

Relationship between Faith in Allah and Life Satisfaction Among the Cardiac Patients

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ABSTRACT

The current research investigated relationship between faith in Allah and life satisfaction among the cardiac patients. Purposive sampling strategy was used. The sample was composed of 100 adult Muslim hospitalized cardiac patients (50 male and 50 female patients) within the age range of 40-70 years from private and public hospitals of Lahore city of Pakistan. Survey research design was used. *Life Satisfaction Questionnaire (LSQ) and *Faith in Allah Questionnaire (FAQ) were developed by Farooqi and Tariq (2009); and were individually administered to all the research participants to assess their level of life satisfaction and faith in Allah. The reliability for FAQ was α .96 and for LSQ was α .88. Hierarchical Multiple Regression Analysis was performed with SPSS (version 11.5). The results suggested that the participants' faith in Allah was the strongest predictor of life satisfaction ($\beta = .66, p < .01$). Furthermore, significant positive relationship was found between faith in Allah and life satisfaction among the cardiac patients ($r = .74, p < .01, respectively$). However, no significant gender differences were found in life satisfaction and faith in Allah. These findings are consistent with the prior research findings of the Western and predominantly Christian countries. The current research findings have implications for promoting our understanding of relationship between life satisfaction and faith in Allah among the Muslim cardiac patients. Moreover, these findings may be used for the introduction of more comprehensive treatment strategies and rehabilitation programs for the cardiac patients by their cardiologists and related medical professionals.

Keywords: Faith in Allah, Life Satisfaction, Cardiac Patients, Muslim

INTRODUCTION

Generally speaking, satisfaction with one's life implies a contentment with and acceptance of one's life circumstances. Life satisfaction is an overall positive or negative assessment of feelings and attitudes towards one's life at a particular point in time (Diener, 1984, as cited in Hampton & Marshall, 2000). In essence, life satisfaction is a subjective assessment of the quality of one's life (Sousa & Lyubomirsky, 2001). Moreover, the person's self-efficacy, which is his /her beliefs about his /her abilities to cope with life's exigencies, would also have an influence on his/her life satisfaction. Mathew (as cited in Majid, 2003) argues that with the advancement of science and technology, the modes of satisfaction have also been changed in this millennium.

Consequently, most of the people around the world are trying to gain pleasure and satisfaction through physical and materialistic modes of satisfaction. Nevertheless, the people in the East and the West are now realizing that real pleasure, life satisfaction and tranquility can only be gained by returning back to God (Allah). Thus, it may be argued that having faith in God/ Allah may provide the real moral support that is required in life and thus, may enhance an individual's satisfaction of heart and soul in the long run.

Abdullah (2009) states that the faith in Allah imparts to the heart and soul extraordinary consolation; fills the heart with a sense of satisfaction and all the time keeps them filled with hope. Briggs, Reinig, and Vreede (2008) introduced the Yield Shift Theory that proposes that an individual's satisfaction response occurs with reference to some state or outcome desired by the individual. The satisfaction response, both positive and negative feelings, is referred to as satisfaction and dissatisfaction. Maslow (1971) viewed life as an ongoing process of choices. He argues that mostly it is not the fear of choice but it is the growth of choice and spirituality that provides what one can grow toward in life (Maslow 1964 as cited in Smith, 2002).

Youpa (2010) describes Spinoza's Desire Satisfaction Theory of Value which states that something has value for us only because we desire for it. If we desire for the God's (Allah's) pleasure and we want to please Him then we will obey the God's (Allah's) principles. James Fowler's Faith Stage Theory given in his book "Stages of Faith" (1971) explains six- stage development of individual's religious faith. These stages help us to understand the people and why they are in a specific stage with regard to their faith (as cited in Ashman & Zastrow, 2004).

There is sufficient empirical evidence that suggests positive relationship between life satisfaction and faith in Allah (God). Tate and Forchheimer (2002) found that spirituality was associated with both quality of life and life satisfaction, and it was found to be a significant predictor of life satisfaction among the cancer patients undergoing rehabilitation process. Owens, Eisner, and Cox (1999) explored the effects of humor and spirituality as predictors of life satisfaction in the younger and older adults. Their findings suggest significant positive relationship between

use of humor to cope and life satisfaction; and use of spirituality and life satisfaction in both groups.

Clark (2008) explored relationship between religion and life satisfaction among the Christian European believers, both Catholics and Protestants. He further studied the believers' happiness and how they dealt with their daily life problems. The findings suggest that the more religious people are more contented and better able to cope with the daily life stresses and traumatic events like divorce, losing job, etc. The results further indicated that religion acted as a buffer to the problems and life stresses for the participants who believed in God which protected them from life's disappointments.

Yoon and Lee (2007) studied the impact of spirituality, religiousness, and social support on the psychological well being among older adults in rural areas. A sample of 215 older adults from a rural community was taken. Hierarchical regression analyses suggested statistically significant associations between dimensions of spirituality/religiousness, social support, and psychological well being. It was further found that spirituality/religiousness was inversely related to depression and social support; whereas, it was positively related to life satisfaction. Yoon and Lee (2007) concluded that the practitioners need to develop programs or services that are congruent with religious/spiritual beliefs of the community in order to better enhance the psychosocial well-being and improve the quality of life among the older persons in rural areas.

Clark and Lelkes (2009) conducted a survey on religious interactions in life satisfaction. They used the data of recent pooled survey on 90000 individuals of 26 European countries, for examining the effects of religious spillovers on life satisfaction. The analysis showed that the individual's own religious behavior has positive correlation with life satisfaction. Also it was found that the people living in the more religious regions are more satisfied, and it holds true for all those who are religious and those who are not.

Headey, Schupp, Tucci, and Wagner (2008) explored the relationship between religious practices and life satisfaction. They used the data from the German Socio-Economic Panel Survey (SOEP). The longitudinal analysis suggested that the individuals who became more religious over the time record; gained the long-term satisfaction with their lives. While those who became less religious, they reported less life satisfaction.

Among the South Asian countries, Pakistan stands out with 36 million identified Muslims-the followers of Islam-who got their independence in 1947 from the British Regime (Ash, 1997). The word **Islam** comes from the Arabic root word *Salaam* (Peace) and literally translates from Arabic to English as *Surrender- devotion to surrender/ submit oneself to Allah's will....accepting everything that happens in life, as it is and as it comes, with trust and serenity, listening with hope to the teachings of life*. However, this does not refer to a passive attitude of submission but a continued volitional effort to attune oneself to the eternal realities of which the focus is Allah. Consequently, this deep acceptance of will of Allah and efforts of a Muslim (the follower of Islam) may

result in calmness and dissolve insecurity, fear and weakness when one encounters stressful events in life; such as cardiac illness.

The majority of the Pakistanis, like all other Muslims adhere to the basic Islamic faith: submission to the Will of Allah and development of a strong superego as positive aspect of a healthy personality. The Muslims around the world believe that the *Quran* contains broaden universal guidance for future generations of the Muslim Ummah. *Hadith* refers to the Prophet's sayings (Peace Be upon Him), and *Sunnah* refers to his teachings and practices. Islam gives an optimistic view of human nature because the Holy book of Quran states that each human being is born *innocent /pure* with potential for constructive (good) and destructive (bad/evil) acts which would determine our quality of life. Moreover, it emphasizes the significance of socialization process especially *good parenting* in determining and changing human behavior. Islam also emphasizes the constructive role of conscience, illumination and intellect in the development of a well adjusted personality and quality of life.

Historically, the Muslim physicians, philosophers and scholars believed that mental health refers to intrapsychic adjustment, interpersonal adjustment and self-actualization or spiritual satisfaction. They further proposed that mental illness could be the result of personal incapacity of an individual; the social evils present in the community or both of these factors. Thus, the quality of life for the Muslims is determined by continuous successful efforts of an individual to cope with his/her life situations in the context of the teachings of Quran and Hadith (Farooqi, 2006).

It may be argued that Islam plays a significant role in satisfying the physical and spiritual needs of the Muslims. The five pillars of *Islam* are: *Iman* (The Belief), *Salat* (Prayer), *Zakat* (Alms/Tax), *Sawm* (Fasting), *Hajj* (Pilgrimage to Mecca) which basically teach us a code of behavior, conservation of social values and give us a meaning for our existence in this world. According to *Abu Bakr Zakariya al-Razi, al-Ghazali, Rumi and Ibn-i-Sina* the religion *Islam* helps in toleration and developing adaptive capacities for quality of life and in coping with the stressful events of life; such as life threatening illnesses. Thus, it may be argued that *Islam* gives us a sense of self-respect and teaches us the virtues of family life and a cohesive society in order to enhance quality of our lives in general.

The current research explores relationship between faith in Allah and life satisfaction among the Muslim cardiac patients of the Pakistani society. In fact, the religion of Islam plays a significant role in coping with such life-threatening illnesses like cardiac illness in Pakistani population. Moreover, few researches have been carried out in this area which would be of immense value for the cardiologists and treating physicians in chalking out comprehensive treatment and management programs for the Muslim cardiac patients in the Pakistani healthcare system. This research further investigates the impact of demographic variables, especially gender on faith in Allah and life satisfaction of the Muslim cardiac patients in Pakistani society.

Method

Research Design

Survey research design was used in this research project.

Sampling Strategy

Non-probability purposive sampling strategy was used. The following inclusion criteria were used to draw the sample:

1. The hospitalized patients already diagnosed for cardiac problems by their treating cardiologists.
2. Patients within the age range of 40-70 years.

3. Muslim by religion.
4. Willingness of the patients to participate in the current research.

Sample

The sample was composed of 100 cardiac patients (50 male and 50 female patients) drawn from Jinnah Hospital, Sheikh Zayed Hospital, Ganga Ram Hospital, Ittefaq Hospital and General Hospital of Lahore city of Pakistan who met the above-mentioned inclusion criteria. Further demographic characteristics of the sample are given in Table 1.

Table 1: Descriptive Characteristics of the Sample (N = 100)

Characteristics	Sample (N=100)		Male (n = 50)			
	Freq	Percent	Freq	Percent	Freq	Percent
Age						
41-50	38	38.0	21	42.0	17	34.0
51-60	31	31.0	13	26.0	18	36.0
61-70	31	31.0	16	32.0	15	30.0
Level of education						
Illiterate	38	38.0	18	36.0	20	40.0
Matric- Intermediate	48	48.0	24	48.0	24	48.0
Bachelors- Masters	14	14.0	8	16.0	6	12.0
Duration of illness						
1 – 2 weeks	39	39.0	16	32.0	23	46.0
3 – 4 weeks	32	32.0	17	34.0	15	30.0
5 – 6 weeks	25	25.0	14	28.0	11	22.0
7 – 8 weeks	4	4.0	3	06.0	1	2.0
Marital Status						
Married	76	76.0	35	70.0	41	82.0
Unmarried	24	24.0	15	30.0	9	18.0

Note: Freq = Frequency and Percent = Percentage of the characteristics of the cardiac patients.

Instruments

The following indigenous questionnaires were constructed by Farooqi and Tariq (2009):

1. Life Satisfaction Questionnaire (LSQ)
2. Faith in Allah Questionnaire (FAQ)

1. Life Satisfaction Questionnaire (LSQ)

The Life Satisfaction Questionnaire (LSQ) is composed of 14 questions which measure the respondent's level of life satisfaction. Each question has five optional responses which are scored, as follows:

Optional Responses

Optional Responses	Scores
Not at all satisfied	1
Somewhat satisfied	2
Moderately satisfied	3
Satisfied	4
Extremely satisfied	5

The higher the scores on LSQ, the more the participant will be satisfied with his/her life. The LSQ was found to be internally consistent.

The results given in Table 2 indicate statistically significant reliability ($\alpha = .88$) for Life Satisfaction Questionnaire (LSQ) which was used for the assessment of life satisfaction reported by the cardiac patients.

Table 2: Reliability Analysis of Life Satisfaction Questionnaire (LSQ)

	α	Number of items
Life Satisfaction Questionnaire	0.88	14

2. Faith in Allah Questionnaire (FAQ)

The Faith in Allah Questionnaire (FAQ) measures the respondent’s belief in Allah, His orders, and faith that whatever Allah will do, is for the betterment and well being of the individual.

The FAQ consists of 18 items which can be responded on a 5-point Likert scale, as follows:

Optional Responses	Scores
Strongly Disagree	1
Disagree	2
Neutral	3
Agree	4
Strongly agree	5

The higher the scores on FAQ, the stronger the individual’s faith in Allah would be. The reliability for FAQ was found to be statistically significant as supported by the Cronbach’s Alpha coefficient value ($\alpha = .96$) given in Table 3.

Table 3: Reliability Analysis of Faith in Allah Questionnaire (FAQ)

	α	Number of items
Life Satisfaction Questionnaire	0.96	18

It is worth-mentioning here that the rationale underlying LSQ and FAQ was derived from the teachings of *Quran, Hadith* and *Sunnah* as well as the Islamic thoughts of the Muslim philosophers, scholars and physicians about human nature, quality of life and mental health; such as those of Abu Bakr Zakariya al-Razi, al-Ghazali, Rumi and Ibn-i-Sina (Farooqi, 2006). Moreover, the universal aspects of the theoretical framework of Briggs, Reinig, and Vreede’s (2008) Yeild Shift Theory; James Fowler’s Faith Stage theory (1971); Maslow’s Hierarchy of Needs (1964); and Spinoza’s Desire Satisfaction Theory of Value (1930) were also considered in the construction of these questionnaires.

Procedure

The current research was conducted to explore the relationship between life satisfaction and faith in Allah among the Pakistani Muslim cardiac patients hospitalized in the public and private hospitals of Lahore city of Pakistan. Official permission was sought from the administration of the cardiac departments of these hospitals. Written consent was individually obtained from all the research participants. Two indigenous Questionnaires (Life Satisfaction Questionnaire and Faith in Allah Questionnaire) were developed by the

researchers with high reliability as supported by the Cronbach’s Alpha Coefficient values ranging from .88 to .96. LSQ and FAQ were individually administered to all the participants in order to determine their level of life satisfaction and faith in Allah.

Statistics

The SPSS (version 11.5) was used to perform Pearson Product Moment Correlation Coefficient to find out relationship between faith in Allah and life satisfaction among the cardiac patients. Furthermore, Hierarchical Multiple Regression Analysis was performed to explore the impact of faith in Allah, age, marital status, education and gender as the predictor variables on life satisfaction of the cardiac patients as the dependent variable.

Results

The results given in Table 4 suggest statistically significant positive relationship between life satisfaction and faith in Allah among the cardiac patients ($r = .74, p < .01$).

Table 4: Relationship Between Life Satisfaction and Faith in Allah (N = 100)

	Life Satisfaction
Life Satisfaction Questionnaire	18

** $p < .01$ level (2-tailed)

However, no significant gender differences were found in the level of life satisfaction reported by the cardiac patients ($t = -.52, df = 98, p > .05$) as supported by the results given in Table 5.

Table 5: Gender Differences in Life Satisfaction (N = 100)

	Mean	SD	t	p
Female Patients (n = 50)	44.14	11.55	0.52	0.61
Male Patients (n = 50)	45.24	9.71		

The results given in Table 6 ($t = -.56, df = 98, p > .05$) indicate no significant gender differences in the cardiac patients’ level of faith in Allah.

Table 6: Gender Difference in Faith in Allah (N = 100)

	Mean	SD	t	p
Female Patients (n = 50)	62.9	17.17	0.56	0.58
Male Patients (n = 50)	64.68	14.69		

Hierarchical Multiple Regression Analysis was performed in two stages. In the first Model demographic variables were entered and only age was found to have statistically significant effect on life satisfaction of the cardiac patients ($\beta = .38, p < .001$). While the other four predictor variables (sex/gender, marital status, completed education, and duration of illness) did not contribute significantly in the prediction of life satisfaction of the cardiac patients. This

This model explains 22% of the variance in life satisfaction. Moreover, the direction of influence of age is positive.

In the second model when faith in Allah was entered, age turned out to be statistically non significant. The only variable that significantly predicted life satisfaction in Model 2 was faith in Allah ($\beta = .66$, $p < .001$). This model contributed 36% change in explained variability in life satisfaction of the cardiac patients. Overall it explained 58% variability. A closer look at relationship between age and

faith in Allah shows that there is a statistically significant positive correlation between both variables (age and faith in Allah). Thus, it may be argued that the effect of age in the first model was in fact due to its correlation with faith in Allah. Mainly, faith in Allah was causing change in the dependent variable (life satisfaction). Those patients who were older reported stronger faith in Allah and this faith in Allah, perhaps improved the life satisfaction of the older cardiac patients; because the Beta for faith in Allah is positive as supported by the results given in Table 7.

Table 7: Hierarchical Multiple Regression Analysis Predicting Life Satisfaction among Cardiac Patients from Faith in Allah, Age, Completed Education, Sex/ Gender, Marital Status, and Duration of Illness (N = 100)

Predictors	ΔR^2	SE B	β
Step 1	.22***		
Age		1.97	.38***
Sex/Gender		0.11	0.03
Marital Status		0.87	-.10
Completed Education		2.34	-.13
Duration of Illness		0.079	-.03
Step 2	.36***		
Age		1.45	-.00
Sex/Gender		0.09	0.14
Marital Status		0.64	0.18
Completed Education		1.72	0.06
Duration of Illness		0.06	0.03
Total Score on FAQ		0.05	.66***
Total R^2	.58***		

*** $p < .001$

Discussion

The findings of the current research suggest that faith in Allah is positively associated with greater life satisfaction among the Muslim cardiac patients. The cardiac patients' faith in Allah explained the overall 58% of the variance in life satisfaction. Moreover, a closer look at relationship between age and faith in Allah suggests significant positive correlation between patients' age and faith in Allah which may be the reason why the older patients reported greater satisfaction with their life. These findings are consistent with the prior research findings of Maxwell and Cockriel (1996) who found that the older adults who are more into religious activities are more satisfied with their lives.

Herzog and Rodgers (1981) also found that as the individual's age increases there is increase in life satisfaction; especially with housing, work, community; and to some extent less consistently, with finances/income, standard of living and leisure/spare time. Furthermore,

their findings suggest that the higher religiosity of the aged people, their increased desire to respond in a socially acceptable manner and a lessening of change in life conditions might have contributed to greater satisfaction with life. Bowling, Farquhar and Grundy (1999) found similar results in their study of life satisfaction among the elderly people.

Krause (2005) investigated the impact of feelings of God-Mediated Control on the psychological well-being of older adults. The findings suggest that the older people having a strong sense of God-mediated control have greater life satisfaction, are more optimistic, have a higher sense of self-worth, and they suffer from lower levels of death anxiety. These findings support the current research findings. Ikedo, Gangahar, Mohammed, Quader, Lynette, and Smith (2006) argue that individuals often turn towards their God whenever they face a problem or crisis. McGlone (1990) proposes that the illness in any society is indirectly an opportunity for the individuals to get in touch with the

concerns of their faith in the Supreme Being and the path that leads towards health must be a spiritual one (as cited in Smith, 2002).

Atchley (2009) found that people who are of age 40 or above are the major consumers of the books, periodicals, workshops, retreats and study groups that concern spirituality. Majid (2003) purposes that among many advantages of a faithful religious commitment some may be that it gives meaning, purpose, satisfaction and hope in life. Livingston (2002) argues that if the human beings live their lives according to the God's will and His teachings, then they will gain both life satisfaction and self-satisfaction.

Interestingly, the current research findings suggest no statistically significant gender differences in the life satisfaction and faith in Allah of the cardiac patients. This finding is consistent with those of Besier, Schmitz and Goldbeck's research (2009) that suggest that gender does not have any significant effect on the health-related life satisfaction of the patients suffering from Cystic Fibrosis.

Zullig, Ward and Horn (2006) explored associations among life satisfaction, self-perceived health and perceived spirituality and religiosity among college students. They found positive relationship between perceived health and perceived spirituality, which in turn increases life satisfaction for both men and women. Thus, it may be argued that faith in Allah increases life satisfaction for both the male and the female cardiac patients equally consistent with these prior research findings.

However, the current research findings are inconsistent with the research results of Loewenthal, MacLeod and Cinnirella (2001) who investigated whether women are more religious than men? They studied four religious-cultural groups in the UK (Christian = 230, Hindu = 56, Jewish = 157 and Muslim = 87 using a short measure of religious activity to compare these different religious groups. Their findings suggested that women were more religious than men specific to their cultural-religious orientation. It is worth mentioning here that this research did not explore relationship between life satisfaction and religious faith.

Conclusion

It may be concluded that faith in Allah is the strongest predictor of life satisfaction among Muslim cardiac patients irrespective of their gender. Moreover, with aging there are more tendencies towards faith in Allah and consequently, more satisfaction with life.

Implications

The findings of this research have implications for promoting our understanding of the relationship between faith in Allah and life satisfaction among the Muslim cardiac patients in the Pakistani society. Moreover, these findings may be used for the introduction of more comprehensive treatment strategies and rehabilitation programs for the cardiac patients by their cardiologists and related medical professionals.

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