Practising Religion and Personal Well-Being among Three Dominant Religions in Sikkim

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By

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DECLARATION

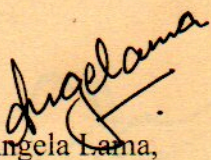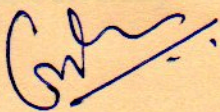The work embodied in the dissertation entitled 'Practising religion and personal well-being among three dominant religions in Sikkim' was conducted at the Department of Psychology under School of Human Sciences, Sikkim University, in partial fulfilment of the requirement for the award of M.Phil. degree of Sikkim University. The work has not been submitted in part or full to this or any other university or institution, for any degree or diploma.

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We recommend this dissertation to be placed before the examiners for evaluation.

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CERTIFICATE

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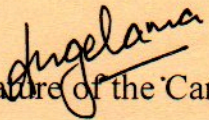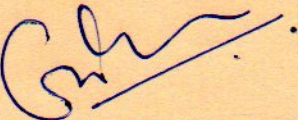
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PRACTISING RELIGION AND PERSONAL WELL-BEING AMONG THREE DOMINANT RELIGIONS IN SIKKIM

Submitted by **Angela Lama** under the supervision of **Dr. Saurabh Maheshwari** of the Department of Psychology, School of Human Sciences, Sikkim University.

Signature of the Candidate

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ABSTRACT

The aim was to study about practising religion and personal well-being among three dominant religions in Sikkim that is Buddhism, Hinduism and Christianity. The study is conducted on 190 participants belonging to different religions within the age of 40-60. Standardized questionnaires were used to administer the religious aspects and personal well-being aspects. Pearson's correlation, ANOVA, t-test and regression were used to analyse the data. Results indicate that how religion can have an effect on one's well-being. People who seem to have a gratifying and secure relation with God tend to bring out more positive affect in oneself. Also how one views God may be a key component in understanding an individual's ability to deal with stressful situations. Where practising religion promotes people to pursue and approach new situations and overcome difficult situations. In gender differences females are much higher on religious acceptance, although gender does not have any significant impact on personal wellbeing. Christian participants are significantly higher on certain religious aspects in comparison to Hindu and Buddhist participants, however there is no difference found on wellbeing due to religions itself.

Chapter 1: Introduction

Religion is characterised by a set of beliefs and religious practices, yet religion is difficult to define because it tends to cross many different boundaries in human experience. Each and every human being has something different while defining the religion and the impact it has on their lives. Many attempts have been made to define religion, however, every theory has its own limitations and each perspective contributes to our understanding of this complex phenomena. Throughout history, religion has taken a central place in the lives of virtually all cultures and civilizations. Even in the dawn of human consciousness, we could find religion everywhere, this is true in the case of past, but the questions lies in the present and the future, where science and technology have taken over and have radically changed the view of the world, wherein some researchers believe that the world has entered a new stage of human existence, without religion. In present generation, rumours of religion's demise seem very premature and perhaps there's no truth in them at all. Even when scientific and non-religious perspectives have become prominent, religion still persists and is often on the rise (Rodriguez & Henderson, 2010).

We tend to find religion everywhere, on television, in movies, in popular music, in our towns and cities. We see religion in the lives of the people we know, and in ourselves, as we live out and struggle with our own religious faith. We often discover religion at the centre of global issues and cultural and political conflict. Religious traditions are adaptable in several ways and for many; contemporary religion even has room for scepticism, secular, and the science which allows it to keep going strong in the rapidly changing world. Religion shows no sign of disappearing,

as it is powerful and persistent. It tends to provoke genuine, sincere dedication and commitment, powerful expression, forthright action and intense debate.

The development of science may have wiped out many doubts from the mind as one gradually got rid of many superstitions, but that does not mean that man needs no religion because of development of science. It may be true that the modern man does not believe in supernatural powers like his ancestors, but the need for a religion still exists. Dealing with major life stressors such as natural disaster, illness, loss of loved ones and serious mental illness show that religion and spirituality are generally helpful to people in coping, especially people with the fewest resources facing the most uncontrollable of problems. However, there are many forms of religious coping, and some are more helpful than others. People can draw on many religious and spiritual resources that have been tied to better adjustment in times of crisis.

Religion of one kind or another has existed in all the societies; it has had profound effects on the lives of people who practised it. Prayer is the central of all religious practices, it is universal, crossing cultural. Human beings are religious by nature and through different religions people tend to fine meaning, belonging and identity. Meanwhile, the broader questions of religion often get lost in narrow cultural divisions. What does religion mean in the actual lives of people? How do religious beliefs address life's most difficult problems? How they view God and their approach? How religion and God is viewed differs immensely from person to person, since many factors contribute to a person's life.

For everyone who wants to know the world around them, religion is an intensely curious phenomenon that calls for better understanding. There is no proper agreement among scholars concerning the best way possible to study religion; however, one of the many reasons can be that each discipline enlisted to study

religion has its own distinctive methods and topics, and those scholars often disagree about how to resolve the inevitable conflicts between these different intellectual perspectives and also questions regarding about the origins and functions of religion have often been conflated with questions about the truth of religion, and this has led to controversies that often tend to hinder the development of common concepts, methodologies, and problems. Moreover to study religion is to study about oneself because religion cannot exist without the emergence of man. Religion tends to arouse one's feelings, affects how one thinks and the way he behaves in certain conditions, either in a group or individually, and also what effects these issues have upon each other. Religion has been reported to be effective and valuable in the daily functioning of one's behaviour (Shafranske, 1996) and plays an important role in understanding one's psychological makeup (Maltby & Lewis, 1996). Religion furthermore has been shown to influence human decisions, choices, and actions (Giddens, 2002) and is significant in the development of one's ability, competence and achievements (Hathaway & Pargament, 1990).

Religion is considered an important part of the lives of many people, and especially older adults (Lauder, Mummery, & Sharkey, 2006), and can serve as a type of coping mechanism for them. Also, religious involvement appears to play a moderating role with regards to quality of life among older adults with depression and anxiety (Huang, Hsu, & Chen, 2011). Studying religion and coping together could help increase our understanding of how people cope and also improve our understanding of religion and religious practices (Pargament, 1997). It can also help clarify the ways in which individuals use specific, certain coping skills that can be both unfavourable and beneficial in the coping process.

In order to have a complete understanding of the relationship between religion and personal well-being, it is important to account for the effect of religious beliefs. Religion is uniquely powerful in the way that it tends to motivate, create meaning and help believers to cope with traumatic and stressful events. It is due to this reason; that religion cannot be studied as merely a facilitator of social support. It is important to account for the aspect of religion that distinguishes it from the other human processes and also religious beliefs. Religion is understood to influence personal well-being through various ways: the religious community tends to give people a sense of belonging and provides an important source of social support; religion gives people's lives a meaning and purpose; and also religion encourages people to lead healthier lifestyles. Understanding the ways in which religion influences personal well-being helps us to determine ways in which we can increase the well-being of the individuals.

This present study examines people from different religious sectors-Buddhism, Hinduism and Christianity. How do people from different religion perceive God and their religious aspects, the type of orientation people have towards their religion? The present study explores how religion has an effect on the personal well-being. It examines the links among religiosity, locus of control, religious coping and personal well being in order to better understand as to how and whether religious coping and locus of control intervenes the relationship between religiosity and personal well being. It also investigates as to how the links among the variables differ by age, gender and through different religions.

Chapter 2: Literature Review

Religion and religious practices

In the early 20th century, Freud considered religion to be a psychopathological, neurotic wish-fulfilment. Today, religion is viewed as a powerful coping mechanism (Pargament & Park, 1997) and also as a system to provide meaning in life (Park, 2005). Even Freud believed that, "...only religion can answer the question of the purpose of life, one can hardly be wrong in concluding that the idea of life having a purpose stands and falls with the religious system" (Freud, 1961/1927, p. 25). Most recent empirical work in the psychology of religion show that some aspect of religion that is religious attendance and intrinsic religiosity correlates positively with some aspects of well-being: religious people report being happier and more satisfied with their lives (Diener, Suh, Lucas, & Smith, 1999; Myers, 1992; Veenhoven, 1984). Religion has been reported to be effective in human behaviour in daily functioning and it also plays an important role in understanding a person's psychological construct (Maltby & Lewis, 1996). Moreover, religion has been shown to influence human decisions, actions and choices and to be significant in the development of competence and achievement (Hathaway & Pargament, 1990). Many of the researches indicate that religion has implications for psychological health and life satisfaction; many of which are positive and some are negative which are often linked to the ways in which people view their relationship with God (Ellison, 199; Seybold & Hill, 2001).

Religion can either help or hinder individual's attribution and interpretation as well as overall psychological health (Dein & Stygal, 1997; Pragament & Hahn, 1986). Religion is not a single-faced phenomenon, rather a multi-faced, which varies from kind religion one practices (Christianity, Hinduism etc.) to actually practicing religion

(visiting temple/church, chanting, etc), from once religious orientation (intrinsic vs. extrinsic) to how one perceive/view God (someone who protect us, someone who punish us for our wrong deeds), and so on. However, not all religious aspects are equally important or helping individual in positive manner, while some play positive contribution others aspects may contribute negatively. In the present study, three aspects of religion are studied: religions (religious sector one practices); religious orientation; and image of God. The following sections present brief understanding and early research on these aspects.

Religions. Matthews (1996) defines religion as "an organized system of beliefs, practices and symbols, designed to enable closeness to God" (p. 118). Levin and Schiller (1987) defined religiousness as "the degree of one's involvement and personal significance attached to such a system" (p. 137). Each of the major world religions are alike in many ways (e.g. Buddhist, Christian, Hindu, Muslim, Jewish); however each of them have their own unique beliefs, social norms, values, ritual practices, and other characteristics that defines any cultural group (Cohen, 2009). As a result, different religious groups may differ in levels of well-being, or with the correlates of wellbeing. Personal spirituality is seen to be more strongly associated with well-being for Christians, than it is for Jews (Cohen, 2002).

Different religious groups may deal with death in different ways and facing death with calmness versus anxiety can also affect well-being. Belief in life after death buffers death anxiety (Dechesne, 2003) which, in turn, could relate to greater well-being. Rosmarin, Krumrei, & Andersson (2009) also found that Christian and Jewish beliefs and practices correlated positively with positive coping and negatively with negative religious coping, and positive religious coping predicted less psychological distress that is worry, anxiety and depression. Religious people do seem

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to have better self-control and self-regulation (McCullough & Willoughby, 2009). It is also possible that religious groups could differ in this regard as one can see religious dietary and other practices as exercises in self-regulation (Klein, 1979; Johnson, White, Boyd, & Cohen, 2011). Studies have repeatedly found that increased church attendance correlates with life satisfaction. Moreover, older people, women, and Protestants are the most satisfied with life and also groups that also are also most likely to attend religious services (Argyle, 2001).

Christians may be happier than other religious groups because feeling personally connected with God can improve loneliness and feelings of social isolation (Epley, Akalis, Waytz, & Cacioppo, 2008; Johnson, Li, Cohen, & Okun, 2011; Paloutzian & Ellison, 1982). The feeling of personal connection with God as a positive influence is that many religious groups, such as Judaism, and Hinduism, emphasize integration into a religious community as a valuable and important aspect of religion in and of itself, and not merely as a by product of the more intrinsic aspects of religion (Cohen, Hall, Koenig, & Meador, 2005). This could result in greater social support, which is a known correlate of greater well-being.

Religious orientation. Allport (1959) introduced two dimensions for religiosity. At first, Allport (1950) named them as mature and immature, but later on he used the terms extrinsic and intrinsic. Allport and Ross (1967) stated that people who are extrinsic use their religion, while people who are intrinsic live their religion. For extrinsic people reasons for being religious are mostly external to the person, religion is only one guiding force in life; religion is typically compartmentalized and is used as a means for other ends. People who are extrinsic tend to view religion as a source of security and support, sociability and distraction, status and self justification (Rodriguez & Henderson, 2010). For extrinsically oriented individuals, religion is a

mean to achieve some self serving end, wherein individuals with intrinsic religious orientation view their needs and wants as of less significance and make them compatible with their own religious beliefs and directions. Intrinsic people find their motive in religion and religion itself is the eventual end and guideline of life (Allport, 1966). For intrinsic people religion is like living one's religion and reasons for being religious are mostly within the person. Religious faith is often internalized and is the master motive for life. Religion tends to affect more areas of life than just the religious aspects. Religion is like an internal motivation, religion is an end itself.

Coping process also differed based on whether one has an intrinsic or extrinsic religious orientation (Ysseldyk, Matheson, & Anisman, 2011). Extrinsically religious oriented people tend to be more hesitant and engage minimally in religious practices for the sake of religion itself (Roesch & Ano, 2003). People who have an extrinsic religious orientation exhibit a utilitarian or an effective approach by using religion for influential means (Haber, 2007). Intrinsically religious oriented people hold religion as the primary purpose of one's life. Those who have a high extrinsic religious orientation have a tendency to actively cope and seek emotional social support, yet they also are mentally and behaviourally disengage. Research shows that older adults are more extrinsically religious than younger adults (Phillips, Chamberlain, & Goreczny, 2014). Maltby, Lewis and Day (1999), in a study to observe the role of religious acts between the measures of religious orientation and psychological well-being, found a number of positive correlations. It was seen that frequency of personal prayer was seen as a dominant factor in the relation between religiosity and psychological well-being. Being religious in one way as an intrinsic end in itself lead to helping that is more a response to the helper's internalized need to be helpful than to the victim's expressed needs. Whereas being religious in another way, as an open-

ended quest leads to helping that is responsive to the victim's expressed needs. It was seen as an intrinsic end orientation to religion was correlated as positively with offers of help when it was not wanted as when it was. Quest orientation correlated positively with offers of help when it was wanted but negatively when it was not.

Image of God. The idea of the Image of God emerged from the work of Ana Marie Rizzuto (1979) building from Freud's theory wherein Freud saw religious belief as illusory and that a person's view of God was a combination of an inherited memory of the 'primal father' and the internalized paternal image. Rizzuto defines image of God as a person's experiential understanding of God. The God Image develops parallel to the God Concept, but through different means, where the God Concept develops from what people are taught, the God Image develops through what people experience.

Lawrence (1997) developed an objective measure of God image since it is closely tied to the self image he attempted to focus on the person's individual experience and feelings, and their relationship with God. He chose to measure six dimensions: presence, challenge, acceptance, benevolence, influence and providence and it is composed of the three primary aspects of self image – belonging, goodness and control. The primary form for the belonging was the Presence dimension. The memory of presence or absence for the construction of the parent image, therefore, also for the construction of the God image. In terms of the God image, it would seem to be something like God is there for me and that I should stay with him or does God's presence in my life support me to move out and interact with the world around. This second belonging issue is Challenge dimension. These two dimensions go with closely to the approach of Kirkpatrick (1986), who applies the attachment theory of Bowlby (1969), to God image work, and suggests that "safe haven" and "secure

base", the twin roles of the attachment figure, are the twin roots of the God image. The safe haven is a figure to which the child may retreat for support as needed. Secure base, relates to the same figure and one whose presence or availability tends to empower or challenge the child to move out and explore his or her world. The form of the goodness issue is whether one is good enough for God to love. The secondary form of this question is the benevolence dimension and is focused on the object rather than the subject. This question is a little more focused on the character of God rather than on the relationship of God with the subject, The control issue clearly divides into two obvious questions: the prior question, which is labelled as influence, like how much can one control God and the secondary question is labelled as providence like how much God can control one. It would seem that control of God (active voice for the subject) and control by God (passive voice for the subject) are opposite ends of a bi-polar continuum.

An individual's view of God is thought to influence core strivings and life principles (Emmons, Cheung, & Tehrani, 1998; Maynard, Gorsuch, & Bjorck, 2001; Pargament, Magyar-Russell, & Murray-Swank, 2005). For this reason, how one views God may be a key component in understanding an individual's ability to deal with stressful situations. The person, philosophy, or worldview that governs or drives each person's life decisions assumes the central focus of life and is surrounded by religious like behaviours that reinforce and define that object of devotion (Stark, 1999; Stark, Hamberg, & Miller, 2005). Whether the individual believes in a God that created the world or a God created to explain the world, each person has a view of 'the ultimate' and expresses devotion to it. For most 'the ultimate' is God in some form and for others 'the ultimate' is mankind and reason.

In a study of high school boys, Benson and Spilka (1973) reported that self-esteem was positively related to loving God images and negatively related to controlling or rejecting images of God. Nelsen and Kroliczak (1984) found out that youths who do not believe in an angry or punishing God are less likely to report self blame. Nunn (1964, p. 206) found that, "a child who believes that God punishes when a bad act is committed is more likely to feel more self blame for actions of anger or noncompliance with other family members," a result of being told to behave lest God punish him or her. Schwab and Petersen (1990, p. 91) found that "perceiving God as wrathful as in hard images tends to be positively correlated with loneliness and those people who believed in God as caring and supportive tend to feel less lonely." Image of God has been found to be related to self-esteem, loneliness and self blame as these concepts are suggestive of subjective well-being.

Personal well-being

Personal well-being is people's sense of how one is feeling within oneself and experiencing their lives. In the present study, focus lies on the two aspects of personal well-being, the subjective well-being and the physical well-being. Subjective wellbeing is defined as a person's cognitive and affective evaluations of his or her life (Diener, Lucas, & Oshi, 2002). Wherein the cognitive element refers to what one thinks about their life satisfaction in specific areas of life such as work, relationships and also life as a whole. The affective element refers to emotions, feelings and mood. Affect is considered positive when the emotions, moods and feelings experienced are pleasant like joy, elation, affection. Affect is deemed negative, though, when the emotions, moods and feelings experienced are unpleasant like guilt, anger, shame. In the present study, four aspects of subjective well-being are included: life satisfaction, happiness, positive and negative affect and flourishing. Life satisfaction is described

as the way people evaluate their lives. It is a measure of well-being and can be assessed in terms of mood, satisfaction with relations with others and with their achieved goals, self-concepts, and self-perceived ability to manage with daily life. Happiness is described as the experience of joy, contentment, or positive well-being, combined with a sense that one's life is good, meaningful and worthwhile (Sonja, 2007).

Affect, one of the most important contributor of our wellbeing, generally categories in two broad dimensions: negative affect and positive affect. Negative affect is a general factor of subjective distress, and tends to subsume a broad range of negative mood states (Watson & Clark, 1984). Whereas positive affect is a dimension reflecting one's level of pleasurable interaction and engagement with the environment. Both the mood factors can be measured either as state that is as transient fluctuations in mood or as a trait that is stable individual differences in general affective tone. Negative Affect is a general factor of subjective distress, and tend to subsumes a broad range of negative mood states, including anxiety, fear, hostility, scorn, and disgust. Mood states related to depression such as sadness and loneliness. At the trait level, negative affect is a broad and persistent tendency to experience negative emotions that has further influences on cognition, self-concept, and world view (Watson & Clark, 1984). High positive affect is composed of terms reflecting one's enthusiasm, energy level, mental alertness, interest, joy, and determination, whereas low positive affect is best composed by descriptors reflecting lethargy and fatigue. It is noteworthy that states of sadness and loneliness also have relatively strong effect on the low end of positive affect (Watson & Tellegen, 1985). Trait positive affect is a corresponding predisposition contributing to positive emotional experience and it

reflects a generalized sense of well-being and competence, and effective interpersonal engagement.

Flourishing is also a measure of overall life well-being and is viewed as important idea of happiness. Flourishing is defined as living within an optimal range of human functioning, one that goodness, generativity, growth, and resilience (Seligman, 2011). Flourishing is the opposite of both pathology and languishing, which are described as living a life that feels hollow and empty, it is also a measure of overall life well-being and is viewed as important to the idea of happiness.

Ones perceived physical health is a significant part of looking after ones overall wellbeing. The physical well-being is connected to mental and emotional health. Seeking healthy choices with how one function in daily life can provide some balance to one's physical well-being, which can, in turn, influence others aspects of one's life like psychological benefits of enhanced self-esteem, self control, determination, and a sense of direction.

Religion and personal well-being

Religion is understood to influence personal well-being through various ways; the religious community gives people a sense of belonging and provides an important source of social support. Religion gives people's lives meaning and purpose and tend to encourage people to lead healthier lifestyles. Ellison (1991) many studies have found that attendance to religious services is the best predictor of well-being among the religious variables. Believing in God has been found to be positively related to well-being in the large majority of the studies conducted on the similar field. Ferriss (2000) the reasons belief in God elevates the well-being of those who practice religion have been seen through three ways. First being the attendance of religious services. Attendance to religious services provides religious individuals with an important

source of social support. The community that arises around religious organizations provides individuals with a sense of belonging that is helpful when going through stressful situations. Religion provides a set of meanings and values for the ordering and interpretation of human events. It helps individuals, with strong religious beliefs, the ability to extract meaning and significance from everyday situations (Berger, 1947; Brinkerhoff & Jacob, 1987; Ellison, 1991; Frey & Stutzer, 2002; Ferriss, 2002). The ability to reinterpret life through the lens of religion is especially useful when individuals are confronted with traumatic and stressful events. A bad event can be overcome if it is attributed to the will of God (Frey & Stutzer, 2002). It is seen that the average religious person tends to live a longer, healthier life than the average person (Frey, Bruno & Stutzer, 2002).

Religion and life satisfaction. A wide range of factors could influence life satisfaction; studies find religion is one that is closely related to life satisfaction and happiness (Inglehart, 2010). However, it still remains unclear which aspect of religion plays a more significant role and how these dimensions might interact to shape subjective well-being. In a cross-cultural examination of the association between religiosity and life satisfaction, the results showed no significant association between religiosity and life satisfaction in women. However, there was a significant association between religiosity and life satisfaction for men in three of the four samples wherein there was significantly higher attitude towards God (Dorahy, lewis, Schumaker, Boateng, Duzes, & Sibiya, 1998). In a study on the common facets of religion, the unique facets of religion and the life satisfaction in older people, it was seen that both the common and the unique aspects of religion contributed to life satisfaction in the older people (Krause, 2003). The religious people were more satisfied with their lives because they regularly attended religious services and build

social networks in their congregations. The effect of within-congregation friendship was contingent on the presence of a strong religious identity and that life satisfaction was dependant on attendance & congregational friendship (Lima, & Putnamb, 2010).

Ellison, Gay and Glass (1989) argued that the religious meaning was more important than religious belongingness for a positive relationship with life satisfaction. Religiosity may be positively related to life satisfaction through the enjoyment of attending services, a social support group, encouragement of health related behaviours and positive attributions (Idler & George, 1998). Strong religious faith may cause negative life events to be seen as an opportunity for spiritual growth and religion act as a stress barrier (McFadden, 1995). Religion can protect against depression and aid in problem solving (Idler & Kasl, 1997). Depending on one's belief, religiosity however may be also negatively related with life satisfaction, it may be linked to the ways in which people view their relation with God and how religion and spirituality is used as a coping mechanism. Cohen (2002) observed that in different samples and with different measures, congregational support and public practice of religion appeared to correlate with measure of life satisfaction for members of different religions.

Religion and happiness. Religiousness and happiness are usually attributed to positive functions of religion, such as providing meaning and social support (Ellis, 1967). Religion can make people happier, including social contact and the support that results from religious pursuit, the mental activity that comes with volunteering and optimism and learned coping strategies that tends to enhance one's ability to deal with stress. The number of measures of religiosity and psychological well-being was mediated by the relationship between frequency of personal prayer and psychological well-being and that personal prayer may be an important variable to consider within

the theory of religion and religious coping (Lewis, Maltby, & Day, 2010). In religious orientation, religious coping and happiness among adults, it is seen as religiosity is related to happiness, it is related to psychological well-being, which is thought to reflect human development, positive functioning and existential life challenges (Lewis, Maltby, & Day, 2005). Positive and negative religious coping were associated with higher and lower levels of well-being respectively and that positive and negative religious coping were more strongly related to well-being and happiness (Pargament, Tarakeshwar, Ellison, & Wulff, 2002).

Luttmer (2005) observed that typically found religious activities and beliefs are positively correlated with measures of subjective well-being, even when controlling for demographic variables as age, gender, marital status and income. It was observed that religious people are more satisfied even controlling for social resources and for being a crime victim and other personal characteristics, Clark and Lelkes (2005). Ferriss (2002) reported that happiness is associated with the frequency of attendance at religious services, with doctrinal preference. Happiness appeared to be associated with certain religious-related beliefs like belief that the world is evil or good but not in immortality. Swinyard (2001) reported that happiness tends to positively related to intrinsic religion, but not to extrinsic religion, this observed correlation between religiousness and happiness is mainly attributed to positive functions of religion, such as providing social support and meaning, yet religion can also involve negative effects. Ellis (1962) stated that excessive religion can produce depression or other mental disorders in some individuals.

Religion and positive affect and negative affect. Affect is the experience of feeling or emotion (APA, 2006). Extensive evidence shows that two broad mood factors positive affect and negative affect which are the dominant dimensions in self-

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reported mood (Watson, Clark, & Tellegen, 1984; Watson & Tellegen, 1985).
Although their names might imply that they are opposite poles of the same dimension
but positive and negative affect are in fact highly distinctive dimensions that can be
meaningfully represented as uncorrelated factors, but not the opposite factors.

Positive affect and negative affect represents the independent domains of
emotion and positive affect is strongly linked with social interaction. Positive and
negative daily events show independent relationships to subjective well-being, and
positive affect is strongly linked to social activity (Thompson, 2007). A systematic
review of studies revealed that religious practices and beliefs are associated with
positive emotions (Koenig, McCullough, & Larson, 2001). Recent research suggests
that high functional support is related to higher levels of positive affect. In his work
on negative affect arousal and white noise, Seidner (1991) found support for the
existence of a negative affect arousal mechanism regarding the devaluation of
speakers from other ethnic origins. The exact process through which social support is
linked to positive affect remains unclear. The process could derive from predictable,
regularized social interaction, from leisure activities where the focus is on relaxation
and positive mood, or from the enjoyment of shared activities. The techniques used to
shift a negative mood to a positive one are called mood repair strategies. Research on
emotions and several happiness scales suggests that positive and negative affect are
strongly inversely correlated. However, work on subjective well-being indicates that
over time, positive and negative affect are independent across persons. To reconcile
this inconsistency, 2 dimensions are proposed for personal affective structure: the
frequency of positive versus negative affect and the intensity of affect (Diener,
Larsen, Randy, Levine, Steven, Emmons, & Robert, 1985).

Religion and flourishing. Flourishing is characterized by four main components: goodness, generative, growth, and resilience and it obtains more concrete outcomes than simply mental or physiological results, like components such as self-efficacy, likability, and pro social behaviour encourage active involvement with goal pursuits and with the environment. This promotes people to pursue and approach new and different situations (Keyes, 2002). Flourishing in adults is seen to have higher levels of motivation to work actively to pursue new goals and is in possession of more past skills and resources. This helps people to satisfy life and societal goals, such as creating opportunities, performing well in the workplace, and building better careers (Lyubomirsky & Diener, 2005).

Corey Keyes (2002) introduces and applies an operationalization of mental health as a syndrome of symptoms of positive feelings and positive functioning in life. A diagnosis of the presence of mental health was described as flourishing and the absence of mental health was characterized as languishing were studied among adults between the ages of 25 and 74. It was seen that the risk of major depressive episode was two times more likely among languishing than moderately mentally healthy adults, and nearly six times greater among languishing than flourishing adults. Multivariate analyses revealed that depression and languishing was associated significantly with psychosocial impairments in terms of perceived emotional health. Flourishing and moderate health were associated with superior profiles of psychosocial functioning. Older adults, more educated individuals and married adults were more likely to be more mentally health (Keyes & Lopez, 2002). Paul Malinowski (2013) a German cognitive psychologist, Buddhist and meditation researcher notes parallels between Buddhist and psychological approaches to flourishing. Both aim to reduce unhelpful experiences and increase helpful ones.

Meditative practices enhances well-being through greater emotional, mental and attention balance.

Religion and physical health. Religion has an impact on the health of a person. Townsend (2002) assessed the relationship between the religious practices and health and it was seen that religious practices and involvement were associated with better health outcomes including greater longevity, better coping skills and health related quality of life. When people become physically ill, they rely on religious practices and beliefs to reduce stress, retain a sense of control, and maintain hope, a sense of meaning and purpose in life (Koenig, Larson, & Larson, 2001). It was seen that religion acts as a social support, reduces a sense of loss of control and helplessness, and provides a cognitive framework that reduces suffering and enhances self esteem, also gives confidence that with the help of God, one could influence the health condition and create a mindset that allows one to relax and allow the body to heal itself (O'Connor, 2002).

According to Dein and Stygal (1997) religion can help or hinder an individual's psychological health depending on the individual's interpretation and attributions. Religion can positively affect the promotion of healthy behaviour (Hunter & Merrill, 2013; Turner-Musa & Wilsons, 2006) and diet (Hart, Tinker, Bowen & McLarren 2004). Religious beliefs and practices seem to have a positive impact on illness prevention, better post-surgery recovery and other mental and physical disorders' treatment (Matthews & McCullough, 1998). It was reported that there is a strong correlation between religiousness and limited unhealthy behaviour, with high scores indicating lower probability for smoking and moderate alcohol consumption (Koening, McCullogh, & Larson, 2001). Other studies reveal a positive relation between religiousness and lower blood pressure (Masters & Knestel, 2011).

Religiousness is a survival indicator for patients that undergo elective open-heart surgery. In addition, prayer seems to have a positive impact on hospitalized patients with coronary heart disease (Masters & Knestel, 2011; McCullough, 2000; Oxman, Freeman, & Manheimer, 1995). Intrinsic religious oriented people tend to depict lower blood pressure reactivity to stress factors compared to extrinsic religious oriented people (Powell, Shahabi, & Thoreson, 2003).

Religious individuals, especially those who are significantly motivated show important benefits in stress management (Park, Cohen, & Herb, 1990; Pollard & Bates, 2004). The relationship between uncontrollable stress and depression was seen to be positive for low intrinsic individuals, but negative for high intrinsic individuals (Crystal, Lawrence, & Lisa, 1990). Several studies have established that intrinsic religious orientation is associated with better physical and mental health (Smith, Richards, & Maglio, 2004; Masters, 2005; Salsman & Carlson, 2005). Intrinsic religious orientation is seen as a protective factor against mental illness, whereas extrinsic religious orientation has been classified as a risk factor in regards with mental illness (Hunter & Merrill, 2013). In a study conducted to examine the relationship between religious orientation and mental health symptoms among students, extrinsic orientation emerged as the only significant predictor for anxiety, hostility and depression (Kuyel, Cesur, & Ellison, 2012). Across bibliography a positive relation between intrinsic religiousness and conscientiousness is portrayed (Masters & Knestel, 2011).

Miller, William, Thoresen, and Carl (2003) investigated that spiritual/religious factors in health is clearly warranted and clinically relevant and explores the persistent predictive relationship between religious variables and health, and its implications for future research and practice. The epidemiological evidence links religiousness to

morbidity and mortality, possible biological pathways linking to spirituality/ religiousness to health, and also advances in the assessment of spiritual/religious variables in research and practice. Worthington, Everett, and Jack W. (2001) focus on the potential health consequences and correlates of unforgiveness, the reduction of unforgiveness, and forgiveness. Religion was treated as a variable that affects a pro-virtue constellation of personality characteristics; both directly through individual beliefs and values and indirectly through culture, and its effects on unforgiveness and forgiveness that have been particularly considered. Religion also affects health through individual behaviour in relationships and through the value religions place on relationships. The essential nature of unforgiveness and forgiveness can explain some religion–health connections and suggests some physiological mechanisms for the connection.

Religion, religious coping, and personal well-being

Human nature often tends to turn towards religion when dealing with some stressful life events. Religious coping strategies have been divided into positive and negative forms (Pargament, Koenig, & Perez, 2000). Pargament, Koenig, Tarakeshwar, and Hahn (2001) have identified differences in positive and negative religious coping. Positive coping is characterized by the belief that God is a benevolent protector and helper in times of trouble, whereas negative coping is characterized by concern that one's suffering is caused or sanctioned by a God who is angry and punishing. Positive religious coping strategies are generally related to more positive outcomes to stressful events. Pargament, Ensing, Falgout, Olsen and Warren (1990) found that religious coping efforts involving the belief in a just, loving God, the experience of God as a supportive partner involvement in religious rituals, and the search for spiritual and personal support were significantly related to better outcomes. Negative religious

coping strategies are typically related to more negative outcomes such as greater

distress while coping with the loss of a family member to homicide (Thompson &

Vardaman, 1997) and more negative mood, lower self-esteem, and greater anxiety

while coping with a major negative life event such as an illness or injury, death of a

loved one, or relationship problems (Pargament, Zinnbauer, Zerowin, & Stanik,

1998). In the process of coping with stressful events, incorporating religion into

therapy helped individuals create meaning from loss (Denney, Aten, & Leavell, 2011;

Moussa, & Bates, 2011). Some research studies have indicated that stressful life

events may affect coping differently among adults depending upon the phases of

adulthood and the coping style may change with individual's age (Brennan, Holland,

Schutte, & Moos, 2012). Problem-focused coping appeared to increase with age while

emotion-focused coping remains unchanged (Launay, & Martin, 2011). It was seen

that older adults tends to report lower levels of dysfunctional coping than the younger

adults (Stevenson, Brodaty, Boyce, & Byth, 2012).

 According to the study by Pragament, Kennell, Hathawa, Grevengoed,

Newman, and Jones (1988), it was seen that an individual's level of religiosity

strongly correlates with ones style of religious coping. In a study of psychological

well-being, religiosity and coping styles across various populations by Ross (1990), it

was seen that individuals with strong religious beliefs have significantly lower levels

of distress than those having weak religious beliefs. Ellison (1991) in his study, it was

seen that a correlation exist between religiosity and psychological well-being and that

participants with strong religious faith reported higher levels of psychological well-

being and fewer negative consequences of traumatic life events. In a study it was

shown the use of differential coping strategies among religious versus non-religious

older adults and how their specific religion can impact coping strategies which have a

direct effect on that person's adjustment to change (Roesch & Ano, 2003), and these effects could vary based on one's age.

Religion, locus of control, and personal wellbeing

Locus of control is a belief about whether the outcomes of our actions are dependent on what we do (internal control orientation) or on events outside our personal control (external control orientation) (Zimbardo, 1985). The established distinction between internal and external control is that people with an external locus of control believe that rewards are largely determined by external forces such a luck, fate, chance whereas those with an internal locus of control believe that their own responses largely determine the nature and amount of the rewards they receive (Rotter, 1966). An internal locus of control is equated with a perceived sense of personal control, which is learned, generalized expectation that outcomes are dependent on one's own choices and actions (Mirowsky & Ross, 2003). Rotter (1966) suggested that individuals see life events as falling along a continuum from external to internal determination. Levenson (1973) refined the concept of external control into control by powerful others and chance and Kopplin (1976) added a measure of God control in which God was the active power and the person was passively dependant on God and recognizing that some people believe that both they and God are active in a mutually supportive manner.

Psychologist Julian Rotter (1954) suggested that our behaviour is controlled by rewards and punishments, and that these consequences for our actions that determined our beliefs about the underlying causes for these actions. Ryan and Francis (2012) in a study it was seen that locus of control plays a mediating factor between the religious functioning and psychological health, results indicated that awareness of God and internal locus of control were associated with better health

whereas external locus of control and instability were associated with poorer health. Internal locus of control was found to mediate the relationship between awareness of God and better psychological health, and external locus of control was found to mediate the relationship between instability and poorer psychological health. There was significant positive correlation between intrinsic religious orientation and internal locus of control, and a significant positive correlation between extrinsic religious orientation and external locus of control (Ericson, 1995).

In the study to examines the effects of reactivity temperament and locus of control variables on subjective well-being. Subjective well-being was operationalized as a positive affect, the absence of somatic concerns, and heightened life satisfaction, it was seen high reactivity and external locus of control were associated with lower subjective well-being, whereas low reactivity and internal locus of control were associated with higher subjective well-being. According to Mirowsky and Ross (2003), people who believe that they have little or no control over their own lives generally tend to feel more distressed than others, and are likely to have a lower life satisfaction. A greater sense of personal control is thought to lead to greater hope and self-assurance, whereas the sense of not being in control of the outcomes in one's life is not only demoralizing in its own right, but also may diminish the motivation and the will to solve and avoid problems (Mirowsky & Ross, 2003). People with an external locus of control maybe more susceptible to feelings of helplessness (Perimuter & Monty. 1977). Levin, Taylor and Chatters (1994) and Taylor, Mattis, and Chatters (1999), using several national surveys, it was found that older respondents were more religious than the younger respondents. According to Mirowsky and Ross (2003), older adults have a lower sense of personal control than the young or middle aged adults. Many of the losses that come with the aging process

like loss of relationships, work productivity, financial strain are brought on by factors external to most older adults over which one may feel that they have little or no control (Fry, 2000).

Present study

The present study is a comparative study between the three religions of Sikkim: Buddhism, Hinduism, and Christianity in terms of religious practices and the aspects of personal well-being. The study is an exploratory study regarding the religious orientation, image of God and personal well-being like life satisfaction, happiness, and health, positive and negative affect and flourishing. Religious coping and locus of control play as a mediating factor between religion and personal well being. The study is based on the religions of Sikkim; Sikkimese people are highly devout people and religion play an utmost importance in the lives of the people.

Sikkim is one of the smallest states in India in terms of both area and population. Sikkim covers a total area of 7,096 sq. km. According to population census of India in 2011, the total population of Sikkim was estimated to be 607, 688. Hinduism, Buddhism and Christianity are the three major religions in Sikkim. Hinduism is the state's major religion and is practised mainly by majority of ethnic Nepalis; according to the 2011 census an estimated of 57.75 per cent of the total population are adherents of the religion. Buddhism accounts for 27.3 per cent of the population and is Sikkim's second-largest, yet it is the most prominent and predominant religion since it is widespread and practised by most of the Tibetans and the Bhutias. Christianity in Sikkim is mostly descendants of Lepcha people and also from other communities and constitutes around 10 per cent of the population. Other religions accounts for 1.4 percent. Religion in Sikkim is seen as an important part of people's life, in this backdrop the present study tries to examine following questions:

Research questions

1. Is there a difference in 'religious orientation style' and 'image of God' among three religions- Buddhism, Hinduism, and Christianity?

2. Does 'religion' enhance 'personal well-being'?

3. Does 'coping styles' and 'locus of control' differ according to 'religion'?

4. Does 'coping style' and 'locus of control' play an intervening role between 'religious orientations', 'image of God' and 'personal well-being'?

5. Are Sikkimese females more religious than Sikkimese males?

Hypothesis

H1a. Christian participants will have stronger religious orientation compared to Buddhist and Hindu participants.

H1b. Christian participants will have stronger presence of image of God compared to Buddhist and Hindu participants.

H2a. There will be a positive relation between religious orientation and religious coping, i.e. intrinsic religious orientation and positive religious coping will have positive relation, similarly extrinsic religious orientation and negative religious coping will have positive relationship.

H2b. Personal well-being will be positively related to loving God images and negatively related to controlling or rejecting images of God.

H3a. Positive religious coping will lead to higher level of personal well-being and negative religious coping will lead to lower level of personal well-being.

H3b. Religious coping style and locus of control will play an intervening factor between religious orientation, image of God and personal well-being.

H4. Females will be more religiously acceptant than males.

Chapter 3: Method

The present study is a comparative study between the three religions of Sikkim: Buddhism, Hinduism, and Christianity in terms of religious practices and the aspects of personal well-being. The study is an exploratory study regarding the religious orientation, image of God and personal well-being like life satisfaction, happiness, and health, positive and negative affect and flourishing. Religious coping and locus of control play as a mediating factor between religion and personal well being. The study follows quantitative survey method wherein the selected sample is assessed using the standard questionnaires.

Participants

Two hundred and twenty questionnaires were distributed out of which only 194 questionnaires were received and the response rate was 88.18. Four questionnaires were discarded since it was incomplete. The total numbers of participants were 190 belonging to three different religions: 61 participants were from Buddhism, 64 participants from Hinduism, and 65 participants from Christianity. The total numbers of males were 97 and the total numbers of females were 93.

The data were collected from middle adulthood aging from 40 to 60. According to Erik Erikson's psychosocial developmental stage it is a nonspecific stage of life, somewhere in the middle, neither being young or old, associated often with the potential onset of midlife crisis. In middle adulthood people establish their careers, settle down within a relationship, begin their families and develop a sense of being a part of the bigger picture. Quota sampling techniques was used to select the appropriate sample, wherein the assembled sample has the same proportions of

individuals as the entire population with respect to known traits, characteristics and focused phenomenon.

Since focus was on religious practices, the sample was collected from religious people only, i.e. who were regular/frequent visitors of monastery, temples and church. The sample was collected from various religious organisations and communities in Sikkim namely:

1. Dechen Choling gumpa manapa association
2. Sikkim Buddhist youth Society
3. Elohim Christian Fellowship Church Society
4. A.G. Church, development area, Gangtok.
5. Thakurbari Temple, Gangtok.
6. Shiv Mandir, Gangtok.

Inclusive criteria. The characteristics that the Participants of the study must have in order to be included in the study are following:

1. People belonging to three religions: Buddhist, Hindu, and Christians.
2. People within age group of 40 to 60 years.
3. People who have minimum education till class 8, who can read and write English.
4. People who are employed.

Measures

Religious Orientation Scale (Allport & Ross, 1967). The scale was developed on the basis of the theory that behind every religious behaviour there are motives, as stated by Allport (1950) and that there are "immature" and "mature" religious orientations (Allport, 1963), which are notions that consequently fell under "extrinsic" and "intrinsic" religious orientations respectively (Allport, 1959).

Extrinsic religion is set to be means of achieving some self-serving end, as a tool that promotes comfort, social support and self-esteem, whereas intrinsic religion is set as being an ultimate end in itself, for those involved in intrinsic religion. The religious orientation scale is a self-report scale, it consists of 20 items wherein 9 items measure intrinsic orientation, an example of the item is 'Religion is especially important because it answers many questions about the meaning of life' and 11 items measure extrinsic orientation, an example item is 'Although I believe in religion, I feel there are many other important things in my life'. The Religious Orientation Scale has good psychometric properties, with high internal consistency for both subscales (Hill & Hood, 1999). Hill and Hood (1999) noted that the intrinsic subscale has been found to be more internally consistent than the extrinsic, $\alpha > 0.80$ and $\alpha > 0.70$, respectively.

Table 3.1: Questionnaires/scale used in data collection

Study variable	Name of questionnaire/ scale	Developed by
Religious orientation	Religious orientation Scale	Allport and Ross (1967)
Image of God	The God image Scale	Lawerence (1997)
Religious coping	The brief RCOPE	Pargament, Feuille & Burdzy (2011)
Locus of control	Rotter's locus of study	Rotter (1966)
Life Satisfaction	Satisfaction with life scale	Diener, Emmons, Larsen & Griffin (1985)
Happiness	Subjective happiness Scale	Lyubomirsky & Tucker (1998)
Health	General Health Questionnaire	Goldberg & Hillier (1979)
Positive and negative affect	The positive and negative affect Schedule (PANAS)	Watson, Clark & Tellegen (1988)
Flourishing	Flourishing Scale	Ed Diener, Robert Biswas-Diener (2007)

The God Image Scale (Lawrence, 1997). The God Image Scale has been derived from the God Image Inventory for research use. The scale has 6 scales and 72 items. The 6 scales are based on three primary aspects of self image – belonging, goodness and control. The first belonging scale is Presence, also "safe haven" a figure to whom the object may retreat for support as needed which is designed to answer the question, "Is God there for me?" The second belonging scale is Challenge "secure base," relates to the same figure and one whose availability serves to empower or challenge the child to move out and explore his or her world and focuses on the question, "Does God want me to grow?" The first goodness scale, Acceptance, focuses on the self with the question, "Am I good enough for God to love?", while the second, Benevolence, focuses on the object asking, "Is God the sort of person who would want to love me?" Influence is the first of the control scales and seeks to measure, "How much can I control God?" Providence, being the second, measures, "How much can God control me?" For internal consistency purposes Lawrence settled for 12 items for all scales. Items are rendered in full sentences, which are either agreed with or disagreed with on a four-point Likert scale. The internal consistency ranged between 0.86 to 0.91 (Lawrence & Maryland 1997)

The Brief RCOPE: Current Psychometric Status of a Short Measure of Religious Coping (Pargament, Feuille, & Burdzy, 2011). The Brief RCOPE was designed to provide with an efficient measure of religious coping which retained the theoretical and functional foundation of the RCOPE (a 105 items scale). The Brief RCOPE is a 14-item measure of religious coping with major life stressors, it is the most commonly used measure of religious coping in the literature; it has helped contribute to the growth of knowledge about the roles religion play in the process of dealing with crisis, trauma, and transition. Two forms of religious coping, positive

and negative are articulated. Positive religious coping methods reflect a secure relationship with a transcendent force, a sense of spiritual connectedness with others, and a generous world view. An example item is 'Asked forgiveness for my sins'. Negative religious coping methods reflect underlying spiritual tensions and struggles within oneself, with others, and with the divine. An example item is 'decided the devil made this happen'. It has four point likert scales ranging from 0 not at all to 3 a great deal. The internal consistency of the positive subscales was 0.94 and for negative subscales was 0.81 (Pargament, Feuille, & Burdzy, 2010)

Rotter's Locus of Control Scale (Rotter 1966). It is basically a measure of control beliefs. The scale measures generalized expectancies for internal versus external control of reinforcement. People with an internal locus of control tend to believe that their own actions determine the rewards that they obtain, while those with an external locus of control believe that their own behaviour doesn't matter much and that rewards in life are generally outside of their control. The scale has 29-items to assess whether a person has a tendency to think situations and events are under their own control or are under the control of external influences. This scale has a forced-choice paradigm in which a person chooses between an internal or external interpretation. An example item is 'a. Many of the unhappy things in people's lives are partly due to bad luck. b. People's misfortunes result from the mistakes they make'. Internal consistency estimates ranged between 0.65 and 0.79. Correlation with the Marlowe-Crowne Social Desirability Scale ranged between -0.41 and -0.12 (Rotter, 1966).

Satisfaction with Life Scale (Diener, Emmons, Larsen & Griffin, 1985). The Satisfaction with Life Scale was developed as a measure of the judgmental component of subjective well-being. The scale is shown to be a valid measure of life

satisfaction, suited for use with a wide range of age groups and applications. The satisfaction with life scale was developed to assess satisfaction with the respondent's life as a whole. It is a 5-item Scale, which measures global cognitive judgments of one's life satisfaction (it is not a measure of positive or negative affect). Participants indicate how much they agree or disagree with each of the 5 items using a 7-point scale that ranges from strongly agrees to strongly disagree. An example item is 'the conditions of my life are excellent'. The scale has a test-retest reliability of 0.82 and an internal consistency of 0.87 (Diener, Emmons, Larsen & Griffin, 1985)

Subjective Happiness Scale (Lyubomirsky & Tucker, 1998). The scale is also known as General Happiness Scale. The subjective happiness scale has often been used along with satisfaction with life scale when assessing subjective well being. The scale shows excellent psychometric properties. It is 4-item scale designed to measure subjective happiness. Each of items is answered by choosing one of 7 options that finish a given sentence fragment. An example item is 'In general, I consider myself: not a very happy person to a very happy person'. The cronbach's alpha for the scale was 0.77 (Quezada, Landero, & Gonzalez, 2016)

General Health Questionnaire (Goldberg & Hillier, 1979). The general health questionnaire is a screening device for identifying minor psychiatric disorders as a primary care for the general populations. It is suitable for all ages. It assesses the respondent's current state and asks if that differs from his or her usual state. The self-administered questionnaire focuses on two major areas firstly the inability to carry out normal functions and second the appearance of new and distressing phenomena. The scale has a test-retest reliability of 0.78 and high internal consistency (Goldberg, 1979). It has 28 items which assesses somatic symptoms, anxiety and

insomnia, social dysfunction and severe depression. An example item is 'felt that life is entirely hopeless'.

The Positive and Negative Affect Schedule (PANAS) (Watson, Clark, & Tellegen, 1988). It comprises of two mood scales, one measures positive affect and the other which measures negative affect. As a psychometric scale, the PANAS can show relations between positive and negative affect with personality stats and traits. Ten descriptors are used for each positive and negative affect scale to define their meanings. It is one of the most widely used scales to measure mood or emotion. This brief scale comprises of 20 items wherein 10 items measuring positive affect (e.g., excited, inspired) and 10 items measures negative affect (e.g., upset, afraid). Each item is rated on a five-point likert Scale, ranging from 1= very slightly or not at all to 5= extremely, to measure the extent to which the affect has been experienced in a specified time frame. The PANAS was designed to measure affect in various contexts such as at the present moment, the past day, week, or year, or in general on an average. The scale can be used to measure state affect, dispositional or trait affect, emotional fluctuations throughout a specific period of time, or emotional responses to events. The cronbach's alpha for positive affect is 0.54 and for negative affect is 0.52 (Watson & Clark 1985).

Flourishing Scale (Diener & Biswas-Diener, 2007). It is a measure of psychosocial flourishing, based on recent theories of psychological and social well-being. The FS is designed to measure social-psychological prosperity, to complement existing measures of subjective well-being. The Flourishing Scale is a brief 8-item summary measure of the self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism. The scale provides a single psychological well-being score. An example item is 'I lead a purposeful and

meaningful life'. The cronbach's alpha ranges from 0.78 to 0.95 (Klooster, Drossaert, & Bolier, 2016)

Procedure

The researcher visited the proposed areas for the collection of the data. Introduction was done to the main concerned person in the area for consent and purpose of the data collection. Once the consent was taken, the researcher meets with the people who visit the place, within the age group of 40 to 60. The researcher developed an initial rapport with the concerned person, the purpose of the study and the instruction was properly explained than an informed consent for participation was taken. Participants were assured of confidentiality of their responses as the collected data will be used for academic and research purpose. Most participants chose to take the questionnaire home and very few participants chose to do it on the spot. There was no time limit given to fill the questionnaire. The questionnaire was returned back directly to the researcher or was mostly at the designated place where each place had a caretaker, who was present at all times.

Pre-analysis. The total number of questionnaires that were distributed was 220, out of which only 194 questionnaires were received where 4 questionnaires were discarded since it was incomplete, almost 10 questionnaires had missing values, for which it was replaced with mean scores. The reverse scoring was done for the needed items. The internal consistency of scale was checked through Cronbach's alpha, it was seen that for some variables alpha values were coming very low. So the items were checked and certain items were deleted based on their inter item correlation.

Table 3.2: Reliability for each questionnaires/scale

Name of questionnaire/ scale	No. of items	Reliability (Cronbach's alpha)
Religious Orientation Scale: Extrinsic Intrinsic	7 7	.61 .70
Image of God: Acceptance Challenge Presence	6 6 8	.62 .72 .72
Religious Coping Positive Negative	7 7	.55 .62
General health questionnaire	12	.68
Satisfaction with life scale	5	.48
General happiness Scale	4	.46
PANAS Positive affect Negative affect	10 7	.64 .59
Locus of control	11	.53
Flourishing scale	7	.60

Analysis: Statistical techniques used. The data is analyzed using SPSS 20.

Descriptive statistics like percentage, mean, and standard deviation were calculated

and inferential statistics like correlation, independent sample T-test, ANOVA and

regressions were computed.

Chapter 4: Results

The present chapter consists of the results of the study. Results deals with the analysis related to various study variables: independent variables- religions, religious orientation, and image of God; intervening variables- locus of control and religious coping; dependent variables- personal well being, such as satisfaction with life, general happiness, positive and negative affect, flourishing and general health. In this chapter there are four parts, the first part presents the results of correlational analysis, which explains the extent to which study variables correlates with each others. The second part presents of results of analysis of variance, which is used to see how religions influence different study variables. The third part compares gender differences among various study variables, to analysis that independent sample t-test is used. The fourth part is regression which is performed to see the impact of various independent variables and intervening variables on indicators of personal well being.

Results of the correlation analysis are presented in Table 4.1 shows that extrinsic religious orientation is positively correlated with intrinsic religious orientation even though both extrinsic and intrinsic are two distinctive dimensions of religious orientation. Extrinsic religious coping is also seen to be positively correlated with all the three dimensions of image of God namely acceptance, controlling and presence. Since all the dimensions are related with the relationship between God and the subject. Extrinsic religious orientation is positively correlated with positive religious coping, however no significant relationship with negative religious coping is found. Extrinsic religious orientation is also positively correlated with flourishing. Since extrinsic religious oriented people tend to satisfy life and societal goals to improve well-being. Intrinsic religious orientation is positively correlated with three

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Table 4.1 Pearson's correlation among the various study variables

	Mean	SD	ERO	IRO	AIOG	CIOG	PIOG	PRC	NRC	LOC	SWL	H	PA	NA	F	GH
ERO	26.27	3.416	1													
IRO	28.14	3.621	.498**	1												
AIOG	17.91	2.507	.366**	.431**	1											
CIOG	19.06	2.789	.403**	.520**	.537**	1										
PIOG	22.83	3.262	.390**	.469**	.615**	.487**	1									
PRC	15.04	2.806	.254**	.447**	.311**	.230**	.429**	1								
NRC	8.67	3.338	.075	.044	-.155*	-.084	-.242**	.023	1							
LOC	11.46	2.270	.038	-.152*	-.009	-.055	.004	-.041	-.092	1						
SWL	17.59	2.270	.139	.103	.121	.072	.136	.035	.067	-.042	1					
H	13.97	2.559	.063	.112	.123	.049	.147*	.170*	-.139	.015	.266**	1				
PA	30.86	5.688	.087	-.082	.121	-.073	.215**	.045	-.217**	.040	.109	.262**	1			
NA	16.82	4.175	.025	-.071	-.157*	-.070	-.125	-.060	.096	.016	-.097	-.320**	-.470**	1		
F	28.23	2.582	.387**	.336**	.348**	.307**	.260**	.156*	-.026	-.011	.197**	.243**	.255**	-.297**	1	
GH	21.90	4.559	.024	.051	.117	.089	.202**	.052	-.191**	.110	.141	.332**	.447**	-.492**	.346**	1

Note: N=190; *P<.05 and **P<.01; ERO- extrinsic religious orientation, IRO- intrinsic religious orientation, AIOG- acceptance image of God, CIOG- controlling image of God, PIOG- presence image of God, PRC- positive religious coping, NRC- negative religious coping, SWL- satisfaction with life, H- happiness, PA- positive affect, NA- negative affect, F- Flourishing, GH- general health, LOC- locus of control.

Dimension of image of God. Intrinsic oriented people tend to serve religion as a means to an end which leads to stronger acceptance of God image and awareness of the presence of God. Intrinsic religious orientation is also seen to be positively correlated with positive religious coping. Since intrinsic oriented people serves religion as a guideline of one's life tends to turn towards religion as a coping mechanism in times of stressful situations. It is also seen to be positively correlated with flourishing since intrinsic oriented people tend to be more religious oriented which brings in more of goodness and growth in self. Intrinsic religious orientation is seen to be negatively correlated with locus of control. As higher the score of locus of control predicts external locus of control, so it is seen that intrinsic religious oriented people believe that their own responses largely determine the nature and amount of the rewards they receive and is equated with a perceived sense of personal control, which is learned, generalized expectation that outcomes are dependent on one's own choices and actions and not the external factors.

The image of God has three dimensions- acceptance, presence and controlling and is seen to be positively correlated with each other, where the relationship between the subject and God and the sense of belongingness is focused upon. Acceptance image of God is seen to be positively correlated with positive religious coping. As a stronger bond with God helps in better coping in times of traumatic events. It is seen to be negatively significant with negative religious coping and negative affect. It is also seen to be positively correlated with flourishing. Presence in image of God is seen to be positively correlated with positive religious coping, as in when there is a secure relationship between the subject and God which enables trust and faith in God in times of coping and stressful events. Presence in image of God is also positively correlated

with happiness, flourishing, positive affect and general health. When a secure

relationship with the subject and the God is assured, and believe that God is present

influences one positively in well-being and generates better and healthy moods.

Presence in image of God is negatively significant with negative religious coping.

Controlling in image of God is seen to be significantly correlated with positive religious

coping and flourishing.

Positive religious coping is positively correlated with happiness and flourishing,

as positive religious coping are significantly related to better outcomes which enhances

one's happiness and overall well-being. Negative religious coping was negatively

correlated with positive affect and health, as negative coping mechanism often leads to

greater distress, negative moods, greater anxiety, low self-esteem which tends to have a

negative impact on the health.

Life satisfaction is seen to be positively correlated with happiness and

flourishing. Since satisfaction with life brings out positive well-being in oneself.

Happiness is seen to be positively correlated with positive affect, flourishing and

health. As happiness brings out more positive moods and positive characteristics, which

influences in better health conditions. Happiness is seen to be negatively significant

with negative affect. As lower the level of happiness more negative moods are

experienced.

Positive affect is seen to be negatively correlated with negative affect and

positively correlated with flourishing and general health. Since positive affect is

composed of reflecting one's enthusiasm, energy level, interest, joy, and determination,

which leads to having positive well-being and better health. Negative affect is seen to

be negatively correlated with flourishing and general health as it leads to tendency of

experiencing negative emotions and moods which hampers ones health condition and affect one's wellbeing in a negative way. Flourishing has a positive relationship with health as when one's life well-being have positive characteristics like goodness, generative, growth, and resilience, generates better health conditions.

Results of the ANOVA test presented in Table 4.2 show the differences across various study variables due to participants' religious affiliation, namely Christianity, Hinduism and Buddhism. The results indicate that in extrinsic religious orientation the means score of Christian participants is slightly higher than for Buddhist and Hindu participants, although the difference is not significant. Participants for Christianity is seen to be significant higher in intrinsic religious orientation, as people who follow Christianity are often seen to serve religion as guideline of their life. All three factors of image of God, i.e. presence, acceptance and controlling are seen to be significantly higher in Christian participants as compared to other participants, as the relationship between the subject and the God must be strong. Positive religious coping is seen to be significantly higher with Christian participants as they seem to enhance religious coping mechanisms for better and healthy outcomes. Although the means scores of Christian participants in negative coping is slightly higher as compared to other religions but it is not significantly different from other two religions. Locus of control also does not show any significant difference among the three religions. Even with the indicators of well being, it is seen that although the mean scores of Christian participants are higher for life satisfaction, positive affect and flourishing compared to other religions, yet the indicators are not statistically significant. That shows that the religion of the participants alone does not create any significant difference on personal well-being.

Table 4.2 ANOVA for religious difference among the various study variables

		N	Mean	SD	F	Sig.
Extrinsic Religious Orientation	Buddhism	61	25.79	3.756	2.808	.063
	Hinduism	64	25.92	3.484		
	Christianity	65	27.08	2.879		
Intrinsic Religious Orientation	Buddhism	61	27.62 [a]	3.861	4.699	.010
	Hinduism	64	27.52 [a]	4.159		
	Christianity	65	29.23 [b]	2.422		
Acceptance- Image of God	Buddhism	61	17.62[a]	2.691	13.593	.000
	Hinduism	64	16.98[a]	2.387		
	Christianity	65	19.09[b]	1.950		
Challenge- Image of God	Buddhism	61	18.46[a]	2.579	6.425	.002
	Hinduism	64	18.64[a]	3.292		
	Christianity	65	20.03[b]	2.143		
Presence- Image of God	Buddhism	61	21.82[a]	4.010	10.771	.000
	Hinduism	64	22.34[a]	2.496		
	Christianity	65	24.25[b]	2.640		
Positive Religious Coping	Buddhism	61	14.94	3.250	3.456	.034
	Hinduism	64	14.45	2.678		
	Christianity	65	15.72	2.335		
Negative Religious Coping	Buddhism	61	8.50	3.159	.152	.859
	Hinduism	64	8.68	3.430		
	Christianity	65	8.82	3.453		
Locus of Control	Buddhism	61	11.25	2.534	.276	.759
	Hinduism	64	11.58	2.810		
	Christianity	65	11.55	2.963		
Life Satisfaction	Buddhism	61	17.36	2.457	.494	.611
	Hinduism	64	17.64	2.235		
	Christianity	65	17.75	2.136		
Happiness	Buddhism	61	14.36	2.523	1.255	.287
	Hinduism	64	13.64	2.908		
	Christianity	65	13.92	2.189		
Positive Affect	Buddhism	61	30.18	5.838	1.020	.363
	Hinduism	64	31.05	5.576		
	Christianity	65	31.31	5.684		
Negative Affect	Buddhism	61	16.52	4.315	.669	.513
	Hinduism	64	17.50	4.598		
	Christianity	65	16.42	3.535		
Flourishing	Buddhism	61	28.30	2.692	1.311	.272
	Hinduism	64	27.81	2.981		
	Christianity	65	28.58	1.960		
General Health	Buddhism	61	22.57	4.076	1.020	.363
	Hinduism	64	21.47	5.093		
	Christianity	65	21.69	4.430		

Notes: Sidak posthoc test is used to see the significant difference between two religions; [a] and [b] show if there is any significant difference between various religions.

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Results of the gender difference using independent t-test are presented in Table 4.3. The mean scores indicate that females seems to have a higher level of religious acceptance and seem to be high on religious practises and the faith in God as compared to males. Though the mean scores of females are comparatively higher than males in the areas of intrinsic and extrinsic religious orientation yet it is not significant. Females are seen to be significantly higher in the two areas of God image dimension- presence and acceptance. Since a positive relationship with God shows a support system in times of coping. For intervening variables, females are seen to have higher mean score as compared to males but it is not significant. Again with the personal well-being indicators, females have higher mean scores compared to male although it is not significant with any well-being indicator.

The regression Table 4.4 consists of three prediction models. Model 1 includes two demographic variables- age and gender. Since gender is a categorical variable, we made them in dummy variable, wherein females and males were recoded into 1 and 0 respectively. Model 2 includes the Model 1 and independent variables namely: three religions, extrinsic and intrinsic religious orientation, and the three dimensions of image of God. Religion which was a categorical variable was converted into dummy variable wherein Christianity is 1 and non- Christianity (Buddhism and Hinduism) as 0. As Table 4.2 shows there is no significant difference between Hindu and Buddhist participants in any study variable, therefore no other dummy variables were included in analysis. The model 3 includes the earlier models and additionally the intervening variables, namely religious coping and locus of control. Since, five indicators of personal wellbeing are included in the study, therefore five different regression analyses are performed.

Table 4.3: t-test for gender differences among the various study variables

	Gender	N	Mean	SD	T	Sig.
Extrinsic Religious Orientation	Male	97	25.78	3.623	2.037	.043
	Female	93	26.78	3.124		
Intrinsic Religious Orientation	Male	97	27.69	3.951	1.744	.083
	Female	93	28.60	3.197		
Acceptance- Image of God	Male	97	17.41	2.641	2.850	.005
	Female	93	18.43	2.257		
Challenge- Image of God	Male	97	18.63	3.130	2.200	.029
	Female	93	19.51	2.315		
Presence- Image of God	Male	97	22.15	3.267	2.957	.004
	Female	93	23.53	3.123		
Positive Religious Coping	Male	97	14.77	2.953	1.354	.177
	Female	93	15.32	2.630		
Negative Religious Coping	Male	97	8.91	2.949	.998	.320
	Female	93	8.42	3.701		
Locus of Control	Male	97	11.35	2.731	.572	.568
	Female	93	11.58	2.818		
Life Satisfaction	Male	97	17.49	2.337	.586	.559
	Female	93	17.69	2.207		
Happiness	Male	97	13.72	2.536	1.360	.175
	Female	93	14.23	2.571		
General Health	Male	97	21.66	4.785	.741	.460
	Female	93	22.15	4.324		
Positive Affect	Male	97	30.43	5.321	1.052	.294
	Female	93	31.30	6.045		
Negative Affect	Male	97	16.68	4.084	.455	.649
	Female	93	16.96	4.286		
Flourishing	Male	97	27.90	2.827	1.836	.068
	Female	93	28.58	2.262		

Table 4.4: Regression analysis showing influence of religion on personal well-being

Model	Satisfaction with life	Happiness	Positive affect	Negative affect	Flouris-hing	General health
Model 1						
Age	.130*	.057	.016	-.012	.059	.092
Gender (Female =1)	.061	.107*	.079	.031	.141*	.067
Model 2		.				
Age	.142*	054	.035	.007	.058	.076
Gender (Female =1)	.027	.084	.041	.069	.055	.035
Religion (Christian=1)	.013	-.078	.008	-.019	-.044	-.103*
ERO	.116*	-.011	.129*	.118	.254**	-.046
IRO	.023	.083	-.220**	-.042	.119	-.035
AIOG	.037	.071	.079	-.153	.202**	.016
CIOG	-.064	-.082	-.218**	-016	.053	.011
PIOG	.081	.116*	.315**	-.074	-.041	.247**
Model 3						
Age	.144*	.057	.022	.012	.058	.089
Gender (Female =1)	.032	.078	.033	.072	.054	.026
Religion (Christian =1)	.001	-.067	.028	-.027	-.042	-.091
ERO	.100	.007	.157*	.107*	.255**	-.042
IRO	.021	.059	-.205**	-.049	.130*	.017
AIOG	.048	.056	.066	-.148	.201**	.004
CIOG	-.066	-.071	-.223**	.019	.050	.005
PIOG	.134*	.034	.257**	-.051	-.041	.205**
PRC	-.054	.138	.014	-.004	-.017	-.009
NRC	.107*	-.120*	-.165*	.064	-.014	-.115*
LOC	-.014	.021	-.022	.008	.010	.120*
R^2	**.060**	**.067**	**.097**	**.045**	**.220**	**.089**
F	**1.034**	**1.159**	**2.848**	**.765**	**4.565**	**1.578**
Sig.	**.418**	**.319**	**.002**	**.675**	**.000**	**.110**

Note: N=190; *P<.05 and **P<.01; ERO- extrinsic religious orientation, IRO- intrinsic religious orientation, AIOG- acceptance image of God, CIOG- controlling image of God, PIOG- presence image of God, PRC- positive religious coping, NRC- negative religious coping, LOC- locus of control.

For life satisfaction, it is seen that in model 1 age seems to have a positive effect on life satisfaction as in older adults (40- 60) seems to be more satisfied and content. There was no impact of gender on life satisfaction. In model 2 with the independent variables, it is seen that along with age, extrinsic religious orientation has a positive effect on life satisfaction. Since older adults usually have a tendency to actively cope and seek emotional social support. In model 3, when the intervening variables are also included in analysis, it is seen that extrinsic religious orientation has no longer significant impact on life satisfaction. But it is found that along with age, presence in image of God had a positive impact on life satisfaction as a sense of belonging and relying on God. Also, positive religious coping show a positive impact on life satisfaction.

For happiness, it is seen that in model 1 gender has a positive impact on happiness as seen in table 4.3 that the mean scores of females are much higher in terms of happiness as compared to males. In model 2 with the independent variables, it is seen that gender is not making impact on happiness but presences in image of God is seen to have a positive effect on happiness. Having a sense of belonging of a parent image brings about happiness. In model 3 with the intervening variable, gender and presence in image of God is not making an impact on happiness but negative religious coping was seen to have a negative impact on happiness. It can be easily explained, since in negative religious coping is often associated with low levels of well-being.

For positive affect, the result indicates that in model 1, age and gender are not making any significant impact on positive affect. In model 2, with the addition of independent variable it is seen that extrinsic religious orientation has a positive impact on positive affect. Intrinsic religious orientation has a negative impact on positive affect.

Challenge in image of God is seen to have a negative impact on positive affect. When the relationship between the subject and God is challenged it can hinder one's positive mood. Presence image of God have a positive impact on positive affect as in presence of a secure base and a sense of safe haven brings out positive mood and feelings. In model 3, with the intervening variable it is seen that along with extrinsic and intrinsic religious orientation, challenge and presence in God image, negative religious coping is also seen to have negative effect on positive affect.

For negative affect, there is no effect in model 1 and 2. With the intervening variable in model 3, extrinsic religious orientation has a positive impact on negative affect. For extrinsic religious oriented people, being religious are mostly external to the person and tend to use religion as a mean to achieve some self serving end which may result in having negative emotions like loneliness and sadness.

For flourishing, model 1 show that gender has a positive effect on flourishing, as females are seen to be high on life well-being as compared to male. In model 2, with the independent variable, it is seen that gender has no longer effect on flourishing but extrinsic religious orientation and acceptance in image of God is seen to have positive impact on flourishing. As a stronger bond or relationship with God tend to enhance ones well-being. In model 3, with the intervening variable, it is seen that along with extrinsic religious orientation and acceptance in image of God, intrinsic religious orientation also has a positive effect on flourishing.

In case of general health, there is no impact seen in age and gender in model 1. In model 2, religion that is Christian participants are seen to have negative effect on general health. May be because of Christian participants are more apprehensive about their health

as compared to other religion participants. Presence in image of God has positive effect on health as when there is strong positive bond with God and the sense of security enhances one's health. In model 3, with the intervening variable it is seen that religion is no longer impacting health but along with presence in image of God, locus of control also has a positive impact on general health. Negative religious coping has a negative impact in health as in negative religious coping often results in negative outcomes and moods like distress, low self-esteem, high anxiety.

Chapter 5: Discussions

Religion is uniquely powerful in the way that it tends to motivate, create meaning and help believers to cope with traumatic and stressful events. Present research has found that religion enhances in understanding one's overall functioning. People's view of their relationship with God links with how people religiously cope with different life situations and in turn affects one's well-being. Previous researchers have found that religion is effective in human behaviour in daily functioning and it also plays an important role in understanding a person's psychological construct (Maltby & Lewis, 1996). Also that religion influences human decisions, actions and choices and is significant in the development of competence and achievement (Hathaway & Pargament, 1990). In the present study people who believe in God and can feel God's presence tend to be more caring and supportive and tend to feel less lonely, happy and have a sense of belongingness.

Even though extrinsic and intrinsic orientations have different perspectives and motives and are distinctive dimensions of religious orientation. Yet it is seen to be positively correlated as both involve religious factors to accomplish certain goals for one's benefit and betterment. Allport (1950) named them also as mature and immature way of looking at religion. Previous researchers found that for extrinsic religious oriented people, religion is a means to achieve some self serving end and reasons for being religious are mostly external to the person (Rodriguez & Henderson, 2010). Present research has shown that extrinsic religious oriented people tend to use religion and the relationship with God as a means to satisfy life and societal goals so as to enhance one's

well-being. Previous researchers found that extrinsic people tend to engage minimally in religious practices for the sake of religion itself and do not rely or depend upon religious coping mechanisms (Roesch & Ano, 2003). In the present research it is seen that extrinsic religious oriented people tend to rely upon positively religious coping mechanisms in order to benefit or improve life conditions.

It was seen that intrinsic people find their motive in religion and religion itself is the eventual end and guideline of life (Allport, 1966). Present research show that intrinsic religious oriented people tend to serve religion as a means to an end which leads to stronger acceptance of God image and awareness of the presence of God. Individuals with intrinsic religious orientation view their needs and wants as of less significance and make them compatible with their own religious beliefs and directions. Since intrinsic oriented people serves religion as a guideline of one's life, they tend to turn towards religion as a coping mechanism in times of need and stressful situations. Also in the previous studies it was found that those who have a high intrinsic religious orientation have a tendency to actively cope and seek emotional social support (Phillips, Chamberlain, & Goreczny, 2014). Intrinsic religious oriented people tend to have strong faith in God and the reasons for being religious are mostly within the person. A sense of belongingness in the presence of God brings in more of goodness and growth in self. Religious faith is often internalized and is the prime motive for life (Allport, 1966). In the present study it is seen that people who are intrinsically religious oriented hold religion as the prime purpose of one's life and positive religious coping strategies are generally related to more positive outcomes to stressful events. Religious coping efforts involving the belief in a just, loving God, the experience of God as a supportive partner

involvement in religious rituals, and the search for spiritual and personal support were significantly related to better outcomes.

The image of God develops through people's individual experiences and feelings, and their relationship with God (Rizzuto, 1979). An individual's view of God influences core strivings and life principles so how one perceives God is a key component in understanding an individual's ability to deal with stressful situations (Emmons, Cheung, & Tehrani, 1998; Maynard, Gorsuch, & Bjorck, 2001; Pargament, Magyar-Russell, & Murray-Swank, 2005). For this reason, how one views God may be a key component in understanding an individual's ability to deal with stressful situations. In the present study it is seen that the relationship and the sense of belongingness between the subject and God helps in a better and quick coping process in terms of stressful events. Also positive religious coping along with strong faith in God and the mere believe that God is present helps in better coping process. Likewise if the relationship with God is not acceptable and there is no sense of belongingness than the coping process may have negative significance or impact, which may result to bad mood, severe anxiety, distress, loneliness. Schwab and Petersen (1990) found that perceiving God as wrathful as in hard images tends to be positively correlated with loneliness and those people who believed in God as caring and supportive tend to feel less lonely. Also when a secure relationship with the subject and the God is assured, and believe that God is present, influences one positively in well-being and generates better and healthy moods.

Human nature often tends to turn towards religion when dealing with some stressful life events (Pargament, Koenig, & Perez, 2000). Previous researchers have found that positive religious coping efforts involve belief in a just, loving God, the

experience of God as a supportive partner, also involvement in religious rituals, and the search for spiritual and personal support are significantly related to better outcomes (Pargament, Ensing, Falgout, Olsen, & Warren, 1990). In the present research it is seen that belief in God and a strong relationship between the subject and God enhances one's happiness and overall well-being. In the process of coping with stressful events, incorporating religion into therapy helped individuals create meaning from loss. Negative coping mechanism often leads to greater distress, negative moods, greater anxiety, low self-esteem which tends to have more negative impact on the health (Thompson & Vardaman, 1997). The present study shows that intrinsic religious oriented person finds their motive in religion and tends to turn towards religion as a coping mechanism in times of stressful situations. There is no relation between extrinsic and negative coping since extrinsic people tend to engage minimally in religious practices for the sake of religion itself and coping in religious form is not seen.

Past studies have indicated that stressful life events may affect coping differently among adults depending upon the phases of adulthood and the coping style may change with individual's age (Brennan, Holland, Schutte, & Moos, 2012). Problem-focused coping appeared to increase with age while emotion-focused coping remains unchanged (Launay & Martin, 2011). In a previous study it was shown the use of differential coping strategies among non-religious versus religious older adults and how their specific religion can impact coping strategies which have a direct effect on that person's adjustment to change (Roesch & Ano, 2003). In the present study it is seen that locus of control is negatively significant with intrinsic religious orientation wherein people believe that their own responses largely determine the nature. Also amount of the rewards

they receive is equated with a perceived sense of personal control, which is learned, generalized expectation that outcomes are dependent on one's own choices and actions and not the external factors.

Life satisfaction is seen as the way people evaluate their lives. A wide range of factors influences life satisfaction; past studies have found out that religion is one that is closely related to life satisfaction and happiness (Inglehart, 2010). But in the present study there is no significant relation seen between religious aspects and life satisfaction, maybe because of the questions. Age is seen to have a positive effect on life satisfaction as in older adults seem to be more satisfied with life. Life satisfaction is seen to be positively correlated with happiness and flourishing as in when one is totally content with their basic needs of life and that their lives are meaningful and worthwhile. The religious meaning was more important than religious belongingness for a positive relationship with life satisfaction (Ellison, Gay, & Glass, 1989). Religiosity may positively relate to life satisfaction through the enjoyment of attending services, a social support group, encouragement of health related behaviours and positive attributions (Idler & George, 1998). Also strong religious faith may cause negative life events to be seen as an opportunity for spiritual growth and religion as a stress barrier (McFadden, 1995). Depending on one's belief, religiosity however may also be negatively related with life satisfaction, as it may be linked to the ways in which people view their relation with God and how religion and spirituality is used as a coping mechanism.

Religion can make people happier through social contact, the mental activity that comes with volunteering and optimism and learned coping strategies that tends to enhance one's ability to deal with stress (Lewis, Maltby, & Day, 2010). In the present

study it is seen that people who believe in God and can feel God's presence tend to be more caring and supportive and tend to feel less lonely, happy and have a sense of belongingness. The feeling of presence of God and happiness is attributed to providing more meaning, social support, optimism and learned coping strategies that tends to enhance one's ability to deal with stress. Presence of God image led to flourishing in oneself like living within an optimal range of human functioning, one that goodness, generatively, growth, and resilience. Relying on presence of God, faith and beliefs, it tends to help one into reducing stress, retain a sense of control, and maintain hope, a sense of meaning and purpose in life. Also females are seen to be much higher in terms of happiness as compared to males as females were more on religious acceptance and also a sense of belonging of a parent image brings about happiness.

The present study shows that extrinsic religious oriented people seem to have a gratifying interaction and engagement with the environment where as intrinsic religious oriented people serve religion as a means to an end. Challenging a secure base might hinder one's positive mood and presence of a secure base and a sense of safe haven brings out positive affect in oneself. Positive affect is seen to be strongly linked with social interaction and being excited, alert (Watson & Tellegen, 1985). Negative affect is seen to be significant with extrinsic religious orientation like using religions as a means to fulfil certain desire and expressing negative ways of accomplish things. It is seen that for extrinsic religious oriented people, being religious are mostly external to the person and tend to use religion as a mean to achieve some self serving end which may result in having negative emotions like loneliness and sadness. In the past studies it was seen that negative affect is a broad and persistent tendency to experience negative emotions that

has further influences on cognition, self-concept, and world view (Watson & Clark, 1984).

In the present study, flourishing is seen to be significantly correlating with all the study variables, as when one's life well-being have positive characteristics like goodness, generative, growth, and resilience, generates better health conditions (Keyes, 2002). In the past studies it was seen that flourishing in adults is seen to have higher levels of motivation to work actively to pursue new goals and is in possession of more past skills and resources. This helps people to satisfy life and societal goals, such as creating opportunities, performing well in the workplace, and building better work and careers (Lyubomirsky & Diener, 2005).

It is seen that Christian participants are relatively higher on religious aspects as compared to Hindu and Buddhist participants however there is no difference found on wellbeing due to religions itself. People who follow Christianity are often seen to serve religion as guideline of their life. It is also seen that Christian participants seems to have higher religious commitments and have intrinsic orientation towards God, a sense of belongingness and have a strong positive coping mechanisms. Christians may be happier than other religious groups because feeling personally connected with God can improve loneliness and feelings of social isolation (Epley, Akalis, Waytz, & Cacioppo, 2008; Johnson, Li, Cohen, & Okun, 2011; Paloutzian & Ellison, 1982). Also when it comes to religion, Christian participants follows strict norms and is often seen as being conventional when it comes to practising and following their religion.

Among the gender differences, females are seen to have a higher level of religious acceptance and seem to be high on religious practises and the faith in God as compared to

males. But gender does not have any significant impact on personal wellbeing. A sense of belongingness and secure base for a guiding force or a parent image is present also a positive relationship with God shows a support system in times of coping. Females were significant in terms of religious practises and the faith in God and in many past studies it is seen that females are more on religious commitments than males.

Conclusion

The present research shows that how practising religion can have an effect on one's wellbeing. People who seem to have a gratifying and secure relation with God tend to bring out more positive affect in oneself. Also how one views God may be a key component in understanding an individual's ability to deal with stressful situations. Where practising religion promotes people to pursue and approach new situations and overcome difficult situations, which also bring out the goodness and growth in oneself. Among the religious coping, negative religious coping has an influence as an intervening factor where negative coping mechanisms often led to greater distress, negative moods and low self-esteem. In gender differences females are much higher on religious acceptance, although gender does not have any significant impact on personal wellbeing. Christian participants are significantly higher on certain religious aspects in comparison to Hindu and Buddhist participants, however there is no difference found on wellbeing due to religions itself.

Limitation and future direction

Among the questionnaires/scales that were used in the study, few questionnaires/scale were not very fit for Sikkim context. Their reliability is remarkably low in present context, which raise a serious limitation in their use at least in Sikkim population. The present study was purely quantitative in nature; qualitative methods may give some better

understanding, since religion being a broad topic and for more in depth overview. The data was collected only from one age group. Comparisons between different age group can be done in future. The study compares only three prominent religions of Sikkim, other religions like Islam could also be included for comprehensive understanding.

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Appendix

Consent Form

Title of Dissertation: Practising religion and personal well-being among three dominant religions in Sikkim

Researcher: Angela Lama, pursuing Mphil in Psychology from Sikkim University.

Your consent is being sought to participate in this study. Please read the following information carefully before you decide whether or not you consent to participate.

Purpose of the research: The purpose of this study is to explore the practising religion and personal well-being among the three dominant religions in Sikkim.

Statement of confidentiality: Records will be kept confidential and will be available only to professional researchers. If the results of this study are published, the data will be presented in group form and individual participants will not be identified.

Voluntary participation: Your participation is voluntary. If you believe you have been in any way forced into participation, please inform the researcher. Also, you may choose not to answer any question(s) that makes you uncomfortable. You may choose to withdraw from the study at any time.

*I have read all the information provided on this form, and I am at least 40 to 60 years of age, and **consent** to participate in this study.*

Signature   *Date*

In this booklet there are scales measuring different religious aspects and aspects related to personal well-being. Each scale has a different response patterns for which instructions are given before the scale. Please respond to each statement. There is no time limit. There are no right or wrong answers. We just want to know how you honestly feel. Your answers will be completely confidential.

This scale is a regarding your approach or orientation towards religion. Please respond to each statement by <u>circling</u> the response that comes closest to you. Please indicate the extent to which you agree or disagree with each item below by using the following rating scale:

Strongly disagree	disagree	neutral	agree	strongly agree
SD	D	N	A	SA

1. Although I believe in my religion, I feel there are many more important things in my life.   SD D N A SA

2. It does not matter so much what I believe so long as I lead a moral life.
                                                                         SD D N A SA

3. The primary purpose of prayer is to gain relief and protection.   SD D N A SA

4. Holy places are most important as a place to formulate good social relationships
                                                                         SD D N A SA

5. What religion offers me most is comfort when sorrows and misfortune strike.
                                                                         SD D N A SA

6. I pray chiefly because I have been taught to pray.   SD D N A SA

7. Although I am a religious person I refuse to let religious considerations influence my everyday affairs.   SD D N A SA

8. A primary reason for my interest in religion is that my religious place is a congenial social activity.   SD D N A SA

9. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well being.   SD D N A SA

10. One reason for my being a member of a religious group is that it helps to establish a person in the community.   SD D N A SA

11. The purpose of the prayer is to secure a happy and peaceful life. SD D N A SA

12. Religion helps to keep my life balanced and steady in exactly in the same way as my citizenships, friendships, and other memberships do.   SD D N A SA

13. It is important for me to spend periods of time in private religious thought and meditation.   SD D N A SA

14. If not prevented by unavoidable circumstances, I attend religious places.SD D N A SA

15. I try hard to carry my religion over into all my other dealings in life. SD D N A SA

16. The prayers I say when I am alone carry as much meaning and personal emotions as those said by me in holy places.   SD D N A SA

17. Quite often I have been keenly aware of the presence of God or the Devine being.   SD D N A SA

18. I read literature about my faith (or the religious places I visit).   SD D N A SA

19. If I were to join a religious group I would prefer to join a religious study group rather than a social fellowship.   SD D N A SA

20. My religious beliefs are really what lie behind my whole approach to life.
                                                                             SD D N A SA

21. Religion is especially important because it answers many question about the meaning of life.   SD D N A SA

This scale regarding your views and feelings about God. **Please respond to each statement by circling the response that comes closest to describing your feeling:**

Strongly disagree   disagree   agree   strongly agree
SD   D   A   SA

1.   I am sometimes anxious about whether God still loves me.   SA A D SD

2.   I am confident of God's love for me.   SA A D SD

3.   I know I'm not perfect, but God loves me anyway.   SA A D SD

4.   I have sometimes felt that I have committed the unforgivable sin. SA A D SD

5.   God never challenges me.   SA A D SD

6.   Thinking too much could endanger my faith.   SA A D SD

7.   I can feel God deep inside of me.   SA A D SD

8.   God's love for me has no strings attached.   SA A D SD

9.   God doesn't feel very personal to me.   SA A D SD

10. Even when I do bad things, I know God still loves me.   SA A D SD

11. I can talk to God on an intimate basis.   SA A D SD

12. God is always there for me.   SA A D SD

13. God nurtures me.   SA A D SD

14. I get no feeling of closeness to God, even in prayer.　　　SA　A　D　SD

15. God loves me only when I perform perfectly.　　　SA　A　D　SD

16. God loves me regardless.　　　SA　A　D　SD

17. God takes pleasure in my achievements.　　　SA　A　D　SD

18. God keeps asking me to try harder.　　　SA　A　D　SD

19. Being close to God and being active in the world don't mix.　　　SA　A　D　SD

20. I often worry about whether God can love me.　　　SA　A　D　SD

21. God wants me to achieve all I can in life.　　　SA　A　D　SD

22. God's love for me is unconditional.　　　SA　A　D　SD

23. God asks me to keep growing as a person.　　　SA　A　D　SD

24. God doesn't want me to ask too many questions　　　SA　A　D　SD

25. I am not good enough for God to love.　　　SA　A　D　SD

26. I sometimes feel cradled in God's arms.　　　SA　A　D　SD

27. God has never asked me to do hard things.　　　SA　A　D　SD

28. 28. God does not answer when I call.　　　SA　A　D　SD

29. God feels distant to me.　　　SA　A　D　SD

30. I think human achievements are a delight to God.　　　SA　A　D　SD

31. I rarely feel that God is with me.　　　SA　A　D　SD

32. I feel warm inside when I pray.　　　SA　A　D　SD

33. God encourages me to go forward on the journey of life.　　　SA　A　D　SD

34. God never reaches out to me.　　　SA　A　D　SD

35. God doesn't mind if I don't grow very much.　　　SA　A　D　SD

36. Sometimes I think that not even God could love me.　　　SA　A　D　SD

This scale is a measure of coping through religious means. **Please respond to each statement by circling the response that comes closest to you:**

1. Looked for a stronger connection with God.　　　Not at all　0　1　2　3　a great deal

2. Sought God's love and care.　　　Not at all　0　1　2　3　a great deal

3. Sought help from God in letting go of my anger.　　　Not at all　0　1　2　3　a great deal

4. Tried to put my plans into action together with God.　　　Not at all　0　1　2　3　a great deal

5. Tried to see how God might be trying to strengthen me in this situation.

　　　Not at all　0　1　2　3　a great deal

6. Asked forgiveness for my sins.　　　Not at all　0　1　2　3　a great deal

7. Focus on religion to stop worrying about my problems. Not at all 0 1 2 3 a great deal

8. Wondered whether God had abandoned me. Not at all 0 1 2 3 a great deal

9. felt punished by God for my lack of devotion. Not at all 0 1 2 3 a great deal

10. Wondered what I did for God to punish me. Not at all 0 1 2 3 a great deal

11. Questioned God's love for me. Not at all 0 1 2 3 a great deal

12. Wondered whether my church had abandoned me. Not at all 0 1 2 3 a great deal

13. Decided the devil made this happen. Not at all 0 1 2 3 a great deal

14. Questioned the power of God. Not at all 0 1 2 3 a great deal

This scale is regarding controlling events that affect you and your life**. For each question select or tick the statement that you agree with the most:**

1. a. Children get into trouble because their patents punish them too much.

   b. The trouble with most children nowadays is that their parents are too easy with them.

2. a. Many of the unhappy things in people's lives are partly due to bad luck.

   b. People's misfortunes result from the mistakes they make.

3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.

   b. There will always be wars, no matter how hard people try to prevent them.

4. a. In the long run people get the respect they deserve in this world

   b. Unfortunately, an individual's value often goes unrecognized no matter how hard he tries

5. a. The idea that teachers are unfair to students is nonsense.

   b. Most students don't realize the extent to which their grades are influenced by accidental happenings.

6. a. Without the right breaks one cannot be an effective leader.

   b. Capable people who fail to become leader have not taken advantage of their opportunity.

7. a. No matter how hard you try some people just don't like you.

   b. People who can't get others to like them don't understand how to get along with others.

8. a. Heredity plays the major role in determining one's personality

   b. It is one's experiences in life which determine what they're like.

9. a. I have often found that what is going to happen will happen.

   b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

10. a. In the case of the well prepared student there is hardly ever such a thing as unfair test.

    b. Many times exam questions tend to be unrelated to course that studying in really useless.

11. a. Becoming a success is a matter of hard work; luck has little or nothing to do with it.

b. Getting a good job depends mainly on being in the right place at the right time.

12. a. The average citizen can have an influence in government decisions.

b. This world is run by the few people in power, and there is not much the little guy can do about it.

13. a. When I make plans, I am almost certain that I can make them work.

b. It is not always wise to plan too far ahead because many things turn out to- be a matter of good or bad fortune anyhow.

14. a. There are certain people who are just no good.

b. There is some good in everybody.

15. a. In my case getting what I want has little or nothing to do with luck.

b. Many times we might just as well decide what to do by flipping a coin.

16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.

b. Getting people to do the right thing depends upon ability. Luck has little or nothing to do with it.

17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.

b. By being active in politics and social affairs the people can control world events.

18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.

b. There really is no such thing as "luck."

19. a. One should always be willing to admit mistakes.

b. It is usually best to cover up one's mistakes.

20. a. It is hard to know whether or not a person really likes you.

b. How many friends you have depends upon how nice a person you are.

21. a. In the long run the bad things that happen to us are balanced by the good ones.

b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

22. a. With enough effort we can wipe out political corruption.

b. It is difficult for people to have much control over the things politicians do in office.

23. a. Sometimes I can't understand how teachers arrive at the grades they give.

b. There is a direct connection between how hard 1 study and the grades I get.

24. a. A good leader expects people to decide for themselves what they should do.

b. A good leader makes it clear to everybody what their jobs are.

25. a. Many times I feel that I have little influence over the things that happen to me.

b. It is impossible for me to believe that chance or luck plays an important role in my life.

26. a. People are lonely because they don't try to be friendly.

b. There's not much use in trying too hard to please people, if they like you, they like you.

27. a. There is too much emphasis on athletics in high school.

b. Team sports are an excellent way to build character.

28. a. What happens to me is my own doing.

b. Sometimes I feel that I don't have enough control over the direction my life is taking.

29. a. Most of the time I can't understand why politicians behave the way they do.

b. In the long run the people are responsible for bad government on a national as well as on a local level.

This scale is an overall assessment of feelings and attitudes about your life, your satisfaction with life. **Below are five statements that you may agree or disagree with. Using the 5 scale below, indicate your agreement with each item by <u>circling</u> the response.** Please be open and honest in your responding.

SD	D	N	A	SA
Strongly disagree	disagree	neutral	agree	strongly agreee

1. In most ways my life is close to my ideal.   SD   D   N   A   SA
2. The conditions of my life are excellent.   SD   D   N   A   SA
3. I am satisfied with my life.   SD   D   N   A   SA
4. So far I have gotten the important things I want in life.   SD   D   N   A   SA
5. If I could live my life over, I would change almost nothing.   SD   D   N   A   SA

This scale measures happiness. **For each of the following statements and/or questions, please circle the point on the scale that you feel is most appropriate in describing you.**

1. In general, I consider myself:

Not a very happy person   1   2   3   4   5   a very happy person

2. Compared with most of my peers, I consider myself:

Less happy   1   2   3   4   5   more happy

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?　　　　　Not at all　1　2　3　4　5　a great deal

4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you? Not at all　1　2　3　4　5　a great deal

Following questions are related to general health. **For each of the following statements and/or questions, please tick on the point on the scale that you feel is most appropriate in describing your health in the <u>past few weeks</u>.** In the <u>past few weeks</u>, have you recently

	Always	Quit a limit	Moderately	Never
1. Able to concentrate.				
2. Loss of sleep over worry.				
3. Playing a useful part.				
4. Capable of making decisions.				
5. Felt constantly under strain.				
6. Couldn't overcome difficulties.				
7. Able to enjoy day-to-day activities.				
8. Able to face problems.				
9. Feeling unhappy and depressed.				
10. Losing confidence.				
11. Thinking of self as worthless.				
12. Feeling reasonably happy				

This scale is regarding positive and negative experience of feeling and emotion. **This scale consists of a number of words that describe different feelings and emotions. Read each item and then list the number from the scale below next to each word. Indicate to what extent you feel this way in the past few weeks.**

1	2	3	4	5
Very slightly or Not at all	A little	Moderately	Quite a bit	Extremely

_____ 1. Interested   _____ 11. Irritable

_____ 2. Distressed   _____ 12. Alert

_____ 3. Excited   _____ 13. Ashamed

_____ 4. Upset   _____ 14. Inspired

_____ 5. Strong   _____ 15. Nervous

_____ 6. Guilty   _____ 16. Determined

_____ 7. Scared   _____ 17. Attentive

_____ 8. Hostile   _____ 18. Jittery

_____ 9. Enthusiastic   _____ 19. Active

_____ 10. Proud   _____ 20. Afraid

Below are eight statements with which you may agree or disagree. Indicates by circling as to how much you have agreed or disagreed with each statement over the last few weeks through the five scales.

SD	D	N	A	SA
Strongly disagree	disagree	neutral	agree	strongly agree

a. I lead a purposeful and meaningful life.   SD D N A SA

b. My social relationships are supportive and rewarding.   SD D N A SA

c. I am engaged and interested in my daily activities.   SD D N A SA

d. I actively contribute to the happiness and well-being of others.   SD D N A SA

e. I am competent and capable in the activities that are important to me. SD D N A SA

f. I am a good person and live a good life.   SD D N A SA

g. I am optimistic about my future.   SD D N A SA

h. People respect me.   SD D N A SA

Personal information

Name (optional): ....

Age: ....   **Gender:** Male/ Female

Education: ....   **Religion:** Buddhism / Hinduism / Christianity

Community: ....

Marital status: ....

Family annual income: ....

Native place: Sikkim or other states