

Relationship Between Religious Coping and Mental Health among the Sikh Population in Punjab

Prabhna Kaur^{1*}, Dr. Anu Teotia²

ABSTRACT

This study explores the relationship between religious coping and mental well-being among Sikhs in Punjab, focusing on gender differences in positive and negative religious coping methods. Through quantitative analysis of data collected from 92 participants using Brief Religious Coping Scale (Brief RCOPE) and General Health Questionnaire-28 (GHQ-28), significant associations were found. Positive religious coping was weakly related to better mental health outcomes, while negative religious coping showed a moderate association with poorer mental well-being. Furthermore, gender differences were observed in positive religious coping, with females reporting higher levels. These findings underscore the importance of considering religious coping strategies and gender-specific factors in mental health research and interventions tailored to the Sikh community. Limitations and suggestions for future research are discussed.

Keywords: Religious Coping, Mental Well-Being, Sikh Community., Gender Differences, Punjab

"ਮਨ ਤੂੰ ਜੋਤਿ ਸਰੂਪ ਹੈ, ਆਪਣਾ ਮੂਲ ਪਛਾਣੁ॥"

"O mind, you are the embodiment of the Divine Light; recognize your own origin." (Guru Granth Sahib)

This is the essence of Sikh faith which is a source of strength and spiritual resilience especially in the land of five rivers - Punjab. All over the world, individuals turn to religion and spiritual practices to navigate through the complexities of life in the pursuit of mental well-being. This research explores the relationship between religious coping and mental well-being within the Sikh community of Punjab, uncovering the pathways to resilience and thriving amidst adversity.

The primary variables in this study include religious coping and mental well-being. Religious Coping refers to the utilisation of religious beliefs, practices, and rituals to cope with stress, adversity, and psychological challenges (Pargament, 1997). It encompasses both positive religious coping strategies, such as seeking spiritual connection, love, and finding

¹MA Clinical Psychology, Amity University, Noida, India

²Assistant Professor II, Amity University, Noida, India

*Corresponding Author

Received: April 18, 2024; Revision Received: May 12, 2024; Accepted: May 18, 2024

meaning in adversity, and negative religious coping strategies, such as questioning one's faith or wondering whether God's punishing them.

Mental Well-Being refers to a state of well-being in which an individual realises their own abilities, copes with the normal stresses of life, works productively, and contributes to their community. It includes the combination of individual, structural stresses, social and vulnerabilities. (World Health Organization, 2001).

The empirical knowledge gleaned from prior research underscores the significance of religious coping in promoting mental well-being among various religious communities (Koenig et al., 2012; Pargament et al., 2000). Additionally, some research mentions the influence of religious coping mechanisms on our mental health. The results have been found to be varying across different regions in different communities. So, it is crucial to study the interplay of religious coping and mental health in the Sikh community based in Punjab, which is relatively unexplored. This study aims to address this gap in the literature, while drawing upon empirical evidence using quantitative analysis. Through an examination of these variables, this research aims to offer insights that can inform culturally sensitive interventions and support mechanisms aimed at enhancing the mental well-being of Sikh individuals and communities.

THEORETICAL FRAMEWORK

Religious Coping:

Pargament's theory of religious coping explains how individuals use religious beliefs, practices, and rituals to navigate their stressors, including both positive and negative strategies. The Socio-Emotional Support Model (Ellison & Krause, 2002) highlights the importance of social connections within religious communities, which offer emotional support, practical help, and a sense of belonging contributing to mental well-being. The Meaning-Making Model (Park, 2005) highlights that people use religion to find meaning in stressful events, reducing the gap between their situation and core beliefs, leading to better mental well-being.

Mental Well Being:

PERMA Model (Seligman, 2011) identifies five elements for well-being: positive emotions, engagement in fulfilling activities, positive relationships, a sense of purpose in life, and achievement, which can be influenced by religious coping. Self-Determination Theory (Deci & Ryan, 2000) highlights the role of intrinsic motivation and psychological needs for well-being. Religious faith can fulfil needs for autonomy and relatedness.

REVIEW OF LITERATURE

Vaingankar, et.al., (2021) "Religious Affiliation in Relation to Positive Mental Health and Mental Disorders in a Multi-Ethnic Asian Population" found out that individuals with religious beliefs showed greater positive mental health, emotional support, coping skills, and spiritual well-being, and the results varied for different religions.

Bawa, Chadha, (2013) "Spirituality and coping: A grounded theory" identified that religious practices like 'paath' and 'sewa' offer solace during distress which fosters positive thinking and concepts like 'hukum' provide comfort by relinquishing control to a higher power in the qualitative research among Sikh women.

Relationship Between Religious Coping and Mental Health among the Sikh Population in Punjab

Kaur (2018) “Religion and Spirituality Within the Sikh Religion: How Counselling Psychologists Can Help” found that older participants to be more accepting of their religious and spiritual beliefs. In the second part, four themes: religious and spiritual struggles, religion and spirituality's role in self and identity development, spiritual striving, and aids to well-being through religious/spiritual coping were found during interviews with 6 Sikh participants.

Mawji (2017) “Religious Coping and Depression” conducted semi-structured interviews with six participants and analysed the data through IPA. They found four themes and twelve sub-themes to reveal both positive and negative influences of religion on depressive symptoms, aligning with existing literature on religious coping.

Francis, et. al., (2019) “Religious Coping, Religiosity, Depression and Anxiety among Medical Students in a Multi-Religious Setting” firstly found that the participants had moderate scores on both organised and non-organised religious subscales with high intrinsic religiosity. It was found that negative religious coping demonstrated a significant association with both depressive and anxiety symptoms.

METHODOLOGY

The data was collected using convenience sampling through Brief Religious Coping Scale (Brief RCOPE) and General Health Questionnaire- 28 (GHQ-28) from a sample of 92 participants, including 48 females and 44 males. The data collection was done through a combination of offline forms and telephone conversations. This hybrid approach allowed for flexibility in data collection while ensuring accessibility for participants across diverse settings within Punjab. For Brief RCOPE, the cronbach alpha coefficient is usually above .70 indicating a good internal consistency, and it shows good content and convergent validity. GHQ-28 also shows good reliability and has been successfully tested for content, convergent, and criterion validity.

Objectives

- To assess the relationship between religious coping and mental well-being in Sikhs in Punjab.
- To assess the gender difference in both positive and negative religious coping among young Sikhs in Punjab.

Hypothesis

- H1: There will be a significant relationship between religious coping and mental well-being among Sikhs in Punjab.
- H2: There will be gender differences in both positive and negative coping methods among Sikhs.

RESULT

Table 1 Descriptive Table

	n	Mean	SD	Minimum	Maximum	Skewness	Kurtosis
PRC	92	15.91	4.88	.00	21.00	-1.20	1.40
NRC	92	6.06	6.04	.00	21.00	1.04	.16
GHQ-28	92	7.08	7.41	.00	27.00	1.15	.39

Relationship Between Religious Coping and Mental Health among the Sikh Population in Punjab

PRC represents Positive Religious Coping which is a sub-scale of Brief RCOPE. NRC represents Negative Religious Coping which is the other sub-scale of Brief RCOPE. GHQ-28 represents General Health Questionnaire-28.

Table 2 Independent Sample t-test

	n	Mean	SD	T-cal	T-crit	Sig. (two-sided)	df
PRC							
Male	44	14.72	5.49	-2.27	1.98	.025	90
Female	48	17.00	4.00				
NRC							
Male	44	5.68	5.83	-.58	1.98	.56	90
Female	48	6.41	6.26				

There is a significant difference in positive religious coping between males and females with the value of .025 in which females report higher scores as compared to males. However, no significant difference in genders is found for negative religious coping (.56).

Table 3 Correlation

	PRC Score	NRC Score	GHQ Score
PRC Score	1		
NRC Score		1	
GHQ Score	.232*	.489**	1

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

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

There is weak but significant correlation between Positive Religious Coping and General Health Questionnaire scores, and there is a moderate significant relationship between Negative Religious Coping and General Health Questionnaire.

DISCUSSION

This study aimed to explore the relationship between religious coping and mental well-being among Sikhs in Punjab, as well as to explore the gender differences in positive and negative religious coping methods. Being consistent with the hypothesis, the results from correlation analysis revealed that there is a significant relationship between religious coping and mental well-being among Sikhs in Punjab. It was found that there is a significant relationship between Negative Religious Coping and General Health Questionnaire scores. This result indicates that while there is a connection between positive religious coping and mental well-being, it is not very strong. On the other hand, higher levels of negative religious coping are associated with poorer mental well-being among Sikhs in Punjab. Therefore, it is discovered that while negative religious coping may contribute to poor mental well-being among Sikhs in Punjab, the influence of positive religious coping on mental well-being is not as much.

Relationship Between Religious Coping and Mental Health among the Sikh Population in Punjab

There was a study conducted on the Muslim population during COVID pandemic and the results suggested that positive religious coping prevents psychological disorders like depression (Thomas, 2020). Relating to this and multiple other existing researches, there has been found a variation among the role religion plays in the mental health of an individual. The result varies for different religions, communities, contexts, etc.

Based on the Brief RCOPE, the negative religious coping is associated with a sense of abandonment, feeling punished, or questioning the existence of God during times of distress. The findings suggest that such negative coping mechanisms add on the distress and contribute to mental health issues. On the other hand, the findings suggest that while positive religious coping mechanisms, such as looking for a stronger connection with God or asking for their forgiveness, may add on to better mental health outcomes, but it is not sufficient to bring about a huge change.

The results from an independent sample t-test exploring the gender differences in religious coping revealed that there are significant gender differences in positive religious coping methods among young Sikhs in Punjab, while there is no significance difference among males and females in terms of negative religious coping. Female participants reported significantly higher mean scores in Positive Religious Coping compared to male participants which highlights that gender may influence the ways Sikhs in Punjab engage in religious coping, with the inference that females demonstrate higher levels of engagement in religious practices to cope with stressors or life challenges.

Based on the findings of the research, it is important to find culturally sensitive interventions for individuals based on their needs. These approaches should be sensitive and they should acknowledge the religious practices and beliefs which may be more effective in addressing mental health concerns within the Sikh community. Furthermore, the gender differences observed in religious coping highlight the importance of considering gender-specific factors in mental health research and practice. Tailored interventions should be created that account for the unique coping strategies and support needs of male and female Sikhs and may be more responsive to the diverse experiences and challenges faced by individuals within this community.

Future research should explore the mechanisms as well as the factors which affect the relationship between religious coping and mental well-being among Sikhs. Longitudinal studies examining changes in religious coping strategies and mental health outcomes over time would provide valuable insights into the dynamic nature of these relationships. Additionally, qualitative research exploring individuals' lived experiences of religious coping and its impact on mental well-being could offer a better understanding of the complex interplay between religion, culture, and mental health among Sikhs in Punjab.

Limitations

This study relies on self-report measures, which may introduce response bias and social desirability effects, potentially impacting the accuracy of participants' responses. Additionally, there is no exploration of the causal relationships between religious coping, gender differences, and mental well-being. Furthermore, the sample consisted of Sikhs from Punjab, which may limit the generalizability of the findings to other cultural or religious groups. Future research can address these limitations by employing longitudinal designs, incorporating diverse populations, and using objective measures of mental well-being.

CONCLUSION

In conclusion, this research elaborated upon the interplay of religious coping, gender differences, and mental well-being among Sikhs in Punjab. The findings underscore the significance of religious coping strategies in influencing mental health outcomes, with positive religious coping demonstrating a weak association with better mental well-being and negative religious coping showing a moderate association with poorer mental health. Moreover, gender differences were observed in positive religious coping, with females exhibiting higher levels. These results highlight the need for culturally sensitive interventions that acknowledge and integrate religious beliefs and practices into mental health support systems for the Sikh community. Future research should delve deeper into the mechanisms underlying these relationships and explore the effectiveness of tailored interventions in promoting mental well-being among Sikhs in Punjab.

REFERENCES

- Baden, L. R., El Sahly, H. M., Essink, B., Kotloff, K., Frey, S., Novak, R., Diemert, D., Spector, S. A., Roupael, N., Creech, C. B., McGettigan, J., Khetan, S., Segall, N., Solis, J., Brosz, A., Fierro, C., Schwartz, H., Neuzil, K., Corey, L., ... Zaks, T. (2021). The landscape of SARS-CoV-2 mRNA vaccines. *The New England Journal of Medicine*, 384(16), 1686–1689. <https://doi.org/10.1056/NEJMe2105109>
- Dolinsky, A. L. (2020). COVID-19: Looking back, moving forward. *Journal of the American Academy of Physician Assistants*, 33(11), 14–15. <https://www.proquest.com/openview/225a7c8272b90136dd8c714d9947ebe8/1?pq-origsite=gscholar&cbl=2032133>
- Francis, B., Gill, J. S., Han, N. Y., Petrus, C. F., Azhar, F. L., Sabki, Z. A., Said, M. A., Hui, K. O., Guan, N. C., & Sulaiman, A. H. (2019, January 17). Religious Coping, Religiosity, Depression and Anxiety among Medical Students in a Multi-Religious Setting. *International Journal of Environmental Research and Public Health/International Journal of Environmental Research and Public Health*. <https://doi.org/10.3390/ijerph16020259>
- Higgins, E. T., Klein, R., & Strauman, T. (1985). Linking Self-Discrepancy to Psychological Distress: A Test of Different Mediating Mechanisms. *Personality and Social Psychology Bulletin*, 11(4), 542–550. https://doi.org/10.1207/S15327965PLI1104_01
- Huang, X., Iun, J., Liu, A., & Gong, Y. (2010). The influence of organizational culture on the relationship between job satisfaction and job performance: A contingency perspective. *PsycNET*. <https://psycnet.apa.org/record/2010-25554-000>
- Kaur, M. (2018, November 1). *Religion and spirituality within the Sikh religion: how counselling psychologists can help*. <http://hdl.handle.net/2436/621892>
- Krok, D. (2014, December 19). The Role of Meaning in Life Within the Relations of Religious Coping and Psychological Well-Being. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-014-9983-3>
- Mawji, A. (2017, February 2). *Religious Coping and Depression*. Figshare. https://figshare.le.ac.uk/articles/thesis/Religious_Coping_and_Depression/10238912/1
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). Church-Based Social Support and Religious Coping. Retrieved from https://www.researchgate.net/publication/227627608_Church-Based_Social_Support_and_Religious_Coping
- Park, C. L., & Folkman, S. (1997). The meaning making model: A framework for understanding meaning, spirituality, and stress-related growth in health psychology. Retrieved from https://www.researchgate.net/publication/288623132_The_meaning

Relationship Between Religious Coping and Mental Health among the Sikh Population in Punjab

making_model_A_framework_for_understanding_meaning_spirituality_and_stress-related_growth_in_health_psychology

Sproull, L., & Kiesler, S. (1986). Reducing social context cues: Electronic mail in organizational communication. *Management Science*, 32(11), 1492–1512. <https://psycnet.apa.org/record/1997-08957-000>

Thomas, J., & Barbato, M. (2020, September 29). *Positive Religious Coping and Mental Health among Christians and Muslims in Response to the COVID-19 Pandemic*. Religions. <https://doi.org/10.3390/rel11100498>

University of Wolverhampton. (n.d.). University of Wolverhampton Open Research. <https://wlv.openrepository.com/handle/2436/621892>

World Health Organization. (n.d.). Mental health: Strengthening our response. World Health Organization.

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Kaur, P. & Teotia, A. (2024). Relationship Between Religious Coping and Mental Health among the Sikh Population in Punjab. *International Journal of Indian Psychology*, 12(2), 190-196. DIP:18.01.424.20241202, DOI:10.25215/1202.424