable, global and internal factor.

Pessimists had poor health in early adult hood. Kamen-Siegel, Rodin, Seligman and Dwyer (1991) have studied the relationship between explanatory style and immune response in older adults. They found that pessimistic explanatory style was related to poorer immune function. Health behaviours, however, were almost uncorrelated with explanatory style. This result points to the possibility that the missing link between optimism and health might be rather of a physiological than a behavioural nature.

Weinstein (1984, 1983) suggested that one of the reasons why people continue to practice unhealthy behaviors is due to inaccurate perceptions of risk and susceptibility – their unrealistic optimism or of being pessimist. He asked subjects to examine a list of health problems and to state what "compared to other people of your age and sex, are your chances of getting problem greater than, about the same, or less than theirs"? The results of the study showed that most subjects believed that they were likely to get the health problems.
Weinstein called this phenomenon “unrealistic optimism” as he argued that not everyone can be less likely to contract an illness.

Studies that have used pessimistic explanatory style as a measure of pessimism have also uncovered relations to health. Pessimistic explanatory style was associated with lower levels of two measures of cell-mediated immunity in a sample of elderly men and women (Kaman-Seigel, Rodin, Seligman & Dwyer, 1991).

A study of Harvard University graduates assessing pessimistic explanatory style at age 25 found that these men had significantly poorer health or more likely to have died when they were assessed 20 to 35 years later (Peterson, Seligman & Vaillant 1988).

Conceptually related findings are also reported by Antoni and Goodkin (1988), who found that among women with a typical neoplastic cervical growth, those who were pessimistic (assessed on Millon Inventory) were more likely to have severe disease. Hopelessness has also been linked to all – cause mortality and cause – specific mortality (Everson et al., 1996). Individual differences in generalized outcome expectancies play a central role in several conceptual approaches to self-regulation and adjustment (e.g., Bandura, 1977; Carver & Scheier, 1982; Kaufer, 1977; Rotter, 1954).

Presumably, when faced with a new and potentially difficult situation, individuals with generally positive expectation about the likelihood of future success (optimist) are likely to persist in their goal-oriented efforts. In contrast, people with more negative expectations i.e. pessimists are, likely to persist.
Thus, individual differences in optimism versus pessimism are in theory related to distinct types of coping exhibited in stressful situations (e.g., attempts at mastery or control vs withdrawal or avoidance) as well as any physical or emotional consequences of these adjustment or self-regulation process perspective.

According to the Control Theory by Carver & Scheier (1981), pessimists individual adopt more passive and fatalistic approaches lo problems, whereas optimist would attempt to solve or cope actively with the problems they encounter. Scheier and Carver (1987) argued that the more effective coping of optimists would reduce any potential negative effects of stressor on physical and emotional health.

The reformulated Learned Helplessness Model (Abramson, Seligman & Teasdale, 1978) suggests that individuals confronted with negative event try to explain those events. According to this model, causal explanations can be analysed along three dimensions. Those individuals who characteristically make internal, stable and global explanations for negative events will be at greater risk for depressive deficits in the face of those events. In other words, people who blame themselves and who believe that bad events will endure in time and will affect many areas of their lives are more likely to become depressed.

A recent meta-analysis of 104 cross-sectional studies involving 15,000 subjects supports this model. Sweeney, Anderson and Bailey (1986) reported a highly reliable relation of modern size between the postulated pessimistic
explanatory style and depression. In addition, there are an accumulating number of longitudinal studies that examine the possibility that early pessimistic explanatory style may be a risk factor for later depression, health and achievement problems. (see Peterson & Seligman, 1984; Seligmen, Kamen & Nolen-Hocksema, 1988, Peterson, Seligman & Vaillant 1988; Seligmen & Schulman, 1986). These studies used two techniques for assessing explanatory styles -- Attributional style Questionnaire (ASQ) and Content Analysis of Verbatim Explanation, and found that depression but not anxiety is associated with a characteristic explanatory style.

Using 99 members of the Harvard classes of 1939-45, Peterson et al (1988) found that explanatory style at age 25 predicted health at ages 45 and 65, partialing out health at age 25. The more pessimistic the individual’s style at age 25, the poorer his health at age 45. The result of this study and Seligman and Schulman’s (1986) study of explanatory style and achievement suggest that having a pessimistic explanatory style may have pathological consequences even in normal (non-depressed) populations.

Defensive pessimism is a cognitive strategy that involves setting unrealistically low expectations and thinking through worst case outcomes of an upcoming achievement situation even though success has been experienced in the past (Norem & Cantor, 1986b). It has been suggested that setting low expectation serves to prevent a loss of self-esteem should failure occur (Norem & Cantor, 1986a; Showers, 1992) and that the defensive pessimist uses his/her
anxiety about potential failure to fuel effort to do well (Norem & Contor 1986b; Showers, 1992).

Defensive pessimism is positively predicted by uncertain personal control over performance outcomes and negatively predicted by a general task-focused orientation (Martin, Marsh & Debus, 2001). It has been speculated that other antecedents have not been tested empirically. Some research suggests that defensive pessimism does not undermine performance outcomes and that interfering with the strategy can result in performance decrements (Norem & Contor, 1986b; Norem & Illugsworth, 1993).

**Characteristics and Attributional Styles of Optimism and Pessimism**

Recent research in the field of positive psychology confirms several characteristics of optimism and pessimism. Optimistic individuals have better social relationships. They have higher levels of physical health, academic and athletic performance, recovery from illness and trauma. They have higher levels of pain tolerance, self-efficacy and flexibility in thinking. Optimists see adversity as a challenge, transform problems into opportunities, persevere in finding solutions to difficult problems, maintain confidence and rebound quickly after setbacks. Optimists are easily motivated to work harder, have higher morale, set challenging goals. They see personal setbacks as temporary and tend to feel upbeat invigorated both physically and emotionally.

People who are pessimistic show these characteristics. Firstly, they are more susceptible to depression. When bad events happen to them, they are more likely to get depressed and stay depressed for longer. Second, pessimistic
people are likely achieving less than their talents allow. They are achieving less, because they do not believe they could achieve more, and are less persistent when faced with difficulties. Third, the health of pessimistic people may be at risk, because of their pessimism, and that risk increases with age.

Fourth, pessimistic people are probably not experiencing life as pleasurable as they could be. They believe that success is temporary and has isolated causes other than themselves, so they are not as much pleasure out of those success as people who think of success as permanent, global events that they caused. In short, it is far better to be optimistic than pessimistic.

Different attributional styles are possessed by the individuals who are optimistic or pessimistic. Optimists explain the events in their lives in a particular way. When optimists experience negative events they think “It’s temporary, and it’s only for this particular event, and I’m not the cause of it”, Not all people are optimists. The opposite of optimism is pessimism. Pessimistic people explain their life events in the opposite manner to optimists. So, when pessimists experience negative events, they think “It’s permanent, and it’s for all life events, and I’m the cause of it”. When they experience positive events they think, “It’s temporary and it’s only for this particular event, and I’m not the cause of it”.

Seligman developed three attributional styles in the analysis of optimism. The first dimension he called as personalization. This is an internal and external dimension, where the cause of an event is explained as being within oneself (internal) or outside of oneself (external).
The second dimension is performance. This is a stable and unstable dimension, where the cause of an event is explained as being unchanging (stable) across time or changing (unstable) across time.

The third dimension, he added is pervasiveness. Here, the cause of an event is explained as being universal throughout one's life (global) or specific to a particular part of one's life (local).

Optimists and pessimists differ in that they explain life events differently. An optimist explains the cause of Good Life events as being stable, global and internal (e.g., I succeeded because I'm good), and the cause of Bad Life events as being unstable, local and external (e.g., I failed because that assessment was only examining one part of my ability and it was too difficult).

Pessimists pattern of explanations for life events is the reverse of optimists explanations, so pessimists explains the cause of Bad Life events as being stable, global and internal (e.g., I failed, because I'm bad) and the cause of Good Life events as being unstable, local and external (e.g., I succeeded, because that assessment was only examining one part of my ability and it was easy). The more pessimistic people are the more likely they are to suffer setbacks when bad things happen in their lives. Bad events will hit pessimists harder than optimists and pessimists will suffer longer after experiencing a bad event than optimists.

Optimism Vs Pessimism or Types of Optimism and Pessimism

Optimism, the opposite of pessimism, exemplifies a life view where one looks upon the world as a positive place. A common conundrum illustrates
optimism versus pessimism with the question, does one regard a glass 50% filled as half full or as half empty? Conventional wisdom expects optimists to reply with *half full* and pessimists to respond with *half empty*.

Two major types of optimism and pessimism have been discussed.

- **Emotional Disposition optimism and pessimism**

- **Realistic Ecological optimism and Unrealistic Ecological pessimism**

The emotional disposition is one that depends upon internal organic conditions rather than external good fortune. To what extent the emotional disposition has influenced the opinion of philosophers cannot be decided off hand. As an emotional disposition optimism is the tendency to look upon the bright and hopeful side of life. Whereas pessimism gives a dark colouring to every event and closes the vistas of hope.

   Emotional disposition optimism declares that defeat is a temporary setback or a challenge and that a better future is predisposed, since there is always a possibility to bring reality to its ideal state. While in the case of emotional disposition pessimism it is reversed.

   Ecological optimism is a part of the optimistic philosophical tradition. It accepts the concept of progress and recognizes progressive stages in evolution. It reflects a positive side of the complex and difficult relationship between man and nature. It states that a harmonious relationship with nature is possible and it confirms that there always is a way out of any hopeless, desperate situation.

   Unrealistic Ecological pessimism is based on the position that a fatalistic environment prognosis is a mistake, a wrong estimation, an incomplete or
deficient evaluation. An interesting example of unrealistic optimism is described in the very provocative book, A Moment on the Earth: The Coming Age of Environmental Optimism by Gregg Easterbrook (Viving 1995), a founder of new environmental approach called eco-realism.

Realistic ecological optimism, on the other hand represents the practical embodiment of a long-term harmony between man and nature on a global level: The Tibetan approach demonstrates how a philosophical position can blend with a cultural mode to form a great environmental tradition.
Chapter-2

Review of Literature
In the year 1995, Etkins, had emphasized on the importance of spiritual dimension and focused on the soul as the central organizing construct for psychotherapy. According to him psychotherapy from the perspective of soul proceeds from two basic assumptions – (i) psychotherapy really is (or at least includes) the suffering of the soul, and (ii) psychotherapy is the process by which therapist forth nurture, and heal the client’s soul.

Emed (1995) examined five basic needs that are authentic to explain spiritual attitudes i.e. love, survival, power, freedom and fun. And that spiritual dimension is a function of the pictures people have in their quality words of satisfying basic needs.

A two-part study was done in 1995 by Lindgren & Coursey to see the impact of spiritual belief on the client’s lives. Using 30 members interested in spirituality from 3 psychosocial rehabilitation centres, a 4 session course development study was run with 6 groups. It was found that spiritual beliefs have a positive role in client’s lives.

Kennedy & Kanthamain (1995) developed questionnaire to investigate the effects of paranormal and transcendent or spiritual experiences on people’s life & collected initial data regarding the effects of these experience from 120 individuals (aged 16-84 years). SS who reported having had at least one paranormal or transcendent experience reported that these experiences increased their interest and belief in spiritual matters and increased their sense of well-being. Ss also reported that their experiences increased their sense of optimism also.
An initial pool of 145 undergraduates was administered. The spiritual orientation Inventory (SOI), Dimension of Religions Ideology Scale (DRIS) and Personal Orientation Inventory (POI) & MMPT-2 to see the relationship among spirituality religious ideology & personality. Tloc zynski, Knoll & Fitch (1997) on the basis of SOI & DRIS scores formed 5 groups of Ss – High Spirituality, High Religious Ideology, High Combined, Moderate Combined & Low Combined. They found that High Spirituality Group scored significantly than the Low Combined group for 6 scales of the POI, which measures healthy personality characteristics associated with self-actualisation.

Varma & Zain (1997) suggested that religious or spiritual values should be used as an adjunct to traditional psychiatric treatment to obtain better results.

The importance of spirituality in the lives of many clients have been acknowledged in the most recent curriculum policy statement of the council on Social Work Education & the Diagnostic & Statistical Manual of Mental Disorders of the American Psychiatric Association. A number of studies have also appeared in the professional literature advocating for the inclusion of spirituality in both social work practice and education – Journal abstract. (1999).

Knox, Langehough, Walters & Rowley (1998) conducted a study on 235 under graduates (ages 18 – 25 years) from 3 south eastern universities to assess outcomes associated with a religious or spiritual orientation towards life. Scores suggest that a religious or intrinsic spiritual orientation was significantly
associated with high self-esteem, assets for growth and low antisocial behaviour.

Prest, Russel & D'Souza (1999) explored the attitudes of 52 marriage and family therapy graduate students towards the interface among spirituality, religion, professional training and clinical practice. Ss were surveyed regarding their spiritual and religious attitude and practices in their personal and professional lives. The result suggested a need to include systematic attention to these areas in graduate training curricula and in the professional supervision process.

In 1999, Pargament, enquires whether spirituality and religion should rebel itself in the field of psychology. Spirituality is becoming differentiated from religion as an individual expression that speaks to the greatest of human capacities. An alternate approach to defining religion and spirituality is presented that preserves the heart of our discipline while encouraging the study of new pathways to the sacred.

Sulmasy, (1999) examined if medicine is a spiritual practice. Spirituality and medicine have a long history in common. Spirituality is defined as a person’s relationship with the transcendent. The transcendent can be experienced in and through the practice of medicine, which essentially involves personal relationships with patients and always raise transcendent questions for patients and practitioners. Physicians can deepen their own spiritual lives by talking about the spiritual issues that arise in the practice of medicine – Journal abstract.
Slife, Hope & Nebekes (1999) examined the relationship between religious spirituality and psychological science. Scientific interest in religions spirituality and mental health has increased dramatically. There is evidence that spiritual conceptions have been altered to fit the requirements of science. – Journal abstract.

The spiritual revolution that has permeated our culture challenges psychotherapists and other health practitioners to address the spiritual concerns of their clients and themselves; and allows practitioners to include spirituality in their work in a clear, sound and meaningful way (Bolletino, 2001).

An increased interest in the effects of religion and spirituality on health is apparent in the psychological and medical literature. Recent research suggests that this relationship is more influential and beneficial (Seybold & Hill, 2001).

Lewin (2001) investigated religions and spiritually oriented coping strategies in the Swedish context among ill persons. The author argues that new models of meaning and importance of religions and spiritual coping with illness should be developed.

Daaleman, Cobb, & Frey (2001) in a qualitative study focused group interviews of 17 women with type 2 diabetes mellitus. Participants were coded into 8 conceptual categories – (i) change in function status, (ii) core beliefs, (iii) medical or disease state information gathering and processing, (iv) interpretation and understanding, (v) life scheme, (vi) positive internationality (vii) agency (viii) subjective well being. They outlined positive affective and
cognitive component of subjective well-being. Patients described several interrelated elements and a process of events in their depiction of spirituality in health care setting. Patient reported spirituality is predominantly a cognitive construct incorporating the domains of life scheme and positive intentionality.

Drawing on a sample of 17 African American men (age 17 – 29 yrs) Mattis; Murray, Hatcher; Hearn; et al. (2001) examined the relative utility of subjective religiosity, subjective spirituality, advice exchange and affective sharing as predictors of the level of perceived support from male and female friends, survey finding reveal age differences in subjective religiosity, subjective spirituality and in level of advice and affective exchange in men’s perceptions of the supportiveness of their friendships with women but not with men. Subjective religiosity positively predicted perceived support in men’s same sex friendship but not in cross-sex friendships.

Recent theories and research in cognitive development and spirituality with the aim of providing connection between the two Neo-Piagetian and post formed theories of cognitive development suggest that advances in cognition are domain specific dependent on individual experiences, and can occur at any point in the life span. Theories of spiritual development has not addressed these points. Catwright (2001) has presented features of spiritual development with respect to individual’s changing conceptions of their relation to an external power – Journal abstract.

Religious cultures influence mental health positively and negatively. Unfortunately, clinical psychiatrists more often experience the negative
dangers of consequences of spiritual experiences and therefore have a negative
impression of spiritual activities. The concept of mental health can be altered
by the views represented by psychopathology, psychotherapy, clinical
psychiatry, public health and various religious professions (Rhi, 2002).

Bowmen & Harrell (2002) in their study found spirituality as a
significant moderator between racial stress and negative psychological health
symptom. The study was conducted on a total of 55 undergraduate students of
African descent from a historical Black University in the mid-Atlantic region.
Perceived racist experiences and racial stress were commonly associated with
health symptoms and showed an inverse relation to the cardiovascular
responses. In addition, spirituality served as a significant moderator between
racial stress and negative psychological health symptoms. Several implications
are discussed in light of these findings.

Rogers & Dantley (2002) discussed the role of spirituality in college
campus life. Physical, emotional, and spiritual aspects of lives are interwoven
and there its aspects need to be nurtured. Students affairs and leadership,
informed by spiritual intelligence can create environment that supports and
enhance the sense of wholeness, connection and community for students,
faculty and staff.

Farrar (2001) examined the addressing of spirituality and religious life
issues in occupational therapy practice. 200 Canadian and 210 US occupational
therapists (22–26yrs) completed surveys concerning their addressing of
spirituality and religion in their practice and practical problems encountered.
Results show that Ss felt that addressing spirit and religion was appropriate for occupational practice.

Tusang, Williams, Simpson and Lyons (2002) investigated association between empirically defined dimensions of spirituality, personality variables and psychiatric disorders in Vietnam. Existential well-being was significantly associated with seven of 11 dimensions of personality and was significantly negatively associated with alcohol abuse or dependence. Associations between mental health variables and religious well-being or spiritual involvement were much more limited. Useful distinction can be made between major dimensions of spirituality in studies of spirituality, religious coping, and mental health – Journal abstract.

Taylor (2002) described obsession with spirituality, which has not only a devastating effect on the individual but also on the family. Recovery intervention and treatment issues are given including support groups programmes.

Simoni, Martone & Kerwin (2002) surveyed interviews with 230 predominantly African American and Puerto Rican having HIV/AIDS (N. York) revealed high levels of spirituality and spirituality based coping with HIV. Both spirituality indicators positively correlated with frequency of receipt of HIV-related social support, they were negatively related to recent drug use. The beneficial effect of spiritually based coping persisted even when other types of coping were controlled.
Future and current psychologists may find themselves battled when confronted with the diversity of religious and spiritual backgrounds of their client. Few psychologists have received professional training with regard to religion and spirituality. Currently, the topic of religion or spirituality is being covered to some degree in most accredited clinical programs. Several training programs are recommended, providing more opportunities for student growth in this area, and incorporate religions and spiritual issues into course work – Journal abstract (Brawer, Handal, Fabricatore, Roberts et al., 2002).

Carlson, Kirkpatrick, Hecker & Killmer (2002) did a study on the sample of 153 clinical members (30 – 80 yrs) of the American Association, for appropriateness of addressing spiritual issues in therapy. Ss completed a 7 instrument survey. The result provided an indication that therapists do believe that religion and spirituality are vital aspects of their personal and professional lives.

Vaughan, (2002) had suggested that spiritual intelligence or spirituality is necessary for discernment in making spiritual choices that contribute to psychological well-being and overall healthy human development – Journal abstract.

Wink & Dillon (2002) did a longitudinal study on early (1930’s) and older (late 1960’s/ mid 1970’s) adulthood, to study spiritual development across the adult life course in a sample of men and women. All participants irrespective of gender and cohort, increased significantly in spirituality between late middle (50’s/early 60’s) and adulthood. Members of the younger cohort
increased in spirituality throughout the adult life cycle. In the second half of adulthood, women increased more rapidly in spirituality than men.

Kim & Seidlitz (2002) examined the relationship of spirituality with emotional and physical adjustment to daily stress. 113 college students (aged 19 – 33 yrs) completed questionnaire measures of spirituality, daily stress, affect and physical symptoms at 2 times 1 month apart. The results show that spirituality buffered the adverse effect of stress on adjustment, controlling for the use of various coping strategies. The finding have implications for developing prevention programs to improve people's coping skills by incorporating greater emphasis on spirituality.

Belvaich & Pargament (2002) examined the relationship between spiritual coping and adjustment and found that individual employ spirituality in coping in various ways. Attachment to God was predictive of spiritual coping, which in turn, was predictive of adjustment. If provides a useful framework for understanding why individuals choose particular coping strategies.

The role of spirituality in mental health and general wellness has begun to receive much more attention in the psychological literature. Historically, however, mental health researchers and practitioners alike have generally neglected spirituality. Although more empirical evidence is needed to investigate the role of spirituality and how to integrate spirituality beliefs in treatment, the time may have come to incorporate spirituality in the mental health professionals tool kit (Longo & Peterson, 2002).
Walker & Dixon (2002) examined spirituality and religious participation and measured as two distinct constructs among African American and European American college students. Of particular interest was the relationship between these variables and academic performance. Questionnaire was administered to 192 (109 European American & 83 African American) 18 – 55 yrs old college students. It was found that African Americans have higher levels of spiritual beliefs and religious participation and it was positively related to academic performance.

Constantine, Wilton, Gainor & Lewis (2002) explored the relationships among religious participation, spirituality, Africultural coping styles and religious problem solving styles in a sample of 144 African American college students (aged 17–29 yrs). Results revealed that religious participation and spirituality accounted for significant variances in aspect of Africultural coping styles and religious problem solving styles.

The past decade has been a huge increase in interest about the relationship of spirituality and religion to healing and health. at both medical student and resident levels, physicians are encouraged to include an understanding of their patient’s religious and spiritual lives in their efforts to assess and treat them comprehensively. Lomax; Karff & Mckenny, Gerald (2002) offers ethical psychodynamic and spiritual perspectives to physicians attempting to integrate religious content into psychotherapeutic relationship.
Ondeek (2003) identifies in the article the characteristics first of religion and then of spirituality in order to better understand that both are important consideration in health and illness.

Pardeek & Chung (1995) did an empirical analysis of the psychological well being of undergraduate students majoring in social work. 21 undergraduate social work students completed life satisfaction and self-esteem scales and the generalized contentment scale. Scores were in the normal range.

Levin, Chatters & Taylor (1995) tested a theoretical model linking religiosity, health status and life satisfaction. The data from the National Survey of Black Americans including a nationally representative sample of 1,848 Black Americans aged 18+ years was used. Finding reveal significant effect for organizational religiosity on both health and life satisfaction, for non-organizational religiosity on health and for subjective religiosity on life satisfaction.

It was hypothesized that happy and unhappy people have different profiles based on 5 personality factors (Neuroticism, Extraversion, Openess, Agreeableness and Conscientiousness). Ramanaidi, Detwiler & Beyravan (1997) tested it using 245 undergraduates (111 men and 134 women). They completed the satisfaction with life scale and the NEO Personality Inventory. Analysis indicated that High and Low Satisfaction groups had significantly different personality profiles.

Herringer (1998) studied the relationship between six facets of extraversion (activity, assertiveness, excitement, seeking gregariousness,
positive emotion and warmth) and life satisfaction in a sample of 162, 18 – 49 yrs old university students. It was found that significant predictor of life satisfaction for males was assertiveness, and the predictor for females was positive emotion.

In a study done by Bergan, Conatha (2000) on the relationship between religiosity, life satisfactive age and gender, it was found that religions affiliation is more strongly tied to life satisfaction and women were reported a higher level of religiosity than men.

Lewis, Joseph & Noble (1996) investigated the relationship between religiosity and life satisfaction. 150 undergraduate students in Northern Ireland (aged 18 – 39 yrs) completed the Francis Scale of Attitude Towards Christianity (FSAC), the satisfaction with life scale (SLS) and a single item measure of frequency of church attendance. No significant association was found between scores on the FSAC and scores on the SLS or between frequency of church attendances and scores on the SLS. These data provide no evidence that among a sample those with a more positive attitude towards Christianity or a greater frequency of church attendance are more satisfied with life.

Ayele, Multigan, Gherghin, & Reyes Ortiz (1999) assessed the religious perceptions and activities of physicians and older patients to determine whether religions activities are associated with life satisfaction. Participants were 100 randomly sampled practicing physicians (aged 29 – 78 yrs) and 55 hospitalized or institutionalized older male patients (aged 54 – 93 yrs) for physicians or
patients engaged in any religious activity, the intrinsic/extrinsic religiosity scale was used. There was a positive correlation between intrinsic religious activity (e.g. prayer, Bible reading) and life satisfaction. Even after controlling for age, gender, health & marital status, intrinsic religious activity remained a predictor of higher life satisfaction.

One area of positive psychology analyses subjective well-being (SWB), people’s cognitive and affective evaluation of their lives Diener (2000). Progress has been made in understanding the components of SWB, the importance of adaptation and goals to feeling of well-being, the temperament underpinning of SWB, and the cultural influences on well-being. Representative selection of respondents, naturalistic experience, sampling measures and the methodological refinements are used to study SWB and could be used to produce national indicators of happiness – Journal abstract.

Sam (2001) did an exploratory study by examining the self-reported satisfaction with life and the factors predicting it among 304 international students (159 males and 145 females, mean age 29.6 yrs.). The students reported on the whole good satisfaction with life. However, students from Europe and North America were on the whole more satisfied than their peers from Africa and Asia. Language proficiency and having a host national friend did not show significant effect on life satisfaction.

Seibel & Johnson (2001) administered measures of perceived parental control and acceptance, trait anxiety and satisfaction with life to 202 undergraduate student (aged 18 – 22 yrs). Analysis indicated that perception of
parents (both mother and father) as psychologically controlling was significantly positively correlated with trait anxiety and significantly negatively correlated with satisfaction with life.

Diener, Lucns, Oishi & Suh (2002) in a two large international studies of subjective well-being, examined whether happy and unhappy individuals weighted 8 life domains (health, finances family, recreation, religion-self and education) differently when constructing life satisfaction judgements. In both studies regression equations predicting life satisfaction showed that there were significant interactions between happiness and a person’s best domain and between happiness and a person’s work domain.

Weaver (2001) tested the hypothesis that job satisfaction does not contribute to the happiness of Asian Americans in comparison to satisfaction from other domains of their lives. Study was conducted on 160 Asian – American, 602 African – American and 6,477 Euro – American workers. The hypothesis was supported by the finding that the partial correlation of job satisfaction and global happiness with satisfaction held constant was significant for Euro – American women and men but not for Asian – American and African – Americans of either sex. And the same result occurred when global happiness was regressed on job satisfaction not the effects of satisfaction in the other domains.

Schimenack, Radhakrishnan, Oishi and Dzokoto, (2002) examined the interplay of personality and cultural factors in the prediction of the affective (hedonic balance) and the cognitive (life satisfaction) component of subjective
well-being. Participants from 2 individualistic cultures (US, Germany) and 3 collective cultures (Japan, Mexico, Ghana) completed the measures of Extraversion, neuroticism, hedonic balance and life satisfaction. The result suggest that the influence of personality on the emotional components of SWB in particular, whereas the influence the personality on the cognitive component of SWB is moderated by culture.

A study was conducted using a sample of 162 Australian adults (mean age 42.5 yrs) to see the relationship between life satisfaction and materialism (Ryan & Dziurawiec, 2001). The study found a negative relationship for those individuals who were high in materialism. They were less satisfied with their “life as a whole” and with specific “life domains” than those who were low in materialism.

Meulemanna (2001) hypothesized that life satisfaction should be more strongly determined by success evaluation rather than early success. A longitudinal study on Gymnasium students (16 – 43 years) were carried out. As hypothesized, satisfaction with occupational and with private life are determined more strongly by success evaluation rather than by life success and by later rather than early life success.

The convergent and discriminant validity of adolescents domain specific, life satisfaction reports were investigated using the students’ Multidimensional life satisfaction scale – Adolescent version (Gilligan, et al. 2002). Ss were 266 adolescent (mean age 16.2 yrs). Analysis of the multitrait –
multimethod matrix based on parent and adolescent rating indicated support for convergent validity, but cautions with respect to discriminant validity.

Zhang & Leung (2002) focused on moderating effects of gender and age on the relationship between self-esteem and life satisfaction in 1,347 mainland Chinese (aged 14-88 yrs 52.3% women) from 3 generations. The relationship between collective self-esteem and general life satisfaction was stronger for the male participants than for the female participants. The effect of individual self-esteem on life domain satisfaction was stronger in the male group than in the female group. The effect of collective self-esteem on life domain satisfaction was stronger in the younger than older people.

Cumins & Nistico (2002) proposes that well-being homeostasis is controlled by positive cognitive biases pertaining to the self. Most particular in this regard are the positive biases in relation to self-esteem, control and optimism. The empirical data are discussed in the context of perceived well-being as an adaptive human attribute – Journal abstract.

Tsou & Lik (2001) examined the determinants of happiness and satisfaction among Taiwanese people in various life domains. Data used in this study were collected via interviews with 20-64 years old. A total of 3,329 observations from 2 data sets were available for analysis. Results suggest that higher income is associated with a higher level of subjective well-being. Income was significantly negatively correlated with the reported level of happiness and job-satisfaction. Married people reported a higher degree of happiness and satisfaction with different domains. There is a little gender difference in happiness or satisfaction. The finding confirms that the effects of
personal characteristics are fundamentally different in terms of happiness and satisfaction with specific domain of life.

Krause (2003) examined the relationship between religious meaning and subjective well-being. Interviews were conducted with a national wide sample of older white and Black adults. Survey items were administered to assess a sense of meaning in life that is derived specifically from religion. Subjective well-being was measured with indices of life satisfaction, self-esteem and optimism. The findings suggest that older adults who derive a sense of meaning in life from religion tend to have higher levels of life satisfaction, self-esteem and optimism. The data further reveal that older Black adults are more likely to find meaning in religion than older white adults. In addition, the relationship among religious meaning, life satisfaction, self-esteem tend to be stronger for older African American persons than older white persons.

Grossbaum, Bates (2002) examined the correlates of well-being at mid life in 49 mid life adults (aged 31-57 yrs), self-report measures of generativity, agency and communion along with relevant themes taken from narratives were considered as predictors of Ryff's multidimensional model of well-being and life satisfaction. Multiple regression identified generative concern as a predictor of the 6 well-being dimensions and of life satisfaction. A separate series of multiple regression identified narrative themes of contamination, redemption and affect tone as predictors of four of the well-being and of life satisfaction. Hierarchal regression analysis showed contamination to be a significant predictor of environmental mastery, personal growth and life satisfaction. Affect tone was a predictor of self-acceptance and life satisfaction.
Schyns (2001) examined the relationship between income and satisfaction in Russia. Data were drawn from the first 3 waves of the Russian panel study (1993-1995). Result showed that a positive change in income caused an increase in income – satisfaction and also a reciprocal relationship between income – satisfaction and life – satisfaction; indicating that in addition to bottom-up effects, top-down mechanism were also at work.

Nezlek, Richardson, Green and Schatten (2002) did a study on 113 healthy older adults (mean age 71.2 yrs) to see the effect of social interaction on life satisfaction among them. Richer Interaction Record was used as a variant; measures of psychological well-being (the life satisfaction Index-A, UCLA loneliness scale and the emotional and social loneliness scale and the satisfaction with life scale) was used. A series of multilevel random coefficient analysis found that life satisfaction scores were positively related to enjoyable interactions with people.

Two studies of college students conducted during the last week of the academic semester found that optimists reported developing fewer physical symptoms than pessimists over time taking base line symptoms into account. (Scheir & Carver, 1991; Taylor & Aspirwall, 1990).

A study of Harvard University graduates assessing pessimistic explanatory style at age 25 found that men had significantly poorer health or were more likely to have died when they were assessed 20 to 35 years later (Peterson, Seligman & Vaillant, 1988)

Mc Gree & Cairns (1995) aimed to teach principle of unrealistic optimism regarding health risks by having 257 medical students (50% female)
document their own beliefs about health risk. Ss rated the own beliefs, risks relative to other classmates of experiencing a range of 17 health problems. Class results showed varying levels of unrealistic optimism for all it conditions. The teaching of unrealistic optimism was found to be a useful aid to students.

Relationship among dispositional optimism and situational optimism cognitive religiosity and neuroticism was examined in 295-Mexican – American, Anglo-American and Mexican undergraduate (Schutte & Hosech, 1996). It was hypothesized that religiosity is to predict optimism and both optimism and religiosity were to predict neuroticism. Only in the Mexican – American Ss did the model yield results consistent with predictions.

Subbotin (1997) tested performance predictions to examine whether 60 undergraduate (aged 20-30 years) in Israel under or over estimated their future performance. It was found that Ss underestimated their future performance scores. Despite improvement, they did not increase their corresponding predictions showing unrealistically pessimistic attitudes.

A study was conducted on 114 male and female college students (mean age 22.02 yrs.) to examine the relationship of the cognitive style and optimism (Sarmany, 1997). Result showed a positive influence of optimism on problem solving and solving everyday situation more heuristically. Pessimists needed significantly longer time to fall asleep then optimists did. There were no significant gender differences in optimism pessimism scores (Czechoslovakian abstract).

Based on a sample of 204 college students (mean age 19.5 yrs.), a study was conducted by Harju & Bolen (1998) to see the effect of optimism on
coping and perceived quality of life (satisfaction and used most reframing coping style. Mid level optimists reported quality of life satisfaction but used alcohol as a coping style. Low optimists are dissatisfied with their overall quality of life and used more alcohol and disengagement for coping.

Puskar, Sereika, Lamb, Tusaie et al. (1999) conducted a study on 14.05–19.8 yrs. old students to see optimism and its relationship to depression, coping anger and life events in rural adolescents. Result showed that overall rural teenagers were less optimistic compared to norms of 2,055 college students. Lower levels of depressive symptomatology were associated with higher optimism scores optimists tend to use more problem focused coping strategies than do pessimists.

Stoecker (1999) examined the relationship between 44 college student’s optimism and their expectations of how they would perform in a hypothetical university course. There was found no relationship between optimism scores and expected grades.

Recent theoretical discussion of optimism as an inherent aspect of human nature converge with empirical investigations of optimism as an individual difference to show that optimism can be a highly beneficial psychological characteristic linked to good mood, perseverance, achievement and physical health (Peterson, 2000).

Wenglert & Rosen (2000) examined individual difference in general and personal optimism – pessimism (OP) and explored if personal OP influences general optimism about world events. The study was conducted on 183 college
students. It was found that OP about one's personal future was weakly associated with that for the general world.

Myers & Reynolds (2001) investigated the relationship between repressive coping, controllability self-esteem and comparative optimism for health related events. 154 post graduates and undergraduate students (aged 18-36 yrs.) were asked to rate the likelihood of certain health related events. Results indicated that repressors exhibit significantly more overall comparative optimism than non-repressors for health related events. For individual events, repressors significantly differed from non-repressors on comparative optimism for all high controllability events. It was concluded that majority of individuals appear to exhibit comparative optimism for negative events.

Lopez, Draper & Reynolds (2001) examined placement outcomes and optimism on 77 students (25-26 yrs. old). A follow up study completed on these students suggested generally high satisfaction and optimism with internship and employment.

Various coping strategies adopted differently by optimist and pessimist in stress reduction was analyzed in a study conducted by Iwanga, Yogoyame & Seiwa (2004). Participants were 32 optimist and 32 pessimists selected by LOT. Optimists tended to adopt active coping strategies and showed lower subjective stress than pessimists, who adopt passive coping strategies. High stress shown by pessimists was due to the low efficacy of adopted coping strategies.

El-Anzi (2005) examined the relationship between academic achievement and following variables – anxiety, self-esteem, optimism and
pessimism. The sample consisted of 400 male and female students in the Basic Education College in Kuwait. The salient findings were the significant positive correlation between academic achievement and both optimism and self-esteem whereas the correlation were negative between academic achievement and both anxiety and pessimism – Journal Abstract.

Salsman, Brown, Brechting and Coalson (2005) investigated whether optimism and social support mediated the relationship between religiousness and adjustment (distress and life satisfaction) and between spirituality and adjustment. Findings indicate that the relationship between intrinsic religiousness and life satisfaction and between prayer fulfillment and life satisfaction was mediated by optimism and social support.

In the light of literature reviewed the present study was planned to ascertain the relationship of spirituality with life satisfaction and explanatory life styles among prospective professional caregivers. To verify the objectives of present research certain null hypothesis were formulated. These are as follows:

\( H_{01} \) : There would not be significant relationship between explanatory life styles and life satisfaction with spirituality among male and female

\( H_{02} \) : There would not be significant relationship between explanatory life styles and life satisfaction with spirituality among different professional groups.

\( H_{03} \) : There would not be significant relationship of explanatory life styles and life satisfaction with spirituality among male and female
students of Modern Medicine, Indigenous Medicine and Humanities

$H_{04}$: There would not be any moderating effect of spirituality on the relationship between life satisfaction and explanatory life styles among prospective professional caregivers.

$H_{05}$: There would not be any moderating effect of life satisfaction on the relationship between explanatory life styles and spirituality among prospective professional caregivers.

$H_{06}$: There would not be any moderating effect of explanatory life styles on the relationship between spirituality and life satisfaction among prospective professional caregivers.

$H_{07}$: There would not be any moderating effect of spirituality on the relationship between explanatory life styles and life satisfaction among male and female students of Modern Medicine, Indigenous Medicine and Humanities.

$H_{08}$: There would not be any moderating effect of life satisfaction on the relationship between explanatory life styles and spirituality among male and female of Modern Medicine, Indigenous Medicine and Humanities.

$H_{09}$: There would not be any moderating effect of explanatory life styles on the relationship between life satisfaction and spirituality among male and female of Modern Medicine, Indigenous Medicine and Humanities.
Ho10 : There would not be significant difference between male and female with regard to spirituality, life satisfaction and explanatory life styles.

Ho11 : There would not be significant effect of spirituality, life satisfaction and explanatory life styles among male and female students of Modern Medicine.

Ho12 : There would not be significant effect of spirituality on explanatory life styles and life satisfaction among male and female students of Indigenous Medicine.

Ho13 : There would not be significant effect of spirituality, explanatory life styles and life satisfaction among male and female students of Humanities.
Chapter-3

Methodology
The concept of methodology includes five aspects, namely, research design, subject, tool procedure and statistical analysis. **Research design** has to do with planning and setting strategy for an investigation to rule out as many as possible threads to validity of the study. **Sample** encompasses the subjects on which the research is done and whatever the procedure is followed. **Data collection** has to do with collection of data and the type of observations made. **Tools** comprises of various sets of questionnaire used for conducting research, while, statistical analysis deals with the application of statistical procedure.

**SAMPLE**

A purposive judgemental sample of 300 students were drawn from different faculties of Aligarh Muslim University, Aligarh. 100 students were taken from Jawaharlal Nehru Medical College, pursuing Modern Medicine Course (1st Prof., IInd Prof., IIIrd Prof., IV prof., respectively). 100 students were taken from Ajmal Khan Tibya College, pursuing Indigenous Medicine Course (1st Prof., IInd Prof., IIIrd Prof., respectively). And 100 students were taken from Humanities from the faculty of Social Sciences. The sample comprised of equal number of males and females.

The breakup of the sample is shown in the following way

```
N=300

Modern Medicine (100)  Indigenous Medicine (100)  Humanities (100)

M (50)  F (50)  M (50)  F (50)  M (50)  F (50)
```
TOOLS

Three different Scales has been used.

I) Spiritual Assessment Scale (SAS)

The SAS developed by Howden (1992) was used for the assessment of spiritual orientation among students. The scale consisted of 28 items and has four dimensions of spirituality, namely, Purpose and Meaning in life, Innerness or Inner Resources, Inter connectedness and Transcendence. The responses of the subject were obtained on 6 point Likert Scale from Strongly Agree, "SA (6) to Strongly Disagree, SD (1)". The internal consistency reliability coefficient for the SAS is equal to 0.70.

II) Life Satisfaction Scale (LSS)

A ten items scale designed by Warr et al. (1979) was used to measure the satisfaction with salient features of daily life and activity of the respondents, psychometric properties of the scale (test, retest reliability, spilt, half reliability, internal consistency, reliability and validity), were reported by authors and others. Responses were rated on a seven point scale from 1, referring to "I am extremely dissatisfied", to 7, referring to "I am extremely satisfied. The possible range of scores could vary from 10-70. A high score indicated high satisfaction and vice-versa. Test-retest is also very high i.e. r=0.87.
III) Life Orientation Test (LOT)

A 12 item scale developed by Michael Scheier and Charles Carver (1985) was used in this study. It measures individual differences in pessimism and optimism. Items 2, 6, 7 and 10 were dropped. Items 1, 4, 5 and 11 were worded in the optimistic direction. 1 score was given for each “true” answer and 1 score was subtracted for each “false” answer, to the items worded in optimistic direction. Items 3, 8, 9 and 11 were worded in pessimistic direction. 1 score was given for “false” answer and 1 score was subtracted from the total for each “true” answer. Totalling of the score was done to see the level of optimism. The higher the total score (out of a possible maximum of 8) the greater the subjects’ optimism is. The split half reliability of the scale was found to be 0.69.

PROCEDURE

Each students were given three questionnaire, namely, Life Satisfaction Scale, Life Orientation Scale and Spiritual Assessment Scale. The subjects were contacted personally at their respective departments of study. They were individually given instruction regarding the scale. They were assured that their responses would be kept confidential.

STATISTICAL ANALYSIS

The data was analyzed by means of Pearson Product Moment Correlation and Partial Correlation. Significance level was computed in both Pearson Product Moment Correlation and Partial Correlation. The three
variables viz. Life satisfaction, Explanatory life styles and Spirituality were designated as X, Y and T.

Partial correlation was computed for partialling out or eliminating the effects of variables, that may influence the relationship between two variables whose relationship is to be considered. To see the effect of spirituality on other two variables is life satisfaction and explanatory life styles, it would be $r_{XY,T}$ means spirituality (T) was partialled out and correlation between life satisfaction (X) and explanatory life styles (Y) was calculated. Significance at 0.95 confidence level was determined. The calculations were done by SPSS-13 mode.
Chapter-4

Results & Discussion
In the previous chapter, all aspects of methodology related to this research were described. This chapter presents the tables and their description of results based on the variables studied, i.e. life satisfaction, explanatory life styles and spirituality among three different groups of prospective professional caregivers, namely Modern Medicine, Indigenous Medicine and Humanities.

Table-1: Indicating Mean and SD scores of the students of Modern Medicine on three variables.

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life satisfaction</td>
<td>100</td>
<td>46.98</td>
<td>6.29</td>
</tr>
<tr>
<td>Explanatory life styles</td>
<td>100</td>
<td>5.33</td>
<td>1.51</td>
</tr>
<tr>
<td>Spirituality</td>
<td>100</td>
<td>124.67</td>
<td>16.15</td>
</tr>
</tbody>
</table>

Table 1 indicates the mean and SD scores of the students of Modern Medicine on three variables i.e. life satisfaction, explanatory life styles and spirituality. The mean value on life satisfaction was found to be 46.98 and the value of SD was found to be 6.29. The mean and SD scores calculated on explanatory life styles was found to be 5.33 and 1.51 respectively. On spirituality assessment the mean and SD scores were found to be 124.67 and 16.15.
Table-2: Indicating Mean and SD scores of the students of Indigenous Medicine on three variables.

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life satisfaction</td>
<td>100</td>
<td>52.78</td>
<td>7.34</td>
</tr>
<tr>
<td>Explanatory life styles</td>
<td>100</td>
<td>4.54</td>
<td>1.31</td>
</tr>
<tr>
<td>Spirituality</td>
<td>100</td>
<td>119.16</td>
<td>21.66</td>
</tr>
</tbody>
</table>

Table 2 shows the mean and SD scores of the students of Indigenous Medicine on three different variables viz. life satisfaction, explanatory life styles and spirituality. The mean score found on life satisfaction was 52.78 and the SD score was found to be 7.34. The mean and SD values calculated on explanatory life styles was found to be 4.54 and 1.31 respectively. While the mean score on spirituality assessment was found to be 119.16 and SD scores was 21.66.
Table 3 represent the mean and SD scores of the students of Humanities on three different variables i.e. life satisfaction, explanatory life styles and spirituality. The mean value on life satisfaction was found to be 49.03 and SD value as 6.66. On explanatory life styles, the mean and SD values was found to be 5.13 and 1.56 respectively. While the mean and SD values on spirituality assessment was found to be 126.4 and 13.24 respectively.
Table-4: Showing Product Moment Correlation of Explanatory Life style and Life satisfaction with Spirituality among Male and Female of prospective professional care givers (N=300).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Male (n=150)</th>
<th>Female (n=150)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanatory life style</td>
<td>0.14</td>
<td>0.04</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>0.13</td>
<td>0.16</td>
</tr>
</tbody>
</table>

It is apparent from Table 4 that explanatory life style of male and female of professional care givers showed positive ($r=0.14$ and $r=0.04$) relationship with spirituality. But these relationships were not significant. Therefore, the proposed null hypothesis, $H_0$, was not rejected. It means spirituality was not influenced by explanatory life style of male and female students of different professions. But in comparison to female, male showed greater degree of relationship. On the other hand insignificant positive relationship between life satisfaction and spirituality were established among male and female students of prospective professional care givers. Spiritual orientation in female tends to be more influenced by life satisfaction in comparison to males ($r=0.13$ & $r=0.16$). The result might be discussed that spirituality among females is determined by life satisfaction. Those who are spiritual or practice religious values are likely to be optimistic and overcome the difficulties and cope with stress. They believe in self-power which helps them to be optimistic.
As Vaughan (2002) suggested that spiritual intelligence or spirituality is necessary for discernment in making spiritual choices that contribute to psychological well-being and overall healthy human development who understands the feelings of others and act accordingly to drive life satisfaction.
Table-5: Showing the values of Correlation of Explanatory life styles and Life satisfaction with Spirituality among prospective professionals caregivers (N=300).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Modern Medicine (n=100)</th>
<th>Indigenous Medicine (n=100)</th>
<th>Humanities (n=100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanatory life styles</td>
<td>0.30*</td>
<td>-0.12</td>
<td>0.17</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>0.20</td>
<td>0.15</td>
<td>0.15</td>
</tr>
</tbody>
</table>

*p<.05 level of significance

Table 5 illustrates the correlation of explanatory life styles and life satisfaction with spirituality among professional caregivers. This table gives the picture that there is a significant positive correlations between spirituality and explanatory life styles (r=0.301, p<.05) among the group of Modern Medicine. There was positive but insignificant relationship found between spirituality and life satisfaction (r=0.20) among the target group. The proposed null hypothesis, Ho2 is partially rejected.

There was negative but insignificant relationship found between spirituality and explanatory life styles (r=-0.12) among the students of Indigenous Medicine group. While between spirituality and life satisfaction an insignificant positive relationship was found (r=0.15). An insignificant positive correlation between spirituality and explanatory life styles (r=0.17) was found among the students of Humanities group. Insignificant positive correlation was
also found between spirituality and life satisfaction (r=0.15) among this group. From the above result, it can be inferred that the spiritual revolution that has permeated our culture challenges psychotherapists and other health practitioners to address the spiritual concerns of their clients and themselves, and allow practitioners to include spirituality in their work in a clear, sound and meaningful way (Bolletino, 2001).
Table 6: Showing the values of Correlation of Explanatory life styles, and Life satisfaction with spirituality among the male and female students of Modern Medicine (N=100).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Male (n=50)</th>
<th>Female (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanatory life styles</td>
<td>0.27*</td>
<td>0.36*</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>0.15</td>
<td>0.25*</td>
</tr>
</tbody>
</table>

* p<.05 level of significance.

It is observed from Table 6 that there is a significant positive relationship between explanatory life styles and spirituality among male (r=0.27, p<0.05) and female (r=0.36, p<0.05) of Modern Medicine. Therefore, the proposed null hypothesis, H03 is partially rejected. It means that student of modern medicine who are spiritual tend to be optimistic. The findings of present study can be supported by the studies of Kennedy and Kanthamani (1996) that revealed the effect of paranormal and transcendent experiences of students. This paranormal and transcendent experiences of subjects increased their sense of optimism.

A strong positive relationship was also found between spirituality and life satisfaction among females (r=0.25, p<0.05). On the other hand a positive but insignificant relationship was found between spirituality and life satisfaction (r=0.15) among males of Modern Medicine. Spiritual dimension is a function of the picture people have in their quality words of satisfying basic needs (Emed, 1995). In the light of our findings it can be inferred that spirituality is one of the factor which helps an individual to achieve satisfaction.
Table-7: Showing the values of Correlation of Explanatory life styles and Life satisfaction with spirituality among male and female students of Indigenous Medicine (N=100).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Male (n=50)</th>
<th>Female (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanatory life styles</td>
<td>-0.01</td>
<td>0.08</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>-0.18</td>
<td>0.21</td>
</tr>
</tbody>
</table>

It is observed from Table 7 that the correlation between explanatory life style and spirituality among male of Indigenous group were found to be -0.01. The correlation value between spirituality and life satisfaction among males of this group was found to be -0.18. Thus, the proposed null hypothesis, H03 is partially not rejected. There is a negative correlation between spirituality and explanatory life styles and between spirituality and life satisfaction among the male students of Indigenous Medicine. From the above findings, it can be interpreted that there is an inverse relationship between spirituality and explanatory life styles and between spirituality and life satisfaction, as when the tendency of life satisfaction and explanatory life styles increased the tendency of spirituality decreased. It is obvious from the result that the correlation value between spirituality and explanatory life styles among female students was found to be 0.08, whereas between spirituality and life satisfaction, it was found to be 0.21. There is a positive but insignificant
relationship between spirituality and explanatory life styles and between spirituality and life satisfaction. The result might be discussed in the light of the role of spirituality in college campus. The finding of present research supports (Roger & Dantley, 2002) that students affairs and leadership, informed by spiritual intelligence can create environment that supports and enhance the sense of wholeness, connection and community for students, faculty and staff.
Table-8: Showing the values of Correlation of Explanatory life styles and Life satisfaction with Spirituality among male and female students of Humanities (N=100).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Male (n=50)</th>
<th>Female (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanatory life styles</td>
<td>0.06</td>
<td>0.29*</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>0.14</td>
<td>0.19</td>
</tr>
</tbody>
</table>

*p<0.05 level of significance

The above Table 8 describes the relationship of explanatory life styles with spirituality and of life satisfaction with spirituality among male and female students of Humanities. A significant positive relationship was found between spirituality and explanatory life styles (r=0.29, p<0.05) among females of Humanities while a non-significant relationship was found between spirituality and life satisfaction (r=0.19). Hence our proposed hypothesis, H03 is partially not rejected. While among the males of this group, and insignificant positive relation was found between spirituality and explanatory life styles (r=0.06) and between spirituality and life satisfaction (r=0.14). The above finding is in support of the finding of Wink Dillon (2002) that women increased more rapidly in spirituality than men. It means spirituality is a significant factor among females. Spirituality is the positive path for developing positive qualities in life like self-confidence, happiness, encouragement and optimism.
Table-9: Indicating the composite values of Partial Correlations of male and female students of prospective professional caregivers (N=300).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Male (n=150)</th>
<th>Female (n=150)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$r_{XY,T}$</td>
<td>-0.08</td>
<td>0.03</td>
</tr>
<tr>
<td>$r_{XT,Y}$</td>
<td>-0.05</td>
<td>0.15</td>
</tr>
<tr>
<td>$r_{TY,X}$</td>
<td>0.13</td>
<td>0.12</td>
</tr>
</tbody>
</table>

$p>0.05$ level of significance

$X =$ Life satisfaction

$Y =$ Explanatory life styles

$T =$ Spirituality

It is depicted from the Table 9 that the values of overall partial correlations of male and female of different professional care givers on the variables studied provides the impression that negative insignificant correlation existed between life satisfaction and explanatory life styles among males ($r_{XY,T}=-0.08$) when spirituality was partialled out. While positive but insignificant relationship was found between life satisfaction and explanatory life styles among females ($r_{XY,T}=0.03$). Therefore, the proposed null hypothesis, $H_4$ is not rejected.

A positive insignificant relation existed between life satisfaction and spirituality among females ($r_{XT,Y}=0.15$) when explanatory life styles was partialled out. But a negative insignificant association existed between life satisfaction and spirituality among males ($r_{XT,Y}=-0.05$). Hence the proposed $H_6$ is not rejected.
The result may be attributed to one of the component of explanatory life style i.e., optimism, which has an influence on the individuals life. Optimistic individuals have better social relations, higher levels of physical health, high morale and accept the adversity as a challenge. The findings may be interpreted in the light of Harju (1998) finding that optimism has effects on coping and perceived quality of life. High optimists had the higher degree of quality of life satisfaction and used most reframing coping strategies whereas low optimists were dissatisfied with their overall quality of life.

An insignificant positive correlation was found between spirituality and explanatory life styles among males ($r_{XY.X}=0.13$) and females ($r_{XY.X}=0.12$) when life satisfaction was partialled out. By examining all the correlation values between spirituality and explanatory life styles, in all the three groups of male and female, it may be predicted that there is a close relation between spirituality and explanatory life styles. For a man with spiritual orientation, the responses to life are in their quality established and ‘well-organised’. He has positive emotions, desires and ideas towards life. Spirituality makes an individual perceive a person with a unifying pattern of thought and feeling.
Table-10: Indicating the values of Partial Correlation among prospective professional care givers (N=300).

<table>
<thead>
<tr>
<th>Groups</th>
<th>$r_{XY,T}$</th>
<th>$r_{XT,Y}$</th>
<th>$r_{TV,X}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modern Medicine</td>
<td>0.07</td>
<td>0.17</td>
<td>0.28**</td>
</tr>
<tr>
<td>Indigenous Medicine</td>
<td>0.04</td>
<td>0.15</td>
<td>-0.12</td>
</tr>
<tr>
<td>Humanities</td>
<td>0.07</td>
<td>0.16</td>
<td>0.18</td>
</tr>
</tbody>
</table>

**p<0.01 level of significance

X = Life satisfaction

Y = Explanatory life styles

T = Spirituality

Table 10 represents the values of partial correlations among three different professional care givers viz Modern Medicine, Indigenous Medicine and Humanities, on three different variables i.e. life satisfaction, explanatory life styles and spirituality.

In the case of Modern Medicine, it was observed a positive but insignificant relationship between life satisfaction and explanatory life styles ($r_{XY,T}=0.07$), while spirituality was being partialled out. There a reasonable positive correlation was found between life satisfaction and spirituality ($r_{XT,Y}=0.17$) when explanatory life styles was partialled out. On the other hand spirituality was found to be significantly correlated with explanatory life style ($r=0.28$, p<0.01), when life satisfaction was partialled out. Hence, the proposed null hypothesis, $H_0$, is partially rejected.
Religiousness and spirituality are related with optimism. This finding supported to the earlier finding of Salsman, et al. (2005), who investigated whether optimism and social support mediated the relationship between religiousness and adjustment and between religiousness and adjustment spirituality and adjustment (life satisfaction). Results may be interpreted that religiousness and spirituality are related but with distinct constructs and are associated with adjustment through factor such as optimism and social support.

Among the students of Indigenous Medicine we find a positive insignificant correlation between life satisfaction correlation and explanatory life styles, when spirituality was partialled out ($r_{XY,T}=0.04$). A positive insignificant association was found between spirituality and life satisfaction, when explanatory life styles was partialled out ($r_{XT,Y}=0.15$). Hence, the proposed null hypothesis, $H_0$ is not rejected. While a negative insignificant correlation was found between explanatory life styles and spirituality, when life satisfaction was partialled out ($r_{TY,X}=-0.12$), provided that not only spiritual persons tend to be satisfied with their life.

The finding of present research supported the findings of Lewis, et al. (1996) who investigated that spiritual persons or religious believer were more satisfied with their life.

Among the Humanities group, when spirituality was partialled out, a positive but insignificant relationship was obtained between life satisfaction and explanatory life styles ($r_{XY,T}=0.07$). The proposed null hypothesis, $H_0$ is not rejected. A positive correlation was obtained between life satisfaction and
spirituality \( (r_{XY}=0.16) \), when explanatory life styles was partialled out. In the light of present study it can be inferred that life satisfaction is positively correlated with spirituality.

The finding is supported by the studies of Zorn and Johnson (1977), which stated that regular participation in religious or spiritual activities lead to higher level of well-being or life satisfaction. When life satisfaction was partialled out, a positive correlation was obtained between spirituality and explanatory life styles \( (r=0.18) \). It is interpreted from the obtained values of all the three groups that spirituality and explanatory life styles are correlated with each other. Spirituality is an essential factor which emerges as an important correlate of hope and optimism in an individual's life (Palmore & William, 1976).
Table-11: Showing the values of Partial Correlation of Explanatory life styles, Life satisfaction and Spirituality among male and female students of Modern Medicine (N=100).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Male (n=50)</th>
<th>Female (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$r_{XY,T}$</td>
<td>-0.02</td>
<td>0.17</td>
</tr>
<tr>
<td>$r_{XT,Y}$</td>
<td>0.15</td>
<td>0.17</td>
</tr>
<tr>
<td>$r_{TY,X}$</td>
<td>0.27**</td>
<td>0.31**</td>
</tr>
</tbody>
</table>

**p<0.01 level of significance

X = Life satisfaction

Y = Explanatory life styles

T = Spirituality

It is depicted from Table 11 that when spirituality was partialled out, among the male students of Modern Medicine, a negative insignificant correlation was found ($r_{XY,T}=-0.02$). While among the female students of the same discipline, a positive relationship was found ($r_{XY,T}=0.17$). An inverse relationship among males of this group was found. In females positive correlation appeared. The finding may be interpreted that spirituality is the positive path for developing positive qualities in life like self-confidence, happiness and encouragement. The general pattern of spirituality involves well-being honesty, truthfulness, unity and life satisfaction. The negative correlation indicates that lack of
spirituality may lead to the feeling of helplessness instability, unhappiness and such other maladaptive behaviour.

When explanatory life style was partialled out, it was found insignificant positive correlation between spirituality and life satisfaction among males ($r_{XT,Y} = 0.15$) and females ($r_{XT,Y} = 0.17$) students of Modern Medicine. It means that explanatory life styles had no effect on both spirituality and life satisfaction. Spirituality and life satisfaction themselves are correlated with each other. The finding of Bergan & Conatha (2000) established the relationship between religiosity and life satisfaction and suggested that religious practices are more strongly tied to life satisfaction.

While partialling out life satisfaction, the obtained correlation values between spirituality and explanatory life styles among male and female were found to be $r_{TY,X} = 0.27$ and $r_{TY,X} = 0.31$ respectively which are significant at .01 level of significance. Therefore, the proposed null hypothesis, $H_{08}$ is partially rejected. It means explanatory life styles positively influences the spiritual beliefs of the subjects. Our findings indirectly supports the findings of Schutte and Hosch, (1996) which states that religiosity or spirituality is a strong predictor of optimism.
Table-12: Showing the values of Partial Correlations of the students of Indigenous medicine among male and female (N=100).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Indigenous Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (n=50)</td>
</tr>
<tr>
<td>$\Gamma_{XY,T}$</td>
<td>-0.06</td>
</tr>
<tr>
<td>$\Gamma_{XT,Y}$</td>
<td>0.08</td>
</tr>
<tr>
<td>$\Gamma_{TY,X}$</td>
<td>0.005</td>
</tr>
</tbody>
</table>

*p<.05 level of significance

X = Life satisfaction

Y = Explanatory life styles

T = Spirituality

Table 12 indicates the values of partial correlation of the students of Indigenous Medicine in relation to gender of the subjects. It is observed from the table that when spirituality was partialled out in case of male subjects an insignificant negative correlation between life satisfaction and explanatory life styles ($\Gamma_{XY,T}=-0.06$) was found. While in case of female subjects on the same variable insignificant positive relationship ($\Gamma_{XY,T}=0.18$) was established. It can be stated that even in this group of male, spirituality is a strong predictor; as it was found a similar negative correlation when it was partialled out, in the group of Modern medicine of males (cf Table 11). Here too, we found a negative insignificant correlation.
In the present era lives of people are being scattered into various dimensions, hence, individuals are unable to interpret what is happening in his/her surrounding and are full of apprehensions. As they have lost control over their inner resources, which give meaning to each aspect of life, the acceptance of spiritual life, is only the true goal which may cease these suffering.

When explanatory life styles was partialled out a very weak positive correlation was found between life satisfaction and spirituality, among male students \( r_{X,Y} = 0.08 \). On the other hand a satisfactory positive and significant relationship was established among female of Indigenous Medicine group \( r_{X,Y} = 0.24, \ p < 0.05 \). Hence the proposed null hypothesis, \( H_0 \) is rejected partially. The result might be discussed that spiritually oriented females of this group tends to be more satisfied with their life. When life satisfaction was partialled out there was a very weak relationship found between spirituality and explanatory life styles among males \( r_{Y,X} = 0.005 \). While in the case of female, when life satisfaction was partialled out there was a negative significant correlation \( r_{Y,X} = -0.22, \ p > 0.05 \) found between spirituality and explanatory life style. The result might be interpreted that explanatory life style inversely influence the spiritual orientation of females.
Table-13: Indicating the values of Partial Correlations among male and female students of Humanities (N=100).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Male (n=50)</th>
<th>Female (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>r_{XY,T}</td>
<td>-0.10</td>
<td>0.15</td>
</tr>
<tr>
<td>r_{XT,Y}</td>
<td>0.14</td>
<td>0.14</td>
</tr>
<tr>
<td>r_{TY,X}</td>
<td>0.07</td>
<td>0.26*</td>
</tr>
</tbody>
</table>

*p > 0.05 level of significance

X = Life satisfaction
Y = Explanatory life style
T = Spirituality

By observing the Table 13, we found a negative insignificant correlation among male (r_{XY,T}=-0.10) by partialling out spirituality. It means life satisfaction and explanatory life style are inversely related. And contrary to it a reasonable positive correlation was found among females of Humanities (r_{XY,T}=0.15). Similar result was also found in the case of Modern Medicine that life satisfaction and explanatory life styles of male students were inversely related (cf Table-11).

On the basis of findings it can be said that spirituality, has a greater influence among the males in all the three groups i.e. Modern Medicine, Indigenous Medicine and Humanities.
It is evident from the results that among females of all the three groups, a positive correlation has been established between life satisfaction and explanatory life styles. The result might be interpreted in light of Lopez et al (2001) findings that high satisfaction of females was associated with optimistic orientation towards life.

When explanatory life style was partialled out, a positive relation was found between spirituality and life satisfaction among male ($r_{X, Y} = 0.14$) and female ($r_{X, Y} = 0.12$) of Humanities.

When life satisfaction was partialled out, a positive relationship was established between spirituality and explanatory life styles among males ($r_{Y, X} = 0.07$) and females ($r_{Y, X} = 0.26, p < 0.05$). It is evident from the fact that among female spirituality and explanatory life styles showed significant relationship. Hence, also the proposed null hypothesis, $H_0$ is partially rejected.

This might be interpreted that females of spiritual orientation tend to be optimistic able to tolerate and share the grief and happiness with others. Similar findings were reported that spirituality and explanatory life styles are positively associated with each other (c.f Table 6 & 8). The result might be discussed that spirituality enhances the growth of love, joy, peace, gentleness, positive thinking, encourages to cope up with the difficulties and challenges confronting in one’s lives.
Table-14: Representing the overall Mean, SD and t-value of life satisfaction between males and female.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>150</td>
<td>49.75</td>
<td>7.09</td>
<td>298</td>
<td>0.378</td>
<td>N.S.</td>
</tr>
<tr>
<td>Female</td>
<td>150</td>
<td>49.44</td>
<td>7.28</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 14, represents the overall value of Mean, SD of male and female on life satisfaction as 49.75 and 49.44, 7.09 and 7.28 respectively. The means of two groups were compared by using t-test. The calculated value of t=0.37 which is non-significant at all, hence the proposed null hypothesis, \( H_{010} \) is not rejected. The mean and SD values of male and female on life satisfaction shows a little variation on this variable. Though the statistical value is insignificant but the obtained values reveals the fact that the two groups are equally satisfied with their lives. Life satisfaction comprises of desire to change life satisfaction with current life, and satisfaction with past and future and significant other’s view of one’s life (Diener et al., 1999).
Table-15: Representing the overall Mean SD and t-value of Explanatory life styles between male and female.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>150</td>
<td>4.93</td>
<td>1.48</td>
<td>298</td>
<td>0.84</td>
<td>N.S.</td>
</tr>
<tr>
<td>Female</td>
<td>150</td>
<td>5.07</td>
<td>1.52</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 15 represents the t-value (t=0.84, p>0.05) on explanatory life styles on male and female. The mean value of male on this variable is 4.93 while on female, it is 5.07. The SD value on this count for male and females are 1.48 and 1.52 respectively. Therefore, the assumed null hypothesis, $H_{010}$ is not rejected. The variation between the two groups are similar. The obtained mean value can be interpreted that females have a more optimistic approach towards life. They have more patience and positive orientation towards life. They face the daily challenges, by framing a positive atmosphere around themselves.
Table 16 represents the overall values of mean and SD on spirituality of male and female. The mean values obtained for the males on the spirituality was found to be 122.55 while for females, it was found to be 124.1. The SD values were found 14.98 and 19.85 for male and female respectively. The t-value was 0.76, which is insignificant. Hence the proposed null hypothesis, \( H_0 \), is not rejected. The variation in the mean values of male and female indicates that females are more prone towards spirituality. The findings is in support of earlier findings of Zorn and Johnson (1977) which states that women are more involved in religious or spiritual activities, and therefore have higher level of satisfaction and positivism.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>150</td>
<td>122.55</td>
<td>14.98</td>
<td>298</td>
<td>0.76</td>
<td>N.S</td>
</tr>
<tr>
<td>Female</td>
<td>150</td>
<td>124.1</td>
<td>19.85</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table-17: Representing the Mean, SD and t-value on Life satisfaction among male and female students of Modern Medicine.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>47.02</td>
<td>6.11</td>
<td>98</td>
<td>0.063</td>
<td>N.S</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>46.94</td>
<td>6.54</td>
<td></td>
<td>N.S</td>
<td></td>
</tr>
</tbody>
</table>

Table 17, illustrates the mean, SD and t-value on life satisfaction among male and female students of Modern Medicine. The mean value for male was 47.02 and while for female it was 46.94, where as the SD value for male was 6.11 and for female, it was 6.54. The obtained t-value was .063. It was found to be insignificant. Therefore the proposed null hypothesis, $H_0$ was not rejected partially. Inspite of the insignificant statistical value, we observe that males and females are equally satisfied with their lives to an extent. However, the frequency of satisfaction among males of this group is slightly higher, therefore it can be inferred that men are more satisfied than women. The finding is in support of the finding of Harving et al. (1984) who reported that men were slightly happier or satisfied than women.
Table-18: Representing the mean, SD and t-value on Explanatory life styles among male and female students of Modern Medicine.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>4.98</td>
<td>1.49</td>
<td>98</td>
<td>2.36</td>
<td>Significant at 0.05</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>5.68</td>
<td>1.46</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The given values in Table 18 reflects the t-value on explanatory life styles of male and female students of Modern Medicine. The obtained t-value is 2.36, which is significant at 0.05 level. Thus the proposed null hypothesis, $H_0$, was partially rejected. The result gives an impression that female of Modern Medicine are more optimistic than their male counterparts. This similar finding have been obtained in the previous Table 16.

Placement in Modern medicine gives a status in the society. Where in ancient times, women were not allowed to go outside to seek education, nowadays they are moving side by side with men. Females are becoming more professional day by day. The profession of modern medicine gives an individual more status, prestige and respect in the society that might led more positive orientation towards life. In the present situation females are more optimistic in comparison to males. The findings can be inferred in the words of Wood et al. (1989) and Lee et al. (1991) who found that women reported higher level of positive emotions which helps them to balance their higher negative affect.
Table 19 represents the mean, SD and t-value on spirituality among male and female students of Modern Medicine.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>125.1</td>
<td>15.44</td>
<td></td>
<td>.265</td>
<td>N.S</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>124.24</td>
<td>16.98</td>
<td>98</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 19 represents the mean, SD and t-value on spirituality among male and female of Modern Medicine students. The mean value for male was 125.1 and for female it was 124.24. Whereas the SD value for male was 15.44 and for female it was 16.98. The t-value (t=.265, p>0.05) obtained are statistically insignificant. The assumed null hypothesis, Ho₁, is not partially rejected. From the mean value it can be interpreted that both male and female are equally more spiritually oriented.

This discipline of modern medicine leads the students to view life in a modern perspective. It has widens the horizons of individuals. So that they can cure or treat the patients by using modern technologies and drugs. Our findings support the fact that medicine is a spiritual practice. Spirituality is defined as a person's relationship with the transcendent. This transcendent can be experienced in and through the practice of medicine, which involves personal relationships with patients. This helps the practioner or physician to deepen their own spiritual lives (Sulmary, 1999).
Table 20: Representing the mean, SD and t-value on Life satisfaction among male and female students of Indigenous Medicine.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>52.7</td>
<td>7.94</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>52.8</td>
<td>6.76</td>
<td>98</td>
<td>0.10</td>
<td>N.S</td>
</tr>
</tbody>
</table>

The Table 20 above illustrates the mean, SD and t-value on life satisfaction among male and female students of Indigenous Medicine. The mean value obtained in male and female was 52.7 and 52.8 respectively. The SD value obtained in male and female was 7.94 and 6.76 respectively, while the t-value is 0.108, which is insignificant at 0.05 level. The proposed null hypothesis, $H_{02}$ is not rejected. The values indicate that both the groups viz male and female are very much satisfied with their live.
Table-21: Representing the mean, SD and t-value on Explanatory life styles among male and female on the students of Indigenous Medicine.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>4.66</td>
<td>1.33</td>
<td>98</td>
<td>0.91</td>
<td>N.S.</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>4.42</td>
<td>1.30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above Table 21, represents the mean, SD and t-value, on explanatory life styles among male and female of Indigenous Medicine. The mean value for male and female is 4.66 and 4.22 respectively. While the SD value for both the gender male and female is 1.33 and 1.30 respectively. The obtained t-value is 0.91, which is not at all insignificant. Therefore, the proposed null hypothesis, $H_{012}$ is not rejected. The findings indicate that female and male, both are equally optimistic towards their approach. They have a very positive framework of mind. They face their problems with patience considering the positive aspect of the situation.
Table-22: Representing the mean, SD and t-value on Spirituality among male and female students of Indigenous Medicine.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>117.82</td>
<td>16.23</td>
<td>98</td>
<td>0.61</td>
<td>N.S.</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>120.50</td>
<td>26.07</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By observing the Table 22, we find that the mean value of male and female are 117.82 and 120.50 respectively. While the SD values of males is 16.23 and of females is 26.01. The t-value obtained is 0.61, which is non-significant. The proposed null hypothesis, $H_0_{12}$ is not rejected. It can be interpreted that females of this group are more spiritual oriented than their male counterpart. Since, the students of this discipline come from the background where there is religious orientation towards life. Students get their education in religious institution like madarsas, and especially females are more subjective towards. Therefore, we find more prove to seek education in this type of institution.

Our finding is in support of Zorn and Johnson (1977) which reported that women participated more in religious activities and these religious or spiritual values greatly influenced their lives.
Table-23: Representing the mean, S.D. and t-value on Life satisfaction among male and female students of Humanities.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>49.54</td>
<td>5.98</td>
<td>98</td>
<td>0.76</td>
<td>N.S.</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>48.52</td>
<td>7.31</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 23 illustrates the mean value obtained in male and female which is 49.54 and 48.52 respectively. While the SD value obtained in male and female are 5.98 and 7.31 respectively. The obtained t-value is 0.76, which is insignificant at 0.05 level. Hence, the proposed null hypothesis, H₀₁₃ is not rejected. In this group we see that the variation among male and female is not too large. But the mean values indicate that the degree of satisfaction is more in male than female of this discipline, reflecting that men are more satisfied with their lives.
Table 24: Representing the mean, SD and t-value on Explanatory life styles among male and female students of Humanities.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>5.14</td>
<td>1.58</td>
<td>98</td>
<td>0.06</td>
<td>N.S.</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>5.12</td>
<td>1.56</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By observing Table 24, we see that mean and SD value among male is 5.14 and 1.58. While on female the mean and SD values is 5.12 and 1.56. The obtained t-value (t=0.64, p>0.05) is non significant. Hence, the proposed null hypothesis, $H_0$, is not rejected. It can be illustrated that the difference between the mean and SD value of male and female is very slight. Therefore, it can be interpreted that both the groups viz., male and female have positive explanatory life styles. They are equally optimistic in their approach. In the previous group i.e. Indigenous Medicine group (cf Table-21) also we find that both male and female have optimistic in their life styles.
Table-25: Representing the mean, SD and t-value on Spirituality among male and female students of Humanities.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50</td>
<td>124.72</td>
<td>12.10</td>
<td>98</td>
<td>1.07</td>
<td>N.S.</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>127.56</td>
<td>14.28</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the above Table 25, the mean and SD values among male and female can be observed. The mean value obtained in male and female are 124.72 and 127.56 respectively. The SD values obtained in male and female are 12.10 and 14.28 respectively. The t-value (t=1.07, p>0.05) obtained is non-significant. The proposed null hypothesis, $H_{01}$, is not rejected. We see that there is a high variation between both the groups. Female are subject to be more spiritual oriented than male. By observing all the tables i.e. Table 23 and Table 24, we find that females are satisfied and have a positive attitude towards life. In the above table-25, we see that they are more spiritual than me. Hence, it can be interpreted that females are prone to be spiritual, as well as satisfied and have a positive orientation towards life.

By viewing the modern picture of the society, we see that females are moving fast in every field of work. They are more self-dependent than the women of the past. They take up their responsibilities in a more positive way than women of past. On an average, both positive and negative emotions are
experienced more strongly and frequently by female than male. Our findings can be interpreted in terms of Wood et al. (1989) that female report higher levels of positive affect on average and more often report extremely high levels of subjective well-being also. The “faith factor” or spiritual orientation towards life enables the female to think positive and increase their satisfaction with life.
Chapter-5

Conclusion & Suggestions
Human body is the platform for all pleasure and pain at the sensory level. At the same time, it has a sophisticated mind, which keeps track of things at the psychological level. Today’s materialistic world is a product of technological change and development that has made people to become more self-centered. This might led to isolation and creation of vacuum around the people.

In mindless pursuit of worldly possessions negative emotions like greed, jealousy and hatred have overpowered our mind, creating tensions, leading an individual to a less satisfied life and adopting negative approach towards it. In order to overcome these problems many researches has to be done. One of the fruitful may to overcome these problem is that one should become spiritual. Spirituality helps an individual to be satisfied and form a positive frame of mind, in coping up the daily hazards of life.

This research enfolds five chapters. Chapter I deals with the detailed introduction of the variables i.e. spirituality, life satisfaction and explanatory life styles.

Spirituality: Spirituality is a special quality God has given to us. It is an institution whose purpose is to stabilize something to last that will not last. It is a process by which one unites to the Self, the God head within. Spirituality measures four dimensions viz. innerness, transcendence, purpose and meaning in life and unifying interconnectedness.
Life satisfaction: The striving for happiness satisfaction has so inextricably woven into the very deep core structure of the human psyche. Satisfaction is both a physiological state of contentment of the organism as well as a state of psychological well-being. The major causes of satisfaction are – income, health, status work, etc. Three models of life satisfaction are “Top-down Theories”, “Bottom-up” and “Bi-directional” Theories.

Explanatory life styles: Explanatory life styles is a stable trait, a relatively constant aspect of a given individual’s personality. It is a prime candidate as psychological precursor of good or bad health because it affects the severity of deficits following uncontrollable aversive events. The two explanatory life styles are optimism and pessimism. Optimism can be defined as the inclination to anticipate the best possible outcome for actions or events. While pessimism, in general language, describes a belief that things are bad, and tend to become worse or that looks to the eventual, triumph of evils over good.

Chapter II is exclusively meant for Review of Literature. Various studies on spirituality, life satisfaction and explanatory life styles has been done on different groups, emphasizing its effect on health and illness. More research is needed especially on the variable of explanatory life styles as its effect is only seen among elderly or adult people’s health. The effect of explanatory life styles on other aspect and domain of life should be explored. Various studies on job satisfaction has been done but on employees only. But this research has been done on students who are pursuing the professional courses of caregivers.
Objectives: In the light of literature reviewed the present study was planned to ascertain the relationship of spirituality with life satisfaction and explanatory life styles among prospective professional caregivers. To verify the objectives of present research certain null hypothesis were formulated. These are as follows:

$H_{01}$ : There would not be significant relationship between explanatory life styles and life satisfaction with spirituality among male and female

$H_{02}$ : There would not be significant relationship between explanatory life styles and life satisfaction with spirituality among different professional groups.

$H_{03}$ : There would not be significant relationship of explanatory life styles and life satisfaction with spirituality among male and female students of Modern Medicine, Indigenous Medicine and Humanities

$H_{04}$ : There would not be any moderating effect of spirituality on the relationship between life satisfaction and explanatory life styles among prospective professional caregivers.

$H_{05}$ : There would not be any moderating effect of life satisfaction on the relationship between explanatory life styles and spirituality among prospective professional caregivers.

$H_{06}$ : There would not be any moderating effect of explanatory life styles on the relationship between spirituality and life satisfaction among prospective professional caregivers.

$H_{07}$ : There would not be any moderating effect of spirituality on the relationship between explanatory life styles and life satisfaction
among male and female students of Modern Medicine, Indigenous Medicine and Humanities.

H08 : There would not be any moderating effect of life satisfaction on the relationship between explanatory life styles and spirituality among male and female of Modern Medicine, Indigenous Medicine and Humanities.

H09 : There would not be any moderating effect of explanatory life styles on the relationship between life satisfaction and spirituality among male and female of Modern Medicine, Indigenous Medicine and Humanities.

H010 : There would not be significant difference between male and female with regard to spirituality, life satisfaction and explanatory life styles.

H011 : There would not be significant effect of spirituality, life satisfaction and explanatory life styles among male and female students of Modern Medicine.

H012 : There would not be significant effect of spirituality on explanatory life styles and life satisfaction among male and female students of Indigenous Medicine.

H013 : There would not be significant effect of spirituality, explanatory life styles and life satisfaction among male and female students of Humanities.
Chapter III: In this chapter the whole Methodology, related to this research has been discussed Sample. The research was conducted on 300 students of professional courses, pursuing Modern Medicine, Indigenous Medicine and Humanities. It comprised of male (0.50) and female (50) students of professional courses. Tools: The data were collected with the help of (i) Spiritual Assessment Scale (Howden, 1992); (ii) Life Orientation Test (Michael Schier and Carver, 1985) and (iii) Life satisfaction Scale (Warr et. Al., 1979). Analysis: The data were analysed by means of Pearson Product Moment Correlation, Partial Correlation and t-test.

Chapter IV: This deals with Results and Discussion, which are as follows:

➢ When male and female of prospective professional caregivers were compared, there was not significant relation found between explanatory life styles and life satisfaction with spirituality ($r_{male} = 0.14$, $r_{female} = 0.04$).

➢ There was found a significant relation among the students of Modern Medicine between explanatory life styles and spirituality ($r=0.30$, $p<0.05$). But an insignificant relation was found between life satisfaction and spirituality of this group ($r=0.20$).

➢ Among the Indigenous Medicine there was an insignificant relation found between explanatory life styles and spirituality ($r=-0.12$) and a positive relation was found between spirituality and life satisfaction ($r=0.15$).

➢ There was a positive relation found between explanatory life styles and spirituality ($r=0.17$) and between life satisfaction and spirituality ($r=0.15$) among the students of Humanities.
When male and female students of Modern Medicine were compared, there was a positive significant relationship found between spirituality and explanatory life styles ($r=0.27; \ r=0.36, \ p<0.05$, respectively). But between life satisfaction and spirituality, there was a positive significant relation found among female ($r=0.25, \ p<0.05$) of this group, and an insignificant relation was found among male ($r=0.15$) of this group.

Among the male and female students of Indigenous group a negative insignificant relationship was found between explanatory life styles and spirituality, in male ($r=-0.01$), while a positive relationship was found in female ($r=0.08$). Also between life satisfaction and spirituality there existed a negative correlation among male ($r=-0.18$) while among female a positive relationship was obtained ($r=0.21$).

When male and female students of Humanities were compared, a positive significant relationship was obtained among female ($r=0.29, \ p<0.05$) between explanatory life styles and spirituality, while an insignificant relation was found among male ($r=0.06$). There was found an insignificant relationship between life satisfaction and spirituality among male ($r=0.14$) and female ($r=0.19$).

A negative insignificant correlation existed between life satisfaction and explanatory life styles among males ($r_{XY,T}=-0.08$), when spirituality was partialled out of professional caregiver. While positive insignificant relation was found between life satisfaction and explanatory life styles among female ($r_{XY,T}=0.03$). A positive insignificant relation existed
between life satisfaction and spirituality among female (r_{XT,Y}=0.15), when explanatory life styles was partialled out. But a negative insignificant association existed between life satisfaction and spirituality among male (r_{XT,Y}=-0.05), when explanatory life styles was partialled out. An insignificant positive correlation was found among male (r_{TY,X}=0.13) and female (r_{TY,X}=0.12), when life satisfaction was partialled out.

> In the case of Modern Medicine, it was observed a positive but insignificant relationship between life satisfaction and explanatory life styles (r_{XY,T}=0.07) while spirituality was being partialled out. There a positive correlation was found between life satisfaction and spirituality (r_{XT,Y}=0.17), when explanatory life satisfaction was partialled out. On the other hand spirituality was found significantly correlated with explanatory life styles (r=0.28, p<0.01), when life satisfaction was partialled out.

> Among the students of Indigenous Medicine, we find a positive insignificant correlation between life satisfaction and explanatory life styles, when spirituality was partialled out (r_{XY,T}=0.04). A positive insignificant correlation was found between spirituality and life satisfaction, when explanatory life styles was partialled out (r_{XT,Y}=0.15). While a negative insignificant correlation was found between explanatory life styles and spirituality, when life satisfaction was partialled out (r_{TY,X}=-0.12).

> Among the Humanities group, when spirituality was partialled out, a positive but insignificant relationship was obtained between life
satisfaction and explanatory life styles ($r_{XY,T}=0.07$). A positive correlation was obtained between life satisfaction and spirituality ($r_{XT,Y}=0.16$), when explanatory life style was partialled out. When life satisfaction was partialled out, a positive correlation was obtained between spirituality and explanatory life style ($r_{TY,X}=0.18$).

- When spirituality was partialled out, among the male students of Modern Medicine, a negative insignificant correlation was found ($r_{XY,T}=-0.02$). While among the female students of the same discipline a positive relationship was found ($r_{XY,T}=0.17$).

- When explanatory life style was partialled out, it was found insignificant positive correlation between spirituality and life satisfaction among male ($r_{XT,Y}=0.15$) and female ($r_{XT,Y}=0.17$) students of Modern Medicine.

- While partialling out life satisfaction the obtained correlation values between spirituality and explanatory life styles among male and female were found to be $r_{TY,X}=0.27$ and $r_{TY,X}=0.31$, respectively, which are significant at 0.01 level of significance on the students of Modern Medicine.

- In Indigenous Medicine it was found that when spirituality was partialled out in case of male subject, the value was found to be negative and insignificant between life satisfaction and explanatory life styles ($r_{XY,T}=-0.06$). While in the case of female subjects on the same variable, insignificant positive relationship ($r_{XY,T}=0.18$) was established.
When explanatory life styles was partialled out, a very weak positive correlation was found between life satisfaction and spirituality ($r_{XT,Y}=0.08$) among male. On the other hand a satisfactory positive relationship was established among female ($r_{XT,Y}=0.24$) of Indigenous Medicine.

When life satisfaction was partialled out there was a very weak positive relationship found between spirituality and explanatory life styles among male ($r_{TY,X}=0.05$). While in the case of female, it was found a negative insignificant correlation ($r_{TY,X}=-0.22$) between spirituality and explanatory life styles, among Indigenous group.

A negative insignificant correlation among male ($r_{XY,T}=-0.10$) was found between life satisfaction and explanatory life styles, when spirituality was partialled out, among the students of Humanities. And contrary to it a reasonable positive relationship was found between life satisfaction and explanatory life styles, among female ($r_{XY,T}=0.15$).

When explanatory life style was partialled out, a positive relationship was found between spirituality and life satisfaction among male ($r_{XT,Y}=0.14$) and female ($r_{XT,Y}=0.12$) of Humanities.

When life satisfaction was partialled out, a positive relationship was established between spirituality and explanatory life styles among male ($r_{TY,X}=0.07$) and female ($r_{TY,X}=0.26, p<0.05$) students of Humanities.

When male and female were compared on the variable of life satisfaction, they did not differ significantly ($t=0.37$). Also on the variable of
explanatory life styles (t=0.84) and spirituality (t=0.76), they did not differ significantly. But female tend to be more optimistic and spiritual oriented than male.

> When male and female students of Modern Medicine were compared on the variable of life satisfaction (t=0.06) and spirituality (t=0.26) they did not differ significantly. While on the variable of explanatory life styles they did differ significantly (t=2.36, p<0.05) and the degree of optimism was found to be more in female.

> Among the Indigenous Medicine group, when male and female students were compared on the variable of life satisfaction (t=0.10) and explanatory life styles (t=0.91) they both did not differ significantly and were equally satisfied and optimistic. On the variable of spirituality male and female did not differ significantly (t=0.61), but female were more spiritual oriented.

> Among the students of Humanities, male and female did not differ significantly on the variable of life satisfaction (t=0.76). Also on the variable of explanatory life styles male and female did not differ significantly (t=0.06) when male and female were compared on the variable of spirituality, they did not differ significantly (t=1.07). But the tendency of spirituality was greater among female than male.
SUGGESTIONS

➢ Keeping in view the limitations of present research, certain suggestions are given for further research.

➢ The research would have been fruitful if the multiple religious groups were taken.

➢ More research is needed to explore about the effect of explanatory life styles on the lives of people among different groups.

➢ Further role of spirituality in different fields should be explored. Phenomenon of spirituality is poorly understood, therefore more researches are required to develop higher order principles e.g. spiritual unity of all being.

➢ Role of life satisfaction in different domains of life need to be explored more.

IMPLICATIONS

Craze towards materialism, declining human values and increasing violence have led to the emergence of new dimensions in terrorism. The world is paying heavy price and innocents are put to unimagined sufferings. To combat this works attention should be directed towards spirituality. Various implications of spirituality, in daily life have been identified.

➢ It is an institution whose purpose is to stabilize and enhance man’s psychic or mental energy.
- It enhances the sense of wholeness and connection, in the community, if followed honestly.

- Spirituality enhances the growth of love, joy, peace, gentleness, positive thinking and attitude.

- We are able to control cognitive, behavioural, emotional, social, spiritual and some physiological consequences through spirituality.

- Description, assessment, prediction and explanation of human behaviour and experience can better and more meaningful be understood by the spiritual perspective, if kept in mind.

- To face the challenges of 21st century, spirituality helps to maintain physical, emotional and mental health.
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http://edu.pe.ca/southerkings.

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Appendices
Appendix-1
LIFE SATISFACTION SCALE (LSS)

Introduction: Consider some aspects of your life at the present moment, and indicate how satisfied you feel about each one in turn? Please use the given response alternatives.

Items:

1. Your standard of living: the things you can buy and do. [ ]
2. The education you have [ ]
3. Your social life [ ]
4. Your family life [ ]
5. Your present state of health [ ]
6. The way you spend your leisure time [ ]
7. What the future seems to hold for you [ ]
8. What you are accomplishing in life [ ]
9. The moral standards and values in society today [ ]
10. Taking everything together, your life as a whole these days. [ ]

Note: Response Alternatives were as follows (scoring weights were in parentheses):

1. I’m extremely dissatisfied
2. I’m very dissatisfied
3. I’m moderately dissatisfied
4. I’m not sure
5. I’m moderately satisfied
6. I’m very satisfied
7. I’m extremely satisfied
Appendix-II
LIFE ORIENTATION TEST (LOT)

Your outlook on life, is reflected in your explanatory life style.

ANSWER ‘TRUE’ OR ‘FALSE’ TO EACH OF THE FOLLOWING ITEMS

1. In uncertain times, I usually expect the best. [ ]
2. It’s easy for me to relax [ ]
3. If something can go wrong for me, it will. [ ]
4. I always look on the bright side of the things. [ ]
5. I am always optimistic about my future. [ ]
6. I enjoy my friend a lot. [ ]
7. It’s important for me to keep busy. [ ]
8. I hardly expect thing to go my way. [ ]
9. Things never work out the way I want them. [ ]
10. I don’t get upset too easily. [ ]
11. I have a belief in the idea that “every cloud has a silver lining”. [ ]
12. I rarely count on good thing happening to me. [ ]
Appendix-III
SPIRITUALITY ASSESSMENT SCALE (SAS)

DIRECTIONS: Please indicate your response to each item by writing the appropriate letters in the spaces provided.

Mark: “SA” if you STRONGLY AGREE

“A” if you AGREE

“AM” if you AGREE MORE than DISAGREE

“DM” if you DISAGREE MORE than AGREE

“D” if you DISAGREE

“SD” if you STRONGLY DISAGREE

There is no “right” or “wrong” answer. Please respond to what you think or how you feel at this point in time.

1. I have a general sense of belonging. [ ]
2. I am able to forgive people who have done me wrong. [ ]
3. I have the ability to rise above or go beyond a physical or psychological condition. [ ]
4. I am concerned about destruction of the environment. [ ]
5. I have experienced moments of peace in a devastating event. [ ]
6. I feel a kinship to other people. [ ]
7. I feel a connection to all of people. [ ]
8. I rely on an inner strength in hard times. [ ]
9. I enjoy being of service to others. [ ]
10. I can go to a spiritual dimension within myself for guidance. [ ]
11. I have the ability to rise above or go beyond a body change or body loss.

12. I have a sense of harmony or inner peace.

13. I have the ability for self-healing.

14. I have an inner strength.

15. The boundaries of my universe extend beyond usual ideas of what space and time are thought to be.

16. I feel good about myself.

17. I have a sense of balance in my life.

18. There is fulfillment in my life.

19. I feel a responsibility to preserve the planet.

20. The meaning I have found for my life provides a sense of peace.

21. Even when I feel discouraged, I trust that life is good.

22. My life has meaning and purpose.

23. My innerness or an inner resource helps me deal with uncertainty in life.

24. I have discovered my own strength in times of struggle.

25. Reconciling relationships is important to me.

26. I feel a part of the community in which I live.

27. My inner strength is related to a belief in a Higher Power or Supreme Being.

28. I have goals and aims for my life.