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**RELIGIOUS COMMITMENT, PSYCHOLOGICAL WELL-BEING AND HAPPINESS
AMONG MUSLIMS AND NON-MUSLIMS**

AHMAD S¹, JAFFAR R¹, MUHAMMAD H^{1*}, KHAN MI² AND MUHAMMAD I¹

1: Department of Psychology, University of Peshawar

2: Department of Islamiyat, University of Peshawar

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ABSTRACT

This study examined the relationship among Muslim and non-Muslim residents of Peshawar city on religious commitment, happiness and psychological well-being. The data was collected from 140 participants, aged 18 to 40 years. An instrument of self-report measure was operated for tapping on mentioned variables. Data analysis was performed in SPSS using Pearson's correlation coefficient and an independent sample t-test. Results of Pearson correlation demonstrated a positive and significant correlation among religious commitment, psychological well-being and happiness. Significant difference was found on religious commitment among Muslims and non-Muslims. Muslims obtained a significantly higher mean score on religious commitment than did non-Muslims. Meanwhile, the study concludes that there is no significant difference among Muslims and non-Muslims and gender on psychological well-being and happiness. Using an independent sample t-test it is evident that people might be psychologically healthy and feel happy, regardless of following any specific religion.

Keywords: Religiosity, Psychological well-being, Happiness

INTRODUCTION

Emblem (1992) describes religious commitment as the degree of involvement in religious activities and adherence to the beliefs and ideas thought by religion.

Religious commitment has been explained as, "the degree to which person adheres to his or her religious values, beliefs and practices, and use them in daily living" (**Worthington**

et al. 2003, P 85). **Khenfer and Roux (2012)** expounded that religious commitment, religious involvement, religiousness, religiosity and religious orientations are terms frequently used interchangeably.

Al-Goaib (2003) outlined religiosity as the devotion to the basis of Islam through execution of God's right, safeguarding the rights of others, obeying the orders of Lord, refraining bad behaviors, and carrying out the acts of glorifying God. Worships like that of prayers, fasting, charity and pilgrimage to Makkah should contribute in growing relationship with God and His creation. Else, performing acts of worships are hollow practices in vain (**Al-Gazali 2004**).

Psychological well-being or mental health relates to the ability of reasonable and analytical thinking, a capacity of coping efficiently with difficulty, stress and challenges throughout the course of life and substantiate emotional strength and growth (**Sarason & Sarason, 2002**). Mental health is above just the absence of mental ailment. Mental health is viewed as a sum of dimensions of subjective well-being.

The term "happiness" has been deeply analyzed by philosophers, historians and researchers. In ancient times the concept of happiness was the center around good luck and fortune, whereas contemporary

Americans hold the perspective that happiness is something that is achievable and one has control over it. According to them happiness can actively be pursued (**Kesebir and Diener 2008; McMahon 2006; Oishi 2012**).

Happiness is a significant inner requirement that effect psychological well-being and personality. Everyone pursues happiness for themselves and for their loved ones (**Alimardni et al. 2014**).

This is also testified by Quran and Sunnah. Allah says, "Whoever works righteousness as a believer, whether male or female, we will give a good life.—Then, whoever follows My guidance shall neither go astray nor be distressed. But whoever turns away from my reminder will have a life of hardship" (**Quran 16:97**).

Literature review as well as day to day life experience, reveals that the most noticeable and remarkable human whim is striving for well-being and happiness (**Hadyanfarid 2005**), which illustrate multiple positive results in individual's life. Positive results of happiness contain direct influence on physical, cognitive and psychological performance (**Ziapour et al. 2014**), satisfaction with life, and improved emotional equilibrium and performance in life (**Abolmaali et al. 2014**).

Consequently, the stance of religion toward happiness is an intentional route (**Bahir Najafi and Mehrshad Jafari 2015**), and real happiness can initiate the actualization of man's devotion and God's affinity. Allah has specified an accurate path in Quran to attain the ultimate happiness in this world as well as hereafter (**Ismail and Haroon 2014**).

Plenty of studies were carried out on the association between religion and psychological well-being. According to **Koeing & Larson (2001)**, religious practice and involvement is positively linked with greater well-being and social support, and is related with the level of anxiety, depression and substance abuse. Furthermore **Suhail and Chaudhry (2004)** administered a study on a sample of 1000 Pakistani Muslims. They incorporated that religion has close connection with subjective well-being.

In this regard, a survey was conducted by **Abdel-Khalek and Naceur (2007)** on Muslim sample of 244 college students from Algeria reported religiosity and its positive correlation with mental health, physical health, happiness, optimism and satisfaction with life. In women, correlation of religiosity with mental well-being was reported negative with pessimism and anxiety both whereas religiosity was mainly correlated with self-rating of mental-health.

Numerous studies have focused on the relationship between religiosity and happiness. In a research by **Migheli (2009)**, it was demonstrated that religiosity was accounted as a source of personal happiness. Furthermore, in the Islamic context, **Sahraeian et al. (2013)** discovered that individuals with more religious inclination and devotion encountered more happiness.

Rationale of the study

The general objective of this study was to investigate the association among religious commitment, subjective well-being and happiness among Muslims and non-Muslims. Multiple research papers, reviews articles and literature have proved the positive relationship between subjective well-being, health and religiosity (e.g., **Hill & Pargament, 2003; Koenig, King, & Carson, 2012; Larson & Larson, 2003**). Based on the existing literature it is evident that there exists a correlation among religious commitment, psychological well-being and happiness, however the comparative studies among the religious group are scarce. In order to verify the relationship among the aforementioned variables, the present study aims to authenticate the association. The enormous majority of studies have been carried out on this topic in English speaking population. However, a restricted amount of

studies have been conducted on the relationship between religiosity, subjective well-being and psychopathology using Muslim sample in Saudi Arabia, Kuwait, Egypt, and Algeria. For example, 2,909 (1446 males, 1463 females) Muslim participants were taken from Algeria, using an Islamic religiosity Scale, researchers reported that participants with high score on religious practice had scored significantly high on personal well-being (Tiliouine, Cummins, and Davern, 2009).

The present study will focus on religious commitment, psychological well-being and happiness among Muslim and non-Muslim population of Peshawar city.

Objectives

1. To explore the relationship between religious commitment, psychological well-being and happiness.
2. To study religious commitment, psychological well-being and happiness in Muslims & non-Muslims participants.
3. To investigate gender differences between religious commitment, psychological well-being and happiness.

Hypotheses

1. Scores on religious commitment, psychological well-being and

happiness will have a positive correlation with each other.

2. There will be significant difference between Muslims and non-Muslims on religious commitment, psychological well-being and happiness.
3. There will be significant difference between males and females on religious commitment, psychological well-being and happiness.

METHODOLOGY

Sample

Participants were selected using convenience sampling technique. Sample was further divided into two groups that were Muslims and non-Muslims. Moreover the sample was bifurcated on the basis of gender (35 males and 35 females for each group). Thus the sample as a whole consisted of 70 males and 70 females, age ranged from 18-40 years. The sample was selected from different areas of Peshawar city from 8 December 2018 till 15 February 2019.

Measures

The measures used for this study were i.e., Demographic Information Sheet, Religious Commitment Inventory-10, Warwick-Edinburgh Mental Well-being Scale and Oxford Happiness Questionnaire.

Demographic Information Sheet

It consisted of name, age, gender, education, religion and marital status.

Religious Commitment Inventory-10

The Religious Commitment Inventory (**RCI-10; Worthington et al. 2003**) was used to measure the extent to which participants are faithful and devoted to their religion. It also assesses an individual's current level of religiosity and commitment to religion. RCI has two subscales i.e. intrapersonal and religious commitment subscale and interpersonal religious commitment subscale. RCI is a 10-item scale, all items are positively worded. It has been validated and has high internal consistency ($\alpha = 0.93$) and high test-retest reliability ($r = 0.87$). In the current study, the **standardize** Cronbach's alpha was 0.85.

Warwick–Edinburgh Mental Well-Being Scale

Warwick–Edinburgh Mental Well-being Scale (**WEMWBS; Tennant et al. 2007**) is a tool which makes a judgment of individual's mental health covering subjective well-being and psychological functioning. It was postulated by researchers of University of Warwick and University of Edinburgh. They were funded by National Health Service Scotland. The questionnaire consisted of 14-items with five options ranging from “none

of the time” to “all of the time”. All of the items are positively worded and measure aspects of positive mental health. It measures an individual's well-being over the previous consecutive two weeks. The scale is scored by adding up all the responses answered to each item. The minimum and maximum scores are 14 and 70 respectively. A higher score signify a positive mental health. The Cronbach's alpha for the student sample was 0.89 and for population it was 0.91. The scale's coefficient alpha, in the current study was 0.89.

Oxford Happiness Questionnaire

Oxford Happiness Questionnaire (OHQ) was developed by Michael Argyle and Peter Hills in 1990 at Oxford University. After a fruitful discussion with Beck, Argyle was convinced to reverse the statements of Beck Depression Inventory (BDI). In current study, the final form of questionnaire was used to measure the level of happiness in the subjects. This questionnaire consisted of 29-items. 12-items are reversed coded whereas 17 –items are positively worded. The minimum and maximum scores are 29 and 116 respectively (**Jenaabadi and Mohammadi Esfahrood, 2014**). The high scores depict high level of happiness. Validity and reliability of OHQ have been confirmed by Iranian society i.e. 0.92 (**Alipour and Agah Harris 2007**). In

this study, the reliability of the questionnaire was 0.87 calculated through Cronbach's alpha coefficient.

Procedure

All of the participants completed a questionnaire. The participants were approached individually. Rapport was developed with them. They volunteered for the study after the researcher explicated its purpose. Participants were guaranteed about the confidentiality of their responses and assured that their responses would be utilized only for the intended research purpose. If anyone didn't want to continue s/he could leave. At the end of the study, they were debriefed. Descriptive statistics, independent sample *t*-test and Pearson Product Movement Correlation were used.

RESULTS

To test first hypothesis, a correlational analysis was conducted on the obtained data to test whether religious commitment, psychological well-being and happiness correlates with each other or not. **Table 1**, represents the descriptive statistics of the variables along with alpha value.

As seen above in **Table 2**, the results of Pearson correlation show significantly positive correlation between religious commitment and psychological well-being. Results indicate as religious commitment

increases, the psychological well-being also increases. The correlational analysis reveals significant positive association between religious commitment and happiness, which is suggestive that increase in religious commitment will cause increase in happiness as well. Similarly the Pearson correlation depicts a strong positive correlation between happiness and psychological well-being. Again increase in psychological well-being will call for increase in happiness.

Based on an independent sample *t*-test inspection of **Table 3** indicates religious commitment among Muslims and non-Muslims, significant differences are found among Muslim participants ($M=35.6$, $SD=6.0$) and non-Muslim counterparts ($M=33.04$, $SD=9.4$) [$t(138)=1.87$, $P=0.03$]. The result suggests that Muslims significantly scored high on religious commitment than did non-Muslims. An independent sample *t*-test is carried out to compare score on psychological well-being among Muslims and non-Muslims, results reveal there is no significant difference in the score for Muslims ($M=51.8$, $SD=8.4$) and non-Muslim peers ($M=50$, $SD=10.8$) [$t(138)=.714$, $P=0.238$]. Similarly no significant difference is found on self-rating scale of happiness among Muslim participants ($M=126.6$, $SD=18.36$) and non-

Muslim counterparts (M=129.9, SD=20.2) [t(138) = 1.01, P=0.157].

As for the hypothesis, there will be significant difference between males and females on religious commitment, psychological well-being and happiness, regarding the gender differences an independent sample t-test is administered, the significant difference between male and

female is evident in religious commitment, psychological well-being and happiness. The mean score on religious commitment and self-rating measure of psychological well-being are in favor of men, the effect size is large. On the other hand, females obtained higher mean scores on happiness than did their male counterpart.

Table 1: Descriptive statistics of Religious commitment scale, Psychological well-being scale & Happiness scale

Scale	No of items	M	SD	S	K	Coefficient alpha
RC	10	34.30	8.00	.14	.66	0.85
PWB	14	51.30	9.68	.09	.72	0.89
H	29	128.33	19.33	.10	.57	0.87

Note: RC= religious commitment; PWB= psychological well-being; H=happiness; M = Mean; SD = Standard Deviation; S= Skewness; K= Kurtosis;

Table 2: Pearson Product Correlation for RC, PWB and H

	Scale	N	Sig	1	2	3
1	RC	140	.000		.55	.35
2	PWB	140	.000			.76
3	H	140	.000			

Note: RC= religious commitment; PWB= psychological well-being; H=happiness; Correlation is significant at the 0.01 level (One tailed)

Table 3: Mean, S.D and t-values of Muslims and non-Muslims on religious commitment, psychological well-being and happiness P < .05

Variables	Muslims(70)		Non-Muslims(70)		t(138)	P	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
RC scale	35.55	6.05	33.04	9.44	1.87	0.03	.137	5.166	0.31
PWB scale	51.88	8.44	50.71	10.81	.714	0.23	2.071	4.414	0.12
H scale	126.6	18.36	129.9	20.2	1.01	0.157	9.761	3.161	0.17

Note: RC= religious commitment; PWB= psychological well-being; H=happiness; M = Mean; SD = Standard Deviation; LL = Lower Limit; UL = Upper Limit

Table 4: Mean, S.D and t-values of males and females on religious commitment, psychological well-being and happiness P < .05

	Gender	N	M	SD	t(138)	95% CI		Cohens'sd
						LL	UL	
RC	Male	70	35.01	7.40	1.04	1.26	4.08	0.17
	Female	70	33.60	8.54				
PWB	Male	70	51.72	9.64	.51	2.40	4.08	0.08
	Female	70	50.88	9.76				
H	Male	70	126.31	19.24	1.21	10.42	2.47	0.20
	female	70	130.29	19.35				

Note: RC= religious commitment; PWB= psychological well-being; H=happiness; M = Mean; SD = Standard Deviation; LL = Lower Limit; UL = Upper Limit;

DISCUSSION

Religiosity has been explored on account of subjective well-being, life satisfaction, happiness, health and social connections. Earlier social psychological researches commonly viewed religiosity as a multidimensional concept emphasizing on religious attendance. Recent researchers have found the relationship between unidimensions of religiosity and measures of well-being (Ellison, Gay & Glass, 1989; Ellison, 1991; Chumblor, 1996).

After reviewing the studies, three hypotheses have been devised. First, scores on religious commitment, psychological well-being and happiness were correlated with each other. Regarding the religious commitment self-rating measure in the sample, its correlations with other scale scores were significant and positive with psychological well-being and happiness. The finding substantiates and confirms previous results that there is strong positive and significant interrelationship between religious commitment and happiness.

Most of the researchers measured the relationship between religious commitment and happiness. For example, in 2014, Bayani selected a sample of Muslims undergraduate students and found a significant positive relationship between religiosity and

happiness. Along with this study, several previous studies conclude that religion plays an important role in human survival; daily functioning and happiness are ascertained that there is an association between self-rating of religiosity and happiness (Bayani 2014). Heidari and Enayati (2010) have found a positive association between the elements of happiness and religious behaviour. A positive and significant relationship between religious attitude and happiness among males and females were measured by Kazemianmoghadam and Mehrbizadeh (2009).

Second hypothesis reports that there will be significant difference between Muslims and non-Muslims on religious commitment, psychological well-being and happiness. Regarding the association between religiosity and psychological well-being this relationship is congruent with and proved by the results of previous studies. Several former studies support these findings, a study was conducted by Abdel-khelak (2006), on 2210 Kuwaiti Muslim college students, his finding revealed a significant positive correlation between the scales of happiness, physical health, mental health and religiosity. In the same manner, another study was conducted in Japan, including non-Christian sample by Roemer (2009). He ascertained

strong positive relationship between happiness, life satisfaction and religious devotion and affiliation. A substantial body of research reports positive association between religiosity and psychological well-being for example, **Garcia-Alandete and Bernabe Valero (2013)** and **Yeganch and Shaikhmahmoodi (2013)** reported a strong positive association between religious inclination, religious orientation and mental well-being.

Third hypothesis states that there will be significant difference between males and females on religious commitment, psychological well-being and happiness. Significant differences were evident between the two groups. The mean scores of Muslim and non-Muslim on religious commitment, were consistent with the results obtained by **Thorson, Powell, Abdel-Khalek, and Beshai (1997)**. These researchers compared American and Kuwaiti college students on internal religious motivation and mental health. They found significantly higher mean scores on religion than did their American counterparts. In this regard **Devine et al. (2017)** has taken a sample of 1500 from Bangladesh including the largest religious population in the country that is Muslims and Hindus. They found Muslims scored significantly higher on

religiosity and happiness than did Hindu counterparts. The results are congruent with the present study.

Regarding gender differences, the significant difference between male and female is evident in religious commitment, psychological well-being and happiness. The mean score on religious commitment and self-rating measure of psychological well-being is in favor of men, the effect size is large. On the other hand, females obtained higher mean scores on happiness than did their male counterpart. Several former studies have noted gender difference in studies examining religiosity, psychological well-being, happiness and life satisfaction. Whereas the present study partially contradicts previous results obtained by **Abdel-khalek (2015)**. The result reveals that males obtained significantly higher mean score on self-rating measure of happiness and mental health than did their female peers whereas females scored significantly high on religiosity. “Studies of religious beliefs and religious behaviors have demonstrated consistently that females are more religious than males. They are more likely to express a greater interest in religion” (**Miller & Hoffman, 1995, p. 63**). However the number of studies yielding differences between scores among males and females overshadow

the present study results. The possible reasons for these contradicting and conflicting results may be due to the varied characteristics of the sample and psychometric tools, as well as the different religious concept and complexity of religious notion.

CONCLUSION

The general purpose of the study was to test for association between religious commitment, psychological well-being and happiness using an under-studied sample. To the best of my knowledge there is no such published research paper on the topic using Muslims and non-Muslims in Peshawar city. Therefore the current research paper is novel in taking into account an under-represented sample in the literature. The present research paper has highlighted the association between religious commitment, psychological well-being and happiness among Muslims and non-Muslims in Peshawar city. Religious commitment was found to have a significant and positive correlation with psychological well-being and happiness. Muslims significantly scored high on religious commitment as compared to non-Muslims whereas no significant relationship was found among Muslims and non-Muslims on psychological well-being and happiness. The result further reveals that

there exists no gender difference on religious commitment, psychological well-being and happiness.

LIMITATIONS AND SUGGESTIONS

This paper consists of few drawbacks and limitations. Firstly, it primarily focuses on residents in Peshawar city. Therefore the research sample hinders the generalization of results; hence these findings may not be extrapolated to other population. Secondly, the sample under study doesn't equally distribute for age; as there were younger participants than older respondents. Thirdly, only quantitative methods are used to examine the relationship. Future research should use variety of methods and qualitative measures to gain and provide more accurate description of the phenomenon under study. Lastly, sample from other cities should also be gathered to achieve a comprehensive insight.

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