



## The Impact of Religious Beliefs on the Mental Health of Adults: A Study on the Mediating Effect of Positive Emotions

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**Abstract:** The present study aimed to determine the effect of religious beliefs on Mental well being in adults and the mediating effect of positive emotions. 150 respondents provided the information using the Convenient Sampling Technique. Three different sets of questionnaires were utilized to gauge adult anxiety, positive emotions, and religiosity. The sample came from a middle-class socioeconomic background. Positive emotions were thought to balance the connection between religiosity and mental health, and persons with high religiosity scale scores would also have higher mental health.

**Key words:** Religiosity, Mental well being/Health, Positive Emotions.

### 1. Introduction

Mental wellbeing or mental health refers to the state of being free from psychological disorders and attaining a heightened level of psychiatric well-being. Dedication to a higher power, such as Allah, can serve as a source of strength against detrimental environmental influences. Religion, which fulfills a psychological need, guides individuals in navigating life's challenges and aids in managing difficulties and stress. A steadfast belief in a higher power has the potential to mitigate the impact of mental disorders. Conversely, individuals who do not hold religious beliefs may be more susceptible to developing such disorders due to the absence of this belief system (Agarwal, 1989).

There is an ongoing controversy surrounding the topics of spirituality and religion. Koenig, H. G. (2006) defines religion as a structured system comprising organized beliefs, rituals, practices, and symbols that aim to facilitate a connection with the sacred or transcendent (the ultimate truth, reality, or power). (Koenig, 2006). Religion is linked with rituals and ceremonies while spirituality involves feeling connected and unified. This connection is often expressed through various forms such as art and observances. Both focus on finding purpose in life. Spirituality is a broader and more encompassing concept compared to religion (Dein et al., 2010). Numerous belief systems and rituals hinder the promotion of positive treatment. In the aftermath of the Middle Ages, the understanding of mental disorders transformed. Excessive sexual activity is generally perceived as detrimental by the majority of religions, as it can give rise to profound feelings of guilt and anxiety. The infringement of religious codes also generates a significant level of apprehension. Religion can only keep pace with the advancements of modern times and alleviate the challenges faced by humanity when it successfully addresses individual needs (Agarwal, 1989).

Throughout history religion and psychiatry have been closely. This connection has posed a significant challenge to overcome over time. The belief, during medieval times was that mental illnesses stemmed from witchcraft or demonic influence. This irrational perspective led to the Middle Ages being labeled as the "Dark Ages" as noted by Agarwal in 1989.

### **1.1 Identifying the Issue**

Many research studies are currently exploring the impact of religiosity and its effects in areas of life; however there is a lack of literature focusing on the potential mediating factors that link religiosity to aspects like mental health and overall well being – an important area that demands more investigation. The aim of this study is to enrich the existing pool of knowledge by investigating how positive emotion act as bridge between religious beliefs and mental well being outcomes.

### **1.2 Research Questions**

- a) Is there a link, between beliefs and mental well being?
- b) Does being help improve mental well being?
- c) "Is the connection, between beliefs and mental well being influenced by feelings of positivity?"
- d) Does the influence of beliefs, on mental well being differ among various demographic segments?

### **1.3 Objectives**

- a) To investigate the influence of beliefs, on mental well being.
- b) To explore how religiosity influences emotions.
- c) To study the impact of emotions, on mental well being is important.
- d) To examine the function of positive emotions in connecting religiosity, with mental well being is key

### **1.4 Significance of the Study**

Religion holds paramount significance in an individual's life, particularly for Muslims. As a psychological imperative, religion offers guidance and aids individuals in charting the course of their lives. Throughout the journey, individuals encounter challenges and predicaments that invariably result in the development of stress and strain. However, devout believers demonstrate a greater capacity to endure these tribulations when compared to non-believers. This present study endeavored to examine the impact of Religiosity on adults' mental health, while also exploring the potential mediating role of positive emotions.

## **2. Literature Review**

### **2.1 Religiosity**

Most psychologists and psychiatrists exhibited lower levels of religiosity than the general population. Therefore, their understanding of religious codes was limited, resulting in inadequate training to effectively address the religious beliefs of their patients (Moreira-Almeida et al., 2006). Consequently, these professionals faced challenges in comprehending the religious coping mechanisms employed by their patients. This issue was particularly evident when patients reported positive experiences alongside symptoms of depression and anxiety. Over the years, extensive research has been conducted on the link between religious engagement and mental health, with notable contributions from scholars like Larson, Levin, and Koenig. This collaboration between psychiatrists and mental health professionals strives to understand the effect of religious factors on well-being and improve mental healthcare (Moreira-Almeida et al., 2006).

Many studies examining the relationship between religion and mental health have not prioritized religion as their central point of investigation. Nonetheless, it is important to note that an individual's religious affiliation alone does not offer substantial insight into their level of religiosity or the extent to which religion holds significance in their daily life (Dein et al., 2010).

The importance of religion to individuals can be measured through personal significance and private religious practices. When studying the connection between religion and health, it is important to consider potential causal links. Illness may lead to increased religious practices, while poor health can hinder participation in religious events. Religious commitment is a key aspect of religiosity (Agarwal, 1989).

### **2.2 Mental Health**

After conducting a comprehensive literature review Mr Gartner Mr Larson, and Mr Allen discovered a multitude of factors that were positively correlated with religiousness for instance, religiousness and physical wellbeing displayed a negative association with smoking and alcohol consumption, while demonstrating a positive connection with the diseases like heart problem and blood pressure problem. Furthermore, religious devotion and dedication appeared to have a significant impact on longevity, particularly among males (Bailey, 1997).

As determining processes for the relationship between religious spirituality and well-being, researchers have also delved into the cognitive components of these phenomena. Embracing religious or often, spiritual beliefs grants individuals a sense of clarity and significance, thereby contributing to an enhanced state of well-being and, consequently, mental health. Religion and spirituality enable individuals to comprehend the world, themselves, living entities and their interrelationships (Park, 2005). Consequently, this comprehension can foster a heightened perception of power and cultivate hopeful vision for tomorrow (Levin, 2010).

### **2.3 Positive Emotions**

Numerous Researches has shown that positive emotions enhance the range of thoughts and actions available to individuals, As proposed by (Fredrickson, 1998) by the broaden and build theory, Subsequent empirical evidence has strongly supported this theory (Fredrickson, 2013). The regular occurrence of these brief episodes of happiness and heightened awareness facilitates the development of important internal resources, such as optimism, which in turn contribute to greater satisfaction with life over time (Fredrickson et al., 2008). Thus, it is pertinent to note that mental wellbeing, as scaled by a blend of hope and happiness should not be equated with the mere experience of pleasurable senses (Cohn et al., 2009).

There is observational evidence supporting the different pathways that connect spirituality and religion to feelings of happiness. Smith et al. (2012) have discovered a significant positive relationship between spirituality levels and religiosity and overall happiness. Positive emotions also have a significant role in religious and spiritual practices (Van Cappellen et al., 2014). Furthermore, studies have shown that positive emotions expands an individual's cognitive and behavioral abilities, leading to the growth of psychological, social, and physical resources as shown by Cohn et al (2009) and Fredrickson et al (2008).

Relationship between mental health and various positive emotions has been discussed theoretically, without any specific categorization or ranking (Fredrickson, 2013). As we delve deeper into this topic, we contend that specific positive emotions may exert a more significant result on the mental health of religious individuals, as they hold particular significance within religious and spiritual contexts (Van Cappellen & Saroglou, 2012). For example Gratitude is a heartfelt feeling response to a benefactor that promotes pro-social behavior (Algoe & Haidt,2009) while calmness on the other hand, is a sensation associated with circumstances that are perceived as secure, certain, and requiring minimal effort (Fredrickson, 1998). Warmth and concern for the well-being of others are indicative of love (Fredrickson, 2013).

### **2.4 Relationship between Religiosity and Mental Health**

Studies that explore the connection between religion and health often concentrate only on a person's religious affiliation. This narrow focus fails to provide a complete understanding of an individual's religiosity. To obtain more reliable results, it is important to consider other aspects of religious involvement, such as regular attendance at places of worship. Furthermore, personal religious practices, like prayer and engagement with sacred texts, should also be taken into account (Moreira-Almeida et al., 2006).

A review conducted by Gartner, Larson, and Allen unveiled a positive correlation between religiosity and a range of attributes. These encompass a lower prevalence of smoking and drinking, as well as advantageous effects on blood pressure and heart disease. The impact of religious practices on physical well-being appears to be particularly salient among older adults. Furthermore, religious engagement and commitment appear to play a role in promoting longevity, particularly in the case of men (Bailey, 1997).

### **2.5 Relationship between Religiosity and Positive Emotions**

Religion can elicit happiness when individuals maintain a stable religious affiliation and harbor positive cognitive-emotional beliefs about themselves and others. For psychologists who endeavor to grasp how early emotional experiences mold personality development and influence overall well-being in adulthood, it becomes imperative to take into account recent research concerning the correlation among extremist religious groups and oppressive right-

wing regimes. Additionally, examining religion as a complex and enduring facet of human existence can provide invaluable insights into the connection between emotions and overall health (McFadden & Levin, 1996).

According to a study conducted by Ahmed M. Abdel-Khalek and Farida Naceur (2007), the findings indicate that women generally exhibit higher levels of religiosity and life satisfaction than men. It has been observed that religiosity is strongly linked to mental health in men, while in the case of women, it demonstrates a robust and positive association with optimism, happiness, life satisfaction, as well as both mental and physical well-being (Abdel-Khalek & Naceur, 2007).

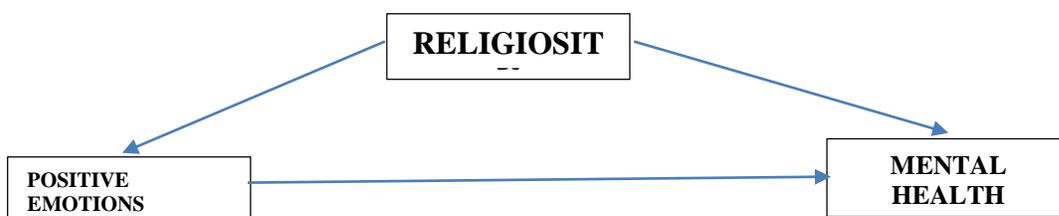
## 2.6 A Relation between Positive emotions and Mental Health

Research from various academic fields, such as clinical and health psychology, positive psychology, and emotional experiences and affective research, suggests that positive emotions possess distinct biobehavioral characteristics when compared to negative emotions (Garland et al., 2010). As a result, these positive emotions warrant separate attention. Furthermore, it has been observed that positive emotions have wide-ranging and beneficial effects on health and overall functioning, in addition to their association with Given the link between emotional functioning and various mental health conditions (Dockray & Steptoe, 2010; Moskowitz et al., 2008; Tugade et al., 2004), boosting positive emotional processes can be a valuable approach in the management and treatment of emotional disorders not only can immediate symptom reduction be facilitated, but the potential for long-term recovery and resilience can also be enhanced (Ehrenreich et al., 2007).

## 2.7 Positive Emotions as Mediator

Faith and spiritual values offer adherents a range of social and intellectual assets that contribute to their well-being and ultimately enhance their mental health. However, previous empirical research has failed to adequately consider the potential influence of emotional resources as a third mechanism. In our study, we specifically focused on positive emotions. Positive psychology, a relatively new academic discipline, has played a pivotal role in examining human well-being and positive emotions (Gable & Haidt, 2005). Positive emotions, like other affective states, are "transitory, multidimensional responses to changes in individuals' interpretation or evaluation of their current circumstances" (Fredrickson, 2013).

## 2.8 Theoretical Framework



## 2.9 Hypothesis

**H<sub>1</sub>:** There is a positive correlation between religious involvement and mental health

**H<sub>2</sub>:** Religiosity is significantly linked to increased Positive Emotions.

**H<sub>3</sub>:** Mental wellbeing outcomes are well associated with positive emotions

**H<sub>4</sub>:** Positive emotions plays a mediating role in the association between spirituality and mental wellness

## 3. Research Methodology

This research employed a quantitative research design. The data was gathered utilizing a survey instrument, namely questionnaires containing a range of scales. The participants consisted of individuals aged between 30 and 40 years. The sample was drawn from the population of Mardan and comprised individuals with a middle socioeconomic status. The Convenient Sampling Technique was utilized to select the sample. In total, 150 adults (N=150) within the age range of 30 to 40 were included in the study.

## 3.1 Tools and Measurement

### 3.1.1 Demographic Sheet

It was employed to gather data about personal information, encompassing age, level of education, socio-economic status, and other pertinent variables.

### 3.1.2 Belief in Action Scale

Harold's 2015 Belief in Action Scale (BIAC) is a tool designed to measure religious involvement and differentiate individuals across various religious affiliations. Comprising 10 items, All questions use a 1-10 scale, except for the first question, which is rated differently. The overall score on the BIAC scale ranges from 10 to 100. The BIAC scale not only evaluates both formal and informal religious practices but also gauges the intensity of religious devotion. The scale demonstrates satisfactory levels of reliability across diverse populations and religious groups, as evidenced by Cranach's alpha coefficients exceeding 0.70.

### 3.1.3 The Anxiety Assessment Scale

This Scale was created by Krug et al (1976) at the institution of (IPAT), its is tool used to measure anxiety. It has 40 items, each with three possible answers which may be: true, undecided, and false. Participants select one of these options to answer each question. The scale has been translated into multiple languages, including Urdu, which was used in the current study.

### 3.1.4 DPES

The DPES was developed by Shiota, M. N., Keltner, D., & John Q.P. (2006). In this scale the questionnaire consists of five items and aims to measure an individual's dispositional inclination to experience compassion towards all individuals. Respondents are required to rate their agreement with each statement on a 5 point scale from 1 (strongly disagree) to 5 (strongly agree)

## 3.2 Data Analysis

The data were entered and analyzed using version 26 of the SPSS program, employing various statistical methods. A reliability analysis was conducted to assess the reliability of the collected data. Finally, various statistical analyses, including correlations and regression analysis, were performed to obtain the results.

## 4. Results and Analysis

### 4.1 Demographic Information

The sample (N=150) consists of an equal distribution with an equal distribution of 50% men and 50% women. Within the pool, 61% of repondents belong to the age category 30-35, while 39% fall within the age category 36-40. As for the respondents educational background, 59% hold Matric-Intermediate level qualifications, while 41% possess Bachelor-Master level qualifications (see Table 1).

Table 1: Demographic Information of the Respondents

Demographic Information	Frequency	Percentage
<b>Gender</b>		
Male	75	50%
Female	75	50%
<b>Age</b>		
30-35	92	61%
36-40	58	39%
<b>Education</b>		
Matric-Intermediate	88	59%
Bachelor-Masters	62	41%

*Note:* f=Frequency; %=Percentage

### 4.2 Descriptive Statistics

Table 2 displays the variables' Mean (M), Standard Deviation (SD), and Correlation for this study. It was discovered that religiosity had the expected (positive) positive correlation with both mental health ( $r = .536^*$ ,  $p < 0.01$ ) and happy emotions ( $r = .433$ ,  $p < 0.01$ ). Additionally, it was discovered that, as expected, Mental Health and Positive Emotions had a positive correlation ( $r = .634^*$ ,  $p < 0.01$ ). The primary hypothesis of this study is supported by these findings.

Table 2: Means (M), Standard deviation (SD), and Correlation of the variables

Variables	Mean	SD	I	II	III
R	3.6013	.91188	1		
MH	3.2047	.72282	.536**	1	
PE	4.231	.71368	.433**	.634**	1

\*\*Correlation is significant at the 0.01 level (2-tailed)

Note: R= Religiosity, MH= Mental Health, PE= Positive Emotions, M= Mean, SD= Standard Deviation.

### 4.3 Regression Analysis

To evaluate this study's hypothesis, the researcher used linear regression analysis with SPSS. The effect of the religiosity as independent variable on the mental wellbeing as the dependent variable is seen in Table 3. The findings shown in Table 3 demonstrate a positive and statistically significant correlation between Mental Health and Religiosity ( $\beta = 0.324^{***}$ ,  $p < 0.01$ ). As a result, the study's first hypothesis was verified.

Table 3: Regression Analysis

Variables	MH
R	0.324***
R <sup>2</sup>	0.210
Adjusted R <sup>2</sup>	0.200
F	63.666
t	7.123

Note: N=150, \* $p < 0.5$ , \*\* $P < 0.001$  \*\*\* $p < 0.0001$ ,

### 4.4 Mediation

The mediation study demonstrates that religiosity has a direct and indirect favorable impact on mental health by eliciting pleasant feelings. Both the direct ( $\beta = 0.431$ ,  $p < 0.0001$ ) and indirect ( $\beta = 0.263$ ,  $p < 0.0001$ ) effects of religiosity on mental health are statistically significant. The significant positive paths from religion to positive emotions ( $\beta = 0.324$ ,  $p < 0.0001$ ) and from happy emotions to mental health ( $\beta = 0.423$ ,  $p < 0.0001$ ) suggest that positive emotions strongly regulate this relationship. Bootstrapping confidence intervals also support the indirect impact ( $\beta = 0.166$ ), confirming the mediating role of good emotions in improving mental health.

Table 4: Coefficient for the Mediating effect

Testing Paths	Unstandardized		T	Sig	Bootstrapping	
	Coefficient	Std error			LLCI	ULCI

<b>IV→M</b>	.324	.036	8.121	.0001	.324	.456
<b>M→DV</b>	.423	.044	11.178	.0001	.424	.582
<b>IV→M→DV</b>	.263	.035	6.765	.0001	.169	.324
<b>IV→DV</b>	.431	.039	11.852	.0001	.342	.421
<b>Indirect effects</b>		.166			.173	.244

**Note:** IV→ M= Religiosity→ Positive Emotions, M→ DV=Positive Emotion→ Mental Health, IV→ uM→DV= Religiosity→ Positive Emotions→ Mental Health, IV→ DV= Religiosity→ Positive Emotions.  
N=150, \*p<0.05, \*\*P <0.001 \*\*\*p<0.0001,

#### 4.5 Discussion

The current study set out to investigate the impact of persons' religiosity on their mental health. The sample was drawn from Mardan's adult population. The sample's age ranged from thirty to forty years old. A convenience sampling method was used to select the participants the necessary data was obtained using the Believe in Action Scale, the Anxiety Scale, and the (DPES). We examined and interpreted the data. The results agreed with theoretical predictions. They proved that there is a strong connection between mental health and religiosity, confirming the first hypothesis. The findings validate the second hypothesis of this research, indicating that religiosity was positively correlated with positive feelings as well. Furthermore, it was discovered that positive emotions had a favorable correlation with mental health, supporting the study's third hypothesis.

Additionally, the study shows that religiosity is positively correlated with positive emotions. The higher the level of religiosity, the better the mental health will be for the person. As acquired it was concluded that the positive emotions significantly influenced the relation between Religion and mental wellbeing hence proving the hypothesis.

#### 4.6 Theoretical Implications

The study state that Positive Emotions play a role as a mediator in the relation between Religion and Mental Health, as well as providing insight into how the person's religion affects mental health. In addition to exploring the relationship between Positive Emotions and mental health with a focus on exploring how positive emotional experiences contribute to overall mental wellbeing.

#### 4.7 Future Research Suggestions and Limitations

It is important to conduct more studies on this topic on people from other religions since this study focuses only on Muslims. The relationship between religion and mental health should be investigated more closely to consider mediators other than Positive Emotions.

Tha research was conducted in mardan and it should be conducted in more places as well. The study did not include a moderator, which is another limitation. Further, this study also failed to take into account the economic conditions of the country as a whole and of its participants, which is another limitation.

#### 5. Conclusion

As a result of this study, it has been shown that religion can result in improved mental health. According to this study, a strong positive correlation exists between Religiosity and Good mental health, with positive emotions serving as a mediating factor. Religiosity and mental health were found to be positively associated, as were positive emotions and mental health.

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