



RELIGIOSITY CORRELATION TO PSYCHOLOGICAL WELLBEING AND RESILIENCE AMONG SCHOOL STUDENTS

Margaret Lalruatfeli Fanai

Ph D Research Scholar, Department Of Psychology, Mizoram University

Lalhriatpuui

Ph.d. Research Scholar, Department Of Psychology, Mizoram University

Zokaitluangi

Professor, Department Of Psychology, Mizoram University

ABSTRACT Religiosity has been recognized to play a vital role in physical and mental health all over the globe. Research shreds of evidence provided that religiosity has a positive relationship between psychological wellbeing (DeCaroli, 2014; Ellison et al., 2001) and resilience (DeCaroli, 2014) though some religious groups may induce rates of depression and mental illness (Koenig et al., 1994); females have a higher resilience (Sundar&Archana, 2020) and psychological wellbeing (Bolognini et al., 1996) compared to males as a person having higher levels of religiosity showed better health behavior by improving mental health outcomes (Wong et al., 2006). The study was framed to examine the religiosity correlation to psychological well-being and resilience and any significant gender difference by using (i) the Duke University Religion Index (DUREL; Koenig et al., 1997), (ii) the Satisfaction with Life Scale (SWLS: Diener et al., 1985), and (iii) the Resilience Scale (Wagnild& Young, 1993). 200 school students comprising 100 boys and 100 girls, age range between 16 to 19 years of age were randomly selected and other socio-demographic variables were kept under controlled. The study evinced that higher religiosity scored on psychological well-being and resilience in female samples, a significant positive relationship between religiosity, psychological well-being and resilience; and predicted religiosity psychological well-being and resilience among samples. The finding explains the important contribution of religiosity to mental health, and may also be taken as the need for religiosity teaching in the school for better psychological wellbeing and resilience for national mental health.

KEYWORDS : religiosity, resilience, wellbeing, gender, student, etc.

INTRODUCTION:

Religiosity has been recognized to play a vital role in physical and mental health all over the globe. Right religion can promote an individual to the highest potential to be able to answer humans' yearning questions (Fromm, 1950). Research shreds of evidence provided that religiosity has a positive relationship between psychological wellbeing (DeCaroli, 2014; Ellison et al., 2001) and resilience (DeCaroli, 2014) though some religious groups may induce rates of depression and mental illness (Koenig et al., 1994); females have a higher resilience (Sundar&Archana, 2020) and psychological wellbeing (Bolognini et al., 1996) compared to males as a person having higher levels of religiosity showed better health behaviour by improving mental health outcomes (Wong et al., 2006).

Religiosity is a formal, institutional, and outward expression (Cotton et al., 2006), operation as beliefs and practices (Iannello et al., 2019) which include service attendance, prayer, theological beliefs, and belief in a higher power. Erik H. Erikson considered religious rituals can facilitate successful personality development (Erickson, 1958). Psycho therapists utilize religious practices such as prayer, forgiveness, and grace in therapy as religious commitment and participation seemed to affect longevity (Bailey, 1997) by helping to cope with anxiety, fears, frustration, anger, anomie, inferiority feelings, despondency and isolation (Moreira-Almeida et al., 2006) and a higher evidence rate in girls than boys across a range of mental health problems and subjective wellbeing. (Yoon et al., 2022).

Ryff (1989) defined psychological well-being (PWB) as striving for perfection to prove the true potential of an individual. Research evidenced a positive relationship between PWB (environmental mastery, personal growth, and self-acceptance) and resilience (DeCaroli, 2014). The positive influence of religious certainty on well-being is direct and considerable as individuals with strong religious faith report higher levels of life satisfaction, greater personal happiness, and fewer negative psychosocial consequences of traumatic life events (Ellison, 1991), a significant gender difference and a moderate relationship between religion/spirituality and well-being with higher in women (Julianna & Koronczai, 2021) that religious attendance (e.g., church, temple, synagogue) associated with greater psychological well-being (Ellison et al., 2001).

Resilience is a process of adapting well in the face of trauma or tragedy, threats or other significant sources of stress (Southwick et al., 2014). It is an ability to cope with stressors without significant negative interference in their functioning (Perry, 2002). Resilience is the capacity to withstand adversity or resist a liability or predisposition

that substantially elevates the risk for maladjustment, depression or other negative consequences (Garmezy et al. 1984), females have higher resilience compared to males (Sundar&Archana, 2020), correlate positively with resilience and have a predictive factor for resilience (Fradelos et al., 2018), and also found parents' religiosity has a significant positive correlation to their children's coping with low mental health, high depression, and low satisfaction with life (Herbert et al., 2009).

Objectives of the study: To address these shortcomings, the following objectives were framed for the present study:

- 1) To examine the level of religiosity, psychological wellbeing and resilience of male and female students groups
- 2) To explore any significant relationship between religiosity, psychological well-being and resilience variables.
- 3) To examine the prediction of 'religiosity' on psychological wellbeing and resilience variables.

Hypothesis: The following hypotheses were attempted in the study:

- 1) There will be a higher religiosity, psychological wellbeing and resilience among female than male students
- 2) Religiosity will have a positive relationship with psychological well-being and resilience.
- 3) Religiosity has a prediction on psychological well-being and resilience among samples

Methodology:

Samples: 200 Mizo high school students (100 boys and 100 girls) were screened out from different High schools of Mizoram (targeted population); aged between 13-19 years using random sampling procedures.

Psychological tools used:

1) The Duke University Religion Index (DUREL; Koenig et al., 1997) is a five-item measure of religious involvement and was developed for use in large cross-sectional and longitudinal observational studies. The overall scale has high test-retest reliability (intra-class correlation = 0.91), high internal consistency (Cronbach's alpha's = 0.78-0.91), high convergent validity with other measures of religiosity (r's = 0.71-0.86). It will be used for screening the religiosity of the subject in this study.

2) The Satisfaction with Life Scale (SWLS: Diener et al., 1985) consists of five items. Each item is responded to on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The satisfaction with life scale shows acceptable levels of reliability (as =

.79-.89; test-retest rs = .50-.84, for 2 weeks —4 year intervals).

3) The Resilience Scale (Wagnild & Young, 1993) developed by Wagnild & Young, (1993), is a 25-items self-report questionnaire to identify the degree of individual resilience. The respondents are asked to state the degree to which they agree or disagree with each item on the 7-point Likert-type scale from 1 (strongly disagree) to 7 (strongly agree). All items are positively scored. The resilience scale had shown excellent internal consistency .89 among undergraduate nursing students.

4) Informed Consent Form: The informed consent form is constructed by the research scholar for the present study to inform about the purpose of the study, expected participation of the participants, assurance of no harm to the participant, and has participated solely on free will and may leave at any time, and assurance of confidentiality on all personal responses; which is also taken as mandatory for fulfillment of research per APA ethical standard (2014) UGC regulation for Ph D (2019).

5) Socio-Demographic Profile: The Socio-Demographic profile constructed by the researcher for the present study contained socio-demographic variables for screening of the desired sample as per design of the study.

Procedures: The researcher randomly selected samples with equal representation of male and female students from the lists of High Schools in Aizawl city, and procured permission from school authorities. The purpose of the study was informed, participation's questions were clarified, and consent was taken. The psychological test was administered with due care to the APA code of research ethics and the manuals of the scales. The tests were conducted in individual conditions and answers will be checked before leaving the subjects.

Design: The design was a Correlational design which compared males and females on dependent variables.

RESULTS AND DISCUSSION:

The raw data were checked for missing and outliers. Then, the psychometric properties of the scale such as reliability (.63-.74), normality (SD, Kurtosis and skewness below 2) and homogeneity (Levene: not sig) were checked for the targeted population and found suitable for the present study.

Results in table 1 revealed that female were significantly higher on religiosity (41.67; 34.12; t=13.26; p< .01), Psychological wellbeing (23.82; 21.72; t=9.75; p< .01), and resilience (115.13: 98.14; t=17.09; p< .01) than male students; which has accepted the first hypothesis of the study. The findings were consistent with earlier studies and found that women were more religious than men (Trzebiatowska Walter & Davie & Bruce 2012); approximately twice as many females' experience depression as males among adults in clinical and community samples (Weissman&Klerman, 1977).

Table 1: Mean for male and female on Religiosity, Psychological wellbeing and Resilience

	Mean		t-test
Religiosity	Male	Female	-13.26**
	34.12	41.67	
Psychological Wellbeing	21.72	23.82	9.75**
Resilience	98.14	115.13	17.09**

The results in Table 2 have shown that religiosity had a significant positive relationship with psychological well-being (r =-9.27;p<.01) and resilience (r = 25.07;p <.01) and the same was found between psychological well-being and resilience (r = 24.31;p <.01) which accepted the second hypothesis of the study.

Table 2: Showing the significant relationship between dependent variables for the samples

SCALES	1	2	3
1. Religiosity	1	9.27*	25.07*
2. Psychological wellbeing		1	24.31*
3. Reilience			1

Results in Table-3 evinced that religiosity predicted 23.21% of Psychological well-being and 31.11 % of resilience among samples which accepted the third hypothesis of the study. Some studies also found that religion protective against suicide (Koenig 2009) that have

supported earlier findings that higher levels of religiosity have better health behaviours, and improved mental health outcomes (Wong et al., 2006; Bridges & Moore, 2002; Cotton et al., 2006), linked to preventing suicide (Welding et al., 2005), and help recovery from suicidal thoughts (Webb, 2005).

Table 3: Independent effect of Religiosity on Psychological Wellbeing and Resilience

Independent Variables	Dependent Variables	R ²
Religiosity	Psychological Wellbeing	23.21
	Resilience	31.11

CONCLUSION:

Though the present study was not free from limitations but had a significant finding that the gender difference in religiosity, psychological well-being and resilience highlighted female scores higher than male students; and significant correlations between religiosity, psychological well-being, and resilience variables; and significant prediction of religiosity on psychological well-being and resilience in adolescents which can be interpreted as the importance of religiosity to the psychological function for positive mental health including psychological well-being and resilience. Social, cultural and family context in the evaluation of resilience is of great value, as this can identify targets for early and preventive interventions.

Limitation and suggestion: The present study has limitations including a small sample size, cross-sectional, and more related variables that could not be taken up. Other risk factors like personality and intelligence which have been considered as contributing to psychological well being and resilience were not assessed. Future studies must attempt to overcome these limitations.

Significant of the study: This study expands on existing knowledge by demonstrating religiosity correlation to psychological well being and resilience for the targeted population and suggesting the importance of religiosity as a major determinant of psychological well being and resilience. The finding can be used as the basis of future studies in replicating it with the inclusion of more samples and variables.

Ethical Consideration: This study carefully followed the APA ethical guidelines (APA, 2004 & 2017) with the manuals of the used psychological scales, and also got the ethical clearance from Mizoram University Human Ethics Committee.

Declaration: We declared that this paper is extracted from original Ph D research work of Ms Margaret Lalruatfeli Fana, Department of Psychology, Mizoram University.

REFERENCES

- Bailey, C.M.(1997). The effects of religion on mental health: Implications for Seventh-day Adventists. 20th International Faith and Learning Seminar held at Loma Linda University Loma Linda, California, USA-June 15-26, 1997.
- Bolognini, M., Plancherel, B., Bettschart, W., &Halfon, O. (1996) Self-esteem and mental health in early adolescence: development and gender differences. *J Adolesc.* 19(3):233-45.
- Brown, R.S. (2017). *Psychoanalysis Beyond the End of Metaphysics: Thinking Towards the Post-Relational.* London & New York: Routledge (p. 68).
- Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J., &Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: a review. *J. Adolesc. Health* 38, 472-480.
- De Caroli, M.E., &Sagone, E. (2014a). Generalized self-efficacy and well-being in adolescents with high vs. low scholastic self-efficacy. *Procedia – Social and Behavioral Sciences*, 141, 867-874.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.
- Elliason, C.G., Boardman, J. D., Williams, D. R., & Jackson, J. S. (1995). Religious Involvement, Stress, and Mental Health: Findings from the 1995 Detroit Area Study. *Social Forces*, September 2001, 80(1):215-249
- Ellison, C. G. (1991). Religious involvement and subjective well-being. *J Health SocBehav*. 1991 Mar;32(1):80-99.
- Ellison, C. G., & Fan, D. (2008). Daily Spiritual Experiences and Psychological Well-being Among US Adults. *Social Indicators Research volume 88, pages247-271.*
- Erikson, E. (1958). *Young man Luther A study in psychoanalysis and history.* New York: W. W. Norton.
- Fradelos, E.C., Latsou, D., Mitsi, D., Tsaras, K., Lekka, D., Lavdaniti, M., Tzavella, F., &Papathanasiou, L.V. (2018). Assessment of the relation between religiosity, mental health, and psychological resilience in breast cancer patients. *ContempOncol (Pozn)*. 2018; 22(3): 172-177.
- Garnezy, N., Masten, A.S., &Tellegen, A. 91984). The study of stress and competence in children: A building block for developmental psychopathology. *Child Development*. 1984;55:97-111.
- Iannello, N. M., Hardy, S. A., Musso, P., Lo Coco, A., &Inguglia, C. (2019). Spirituality and ethnocultural empathy among Italian adolescents: the mediating role of religious identity formation processes. *Psychol. Relig. Spiritual.* 11, 32-41.
- Julianna, O.&Koroncazi, B. (2021). Gender differences in the relationship between religiosity/spirituality, well-being and depression. *Psychiatr Hung.* 2021;36(4):479-493.
- Koenig, H. G., George, L. K., Meador, K. G., Blazer, D. G., &Dyck, P. B. (1994).

- Religious affiliation and psychiatric disorder among Protestant baby boomers. *Hospital & Community Psychiatry*, 45(6), 586-596
16. Koenig, H.G., George, L.K., Meador, K.G., Blazer, D.G., & Dyck, P.B. (1994). Religious affiliation and psychiatric disorder among Protestant baby boomers. *Hospital & Community Psychiatry*, 1994 Jun; 45(6):586-96.
 17. Koenig, H.G., Meador, K.G. & Parkerson, G. (1997) Religion Index for Psychiatric Research. *American Journal of Psychiatry*, 154, 885-886.
 18. Lakshmana.G., & Dhanasekara, P. (2012). Well-Being of Female Sex Workers. The Hong Kong *Journal of Social Work* Vol. 46, No. 01n02, pp. 31-42
 19. Moreira-Almeida, A., Neto, F.L., Koenig, H.G., & Braz. (2006). Religiousness and mental health: a review. *J Psychiatry*, 28(3):242-50.
 20. Perry, B. (2002). How children become resilient. *Scholastic Parent & Child*, 10(2), 33-35. Volume 10 Issue 2 Oct 2002.
 21. Steven M. Southwick, George, A., Bonanno, Ann.S., Masten, Catherine PanterBrick & Rachel Yehuda (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5:1, 25338.
 22. Sundar, M., & Archana, R. (2020). "Gender Difference in Resilience Among the undergraduate medical students – A cross-sectional study. *Int. J. Res. Pharm. Sci.*, 2020, 11(SPL)(2), 21-24
 23. Wagnild, G.M., & Young, H.M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1993, 1 (2): 165-178
 24. Wong, Y. J., Rew, W., & Slaikou, K. D. (2006). The University of Texas at A (2-6). A systematic review of recent research on adolescent religiosity/spirituality and mental health. *Issues in Mental Health Nursing*, 27:161-183.
 25. Yoon, Y., Eisenstadt, M., Lereya, S.T. et al. (2022). Gender difference in the change of adolescents' mental health and subjective wellbeing trajectories. *Eur Child Adolesc Psychiatry* (2022). <https://doi.org/10.1007/s00787-022-01961-4>.