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A Study of Religiosity in Relation to Spirituality and Anxiety

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ABSTRACT

Religion, spirituality and mental health are increasingly being examined in psychiatric research. Religious beliefs and practices have long been linked to hysteria, neurosis, anxiety and psychotic delusions. Recent studies, however, have identified another side of religion that may serve as a psychological and social resource for coping with stress and anxiety. After defining the term religion and spirituality, this paper reviews research on the relationship between religion, spirituality and mental health, focusing specially on anxiety. The study participants were two age groups of people: one from 20 to 40 years of age, and the other of 60 to 80 years. 'Religiosity scale' by Bhushan (1971) was used to measure the religiosity of both the groups while 'Daily spiritual experiences scale' by Underwood & Teresi (2002) was used to measure the spirituality; and anxiety scale by Sinha (1968) was used to measure the anxiety of both the groups.

The main results of the study were: (a) there was a significant positive relationship of religiosity with anxiety but no relationship with spirituality overall as well as among old and young age participants. (b) No significant difference was found between the old and young age groups on the religiosity scale. (c) There was remarkable distinction evident amongst the two groups on the spirituality scale—age group 55 to 70 was found to be highly spiritual. (d) There was yet again significant difference visible between the two groups on the anxiety scale—age group 55 to 70 was found to be highly anxious as compared to the other group due to the increase in reliability of this age group on religious beliefs. (e) A significant mean difference was found on religious aspect and anxiety between male and female participants. It was found that females were more religious and anxious than the male participants; and (f) both male and female groups were not different on the spiritual aspect.

Keywords: religiosity; spirituality; anxiety

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Non-religious persons make up less than 0.1% of the populations in many Middle-Eastern and African countries. Only 8 of 238 countries have populations where more than 25% say they are not religious, and those are countries where the state has placed limitations on religious freedom. Atheism is actually quite rare around the world. More than 30 countries report no atheists (0%) and in only 12 of 238 countries do atheists make up 5% or more of the population. In Canada, 12.5% are non-religious and 1.9% atheist (Koenig, 2008).

Evidence for religion playing a role in human life dates back 500000 years when ritual treatment of skulls in China took place during the Paleolithic period (Smart & Denny, 2007: 26). Religion has persisted over the vast span of human history, the reason being that religion is a powerful coping behavior that enables people to make sense of suffering, provides control over the overwhelming forces of nature, and promotes social rules that facilitate communal living, cooperation, and mutual support.

Evolutionists such as Taylor and Muller attempted to explain religion in terms of human needs. Taylor saw it as a response to man's intellectual needs. Muller saw it as a means of satisfying man's emotional needs. The functionalist perspective changes the emphasis from human needs to society need. Functionalist analysis is primarily concerned with the contribution religion makes to meeting the functional prerequisites or basic needs of society. From this perspective, society requires a certain degree of social solidarity, value consensus, and harmony and integration between its parts. The function of religion is the contributing it makes to meet such functional prerequisites, for example, its contribution to social solidarity (Haralambos & Robin, 2005).

Religion is that organized belief system which is surrounded by worships and practices for the one supreme or supernatural power. The term religiosity refers to religious attendance, practice or activity and faiths. It involves the degree to which a person may be identified as religious. Merriam-Webster's Dictionary defines religiosity as a state, quality of being religious, emotional zeal of religion. Religiosity means faith in a power beyond himself whereby the individual seeks to satisfy the demands of life and which he expresses in acts of worship and service (Ghufran & Ansari, 2008).

In day to day life, religion plays an important role in molding our personality. Many people suffering from the pain of mental illness, emotional problems, or situational difficulties seek refuge in religion for comfort, hope, and meaning. While some are helped, not all such people

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are completely relieved of their mental distress or destructive behavioral tendencies. In other instances, especially in the emotionally vulnerable, religious beliefs and doctrines may reinforce neurotic tendencies, enhance fears or guilt, and restrict life rather than enhance it. In such cases, religious beliefs may be used in primitive and defensive ways to avoid making necessary life changes.

However, systematic research published in the mental health literature to date does not support the argument that religious involvement usually has adverse effects on mental health. Rather, in general, studies of subjects in different settings (such as medical, psychiatric, and the general population), from different ethnic backgrounds (such as Caucasian, African American, Hispanic, and Native American), in different age groups (young, middle-aged, and elderly), and in different locations (such as the United States and Canada, Europe, and countries in the East) find that religious involvement is related to better coping with stress and less depression, suicide, anxiety, and substance abuse. While religious delusions may be common among people with psychotic disorders, healthy normative religious beliefs and practices appear to be stabilizing and may reduce the tremendous isolation, fear, and loss of control that those with psychosis experience (Koenig, 2009).

One the one hand, religious teaching has the potential to induce guilt and fear that reduce quality of life or otherwise interfere with functioning. On the other hand, the anxiety aroused by religious beliefs can prevent behaviors harmful to others and motivate pro-social behaviors. Religious beliefs and practices can also comfort those who are fearful or anxious, increase one's sense of control, enhance feelings of security, and boost self-confidence.

Anxiety is the most commonly studied disorder with respect to the relationship of mental health and religion. Prior to the year 2000, at least 76 studies had examined the relationship between religious involvement and anxiety. Sixty-nine studies were observational and seven were randomized clinical trials. Of the observational studies, 35 found significantly less anxiety or fear among the more religious, 24 found no association, and 10 reported greater anxieties. All 10 of the latter studies, however, were cross-sectional, and anxiety/fear is a strong motivator of religious activity. People pray more when they are scared or nervous and feel out of control (Koenig, McCullough & Larson, 2001).

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Marx, Durkheim and Weber represent the foundational sociological traditions examining the "institution" of religion. They are standing on the outside, looking in. As any scientist looks at any subject, objectivity necessitates a dispassionate examination of the evidence. Such studies are very different from the journey of faith "from within". While the "institutions" of "religion" may be able to be explained within the framework of history, sociology, psychology, etc., these explanations neither negate, nor diminish the journey of the believer. They simply represent the attempt to explain the larger structures and patterns that are observable in every culture throughout history. Marx, Durkheim and Weber represent the objectivist, or modernist tradition within sociology. A different perspective might be taken from a postmodern sociologist, or an anthropologist who might look at religion through the lens of the believer--to explore "what it is to believe". Theologians, taking the same scientific approach found in the sociologists, yet study religion from the perspective of the believer, "from the inside", with the goal of applying the complexities of faith to the complexities of the world, making sense of ritual, explaining belief, and putting belief into the larger context of the lived experience of the church and the individual believers. None of these various perspectives is inherently superior to another, and none seeks to dethrone the other from scientific credibility. So to study the institutions of religion, as did Marx, Durkheim and Weber, while at first glance might seem at first glance heretical to the believer, actually helps produce building blocks of knowledge that the theologian, believer, evangelist, and any other person may use to understand the workings of the religions in the larger institution of society (Townsley, 2004).

The studies which support the view that religiosity positively related to mental health are provided by the longitudinal study of Wink and Scott (2005) who followed 155 subjects for nearly 30 years from middle age into later life, studying the impact of religious belief and involvement on death anxiety. Analyses revealed no linear relationships between religiousness, fear of death, and fear of dying. Subjects with the lowest anxiety levels were those who were either high or low on religiousness. Anxiety was highest among those who were only moderately religious, and in particular, those who affirmed belief in an afterlife but were not involved in any religious practices. Researchers concluded that it was the degree of religious involvement that was important in lessening death anxiety not simply belief in an afterlife (Wink & Scott, 2005).

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Numerous researchers like Bjorck and Thruman 2007; Eliassen et al. 2005; Ellison 1991; Ellison et al. 2001; Nooney 2005; Petss and Jolliff 2008; Salsman and Carlson 2005; Vilchinksy and Krasetz 2005 have shown that individuals who attend religious service regularly, perform religious behaviors such as prayer and scripture reading, and feel that religion is a very important part of their lives suffer less from depression and anxiety and score higher on measures of general mental well-being than their nonreligious counterparts (Turner & Sharp, 2010).

Kendler and coworkers report their findings in 2,616 twins who were investigated on the possible differential relationship between aspects of religion and internalizing and externalizing disorders. Since anxiety can be seen as the expression of an internalizing tendency, this study is relevant for this review. One out of seven religiosity factors could be associated with internalizing disorder: unvengefulness, "an attitude toward the world emphasizing personal retaliation rather than forgiveness." Two factors (social religiosity and thankfulness) were related to both internalizing and externalizing disorder (Glas, 2007). A University of Toronto study published in Psychological Science shows that believing in God can reduce stress and block anxiety (Moments in Time, 2009).

Just as positive forms of religious coping may reduce anxiety in highly stressful circumstances, negative forms of religious conflict may exacerbate it. For example, one recent study of 100 women with gynecological cancer found that women who felt that God was punishing them, had deserted them, or didn't have the power to make a difference, or felt deserted by their faith community, had significantly higher anxiety. These results persisted after multiple statistical controls, and are consistent with other studies in medical patients (Koenig, 2008).

Religiosity seems to play an important role in health and society. Another aspect of religion which can be significantly associated with individual and his beliefs is 'spirituality'. Spirituality can be referred to as belief in a higher power or the supreme power; it can be awareness of life and its meaning, the centering of a person with purpose in life. It involves relationships with a higher being, with self, and with the world around the individual. When measured in research, spirituality is often assessed either in terms of religion or by positive psychological, social, or character states. For example, standard measures of spirituality today contain questions asking about meaning and purpose in life, connections with others, peacefulness, existential well-being, and comfort and joy. Spirituality is recognized as a factor that contributes to health in many

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persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism, and the arts. All of these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another (AAMC, 1999).

The spirit of a human is his essence, that part of him or her that is not visible. The part that does not die but is immortal. Spirit is “a life giving force” and as the “active presence of God in human life” (Bratton).

Many people profess spirituality without religious affiliation. Some even consider religiosity a barrier to spirituality. Religiosity influences the response to signs and symptoms of illness through rituals associated with disease prevention and health protection. Social, moral, and dietary prescriptions that promote health and communal religious activities that increase social support are among the effects of religious involvement. Religious involvement and spirituality both can have an intimate relationship. Researchers have shown that people who are religious are found to be spiritual in their lives than those of the non religious people. Psychologists and psychiatrists from Freud to Ellis have viewed religious orientation as "irrational" and as a "crutch for people who can't handle life" (Davis, Kerr & Kurpius, 2003). However, this view is changing. Research has shown that spirituality may actually enhance mental health in many cases.

Davis, Kerr, and Kurpius investigated the relationship between spiritual well-being and anxiety in at-risk adolescents. The State-Trait Anxiety Inventory, the Spiritual Well-Being Scale, a revised version of the Allport-Ross Religious Orientation Scale, and the Social Provisions Scale were administered to 45 male and female high school students who were considered to be at-risk. The research found that the higher the spiritual well-being, existential well-being, religions well-being and intrinsic religious orientation were among males, the lower the anxiety (Davis, Kerr & Kurpius, 2003).

Researchers have studied the relationship between spirituality and anxiety in several different populations, with the notable exception of adolescents. Kaczorowski (1989) investigated this relationship in adults who had been diagnosed with cancer using the Spiritual Well-Being Scale, which distinguishes between the religious and existential dimensions of spirituality, and the

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State-Trait Anxiety Inventory which differentiates between transitory (state) and characteristic (trait) anxiety. An inverse relationship was found between spiritual well-being and state-trait (total) anxiety. This finding held true when controlling for age, gender and marital status (bid).

Objectives of the Study:

- To analyze the relationship of religiosity with spirituality and anxiety among 100 participants.
- To analyze the relationship of religiosity with spirituality and anxiety among old age participants.
- To analyze the relationship of religiosity with spirituality and anxiety among young age participants.
- To analyze the relationship of religiosity with spirituality and anxiety among male participants.
- To analyze the relationship of religiosity with spirituality and anxiety among female participants.
- To compare the religious, spiritual and anxiety status of old and young age participants.
- To compare the religious, spiritual, and anxiety status of male and female age participants.

Hypothesis of the Study:

- There would be no significant relationship of religiosity with spirituality and anxiety among 100 participants.
- There would be no significant relationship of religiosity with spirituality and anxiety among old age participants.
- There would be no significant relationship of religiosity with spirituality and anxiety among young age participants.
- There would be no significant relationship of religiosity with spirituality and anxiety among male participants.
- There would be no significant relationship of religiosity with spirituality and anxiety among female participants.

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- There would be no significant difference between the old and young age groups in respect to religious status, spiritual status and anxiety status.
- There would be no significant difference between the male and female groups in respect to religious status, spiritual status and anxiety status.

Method

Participants:

Two groups of old and young age participants were selected randomly from different areas of Delhi. The total respondents were 100; among them 50 were old age participants (age ranging from 60 to 80 years), and 50 were young age participants (age ranging from 20 to 40). In both the old and young age groups there were 25 male and 25 female participants. The participants were matched as far as possible in respect to social, economical, religious and marital status. The subjects of the sample were taken from upper caste Hindu community, belonging to middle socio-economic group. Data was collected on different locations depending on the availability of the sample like public parks, different temples, colleges and living areas.

Tools:

Hindi language version of Bhushan's (1971) religiosity scale was used to measure religiosity of both the groups. The 5 point Likert type religiosity scale consists of 36 items. The content, test-retest reliability, predictive and concurrent validity coefficients reported by Bhushan were found to be satisfactorily high.

'Daily Spiritual Experiences Scale' by Underwood & Teresi (2002) was used to measure the spirituality of both the groups. The internal consistency, reliability and validity of the scale are reported to be high. This scale consists of 16 items, 14 of which are to be responded on a scale of 6 responses, from 'many times a day' to 'never'. The remaining 2 items which show closeness with God of the individual have 4 responses, from 'not at all close' to 'as close as possible'.

'Sinha Anxiety Scale', constructed by D. Sinha (1968) was used to measure anxiety of both the groups in the present study. The scale is a reliable and valid measure of anxiety in the field of psychological research. It consists of 100 items related to the anxiety of the individual in

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different aspects of life like society, family, friend circle, self personality, self analysis, service area and future plans. Responses are made in the form of 'true' or 'false'.

Procedure:

Following the rapport building, the participants of the study responded to the religiosity scale, spirituality scale and anxiety scale. The scores of all the inventories were used to find out the results.

Statistical Analysis: The statistical analysis was done using SPSS 16.0 version. Bivariate coefficient correlation was done to see the relationship between different variables and t test was used to calculate the mean difference between groups on stated variables.

Results & Discussion

Table 1: Coefficient of correlation of religiosity with spirituality and anxiety among 100 participants.

Variables	Pearson Correlation
religious status spiritual status	.180
religious status anxiety status	.298**

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

Table-1 shows the relationship of religiosity with spirituality as well as anxiety among 100 participants. The table indicates a positive correlation between religiosity and spirituality with a coefficient of correlation of .180 being insignificant. This is indicative of the fact that spirituality does not manifest as one gets religious. The religious activities and religious attitude of an individual do not make him spiritual. The table also indicates a positive correlation between religiosity and anxiety with a coefficient of correlation of .298 being significant at .01 level of confidence. This clearly indicates as one gets religious, their tendency to become anxious increases. The religious attitude in the individual makes him prone to anxiety.

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Table 2: Coefficient of correlation of religiosity with spirituality and anxiety among old age participants.

Variables	Pearson Correlation
religious status spiritual status	.155
religious status anxiety status	.358*

* Correlation is significant at the 0.05 level (2-tailed).

Table-2 shows the relationship of religiosity with spirituality and anxiety among old age participants. The table indicates a positive correlation between religiosity and spirituality with coefficient of correlation of .155 being insignificant. This indicates that religiosity does not lead to spiritual attitude during old age. The similar table indicates a positive correlation between religious aspect and anxiety among old age participants with a coefficient of correlation of .358 being significant at .05 levels. This is indicative to the fact that an increase in religious aspect during old age may be the contributory cause for an increase in anxiety status.

Table 3: Coefficient of correlation of religiosity with spirituality and anxiety among young age participants.

Variables	Pearson Correlation
religious status spiritual status	.110
religious status anxiety status	.477**

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

Table-3 shows the relationship of religiosity with spirituality and anxiety among young age participant. The table indicates a positive correlation between religiosity and spirituality with a coefficient of correlation of .110 being insignificant, indicating that spirituality during young age does not manifest as one gets religious. The table also shows a positive relationship between religiosity and anxiety among young age participants with a coefficient of correlation of .477 being significant at .01 levels. This indicates that an increase in anxiety may be due to the religious attitude among young people.

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Table 4: Coefficient of correlation of religiosity with spirituality and anxiety among male participants.

Variables	Pearson Correlation
religious status spiritual status	.004
religious status anxiety status	-.127

Table-4 presents the relationship of religiosity with spirituality and anxiety among male participants. The table indicates a positive relationship between religious status and spiritual status with a coefficient of correlation of .004 being insignificant. This indicates that spirituality does not occur when one gets religious. It shows that there is no relationship between religious aspect and spiritual attitude among male participants. Further the table shows a negative relationship between religiosity and anxiety among male participants, with a coefficient of correlation of -.127 being insignificant. It indicates to the fact that religious attitude is not related to anxiety status among males.

Table 5: Coefficient of correlation of religiosity with spirituality and anxiety among female participants.

Variables	Pearson Correlation
religious status spiritual status	.424**
religious status anxiety status	.310*

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

Table-5 shows the relationship of religious aspect with spiritual aspect and anxiety status among female participants. The table indicates a positive correlation between religiosity and spirituality among females with a coefficient of correlation of .424 being significant at .01 level. It presents the idea that an increase in religious attitude may be the contributory cause for an increase in spiritual aspect of females. Further the table indicates a positive correlation between religiosity

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and anxiety status among female participants with a coefficient of correlation of .310 being significant at .05 level of confidence. It is indicative to the fact that an increase in anxiety status may be due to an increase in religious status among women.

Table 6: Mean difference between old and young age participants on religiosity, spirituality and anxiety status.

Variable	Groups	N	Mean	Std. Deviation	t	df
religious status	old age young age	50 50	76.52 70.54	28.311 20.735	1.205	98
spiritual status	old age young age	50 50	71.64 39.82	14.630 12.205	11.810**	98
anxiety status	old age young age	50 50	84.62 42.08	8.743 15.453	16.942**	98

**significant at .01 level

Table-6 shows the means, standard deviations and t values to calculate the significance of difference between scores of old and young age participants on religious aspect, spiritual aspect and anxiety status. It can be observed from the above table that the t value for religious aspect (t=1.205) is not significant even at .05 level of significance. It indicates that the mean scores of old age participants and young age participants on religious aspect do not differ significantly. This means that generally both old and young people are religious.

Further on the spiritual aspect, the t value that is 11.810 is significant at .01 level of significance. The mean scores of spirituality of old age participants (M=71.64) is very much greater than that of mean scores of young age participants (M=39.82). Therefore it can be said that people become more spiritual in their old age as compared to in their young age. Comparatively, the young people are found to be less spiritual. The reason may be that the aged become more religious in the last half of their lives. At the end core of their lives, the feelings of 'all is God', and 'everything is given by God' inspire them to be in union with God which leads to spirituality. When they become fully involved in their religious activities with their soul and its purity, they come closer to God, the meaning of life, and their own soul. At the end of their lives, they want to make themselves good and pure so that they can find a place in heaven. On the other hand,

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young people are not found to be spiritual. The reason may be that in today's fast life, the young generation is confident about it and is not so religious. Young people are so busy in their life that they do not get time to perform their religious activities. And so they may not be as spiritual as old age persons.

The table indicates that the t value related to anxiety (t=16.942) between old and young age participants is significant at .01 level of significance. The mean scores on anxiety of old participant (M=84.62) is greater than the mean scores of young age participants (M=42.08) which is indicative to the fact that old people have more feeling of anxiety as compared to young age people. People become fearful and anxious in their old age. They develop a fear about if their family members will take care of them properly or not when they will not be able to perform their duties; and when their physical capability would lessen. The other reason behind their anxiety may be their religiousness and consciousness about their spent life and their deeds. They become more conscious about their life after death, about hell and heaven. They don't want to commit any sin at this stage of their lives. This age group was perceived to have less self-confidence. In contrast, young people were found to be less anxious. They are found to be more self-conscious, self-confident and relying on their duties. The reason may also be that they don't have enough experience in their life and so they don't think more about religion, good or bad.

Table 7: Mean difference between male and female participants on religiosity, spirituality and anxiety status.

Variable	Groups	N	Mean	Std. Deviation	t	df
religious status	Male female	50 50	55.62 91.44	11.553 21.485	10.383**	98
spiritual status	Male Female	50 50	55.64 55.82	21.659 20.259	.043	98
anxiety status	Male female	50 50	55.88 70.82	26.492 20.563	3.150**	98

**significant at .01 level

Table-7 presents the difference between the mean scores of male and female participants on religious aspect, spiritual aspect and anxiety status. The table clearly shows that the difference between the mean scores of male and female participants on religiosity (t=10.383) is significant

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at .01 level of confidence. The mean scores of the female participant (M=91.44) is greater than the mean scores of male participants (M=55.62) on religiosity. It can be said that females are more religious in their lives than the males.

Further the table shows an insignificant difference between the mean scores of male and female participants on spiritual aspect. The insignificant t value that is t=.043 indicates that the mean scores of male and female participants on spirituality do not differ significantly. It means that both males and females are spiritual in general. The t value related to anxiety among male and female participants (t=3.150) is significant at .01 level of confidence. The mean score of anxiety of female participants (M=70.82) is higher than the mean scores of male participants (M=55.88), which clearly indicates to the fact that females are more anxious than the male participants.

Thus, what comes to the fore from the above discussion is the fact that the concepts of religiosity, spirituality and anxiety are very closely linked to each other, and difference in one leads to change in the other in terms of different age groups.

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