Chapter-2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

H04 : There would not be any moderating effect of spirituality on the relationship between life satisfaction and explanatory life styles among prospective professional caregivers.

H05 : There would not be any moderating effect of life satisfaction on the relationship between explanatory life styles and spirituality among prospective professional caregivers.

H06 : There would not be any moderating effect of explanatory life styles on the relationship between spirituality and life satisfaction among prospective professional caregivers.

H07 : There would not be any moderating effect of spirituality on the relationship between explanatory life styles and life satisfaction among male and female students of Modern Medicine, Indigenous Medicine and Humanities.

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

H09 : There would not be any moderating effect of explanatory life styles on the relationship between life satisfaction and spirituality among male and female of Modern Medicine, Indigenous Medicine and Humanities.
$H_{010} :$ There would not be significant difference between male and female with regard to spirituality, life satisfaction and explanatory life styles.

$H_{011} :$ There would not be significant effect of spirituality, life satisfaction and explanatory life styles among male and female students of Modern Medicine.

$H_{012} :$ There would not be significant effect of spirituality on explanatory life styles and life satisfaction among male and female students of Indigenous Medicine.

$H_{013} :$ There would not be significant effect of spirituality, explanatory life styles and life satisfaction among male and female students of Humanities.