ABSTRACT

This work is based on the assumption that religiosity, and spirituality can, together with other salutoprotective factors, influence physical and psychological health and personal well-being. The theoretical and empirical part come out of bio-psycho-social conception of health in relation to spiritual dimension understood as person's orientation towards the values of meaning and spirituality.

In the theoretical part of the work we dealt with the definition and development of constructs of quality of life, personal well being, religiosity/spirituality, and other variables like social support, gratitude, sense of coherence, the locus of control, meaningfulness, lifestyle, which are connected to the main constructs.

The work deals with the questions of measuring, epidemiological and overview studies, questions of relationship causality and hypothesis of possible psychological mediators functioning in complex relations on multiple levels of generality.

The constructs of subjective quality of life, and religiosity/spirituality were operationalized as multidimensional variables. Abroad, majority of studies showed positive associations between measuring of R/S and the overall health; however, contradicting results of measuring were not rare. The relation between variables appears to be a lot more complex and it remains unclear which specific R/S factors lead to health and well-being improvement. Our work aimed at overall mapping of this issue in a sample of Czech population.

The sample consisted of 278 adults (104 men and 174 women, average age 41,9 years). Our sample was devided in two subsamples on the base of self rated
religiosity / spirituality. (a) The first subgroup of low R/S consisted of 134 persons, (b) the second subgroup of higher religiosity consisted of 144 persons

Methods: To measure some aspects of positively defined mental health these questionnaires were used: WHOQoL – BREF (generic measure for quality of life), SWLS (Satisfaction with life scale), PANAS (positive and negative affectivity scale) were used. To measure independent variables these questionnaires were used: SOC (sense of coherence), PSSS (percieved social support), GQ – 6 (dispositonal gratitude), LOC (locus of control), Z.A.S (overload and stres), selected items from lifestyle inventory HELEN. To measure constructs of religiosity and spirituality three scales were used: Post-critical belief (PCBS), Spirituality involvement and belief (SIBS) and Daily spiritual experiences (DSES).

In the empirical part of this work we observed which criteria and methods are conclusive and into what extent they differentiate within our sample of adult population. The acquired

results showed that religiosity/spirituality were in some models the specific predictors of subjective quality of life. We found significant relations between the construct of R/S and life satisfaction on the second-order level of generality. We proved that there exists a nonlinear relation between religiosity, spirituality and the subjective quality of life in our sample. The persons with the highest and the lowest extent of R/S had higher subjective quality of life than those with the average, middle extent of R/S. We found connection between the subjective quality of life and meaningfulness. The meaningfulness was the specific predictor of religiosity in our sample. We proved significant differences between lifestyle indicators of the persons with higher and the persons with lower religiosity and spirituality.