



A Study to Identify the Effect of Faith on Emotion Regulation and Mental Wellbeing Among the Residents of Andaman and Nicobar Islands

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Abstract

Religiosity, which is a sense of having faith on God have affected once psychological health in many ways and those affects can be generally laid down into the light of one's religious practices and values. Mental wellbeing generally terms for one's psychological fitness which will further influences his/her life. On the other hand, emotion regulation is a strategy used for modifying emotional responses. This study examines the effect of religiosity on one's mental wellbeing and emotion regulation among the people of Andaman and Nicobar Islands. A sample of 36 Islanders, between the age of 18 to 50 years, have been recorded with the help of standardized scales. The results have showed that cognitive reappraisal is significantly positively correlated with mental wellbeing and expressive suppression is significantly positively correlated with cognitive reappraisal. However, no significant correlation of religiosity has been identified with other variables. Not attaining any significant correlation between religiosity, mental wellbeing and functional emotion regulation can be the result of the consideration of multiple different ethnic groups as the sample for this study. As different religious society consists of different religious practices, norms, and beliefs, examining all the diverse religiously rich groups established in Andaman and Nicobar Islands in a generalized form is not possible with the present standardized scales that has been used in this study. For future examination with the same aim among the residents of Andaman and Nicobar Islands, the researcher shall consider one ethnic group at a time.

Keywords: Religiosity, mental wellbeing, emotion regulation, cognitive reappraisal, expressive suppression

Introduction

"Religion is an illusion and it derives its strength from its readiness to fit in with our instinctual wishful impulses."- Sigmund Freud, 1933.

The concept of religion has always possessed the core position of debate. The relation between human beings and religion is much as old as the beginning of the civilization, where people used to look up to the sky in the believe of the existence of a supreme power that according to them is looking after us and taking care accounts of all the deeds. However, unlike most of the ancient concepts the concept of religion and God never faded and this caused an intrusion of it in the modern psychology. In a study expert also tried to described how Hindu system of beliefs and rituals may affect in causation of psychological illness in which they mentioned the effect of religious beliefs on physical health and lifestyle and cognitive framework (Behere et al., 2013). The exact written history of religion is never found however evidences show that the development of religion occurred either to criticize or defend a particular system. One of the earliest efforts to develop the concept of religion dates to the ancient Greek period. Religion is further defined as the belief in a superhuman creature that we often term as God and the activities that we practice consistent to our beliefs. Mental wellbeing that is, an integral part of our overall health, mental wellbeing is the key to how we describe our lives and it encompasses all the inner working. Mental wellbeing can be defined as how we react to the ups and downs of our lives it includes the person's thoughts, feelings etc. Some of the important parts of mental wellbeing are, self-acceptance, desire for growth, determination etc. Emotion regulation is the ability to control or exert one's own emotion, this involves behaviours such as overthinking, anger, anxiety, sadness, fear etc. The urge of an individual to be socially accepted lays down the importance of emotion regulation, for instance the more we control our anger and anxiety in a social setting the more it is likely that we will be accepted in the group. In a study done among the Greek orthodox Christians in which researchers investigated the relationship between religiosity and mental wellbeing, 83 men and 280 women range between the age of 18 to 48 years participated in the study. The result of hierarchical regression analysis showed a significant positive correlation between the anxiety and the frequency of prayer (Leondari & Gialamas, 2009). Another study was done to investigate the relationship between religiosity and emotion regulation. In this study 616 religiously diverse participants took part. The results showed that the people higher in religiosity were likely to use the emotion regulation strategies that are typically consistent with the adaptive emotion outcome, such as cognitive reappraisal and acceptance (Vishkin et al., 2019). Another study was done among the adults if different departments of Banaras Hindu University, in which 150 adults' range between the age of 20 to 25 participated. The study aimed to investigate the role of religiosity in wellbeing and emotion regulation. The data revealed that high level of religiosity causes higher well-being and more functional strategies to regulate their emotions (Singh, 2014).

Variables

Religiosity

Iddagoda & Opatha, (2017) defined religiosity as, “the extent to which the particular employee believes in and venerates the founder, god or goddess of the relevant religion, practices the relevant teaching and participates in the relevant activities” Another definition of religiosity given by Sedikides (2009), which states that “An orientation, behavioural set and lifestyle considered important by the large majority of people worldwide”.

A study was conducted by Bergin (1983) in which 24 participants participated, the study was aimed to understand the relationship between religiosity and psychopathology, the results showed that there is no specific correlation between religion and psychopathology however there was slight positive relationship. Another similar study was conducted in the year 2010 to examine the relationship between religiosity and psychological health in Muslims, the study included, depression, suicide, anxiety, substance abuse, psychotic symptoms, cognitive impairment and wellbeing, the findings showed that an individual who follows the Islamic teaching have a good mental wellbeing and reciting Qur’an also helped them to neutralize negative feeling such as stress and distress. (Koenig & Shohaib, 2018).

Mental wellbeing

According to Burns (2016) mental wellbeing refers to, “inter- and intra-individual levels of positive functioning that can include one’s relatedness with other and self-referent attitudes that include one’s sense of mastery and personal growth”. Another definition of Burriss et al. (2009) states that “Mental wellbeing refers to the simple notion of person’s welfare, happiness, advantages, interest, utility and quality of life.”

Research was conducted among 928 adolescents, age ranging from 12-13 years from six secondary school to examine the impact of physical activity on mental wellbeing and whether it improves psychological health disorder in adolescence. The result found that there is no association of physical activity volume and mental wellbeing however physical activity can lower the risk of emotional problems. (Bell et al., 2019) Another research was conducted to understand the relationship between how nutritious food affect mental wellbeing, and it has found that improved diet may not only helps to build good physical health but also psychological health. (Firth et al., 2020)

Emotion regulation

According to Thompson (1994) emotion regulation is defined as, “the process responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one's goal.” Another definition by Gross (2001) states that emotion regulation is “all of the conscious and nonconscious strategies we use to increase, maintain, or decrease one or more components of an emotional response.”

A study was conducted to examine the relationship and psychological health which shows that cognitive reappraisal strategy (attempt to reinterpret an emotion) positively correlates with psychological health whereas expressive suppression strategy (voluntary suppressing overt emotions) correlates negatively with mental wellbeing of an individual (Hu et al., 2014). Another study was conducted using functional magnetic resonance imaging (fMRI) to determine the target region of brain which activated during emotional regulation, the result showed that amygdala plays an important role in emotional regulation also the subset of front cortical structure also helps in emotional upregulation and downregulation. (Frank et al., 2014).

Purpose

The purpose is to study the effect of religiosity on mental wellbeing and emotion regulation among the people of Andaman and Nicobar Islands.

Hypothesis

There will be a significantly positively correlation between religiosity and mental wellbeing.

The higher the level of religiosity will cause higher functional emotion regulation strategies.

There will be a positive correlation between mental wellbeing and functional emotion regulation.

Method

Sample

A total of 36 participants ranging between the age of 18 years to 27 years, participated in the study from across the different parts of Andaman and Nicobar Islands.

Measures

- **The Santa Clara Strength of Religious Faith Questionnaire:** The scale was proposed by Plante (1997), the scale consists a total of 10 items, each item is rated in a 4-point Likert scale containing the dimensions of “strongly disagree”, “disagree”, “agree”, and “strongly agree”. This scale is being used to investigate one’s high and low faith.

- **The Warwick-Edinburgh Mental Wellbeing Scale:** The WEMWBS was proposed by Kammann & Flett (1983), the scale consists of a total number of 14 items, each item is rated in a 5-point Likert scale containing the dimensions of “none of the above”, “rarely”, “some of the time”, “often” and “all of the time”. This scale is needed to measure the mental well-being of the participants.
- **Emotion regulation questionnaire:** The ERQ was proposed by Gross & John (2003), the scale consist 10 items that are designed to measure the tendency to regulate emotions in cognitive reappraisal and expressive suppression. The scale is rated in a 7-point Likert scale that ranges from “strongly disagree” to “strongly agree”.

Procedure

Standardized psychological tests were administered to the participants. All the participant’s responses to the questionnaires are recorded with the help of google forms. The participants were assured of the confidentiality of the information that they will provide, to receive their honest responses without any fear.

Analysis of data

Results

Table 1: Showing N, mean and standard deviation

	Mental wellbeing	Cognitive Reappraisal	Expressive Suppression	Religiosity
N	36	36	36	36
Mean	42.3	32.8	21.1	28.9
Standard deviation	7.99	5.99	5.66	5.53

Table 2: Showing correlation of all the variables

	Mental wellbeing	Cognitive Reappraisal	Expressive Suppression	Religiosity
Mental wellbeing	—			
Cognitive Reappraisal	0.442	**		
Expressive Suppression	0.216	0.578	***	
Religiosity	0.209	0.090	0.171	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Discussion of the result

The result showed that the variable Emotion Regulation’s facet, cognitive reappraisal is significantly positively correlated with mental wellbeing ($r=0.442$, $p<.01$). Similarly Expressive Suppression is also positively significantly correlated with Cognitive Reappraisal ($r=0.578$, $p<.001$). However no significant relationship was found between religiosity and any other variables, i.e., mental wellbeing and Emotion Regulation.

A study was done with the aim of examining the role of religious act within the relationship between religious orientation and psychological-wellbeing, this study was an effort to examine the theoretical view which suggests that religion can act as a coping mechanism. A total of 474 United Kingdom students participated, which was further divided into 251 males and 223 females. The questionnaire used in the research was able to measure the three aspects of religious orientation, i.e., intrinsic, extrinsic and quest. The result showed a significant number of correlations between religiosity and psychological-wellbeing, a multiple regression analysis using identifiable religious components also suggested that the frequency of personal prayer is the dominant factor in the relationship between religious orientation and mental wellbeing (Maltby, 1999). Another study was conducted by Bergin et. al. (1987), to analyse the relationship between religiosity and mental health, in this research the religious orientation scale was used, which provided researchers with a valuable tool for differentiating between intrinsic and extrinsic religious orientation. In this study the correlation between these two scales and anxiety, personality traits, self-control, irrational beliefs, and depression was assessed. The result indicated that the intrinsic religious orientation was negatively correlated with anxiety and positively correlated with self-control and better personality functioning, while on the other hand the opposite of the correlations was true for extrinsic religious orientation. A similar study was done among the ethnically diverse sample of 384 Alzheimer’s Disease (AD) caregivers. The study was aimed to examine the mediating effects of religiosity on caregiving strain and gain. The result however suggested that religiosity do not mediate the stress of caregivers for the entire sample, there was significant differences between different ethnic groups (Morano & King, 2005).

Conclusion

The current study focused on the correlation between religiosity, mental wellbeing, and emotion regulation among the residents of Andaman and Nicobar Islands, the participants who participated in the study aged between the range of 16 years - 50 years old. To collect the data standardized scales, The Santa Clara Strength of Religious Faith Questionnaire, containing 10 items, for examining the religious faith of an individual, The Warwick-Edinburgh Mental Wellbeing Scale, containing 14 items for measuring one's mental wellbeing and Emotion Regulation Questionnaire, containing 6 items for cognitive reappraisal facet and the rest 4 items for Expressive suppression facet, were used. A total number of 36 participants participated in the research campaign. The data were recorded using the circulation of Google Forms. The empirical data indicated that Emotion Regulation's facet, cognitive reappraisal is significantly positively correlated with mental wellbeing and Expressive Suppression is positively significantly correlated with Cognitive Reappraisal. Similarly, the result also showed that there is no significant correlation between religiosity and any other variables i.e., mental wellbeing and emotional regulation.

Unlike the researches done by several researchers on a same religious group. This study's sample involved diverse member from different ethnicity group of Andaman and Nicobar Islands, which may have created a hindrance while providing the relationship between religious beliefs and mental wellbeing and emotion regulation. Religious practices, values, norms and beliefs differs from religion to religion and correlating multiple and different religious practices with mental wellbeing and functional emotion regulation is difficult. For future research with the same aim, researcher shall consider only one ethnic group or a small amount of multiple ethnic groups with similar religious practices to get either a significant positive or significant negative correlation between mental wellbeing, emotion regulation and religiosity or else may change the survey pattern with different standardized questionnaire or a self-made scale.

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