CHAPTER III

PROBLEM AND HYPOTHESES
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Health is described as a continuum with diseases and disorders at the negative side and wellbeing, life satisfaction, happiness etc. at the positive end. Most of the health professionals would agree that health involves much more than simply absence of disease. Good health helps people to cope with the normal stresses of daily life to, be productive at work to, and realize their own potential and to contribute to their community. It is quite possible for a person to be free of disease but still not enjoy a vigorous, satisfying life. So health is a much broader construct than illness. It is physical, mental, ethical and social human balance.

As human beings, people experience life as more than just functional units. There are many important things which define individual’s life. One of these is his functional ability to perform mental and physical tasks. But interpersonal relationships are also important because they affect overall human interaction and communication. The concept of wellness, in this interaction, has been defined as a harmonious and productive balance of physical, social and mental well-being brought by the acceptance of one’s personal responsibility for developing and adhering to a health promotion program for self and society. This balance can only be attained by successful gratification of current psycho-social need and prevention of undesired stress resulted from cognitive narrowness and psychological frustration. To sustain a long term motivation for good health, effortful striving is essential for one’s health. Throughout, various techniques of managing psycho-physical health and well-being, researchers have concluded that psycho-spiritual methods and positive personality strengths play an important role in handling individual health and well-being of modern society.

Directly and indirectly, religious and spiritual belief can be a powerful source for affecting the health. Religious and non religious people tend to experience equal amount of difficulties and situational pressure but religion may help people to deal better with negative life events and their attendant stress (Schafer & King, 1990). Moreover,
spirituality have been found to play an important role in health and recovery from diseased state when one help others and himself, seek harmony and balance, and assess what he has forgotten about connectedness, unity and inter dependence (Dossey, Keegan & Guzzetta, 2005). Religious action or ‘karma’ provides a meaningful way to deal with the subtle or psychic environment, which consists of the various mental and emotional forces that energize the lives.

Review of related literature indicates that variable under study are influencing people’s each aspect of life. Construct like rituals, religiosity and spirituality are somewhat difficult to explain and measure. More so, such variables are not explored much in the past. A great need of deep systematic investigation regarding the association of these variables to various health indicators on Indian population has been realized so that a better picture of their relationship may be drawn. The present study is an endeavor in the same direction. The research problem of present investigation is stated as:

‘To study Rituals, Religiosity, and Spirituality as correlates of Health.’

Regarding the above stated research problem, following objectives were identified by the investigator:

1. To examine the relationship between ritual and life satisfaction of adult participants across their gender and religion.
2. To examine the relationship between ritual and holistic health of adult participants across their gender and religion.
3. To examine the relationship between ritual and subjective wellbeing of adult participants across their gender and religion.
4. To examine the relationship between religiosity and life satisfaction of adult participants across their gender and religion.
5. To examine the relationship between religiosity and holistic health of adult participants across their gender and religion.
6. To examine the relationship between religiosity and subjective wellbeing of adult participants across their gender and religion.
7. To examine the relationship between spirituality and life satisfaction of adult participants across their gender and religion.
8. To examine the relationship between spirituality and holistic health of adult participants across their gender and religion.
9. To examine the relationship between spirituality and subjective wellbeing of adult participants across their gender and religion.
10. To identify the significant predictors of life satisfaction, holistic health and subjective wellbeing of adult participants across their gender and religion.
11. To study the main and interaction effects of gender and religion on rituals of adult participants.
12. To study the main and interaction effects of gender and religion on religiosity of adult participants.
13. To study the main and interaction effects of gender and religion on spirituality of adult participants.
14. To study the main and interaction effects of gender and religion on life satisfaction of adult participants.
15. To study the main and interaction effects of gender and religion on holistic health of adult participants.
16. To study the main and interaction effects of gender and religion on subjective wellbeing of adult participants.

Keeping in view the supportive review of literature presented in the second chapter, following corresponding hypotheses were formulated:

**The Hypotheses:**

1. There would be significant positive relationship between ritual and life satisfaction of adult participants irrespective of their gender and religion.
2. There would be significant positive relationship between ritual and holistic health of adult participants irrespective of their gender and religion.
3. There would be significant positive relationship between ritual and subjective wellbeing of participants irrespective of their gender and religion.
4. There would be significant positive relationship between religiosity and life satisfaction of adult participants irrespective of their gender and religion.

5. There would be significant positive relationship between religiosity and holistic health of adult participants irrespective of their gender and religion.

6. There would be significant positive relationship between religiosity and subjective wellbeing of adult participants irrespective of their gender and religion.

7. There would be significant positive relationship between spirituality and life satisfaction of adult participants irrespective of their gender and religion.

8. There would be significant positive relationship between spirituality and holistic health of adult participants irrespective of their gender and religion.

9. There would be significant positive relationship between spirituality and subjective wellbeing of adult participants irrespective of their gender and religion.

10. Rituals, religiosity and spirituality would significantly predict the life satisfaction, holistic health and subjective wellbeing of the adult participants across their gender and religion.

11. There would be significant main and interaction effects of gender and religion on rituals of adult participants.

12. There would be significant main and interaction effects of gender and religion on religiosity of adult participants.

13. There would be significant main and interaction effects of gender and religion on spirituality of adult participants.

14. There would be significant main and interaction effects of gender and religion on life satisfaction of adult participants.

15. There would be significant main and interaction effects of gender and religion on holistic health of adult participants.

16. There would be significant main and interaction effects of gender and religion on subjective wellbeing of adult participants.

With this background, investigator may move on chapter IV dealing with design and methodology of the study.