CHAPTER I
INTRODUCTION
1. Introduction:

According to the World Health Organization in the year 2002 depressive disorders are the fourth leading cause of ill health and disability amongst adults world wide. By 2020 it is expected that mental health disorder will represent the world's largest health problem (Duckworth 2002). The spread of urbanisation has been viewed as a major contributory factor to this as although it does increase the pace of living and individualism.


1.1 Religiosity:

The term religiosity refers to religious faith. It indicates the degree of religiousness of an individual. The comprehensive definition of religiosity is very difficult. Religion is a belief in supernatural being (Taylor C, 1987), attempt to understand secrets of life (Durkheim-1951), a motivational force, purpose of life, means of peace and prosperity (Tondon-1971), attempt to understand secrets of various natural and social problems (Tiwari et.al-1980).
Religiosity means faith in power beyond himself whereby one seeks to satisfy emotional need and gain stability of life and which he expresses in acts of worship and service (Galloway-1956). L1. Bhushan (1990) maintained that comprehensive definition of religiosity includes three dimensions of religiosity viz, theoretical aspects is the cognitive aspect which includes belief and faith in existence of God, partnership or identification with God. Practical aspects of religiosity relates to religious practices such as observing prayer or worship, observing rituals, ethical behaviour, tolerance, sacrifice and forgiveness are religious values. Shri Aurbindo (Tiwari G et.al-1980) pointed out that each religion has helped mankind eg. Christianity showed path of Divine love and charity, Buddhism pointed out noble way to be gentler, wiser and purer. Islam followed zealous devotion to God and Hinduism opened larger and profounder spiritual possibilities. Emotional aspect of religiosity relates to the feeling of devotion and dedication to God, experience of pleasure, delight and satisfaction in observance of religious practices (Bhushan LI – 1990)

Apart from individual differences in religiosity, there are group differences based on sex (kiran etal- 1977) showing that females are more religious than males. (Tiwari et.al – 1980) found that older people (both male and female) are more religious than younger ones. There are regional, cultural variations in religiosity. Religion exerts profound influence on individual and social life.

1.2 Religiosity and spirituality :

Spirituality is the feeling connected or belonging in the universe, believing in a power outside of one's self, searching for a sense

Though spirituality traditionally has been considered to be exclusively the domain of religion, it is now being conceptualized in terms that have no particular relationship to theology and is at the same time being accepted as practical and intellectually respectable.

The differential of spirituality provided by the tenth edition of Oxford English Dictionary is the equality or condition of being spiritual, attachment to or regard for the thing of the spirit as opposed to material or worldly interest.

Krippen and welch – (1992) distinguish spirituality from religiosity and maintain that spiritual people may or may not embody spiritual values. They say that people who have internalised an institutionalized common set of beliefs, practices and rituals (as indicated by religion) regarding spiritual concerns and issues are not always spiritual. Vrinte – (1996) elaborated this view, who says spirituality is distinct from religion in that, spirituality is more related to authentical mystical experiences where as religion is more associated with normative practices.
1.3 Hindu Religiosity And well Being:

In a review by K. Krishna-Mahan-has said that the school of Hindu philosophy are abundant with rich, insightful psychological treatises on well-being. Buddhism and Jainism represent a view of personality and describe methods for its growth into a particular form of perception.

Sinha-(1965) has described the psychological well-being to Hindu as (1) integration of emotions with the help of an integrated teacher (a spiritual master Guru), (2) acquiring a higher philosophy of life which helps to resolve inner tensions, (3) channelizing basal passion directing the emotions to ultimate reality, (4) developing an attitude where by everything is viewed as manifestation of ultimate reality, (5) cultivation of higher qualities which replace negative qualities, and (6) the practice of concentration.

The ultimate goal in Indian thought goes beyond self realization and seeks for a spiritual pursuit leading to the highest state of everlasting happiness 'nirvana' or supreme bliss. The ultimate motive is spiritual pursuit with the aim of attaining union with the universal self or moksha or nirvana. The concept of well-being has also been elaborately given in 'Chakra Samhita' the ancient treatise on the Indian systems of medicine which is called Aurveda (the treatise on life).

Further in the review the Bhagavad – Gita (1905) focuses on the idea of avoidance of extremes and maintaining a kind balance or equilibrium to enjoy a state of well being. Bhagavad Gita speaks of being steady of mind and performing one's duties without being lustfully attached to the fruits of one's action (Karamyoga) as representing a healthy
person. The dissolution of the self or ego is considered the most evolved stage of mental health, further it is believed that the healthy mind acts but does not react and therefore, is always watchful of the root cause of any disturbance.

Besides 'the steadying of mind' which is characterized by calm and peace in all situations, adverse of favourable, other features such as being friendly, not bearing ill-will any one having compassion, forgiveness, being free from attachment and egoism and being balanced in both pleasure and pain are hall marks of well-being. According to the Bhagavad-Gita (Chapter XII, verse 13); self control, self realization which is the realization that everything is totally interconnected and the dissolution of the self by the expansion of the 'self' beyond its personal boundary leads to a stage of the finest form of humanity where there are positive feeling for all things and being.

From the above account it is clear that there exist differences about the concept of well-being in the west and East, in that conceptualization made in the West revolve around the ability to satisfy one's needs, avoidance of frustration and stress and exercising certain amounts of control on the environment such that it enhances the satisfaction of personal and social needs. In the Indian tradition control over the sense is though to be essential to well-being.

1.4 Muslim Religiosity And well-Being:

Abul Hussain (1999) has reviewed that islamic beliefs have a central role in the lines of many Muslims. Sarwar (1998) describes the belief system or articles faith in two dimensions, the internal and external
form of worship (ibadah). The internal form of worship is referred to 'imaan' which includes belief in (1) oneness of God (Allah), (2) Allah's Angles, (3) Allah's Books, (4) Allah's Messengers, (5) the day of judgement, (6) Destiny or fate, (al-Qadar) and (7) Life after death. External forms include (1) Shahdah (a deep understanding and verbal acceptance of oneness of Allah and prophet Mohammad (pbuh) as the final messenger) (2) Salah (5 compulsory daily prayers) (3) Zakah (giving charity to poor), (4) Fasting during the month of Ramzaan, and (5) Haj. Among Muslims there is a strong tendency to conceptualize illness as occurring according to the will of God (Allah) who is understood to be a higher power that cannot be perceived by the senses. Central to this belief is the idea of Al-Qadar. It is believed that everyone's Qadar is written from the moment of conception. Allah is the architect of destiny and the advancement of the individual is dependent on Him. All life events are under His control and can be changed by Him only. This belief is fortified in the Holy Quran in Surah At-Taghabun (64:11).

He further reviews that in many cases human suffering is also looked upon as being a means to end. For, Prophet Mohammed says that when one is afflicted with pain they should not complain and instead endure illness patiently, as illness is a way of being forgiven for sins and balancing the rewards. Illness is also understood as a trial on people placed by Allah to test their level of piety, devotion and reliance. Black magic spirit possession (Jinn) or evil eye (Nazar) are also believed to the negative faces or spells that are responsible for emotional distress or irrational behaviour.
The problem with western secular, scientific approach is that it denies any significance to any other understandings of mental health and illness, such as those of Muslims. While an understanding of distress in the western culture focuses on the 'individual'. Islam teaches us to look beyond ourselves and focus on being God-conscious.

1.5 Christian Religiosity And Well – Being:

It was estimated by Gallup & castelli, (1989) that 94% of the American population believe in God, 88% believe God loves them, 81% believe they will be called before God on judgement Day, 71% believe in life after death. More people have confidence in organised religion than in any other social institution.

Jesus Christ taught that the power of meaningful devotion to Christian faith is summed up in two commandments. If a christian, or any spiritual person uses these two commands as a filter for all their actions the spiritual simplicity that christ laboured and died for, will be respected and understood. First and greatest command is 'Love the Lord' your God with all your heart, and with all your soul, and with all your mind', Second command is 'Love your neighbour as your self'. Christian spirituality is not only a matter of loving God, it is also a matter of loving those who do not love God, and those who love God differently, (Christian spirituality- The gift of love).

Christian religiosity is not inclined to worship a God. Their religiosity in short expresses various form of self worship. Cause of this seems to be that they are so sure of themselves of power and virtue and yet not sure of destiny. Understanding of distress in the western culture
focuses on the individual while in other religion it focuses on God conscious. The concept of well being in the West revolve around the ability to satisfy one's needs, avoidance of frustration and stress etc. (Reinhold Niebuhr-1955, editor of publication 'Christianity and crises').

1.6 Sikh Religiosity And Well – Being :

The true Sikh remains unattached to worldly things. The Sikh must do his duty to his family and to community. The main thing is leading a pure and moral life, full of noble deeds and kind words. A sikh does not regard fasting, austenties, pilgrimager, almsgiving and penance as important things.

For Bhagti Sikhs require Guru like in other religion. Guru Nanak Saheb did not insist on a physical Guru. His own Guru was God himself. What is the important is not the person but the word the word is Guru' the Guru is word. It the devotee follows what the word says, surely-the Guru will save him That is why Guru Gobind Singh Saheb installed Sri Grranth Saheb as Guru for all time. Guru Granth Saheb is the living embodiment of ten Gurus. There is no place for living Guru in Sikh religion, because Gurbani is Guru and Guru is Gurbani.

Many good thought and noble saying are found in sacred books but mere reading can not help much. One can not reach God by books or by rituals. Scriptures are our guides for action. The devote gets supreme bliss by surrendering him self to God.

1.7 Mental Health :

Mental health can be defined as the absence of psychiatric disorders such as depression, insomnia / sleep disorder and anxiety as well
as the absence of self dislike or social difficulties. Self esteem and life satisfaction are thus important aspects of this definition of mental health. Self esteem is defined as one's own evaluation of personal worth, while life satisfaction is a measure of whether one is happy or content with their life.

Mental health is the growing concern of present day life. It can be defined as absence of pathology as well as feeling of well being. Maslow and Mattleman (1951), Coville, Costello and Rouke (1960) described characteristics of normal personality Jahoba (1958) mentioned positive mental health. Carstairs and Kapur (1976) told that the concept of ideal social functioning is the social equivalent of positive mental health. Wig (1979) held that mental health is the other name of quality of life. Nagraja (1983) maintained that mental health is not only absence of mental illness but something different.

Mental health is the full and harmonious functioning of the whole personality. It depends on the way the person feels about himself, other people and the world in reference to his place in it. It is an ability to maintain emotions, temper and happy disposition to keep one self a well adjusted being.