CHAPTER - II

REVIEW OF LITERATURE

Keeping the objective of the present study in mind, various indigenous studies have been reviewed along with some Western research. It may be noted, however, that the terms Anasakti and Asakti per se have been very sparsely empirically investigated in the West and thus in this review, the investigations using western parallels of Asakti and Anasakti as Attachment and Non attachment/Detachment respectively have also been included. Nevertheless, these parallels just loosely and not strictly represent the constructs in question.

2.1 Asakti-Anasakti

In some studies related to Asakti-Anasakti, an effort was made to conceptualize and measure these concepts in order to make them amenable to scientific enquiry.

Pande and Naidu (1992) in their research conceptualized Anasakti as a personality variable, that is, a relatively stable trait or characteristic reflected in-and therefore measurable in terms of-a set of attitude. According to the researchers the concept is rooted in transpersonal theory but is psychologically very relevant. They assert that emotional control and emotional equilibrium are integral components of Anasakti. The distinctive characteristics of Anasakti delineated by the researchers are effort orientation, emotional
equipoise in the face of success and failure, a relatively weak concern for obtaining extrinsic rewards, and an intense effort to achieve excellence. Thus, Anasakti was found to represent one facet of human personality which helped individuals remain well adjusted and healthy despite exposure to stressors.

Shaw (1995) too, in his research described Anasakti as a personality variable derived from the Indian spiritual tradition. Interestingly, he conceptualized Anasakti as an Indian ‘emic’ as it is based on an Indian philosophy of Bhagavad Gita being meaningful in the culture it was developed as well as an eligible ‘etic’ due to its potential universal application.

Tewari and Srivastava (1998), reported Anasakti as a motivational construct which can be interchangeably used with the term non-attachment. They conceptualized Anasakti as a motivational construct for two reasons. First, they suggested that nonattachment determines the course of behavior, and, second, they described non attachment as related to some kind of satisfaction.

In his research, Jha (2002) also conceptualized Anasakti as a personality variable. Asakti was defined as attraction towards individual or object with expectation and Anasakti as negation of Asakti. He explained Asakti-Anasakti as a bipolar personality disposition like extraversion-introversion. In other words, Asakti and Anasakti were considered as the extreme points of the same continuum of Asakti-Anasakti personality dimension. He elucidated that every individual is a combination of different degrees of Asakti
and Anasakti. Some are very high on Asakti while some on Anasakti and most of the population is in between the two. Thus, commenting on the prevalence of the constructs Jha (2002) states that it presents a normal distribution like any other personality characteristic.

**Bhushan (2005)** again conceptualized Asakti (attachment) and Anasakti (detachment) are the bi-polar points of the same personality dimension. Everyone possesses a certain degree of attachment and detachment. No one is 100 percent 'attached' or 100 percent 'detached'. Like any bi-polar personality characteristic individuals differ in its magnitude. Some are high in attachment (and low in detachment) while others may be high in detachment (and low in attachment). In most other cases we find a mixture of the two manifested in ambivalent behavior.

**Hoffman (2007)** conceptualized non-attachment as a psychological construct like intelligence, memory, or depression. According to him it is a characteristic of an individual that is not directly observable. Such constructs have multiple models of explanation, multiple definitions from each respective model, and multiple measures to assess the construct that have derived from the respective theoretical models.

**So far, three major efforts towards quantification of the constructs in question have been made.**
In an attempt to quantify Anasakti, Naidu and Pande (1992) constructed a scale of Anasakti based on *Bhagavad Gita*. Their definition emphasized the notion that excellence comes when one is intensely focused on the present task but not attached to the outcome. The distinctive characteristics were defined as effort orientation, emotional equipoise in the face of success and failure, a relatively weak concern for obtaining extrinsic rewards, and an intense effort to achieve excellence. The items of the scale incorporated all these. The scale showed satisfactory psychometric properties. The scale made by Naidu and Pande (1992) was later used by Shaw (1995) and others in their research.

In another systematic effort to measure the constructs of Asakti and Anasakti, Bhushan and Jha (2005) constructed *TAA* (Test of Asakti-Anasakti) a 40 item scale. In the initial phase of test construction, 86 statements had been framed keeping in mind the characteristic features and manifestations of Asakti-Anasakti. Each statement represented some life situation, agreement with which reflected dominance Asakti-Anasakti on part of the subject. These items were given to Yoga experts who downsized the number of items. The selected items were then subjected to try out for item analysis and final selection was made. There were 30 positive items (manifesting Asakti) and 10 negative items (related to Anasakti). The scale was then systematically tested for its reliability and validity. Overall, it displayed good psychometric properties.

Hoffman (2007) asserts that relationships between nonattachment and well-being, and, conversely, between
attachment and suffering, are described in the Buddhist literature in such detail that it was possible to develop a scale of nonattachment and, with that scale, predict relationships between nonattachment and well-being. He proposed a four factor model of non attachment and constructed a measure (Non Attachment Scale -NAS) for assessing the four factors viz. Crave Avoidance, Wisdom, Morality and Mindfulness as well as an overall score for non attachment. The study developed the Nonattachment Scale (NAS) by combining the Buddhist constructs of attachment, wisdom, morality and mindfulness into one scale. The statistical analysis yielded poor support for the four factor theoretical model. However, the uni-dimensional model of Non attachment emerged to be good fit exhibiting better psychometric properties. Overall NAS scores generally demonstrated expected relationships with other measures, and these relationships were often strong. Hoffman, in his dissertation titled “A Scale Development and Construct Validation Study of the Buddhist Construct of Nonattachment” has drawn parallels between the Buddhist construct of non attachment and the Yogic concept of Anasakti

Shaw’s research represents one of the rare instances where in Anasakti per se was the overriding construct under investigation in the West.

Shaw (1995) in an attempt to establish relationship between eastern construct of Anasakti and Western constructs of perception of control, justice, hope, conducted a study on Lillooet community using both structured and semi structured questionnaires.
Specifically, the relationships between the constructs of locus of control, just world and Anasakti (Indian construct of non attachment) were elucidated. The study also determined the extent to which these constructs were predictive of hope. Out of 81 participants of the study, 21 had first nation status, and 60 did not. Analysis revealed significant correlations between Anasakti and locus of control (p<.001) and locus of control and Anasakti contributed significantly to the prediction of hope for the entire sample (p<.001). Participants with first nation status were found to be less hopeful and less Anasakta than their non first nation counterparts. Hope was correlated with Anasakti. Females were found to be less Anasakta than males.

We have no conclusive empirical evidence on the account of gender difference in prevalence of Asakti-Anasakti.

Shaw (1995) gave evidence of gender difference in Anasakti scores on scale made by Pande and Naidu (1992). He found females to be more asakta than males. However, the difference was not significant.

Bhushan and Jha’s (2005) Test of Asakti-Anasakti was administered on 301 male and 214 female College students. The scores ranged 62 to 134. Mean scores of males and females students were found to be 97.44 (SD 12.32) and 97.68 (SD 14.14) respectively. The mean difference was again statistically not significant.
Hoffman (2007) also ruled out any gender difference in Non attachment scores of 157 females and 45 males as measured by the NAS, the Non Attachment Scale.

Along with philosophical assertion, we have supporting empirical evidence for relationship between practice of Meditation/Yoga and development of Anasakta/Non-attached attitude.

McIntosh's (1997) integrative review of Zen theory and social psychological research suggested that mindful attention and awareness may have its beneficial effects through insight into present realities, a loosening of attachments to outcomes and to a solid sense of self, and greater clarity in thought and action.

Bhushan (2005) compared the Anasakti scores of Yogic and Non Yogic samples to establish predictive validity of the test. The Asakti-Anasakti test was administered to 75 yogic subjects who were living Ashram life style for atleast one year. Thus, scores obtained by them on the test were compared to 72 other students reading in a local degree college who were not doing any yogic practice. The results indicated that the mean score of the yogic group was substantially less than the general group and the t-value was found to be statistically significant beyond .01 level of confidence. The results showed that the criterion group living yogic life style was significantly less in Asakti than the control group.

Hoffman (2007) asserts that there are many forms of meditation practice, and they share many of the same subjective
outcomes, such as equanimity, non attachment, and clearer sensory perceptions.

In his study, Hoffman (2007) found that length of time meditating to be positively related to the overall NAS (Non Attachment Scale) score ($r = .23$). In his sample, fifty-seven percent had practiced meditation at some point in their lives, with 29% indicating current meditation practice.

In the following section certain studies on Detachment, Non attachment and Attachment in general have been reviewed. It may be noted that these terms do not exactly describe Asakti -Anasakti but are reflective of certain aspects of the same.

In a study by Emavardhana and Tori (1997), it was found that there were significant pretest to posttest changes in non attachment scores and self-concept scores of those participating in seven-day Vipassana meditation retreats. Also, in the same study, the results indicated that Nonattachment was significantly correlated with a heightened sense of personal worth and fulfillment.

In a study, Fusilier and Durlabhji (2001) addressed and explored the cultural values that Indian managers may apply in their business activities. Results suggested evidence of cultural values such as yogic spirituality, non-attachment, and interconnectedness with others, nonviolence, tolerance, and a sense
of duty among the executives. So, Non attachment emerged to be a prominently valued trait among successful Indian managers.

In a study **Leigh, Bowen and Marlatt (2005)** tested the reliability and validity of a new mindfulness measure, the Freiburg Mindfulness Inventory (FMI). The FMI includes 30 items (e.g., I am open to the experience of the present moment) rated on a 4-point scale ranging from Rarely to Almost Always. Non attachment to thoughts was identified as one of the three principal components through factor analysis. The others two factors were Openness to Self and Experiences and Mind/Body Awareness.

Through an experiment, researchers **(Kalisch et. al. 2005)** show that a cognitive strategy of detachment attenuates subjective and physiological measures of anticipatory anxiety for pain and reduces reactivity to receipt of pain itself. They define cognitive strategy of detachment as the one in which we accept the stimulus (and a potentially ensuing emotional reaction) as it is but deny its personal relevance, by taking a detached observer perspective.

**Cherrier and Mumoz (2007)** investigated the construct of Financial detachment. The financial Detachment in their work symbolized tendency of the individuals of not prioritizing financial gains in their life. The analysis indicated that Spiritual reflection and care for others were significantly related to financial detachment.

In his study, **Hoffman (2007)** found that overall NAS (Non attachment) scores demonstrated higher levels of Overall Wisdom
2.2 Asakti-Anasakti and Well-being

Although the research evidence relating Anasakti with well-being is limited, we do have some research that establishes a link between Anasakti and other positive psychology variables such as happiness and mental health and ones that establish link between Asakti and indicators of mental ill health, distress and other negative life outcomes.

2.2.1 Asakti- Anasakti and Subjective Well being

In a study by Krishna Mohan (1999), the spiritual experiences reported by 200 Hindus in India were investigated. After their spiritual experiences that included a state of Anasakti, participants reported greater positive affect (i.e., happiness, peace) and lower depressed mood. The researcher holds that although data are scarce, it would be reasonable to hypothesize that principles found within the Hindu religion could influence the Subjective Well Being of Hindus as they cope with major stressors.

The correlational findings by Jha (2002) also indicated that Asakti is significantly and positively correlated with insecurity, depression, anxiety, hostility, as well as tamas and rajas gunas.
Negative correlation was found with religiosity and sattva guna. Bhushan and Jha (2005) together found relationship between Asakta tendencies and Mental illness.

Agarwal (2004) in a paper titled Nishkama Karmayog and Anasakti: Motivation for Self-realization. The paper outlined the motivational concepts of nishkama karma yoga and Anasakti as espoused in Srimad Bhagavad Gita. The researcher directly explored the relation between anasakta attitude and ease in recovery from illness. He found that detachment leads to faster recovery of patients who have undergone surgery. He also showed that among healthy people, doing ones duty without worrying about the results produces greater satisfaction and Subjective Well-being.

Recently constructed Non Attachment Scale (NAS) by Hoffman (2007) was an initial attempt to combine the complex theoretical constructs of attachment, wisdom, morality, and mindfulness into one scale. This was also a first attempt at conceptualizing these complex constructs as a higher order construct, making the nonattachment construct large and complex. It was predicted that the Nonattachment Scale would correlate positively with instruments that measure mental health and emotional intelligence. It was also predicted that overall NAS scores would correlate negatively with measures indicating mental ill health and measures indicating health worry, low energy level, and dissatisfaction with life, depressed mood, low emotional-behavioral control, and feelings of anxiety. Results indicated that higher levels of nonattachment were associated with a measure of life
satisfaction, one of the most common measures for Subjective Well being \cite{Tiberius, 2006}. Overall higher levels of nonattachment ($r = .25, p<.05$), and also the components of NAS viz. fewer attachments ($r = .25, p<.01$), higher levels of wisdom ($r = .33, p<.01$), and higher levels of morality ($r = 21, p<.05$) were related with higher levels of life satisfaction. All of these relationships were significant. Additionally, results indicated that all domains of the NAS except Mindfulness had a significant relationship with a measure of depression. Thus, overall higher levels of nonattachment ($r = -.42, p<.01$) and also its components viz. fewer attachments ($r = -.21, p<.05$), higher levels of wisdom ($r = -.48, p<.01$) and morality ($r = -.36, p<.01$) were all associated with having less depression.

There is some evidence indicating relationship between Detachment (a loose parallel of Anasakti) and Subjective Well being.

Recently we have witnessed a building interest in psychological detachment from work and its role in inducing a state of positive affectivity. Sonnentag and Bayer \cite{Sonnentag and Bayer, 2005} defined Psychological detachment from work as the off-job experience of "switching off" mentally. It was hypothesized that psychological detachment from work is positively related to well-being. Sonnentag and Bayer surveyed eighty-seven employees working in consulting, in distribution services and at pharmaceutical and computer software companies—more than a quarter of them in supervisory positions. Over three working days, the workers reported on their workload, work hours, on-the-job
time pressure and well-being when at home. For example, at bedtime they indicated whether "upon returning home from work, I was rather irritated" or "I got angry easily." Multilevel analysis showed that Psychological detachment from work was associated with positive mood and low fatigue. The negative relationship between psychological detachment and fatigue was particularly strong on days with high time pressure.

Research by (Sonnentag et al., in press) also revealed that on days when persons succeeded in detaching themselves from their job after work, they enjoyed higher levels of positive and lower levels of negative affective states.

Empirical research has shown that persons who detach from work during off-job time experience higher levels of life satisfaction and better well-being Sonnentag & Fritz (2007), whereas continued preoccupation with one's job during after-work hours and inability to switch off from one's job is part of an unhealthy pattern characterized by high levels of fatigue, sleep complaints, and other indicators of poor well-being (Grebner, Semmer, & Elfering, 2005; van Hooff, Geurts, Kompier, & Taris, 2007).

In a study by Jimenez, Garrosa, Pastor, Munoz and Vergel (2008) the moderating effects of psychological detachment and thoughts of revenge in workplace bullying were examined. A total of 523 individuals were surveyed. Results revealed that psychological detachment moderated the relationship between role conflict and workplace bullying. Psychological detachment also moderated the relationship between bullying and psychological strain.
The research on Financial Detachment in relation with Happiness and Wellbeing has been another current development.

Cherrier and Munoz (2007) examined the link between financial detachment and consumer happiness. A survey was sent to 300 individuals in the Midwestern United States. Two-hundred and sixty-one individuals returned the completed survey. Respondents were aged between 25 to 89 years of age with an average of 56 years old. The survey contained questions that measured an individual’s level of happiness, financial detachment, spiritual reflection, and care for others. Each of these four concepts was analyzed, using structural equation modeling, to understand how they related to each other and the specific concept of happiness. The researchers found financial detachment to be a significant predictor of consumer happiness. Also, financial detachment was significantly related to happiness. And, Spiritual reflection had positive effect on happiness through financial detachment and care for others had positive effect on happiness through financial detachment.

Since spirituality and meditation are very closely linked to development of Anasakta attitude, studies relating practice of spirituality or meditation in any form have been reviewed in relation to subjective wellbeing in this section and psychological wellbeing in subsequent sections.
In a study by Kabat-Zinn, Lipworth and Burney (1984) ninety chronic pain patients were trained in mindfulness meditation in a ten week Stress Reduction and Relaxation Program. Statistically significant reductions were observed in measures of present-moment pain, negative body image, inhibition of activity by pain, symptoms, mood disturbance, and psychological symptomatology, including anxiety and depression. Pain-related drug utilization decreased and activity levels and feelings of self-esteem increased. Improvement appeared to be independent of gender, source of referral, and type of pain. A comparison group of pain patients did not show significant improvement on these measures after traditional treatment protocols. At follow-up, the improvements observed during the meditation training were maintained up to 15 months post-meditation training for all measures except present-moment pain. The majority of subjects reported continued high compliance with the meditation practice as part of their daily lives.

Psychological symptoms that have been demonstrated to be reduced with meditation include anxiety (Kabat-Zinn, 1982; Miller, Fletcher, & Kabat-Zinn, 1995; Pearl & Carlozzi, 1994) and depression (Miller, Fletcher, & Kabat-Zinn, 1995; Teasdale et al., 2000; Teasdale et al, 2002; Eppley, Abrams, & Shear, 1989; Williams, Teasdale, Segal, & Soulsby, 2000).

Fehring, Brennan, and Keller (1987) demonstrated the positive impact of spiritual well-being, existential well-being, and spiritual outlook on negative moods in response to life stress.
Statistical meta-analyses have compared the effects of various forms of meditation and relaxation and found that practice of the Transcendental Meditation technique is associated with significantly greater autonomic stability (Dillbeck & Orme-Johnson, 1987); significantly greater self-actualization (Alexander, Rainforth, & Gelderloos, 1991); significantly decreased trait anxiety (Eppley, Abrams, & Shear, 1989); and significantly reduced substance abuse, i.e., cigarettes, alcohol, and illicit drugs (Alexander, Robinson, & Rainforth, 1994).

We have studies that establish inverse association between spirituality and negative affective symptoms (e.g., Pargament, Cole, Vandecreek, Belavich, Brant, & Perez, 1999; Duncan, 2000).

Fabricatore and colleagues (2000) utilized a personal spiritual involvement measure, the Spiritual Involvement Scale (SIS; Fenzel, 1996, 2002) to examine spirituality as a moderator between life stress and portions of affective well-being.

Any one of several personal spiritual orientations often buffers against negative affective outcomes (Simoni & Ortiz, 2003; Fabricatore, Handal, & Fenzel, 2000). For example, Bush and colleagues (1999) found positive spiritual coping styles to be associated with improved positive affect.
2.2.2 Asakti-Anasakti and Psychological Wellbeing

The doctrine of karma as mentioned above is closely linked with Anasakti. It illustrates a relatively unique dimension of Hinduism that may have important implications for psychological well-being and coping. It is indicative of Anasakta way of life.

Dalai and Pande (1988) examined the role of karmic beliefs in the psychological recovery of temporarily and permanently disabled accident victims in India, 1 week and 3 weeks after the accident. Results indicated that psychological recovery of both groups of disabled Hindu patients was significantly correlated with greater causal attribution to karma.

Distress is often considered a key element in whether someone has good quality of life and whether the individual experiences psychological wellbeing.

Work done by Pande and Naidu (1992) can be taken as the actual starting point of the direct empirical validation of the construct of Anasakti. They had hypothesized that if the Bhagavad-Gita’s approach is correct, those who manifest higher levels of non-attachment should feel less distressed in stressful situations than those with lower levels of detachment. There were 465 subjects (230 males, 235 females) ranging in ages from 30-50, with a mean age of 38.14 for males, and 32.44 for females. It was found that those subjects who scored high on nonattachment
scored low on perception of distress \( r = -0.14; p < .01 \). Although both high and low scorers of nonattachment were equal in the amount of stressful events that they had in their lives, nonattachment was negatively correlated with experienced stress and strain \( r = -0.12; p < .01 \). Although these correlations are modest, they do suggest that nonattachment may be helpful in coping with stressful situations and indicate that a scale that measures nonattachment could be useful. Thus their empirical findings show that persons high on Anasakti experience significantly less strain and stress based on subjective ratings of distressful events than those who are low on it. It was also found that the contribution of Anasakti in predicting strain was greater than the contribution of stress scores.

The researchers explained that since the intrusive cognitions and emotional excitations are crucial in the reaction to stressors, it can be argued that greater concentration and absorption in the task at hand will eliminate task-irrelevant thoughts such as anticipations about the nature of outcomes. This will perhaps result in task excellence. On the other hand, emotional stability acquired through mentally dissociating oneself from the outcome will protect the individual from emotionally succumbing to the experience of failure. Therefore it seems that Anasakti will help the individual in such a way that he does not perceive life events as stressors.
Tripathi et. al. (1993) have found that those high on Asakti scores are characterized by higher Type A personality, which includes depression, fear and guilt.

In a study on Anasakti and Mental health in the specific context of women, (Tewari, 2001) developed a sample, which consisted of three types of women; namely, the housewives, the working women and the leader women. The three groups of women-when compared with each other, revealed that the working women and the leader women did not differ on Anasakti but they scored higher on this variable in comparison to the housebound ladies. Another objective of the study was to assess the nature of inter correlations among the variables in the specific context of women. In the results, it was found that higher Anasakti was associated with better mental health and psychological wellbeing.

Brown & Ryan (2003) constructed the Mindful Attention Awareness Scale (MAAS) which was found to be positively correlated with the Psychological Well being variable of Competence ($r = .39$ to $.68$).

Hoffman (2007) in his study found positive correlation between NAS (Non Attachment Scale) scores and Psychological Wellbeing. Additionally, significant relationships were also found between NAS scores and Mood Repair which is a component of Emotional intelligence. Higher levels of mood repair were associated with higher overall Nonattachment scores ($r = .40$, $p<.01$), and its components viz. higher levels of mindfulness ($r = .38$, $p<.01$),
morality ($r = .25, p<.05$), and wisdom ($r = .43, p<.01$). Results supported the hypothesis that non attachment is related to positive mental health.

**Coffey and Hartman (2008)** conducted an investigation on the relationship between mindfulness and psychological distress. They found that nonattachment and rumination were directly associated with each other, such that nonattachment was associated with less rumination. This finding replicates earlier research on these constructs *(McIntosh & Martin, 1992; McIntosh, Harlow, & Martin, 1995)* and is consistent with the hypothesis that unfulfilled attachments fuel ruminative thought *(McIntosh & Martin, 1992)*. The writers contend that nonattachment is negatively associated with psychological distress because it leads to less rumination, which in turn decreases psychological distress.

As mentioned above western studies on Detachment are indicative of some aspects of Anasakta attitude and hence been included in this review.

We have research that indicates Detachment and Self Control as important components of Psychological Wellbeing. Results of factor analysis of Psychological well-being done by various researchers confirm that cheerfulness, optimism, playfulness, self-control, a sense of detachment and freedom from frustration, anxiety and loneliness are accepted indications of Psychological Well-being *(Tellegen, 1979; Sinha and Verma, 1992)*.
Studies quoting a relation between Spirituality/Meditation and Psychological Well being are given below and the reason of inclusion of these studies in this review is stated above.

Frew (1974) found that compared to non-meditating students, practitioners of the Transcendental Meditation technique reported improvements that were statistically significant: greater job satisfaction (p<.01), improved job performance in terms of output (p<.01), greater job stability (p<.05), better interpersonal relationships (p<.05), and decreased orientation to climb the corporate ladder (p<.01). The direction of these findings was confirmed by supervisor and co-worker reports.

In a recent development, meditative practices from oriental traditions such as Zen Buddhism, Vipassana, and Yoga, without their original religious, cultural, and ideological forms, have been introduced into some therapeutic settings as strategies for self-regulation (Shapiro, 1980; Deatherage, 1975; Shapiro and Giber, 1978; Kutz et al., 1985a,b) and have also become the focus of systematic research efforts (Benson, 1975; Burns and Ohayv, 1980; Davidson, 1976; Maliszewski, 1981; Walsh, 1977, 1978, 1983; Woolfolk, 1975).

In a study titled ‘The Clinical Use of Mindfulness Meditation for the Self-Regulation of Chronic Pain’ Kabat-Zinn, Lipworth, and Burney (1984), Ninety chronic pain patients were trained in mindfulness meditation in a 10 week Stress Reduction and Relaxation Program. Statistically significant reductions were
observed in measures of present-moment pain, negative body image, inhibition of activity by pain, symptoms, mood disturbance, and psychological symptomatology, including anxiety and depression. Pain-related drug utilization decreased and activity levels and feelings of self-esteem increased. Improvement appeared to be independent of gender, source of referral, and type of pain. A comparison group of pain patients did not show significant improvement on these measures after traditional treatment protocols. At follow-up, the improvements observed during the meditation training were maintained up to 15 months post-meditation training for all measures except present-moment pain. The majority of subjects reported continued high compliance with the meditation practice as part of their daily lives. The researchers further discuss that training in detached observation of sensations through mindfulness meditation techniques could greatly enhance the positive effects of the experiment. In terms of chronic pain, the results of our study suggest that the systematic cultivation of a flexible attentional capacity for detached observation of proprioception can enhance patient’s coping strategies and reduce the level of distress.

Reed (1987) in his study related Spirituality and Resilience behavior. He found people with a deep sense of spirituality reported less use of medical services, less minor illness, and more complete recovery from minor illness than the national averages. Those patients with greatest spirituality, even though their illnesses were terminal, showed resilient emotional health which is an indicator of psychological wellbeing.
Gustavsson (1992) then compared meditating and non-meditating employees and found significant improvements in psychological health, reduced time for onset of sleep, and reduced risk for cardiovascular disease (p<.001 to p<.03). Compared to the previous year, there was a 14% decrease in absenteeism rate in the experimental group.

In medical settings, research suggests that patient spiritual beliefs wield a significant influence over health beliefs (Furnham, 1994), and some spiritual beliefs may have a direct effect on clinical outcomes (King, Speck, & Thomas, 1994).

Many systematic reviews and meta-analyses have quantitatively shown that religious/spiritual involvement is an epidemiologically protective factor (Levin, 1997).

Weil (1998) found that meditation can reduce chronic stress that weakens immune system, raises blood pressure and results in other stress related disorders.

Studies exploring end-of-life care and physician-assisted suicide reveal that both patients' and physicians' spiritual and religious beliefs affect attitudes and behaviors that impact patient care (Ganzini, Johnston, McFarland, Tolle, & Lee, 1998; Meier et al., 1998).

Spirituality has been found to be an important and unique component in patients' ability to cope with serious and chronic illnesses (Brady et al, 1999; Ehman et al, 1999; Pargament, 1997; Roberts et al, 1997). Data suggest that spirituality may be
protective against physical and psychological illness as well as important tools for coping with life stressors (Hill, 2003; Miller, 2003).

It is now recognized that religious/spiritual beliefs may have a role in buffering against the adverse consequences of mental and physical illness (Lee et al, 2005; Rosner, 2001). In a paper titled 'Examining the Effects of Meditation Techniques on Psychosocial Functioning', Wolf and Abell (2003) conducted an experiment to determine the effects of chanting the maha mantra on stress, depression, and the three gunas-sattva (enlightenment), rajas (passion), and tamas (inertia)-described in the Vedas as the basis of human psychology. Primary hypotheses of the study were that the maha mantra group would increase sattva and decrease stress, depression, rajas, and tamas significantly more than the other groups. Participants were tested at pretest, posttest, and follow-up, with testing times separated by 4 weeks. Participants were randomly assigned to a maha mantra group, an alternate mantra (placebo) group, and a control group. MANOVA results supported these hypotheses from pretest to posttest at p < .05 for all dependent variables except rajas.

Study by Shapiro, Astin, Bishop and Cordova (2005) examined the effects of a short-term stress management program, mindfulness-based stress reduction (MBSR), on health care professionals. Results from this prospective randomized controlled pilot study suggested that an 8-week MBSR intervention may be
effective for reducing stress and increasing quality of life and self-compassion in health care professionals.

A number of studies (Black, 2006; Leigh, 2005; Lindberg, 2005; Thune-Boyle et al, 2006) have acknowledged that spirituality and the cultivation of spiritual health can have an influence on physical, mental, and emotional health.

2.3 Anasakti-Asakti and Orientations to Happiness

Unfortunately there is conspicuous dearth of direct empirical evidence regarding the relationship between the constructs in question and the three Orientations to life viz. Pleasure, Engagement and Meaning. Keeping this in mind, the reviewer has intended to put together studies that indirectly lend support to the theoretical assertion. Attachment and Non attachment have been related to generalized meaning of three orientations.

2.3.1 Anasakti-Asakti and Orientation to Pleasurable Life

Csikszentmihalyi and Rochberg-Halton (1981) described terminal materialism as desiring objects for themselves. They suggested that terminal materialism is negatively related to happiness.
Argyle (1986) reports that even lottery winners gain only temporary boost in reported subjective well being and then return to the baseline.

An excessive focus on material and financial well-being tends to result in a self defined by what we have rather than what we are able to do (Belk 1988a; Kasser and Ryan 1993).

Wallendorf and Arnould (1988) and Richins (1994) find that those who are high in materialism tend to value possessions for their prestige value, while those low in materialism instead value possessions for the friends and family members with whom they are associated (e.g., gifts) or for their spiritual significance.

The Eastern philosophical critique of pleasures drawn from attachment to sense objects has been indirectly supported by current research finding that wealth does not predict lasting happiness (Diener et.al, 1993; Inglehart, 1990).

Myers and Diener (1995), after years of research on happiness, concluded that ‘satisfaction is less a matter of getting what you want than wanting what you have’, a statement in accordance with the principle of non attachment.

Several studies have shown that more people focus on material goals, the lower is their well-being and people who strongly desire wealth and money are unhappy than those who do not. This result has been confirmed both in the developed countries such as United States and Germany (Kasser and Ryan 1996, Schmuck et
al. 2000) and in less economically developed nations such as Russia and India (Ryan et al 1999).

2.3.2 Anasakti-Asakti and Orientation to Engaged Life

Pande and Naidu (1992) also cite studies showing that emotional and cognitive distractions can impede performance on a task. They suggest that adopting an Anasakta attitude by focusing on process rather than outcome may reduce such distractions and lead both to superior performance and enjoyment of work.

In a working paper by Sonnentag, Mojza, Binnewies and Scholl (2008), over the course of four working weeks, 159 employees from five organizations completed weekly surveys twice a week. Hierarchical linear modeling showed that a person’s general level of work engagement and the week-specific level of psychological detachment from work during off-job time jointly predicted affect at the end of the working week. As expected, work engagement moderated the relationship between psychological detachment and positive affect. These findings suggest that both engagement when being at work and disengagement when being away from work are most beneficial for employees’ affective states.

Brown & Ryan (2003) constructed the Mindful Attention Awareness Scale (MAAS) which was found to be positively
2.3.3 Anasakti-Asakti and Orientation to Meaningful Life

Supportive data collected by Kasser and Ryan (1993, 1996) showed that the relative centrality of self acceptance, affiliation and community feelings were positively associated with greater wellbeing, whereas centrality of financial success, social recognition and physical attractiveness (manifestations of Asakti) were associated with negative wellbeing such as lack of vitality and more physical symptoms.

On similar lines Diener, Lucas and Oishi (2003) asserted that characteristics such as non attachment and love are cardinal elements of satisfaction and fulfilled experience. They assert that although there are other desirable personal characteristics that result in generating Pleasurable experiences, Wellbeing actually goes beyond pleasurable life; and peace, contentment and serenity are key ingredients of good life.