SUMMARY
Summary

Introduction

“I propose a new field: positive health. Positive health describes a state beyond the mere absence of disease and is definable and measurable. Positive health can be operationalised by a combination of excellent status on biological, subjective, and functional measures. By mining existing longitudinal studies, we can test the hypothesis that positive health predicts increased longevity (correcting for quality of life), decreased health costs, better mental health in aging, and better prognosis when illness strikes.” Are the words of Martin Seligman (2008). Who primarily introduced the positive health to the world. Philosophers have offered multiple meanings of what constitutes the good life or positive health, such as the pursuit of human perfection, or the satisfying of human needs and desires (Becker, 1992). Empirical research on well-being was launched in the 1960s via an interest in depicting the quality of life in America (Campbell, Converse, & Rodgers, 1976). Since that time, the scientific study of well-being has proliferated (Diener, Suh, Lucas, & Smith, 1999), with distinctions increasingly drawn between eudaimonic and hedonic aspects of well-being (Kahneman, Diener, & Schwarz, 1999 & Keyes, Shmotkin & Ryff, 2002 & Ryan & Deci, 2001).

The close connection between quality of life and positive health was found in the empirical studies. Positive health was also found to be corresponds to findings in other studies concerning health and quality of life (Bowling, 1997 and Myers and Diener, 1996). Quality of life is often seen as a concept including health, social well-being, good functional level, psychological well-being and life satisfaction; indicators that pretty well coincide with what is regarded as positive health (Bowling, 1997). There is presumably a complex interaction process between biological, psychological and social factors affecting both health and quality of life (Theorell, 1991, Van de, 1994). In order to strengthen the possibilities of a positive health among working and retired subjects obviously it is important to work with some such factors which are often seen at adult age. The concepts of anasakti, karmayoga and spirituality are such factors arose at late
age and connected to positive health but empirical validation is limiting. It also requires a holistic view including all dimensions related to positive health and spirituality as well.

In the study Positive Health was considered in terms of four components, they were life satisfaction, hope, optimism and happiness of working and retired subjects (Kellner, 1994).

**Life Satisfaction:** Campbell and his colleagues (1976) conceptualized life satisfaction as the difference between what one wants and what one has essentially, a comparison between reality and the ideal. Thus, a woman’s judgment of her life satisfaction, involves drawing on her personal standards and expectations for herself and assessing the extent to which her life measures up. Michalos’s Multiple-Discrepancy-Theory (1986) also specifies how a woman might arrive at her personal level of satisfaction. According to this theory, satisfaction is determined by one’s perceptions of “how things are” vs. “how they should be.” According to Diener and his colleagues (1999), subjective well-being, or happiness, has both an affective (i.e., emotional) and a cognitive (i.e., judgmental) component.

**Hope:** Hope can be defined as involving some uncertainty of an outcome, typically concerns matters of importance, and usually reflects a person's moral values. Hope is frequently considered a temporary condition that is specific to a given situation and contingent upon one's skills or abilities. Averill et al., (1990) came to the conclusion that hope includes learned behaviors and thought processes that are acquired through the socialization process. In a study they concluded that hope is a culturally determined concept and is implicitly acquired by children during the language acquisition process.

**Optimism:** Optimism is an outlook on life such that one maintains a view of the world as a positive place. It is the opposite of pessimism. Optimists generally believe that people and events are inherently good, so that most situations work out in the end for the best. 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. The Oxford English Dictionary defines optimism as having "hopefulness and confidence
about the future or successful outcome of something; a tendency to take a favorable or hopeful view."

**Happiness:** Happiness is emotion in which one experiences feelings ranging from contentment and satisfaction to bliss and intense joy. This definition is, however, a synonymous one. A more clarified one is almost impossible to conceive due to the capacity by which a human can allocate the correct words into an appropriate and meritable sentence that would describe happiness. Stefan Klein (2006) in his book "The Science of Happiness" links the dynamics of neurobiological systems (dopaminergic, opiate) to the concepts and findings of Positive Psychology and Social Psychology. There is a cognitive component associated with happiness. Studies show that when people use coping strategies successfully it can lead to feelings of pride or self-efficacy (Lazarus, 1991). Interestingly enough, these studies show that when people are experiencing feelings of pride and self-efficacy their bodies are also releasing a number of chemicals. Among the chemicals released is the neurotransmitter norepinephrine, which produces feelings of happiness (Franken, 1994). So, again, there seems to be a cognitive component to happiness but only in that it leads to increased levels of nor epinephrine and therefore the feelings of euphoria that result from the increased levels.

**Anasakti**

The literal meaning of *Anasakti* is 'Detachment' but Pandey and Nayadu (1992) hold the view that it's literal meaning might be separation, isolation and aloofness, which distort the meaning of 'Anasakti'. So, the appropriate English literal meaning could be the 'Non-attachment' only. According to the Gita *Aasakti* is characterized by 'narrowing the area of consciousness', possession, emotional dependence and fruitless behavior. Leading to *raga* (lust), *dwesha* (hatred) and *ahamkara* (pride), *anasakti* was manifested as insecurity, possessiveness, aggression, ill will, as well as mental and psychosomatic problems. Patanjali in *Sukhanushayee Raga* (2/7) says that attachment which rises from passion is dwells on pleasure only. If anything is pleasant and agreeable, the mind becomes attached to that. The mind could attach to anything, which is agreeable and pleasant. Patanjali Yoga Sutra suggested that the five afflictions are ignorance, egoism, attachment, aversion, and the desire to cling to life. Attachment is that magnetic
pattern which clusters in pleasure and pulls one towards such experience (Bon Giovanni, 2004).

Karmayoga:

Karma is a Sanskrit term. It means action or deed. Any physical or mental action is Karma. Thinking is mental Karma. Karma is the sum total of our acts, both in the present life and in the preceding births. Karma means not only action, but also the result of an action. There is a hidden power in Karma or action termed 'Adrishta' which brings in fruits of Karmas for the individual. The consequence of an action is really not a separate thing. It is a part of the action and cannot be divided from it. Karma, according to Jaimini Rishi, is the performance of Agnihotra and other Vedic rituals. According to the Gita, any action done with Nishkamya Bhava is Karma. Lord Krishna says: "Work incessantly. Your duty is to work but not to expect the fruits thereof." The central teaching of the Gita is non-attachment to work. Breathing, eating, seeing, hearing, thinking, etc., are all Karmas. Thinking is the real Karma. Raga-dvesha (likes and dislikes) constitute real Karma.

Spirituality

Spirituality is defined as a feeling connected or belonging in the universe, believing in a power outside of one's self, searching for a sense of meaning or purpose. California state psychological association task force on spirituality implying that what is seen and what is trusted appears to be a deep sense of belonging, of wholeness, of connectedness and of openness of the infinite. It needs to be emphasized that spirituality is not just a "cultural fact"; indeed a growing body of empirical knowledge demonstrates the influence of spirituality on various aspects of human functioning. Gita provides important theoretical basis for increasing emotional understanding and management. A number of empirical researches world over have shown that positive emotions help in cognitive and emotional expansion. Spirituality is often defined as a basic or inherent quality in all humans that involves a belief in something greater than the self and a faith that positively affirms life Catherine, et al. (2002). Some studies suggest that life satisfaction increases simultaneously with aging as a shift takes place from the material world to the cosmic (Tornstam, 1994). Studies have related happiness, morale, and health
to spirituality (Ebersole & Hess, 1998). In the light of above discussion and related empirical studies guided that anasakti, karmayoga and spirituality could play an important role in managing positive health of individual but the concerned variables are still needed to study empirically and correlate it with the positive health. The present study has made an attempt in the same direction.

METHOD

Major Problem of the Study

To study the Anasakti, Karmayoga and Spirituality as Correlates of Positive Health of Working and Retired Persons.

The present study was accomplished in two sections.

THE 1ST SECTION: Correlational Study

The Problem

To study the correlation between positive health and Anasakti, Karmayoga & Spirituality of Working and Retired Persons

From the above problem of the study following objective were drawn:

1. To study the correlation between anasakti and positive health of working and retired persons.
2. To study the correlation between karmayoga and positive health of working and retired persons.
3. To study the correlation between spirituality and positive health of working and retired persons.
4. To study the correlation between anasakti and positive health of male and female subjects.
5. To study the correlation between karmayoga and positive health of male and female subjects.
6. To study the correlation between spirituality and positive health of male and female subjects.

7. To study the correlation between anasakti and positive health of total of working and retired persons.

8. To study the correlation between karmayoga and positive health of total of working and retired persons.

9. To study the correlation between spirituality and positive health of total of working and retired persons.

10. To study the anasakti, karmayoga and spirituality as predictor/s of positive health of total of working and retired persons.

11. To study the anasakti, karmayoga and spirituality as predictor/s of positive health of male and female subjects.

12. To study the anasakti, karmayoga and spirituality as predictor/s of positive health of total of working and retired persons.

The Hypothesis

From the above objectives following hypotheses were formulated:

1. There would be no significant correlation between anasakti and positive health of working and retired persons.

2. There would be no significant correlation between karmayoga and positive health of working and retired persons.

3. There would be no significant correlation between spirituality and positive health of working and retired persons.

4. There would be no significant correlation between anasakti and positive health of male and female subjects.

5. There would be no significant correlation between karmayoga and positive health of male and female subjects.
6. There would be no significant correlation between spirituality and positive health of male and female subjects.

7. There would be no significant correlation between anasakti and positive health of total of working and retired persons.

8. There would be no significant correlation between karmayoga and positive health of total of working and retired persons.

9. There would be no significant correlation between spirituality and positive health of total of working and retired persons.

10. The anasakti, karmayoga and spirituality would not be found to be the predictor/s of positive health of working and retired persons.

11. The anasakti, karmayoga and spirituality would not be found to be the predictor/s of positive health of male and female subjects.

12. The anasakti, karmayoga and spirituality would not be found to be the predictor/s of positive health of total of working and retired persons.

IIID SECTION: Experimental Study

This section was an experimental section which has investigated the effect of gender and age on components of Positive Health, Anasakti, Karmayoga and Spirituality of Working and Retired Persons.

The Problem

To study the effect of gender and age on Positive Health, Anasakti, Karmayoga and Spirituality of Working and Retired Persons

From the above broad problem following objectives were drawn:

1. To study weather the different groups of age (working-1, working-2, and retired subjects) would differ significantly in positive health, spirituality, anasakti, and karma yoga of Working and Retired Persons.
2. To study whether the different groups of gender (male and female) would differ significantly in positive health, spirituality, anasakti, and karma yoga of Working and Retired Persons.

3. To study whether there would be a significant interaction effect between gender and age on positive health, spirituality, anasakti, and karma yoga of Working and Retired Persons.

The Hypothesis

In line with the above objective following hypothesis were formulated in the study:

1. The different groups of age (working-1, working-2 and retired subjects) would not differ significantly in positive health, spirituality, anasakti, and karma yoga of Working and Retired Persons.

2. The groups of gender (male and female) would not differ significantly in positive health, spirituality, anasakti, and karma yoga of Working and Retired Persons.

3. There would not be a significant interaction effect between gender and age on positive health, spirituality, anasakti, and karma yoga of Working and Retired Persons.

Sample

The sample for the study was consisted of a total of 300 government employed subjects (Working and Retired) of age group 42 to 70 Years including both male and female subjects. These subjects were selected in a nonrandom manner taken from the localities and government offices selected randomly of Meerut city.

For the purpose of experimental study, these 300 subjects were consisted of two groups of Working-1 (42-50 Yrs.), Working-2 (52-60 Yrs.) and one group of Retired subjects (62-70 Yrs) subjects and each group was further consisted of the two groups of male and female. In this way a 3x2 factorial design was employed in the research.
Design

The first section of the present study was a co-relational research in which the correlation of positive health was studied with the *Anasakti, Karmayoga and Spirituality* among three age groups and two groups of gender of Working and Retired Persons.

In the second section of study a 2x3 factorial experimental design was employed. The first independent variable of the study was age, which was varied at three levels, i.e., non-retired-1 (42-50 Yrs.) and non-retired-2 (52-60 Yrs.) and retired subjects (62-70 Yrs). The second variable of the study was gender, which was varied at two levels; they were, male and female.

The effects of age and gender were observed on dependent variables, i.e., positive health, spirituality, *anasakti*, and *karma yoga* of non-retired and retired subjects.

Tools

Following standardized tools were used in the research to measure variables, i.e., positive health, spirituality, *anasakti*, and *karma yoga* of non-retired and retired subjects.

A. Case record sheet

B. *Karmayoga* Scale (Krishnan 2003).

C. Non-attachment Scale (Pandey 1990).

D. rituality Scale (Rai & Gupta 2006).

E. Satisfaction Scale (Diner, Emmons, larson, & Griffin 1985).

F. Life Orientation Test (Optimism) (Revised) (Sheeier and Carver 1985).


H. Hope Scale (Geraid 2004).

Procedure of Data Collection

➢ For data first of all the investigator took the permission from the head of the government office was taken. After granting permission the attendance register or
service register form the concerned government office was taken to select the subjects for the research.

- The retired subjects were selected from the localities of Meerut city. These subjects were first spotted by the concerned office and by visiting their houses and then the permission was taken from the subjects for data collection.

- The selected subjects were then individually contacted to collect data. After developing rapport permission from the subject was sought to help the investigator in data collection. Then the subjects were given the Case record sheet to know the general information about subject.

- After a rest of 5 minutes pre-decided tools were given to fill and they were asked to read the instructions carefully and attempt all the items of the test. The tools were presented in the randomized manner to each participant of all groups.

- Sufficient time was given for each tool to read and fill. A rest of 15 minutes was given after each test to prevent the subject from fatigue. After the completion of all scales/tests subjects were thanked for their cooperation.

**Statistical Analysis Plan**

Statistical treatment of data was accomplished with the help of following statistical tools by using SPSS-16.0 evaluation version.

1. Pearson Correlation Analysis
2. Regression analysis
3. Descriptive Analysis: Mean and SD
4. Analysis of Variance
5. Newman-Keuls Test

RESULTS

SECTION-1: Correlational Research

Correlational Analysis

Correlation of Coefficient of Age Groups

Anasakti and Positive Health in Working and Retired Subjects (N-100)

- Anasakti in working-1 age groups was found to be positively correlated with satisfaction (.32) and happiness (.32) at .01 level of significance and negatively correlated with hope (-.22) at .05 level of significance, whereas an insignificant positive correlation was obtained with optimism (.16).

- In working-2 age groups anasakti was positively and significantly correlated with life satisfaction (.32), optimism (.33) and happiness (.34) at .01 level of significance and hope (.01) was showing very minute insignificant positive correlation with anasakti.

- In the group of retired subjects optimism (.24) and happiness (.18) have shown positive significant correlation with anasakti at .01 and .05 level of significance respectively. The other two components of positive health, i.e., life satisfaction (.16) and hope (.15) were insignificantly and positively correlated with anasakti.

Karmayoga and Positive Health in Working and Retired Subjects (N-100)

- Karmayoga was found to be positively correlated with life satisfaction (.31), optimism (.27) at point of .01 level of significant and happiness (.21) at the point of .05 level of significance and a positively insignificant correlation with hope (.16) was also obtained in working -1 group.

- In working-2 group karmayoga was found to be positively correlated with life satisfaction (.30) and hope (.26) at point .01 level of significant. A positive insignificant correlation of karmayoga was found with happiness (.04) and optimism (.10).

- Among retired subjects karmayoga was insignificantly correlated with life satisfaction (.02) hope (.10) and happiness (.03) and optimism was found negatively correlated (-.05) at none of the significance level with karmayoga.
Spirituality and Positive Health in Working and Retired Subjects (N=100)

- The coefficient of correlations of spirituality in the age groups of working-1 was positively correlated with life satisfaction (.24) happiness and negatively correlated with hope (-.21) at .01 level of significance, and an insignificant correlation was obtained with optimism (-.07) and happiness (.12).

- In working-2 group and insignificantly correlation was found with life satisfaction (.14) and positive significant correlation was obtained with hope (.26) and optimism (.29) at .01 level of significance and happiness (.22) at .05 level of significance.

- In retired subjects positive significant relationship was observed with life satisfaction (.26) at .05 level of significance and optimism (.20). An insignificant correlation with hope (.14) and happiness (.10) was found in retired subjects.

Correlation of Coefficient of Gender Groups

Anasakti and Positive Health in Male and Female Subjects (N=150)

- Anasakti in male subjects was found to be positively correlated with three components of positive health, i.e., life satisfaction (.16), and optimism (.14) at point .05 level of significant and happiness (.29) at point.01 level of significant. The anasakti was negatively correlated with hope (-.22) at .01 level of significance.

- In female subjects anasakti was found to be strongly and significantly correlated with life satisfaction (.46) optimism (.34) and happiness (.32). at point .01 level of significance and hope(.16) at .05 level of significance.

Karmayoga and Positive Health in Male and Female Subjects (N=150)

- The karmayoga in male subjects was found to be positively correlated with happiness (.15), hope (.17) at point .05 level of significant and optimism (.22) was found significantly correlated at point.01 level of significance and life satisfaction (.09) at .05 level of significance.
• Karmayoga in female subjects was found to be negatively correlated with the life satisfaction (.38), optimism (.32) and positively correlated with hope (.10), and happiness (.15) but there was no significant relationship with hope (.16) at .05 level of significance.

Spirituality and Positive Health in Male and Female Subjects (N-150)

• The spirituality in male subjects was found to be negatively and insignificantly correlated with the components of positive health, i.e., life satisfaction (-.06), hope(-.13), optimism (-.04) and happiness (.15) was found positively and significantly correlated at point.05 level of significance.

• In female subjects, it was found that spirituality significantly and positively co-vary with life satisfaction (.38) and optimism (.32) at .01 level of significance and happiness (.15) at .05 level of significance and hope (.10) was found insignificantly co-vary with positive health.

Correlation of Coefficient of Total Subjects

Anasakti and Positive in Total Subjects (N-300)

• The anasakti was found to be positively and significantly correlated with life satisfaction (.36), optimism (.26) and happiness (.31) at point .01 level of significance, and anasakti was found negatively correlated with hope (-.12) at point of.05 level of significance.

Karmayoga and Positive in Total Subjects (N-300)

• The karmayoga was found to be positively and significantly correlated with hope (.14) at .05 level of significance. A positive insignificant correlation with life satisfaction (.01), happiness (.08) and optimism (.05) was found with karmayoga.

Spirituality and Positive in Total Subjects (N-300)

• The spirituality was found to be positively correlated with life satisfaction (.23), optimism (.18) and happiness (.15) at point .01 level of significance, and hope (.07) was found insignificantly correlated with spirituality in total subjects.
Multiple Regressions (Stepwise) Analysis

Regressions (Stepwise) Analysis of Working and Retired Subjects

Predictors of Positive Health in Working-1 Group

- The anasakti, karmayoga and spirituality were found to be the predictor variables for life satisfaction of positive health and collectively account for 24% to the variance of life satisfaction of working-1 group.

- The anasakti and spirituality were found to be the predictor variables for hope of positive health and collectively contribute to 8.9% to the variance of hope of working-1 group.

- Only karmayoga was found to be the predictor variables for optimism of positive health and account for 7.2% to the variance of life satisfaction of working-1 group.

- Only anasakti, was found to be the predictor variables for happiness of positive health and found to be contributing 9.9% to the variance of happiness of working-1 group.

Predictors of Positive Health in Working-2 Group

- The anasakti and karmayoga were found to be the predictor variables for life satisfaction of positive health and collectively account for 15.5% to the variance of life satisfaction of working-2 group.

- The karmayoga and spirituality were found to be the predictor variables for hope of positive health and collectively account for 13.3% to the variance of hope of working-2 group.

- The anasakti and spirituality were found to be the predictor variables for optimism of positive health and collectively account for 16% to the variance of optimism of working-1 group.

- The anasakti, karmayoga and spirituality were found to be the predictor variables for life satisfaction of positive health and collectively account for 24% to the variance of life satisfaction of working-1 group.
- The *anasakti* were found to be the predictor variables for *happiness* of positive health and account for 11% to the variance of happiness of working-1 group.

**Predictors of Positive Health in Retired Group**

- The Spirituality was found to be the predictor variables for *life satisfaction* of positive health and account for 6% to the variance of life satisfaction of retirees group.
- The regression analysis of *hope* scores revealed that out of 3 predictor variables, *anasakti, karmayoga* and spirituality none of the predictors meet the criteria of hope in retired subjects.

- The *anasakti* was found to be the predictor variables for *optimism* of positive health and account for 5% to the variance of optimism of retirees group.
- The regression analysis of *happiness* scores revealed that out of 3 predictor variables, *anasakti, karmayoga* and spirituality none of the predictors meet the criteria of happiness in retired subjects.

**Regressions (Stepwise) Analysis of Gender Groups**

**Predictors of Positive Health in Male Subjects**

- The regression analysis of *happiness* scores revealed that out of 3 predictor variables, *anasakti, karmayoga* and spirituality none of the predictors meet the criteria of happiness in male subjects.
- The *anasakti and karmayoga* were found to be the predictor variables for *hope* of positive health and collectively account for 8% to the variance of hope of male subjects.
- The *karmayoga* was found to be the predictor variables for *optimism* of positive health and account for 4% to the variance of hope of male subjects.
- The *anasakti and spirituality* were found to be the predictor variables for *happiness* of positive health and collectively account for 10% to the variance of happiness of male subjects.
Predictors of Positive Health in Female Subjects

- The *anasakti* and *spirituality* were found to be the predictor variables for *life satisfaction* of positive health and collectively account for 31% to the variance of life satisfaction of female subjects.

- The regression analysis of *hope* scores revealed that out of 3 predictor variables, *anasakti*, *karmayoga* and spirituality none of the predictors meet the criteria of hope in female subjects.

- The *anasakti* and *spirituality* were found to be the predictor variables for *Optimism* of positive health and collectively account for 18% to the variance of optimism of female subjects.

- Only *anasakti* were found to be the predictor variables for *happiness* of positive health and account for 10% to the variance of happiness of female subjects.

**Regressions (Stepwise) Analysis of Total subjects**

- The *anasakti* and *spirituality* were found to be the predictor variables for *life satisfaction* of positive health and collectively account for 16% to the variance of life satisfaction of total subjects.

- The *karmayoga* and *anasakti* were found to be the predictor variables for *hope* of positive health and collectively account for 3% to the variance of hope of total subjects.

- The *anasakti* and *spirituality* were found to be the predictor variables for *Optimism* of positive health and collectively account for 9% to the variance of life optimism of total subjects.

- The *anasakti* and *spirituality* were found to be the predictor variables for *happiness* of positive health and collectively account for 11% to the variance of happiness of total subjects.
SECTION SECOND: Experimental Analysis

Significant Effects of Gender and Age on Life Satisfaction

- The obtained F-value \([F-(1, 294), 300 = 34.13; p < .01]\) for the scores of life satisfaction indicated a significant effect of gender on life satisfaction at .01 level of significance of working and retired subjects.

- The obtained F-scores \([F-(1, 294), 300 = 120.64; p < .01]\) for life satisfaction scores of the three groups of age was found significant at .01 level of significance of working and retired subjects.

- The calculated F-value \([F-(1, 294), 300 = 38.69; p < .01]\) of two factor interaction effect between the two levels of gender and three levels of age was found to be showing a significant interaction effect on life satisfaction at .01 level of significance of working and retired subjects.

Significant Effects of Gender and Age on Hope

- None of the gender, age and interaction of gender and age was found to be showing a significant effect on hope of working and retired subjects.

Significant Effects of Gender and Age on Optimism

- The obtained F-value \([F-(1, 294), 300 = 4.29; p < .05]\) for the three groups of age of optimism scores was found significant at .05 level of significance.

- The calculated F-value \([F-(1, 294), 300 = 23.56; p < .01]\) of two factor interaction effect between the two levels of gender and three levels of age was found to be showing a significant interaction effect on optimism at .01 level of significance.

Significant Effects of Gender and Age on Happiness

- The obtained F-value \([F-(1, 294), 300 = 8.51; p < .01]\) for happiness scores of the three groups of age showing a significant effect of age on happiness at .01 level of significance of working and retired subjects.
The calculated F-value \([F- (1, 294), 300 = 22.48; p <.01]\) of happiness scores of two factor interaction effect between the two levels of gender and three levels of age was found to be showing a significant interaction effect on happiness at .01 level of significance of working and retired subjects.

**Significant Effects of Gender and Age on Anasakti**

- The obtained F-value \([F- (1, 294), 300 = 7.95; p< .05)\) of anasakti scores was found to be showing a significant effect of age on anasakti at .05 level of significance of working and retired subjects.
- The obtained F-value \([F- (1, 294), 300 =12.98; p< .01]\) for the three groups of age of anasakti scores showing a significant effect of age on anasakti at .01 level of significance.
- The calculated F-value \([F- (1, 294), 300 = 12.93; p< .01]\) of two factor interaction effect between the two levels of gender and three levels of age was found to be showing a significant interaction effect on anasakti of working and retired subjects significant at .01 level of significance.

**Significant Effects of Gender and Age on Karmayoga**

- Obtained F-scores for the three groups of age of Karmayoga scores was \([F- (1, 294), 300 =11.80; p< .01]\), that was found to be showing a significant effect of age on karmayoga at .01 level of significance.
- The calculated F-value \([F- (1, 294), 300 = 11.96; p< .01]\) of two factor interaction effect between the two levels of gender and three levels of age was found to be showing a significant interaction effect on karmayoga of working and retired subjects significant at .01 level of significance.

**Significant Effects of Gender and Age on Spirituality**

- Obtained F-scores for two groups of gender of spirituality scores was \([F- (1, 294), 300 = 8.47; p<.05)]\) which was found to be showing a significant effect of gender on karmayoga at .01 level of significance.
- Obtained F-scores for two groups of gender of spirituality scores was \( F-(1, 294), 300 = 3.13; p < .05 \) which was found to be showing a significant effect of age on spirituality at .01 level of significance.

- The calculated F-value \( F-(1, 294), 300 = 65.36; p < .01 \) of two factor interaction effect between the two levels of gender and three levels of age was found to be showing a significant interaction effect on karmayoga of working and retired subjects significant at .01 level of significance.