CHAPTER 2

REVIEW OF LITERATURE

In this chapter a review on the literature related to the variables of the present study is rendered. This chapter arranged regard to Randolph (2009) who arranges literature review according to the research stage. This section is started with reviewing literatures on Spiritual/Religious Beliefs and Well-being, Spiritual/Religious Practices and Well-being, Other Spiritual practices and life satisfaction, Spiritual/Religious Experiences and Well-being, Spiritual Belief and Spiritual Experiences, Spiritual Practices and Spiritual Experiences, and to Experimental studies on Spiritual Practices and Spiritual Experiences.

2.1 Spiritual/Religious Beliefs and Well-being

Pardini, Plante, Sherman, and Stump (2000) conducted a large self-report study using a sample of 236 individuals recovering from substance abuse in order to investigate the relationship between religious faith, spirituality and mental health outcomes. They found that recovering individuals choose to rate themselves as being more spiritual rather than religious and they also reported high level of religious faith and affiliation. The findings of the study also indicated that religious faith and spirituality were positively related with greater perceived social support, more optimistic life orientation as well as with lower level of anxiety.

Suhail and Chaudhry (2004) conducted a study in order to examine the prevalence and predictors of subjective well-being among Eastern Muslims by using a sample of 1,000 people aged 16-80 years from the areas of Lahore. The findings of the study indicated that religious affiliation was found to be one among the better predictors of personal well-being for Eastern Muslims, other predictors of subjective well-being include work satisfaction, marital status and satisfaction, social support and class as well as level of income.

Lewis, Maltby, and Day (2005) conducted a study to examine the relationship between religiosity and happiness using a sample of 138 UK adults. The most important
finding of the study suggested that when religiosity was significantly associated with happiness, it was also found to be associated with psychological well-being, reflecting positive functioning and human development.

Abu Raiya, Pargament, Mahoney, and Stein (2008) conducted a study to develop the psychological measure of Islamic religiousness (PMIR) and to assess the relationship between PMIR and measures of well-being (physical and mental health). The sample of the study consisted of 340 Muslim people (male= 131 and female= 205) completed the online survey, age ranging from 18-60 and above years. PMIR was found to be scientifically relevant to Muslims. It was also found that general Islamic well-being, positive relation with others, purpose in life and satisfaction with life were significantly positively associated with Islamic beliefs (one of the seven sub-scales of PMIR). Depressed mood, physical health, angry feelings and alcohol use were significantly negatively associated with Islamic beliefs. The overall findings suggest that Islam plays a significant role in the well-being of Muslims.

Joshi, Kumari, and Jain (2008) advocated on the basis of the review of literature on religious belief in relation to psychological well-being that religious beliefs have significant positive effects on the psychological well-being. Psychological well-being is closely related to religious beliefs of the individual, which provide a good source of material to consider various dimensions of religious practices in relation to the other facets of psychological well-being.

Sreekumar (2008) conducted a study to examine the relationship of certain religious aspects (religious beliefs and practices) and spirituality with subjective well-being using a sample of 350 persons belonging to three major religions- Hindu, Islam and Christian (both male and female). The data was analyzed by using Karl Pearson product moment correlation and path analysis. Results indicated that both aspects of religiosity (religious belief and religious practices) and spirituality have significant positive relationships with subjective well-being. Path analysis yielded that overall spirituality has largest effect on subjective well-being.

Qidwai, Tabasum, Hanif, and Khan (2009) conducted a study to examine the association between the practice and belief in offering prayers and its effect on healing. The sample of the study consisted of 400 patients with mean age of 34.33 years at a hospital in Karachi. The results revealed that 96.5% of the patients practiced prayer for healing and
prayer caused healing was believed by them (95.85%). It was believed by 93% of the patients that prayers provide the concept of healing. Almost 97.5% believed that medical treatment should be combined with prayer for healing. It was concluded that the practice and belief in offering prayers have a favourable effect on recovery from illness and healing.

Tiliouine and Belgoumid (2009) conducted a study to examine the association of religiosity (religious beliefs, religious practices, enrichment of religious experience and religious altruism) with subjective well-being and meaning in life. The sample of the study consisted of 495 Muslim students (male= 165 and female= 330) with mean age of 21.26 and SD= 2.30 years. The findings revealed a significant contribution of religious belief and religious altruism in providing meaning in life. Hierarchical regression analyses indicated that only religious beliefs significantly contributed to both personal well-being Index and satisfaction with life scale.

Colón-Bacó (2010) investigated the association between the strength of religious beliefs and subjective well-being by using the data from GSS (General Social Survey) 1983, 1988, 1989, 1990, 1993 and 1994 of the 3546 US respondents. The age of the respondents ranging from 18 to 89 years with mean age of 44.52 and SD= 17.46 years. In this study, the strength of the religious beliefs was measured by the frequency of prayer. The results revealed that stronger religious beliefs were positively associated with subjective well-being. The strength of religious beliefs statistically significantly predicted subjective well-being. It was also found that the frequency of prayer and religious services attendance were positively associated with life satisfaction and personal happiness.

Khan, Shirazi, and Ahmed (2011) found that females as compared to males were higher on spirituality. Spirituality was found as positively correlated with life satisfaction as well as a significant predictor of that.

Tamini and Fadaei (2011) examined the association of Islamic beliefs with psychological well-being. The sample consisted of 300 undergraduate students (male= 148 and female= 152). They completed the Islamic belief and psychological well-being questionnaire. The findings revealed that Islamic beliefs was found to be significantly positively associated with life satisfaction, optimism, happiness, personal growth and spirituality as well as with total scores of well-being, but a significant negative relationship was also found between Islamic religiosity and positive relationship with others.
Aflakseir (2012) conducted a study to investigate the relationship of religiosity with psychological well-being and personal meaning as well as to explore their perception towards meaning of life among Muslim students who practice rituals. The sample of the study consisted of 60 Muslim students of England age ranged from 18-28 years, with mean age of 22 years. The results indicated that the life was meaningfully perceived by Muslim students and the most important source of meaning in life were engaging in religious activities as well as in personal relationships with friend and family members. Further, a positive relationship was found between spirituality/religiosity as measured by ‘strength of spiritual belief scale’ and different dimensions of psychological well-being and various components of personal meaning.

Kulis, Hodge, Ayers, Brown, and Marsiglia (2012) conducted a study to explore the protective factors of spirituality and religious attendance against substance use among urban American Indian youth by using a sample of 123 American Indian youth. From the findings of the study, researchers concluded that American Indian spiritual beliefs were found to be related with antidrug attitudes, experiences and norms.

Hafeez and Rafique (2013) conducted a study to examine whether religiosity and spirituality predict psychological well-being. The sample of the study consisted of 60 (male=30 and female=30) Muslim residents of old age homes situated in the city of Lahore, aged 60 and above. The results of the study revealed that religiosity was found to be a statistically significant predictor of psychological well-being, whereas spirituality did not significantly predict psychological well-being.

Singh and Husain (2015) conducted a study in order to find out the difference between the mean scores of Muslim male and female religious devotees on their spiritual beliefs by using a sample of 160 adult Muslim religious devotees (80 male & 80 female). The mean and SD of the age of female and male participants were 29.93 and 7.03, 34.05 and 9.71 respectively. Results of the study suggested that Muslim females as compared to Muslim males hold higher level of spiritual belief in their religion.
2.2 Spiritual/Religious Practices and Well-being

Holy Shrines/ Pilgrimages

Francis and Kaldor (2002) conducted a survey using a random sample of 989 adults to examine the relationship between Christian faith and practices and psychological well-being in the Australian population. Findings of the study revealed that belief in God, Church attendance and personal prayer were found to be positively correlated with psychological well-being.

Raguram, Venkateswaran, Ramakrishna, and Weiss (2002) conducted a temple healing study in order to assess the clinical effectiveness of healing by visiting one temple of Muthusamy in South India. The sample of the consisted of 31 Hindu people (21 males and 10 females) briefly stayed at the temple. Within the sample 23 were diagnosed with paranoid schizophrenia, 6 with delusional disorders and remaining 2 with bipolar disorder. For the entire sample the mean duration of stay of psychotic disorders was 71 weeks whereas the average duration of stay in that temple was 6 weeks (range 1-24 weeks). The results of the study indicated nearly 20% of the reduction in the symptoms of these psychiatric disorders without any somatic or psychopharmacological treatment during their stay at that temple. It was concluded that to stay briefly at a healing temple can improve significantly the mental health of patients with psychiatric illness.

Clingingsmith, Khwaja, and Kremer (2009) conducted a survey study to examine the impact of performing Hajj pilgrimage to Mecca. They compared successful and unsuccessful applicants in a lottery to allocate Hajj visas, surveyed 5 to 8 months after the completion of Hajj. From the findings of the study they found that Hajjis perceived increased belief in peace, harmony and equality among the followers of the same as well as different religions, show more favourable attitudes towards women in relation to their education and employment. It was found that Hajjis were more likely to perform global Islamic religious practices that are universally accepted such as fasting and prayers (obligatory as well as optional), also found that Hajjis were less likely to undertake less universally accepted practices and beliefs such as necessity of giving dowry and using amulets.

Maheshwari and Singh (2009) conducted a study in a very specific religious context of the Ardh-kumbh Mela (2007) during the month of January and February held in Allahabad (Prayag) India, in order to investigate the association of religiosity with psychological well-
being (life satisfaction and happiness) among the Ardh-kumbh Mela pilgrims (Kalpvasis). In this study they used a sample of 154 Ardh-kumbh Mela pilgrims (Kalpvasis who stayed for a month at the bank of Sangam- a place where river Ganga, Yamuna and Saraswati become meet) during the Mela period in the Holy city of Allahabad. They found that among pilgrims religiosity was highly correlated with psychological well-being (life satisfaction and happiness). Happiness had a significant positive relationship with religiosity and life satisfaction. They reported that in a place of religious significances meaning the pilgrims spend time in the presence of the higher power (God) provide them the desired satisfaction and happiness.

Tewari, Khan, Hopkins, Srinivasan, and Reicher (2012) conducted a study to understand how participation in one of the world’s largest Hindu mass gathering event (Magh Mela at Allahabad, Northern India) affects well-being of the participants. The sample of the study consisted of 543 people, from which 416 pilgrims (kalpwasis) attended the Magh Mela for the full month-long festival, and 127 who did not attend at all (control group) mean and SD of age of pilgrims were 64.38, 9.32 years respectively and of control group were 60.90, 13.44 years respectively. Male and female were almost equal in both the groups. The data was collected at two times before and after the Magh Mela about their well-being. The findings of the study indicated pilgrims of the Magh Mela reported a longitudinal enhancement in their well-being as compared to those who did not attend at all.

Prayer

Maltby, Lewis, and Day (1999) conducted a study on 474 students (251 males and 223 females) aged 18 to 29 years to explore the role of religious activities between a number of measures of religious orientation and psychological well-being. The results of the study suggested two points: (1) the relationship between the frequency of personal prayer and psychological well-being mediate the relationship between the measures of religiosity and psychological well-being. (2) Within the theory of religious coping personal prayer may be considered as an important factor.

Baker (2008) examined the content and frequency of prayer by using the empirical data of the Baylor Religion Survey (2005), consisting of a random sample of 1,721 U.S
adults. He found that females as compared to males and people with lower income as compared to people with higher income engaged more frequently in the act of prayer.

Vasiliauskas and McMinn (2013) conducted an experimental intervention study by using a sample of 411 undergraduate students with mean age 21.0, SD= 4.3 years to explore the effect of prayer on forgiveness. Students were randomly assigned to three different groups (prayer group, devotional attention group and a control group). The prayer group engaged in a 16 days devotional prayer and reading related to forgiveness and the devotional attention group focused on devotional readings not focused on forgiveness. The findings of the study indicated that prayer intervention group towards their offender showed significant changes in empathy. Also the prayer and devotional attention group revealed significant changes in the state of forgiveness.

Alzyoud, Kheirallah, Ward, Al-Shdayfat, and Alzyoud (2014) conducted a study to investigate the religious commitment in relation to use of tobacco among Muslim youth by using a sample of 950 Muslim adolescents among them 72% of the Muslim students prayed regularly and 32% used tobacco daily. They found that the frequency of prayer had a strong negative relationship with tobacco smoking indicated that the religion may be a culturally important source for controlling tobacco use in health professional’s efforts.

Reading religious scriptures

Ayele, Mulligan, Ghearghiu, and Reyes-Ortiz (1999) conducted a study on 155 males to find out the relationship between intrinsic religious activity (such as bible and prayer) and life satisfaction. The important finding of this study was that intrinsic religious activity (e.g., Bible reading, prayer) had a significant positive relationship with life satisfaction.

Francis (2000) conducted a study on Bible reading in relation to purpose in life using a sample of 25,888 teenagers from England and Wales. The information about gender, age, personality, belief in God and church attendance were also accounted for. From the result of the study it was found that Bible reading had a small but unique effect in promoting a sense of purpose in life among adolescents.
Mottaghi, Esmaili, and Rohani (2011) conducted a quasi-experimental study to examine the effect of reading and hearing the verses of Holy Qur’an on the competitive anxiety among athletes by using a sample of 80 female athlete students with mean age of 21.35 ± 2.23 years. The athletes were randomly assigned either to the experimental or control group. The level of anxiety of both the groups was assessed before the tournaments. The experimental group listened the verses of Holy Qur’an by tape-recorder for 15 minutes just before starting the competition, after listening the Qur’an level of anxiety was again measured. The results showed significant difference between the mean anxiety scores of both the groups after the intervention, not before the intervention. From the findings they concluded that the recitation and listening the verses of Holy Qur’an is a simple, accessible, effective, and affordable and most importantly drug free method in order to reduce the level of anxiety among athletes.

Mahjoob, Nejati, Hosseini, and Bakhshani (2014) conducted a study to examine the effect of listening Holy Qur’an without its musical tone on mental health. The sample of the study consisted of 81 randomly selected healthy subjects with mean age of 38.19 ± 9.5 years. Subjects were categorized into two groups: experimental group and control group. Mental health of both the groups was tested by using a standard mental health questionnaire just before and after the intervention. All the subjects in the experimental group listened the Holy Qur’an recitation every morning 15 minutes for two months. 7 days after completing the intervention, subjects were again measured on mental health questionnaire. The findings of the study indicated that after listening Holy Qur’an, significant differences were found between the mean scores of mental health for experimental and control group. Listening the Holy Qur’an without its musical tone has a positive impact on mental health.

Hematti, Baradaran- Ghaafarokhi, Khajooei- Fard, and Mohammadi-Bertiani (2015) conducted a study to examine the effect of Qur’an recitation (watching, listening and reading the verses of Holy Qur’an) on the life expectancy among 89 palliative radiotherapy patients. The findings of the study indicated a significant positive correlation between the recitation of Quranic verses and subjective well-being as well as between the recitation of Qur’an and increased life expectancy. Majority of the patients reported that more frequent recitation of the Holy Qur’an leads them to greater reassurance and/or more life expectancy.

Babamohamadi, Sotodehasl, Koenig, Jahani, and Ghorbani (2015) conducted a study to examine the effect of Qur’an recitation on the level of anxiety among haemodialysis
patients. The sample of the study consisted of 60 haemodialysis patients age ranging 18 to 65 years randomly assigned to either experimental or control group. The experimental group involved in listening the verses of the Holy Qur’an for 20 minutes three times in a week for a month. The control group did not receive any intervention. The results of the study indicated that the Qur’an recitation was effective in reducing the level of anxiety in the intervention group as compared to the control group.

**Meditation**

Lazar, Bush, Gollub, Fricchione, Khalsa, and Benson (2000) conducted a study on a sample of 5 subjects aged 22-45 years in order to identify the brain regions active during the practice of Kundalini meditation practiced daily for at least 4 years using fMRI (functional Magnetic Resonance Imaging). The important result of the study was that neural structures are activated during the practice of meditation that is involved in controlling the autonomic nervous system as well as in attention also.

Smith (2001) studied 808 cases (average age= 23.54 years) and utilized archival data which claimed to practice relaxation in the form of meditation, yoga and prayer or combination of them in order to examine the relationship between the practice of relaxation techniques (yoga, meditation and prayer) and a ‘relaxed life’. The results of this study suggested that those who practice the combination of meditation and yoga are physically relaxed, the participants of meditation are at peaceful/ease and those who practice prayer reported higher level of love and prayerfulness as well as thankfulness.

Rosenzweig, Reibel, Greeson, Brainard, and Hojat (2003) conducted a study using a sample of 302 2nd year medical students to examine the effect of a 10-week stress reduction program based on mindfulness meditation on the psychological well-being of participants compared with a controlled group. 140 students participated in the meditation program and remaining 162 were in the control group. Before and after the intervention program POMS (profile of mood states) was administered. Results indicate that before the intervention program total mood disturbance (TMD) was greater in the experimental group as compared to the control group but after 10 week meditation program experimental group scored significantly lower on TMD, tension-anxiety, fatigue-inertia, confusion-bewilderment as well as vigor-activity subscales of POMS.
Harinath et al. (2004) conducted a study to examine the impact of practicing ‘Omkar meditation’ and ‘Hatha yoga’ daily for 3 months on psycho logic profile, melatonin secretion and cardio respiratory performance. The sample of the study consisted of 30 healthy males with age ranging from 25 to 35 years. Subjects were divided into 2 groups: intervention group (n= 15) practiced some selected yogas for 45 minutes, and pranayama for 15 minutes during morning only and during evening practiced preparatory yogic postures and pranayama each for 15-15 minutes and also performed meditation for 30 minutes every day for 3 months. Control group performed slow running for 20 minutes, body flexibility exercises for 40 minutes during morning and, during evening played games for 60 minutes daily for 3 months. Results indicated an improvement in psycho logic profile, cardio respiratory performance and in plasma melatonin after 3 months of yogic practices. It was also found that in the yoga group the maximum night time melatonin levels significantly correlated with well-being scores.

Shapiro, Astin, Bishop, and Cordova (2005) conducted a study to replicate the initial research (Shapiro, Schwartz, & Bonner, 1998) which demonstrated the value of stress reduction program based on mindfulness meditation for medical and premedical students. They used a sample of 38 health care professionals (18-65 years) from which 18 randomly assigned to the MBSR group and 20 to the wait-list control group using 8-week mindfulness based stress reduction intervention. Results of the study indicate that in reducing stress level, increasing the quality of life and self-compassion the MBSR intervention may be effective for health care professionals.

Lykins and Baer (2009) conducted a study to examine the relationship of mindfulness meditation practices with psychological well-being by comparing meditators with non-meditators on various indicators of psychological well-being. From the findings of the study they found that the group of meditation scored significantly higher on total mindfulness, self-compassions and on psychological well-being as compare to the non-meditation group. Also the meditation group scored significantly lower on psychological symptoms, fear of emotion, thought suppression, difficulties with emotion regulation and on rumination as compare to non-meditators.

Newberg, Wintering, Khalsa, Roggenkamp, and Waldman (2010) conducted a study by using 15 subjects with memory problems to examine the effect of simple, brief and low cost meditation program (kirtankriya) practiced for only 12 minutes every day over an 8-
week period of time. The effect of meditation program showed significant increase in cerebral perfusion in prefrontal, parietal and auditory cortex. Neuropsychological tests showed an improvement in verbal fluency, trial B test (test on attention and working memory) as well as in logical memory in the meditation group. A significant subjective improvement in the cognitive functions was also reported by most of the participants so findings revealed positive results in both functional neuroimaging changes as well as a significant improvement in the cognitive functions.

Kalyani et al. (2011) conducted a study to explore the “neurohemodynamic correlates of ‘OM’ chanting” by using a sample of 12 healthy participants aged 22-39 years (mean ± SD=28±6 years) using fMRI (functional Magnetic Resonance Imaging). 4 participated in the yogic meditation and compared with a rest state as well as pronunciation of ‘ssss’ limbic deactivation was indicated by the neurohemodynamic correlates of chanting OM. As in the VNS (vagus nerve stimulation) treatment used for epilepsy and depression recorded the same observations.

Das and Anand (2012) conducted a study to examine the effects of meditation (OM chanting) and prayer on GSR (galvanic skin response). The sample of the study consisted of 20 normal and healthy females with age ranging from 18-24 years (mean (SD) = 18.7 (1.55)). The sample practiced meditation and prayer for 30 minutes (15 minutes prayer and 15 minutes meditation) daily for a period of one month. GSRs were recorded before and after one month course of mediation and prayer. The results indicated a significant improvement in GSR values as an effect of meditation (OM chanting) and prayer which suggested psychological relaxation. It was concluded that meditation and prayer improves the GSR and reduces the level of stress among practitioners.

Lavretsky et al. (2013) conducted a study to examine the effect of daily yogic meditation on cognitive functioning, mental health and immune cell telomerase activity by using a sample of 39 family dementia caregivers with mild depressive symptoms (mean age 60.3 years and SD= 10.2). They found that meditation group showed significant lower level of depressive symptoms and greater improvement in cognitive functioning and mental health as compared to the relaxation group. The meditation group also showed improvement in telomerase activity in comparison to the relaxation group.
Pandya (2014) conducted a study on the basis of ‘an Indian spiritual practice called the Sudarshankriya and Pranayama (SK & P)’ developed by a new popular religious movement- ‘Art of Living Foundation’ started by Sri Sri Ravi Shankar in India. The study was conducted to explore the effect of this spiritual and meditative practice in promoting well-being, using the experiences of 828 its practitioners. The findings of the study indicated that this practice is effective in order to reduce the level of stress as well as in promoting sense of overall well-being, enhancing coping and optimism.

Yoga

Malathi, Damodaran, Shah, Patil, and Maratha (2000) examined the effects of practicing yoga on subjective well-being among healthy people. The sample of the study consisted of 48 healthy people with age ranging from 35 to 50 years (mean 41.1 and SD 4.4 years) 24 males and 24 females. All of the participants participated into the integrated yogic practices for 1 hour for 5 days in a week for a total period of 4 months. The yogic practices included Aum chanting, suryanamskar, kapalabhati, silence, bhujangasan and so many other yogic practices. Subjective well-being was assessed by using subjective well-being inventory at 2 times before and after the yogic practices course of 4 months in order to study the effect of yoga on the subjective well-being and quality of life. The results indicated a significant improvement in 9 of the 11 factors of subjective well-being after 4 months of yoga course. So it was concluded that the regular practice of yoga have beneficial effects on subjective well-being.

Madanmohan, Jatiya, Udupa, and Bhavanani (2003) conducted a study in order to examine the effect of 6 months yoga training (asanas and pranayams) using a sample of 20 school students age range from 12 to 15 years. They divided the sample into yoga group (n= 20) and control group (n= 20). After six months training of yoga they found improvement in strength of expiratory and inspiratory muscles, lung functioning as well as strength and endurance of skeletal muscle in the yoga group. On the basis of the findings they suggest that in order to improve physiological functions, overall performance and health of students yoga should be introduced at the school level.

Narendran, Nagarathna, Narendran, Gunasheela, and Nagendra (2005) conducted a study to examine the effect of yoga practices on the outcomes of pregnancy. This study
consisted of 335 pregnant women between 18 and 35 years of age and between 18 and 20 weeks of pregnancy. All of the women were divided into two groups: yoga group (n= 169) and control group (n= 166). Yoga group practiced some selected physical postures, meditation and breathing techniques 1 hour daily, from the date of enrolment into the study until delivery. While the control group walked for 30 minutes 2 times a day during the same period. The results indicated significant improvement in the number of babies with ≥2500 grams birth weight, decreases IUGR (isolated intrauterine growth retardation) and PIH (pregnancy induced hypertension) in the yoga group.

Sharma, Gupta, and Bijlani (2008) conducted a study to explore the impact of 10 days yoga intervention on subjective well-being. The sample of the study consisted of 129 healthy and ill people (coronary artery disease, diabetes mellitus, hypertension or a variety of other illness). 77 subjects were in the yoga group with age range from 19 to 76 years and 52 healthy subjects were in the control group with age range from 21 to 77 years. Subjective well-being of both the groups was assessed on the first and last day (10th day) of the yoga intervention. After 10 days intervention program it was found that 77 subjects of the yoga group reported significant improvement in the subjective well-being scores as compare to the 52 subjects of the control group.

Jadhav and Havalappanavar (2009) conducted a study to investigate the effectiveness of yoga intervention on the level of subjective well-being and on anxiety. The sample of the study consisted of 50 students (25 girls and 25 boys) with age ranging from 19-20 years. Anxiety and subjective well-being were assessed one year before and after the practice of yoga. Findings revealed a significant decrease in both state, trait anxiety as well as subjective well-being changed in the positive direction.

Biswa (2010) conducted a cross sectional study to investigate the impact of 1 hour in a day of four weeks yogic practices on reaction time and pulmonary by using a sample of 42 rural medical students. All subjects were divided into three groups: 12 subjects in the pranayam group, 13 in the yogic asanas and 17 in the Raj yoga meditation. After four weeks training by experts from the results it was found that the subjects in all of the three groups showed a significant reduction in visual reaction time (VRT) as well as auditory reaction time (ART). It was concluded that the regular practices of yoga will increase concentration and attention abilities among students.
Sharma and Manchanda (2010) reviewed a large amount of research studies on yoga and meditation in relation to well-being and concluded that the practice of yoga not only prevent and cure physical diseases but also result in higher psychic, mental peace and spiritual attainments. Through the awakening of the *charkas* expansion of consciousness takes place. In various studies the outcomes of yoga and meditation have shown beneficial effects in clinical outcomes, desirable psychosocial outcomes, neuropsychological and health care utilization.

Gopal, Mondal, Gandhi, Arora, and Bhattacharjee (2011) conducted a study to examine the effect of yoga in reducing examination stress. The sample of the study consisted of 60 students of MBBS first year randomly assigned to the yoga group (n= 30) and control group (n= 30). The yoga group attended yoga intervention for 35 minutes daily for 12 weeks while control group did not receive any intervention. Anxiety was measured at 2 times at baseline and during examination. The results indicated no significant difference for yoga group during examination stress while the control group showed a significant difference. On the basis of the findings it was concluded that the practice of yoga resists the impairment and autonomic changes of cellular immunity as seen in the stress of examination.

Rani, Tiwari, Singh, Agrawal, Ghildiyal, and Srivastava (2011) conducted a randomized controlled study to investigate the effect of yoga nidra developed by ‘Swami Satyananda Saraswati, School of Yoga, Munger, Bihar, India’ on psychological well-being among female patients of menstrual irregularities recruited. The sample of the study consisted of 150 female patient age range 18 to 45 years with menstrual irregularities were included and randomly divided into 2 groups: 75 in the yoga group and 75 in the control group. In this study yoga nidra intervention was used. The yoga group practiced yoga nidra 35 minutes in a day, five days in a week, for six months while on the other hand control group did not attend the yoga class. Data was collected by using Hindu version of Psychological General Well-being Index (PGWBI) at the commencement and after 6 months classes of yoga nidra. The results indicated a significant reduction in depression and anxiety in the yoga group. In the yoga group after six months of yoga intervention general health, positive well-being and vitality significantly improved as compared to the control group. On the basis of the findings it was concluded that the patients of menstrual irregularities having psychological problems improved significantly on their well-being, depression and anxiety by practicing 6 months yoga nidra intervention.
Singh, Gaurav, and Singh (2011) examined the effect of yogasanas on muscular strength and agility among sportsmen. The sample consisted of 30 randomly selected male players with age ranging from 18-24 years. The subjects were randomly assigned into two groups: yoga group (n= 15) and control group (n= 15). The subjects of the yoga group attained yogasanas (Pascimottanasana, Dhanurasana, Halasana, Sarvangasana, Chakrasana, Trikonasana) programme for 50 minutes 6 days in a week for 6 weeks. Results indicated a significant improvement in agility and muscular strength in the yoga group as compared to the control group.

Kumar (2012) conducted a control group research design study at the “Yoga Arogya Polyclinic of Dev Sanskrit Vishwavidyalaya, Haridwar, India” in order to examine the effect of 60 days yoga intervention on the level of general well-being by using a sample of 110 normal people (male= 55 and female= 55) age range 30 to 40 years selected from Haridwar and Dehradun. Eighty subjects practiced regular set of Asana and Pranayama under the guidance of a yoga expert for 60 days while 30 subjects in the control group. The findings of the study revealed that yoga practice have a significant positive effect on the level of general well-being among normal people.

Singh, Soni, and Singh (2012) conducted a study to investigate the effect of 2 months of yoga and pranayama on diffusion capacity among asthma patients. The sample of the study consisted of 60 asthma patient age range from 18 to 60 years. The patients were randomly divided into 2 groups: yoga group (n= 30) and control group (n= 30). Lung functions were assessed before and after 2 months intervention of yoga of all of the patients. After 2 months the yoga group recorded a statistically significant improvement in transfer factor of the lung for carbon monoxide, peak expiratory flow rate, forced expiratory volume in 1st sec, forced vital capacity, slow vital capacity and maximum voluntary ventilation and also significantly increased quality of life. On the basis of the findings it was concluded that stretching body postures and breathing during pranayama and yoga are used to increase respiratory stamina, expand the lungs, relax the chest muscles, calm the body and raise energy level.

Bansal, Gupta, Agarwal, and Sharma (2013) conducted a study in order to examine the impact of brief structured yoga intervention on mental well-being by using a sample of 82 MBBS students. Results indicated that significant improvement was reported by students in general as well as mental well-being following the yoga intervention and highly significant difference was found.
Godse, Shejwal, and Godse (2015) conducted a study to examine the effect of Suryanamaskar yoga on the relaxation dispositions (R-dispositions) among college students with high level of stress in Pune, India. They assessed a group of 419 students (age 17 to 22 years) on stress symptoms using ABC relaxation theory. A total of 124 students were identified with high stress, randomly assigned to an experimental and control group. A total of 80 students (40 in each group) out of 124 completed before and after the Suryanamaskar yoga program and then were assessed on stress dispositions and R-dispositions. The findings of the study revealed that Suryanamaskar yoga group (experimental group) was found to be higher on the R-dispositions like mental quiet, physical relaxation, refreshed and rested, at ease/peace awareness, strength and joy as compared to the control group. In addition Suryanamaskar group was found to be lower on sleepiness and on S-dispositions like worry, somatic stress and negative emotions as compared to the control group.

Fasting

Kamal, Ahmad, Sayedda, and Haque (2012) conducted a study to examine the effect of Ramadan fasting on human body metabolism. The sample of the study consisted of 30 healthy Muslim male age range from 20 to 30 years. Blood samples were taken four times: 1 week before Ramadan fasting, 14th day of Ramadan 26th day of Ramadan and after 21 days of Ramadan, at every visit blood pressure and body weight were also noted. The results of the study indicated significant reduction in body weight, LDL (low-density lipoprotein) and Triglyceride. No significant change in diastolic blood pressure but significant decrease in systolic blood pressure. No significant reduction in total cholesterol. In the first two weeks of Ramadan total protein and albumin decreased significantly but increased slightly in the last week. By 26th day of fasting the HDL (high-density lipoprotein) significantly increased. It was concluded that fasting during the month of Ramadan do not have harmful effect on health of healthy persons but also improve lipid metabolism.

Afsanex, Mitra, and Seyedhossein (2013) examined the effect of Ramadan fasting on the self-esteem. The sample of the study consisted of 60 Muslim participants (11 males mean age 30.09 ± 9.4 and 49 females mean age 34.2 ± 9.06 years). Self-esteem of the subjects was measured by using Cooper Smith’s self-esteem inventory before and after 10 days of Ramadan. The findings of the study indicated that subjects average self-esteem increased by
p<0.01 when comparing with the average self-esteem measured before Ramadan fasting. It was concluded that Ramadan fasting can improve self-esteem.

Lahdimawan, Handono, Indra, and Prawiro (2014) conducted a study to investigate the effect of fasting during the Islamic Holy month of Ramadan on the ability of macrophages, PBMC (peripheral blood mononuclear cells) and serum in killing M. tb (Mycobacterium tuberculosis). The sample of the study consisted of 30 healthy male subjects’ age range from 18 to 20 years (mean ± SD: 20.26 ± 1.13 years). They fasted during the month of Ramadan. In the study blood sampling was conducted three times: 7 days before Ramadan, on the 7th day of Ramadan and on the 21st day of Ramadan. From the results of the study it was concluded that fasting during the month of Ramadan decreases the risk factors of TB among healthy persons and also has a favourable effect on host defence against M. tb.

Mousavi, Rezaei, Baghi, and Seifi (2014) conducted a study to examine the effect of Ramadan fasting on mental health by using a sample of 110 subjects. GHQ (general health questionnaire) was used to measure the mental health of the subjects before and after the fasting of Ramadan. Results indicated a significant difference between before and after test results in terms of the scores on GHQ, Ramadan fasting could increase the general health of the sample. A significant positive relationship was found between fasting and all of the four subscales of general health. Whereas on suicidal tendencies and severe depression fasting.

2.3 Other Spiritual practices and life satisfaction

Firth (1997), concluded based on the observations of a British Hindu community that females are more religiously active as compared to males. In the home, puja (prayer) is more often carried out at shrines by females as well as temples are set by females as compared to by males more frequently.

Pradhan (2015) conducted a study in order to explore the role of spirituality in life satisfaction among young adults using the sample of 300 young adults (150 males and 150 females) of 19- 25 years. Results suggested that respondents high in spiritual beliefs, practices and experiences were most satisfied with their life. It was also found that females higher in spiritual practices reported higher level of life satisfaction as compared to those lower in spiritual practices. Results also suggested that spiritual practices play different role
for both males and females because, females with low level of all the three dimensions were found least satisfied, whereas males with high level of spiritual practices but low on spiritual beliefs and experiences were found least satisfied. So the study suggested that spiritual practices alone cannot make life satisfied if all the three dimensions of spirituality are not in equivalence. It was concluded that by profound understanding of spiritual beliefs, motivating to practice those beliefs and experience connection with the Divine may improve satisfaction with life among young adults.

Singh (2015) conducted a study in order to examine the relationship between spiritual practices and psychological well-being by using a sample of 204 Hindu religious devotees (127 males and 77 females). Mean and SD of the age of participants were 34.40 and 13.66. Findings of the study suggested that spiritual practices were significantly positively associated with psychological well-being.

2.4 Spiritual/Religious Experiences and Well-being

Kass, Friedman, Leserman, Zuttermeister, and Benson (1991) conducted a study on health outcomes of spiritual experiences by using a sample of 83 medical outpatients. The findings of the study indicated that spiritual experiences were positively associated with health promoting attitudes, increased life satisfaction and purpose in life as well as also associated with decreased frequency of medical symptoms.

Kennedy, Kanthamani, and Palmer (1994) conducted a screening survey to find out the relationship of spiritual experiences with health, meaning in life and well-being by using a sample of 105 college students age ranging from 17-47 years, with mean age of 23 years. The results revealed that at least 59% of the students reported had experienced a spiritual/transcendent and or psychic experience. It was found that those students who reported these experiences tend to have a greater level of overall sense of meaning in life. They found that for those respondents observing religious or spiritual beliefs were important tend to report more transcendental experiences, a healthy life style, higher absorption and were willing to help others and low interest in obtaining status. They also found that observing religious or spiritual beliefs has a significant positive relationship with the global meaning in life. Further, they also found that psychic and or spiritual/ transcendental experiences had a significant positive relationship with overall meaning in life.
Kennedy and Kanthamani (1995) examined the effects of spiritual/transcendent and paranormal experiences on the life of people by using a convenience sample of 120 people (62% female and 38% males, average age = 42 years and ranged from 16 to 84 years) reported having had at least one spiritual and/or paranormal experience. Results of the study indicated that these experiences enhance their ability and interest in the spiritual matters as well as their overall sense of well-being. The majority of the people showed that these experiences resulted in a desire to achieve a higher consciousness, interest in spiritual or religious matters, belief that a higher power or being guide and watch their lives, belief in life after death, a sense of connection to others, well-being, happiness, confidence, optimistic approach about their future, purpose or meaning in life, motivation to maintain health as well as tolerance for others. They also showed decrease in negative aspects such as depression or anxiety, fear of death, fear and worry about future, loneliness and isolation. A positive relationship between current measures of well-being and current measures of spirituality was found with reported changes in spirituality and well-being from these experiences.

Krishna Mohan (1999) conducted a study to investigate the effects of spiritual experiences on psychological well-being. The sample of the study consisted of 200 individuals whose age ranging from 20 to 70 years belonging to 13 spiritual organizations based on Hindu philosophy. Subjects were assessed on the Index of Changes Resulting from Experience (ICRE), Life Experience Questionnaire (LEQ) and Checklist of Effects of Experiences (CEE). The findings of the study revealed that after having the spiritual experiences individuals were generally cheerful, happy and most of the time at peace and rarely depressed or downhearted. Most of the subjects reported that they were satisfied with the purpose and meaning of life and possessed an excellent health. A significant number of subjects reported that the spiritual experiences they had were beneficial or valuable for them. Results revealed that the majority of the experiences consisting of the references to the God, a “higher power” and a spiritual leader. Subjects further reported an increase in areas reflecting spiritual and humanistic concerns as well as a decrease in negative beliefs and feelings.

Keefe, et al. (2001) conducted a study to explore the role of daily religious/spiritual coping and daily spiritual experiences in the experience of people with pain of rheumatoid arthritis (R. A). Sample of the study consisted of 35 people with R. A. They were asked to keep daily diary for 30 days. They found that those who reported to have spiritual experiences also reported to use more frequently positive religious/spiritual coping strategies.
than negative. They also found that more frequent daily spiritual experience was related with higher levels of positive mood, strong social support and lower level of negative mood.

Underwood and Teresi (2002) found in the construct validity analysis of the 16 item Daily Spiritual Experience Scale (DSES) that higher daily spiritual experience may be positive. In the Chicago SWAN study, they found that the frequency of daily spiritual experience was significantly negatively associated with some psychosocial factors such as anxiety, depression, perceived stress, alcohol consumption and significantly positively associated with better quality of life, optimism, as well as perceived social support among the sample of 233 individuals with mean age of 46.76, SD= 2.74 years. In the Loyola study they found that more frequent daily spiritual experience was associated with more positive affect among the sample of 122 individuals with mean age of 27.7, SD= 13.4 years. It was reported that the reduced level of stress, depression and alcohol consumption as well as improved quality of life, social support and optimism mediate the relationship between daily spiritual experiences and improved health. They also found that women reported higher daily spiritual experiences than males.

Dunn, Chapleski, Stinson, and Massanari (2003) conducted a study to determine the relationship of organizational religiousness, some bio-psycho-social factors and private religious activities with daily spiritual experience. The sample consisted of 604 inner city elders with age of 60 or above years. The results indicated a significant positive relationship of Bible reading, listening or watching religious programs, more frequency of religious services attendance and having better mental health with higher daily spiritual experience.

Koenig, George, and Titus (2004) conducted a study to determine the impact of spirituality and religion on physical and psychological health as well as on social support by using a sample of 838 older adult patients aged 50 years and above. Results revealed that daily spiritual experience was negatively associated with depressive symptoms and positively associated with better cognitive functioning, stronger social support and higher degree of cooperation. In relation to private religious practices it was found that prayer and Bible reading was associated with fewer depressive symptoms, better cognitive functioning and higher degree of cooperation. On the basis of overall findings, it was concluded that religious attitudes, activities and experiences were associated with better mental health and stronger social support and to some extent, weakly associated with better physical health.
Rippentrop, Altmaier, Chen, Found, and Keppala (2005) conducted a study to investigate the relationship of multiple dimensions of religion/spirituality with physical and mental health. The sample of the study consisted of 122 chronic musculoskeletal pain patients with mean age of 52.7 years. The results indicated that better mental health status was significantly predicted by daily spiritual experiences, forgiveness, religious support, self-rankings of religious/spiritual intensity as well as negative religious coping (as feeling of punishment by God for sins, avoid belief on God). While private religious activities were negatively associated with poor physical health.

Boswell, Kahana, and Dilworth-Anderson (2006) conducted a study to examine the stress counter-balancing effects of spirituality and healthy life behaviours (physical activity and healthy diet) on the well-being of older adults. The sample of the study consisted of 221 older adults with age of 65 years and above. The results of the study revealed that daily spiritual experiences, healthy diet and physical activity leads to healthy subjective physical well-being.

Maselko and Kubzansky (2006) conducted a study by using the data from U S General Social Survey (1998) to investigate the relationship of spirituality/religiosity with the indicators of health and well-being (happiness, psychological distress and self-rated health) and any gender-wise difference. The sample of the study consisted of 1445 participants with age ranging from 18 to 65 years with a mean age of 44.67 years. The findings revealed that public religious practices at least once in a week significantly correlated with all of the three indicators of health and well-being for both males and females but this relationship was stronger in case of males than females, while the relationship between private religious practices or daily spiritual experiences with health and well-being does not significantly different gender-wise. When both public and private religious practices and spiritual experiences were analyzed all together, it was found that in case of males public religious practices most consistently predict health and well-being, and in case of females an independent relationship with health and well-being was maintained by both daily spiritual experiences and public religious practices. When daily spiritual experiences were considered separately in relation to the three indicators of health and well-being, it was found that for both males and females there was a significant relationship between daily spiritual experiences and happiness. There was also a marginal significant relationship between daily spiritual experiences and self-rated health only for females.
Mofidi, DeVellis, Blazer, DeVellis, Panter, and Jordan (2006) conducted a study to determine the relationship between spiritual experiences and depressive symptoms by using a sample of 630 middle aged and older adults. Results based on structural equation modelling it was found that daily spiritual experiences were statistically significantly correlated with fewer depressive symptoms and this association was also moderated by age as well as stress.

Watlington and Murphy (2006) conducted a study to examine the relationship of spirituality (measured by DSES), religious involvement, social support and religious coping with depressive and posttraumatic stress symptoms. The sample of the study consisted of 65 African American women with mean age of 32.22, SD= 7.45 years, all suffered from domestic violence. The results of the study indicated that women who reported frequent daily spiritual experiences reported to have fewer depressive symptoms and higher level of social support. Involvement in religious activities was also found to be inversely correlated with posttraumatic stress symptoms and depressive symptoms.

Desrosiers and Miller (2007) conducted a study to find out the relationship of spirituality with depression. The sample consisted of 615 adolescents both male (252) and female (361) age ranging from 11 to 23 years respectively. The level of depression and spirituality were found to be higher among females as compared to males. Output of regression analysis indicated that daily spiritual experiences, positive religious coping and forgiveness were negatively associated with depressive symptoms exclusively among females.

Allen, Phillips, Roff, Cavanaugh, and Day (2008) conducted a study to find out the relationship of spirituality/religiousness with physical and mental health. The sample of the study consisted of 73 older male inmates with mean and SD of age 63.68 and 8.96 years respectively. Results of the study revealed that more frequent daily spiritual experiences were associated with better emotional health. Daily spiritual experiences were found to be significantly negatively associated with depression. It was reported that those who experience more frequent daily spiritual experiences might feel less carelessness and also have better mental health.

Ellison and Fan (2008) conducted a large-scale study in which they examined the relationship of daily spiritual experiences with multiple dimensions of psychological well-being (optimism, self-esteem and happiness) using the data of a cross national survey (1998-
2004) of more than 1,000 adults in the United States. Results of the study indicated a robust positive relationship between daily spiritual experiences and psychological well-being. It was found that those people who reported higher level of spiritual experiences (e.g., experience a connection to all of life, find strength in spirituality) reported greater level of optimism, self-esteem, happiness, satisfaction with self and excitement with life.

McCauley, Tarpley, Haaz, and Bartlett (2008) conducted a study on the health outcomes of daily spiritual experiences among with and without arthritis older adults. The sample consisted of 99 patients females= 61 with mean ± SD of age= 64.46 ± 10.09 and males= 39 with mean ± SD of age 67.76 ± 8.08. Results revealed that higher levels of daily spiritual experiences were associated with increased level of energy as well as with decreased level of depressive symptoms among patients with arthritis. It was concluded that daily spiritual experiences positively affect mental health among older adults.

Park, Edmondson, Hale-Smith, and Blank (2009) conducted a study to examine the relationship between religion/ spirituality and health behaviours. They examined the relationship of daily spiritual experiences, religious attendance and religious struggle with health behaviours. The sample of the study consisted of 167 younger adults: 108 females and 59 males with mean age of 46.34, SD= 6.29 years, suffering from a variety of cancers. Results indicated that daily spiritual experiences were positively associated with greater performance of healthy behaviours as compared to religious attendance and religious struggle. The effects were partially mediated by self-assurance.

Greenfield, Vaillant, and Marks (2009) conducted a study by using the data from ‘The National Survey of Midlife in the United States’ (MIDUS) 2005 of 1,564 respondents age ranging from 25 to 74 years with mean of age 56.89 and SD= 12.60 years. The aim of the study was to examine the relationship of frequent religious participation and daily spiritual experiences with various dimensions of psychological well-being (positive affect, negative affect, purpose in life, personal growth, positive relations with others, autonomy, self-acceptance and environmental mastery). The results revealed that the higher frequency of spiritual experiences were consistently and independently associated with better psychological well-being across all of the dimensions of psychological well-being and three of these beneficial association (positive affect, purpose in life and self-acceptance) were stronger in case of females than males. More frequent religious participation was independently correlated with positive relations with others, greater purpose in life and
personal growth. On the basis of the results it was concluded that daily spiritual experiences and religious participation independently associated with all of the dimensions of psychological well-being.

Kalkstein and Tower (2009) conducted a study to standardize DSES on a new population and to examine the relationship of daily spiritual experience with physical, psychological and social well-being. The sample consisted of 408 adults with mean age of 47.5, SD= 16.4 years and 85 older adults with mean age of 85.7, SD= 5.9 years, a total of 493 participants. The results revealed that women as compared to men reported more frequent daily spiritual experience; negative relationship was found between attainment of higher level of education and daily spiritual experience. It was found that frequent daily spiritual experiences negatively correlated with higher psychopathology (depressive symptoms, anxiety and loneliness) and positively associated with better self-rated health and close friendship.

van Dyke, Glenwick, Cecero, and Kim (2009) conducted a study to examine the relationship between spirituality, religious coping with psychological distress, adjustment by using a sample of 76 school students with mean age of 12.20 years and SD=0.92 years. Results of the study revealed a significant positive relationship between daily spiritual experiences and positive affect as well as satisfaction with life. A further support for these relationships was provided by regression analysis as: higher scores on Daily Spiritual Experience Scale predicted higher scores on psychological adjustment factor and lower scores on psychological distress. However, the relationship of daily spiritual experiences with psychological distress and negative affect not found to be statistically significant but found in the negative direction. In case of males a significant negative relationship was found between daily spiritual experiences and depression subscale of BSI-18 but not for females.

Bailly and Roussiau (2010) conducted two studies to evaluate the psychometric properties of the shorter form of the DSES (6-item) in the French elderly population. In the first study the sample consisted of 195 adults with mean age of 77.44 years and SD= 5.12. 6-Item DSES (French translation) was administered and factor structure by using PCA as well as internal consistency was examined. The PCA revealed with an eigen value greater than 1, only one factor as well as a high internal consistency with Cronbach’s alpha .89 was found. In the second study, the total sample consisted of 338 subjects with mean age of 77.87 years and SD= 5.46. The basic purpose of this second study was to confirm the factor structure of
the DSES using CFA, besides this to evaluate the test-retest and internal consistency and, to assess the construct validity of the DSES, measures of depression; life satisfaction and physical health were also evaluated. The results revealed single factor model, high internal consistency with Cronbach’s alpha .92 and high test-retest reliability (r = .85). At the time of evaluating construct validity of the DSES it was found that higher scores on DSES were significantly positively associated with good life satisfaction and with two measures of physical health. It was also found that older participants scored higher on DSES, a significant positive relationship between age and DSES scores.

Campbell, Yoon, and Johnstone (2010) conducted a study to determine the association of physical health with spiritual experience, religious practices and with congregational support. The sample of the study consisted of 168 assorted medical patients with mean age of 48 years and SD= 18.3 years. Results based on hierarchical regression analysis indicated that only daily spiritual experience scale items significantly predict general health perception, the items of daily spiritual experience accounted an additional 6% variance.

Mayoral, Laca, and Mejía (2010) conducted a study to examine the relationship of daily spiritual experiences with psychological well-being, life satisfaction, personality and positive/negative effect. The sample of the study consisted of 100 Basque and 96 Mexican people with age range from 16 to 62 years. The most important finding of this study was that daily spiritual experiences was positively associated with psychological well-being, positive affect and life satisfaction as well as negatively associated with indicators of depression and anxiety.

Skarupski, Fitchett, Evans, and Mendes de Leon (2010) conducted a study to explore the levels of daily spiritual experiences among community-dwelling older adults to investigate the psychological and demographic correlates of daily spiritual experiences as well as to compare it with attending the religious services and prayer. The sample consisted of 6534 community-dwelling older adults with age 65 years and above. Results of the study revealed that the majority of the subjects reported to have at least daily spiritual experiences. Females and African Americans reported higher scores on Daily Spiritual Experience Scale as compared to males and whites respectively. There was moderate level of relationship between prayer, worship and daily spiritual experience scores, but the relationship between prayer or meditation and daily spiritual experiences was stronger as compared to the relationship with religious service attendance. They also found that those who most
frequently attend religious services reported the highest level of daily spiritual experience; however, the levels of daily spiritual experiences were also high among those who reported never or rarely worship attendance. Higher level of daily spiritual experiences was also positively associated with larger social networks, better self-rated health and lower depressive symptoms.

Kashdan and Nezlek (2012) conducted a study based on daily dairy using a sample of 87 college students (mean age 21.13, SD= 2.17 years). Students provided reports for a total of 1,239 days about their daily experiences of spirituality and well-being. From the analysis of the dairies it was found that daily experience of spirituality was positively correlated with self-esteem, meaning in life as well as positive effects.

Lynch, Hernandez-Tejada, Strom, and Egede (2012) conducted a study to investigate the relationship of spirituality with depression among patients of type 2 diabetes. The sample of the study consisted of 201 adults with diabetes. Daily spiritual experience scale (DSES) was used to measure their perception of the transcendental reality (the divine, God) in their daily life. The findings of the study indicate that higher the scores on DSES was associated with lower level of depression.

Isfahani and Nobakht (2013) conducted a study to investigate the relationship of three components of spiritual intelligence (transcendental consciousness, spiritual experience, patience and forgiveness) with happiness among the staff of ‘Golpayegan Petrochemical Company’. The sample consisted of about 156 company employees with age ranges from 26 to 35 years. The results indicated significant positive relationship between the variables: spiritual experience, transcendental consciousness and forgiveness with staff happiness. Among these variables spiritual experience has the greatest positive effect on staff happiness.

Mayoral, Underwood, Laca, and Mejía (2013) conducted a study to standardize DSES-Spanish among Maxicans. The sample of the study consisted of 206 subjects (male= 105 and female= 101) with age ranges from 15 to 70 years (mean= 27.5 and SD= 9.41). Findings supported the use of DSES-S, the psychometric properties were similar to the original version. A significant positive relationship was also found between daily spiritual experiences and satisfaction with life.

Ugwu and Ugwu (2013) examined the relationship between daily spiritual experiences, happiness and materialism by using a sample of 142 Nigerians (83 males and 59
females) with age ranges from 19 to 57 years (M= 29.7 years). Materialistic value was measured by using MVS (Materialism Value Scale), happiness was measured by using OTH (The Orientations to Happiness Scale) and DSES (Daily Spiritual Experience Scale) was used to assess participants’ spiritual experiences. The results revealed a significant positive relationship between participant’s daily spiritual experiences and happiness. Happiness was also found to be positively correlated with materialism and materialism was also positively associated with daily spiritual experiences.

Wachholtz and Rogoff (2013) investigated the relationship of spirituality with burnout among medical students. The sample consisted of 259 medical students of MD or MD/PhD. The results revealed that daily spiritual experiences and strong spiritual resources were positively associated with satisfaction with life and negatively associated with burnout and psychological distress.

Khademi, Ghasemian, and Hassanzadeh (2014) conducted a study to examine the association of daily spiritual experiences and physiological resilience with psychological well-being. The sample consisted of 127 employees of Tax Administration, Sari (Iran). Results revealed significant positive relationship of daily spiritual experiences and psychological resilience with psychological well-being. When looked separately, it was found that daily spiritual experiences were found to be significantly positively associated with psychological well-being as well as with two subscales of psychological well-being scale (self-acceptance and positive relations with others). Psychological resilience was also found to be significantly positively associated with psychological well-being while not significantly associated with the subscales of psychological well-being. Regression analysis showed that the combination of both variables (daily spiritual experiences and physiological resilience) as well as each variable separately could significantly predict psychological well-being.

Lee, Veta, Johnson, and Pagano (2014) conducted a study in order to explore the effect of increased level of daily spiritual experiences on the treatment response and during treatment changes in belief orientation among adolescents. The sample consisted of 195 (male= 93 and female= 102) with mean age of 16.2 years. It was found that increased level of daily spiritual experience was found to be associated with increased prosocial behaviours, greater likelihood of abstinence and reduced level of narcissistic behaviours. Results indicated that daily spiritual experience improves care for others and youth self-care.
Marquine, Maldonado, Zlatar, Moore, Martin, Palmer, and Jeste (2015) conducted a study to determine the differences in satisfaction with life among demographically matched Hispanic and non-Hispanic older whites. The sample consisted of 126 Hispanics and 126 non-Hispanics aged 50 and older. The results revealed a significant positive relationship of daily spiritual experiences, religious practices and compassion with satisfaction in life in the overall sample of the study.

**2.5 Spiritual Belief and Spiritual Experiences**

Miller, Gall, and Corbeil (2011) conducted a qualitative study on 10 individuals (2 male and 8 female) from catholic faith using semi-structured interview in order to understand the personal prayer experience with a sacred object within the situation of significant life stress. On the basis of the participants’ narratives they found that within a sacred object the experience of prayer is an integral and rich aspect of the spiritual life of those individuals which ultimately supports a sense of meaning in life even in the situation of major life stressor. Some participants revealed that they utilize prayer with a sacred object as a means of communicating and connecting with the divine and in particular as a strong root to release strong negative emotions (fear and anger). Most of the participants experience a sense of guidance as well as unconditional support which help them to remain settled when life goes apart from them. For some participants it goes beyond the emotional support and communicating with the divine to a sense of oneness with that divine reality and felt a deep spiritual/religious experience. Through prayer with the sacred object positive emotions (peace, calm) can be enhanced that in turn make more bearable negative emotions (anxiety).

On the basis of the finding of the above study it may be concluded that while doing prayer with a sacred object in order to experience the connection with the divine, a sense of oneness with the divine reality, a deep spiritual/religious experience and a sense of guidance and unconditional support one should have belief in that sacred object.

**2.6 Spiritual Practices and Spiritual Experiences**

The fact that both the settings and nature of prayer reliably produce spiritual/religious/mystical experiences in the traditionally religious devotees has suggested
that if the prayer is meditative (poloma’s term)/ contemplative (Hood’s term) in nature then the prayer should be strongly related to the religious/spiritual/mystical/sacred experiences. Hood, Morris and Watson (1987, 1989) as well as Poloma and Gallup (1991) have found such a strong correlation in their research Studies.

Hood, Morris, and Watson (1887, 1989) conducted two separate co relational studies. In the first study they use a convenience sample of 198 people with a mean age of 31 years and in the second study use 86 people who prayed and meditated. The important finding of these two studies was two studies was that intrinsic religious persons who regularly prayed or meditated scored higher on the measures of mystical awareness (a feeling of unity) as compared to the extrinsic religious persons.

Poloma and Gallup (1991) examined the relationship between prayer and prayer experiences using both qualitative and quantitative data of a survey research conducted during 1985 Akron Area Survey-AAS (Poloma & Pendleton, 1991) included the data of 560 respondents. The results of this study indicated that meditative prayer was strongly related to the religious experience (experience of closeness to God).

On the basis of the findings of above studies it may be suggested that meditative/contemplative prayer has a strong relationship with the experience of unity (mystical) and nearness (numinous) to God.

Richards (1991) conducted a study on “the phenomenology and psychological correlates of verbal prayer” using a sample of 345 participants. He found that the intensity of prayer experiences (like feeling energy or feeling God’s presence) was positively associated with spiritual experience, absorption and purpose in life as well as negatively associated with external locus of control.

Idler, Boulifard, Labouvie, Chen, Krause, and Contrada (2009) conducted a study in order to evaluate some measures to describe the experiences occurring during the worship services. The sample of the study consisted of 576 heart surgery patients (both male and female) with age ranges from 28 to 89 years. It was found that religious services attendance provides multifaceted social, emotional, physical and spiritual experiences that may further promote through multiple pathways physical health.

Buchko (2004) suggested that females experience a strong spiritual relational element with their religion to a greater extent as compared to males. It was found that through prayer
they experience connectedness with God daily, feel sure that God is active and present in their life, seek direction and teaching from religious gurus when facing problems, feel security and comfort from faith and express devotion and respect for God.

2.7 Experimental studies on Spiritual Practices and Spiritual Experiences

van der Lans (1985, 1987) conducted an experimental study to examine whether spiritual experiences occur during the practices of meditation or not, using Sundén’s theory on a group of 35 students participated in a 4-week Zen meditation training course. In the first two weeks students were instructed to concentrate on their breathing, after those sessions they were instructed to concentrate upon any object without a focus. After the complete course, students were divided into 2 groups on the basis of the interviews: experimental group (with a religious frame of reference, n= 14) and control group (without a religious frame of reference, n= 21). The experimental group was instructed to anticipate their meditative experiences within religious traditions and the control group was instructed to anticipate their meditative experiences used for the purpose of therapy. He found that half of the experimental group reported to have religious experience during meditation; on the other hand in the control group no any single student reported the same experience.

Astin (1997) conducted a study in order to examine the effects of 8-week training in mindfulness meditation based stress reduction program on sense of control, psychological symptomatology and on spiritual experiences. The sample of the study consisted of 28 participants randomly divided into two groups: an interventional (experimental) and a non-interventional (control). The results of the study indicated that when experimental group was compared with control group it shows significant reduction in overall psychological symptomatology, utilization of an accepting mode of control and an increase in overall domain specific sense of control in their life as well as on the measure of spiritual experiences participants shows high scores.

Shapiro, Schwartz, and Bonner (1998) conducted an experimental study to examine the short term effects of 8-week stress reduction intervention based on mindfulness meditation. The sample of the study consisted of 78 medical and premedical students using a well controlled statistical design. The findings of the study indicated that the intervention can reduce effectively overall psychological distress including the symptoms of depression,
reduction in the self-reported state and trait anxiety, increased scores on the index of core spiritual experiences and overall empathy levels among interventional group compared with control group.

Wachholtz and Pargament (2005) conducted a study to examine the beneficial outcomes of spiritual intervention by comparing the effects of three techniques (secular meditation, spiritual meditation and relaxation technique). The sample of the study consisted of 68 college age students, 25 subjects in the spiritual meditation group, 22 in the relaxation group and 21 in the secular meditation group. Participants of the three groups were instructed to practice their techniques assigned for 20 minutes in a day for 2 weeks. After completion of two weeks, it was found that the participants of the spiritual meditation group reported significantly more frequent daily spiritual experiences (more closeness to God), more positive mood, spiritual health and less anxiety as compared to other two groups. Daily spiritual experiences were found to be positively associated with positive mood. The spiritual meditation group displayed increased pain tolerance.

Geary and Rosenthal (2011) conducted a study to examine the levels of daily spiritual experiences and self-reported stress before, immediately and after 1 year engaged in an 8-week mindfulness-based stress reduction course among academic health care employees. The sample of the study consisted of a total of 108 people, 59 participants both female (85%) and male (15%) (Mean age= 48 ± 9.6 years) in the MBSR group and control group comprise of 49 participants both male (4%) and female (96%) (Mean age= 42 ± 8.7 years). The MBSR group (N= 59) received and 8 week MBSR course while control group did not receive any intervention. All of the participants in both the groups completed the SF-36 measures of health and well-being, the SCL-90 (symptoms checklist), Cohen’s perceived stress scale and the daily spiritual experience scale. With the help of these tests data was collected at three times before MBSR course, immediately after completion of the course and after 1 year. It was found that the MBSR group showed improvement on all the scales but not on the physical component score of the SF-36. Immediately after the completion of MBSR course and after 1 year same results were maintained, while the control group did not show any significant change on any scale. On the basis of the findings it was concluded that 8 week MBSR course decreases the level of stress effectively and increases daily spiritual experiences among academic health care employees and these effects remain stable at least after 1 year.
Boelens, Reeves, Repogle, and Koenig (2012) conducted an 1 year follow-up study to indentify the effects of prayer intervention maintained after an year on anxiety, depression and on positive emotions by using a sample of 44 females (average age 48 years). The prayer intervention consisting of 60 minutes prayer session for 6 week. Subjects completed Hamilton Rating Scale to measure anxiety and depression, daily spiritual experience scale and life orientation test before the prayer intervention, immediately after completing 6 prayer sessions, after a month and then again those subjects were reassessed with the same research instruments 1 year later. After comparing the findings of pre-prayer, immediately after 6-week prayer sessions, 1 month and again 1 year following prayer sessions, the results of the study indicated that post prayer intervention, 1 month and 1 year follow-up instruments showed significantly less anxiety and depression, greater level of daily spiritual experiences and more optimistic orientation towards life than did the pre-prayer intervention instruments.

On the basis of the findings, the researchers concluded that the subjects maintained effects of prayer sessions on depression and anxiety and also on the level of spiritual experiences and optimism even after one year, whereas during one year there was no any additional medicinal treatment, psychotherapy, prayer intervention, but at the end of the prayer intervention subjects were encouraged in order to practice regular scripture reading (Bible reading) and church attendance.

The review of relevant literature revealed that more studies are needed on these aspects of spirituality for establishing interrelationship among these variables.

Next chapter shows method while studying the present problem.