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1.0 Introduction

First questions in our mind is that what is cross-culture .....? A concept of Cross-Cultural Studies in the social science that the term "Cross-Cultural survey undertaken by George Peter Murdock, a Yale Anthropologist. Initially referring to comparative studies based on statistical compilations of cultural data, the term gradually acquired a secondary sense of cultural interactivity. "Cross-Cultural Differences" "A Cross-Cultural Study of ...." and so forth while the interactive signification may be found in works like Attitudes ad Adjustment in journal of social issues. Usage of "Cross-Cultural : was for many decades restricted mainly to the social sciences. Among the more prominent examples are the International Association for Cross-Cultural Psychology (IACCP) established in 1972 "to further the study of the role of cultural factors in shaping human behaviour" and its associated journal of Cross-Cultural Psychology, which aims to provide an interdisciplinary discussion of the effects of cultural differences.

By the 1970s, the Field of Cross-Cultural Communications (also known as intercultural communication) developed as a prominent application of the Cross-Cultural paradigm, in response to the pressured of globalization which produced a demand for Cross-Cultural awareness training in various commercial sectors.

A Cross-Cultural studies is an adaptation of the term Cross-Cultural to describe a brunch of literary and cultural studies dealing with works or writers associated with more then one culture. Practitioners of Cross-Cultural Studies often used the term Cross-Culturalism to describe discourses involving cultural interactivity, or to promote (or discourage) various form of cultural interactivity.

Cross-Culturalism is nearly synonymous with transculturation a term coined by Cuban Writer Femando Qrts in the 1940s to describe processes of cultural hybridity in Latin America. However, there are certain differences of emphasis reflecting the social science derivation of Cross-Culturalism.

The term "Cross-Culturalism became prevalent in cultural studies in the late 1980s and 1990s. An early proponent of the term was the Guyanese writer Wilson Harris, who wrote in The womb of space (1983), that "Cultural heterogeneity or Cross-Cultural capacity' gives an "evolutionary thrust" to the imagination.

Anthropology exerted a story influence on the development of Cross-Culturalism in literary and cultural studies : French anthropologist Claude Levi-Strauss was a key Figure in the development of structuralism and its successor, post structuralism.
Cross-influences between studies in the 1980s were evident in works like James Clifford and George Marcus' collection *Writing Culture: The Poetics and Politics of Ethnography* (1986).

Harvard Anthropologist Clifford Geertz was cited as an influence on literary critics like Stephen Greenblatt while other literary/cultural scholars turned to works by Victor Turner and Mary Douglass.

Like Multiculturalism, Cross-Culturalism is sometimes construed as ideological in that it advocates values such as those associated with transculturation, transnationalism, cosmopolitanism, interculturalism, and globalism.

Nevertheless Cross-Culturalism is a fundamentally neutral term in that a favorable portrayal of other cultures or the processes of cultural mixing are not essential to the categorization of a work or writer as Cross-Cultural.

Cross-Culturalism is distinct from Multiculturalism. Whereas Multiculturalism deals with cultural diversity within a particular nation or social group, Cross-Culturalism is concerned with exchange beyond the boundaries of the nation or cultural group.

Cross-Culturalism in literary and cultural studies is a useful rubric for works, writers, and artists that do not fit within a single cultural tradition. To the extent that cultures are national, the cross-cultural may be considered as overlapping the transnational. The Cross-Cultural can also be said to incorporate the colonial and the postcolonial. Since colonialism is by definition a form of Cross-Culturalism, Travel literature also makes up a substantial component of Cross-Cultural literature of the various terms. "Cross-Culturalism" is the most inclusive, since it is free of transnationalism's dependence on the nation-state and colonialism/postcolonialism's restriction to colonized or formerly colonized regions. This inclusiveness leads to certain definitional ambiguity (albeit one derived from the term culture itself). In practice, "Cross-Cultural" is usually applied only to situations involving significant cultural divergence.

Thus the terms is not usually applied in cases involving crossing between European nations, or between Europe and the United States.

However, there is no clear reason why, for example, Alexis de Tocqueville's *Democracy in America* or even Woody Allen's *Annie Hall* (in which the protagonist experiences culture shock after traveling to Los Angeles for New York City) could not be considered Cross-Cultural works.

Although disagreement over what constitutes a "Significant" Cultural divergence creates difficulties of categorization, "Cross-Cultural" is nevertheless useful in
identifying writers artists, works etc. who may otherwise tend to fall between the cracks of various national cultures.

1.1 What is Cross-Cultural Psychology?

Before reaching adulthood, most of us do not choose a place to live or a language to speak. Growing up in cities, towns and villages, no matter where - near a snoway also or in a humid Kinshasa - people learn how to take action, feel, and understand events around them according to the wishes of their parents, societal requirements, and traditions of their ancestors. The way people learn to relate to the world through feelings and ideas affects what these individuals do. Their actions, in turn, have a bearing on their thoughts, needs, and emotions.

Conditions in which people live vary from place to place. Human actions and mental sets - formed and developed in various environments - may also fluctuate from group to group. These kinds of differences - and of course. Similarities - are studied by Cross-Cultural Psychology (Gudy Kunst & Bond, 1997).

Cross-Cultural Psychology is the critical and comparative study of cultural effects on human Psychology. Please notice two important elements of the definition. This is a comparative field. Any study in Cross-Cultural Psychology draws its conclusions from at least two samples that represent at least two cultural groups. Because Cross-Cultural Psychology is all about comparisons, and the act of comparison requires a particular set of critical skills, this study is inseparable from critical thinking.

Cross-Cultural Psychology examines Psychological diversity and the underlying reasons for such diversity. In particular, Cross-Cultural Psychology studies - again from a comparative perspective - the links between cultural norms and behaviour and the ways in which particular human activities are influenced by different sometimes dissimilar social and cultural forces (segall et al. 1990). For example, do victims of torture, rape, and genocide experience similar painful symptoms across cultures & If they do (Koop Man, 1997) can a Psychologist select a therapy aimed to treat posttraumatic symptoms in the United States and use it in other cultural environments as in Sudan or Itan?

Cross-Cultural Psychology studies Cross-Cultural interactions. For instance during several centuries, Southern and Central Sapin was under Arab control. How did Islam and Arab culture and subsequent behaviour, tradition, and values of Predominantly Christian Spaniards & can we find any traces of Arab influence in individual behaviour in Spain and Hispanic cultures today? Is it possible to measure such traces at all?
Cross-Cultural Psychology cares not only differences between cultural groups; it also establishes Psychological Universals that is Phenomena common for people in several, many or perhaps all cultures (Berry et al. 1992 Lonner, 1980).

The structure of human personality - relatively enduring patterns of thinking, feelings, and acting - is perhaps, one of such Universals.

For example, it was found that the same composition of personality is common in people in various countries (such as Germany, Portugal, Israel, China, Korea and Japan) These Universal traits include neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness (Costa & Mc Care, 1997).

Cross-Cultural Psychological examination is not just a single observation made by a researcher, Psychotherapist, or social worker, listening to an anecdote or witnessing a vivid event cannot substitute for systematic comparisons of behaviour and experience measured under different cultural conditions.

How is Cross-cultural Psychology different from Cultural Psychology ? First and above all Cultural Psychology seeks to discover meaningful links between a culture and the Psychology of individuals living in this culture. The main message of cultural Psychology is that human behaviour is meaningful only when viewed in the sociocultural context in which it occurs (Segall et al. 1999). For instance, a cultural Psychologist may be interested in describing how particular religious views on divorce affect both behaviour and attitudes of young parents in a country or a scientist may be interested in investigating how fundamental principles of Islam are incorporated into an individual's consciousness and personality traits (Monroe & Kreidie, 1997).

Overall, the main focus of Cultural Psychology is to study whether when, and how individuals growing up in a particular culture tend to internalize that culture's qualities (Cole, 1996) Cultural Psychology advocates the idea that mental processes are essentially the products on an interaction between culture and the individual (Piker, 1998)

1.2 The History of Jain Religion

Parshvanatha the twenty-third Tirthankar, is the earliest Jain leader who can be reliably dated. As noted, however, Jain mythology asserts that the line of Tirthankars in the present era began with Rishabhdeva; moreover Jains themselves belive that Jainism has no single founder and that it has always existed and will always exist.

Although it is occasionally : Forgotten by humans.
Emperor Chandragupta Maurya embraced Jainism after retiring. At an oldest age, Chandragupta renounced his throne and material possessions to join a wondering group of Jain monks.

Chandragupta was a disciple of Acharya Bhadrabahu. It is said that in his last days, he observed the rigorous but self purifying Jain ritual of Santhara fast unto death at Shravana Belagola in Karnataka.

However, his successor, emperor Bindusara, was a follower of a Hindu ascetic movement Ajivika and distanced himself from Jain and Buddhist movements.

Samprati the grandson of Ashoka also embraced Jainism. Samarat Samprati was influenced by the teachings of Jain monks Arya Suhasti Suri he is known to have built 1,25,000 Jain temples across India some of them are still found it towns of Ahmedabad, Viramgam, Ujjain and Palitana it is also said that just like Ashoka, Samprati Sent Messengers & Preachers to Greece Persia & the Middle East to facilitate the spread of Jainism. But to date no research has been done in this area.

Thus Jainism became a vital force under the Mauryan Rule. Chandragupta & Samparati are credited for the spread of Jainism in Southern India.

Hundreds of thousands of Jain Temples and Jain Stupas were erected during their reign.

But due to lack of royal patronage and its strict principals along with the rise of Shankaracharya & Ramanujacharya, Jainism, once the major religion of Southern India began to decline.

According to scholars., Parshvanatha was a historical figure and lived in the 9th Century BCE in the 6th Century BCE, Vardhamana Mahavira became one of the most influential Jainism teachers. He built up a large group of disciples that leaned from his teachings and followed him as he taught an ascetic doctrine in order to achieve enlightenment. The disciples referred to him as Jine, which means "The Conqueror" and later his followers would use a derivation of this title to refer to themselves as Jains, a follower of the Jaina.

It is generally accepted that Jainism started spreading in South India from the 3rd Century BCE, i.e. since the time when Badrabahu a preacher of this religion and the head of the Monk's community, came to Karnataka from Bihar.

Deciphering of the Brahmi script by James Prinsep in 1788 enabled the reading of ancient inscriptions in India and established the antiquity of Jainism. The discovery of Jain manuscripts has added significantly to retracing Jain history. Archaeologist have encountered Jain remains and artifacts at Maurya, Sunga, Kishan, Gupta, Kalachries, Rushtrakut, Chalukya, Chandel and Rajput as well as later sites. Several Western and
Indian scholars have contributed to the reconstruction of Jain history. Western historians like Buhlet, Jacobi, and Indian scholars like Iravatham Mahadevan worked on Tamil Brahmi inscriptions.

1.2.1 Geographical Spread and Influence

This pervasive influence of Jain Culture and Philosophy in ancient Bihar gave rise to Buddhism. The Buddhists have always maintained that during the time of Buddha and Mahavira (who, according to the Pali canon were contemporaries), Jainism was already an ancient, deeply entrenched faith and culture there. Over several thousand years, Jain influence on Hindu rituals has been observed and similarly the concept of non-violence has been incorporated into Hinduism certain Vedic Hindu holy books contain beautiful narrations about various Jain Tirthankaras (e.g. Lord Rushabdev) In the history of Mankind, there have been no wars fought in the name of Jainism.

With 505 million followers, Jainism is among the smallest of the major world religions, but in India its influence is much greater than these numbers would suggest. Jain live throughout India. Maharashtra, Rajasthan and Gujarat have the largest Jain populations among Indian states, Karnataka, Tamil Nadu, Bundelkhand and Madhya Pradesh have relatively large Jain populations. There is a large Jains in Lahore and other cities before the partition of parts of India and around the world. They may speak local languages or follow different rituals but essentially they follow the same principals.

Outside India the United States, United Kingdom, Canada and East Africa have large Jain communities the fist Jain temple to be built outside India was constructed and consecrated in the 1960s in Mombasa Kenya by the local Gujarati Jain community. American Jainism accommodates all the sects. Smaller Jain communities exist in Nepal. Sri Lanka, South Africa, Japan, Singapore, Malaysia, Australia, Fiji and Suriname, in Belgium, the very successful Indian diamond community in Antwerp, almost all of whom are Jain opened the largest Jain temple outside India in 2010 to strengthen Jain values in and across Western Europe.

The Jain Sangha is divided into two major sects, Digambara and Svetambara the differences in belief between the two sects, are minor and relatively obscure. Digambara Monks do not wear clothes because they believe clothes like other possessions, increase dependency and desire for material things, and desire for anything ultimately leads to sorrow. This also restricts full monastic like (and therefore Moksa) to Males a Digambaras do not permit women to be nude: Female renunciates were white and are referred to as Aryikas. Svetambara Monastics on the other hand, wear white seamless clothes for practical reasons and believe there is nothing in the scriptures that condemns wearing clothes. Women are accorded full
status renunciates and are often called "Sadhvi", the feminine of the term often used for male Manis "Sadhu" Svetambaras believe women may the earliest record of Digambara beliefs is contained in the Prakrit Suttapahuda of the Digambara Mendicant Kandakunda 2nd Century AD.

Digambaras believe the Mahavira remained unmarried, whereas Svetambaras believe Mahavira married a women who bore him a daughter the two sects also differ on the origin of Mata Trishala, Mahavira's mother. Digambaras believes that only the first five lines are formally part of the Namokar Mantra (the main jain prayer), whereas Svetambaras believes all nine form the Mantra. Other differences are minor and not based on major points of doctrine.

Svetambaras sub-sects include Sthanakvasi, Terapanthi, and Murtipujaka. Some revering status while other Jains are aniconic Svetambaras follow the 12 agama literature, Digambara sub-sects include Bisapanthi, Kanjpanthi, Taranapanthi, Terapanthi and Srimadi.

Most simply call themselves Jains and follow gentle traditions rather than specific sectarian practices. In 1974 a committee with representatives from every sect compiled a new text called the Suman Suttam.

1.2.2 Contributions of Indian Cultural

While Jains represent less than 1% of the Indian constitutions and population - their contributions to culture and society in India are extremely significant Jainism had a major influence in developing a system of Philosophy and ethics that had a great impact on all aspects of Indian culture. Scholarly research and evidences have shown that Philosophical concepts considered typically Indian - Karma, Ahimsa, Moksa - reincarnations and the like were propagated and developed by Jain teachers.

Jains have also contributed to the culture and language of the Indian states Tamil Nadu, Karnataka, Gujarat and Rajasthan. Jain Scholars, and poets authored Tamil Classics of the Sangam period such as the silappatikaram. Civaka, Cintamani.

In the beginning of the medieval period between the 9th and 13th centuries, Kannada authors were predominantly of the Jain and Lingayati Faiths, Jains were the earliest known cultivators of Kannada literature, which they dominated until the 12th century.

Jains are among the wealthiest Indians. They run numerous schools, collages, and hospitals and are important patrons of the Somapuras, the traditional temple architects in Gujarat, Jains have greatly influenced Gujarati cuisine Gujarat is Predominantly vegetarian (see Jain vegetarianism), and its food is mild as onions and garlic are omitted.
Jains encourage this Monks to do research and obtain higher education Jain Monks and nuns particularly in Rajasthan have published numerous research monographs. This is unique among Indian religious groups and parallels Christian clergy. The 2001 census states that Jains are India's most literate community and that India's oldest libraries at Putan and Jaisalmar are preserved by Jain institutions.

### 1.2.3 Constitutional Status in India

In 2005 the Supreme Court of India declined to issue a writ of Mandamus towards granting Jains the status of a religious minority throughout India. The court noted that Jains, have been declared a minority in five states already, and left it to the rest of the states to decide on the minority status of Jain religion.

### 1.2.4 Main Principles

Jainism encourages spiritual development through cultivation of one's own personal wisdom and reliance on self control through vows.

The triple gems of Jainism - **right vision or view** (Samyak Darshana), **right knowledge** (Samyak Gyana) and **right conduct** (Samyak Charitra) - provide the path for attaining liberation from the cycles of birth and death. When the soul sheds its Karmic bonds completely, it attains divine consciousness. Those who have attained Moksha are called Siddhas, while those attached to the world through this Karma are called Samasarins. Every soul has to follow the path, as explained by the Jinas and revived by the Tirthankaras to attain complete liberation or nirvana Jains do not believe in a creator deity that could be responsible for the manifestation, creation, or maintenance of this universe. The universe is self regulated by the laws of nature. Jains believe that life exists in various forms in different parts of universe classification of various living organisms including Micro - organisms that live in Mud, air and water. All living organisms have soul and therefore, need to be interacted with without causing much harm.

Jains believe that to attain enlightenment and ultimately liberation from all Karmic bonding, one must practice the following ethical principles not only in thought, but also in words (speech) and action such a practice through life long work towards oneself is called as observing the Mahavrata ("Great Vows"). These vows are:

- **Ahimsa (Non-Violence)**

To cause "no harm" to living beings (on the lines of "live" and "let live"). The vow involves "Minimizing" intentional as well as unintentional harm to another living creature. There should even be no room for any thought conjuring injury to others let
alone talking about it or performing of such an act. Besides it also includes respecting the views others (non-absolutism and acceptance of multiple views.)

- **Satya (Truthfulness)**

To always speak of truth such that no harm is caused to others. A person who speaks truth becomes trust-worthy like a mother, venerable like a preceptor and dear to everyone like a Kinsman. Given that non-violence has priority, all other Principles yield to it whenever there is a conflict. For example in a situation where speaking truth would lead to violence it would be perfectly moral to remain silent (for you are neither being untrue, not causing violence by way of truth.

- **Asteya (Non-stealing)**

Not to take into possession, anything that is not willingly offered. It is the strict adherence to one's own possessions without deriving for the ones that belong to others. One should remain satisfied by whatever is earned through honest labour. Any attempt to squeeze material wealth from others and / or exploit the weak is considered theft. Some of the guidelines for this principle follow as under.

  - Always give people fair value for their labour or product.
  - Not to take into possession materials that are not earned or offered by others.
  - Not to take materials into personal possession that have been dropped off or forgotten by others.
  - Not to purchase materials as a result of being cheaper in value, if the resultant price reduction is a result of improper method of preparation. For instance, products made out of raw materials obtained by way of pyramid schemes, illegal businesses, stolen goods etc. should be strictly prohibited.

- **Brahmacharya (Celibacy)**

To exercise control over senses (including mind) for indulgence. The basic intent of this vow is to conquer passion, thus preventing wastage of energy in the direction of pleasurable desires. During observance of this vow, the householder must not have a sensual relationship with anybody other than one's own spouse. Jain Monks and nuns practice complete abstinence from any sexual activity.

- **Aparigraha (Non-Possession, Non-Materialism)**

To observe detachment from people places and material things. Ownership of an object itself is not possessiveness, however attachment to the owned object is possessiveness. For householders, non-possessions is owning without attachment, because the notion of possession is illusory. The basic principle behind observance of this vow lies in the fact that life changes, what you own today may not be rightfully
yours tomorrow. Hence the householder is encouraged to discharge his or her duties to related people and objects as a trustee, without excessive attachment or aversion. For Monks and nuns, non-possession involves complete renunciation of properly and human relations.

Jain hold that the universe and its natural law are eternal, and have always existed in time. However, the world constantly undergoes cyclical changes as per governing universal laws. The universe is occupied by both living beings (Jiva) and non-living objects (Ajiva). The Samsarin soul incarnates in various life forms during its journey over time. Human, sub-human (category catering to inclusion of animals, birds, insects and other forms of living creatures), super human (heavenly beings) and hellish - beings are the four forms of Samsarin soul incarnations. A living being's thoughts, expressions and actions, executed with intent of attachment and aversion, give rise to the accumulation of Karma. These influxes of Karma in turn contribute to determination of circumstances that would hold up in our future in the form of rewards or punishment. Jain scholars have explained in depth methods and techniques that are said to result in clearance of past accumulated Karmas as well as stopping the inflow of fresh Karmas. This is the path to salvation in Jainism.

A major characteristic of Jain belief is the emphasis on the consequences of not only physical but also mental behaviours. One's unconquered mind tainted with anger, pride (ego), deceit and greed joined with uncontrolled sense organs are powerful enemies of humans. Anger comes in the way of good human relations, pride and greed destroys good judgment. Jainism recommends conquering anger by forgiveness. Pride (ego) humility, deceit by straightforwardness and greed by contentment.

The principles of non-violence seek to minimize Karmas that limit the capabilities of one's own soul. Jainism views every soul as worthy of respect because it has the potential to become Siddah (Paramatma "highest soul"). Because all living beings possess a soul, great care and awareness is essential in one's actions. Jainism emphasizes the equality of all living beings possess a soul, great care and awareness is essential is one's actions. Jainism emphasizes the equality of all life advocating harmlessness towards all, whether great or small. This policy extends even to microscopic organisms.

Jainism acknowledges that every person' has different capabilities and capacities to practice and therefore accepts different levels of compliance for ascetics and householders. The great vows are prescribed for Jain Monastics while limited vows are prescribed for householder. Householders are encouraged to practice five cardinal principals of non-violence truthfulness, non-stealing, celibacy, and non-possessiveness with their current practical limitations. While Monks and nuns have to
observe them very strictly with consistent practice it is possible to overcome the limitations gradually, accelerating spiritual progress.

1.2.5 Non-violence in Thought and Practice

Jains hold the above five major vows at the center of their lives. These, vows can not be fully implemented without the acceptance of a Philosophy of non-absolution. Anekantavada ("Multiple points of view") is a foundation of Jain Philosophy. This Philosophy allows the Jains to accepts the truth in other Philosophies from their perspective and thus inculcating a tolerance for other view points. Jain scholars have devised methods to view both Physical objects and abstract ideas from different perspectives systematically. This is the application of non-violence in the sphere of thought. It is a Jain Philosophical stand point just as there is the Advaitic stand point of Sankara and the stand point of the "Middle Way" of the Buddhists.

This search to view things from different angles leads to understanding and toleration of different and even conflicting views. When this happens prejudices subside and a tendency to accommodate increases.

The doctrine of Anekanta is therefore a unique experiment of non-violence at the root. A derivation of this principles is the doctrine of Syadvada that highlights every model relative to its view point. It is a matter of our daily experience that the same object that gives pleasure to us under certain circumstances becomes boring under different situations. Nonetheless, relative truth is useful, as is a stepping - stone to the ultimate realization and understanding of reality. The doctrine of Syadvada is based on the premise that every proposition is only relatively true. It all depends on the particular aspect from which we approach that proposition, Jains, therefore, developed logic that encompasses seven-fold predication, so as to assist in the construction of proper judgment about any proposition.

Syadvada provides Jains with a systematic methodology to explore the real nature of reality and consider the problem in a non-violent way from different perspectives. This process ensures that each statement is expresses from seven different conditional and relative view points or propositions, and thus it is known as theory of conditional predication, these seven propositions are described as follows :

1. Syad - asti - "in some ways it is."
2. Syad - nasti - "in some ways it is not."
3. Syad - asti - nasti - "in some ways it is and it is not."
4. Syad - asti - avaktavya - "in some ways it is and it is indescribable."
5. Syad - nasti - avaktavya - "in some ways it is not and it is indescribable."
6. Syad - asti - nasti - avaktavya - "in some ways it is, it is not and it is indescribable."

7. Syad - avaktavya - in some ways it is indescribable."

For example, a tree could be stationery with respect to an observer on earth, however it will be viewed as moving along with planet earth for an observer in space.

Jains are very welcoming and friendly toward faiths and often help with interfaith functions. Several non-Jain temples in India are administered by Jains. A palpable presence in Indian culture. Jains have contributed to Indian Philosophy, art, architecture and science.

1.3 Life-Satisfaction

Life satisfaction is the way a person perceives how his / her life has been and how they feel about where it is going in the future. It is a measure of well being as well as a cognitive - global judgment. It is having a favourable attitude of one's life as a whole.

Life-Satisfaction has been measured in relation to economic, standing, amount of education, experiences, and the people's residence as well as many other topics.

Martin Seligman Ph.D. a professor of Psychology at the University of Pennsylvania uses a formula for happiness that encompasses the factors that go into general happiness. The formula is $H = S + C + V$. In this formula $H$ stands for a person's enduring level of happiness. $S$ is the set range (or biological boundaries) $C$ is the circumstances of person's life, and $V$ are the factors under a person's voluntary control. Each of these will be discussed in further detail.

1.3.1 Life-Satisfaction and Personality

It is possible that life-satisfaction can reflect experiences that have affected a person in a positive way. These experiences have the ability to motivate people to pursue and reach their goals (Frisch, 1999, Frisch et al. 2005). There are two emotions, that may affect how people perceive their lives. Hope and optimism both consist of cognitive processes that are usually oriented towards the reaching of goals and the perception of those goals. The satisfaction with life scale (SWLS) is a single scale that is used to measure how one views his or her self-esteem well-being and overall happiness with life (Diener, Sapyta, & Suh, 1998). Previous modeling showed that positive views and life-satisfaction. There is also a homeostatic model that also supports these findings. (Cummins et. al. 2002). One's mood and outlook on life can also influence one's own perception of their life-satisfaction.
According to Seligmen, the more happy people are, the less they are focused on the negative. They also tend to like others more, which creates an overall happiness which then correlates to a higher level of satisfaction with their life. However, others have found that life-satisfaction is compatible with profoundly negative emotional states like depression (Carson 1981). It is processed that overall life-satisfaction comes from within an individual based on the individual's personal values and what he or she holds important. For some it is family. For others, it is love, and for others, it is money or other material items either way. It varies from one person to another. Individuals reporting a high value on traditions and religion reported a higher level of life-satisfaction. This is also true for reported routine churchgoers and people who pray frequently. Conveniently, the idea of religion and church are selfless, non-materialistic acts, which logically concludes why the opposite effect is true of people who hold opposite values as priority. Other individuals that reported higher levels of life-satisfaction were people who valued creativity, and people who valued respect for and from others. Two more seemingly qualities not related to material goods. Because hard times come around and oftentimes people count on their peers and family to help them through. It is not surprising that a higher life-satisfaction level was reported of people who had social support, whether it be friends, family or church. The people who personality valued material items were found to be less satisfied overall in life as opposed to people who attached a higher amount of value with interpersonal relationship.

1.3.2 Life-Satisfaction and Age

The Psychologists, Yuval Palgi and Dov Shmotkin (2009), studied the old-old-people who were primarily in their nineties. This subjects group was found to have thought highly of their past and present. But generally the group thought lower of their future. These people have very satisfied with their life up until the point they were surveyed but knew that the end was near and so were not quite as hopeful for the future. A large factor that was talked about in life-satisfaction was intelligence.

The experiments talk of how life-satisfaction grows as people become older because they become wiser and more knowledgeable, so they begin to see that life will be better as they grow older and understand the important things in life more.

1.3.3 Religion

In persons aged 65 to 88 years. Studied have shown that highly older persons tend to increase in religiousness over the course of their lives, those who were low in religiosity tended to report a decrease. There is a low moderate positive relationship between religiosity and life-satisfaction. Gender may also play a role in religiousness. Women tend to have greater religiosity the basis may be due to biological differences.
of Psychological role in society - Association for Psychological Science, Mothers are reported to have had the strongest pro-religious influence, although both parents are perceived to be an important influence in religious development of their children.

Personal religious identity is positively associated with life-satisfaction throughout the world but the association increases in size under conditions of greater governmental regulation and the association between participation in organized religion and life-satisfaction is attenuated as government regulation increases and becomes negative when government regulation is high.

Studies have proven that religious people are more satisfied with their lives than nonbelievers. In people who attended a religious service weekly, many were "extremely satisfied" with their lives. According to the American Sociological Review religious people gain more life-satisfaction thanks to the social networking they build by attending religious services. According to study researcher Chaeyoon Lim a sociologist at the University of Wisconsin Madison. "We show that life-satisfaction is almost entirely about the social aspect of religion rather than the theological or spiritual aspect of religion. We found that people are more satisfied with their lives when they go to church, because they build a social network within their congregation". People with more then ten friends in their congregation were reported to almost be twice as satisfied with life as, people with no friends in their congregation.

The religious propensity towards charity and volunteerism can be connected with close church friendship as well.

1.3.4 Culture

Defining culture by reference to deeply engrained societal values and beliefs. Culture affects the subjective well-being. Well being includes both general life-satisfaction, and the relative balance of positive affect verses negative affect in daily life. Cultural directs the attention to difference sources of information for making the life-satisfaction judgments thus affecting subjective well-being appraisal.

Individualistic cultures direct attention to inner states and feelings (such as positive or negative affects). While in collectivistic cultures the attention is directed to outer sources (i.e. adhering to social norms or fulfilling ones' duties. Indeed, Suh et. al. (1998) Found that the correlation between life-satisfaction and the prevalence of positive affects is higher in individualistic cultures, whereas in collectivistic cultures affect and adhering to norms are equally important for life satisfaction.
1.3.5 Family

Life-satisfaction can also be looked at in a new one as influenced by a family. Family life-satisfaction is a pertinent topic as everyone's family them in some way and most strive to have high levels of satisfaction in life as well as within their own family. As discussed by Gary B. Bowen in his article "Family life-satisfaction" A Value Based Approach" he examines how family life-satisfaction is enhanced by the ability of family members of jointly realize their family-related values in behaviour (459). It is important to examine family life-satisfaction from all members of the family from a "perceived" Perspective and an "ideal" perspective. Greater life-satisfaction within a family increases through communication and understanding each members attitude S-and perceptions. A family can make all the difference for someone's life-satisfaction.

In the article "Family System Characteristics, Parental Behaviours, and Adolescent life-satisfaction" by Carolyn S. Henry, adolescent life-satisfaction has much different origins than the life-satisfaction of adults. An adolescent's life-satisfaction is heavily influenced by his or her family dynamic and characteristics. Family bonding family flexibility, parental support are all huge factors into the adolescent's life-satisfaction. The more bonding flexibility and support there is within a family the higher the adolescent's life-satisfaction. Results of this study also revealed that adolescent living in a single-parent family home had significantly lower life-satisfaction that adolescent in a two-parent home. An adolescent's age in terms of life-satisfaction coming from their family is also extremely dependent upon their age (Henry).

Family also relates to life-satisfaction in a very different way : a women's decision to have children or not, In the "Relationship between information search in the child bearing decision and life-satisfaction for parents and non-parents" article by Carole K. Holaltan reveals that childless women have much higher life-satisfaction than women with children. Women who consciously decided not to have children overall had very high life-satisfaction from the study was found that most of the life-satisfaction which depended on the reasons and decision making for having children. These are just generalizations and life-satisfaction comes from many different sources, family and friend implications and many different things that all must be taken into consideration.

1.3.6 Other

In reference to money, life-satisfaction does play role, higher income substantially correlates (2.44) with reports of a more positive life-satisfaction out look (Kahneman 2 Deaton 2010, Diener et al. 2010).

On the other hand life-satisfaction is also affected by parenthood and couples introducing children into their relationship research has shown that adults with
children are less happy (McLanahan & Adams 1987) due to less life-satisfaction less marital satisfaction, more anxiety and more depression.

1.4 Religion and Mental-Health

Recently, the idea of a "religion health connection" (Ellison & Levin, 1998) has gained traction among clinicians, due to a growing body research, literature rivers (e.g. Levin & Chatters, 1998) and academic (Koeing, 1998 a; Koenig, Mc Cullough & Larson, 2001) And Popular (Levin, 2001) books have focused attention an social, behavioural, epidemiologic, and clinical research paper that total in the thousands. These studies explore the impact of Religious indicators on Psychiatric and Mental-Health out comes in population, community, and hospital samples, rates of mood disorders, such as depression and anxiety; levels of Psychological distress using numerous assessment instruments: dimensions of Psychological well-being such as life-satisfaction and happiness patterns of self destructive behaviour including the addictions and Mental-Health care utilization. The weight of evidence on average and across studies suggests that religion lower assessed, is a generally protective factor for mental illness.

Until how, must scientific effort has been devoted to accumulating empirical evidence, less effort has gone to stepping back and asking. "But what does this mean ? Data alone do not increase understanding of a topic without theoretical models that help us make sense of said data. Such perspectives are akin to lenses that enable us to "see" findings that might not fit into our scientific world views and thus be cast aside or disparaged. Identifying perspectives to explain and interpret findings on religion and Mental-Health is thus important and timely, especially as supportive findings have been misinterpreted - on both sides of the issue. That religion might have something to say about Mental-Health. For good or bed has been a sensitive and contentious issue within Psychiatry, dating to Freud, as Familiarity with the history of Psychiatry attests.

A case in point : the 1994 revision of the American Psychiatric Association (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM) which added a new Diagnostic category (V 62.89) termed "religious or spiritual problem." In earlier versions (e.g. DSM-III-R) the sole references to religion were as a sign of Psychopathology - as features of cases exemplifying cognitive incoherence, catatonia delusion Magical thinking hallucinations, or Schizotypal disorders (Larson et al. 1993; Post, 1992)

Once this over sight was defected, the new construct was rolled out in the DSM-IV, defined broadly as a circumstances whereby "the focus of clinical attention is a religious or spiritual problem" (American Psychiatric Association, 1994, p. 300).
Examples include loss of faith, conversion related problems, and questioning of faith or values. This new category signifies that Psychiatrists have become sensitive to the idea that certain expressions of faith, where "distorted or disrupted rather then inherently so" (Levin, 2009, p. 91) may be sources of certain kinds of Psychological distress (Turner, Lukoff, Barnhouse & LU, 1995).

The years since have seen a sustained increase in research on Religion and Mental Health. The time is right to step back and evaluate where we are and what we know about the relation between these two constructs. Accordingly, this paper tries to explain and interpret observed associations from behavioural, biological, Psychodynamic, and transpersonal perspectives.

Each perspective suggests ways to make sense of findings and each helps to place findings into a larger context that may enable a better understanding of etiology and more effective treatment.

1.4.1 History and Conceptual Models for Religion and Mental-Health

For Religion and Mental-Health, as religion and health research has gained acceptance in Psychiatry and Psychology, a Misperception has arisen that such studies are a new development not so. Nor is this a novel topic for these fields. Scholarship on Religion and Psychiatric disordered dates to the nineteenth century. Most famously in the writings of Freud, less known are earliest discussions within the nascent pastoral care movement, exemplified by observations on the influence of Religion upon the health and Physical welfare of mankind (Brigham, 1835), authored by a Founder of the APA. The British Medical Journal (Review, 1905) noted with an optimistic tone reflecting the place of Religion in Medical discourse of the time. "The interdependence of Religion and health, which may both be regarded as inherent birthrights of Mankind is a broad fact which is generally accepted and which is capable of easy demonstration". (P. 1047).

For many clinicians and scientists of the day, religion was highly relevant for better or worse - as an etiologic, therapeutic, or palliative agent in Psychotherapy, whether thought to be a Malign or salutary influence on mental and emotional well being the Sphere of religiousness, faith and sacred beliefs and experiences had been a source of exploration for decades, whatever. One's beliefs or preferences about faith or God, it at least was agreed that these things mattered.

The polarities of early discourse on this subject are represented by Freud and James. In the future of an illusion (Freud, 1927 / 1961 b) and civilization and its discontents, (Freud, 1930 / 1961 a), Freud asserted that "religion and Science are Moral enemies and that every attempt at bridging the gap between them is bound to be futile" (Gay, 1989, P. xxiii). Religious practices and Belief in god, moreover, were taken by Freud
as signs of obsessive neurosis, narcissistic delusions, and an infantile life outlook, and thus a dangerous threat to individual Psyches and society. They were believed to be determinative of, or indeed to reflect an unhealthy Psychological status.

James was not a pessimist. In the varieties of religious experience (James, 1902 / 1958), he identified two types of religious expression, the "religion of the sick soul" and the "religion the healthy-minded soul." The former is a product of a damaged Psyche, expressed as "Positive and active anguish, a sort of Psychical neuralgia wholly unknown to healthy life." (P. 126) In extremis, this includes loathing. Irritations, exasperation, self-mistrust, self-despair, suspicion, Anxiety, trepidation, and fear. The latter is grounded in "the tendency which looks on all things and sees that they are good." (P. 83). Healthy-minded religion is the faith of the literally healthy minded, whose. Psyches are implicitly hopeful, optimistic, positive, kind, and prone to happiness.

Others who followed James also saw benefit in expression of religion - e.g. Jung (1934, 1938) and from (1950) - but the Psychiatric profession as a whole remained dubious. Not unanimously, but largely so, and not without reasons, unchecked manic expressions of religion have been throughout history, sources of delusion, instability, and pathology, readily visible to clinicians who serve, essentially, as first responders for people whose religious practice has taken pathological from yet, until recently, there was minimal interest in testing the idea that religion lacked positive instrumentality for mental and emotional well being. A presumption of guilt was tacit, with little impetus to validate this view. After half a century of scholarly disinterest (see Beit Hallahmi 1989, 1954 / 1979).

The advent of Psychology's third and forth schools encouraged critical examination of issues related to the human spirit. Humanistic and transpersonal theorists (e.g. Maslow, 1964; Tart, 1975) were influenced by Yoga, Vedanta, Zen the esoteric traditions, and various integral perspectives (see Chaudhri, 1977, Ghose, 1950; Wilber, 2000) while not mainstream within Psychiatry and Psychology the subject of spirituality broadly construed as related to the quest for human potential and flourishing became an acceptable, or at least tolerated, topic of inquiry. A broad take on spirituality was emphasized, focusing on a wider swath of experiences than the traditional usage of this concept contexted within normative religion. Rather than defined solely as a state of attainment resulting from a life time of religious observance and peity (a theological definition of spirituality) the new ware of Psychologists explored spirituality in the context of the developmental process of attaining transcendent process of attaining transcendent union with something "beyond", than the individual ego, such as the eternal source of being.
Concurrently, the putative mental health consequences of formal religious involvement became a topic for empirical study, especially within community and getiatriic Psychiatry and social, developmental, and health Psychology. The pioneering midtown Manhattan study, began in the 1950s, was one of the earliest and is still among the most comprehensive and insightful epidemiologic explorations of Psychiatric Morbidity and its sociodemographic determinants. The study features analysis of variations in the prevalence of certain diagnoses and subsequent use of mental-health services. The initial volume of findings, mental health in the metropolis (stole, Langner, Michael, Opler, 2 Rennie, 1962), is a classic text of social Psychiatry and Psychiatric epidemiology. The study is highlighted by a detailed analysis of the impact of religious affiliations (stole & Langner, 1962). Investigators found that "religious origin" - Catholic, Protestant, or Jewish - is a source of significant variation in symptom formation, Psychiatric impairment, patient history status, and attitude toward mental health professionals.

While investigations of Physical morbidity had been ongoing for decades, prior to this study Psychiatric epidemiologist showed less interest in the impact of characteristic or functions of religion on population rates of Psychopathology, The midtown Manhattan study led to other studies, which have since snow balled, in the early 1980s literature reviews began summarizing this work, by then consisting of about 200 empirical studies of various outcomes (e.g. Gartner : Larson & Allen, 1981: Larson Pattison Blazer, Omran & Kaplan, 1986). The verdict was consistent. According to one authoritative review." The mental health influence of religious beliefs and practices - particularly when imbedded within a long - standing well - integrated faith tradition - is largely a positive one." (Koening, 1998, p. 392.)

These early efforts at quantifying the impact of religious identity, belief, and practice of mental - health were not the whole of the religion mental - health discussion, In 1980, the National Institute of Mental Health (NIMH) published religion and mental health (Summerlin, 1980) an annotated bibliography of 1836 entries - journal articles, chapters, books, reports, other Media, Approximately 1500 of these had appeared just since 1970 Empirical research studies clearly, were just one expression of a more wide spread intellectual and professional engagement of this subject.

Since than, findings have accumulated from large research programs, such as by Koenig and colleagues at Duke University (see Koenig, 1999). Yet this subject remains provocative due to issues related to conceptualizing religion and to theoretical perspectives that undetlie a religion - mental health connection. While study designs and analysis are increasingly sophisticated the field as a cally significant findings implicating religious membership, church attendance belief in
God, and so on in rates of Psychiatric Symptoms or well-being do not tell us about a salutary influence of spirituality no matter how much some wish in were so. Spirituality remains underinvestigated, not just in studies of mental health but in all domains of religious research.

To understand how faith impacts on something as personal as Psychological status, thoughtful investigation of spirituality would be more fruitful than continued enumeration of discrete religious behaviours. Features and correlates of the trajectory of inner involvement toward perceived union with the transcendent - a decent functional definition of the spiritual process - seem to tap dimensions of life experience more germane to the struggle to maintain intrapsychic equilibrium than counts of participation in congregational events. But this is a hypothesis, not a conclusion. Researchers generally speaking have shown little enthusiasm for addressing issues not easily amenable to conventional approaches to religious assessments (See Levin, 2003).

In studies of Physical and mental - health the most common religious measures are single - item questions on affiliation and attendance at worship services. Such questions (ostensibly) emphasize something observable and quantifiable, for the most part, investigators have avoided assessment of attitudes, beliefs, status, or experiences, very little is thus known about their impact on outcomes of interest such as rates of mental health or Psychological well-being.

Likewise most studies focus on dimensions of well-being life-satisfaction congruence, happiness, positive effects, depressed mood-constructs for which validated indices are available, Fewer studies explore religion's impact on Psychiatric diagnoses, expect for attention to its etiologic or preventive role in clinical depression and anxiety disorders and to same addictive behaviours. Most of these studies use single - item measures or unidimensional indices.

While findings are often interpreted as relating to richly nuanced and multidimensional spirituality - mental-health connections, this is not true. Most findings are results of analysis of one-off measures of public and private religious behaviour, mostly in relation to single item measures or unidimensional indices of self-reports of general or domain - specific well-being.

Moreover, these are mostly prevalence (cross-sectional) studies of religion as a correlate of distress / well-being in general populations of US Christians of one denomination for another to be clear, this is not problematic in and of it self: this is a thriving area of study at the fore front of several fields, including religious gerontology, health Psychology, and medical sociology But it is important to underscore these points as this work is often tacitly believed to imply a presumably
global and therapeutic impact of spirituality on mental-health something it does not address. There is reason to believe that religion or spirituality may function in this way but the wealth of findings accruing on religion and health have to say about such on effect.

1.4.2 Research Findings of Jeff-Levin Studies

Empirical investigations of religion and mental-health include epidemiologic studies involving population-based national or community samples, clinical studies of Psychiatric outpatient or impatient and social and behavioural research on Psychological distress and well-being. Due to a wealth of published work over the past two decades this review is selective rather than comprehensive. Many good reviews are available and interested readers are directed to them for greater detail (e.g. Levin & Chatters, 1998; Koenig et. al., 2001).

Early systematic reviews of studies or religion in Psychiatry journals identified a paradox: research on the impact of religion was not uncommon (139 published analysis just between 1978 and 1989), But conceptual and theoretical engagement was lacking (see Larson et. al., 1992) In 78 percent of studies no hypothesis was tested in 64 percent no adequate statistical analysis was conducted and only superficial measures were typically used (e.g. broad categories of affiliation). Findings were largely positive - indicative of a generally salutary effect of religious identity or practice - but what they implied for unclear. The subject was still touchy for academics; the unspoken "R Word" as one paper described it (Larson, Sherrill & Lyons, 1994).

Over the past 20 years, empirical study has expanded greatly, highlighted by large funded research programs. The first edition of his handbook of Religion Health (Koenig et. al., 2001) Summarized hundred of studies analyzing effects of dimensions of religion on depression, suicide, anxiety disorders, Schizophrenia and other Psychoses, alcohol and drug use, delinquency features of personality, and other Psychoses, alcohol and drug use, delinquency, features of personality, and other outcomes, the weight of evidence was positive over half of the studies in these categories point to a statistically significant protective effect, nevertheless, besides Koenig's own work and that of several of his colleagues and collaborators, most studies are one-off analysis from small samples of convenience.

Medical sociologists, health Psychologists, and gerontologists have done a more sophisticated job at identifying impacts of religious life on mental Health indicators. Studies of dimensions of Psychological distress and well-being many of them large-scale probability surveys, consistently find a protective effect of religious participation (See Levin & Chatters, 1998) within in gerontological literature,
especially, features of institutional religious involvement (e.g. attendance at worship services) and non-institutional involvement (e.g. private prayer, embeddedness in religious support networks) have been associated with positive mental health outcomes and high scores on scales on scales and indices assessing Psychosocial constructs such as self-esteem, mastery (self-efficiency), optimism, hope and dimensions of well-being, this overall finding has been replicated across age cohorts, in both sexes and regardless of social class, race or ethnicity religious affiliation, and specific diagnosis or outcomes measure (See Levin, 1997). Much of the literature focuses on Symptoms of mood disorders, such as depression or anxiety, and many studies have found a health - promoting effect of religion on overall and domain - specific life-satisfaction happiness, and positive affect, Sophisticated systematic reviews and meta-analysis (e.g. Smith, Mc Cullough & Poll, 2003) provide depthful critiques of conceptual, theoretical and methodological issues and offer guidance for the next generation of research.

To summarize, religious involvement broadly defined, exhibits a salutary and primary - preventive function in relation to Psychological distress and cut comes related to mental-health and well-being findings are consistent, and a protective effect of religiousness seems to be especially salient among older adults.

But it is important not to overinterpreter this overall result.

The present author (Levin, 1996) has identified common misinterpretations of the larger religion - health literature ; the same points are applicable to mental health.

For example results are often to mean that religious involvement promotes healing. It may but, as noted, studies do not address that topic; they focus almost exclusively on primary prevention nor do findings mean that religious people do not become ill, of course they do, when examining population rates of morbidity however, there is a modest advantage, on average, attributable to religious practice, nor do findings tell us much about spirituality, while that would be a fine research topic, studies mostly look at the impact of affiliation with and participation in established religious studies also do not provide evidence for or against a healing power of prayer. Nor do they suggest that religiousness or faith (or spirituality) is the most important factor in health. As a public health scientist, the present author finds this latter claim especially unfortunate. These factors may measurably impact on morbidity, both physical and mental but tobacco use and socioeconomic disparities, for example, far out weigh a religious effect. Finally and this goes without saying studies of religion using epidemiologic or social or behavioural research methods can not tell us anything about the possibility of a "Supernatural" influence on health or the human body or mind. If folks are
looking to scientific research (on health of all things) to validate the existence or motives of God, then they are looking in the wrong place.

So what can we conclude for certain? Simply this: there is considerable evidence that one's religious life has something significant to say about one's mental health. This includes both the "being" and "doing" aspect of religion our religious identity and how we believe or feel or act as a consequence. This does not mean that religious people do not become ill - one of the usual misconceptions of this work, noted earlier just that higher categories participation are associated with lower rates of symptoms or pathology or with higher scores on well-being measures, no more, no less, the take-home point is simply that religion merits a place at the table with those factors known to impact the risk or odds of subsequent Psychiatric morbidity in adult populations. This we can say is the "What" of a religion. Mental Health relationship, But what about the "how" or "why"?

1.4.3 Theoretical Perspectives

To explain these findings we must rely on interpretive grids - theoretical perspectives, in the language of social science. These are respective lenses by which empirical observations are made sense of in light of existing or proposed scientific mechanisms and clinical observations, within Psychiatry, Psychology, and Mental-Health Field, generally, such lenses are many, we are all familiar with the famous four forces or schools of modern Psychology: behaviourism, Psychodynamics, humanism, and transpersonalism, But these do not exhaust the ways that the human Psyche and patterns of behaviour, and their antecedents are understood to influence health by behavioural and social scientists, for purposes of this discussions, several broad meta-categories of potential explanations for religion mental health associations are examined.

1.4.4 Behavioural Explanations

The religious impulse is expressed through myriad behaviours, emotions, motivations, belief, attitudes, thoughts, values, experiences, and relationships. Independently of religion, we have long known that our behaviour, emotions, and social relationship are significant health determinations. Physical and mental health rated and objectively diagnosed and rates of Psychiatric morbidity are known to vary by categories of behavioural and Psychosocial variables, including stress, social support, life-style, behaviours, and health-related cognitions and affects.

Researches have proposed many possible mediators of observed religion mental-health, associations, drawing on various functions and domains of the Psyche. Collectively these help us understand how the practice of faith or a spiritual path may impact Psychological health. Commitment to a religious belief system may benefit
mental-health by promoting healthy behaviours conducive to wellness (e.g. avoidance of tobacco, alcohol, drugs, antisocial behaviour).

Fellowship with likeminded congregants embeds one in formal or informal social networks that facilitate receipt of tangible and emotional support, private or group prayer or worship may produce salutary emotions - gratitude, humility, grace, forgiveness, love-with preventive or therapeutic benefit, religious beliefs (about God, human existence, the purpose of life, after death, free will, the nature of evil, human obligations) may be consonant with beliefs that foster preventive health care practices, faith, or religious certainty, may engender positive expectations, that instill hope and optimism capable of preventing or ameliorating distress. In sum, Psychological mediation of a religion - mental health link is plausible and consistent with research on correlates and determinants of health and healing (Levin, 2009).

1.4.5 Biological Explanations

Some theories of Psychological mediation of a religion - mental - health association posit "harol-wired" connections among brain, behaviour, affect, and immunity, These connections are not unique here; research on Psychoneutoimmunology dates back 40 years (see Ader, 2007). But consideration of neurocognitive and neuroendocrine pathways, for example, accounting for positive findings in this field is a hopeful development for investigators seeking naturalistic explanations for religious effects. In light of evidence of religious motivations (e.g. intrinsic religiosity) associated with Psychophysiological markers such as absorption (e.g. Levin, Wickrama & Hirshberg, 1998) and of "Spiritual" centers in the brain (e.g. Bequregard & O'Leary, 2007, Newberg, D' Aquili & Rause, 2001) Neurophysiological Mediation Religious effects on mental-health is biologically plausible. A conference on Psychoneutoimmunology and Religion (Koeing & Cohen, 2002) suggested that collaboration among neuroscientists, Psychiatrists, and Psychiatric, epidemiologists should become a cutting edge for this field.

The complexity of interrelationships between religion and etiologic agents of or risk factors for Psychopathology is exemplified in a model proposed for antecedents of major depression (Koeing, Blazer & Kocking, 1995), A Maze connects of hypothesized and validated pathways myriad factors (e.g. health behaviours, alcohol and drug use, medications Physical illness, chronic pain, disability, gences, personality, brain disease comobrid Psychiatric illness, stressful events, aging changer, cognitive appraisal, coping behaviour, social support, economic resources, history of depression) with each other and with diagnosis of an affective disorder. For most of these factors, research has identified religious correlates or determinants. This model underscores the complexity of an etiologic role for characteristics or functions
of religiousness - intimately connected with other accepted etiologic or risk factors for this diagnosis.

1.4.6 Psychodynamic Explanations

In an early review a dozen explanations. For religion - health associations were proposed (Levin & Vander Pool, 1989.) Among these were the Psychodynamics of belief systems and the Psychodynamics of religious rites. By the first of these, the authors referred to the tendency of religious beliefs to "give rise to Psychodynamics engendering greater peacefulness, self-confidence and a sense of purpose, or, alternatively, guilt, depression, and self-doubt." (p.73)

These outcomes may be symbiotic with certain personality styles (e.g. Type A) or with theological perspectives such as Calvinism (determinism) or Arminianism (Free Will). The second referred to "Public and Private rituals (that) serve to ease dread and anxiety reduce personal and group tension and aggressiveness, alley fears, and moderate loneliness, dipressions, anomie, and / or feelings of entrapment and interiority" (p.74) These rites enable people to "dramatize or act out their beliefs in settings conducive to or charged with emotion - provide avenues of escape, purification, catharsis, and empowerment. These positive affects may serve as sorts of Psychic beta blockers or emotional placebos" (p.74)

For sure 'Psychodynamic" covers a lot of ground different schools and Philosophies posit different theories of religion and faith and disagree as to the polarity of their impact on Psychological health.

Freud's (1927 / 1961 b) antipathy to the "Peculiar value of religious ideas" (p.18) is well known, but his take no longer predominates in the field. Jung's (1938) perspective on the reciprocal influence of religious dogma and the symbolism of the unconscious is also influential, but his references to mystical, Gnostic, and occult sources are less pertinent to normative religion, "In Psychoanalysis and religion" (Fromm (1950, p.9) appealed for a middle ground:

If undertake to discuss the problem of religion and Psychoanalysis afresh.... it is because I want to show that to set up alternatives of either irreconcilable opposition or identity of interest is fallacious; a through and dispassionate discussion can demonstrate that the relation between religion and Psychoanalysis is too complex to be forced into either one of these simple and convenient attitudes.

1.4.7 Transpersonal Explanations

The advent Psychology's third and forth schools introduced many concepts into the lingua franca of Psychotherapists, foremost are the transcendent experience and the idea of the transpersonal. The latter refers to states "beyond", the personal and egoic,
oriented toward development of human potential, including attributes and functions of higher consciousness (see Vaughan, 1984). Transpersonal therapy emphasizes "self-determination, self-actualization self-realization, and self-transcendence". (Vaughan, 1984, p. 25) Therapists acknowledge higher states of consciousness, neither normal waking nor dreaming states, whose experience may be a rich source of growth. These may be infused with spiritual symbolism and serve as get ways to "divine" experiences such as transcendence, Accounts of mystics point to subtypes: a “green” type of transcendent experience "characterized as transitory and involving a profound experience of pleasure oftentimes described as ecstatic" and a "Mature" type "characterized as long lasting..... a more enduring serenity and equanimity". (Levin & Steele, 2005, p.p. 89-90). An example of the former might be Mallow's peak experiences : the latter, the yogic attainment of Samadhi.

The significance here is found in Psychophysiological correlates of transcendence and markers of other transpersonal experiences, health and mood - related sequel of spiritually motivated pursuits engendering such experiences - e.g. meditation prayer - point to a potentially therapeutic instrumentality. While better mental health may not be an objective of the quest for transcendence, the large research literature on Psychophysiology, consciousness and spirituality (See Mut Phy & Donovan, 1999) suggests a valuable interpretive framework with interesting tie-ins to the behavioural, biological and Psychodynamic explanations broached earlier.

1.4.8 Conclusion

To summarize, empirical evidence supports a generally protective effect of religious involvement for mental illness and Psychological distress. Like all epidemiologic findings, there are exceptions : e.g. individuals whose religious ideations and practices contribute to or, reflect, pathology, But on average, this finding is statistically significant, replicated and modest in magnitude, It is not solely a function of the assessments used for religion or mental health or of characteristics of the populations studied. Existing theoretical perspectives provide a reasonable basis for making sense of this association which is coherent with behavioural, biological Psychodynamic, and transpersonal understandings of determinants of mental and emotional well-being, while much remains to be learned, scholarship has come a long way in the past 30 years.

One marker of the growing acceptance of this fields is the annual Oskar PFister Award, given by the APA, since 1983 in recognition of outstanding career contributions of religion and Psychiatry through research, publications and clinical practice. Named for a pioneering Psychoanalyst and protege of Freud PFister Award laureates include some of the most influential and highly regarded figures in
Psychiatry, including Jerome Frank, Viktor Frankal, Robert Jay Lifton, Oliver Sacks, Robert Coles, Dan Browning and Paul Ricoeur.

For researchers, the mainstreaming of this subject presents an opportunity for substantive, programmatic contributions in contrast to the one-off approach of so many papers to date. A field that is sufficiently established for the APA to sanction a major career award no longer needs a theoretical "exploratory" research. The envelope can begin to be pushed, perhaps someday we will look back and wonder how we ever presumed that well-being is unrelated to the working of the spirit. Just as the relation of mind and body was rejected by biomedicine until the weight of evidence made such a connection tacit, so, too, may the role of spirit become acknowledged fact. If so, not just our research stands to benefit our clients and patients will benefit from more directed attention to dimensions of the self that may be sources of both distress and adjustment but that which, until recently, have been overlooked in our professional discourse.

1.5 Importance of Study

This section brings out the various organizations in which the study was undertaken and under which guidance the study was authorized Saurashtra University, Dept of Psychology, Rajkot, authenticated the research work and under the guidance of Dr. Jamkuben Sojitra. The Jain people data collection for Gujarat Jain People, under the guidance was undertaken with the help of Shitalben Shah, Pukhrabhai, Uttambhai, Sancheti, Himansubhai and other Jain people, American Psychiatric association, with their website www.apa.org, www.en.wikipedia.org, www.google.com contributed in the collection of the literature from their websites, population of Jain people from Gujarat, Wankaner, Surendranagar, Godhara and Rajasthan Jain people for Jaipur, Sirohi etc. region and also population of various organizations working in this region have been considered for the study.

The group was randomly selected by administering the testing inventories. The library of Saurashtra University, The library of Wankaner Doshi College, have largely benefited in collection of the historical evidences of Psychology.

Now after having known the organizations in which the study was conducted, it is essential to understand as to how the study was conducted an overview of the same is brought under: The study has been intended to bring out the Anthropological importance of the differences between Gujarat and Rajasthan Jain people on Religion Attitude, Life-Satisfaction and Mental-Health. This study is very useful from different filed like as Health Psychology. Anthropological Psychology, Clinical Psychology and also Community Psychology, last but not least this study highlights in the area of
life satisfaction and mental-health by achieving mental-health of the Jain people. We produce the same society for future mankind.

1.6 Organization of Study Materials

So the entire study is divided into five chapters and brief description of each chapter is brought down here under

* Chapter : 1 Introduction

The first chapter is of the introductory nature dealing with the need of this type of research work and its relevance in the present day context to the historical background cross-cultural and Jainism. Main principles of Jainism, what is life-satisfaction and what is mental-health.

* Chapter : 2 Review of Literature

In this chapter various literatures on the Religion Attitude, Cross-Cultural, Life-Satisfaction and Mental-Health have been seen and discussed also. First of we seen the review of literature for cross-cultural study than we seen the review of literature for Religion Attitude, than we seen the review of literature for life-satisfaction and last we seen the review of literature for mental-health.

* Chapter : 3 Research Design of the Study, Procedures and Method of Analysis

The third chapter deals with the research design. It also states how the sample was selected from the population, which sampling method was used and its detailed narration has been discussed, collection of data, research tools, measurement of independent variables discussed in detail.

* Chapter : 4 Analysis of the Result, Interpretation and Discussions

This chapter deals with the analysis of the chapter in terms of statistics and the interpretation from the inferences obtained through the statistics. Further, case histories, suggestions for improvement and recommendations are discussed in detail.

* Chapter : 5 Research Report

This chapter deals with the summary of the research, conclusions based on statistical techniques, conclusions regarding all the variables. Recommendations, suggestions for further research are discussed.