

The Analysis of Association between Mindfulness, Religiosity, and Psychological Well-Being among Female University Students

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ABSTRACT

Objective: Psychological well-being is an essential feature of mental health. An individual's mental health is significant as physical health. Current research is determined to explore the association between mindfulness, religiosity and psychological well-being.

Methods: A sample comprised of 100 female university students was obtained through convenient sampling. A self-developed demographic sheet was administered along with 42 item Ryff psychological well-being (PWB) Scale, Mindful Attention Awareness scale (MAAS) based on 15 item, and Muslim Religiosity Personality Inventory (MRPI). For data analysis, descriptive statistics, Pearson Product Moment Correlation Coefficient were applied.

Results: Outcomes of study reveals moderate level of significant relationship between mindfulness and psychological well-being ($r = 0.437$) and very small correlation between ($r = 0.18$) religiosity and psychological wellbeing. The correlation is significant at the 0.01 level. Furthermore, the finding indicates that mindfulness will be effective for improving psychological well-being.

Conclusion: In sum, it is concluded that people with high level of mindfulness have improved psychological well-being.

Keywords: Mindfulness, religiosity, psychological well-being, mental health.

INTRODUCTION

In the recent decades, the significance of mental health has been emphasized increasingly. Psychological well-being is an essential feature of mental health. Advancements in positive psychology has risen interest in psychological well-being across different disciplines. The concept of psychological well-being is complex and important as well. Psychological well-being is a construct which concerns both optimal psychological functioning and experience. The concept of PWB was derived from the belief that healthiness is not just limited to absence of negative emotions and physical illness. PWB is affected by individual's experience and education (Ryff, 2014).

PWB has two important aspects; the first one refers to which extent people experience a person experience happiness and positive emotions. It is also known as subjective wellbeing. And the second one refers to the feeling that individual's own self has determination and meaning.

The subjective feelings of happiness are referred to as hedonic well-being. It includes two focal components, cognitive constituent (satisfaction with life) and affective (high positive affect and low negative affect) component.

The term Eudaimonic well-being is divided into six components by Carol Ryff. 1. Self-acceptance 2. Environmental mastery 3. Positive relations 4. Personal growth 5. Purpose in life refers to goal orientation, 6. Autonomy (Ryff, 1989; Ryff & Keyes, 1995, Ryff, 2014).

Different researches have revealed that people with advanced psychological well-being lives healthier and longer lives. They enjoy better quality of life and with fewer social problems. Research has also revealed that people with high psychological well-being in comparison are less likely to be engage in criminal activities such as drugs and alcohol abuse. Psychological well-being surges with extraversion, age, education, and mindfulness but decreases with neuroticism (Ryff, 2012)

Religiosity can be defined through variety of dimensions which are related to religious beliefs and participation. (Bergan and McConatha, 2000). Peterman, Fitchett et al., (2002) have explained religiosity as societal beliefs and practices that are connected to advanced power, commonly associated with organized groups.

Recent studies reveals religiosity in multidimensional approach comprised of cognitive, social, subjective and cultural concepts. (Chumblor, 1996; Ellison, 1991; Ellison et al., 1989.

Individual possessions of religiosity embrace a sense of loyalty, compassion, honesty, altruism as well as happiness, quality of life, physical and mental health. (Beit-Hallahmi & Argyle, 1997).

Koenig, 2009 suggests that religious participation is related to positive health outcomes, reduced prosocial behavior as well as increased level of academic success and overall well-being. Religious principles and practices are important resources for coping with illness. Variety of researches demonstrated a positive impact of religiosity on well-being. Higher levels of religiosity were associated with personal agony (King & Schafer, 1992).

Mindfulness is the practice of purposive focus of attention on the present moment, accommodating it non-judgmentally. The two main components of mindfulness, awareness, and nonjudgmental acceptance of one's momental experience, are regarded as potentially effective ways to deal with antagonism, worry and fear. The first factor focuses on attention sustained on immediate experience and involves the awareness of thoughts, feelings, and sensations. The second component involves approaching experience within the orientation of curiosity and acceptance. (Hayes & Feldman, 2004; Kabat-Zinn, 1990). One of the main components of mindfulness is non-judgmental behavior, which is helpful for administration of psychological distress. (e.g., nervousness, panic, and resentment) (Hayes & Feldman, 2004; Kabat-Zinn, 1990) The most used definition of mindfulness is "paying attention in a particular way: on purpose, in the present moment. (Kabat-Zinn, 1994).

Jon Kabat-Zinn (1990) described seven essential attitudes for mindfulness which are also known as seven stakes of mindfulness. All attitudes are interconnected deeply with each other. (Kabat-Zinn, 1990). Mindfulness therapy is best for developing nonjudgmental attitude. Recent numerous studies have shown evidence of effectiveness of mindfulness techniques on emotional regulation. Researchers have shown that mindfulness practitioners are better-off and more satisfied (Shapiro et al., 1998, 2008; Ivanovski & Malhi, 2007). They are also less anxious (Baer et al., 2006). People who practice mindfulness have less addition disorders as compared to non-mindfulness practitioners. (Bowen et al., 2006). Research have also shown that people who practice mindfulness are healthier as compared to those who does not practice meditation (Davidson et al., 2003).

A recent research explored relationship between religiosity and psychological well-being in Pakistani Muslims. Sample of 65 males and 85 females was selected between the age range of 18

to 60 years. Anxiety, loneliness, and life fulfillment were approached as dependent variables. The results explored a positive link between religiosity and psychological wellbeing. While a strong negative relation exists between religiosity, anxiety and loneliness and a strengthened relationship was imminent between religiosity and life satisfaction. (Ismail & Desmukh, 2012).

Another study was conducted by Morgan Green and Marta Elliot in 2010 which described the consequences of religiosity on health and PWB controlling for work as well as family.. Participation in the study was voluntary) and measured the significances of religiosity on health and well-being, job satisfaction, marital happiness, and monetary repute. The outcomes point out that individuals identified as religious, be apt to report sophisticated health and happiness, regardless of spiritual connection, non-secular activities, work and family, social support, or economic status. People with liberal religious beliefs tend to be healthier; however less completely content than people who have fundamentalist beliefs (Green & Elliott 2010).

Religious obligation helps people to develop mental health by creating internal commitment to rules. This meta-analysis aimed to define the relationship between religious orientation and anxiety among students. Screening of 7235 documents, 13 articles including 5620 participants was used in meta-analysis. Correlational analysis is used. The results show that with increasing religious orientation, anxiety and depression reduced. So, it is concluded on the basis of study outcomes that there was a weakness relationship between religious orientation and mental anxiety and depression (Forouhari et al., 2019).

Cross-sectional study was conducted which aimed to find out the relationships among mindfulness, psychological well-being, and emotional distress. The participants were 119 Italian males and females who completed self-report questionnaires assessing mindfulness, emotional distress, and psychological well-being. Data analysis shows that different facets mindfulness played a unique role in influencing emotional suffering. Outcomes indicated significant role of psychological well-being in mediating the relationship between some facets of mindfulness and emotional distress. Moreover, different mindfulness facets differently in reducing emotional distress. Through this we can say that mindfulness is multidimensional construct (Baroni et al., 2018).

METHODS

Current research possessed correlational research design comprised of convenient sample of 100 female students with age range of 19-24 years. The minimum qualification level was intermediate. A self-organized demographic sheet was administered along with 42 item Ryff psychological well-being (PWB) Scale, 15 item, Mindful Attention Awareness scale (MAAS) and Muslim Religiosity Personality Inventory (MRPI). For data analysis, descriptive statistics, Pearson Product Moment Correlation Coefficient, and t-test were applied.

RESULTS

To interpret the data descriptive statistics, Pearson product coefficient correlation method were applied through statistical package for social sciences (SPSS, 21). Percentages of demographic variables and characteristics were calculated by using descriptive statistics through SPSS.

Table 1: Summary of socio-demographic and clinical characteristics of the entire sample.

Variables	f	%
Gender		
Female	100	100
Age Groups of Participants		
19- 21	79	79.0
22 – 24	21	21.0
Socioeconomic status		
Lower middle class	2	2.0
Middle class	75	75.0

Upper middle	23	23.0
Lower middle class	100	100.0
Religion		
Muslim	99	99.0
Non-Muslim	1	1.0
Habitat		
Rural	33	33.0
Urban	67	67.0
Birth order		
Younger	28	28.0
middle	43	43.0
older	21	21.0
only child	8	8.0

Note: N= 100

Table 2: Correlation between Religiosity, Mindfulness, and Psychological Well-being.

Correlations				
Psychological Well being				
Psychological Well being	Pearson Correlation	1	MRPI	MAAS
	Sig. (2-tailed)		.180	.437**
	N	100	100	100
MRPI	Pearson Correlation	.180	1	.063
	Sig. (2-tailed)	.074		.531
	N	100	100	100
MAAS	Pearson Correlation	.437**	.063	1
	Sig. (2-tailed)	.000	.531	
	N	100	100	100

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

Correlation table show that there is moderate level of significant relationship between mindfulness and psychological well-being (r = 0.437) and very small correlation between (r = 0.18) religiosity and psychological well-being. The correlation is significant at the 0.01 level. Furthermore, the findings indicate mindfulness will be effective for improving psychological well-being.

Table 3: One sample t test

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
PsychologicalWB	100	146.6200	17.15101	1.71510
MRPI	100	197.4300	26.67661	2.66766
MAAS	100	50.2900	12.86315	1.28631

Table 4:

One-Sample Test					
	Test Value = 0				
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference Lower Upper
Psychological WB	85.488	99	.000	146.62000	143.2169 150.0231
MRPI	74.009	99	.000	197.43000	192.1368 202.7232
MAAS	39.096	99	.000	50.29000	47.7377 52.8423

The result indicates that there is a statistically significant consistency between mean and standard deviation scores of psychological well-being, religiosity and mindfulness.

DISCUSSIONS

The initial hypothesis highlighted that there is strong positive correlation between psychological well-being and mindfulness. Mindfulness reduces the level of stress as it emphasizes on the attention of present and non-judgmental thoughts. We know that psychological well-being is a middle characteristic of intellectual health and can be described as hedonic (enjoyment, pleasure) and eudaimonic (meaning, fulfillment) happiness, in addition to resilience (coping, emotion regulation, healthful trouble solving). Mindfulness enhances psychological well-being as they both

positively correlates to each other. Mindfulness have been strongly associated with PWB and perceived fitness, and inversely associated with stress and anxiety. From above interpretations we can conclude that mindfulness is negatively correlated with psychological distress. Psychological distress such as fears, angers, nervousness, mood disorder and Anxiety have negative impact on psychological well-being. Religiosity and mindfulness have a minor significant relationship with each other. From the interpretation of results it is concluded that with the surge of mindfulness, psychological well-being could be improved.

CONCLUSION

To conclude, it is stated that individuals with increased level of mindfulness bears improved level of psychological well-being than those who possess low level of mindfulness.

Recommendations: The findings of the current research are helpful for researchers to find the association between mindfulness and psychological well-being. Current research welcomes more researches in this area and will provide a gate way for all upcoming researches.

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