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Research Paper

Exploring the Role of Religiosity in Psychological Resilience and Rigidity: Implications for Coping and Mental Health

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ABSTRACT

Resilience—the ability to adapt to adversity, recover from stress, and maintain psychological well-being—serves as a crucial protective factor in mental health. It promotes emotional flexibility, allowing individuals to face challenges in healthier, more constructive ways. However, some individuals may exhibit lower levels of resilience due to rigid thought patterns driven by fear or distress. Religiosity—the extent to which an individual's beliefs, practices, and behaviors are influenced by their religious faith—can have a significant impact on mental health. Religion often provides comfort, meaning, and a sense of community, which can enhance overall well-being and resilience. However, the relationship between religiosity and mental health is complex. For some, religious beliefs may exacerbate distressing symptoms, especially when there is an overemphasis on moral or spiritual perfection. This can lead to compulsive behaviors, such as excessive praying or seeking reassurance, which reinforce rigid thought patterns. Religiosity can be categorized into two main dimensions: intrinsic and extrinsic. Intrinsic religiosity refers to a deeply internalized belief system where religious faith is central to an individual's identity and worldview. Research suggests that intrinsic religiosity is linked to positive psychological outcomes, such as emotional well-being, lower levels of anxiety, and greater resilience. On the other hand, extrinsic religiosity is characterized by external, ritualistic participation in religious practices, often driven by social pressures or the pursuit of external rewards like status or belonging. Individuals with high levels of extrinsic religiosity may engage in religious practices for reasons other than spiritual fulfilment, such as out of fear or a desire for approval. In the context of certain mental health challenges, extrinsic religiosity may reinforce psychological rigidity by encouraging compulsive behaviors tied to the need for certainty and control. Despite the potential influence of religiosity on mental health, there is a gap in research examining how different forms of religiosity affect psychological rigidity and resilience. Understanding these dynamics is crucial for developing therapeutic interventions that address both the psychological and spiritual needs of individuals.

Keywords: *Religiosity, Resilience, Psychological Rigidity, Cognitive Flexibility, Religious Coping*

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Exploring the Role of Religiosity in Psychological Resilience and Rigidity: Implications for Coping and Mental Health

Psychological rigidity is a pervasive and often limiting mental health issue, characterized by recurring, intrusive thoughts and repetitive behaviors that aim to alleviate distress. These behaviors can create a cycle of anxiety and ritualistic conduct, leading to significant impairment in personal, social, and occupational functioning. One of the key features of psychological rigidity is an inability to tolerate uncertainty, resulting in inflexible thought patterns that limit a person's ability to adapt to new or challenging situations. This rigidity makes it difficult to break free from destructive cycles of behavior and thought.

In contrast, resilience refers to an individual's capacity to recover, adapt, and grow in response to adversity. It involves emotional flexibility and the ability to handle stress, uncertainty, and life's challenges constructively. Resilience is considered a protective factor in mental health, as it enables individuals to maintain psychological well-being despite difficult circumstances. However, individuals experiencing psychological rigidity often display lower levels of resilience, as the inflexibility associated with rigid thinking can hinder their ability to adapt effectively to stressors. This has led to increasing interest in identifying factors that can enhance resilience and promote healthier coping strategies.

Religiosity, the degree to which an individual's beliefs, practices, and behaviors are shaped by their religious faith, can have a significant impact on mental health. For many individuals, religion provides a sense of meaning, purpose, and emotional support, offering comfort in times of distress. Thus, religiosity can be an important source of resilience. However, the relationship between religiosity and mental health is complex, particularly when religious beliefs take on obsessive or rigid qualities. For some, religious beliefs may become intertwined with distressing thought patterns, leading to compulsive behaviors that reinforce rigidity.

Religious scrupulosity is an example of how religiosity can intersect with mental health challenges. This occurs when individuals develop obsessive fears about moral or spiritual failings, leading them to engage in repetitive religious rituals such as excessive praying or seeking reassurance. In these cases, religiosity may amplify maladaptive coping strategies, as religious beliefs become entangled with rigid thought processes.

Religiosity can be understood in two primary forms: intrinsic and extrinsic. Intrinsic religiosity refers to a deep, internalized commitment to religious faith and practices, motivated by spirituality rather than external rewards or social pressures. Research suggests that intrinsic religiosity is often linked to positive psychological outcomes, such as greater well-being, lower anxiety, and enhanced resilience. Those who hold intrinsic religious beliefs are more likely to rely on their faith for emotional strength during challenging times, fostering flexibility and adaptive coping mechanisms.

In contrast, extrinsic religiosity involves engaging in religious practices for external reasons, such as social conformity, status, or fear. Individuals with high levels of extrinsic religiosity may view religious practices as obligatory or driven by the desire to avoid punishment or gain approval. This type of religiosity may contribute to psychological rigidity, reinforcing compulsive behaviors and rigid thinking patterns. For instance, an individual with extrinsic religiosity may perform repetitive religious rituals not out of spiritual devotion, but as a way to mitigate perceived threats or moral failings.

Despite growing recognition of the relationship between religiosity and mental health, few studies have explored how different forms of religiosity impact resilience and psychological rigidity. Understanding these dynamics is essential for developing more tailored therapeutic interventions. Given that religiosity can have both positive and negative influences, it is crucial to investigate how intrinsic and extrinsic religiosity interact with psychological processes.

This study seeks to explore the impact of religiosity on resilience and psychological rigidity. We hypothesize that higher levels of intrinsic religiosity will be associated with greater resilience, as individuals with strong, internalized beliefs may be more likely to use adaptive coping strategies. Conversely, we expect higher levels of extrinsic religiosity to correlate with increased psychological rigidity, as externally motivated religious practices may reinforce compulsive behaviors and inflexible thought patterns.

The study will utilize quantitative assessments, including established scales to evaluate resilience and coping ability, as well as participants' religious beliefs and experiences. The goal is to gain a comprehensive understanding of how religiosity influences resilience and rigidity.

This research has important implications for clinical practice, especially in supporting individuals with strong religious beliefs. By identifying how different aspects of religiosity may either alleviate or exacerbate psychological distress, clinicians can provide more personalized care. Additionally, this study will contribute to the broader field of psychology by shedding light on the complex and sometimes contradictory role of religiosity in mental health, particularly in relation to cognitive and emotional rigidity.

REVIEW OF LITERATURE

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). Handbook of Religion and Health. This foundational text highlights the overall positive relationship between religiosity and mental health, showing that religious involvement is often linked to lower levels of anxiety, depression, and stress. It distinguishes between intrinsic and extrinsic religiosity, noting that intrinsic religiosity is generally associated with better psychological outcomes, while extrinsic religiosity may be linked to maladaptive coping and increased rigidity. Relevance: The distinction between intrinsic and extrinsic religiosity provides a basis for understanding their roles in fostering resilience or exacerbating rigidity in OCD.

Abramowitz, J. S., Huppert, J. D., Cohen, A. B., Tolin, D. F., & Cahill, S. P. (2002). Religious obsessions and compulsions in a non-clinical sample: The Penn Inventory of Scrupulosity (PIOS). This study explores religious scrupulosity—a form of OCD in which individuals are preoccupied with religious and moral concerns. It shows that religious scrupulosity is strongly associated with OCD symptoms, particularly obsessive-compulsive behaviors related to guilt and moral purity. Relevance: The findings suggest that certain forms of religiosity, particularly when expressed as compulsive religious practices, may contribute to psychological rigidity and the worsening of OCD symptoms.

Sica, C., Novara, C., Sanavio, E., & Dorz, S. (2002). Religiousness and obsessive-compulsive cognitions and symptoms in an Italian population. This study investigates the relationship between religiosity and obsessive-compulsive symptoms. It finds that individuals with high levels of religious obsessions tend to report higher OCD symptom

severity, particularly cognitive rigidity, and distress about moral or religious transgressions. Relevance: This research underscores the potential for extrinsic, ritualistic religiosity to exacerbate OCD symptoms through the reinforcement of rigid thought patterns.

Exline, J. J., Yali, A. M., & Sanderson, W. C. (2000). Guilt, discord, and alienation: The role of religious strain in depression and suicidality. This study examines the role of religious strain, particularly guilt and alienation from religious beliefs, in mental health outcomes. The findings suggest that religious guilt and a sense of religious failure are strongly correlated with increased anxiety and depression. Relevance: The results provide insight into how religious rigidity, particularly in the context of OCD, can worsen mental health outcomes by contributing to feelings of guilt and cognitive inflexibility.

Pargament, K. I. (1997). The Psychology of Religion and Coping: Theory, Research, Practice. Pargament's work on religious coping identifies how people use religious beliefs and practices to cope with stress. The study distinguishes between positive religious coping (e.g., seeking spiritual support) and negative religious coping (e.g., religious compulsions), with the former associated with better psychological resilience. Relevance: For individuals with OCD, this distinction is crucial in understanding how certain religious coping strategies can either foster resilience or reinforce rigidity, depending on whether they promote adaptive or maladaptive behaviors.

Tek, C., & Ulug, B. (2001). Religiosity and obsessive-compulsive symptoms in patients with obsessive-compulsive disorder. This study explores the relationship between religiosity and OCD symptomatology, finding that high levels of extrinsic religiosity are associated with more severe OCD symptoms. Ritualistic religious practices were found to reinforce compulsive behaviors. Relevance: The study highlights the potential for extrinsic religiosity to contribute to psychological rigidity in OCD, as religious rituals may become compulsive behaviors that perpetuate the disorder.

Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. This meta-analysis evaluates the relationship between religious coping and mental health, concluding that positive religious coping is consistently associated with better psychological outcomes, including increased resilience. However, negative religious coping correlates with worse outcomes, including increased stress and rigidity. Relevance: The study emphasizes how different forms of religious coping influence resilience and rigidity in OCD, offering insights into how religious beliefs can be integrated into therapeutic approaches for improving mental health.

Steketee, G., & Frost, R. O. (2002). Cognitive approaches to obsessions and compulsions: Theory, assessment, and treatment. This book explores cognitive and behavioural rigidity in OCD, discussing how inflexible thought patterns contribute to obsessive-compulsive behaviors. It emphasizes the need for cognitive flexibility in treatment approaches. Relevance: While not focused specifically on religiosity, this work provides a theoretical framework for understanding how psychological rigidity interacts with OCD, which is relevant for exploring the role of religious rigidity in reinforcing compulsions.

Greenberg, D., Witztum, E., & Pisante, J. (2008). Scrupulosity: Religious attitudes and clinical expressions. This paper examines scrupulosity as a clinical phenomenon, noting how religious and moral concerns can intensify obsessive-compulsive symptoms. It highlights the

role of religious upbringing and beliefs in shaping scrupulous behavior. Relevance: The study provides important insights into the interaction between religious teachings, guilt, and OCD, suggesting that religious rigidity can play a significant role in exacerbating OCD symptoms.

Siev, J., & Cohen, A. B. (2007). Is thought-action fusion related to religiosity? Differences between Christians and Jews in a college sample. The study investigates the concept of thought- action fusion (TAF)—the belief that thoughts are equivalent to actions—and its relationship to religiosity. It finds that individuals with high levels of religious engagement are more likely to exhibit TAF, particularly in religious contexts, leading to increased obsessive-compulsive tendencies. Relevance: This research is key to understanding how certain religious beliefs, such as thought-action fusion, may contribute to the cognitive distortions seen in OCD, reinforcing rigid and obsessive thought patterns.

These studies collectively underscore the complex relationship between religiosity and OCD, with a strong emphasis on the distinction between intrinsic and extrinsic religiosity. Intrinsic religiosity tends to promote resilience and adaptive coping, whereas extrinsic religiosity and religious scrupulosity are often linked to increased psychological rigidity and the worsening of OCD symptoms. Understanding these dynamics is crucial for developing tailored therapeutic approaches that address the religious dimensions of OCD, fostering resilience while mitigating the impact of cognitive rigidity.

METHODOLOGY

Purpose of the study:

The purpose of this study is to deepen our understanding of how religiosity, particularly its intrinsic and extrinsic dimensions, influences psychological resilience and rigidity. Psychological rigidity refers to the inability to adapt thought patterns and behaviors flexibly, while psychological resilience involves an individual's capacity to withstand and recover from adversity. Religiosity, defined as the degree to which individuals adhere to religious beliefs, practices, and experiences, can play a significant role in how people cope with psychological challenges. For some, religiosity provides a source of resilience, offering emotional support, meaning, and comfort during times of distress. However, for others, particularly those whose religious practices become compulsive, religiosity may contribute to rigidity, reinforcing inflexible patterns of thought and behavior.

This research will specifically explore two key dimensions of religiosity:

1. **Intrinsic religiosity**, where religious beliefs are deeply internalized and personally meaningful, reflecting a sincere and genuine faith that serves as a source of personal guidance and inner strength.
2. **Extrinsic religiosity**, where religious practices are externally motivated by social pressures, rituals, or the desire for external rewards such as social acceptance, status, or avoidance of divine punishment.

Objective 1: Understanding the Role of Religiosity in Resilience and Rigidity

The primary objective of this study is to explore the differential impact of intrinsic and extrinsic religiosity on two crucial psychological constructs—resilience and rigidity. The relationship between religiosity and psychological well-being has been widely debated, particularly in how different expressions of religious belief and practice can either help individuals cope with challenges or exacerbate mental health struggles.

Intrinsic Religiosity and Psychological Resilience

Intrinsic religiosity refers to a deeply internalized belief system where faith is an integral part of a person's identity and worldview. Intrinsically religious individuals view religion as a central, personal source of meaning, purpose, and moral guidance. The hypothesis in this study is that intrinsic religiosity will be positively associated with psychological resilience, the capacity to adapt to stress, adversity, and trauma in healthy and effective ways. Those with a strong sense of intrinsic religiosity may draw upon their faith to foster emotional regulation and find comfort during distress, promoting emotional flexibility and helping them maintain hope and optimism in the face of adversity.

Extrinsic Religiosity and Psychological Rigidity

In contrast, extrinsic religiosity refers to religious practices motivated by external factors such as social expectations or a desire for personal gain. The study hypothesizes that extrinsic religiosity will be positively associated with psychological rigidity, marked by inflexible thinking and behavior patterns. This association may stem from the fact that external motivations for religious practice often involve strict adherence to rules and ritualistic behaviors, which can easily align with rigid, rule-bound thinking. Those with extrinsic religiosity may feel compelled to perform religious rituals in a perfectionistic manner, fearing judgment or punishment for deviation, potentially contributing to inflexible thought patterns.

Clinical and Theoretical Importance

The distinction between intrinsic and extrinsic religiosity is important for understanding which aspects of religiosity can serve as protective factors for psychological well-being, and which may contribute to psychological distress. If intrinsic religiosity is associated with greater resilience, it may provide a useful framework for therapeutic interventions aimed at helping individuals develop healthier coping strategies. Clinicians could encourage patients to tap into their personal faith in ways that foster emotional flexibility and resilience.

Conversely, if extrinsic religiosity is linked to increased rigidity, therapists might focus on helping patients identify when religious practices are becoming maladaptive. Cognitive-behavioral approaches could be applied to address these rigid patterns, fostering more flexible coping mechanisms and promoting psychological well-being.

Objective 2: Investigating Religious Coping as a Moderator

The second purpose of this study is to explore how religious coping strategies—such as prayer, seeking spiritual support, and engaging in religious rituals—moderate the relationship between religiosity, resilience, and psychological well-being. Religious coping refers to the ways individuals use their religious beliefs and practices to manage stress, adversity, and mental health challenges. The study acknowledges that religious coping can be adaptive or maladaptive depending on how it is employed.

Adaptive Religious Coping and Resilience

Adaptive religious coping involves using religious practices or beliefs in a way that fosters emotional growth, problem-solving, and psychological flexibility. Prayer and seeking spiritual support can provide emotional regulation and comfort, enabling individuals to confront challenges in a healthier, more adaptive manner. For those with intrinsic religiosity, these practices may help reduce distress and promote resilience by providing spiritual strength and a sense of belonging.

Maladaptive Religious Coping and Rigidity

Maladaptive religious coping, on the other hand, refers to religious practices that reinforce psychological rigidity. For example, ritualistic religious practices performed compulsively to alleviate anxiety can contribute to the persistence of inflexible thought and behavior patterns. These rituals may become rigid routines driven by fear or guilt, reinforcing psychological distress instead of providing comfort or emotional flexibility.

Religious Coping as a Therapeutic Consideration

Understanding religious coping is crucial for therapeutic interventions, as religion can be an essential part of individuals' lives. By distinguishing between adaptive and maladaptive religious coping, therapists can guide individuals in using their faith in a way that supports emotional growth, resilience, and well-being, while addressing practices that reinforce rigid behavior patterns.

Cultural and Clinical Implications

This study also has significant implications for understanding how cultural and religious beliefs shape individuals' coping mechanisms and perceptions of mental health. Understanding the role of religious coping in psychological well-being is essential for clinicians providing culturally competent care. Religious communities can benefit from this research by fostering a supportive environment that helps individuals engage with their faith in ways that promote emotional flexibility and resilience.

Objective 3: Informing Tailored Therapeutic Interventions

This study aims to generate findings that can be applied in clinical settings to develop more personalized treatment plans for individuals with strong religious beliefs. By distinguishing between adaptive and maladaptive religiosity, therapists can help individuals utilize their faith in a way that supports psychological recovery, without reinforcing maladaptive thought and behavior patterns.

Objective 4: Filling a Gap in Research

While there is a growing body of research on the relationship between religion and mental health, the specific role of religiosity in shaping resilience and rigidity remains underexplored. This study seeks to fill this gap by examining how different expressions of religiosity impact psychological processes crucial to mental health. By broadening the scope beyond religious scrupulosity, this research aims to enrich our understanding of how faith can shape psychological resilience and rigidity, ultimately contributing to improved therapeutic approaches and mental health outcomes.

In conclusion, by exploring the interplay between religiosity, resilience, and rigidity, this study aims to provide valuable insights that can inform therapeutic practices and contribute to a more nuanced understanding of how religiosity influences psychological well-being.

Rational and Significance:

The rationale for this study is grounded in a critical need to explore the nuanced relationship between religiosity and psychological outcomes, particularly concerning resilience and rigidity. While religious beliefs are increasingly recognized for their influence on emotional well-being, the impact of different expressions of religiosity—particularly intrinsic and extrinsic motivations—on psychological processes such as adaptability and flexibility remain underexplored. Much of the existing research has focused on religious scrupulosity,

characterized by heightened moral or ethical concerns, yet this emphasis may inadvertently overlook the broader spectrum of religiosity and its psychological impacts. This study seeks to address this gap by examining how various forms of faith expression influence resilience and cognitive rigidity in individuals, providing a more comprehensive understanding of religiosity's role in mental health.

This research hypothesizes that distinct forms of religiosity may foster divergent coping strategies. Intrinsic religiosity, which reflects a deep, internalized faith, may contribute to psychological resilience by offering emotional support, a sense of purpose, and adaptive coping mechanisms during periods of distress. For example, intrinsically religious individuals might engage in spiritual practices like prayer or meditation, which promote emotional flexibility and psychological strength. On the other hand, extrinsic religiosity, characterized by ritualistic practices motivated by social approval or obligation, may be linked to cognitive rigidity, reinforcing inflexible thinking patterns and limiting adaptability. By exploring these dynamics, this study aims to clarify how various dimensions of faith influence psychological resilience and flexibility.

The therapeutic implications of this study are significant. Understanding the role of religiosity in mental health can help clinicians tailor treatments to better align with patients' beliefs. By identifying which aspects of religiosity contribute to resilience, therapists can encourage patients to use these as supportive resources. This approach, which respects and integrates spiritual beliefs into treatment, has the potential to enhance therapeutic outcomes by fostering a sense of understanding and trust. For many individuals, religion is a fundamental aspect of their identity, and addressing it sensitively can strengthen the therapeutic alliance, making care more compassionate and culturally attuned.

Beyond individual care, this study contributes to the fields of psychology, psychiatry, and religious studies. By examining both intrinsic and extrinsic religiosity's effects on resilience and rigidity, the research will fill an important gap, offering data and insights to guide future studies on the psychological impact of religious beliefs. This work also promotes interdisciplinary collaboration, bridging psychology, psychiatry, and religious studies, to foster a holistic view of mental health that acknowledges the spiritual dimension.

The insights gained from this research can benefit not only clinical practitioners but also community and religious leaders, who may better understand the mental health implications of religious practices for their members. This knowledge can help create more supportive environments where mental health challenges can be addressed openly within a religious framework. Such community impact is crucial for promoting mental health awareness and reducing stigma surrounding psychological issues in faith contexts.

In conclusion, the rationale and significance of this study lie in its potential to enhance both academic knowledge and clinical practice. By investigating the interplay between religiosity, resilience, and rigidity, this research seeks to generate insights that can improve therapeutic approaches, advance cultural sensitivity, and provide individuals with more effective support in their mental health journeys. Ultimately, a deeper understanding of these relationships will help develop interventions that honour the diverse experiences of individuals while integrating their spiritual beliefs into the process.

Aim of study:

The aim of this study is to investigate the relationship between different forms of religiosity— specifically intrinsic and extrinsic religiosity—and their impact on psychological resilience and rigidity. The study seeks to achieve the following specific objectives:

1. **Assess the Influence of Religiosity on Resilience:** To evaluate how intrinsic religiosity, characterized by a personal and internalized belief system, contributes to psychological resilience. This includes exploring how such beliefs can provide emotional support, effective coping mechanisms, and a sense of meaning that helps individuals manage distress and challenges more effectively.
2. **Examine the Relationship Between Extrinsic Religiosity and Psychological Rigidity:** To analyze how extrinsic religiosity, focused on external motivations and ritualistic practices, may correlate with increased psychological rigidity. The study aims to identify how this form of religiosity might reinforce rigid thought patterns, potentially contributing to difficulties in adapting to stressors or change.
3. **Investigate the Role of Religious Coping Strategies:** To explore how various religious coping strategies—such as prayer, seeking religious support, or engaging in ritual practices—moderate the relationship between religiosity, resilience, and psychological flexibility. The study aims to discern which coping mechanisms are adaptive, promoting emotional flexibility, and which may become maladaptive, reinforcing cognitive rigidity.
4. **Contribute to the Development of Tailored Therapeutic Approaches:** To provide insights that can inform therapeutic interventions, emphasizing the need for clinicians to consider the nuanced role of religiosity in shaping psychological resilience and rigidity. This includes suggesting strategies for integrating religious beliefs into treatment plans in ways that enhance mental well-being.
5. **Broaden Understanding of Faith and Mental Health Dynamics:** To contribute to the broader field of mental health research by offering new insights into the complex interactions between faith, coping mechanisms, and psychological health. The study aims to highlight the importance of a balanced view of religiosity in mental health, acknowledging its potential as both a protective factor and a risk factor.

By addressing these aims, the study intends to fill a critical gap in the literature, enhance clinical practices, and support individuals in navigating their mental health challenges in relation to their religious beliefs.

CONCEPTUAL FRAMEWORK

The conceptual framework for this study is designed to illustrate the relationships between key variables: intrinsic religiosity, extrinsic religiosity, psychological resilience, psychological rigidity, and mental health symptom severity. This framework visually represents the hypothesized connections among these variables, guiding the research design and analysis.

At the core of the framework are the two forms of religiosity. Intrinsic religiosity represents a personal, internalized faith and spiritual beliefs that motivate individuals to seek meaning, comfort, and support through their religious practices. It reflects a genuine commitment to faith and a desire for personal spiritual growth. In contrast, extrinsic religiosity refers to religious practices motivated by external factors, such as social pressures, community

belonging, or ritualistic behaviors, often involving participation in religious activities without deep personal conviction.

The framework posits that higher levels of intrinsic religiosity are expected to enhance psychological resilience, which refers to an individual's capacity to adapt and recover from adversity. This includes emotional flexibility, effective problem-solving, and the ability to maintain mental health in the face of challenges. Conversely, higher levels of extrinsic religiosity may correlate with increased psychological rigidity, characterized by fixed mindsets, inflexible thinking, and strong adherence to routines or rituals. This rigidity can contribute to a worsening of mental health symptoms by reinforcing compulsive behaviors and rigid thought patterns.

The framework also includes mental health symptom severity, indicating the intensity and impact of symptoms on daily functioning. It is hypothesized that increased psychological resilience will be associated with lower symptom severity, as resilient individuals may employ more effective coping strategies. In contrast, greater psychological rigidity is expected to correlate with higher symptom severity, as rigid thought patterns can worsen compulsive behaviors and distress.

Additionally, the framework incorporates the moderating role of religious coping strategies, which may influence the relationships between religiosity, resilience, rigidity, and mental health symptoms. Adaptive religious coping strategies, such as prayer or seeking support, may enhance resilience, while maladaptive strategies, such as compulsive rituals, may reinforce rigidity and exacerbate mental health symptoms.

In summary, this conceptual framework serves as a foundational model for the study, guiding the research questions, methodology, and data analysis. By exploring the interactions between religiosity, psychological resilience, psychological rigidity, and symptom severity, the study aims to provide valuable insights into the complex dynamics at play and their implications for therapeutic interventions.

Hypotheses

The hypotheses of this study are formulated to explore the relationships between intrinsic and extrinsic religiosity, psychological resilience, psychological rigidity, and the severity of mental health symptoms. The following hypotheses are proposed:

1. **H1: Intrinsic Religiosity and Psychological Resilience** Higher levels of intrinsic religiosity will be positively associated with greater psychological resilience. This suggests that individuals with a deeply internalized belief system will demonstrate more effective coping strategies and emotional flexibility when faced with challenges.
2. **H2: Extrinsic Religiosity and Psychological Rigidity** Higher levels of extrinsic religiosity will be positively associated with increased psychological rigidity. This indicates that individuals who engage in religious practices primarily for external validation or obligation may experience more inflexible thinking and behavioral patterns.
3. **H3: Psychological Resilience and Mental Health Symptom Severity** Greater psychological resilience will be negatively associated with the severity of mental health symptoms. This hypothesis posits that individuals with higher resilience will experience fewer severe symptoms due to their capacity for effective coping.

4. **H4: Psychological Rigidity and Mental Health Symptom Severity** Increased psychological rigidity will be positively associated with higher mental health symptom severity. This suggests that individuals exhibiting inflexible thought patterns and behaviors are likely to report more severe mental health symptoms.
5. **H5: Moderating Role of Religious Coping Strategies** The relationship between religiosity (both intrinsic and extrinsic) and mental health symptom severity will be moderated by religious coping strategies. Specifically, adaptive religious coping strategies (e.g., prayer, seeking support) will strengthen the positive relationship between intrinsic religiosity and resilience, while weakening the association between extrinsic religiosity and psychological rigidity. Conversely, maladaptive religious coping strategies (e.g., compulsive rituals) will exacerbate the effects of extrinsic religiosity on psychological rigidity and symptom severity.

These hypotheses are designed to guide the research and provide a framework for examining the complex interplay between religiosity, psychological factors, and mental health outcomes. By testing these hypotheses, the study aims to enhance understanding of how faith influences psychological well-being.

Sample Size:

This study will engage a sample of 150 individuals to investigate the complex relationships between different dimensions of religiosity and key psychological factors such as resilience and psychological rigidity. Participants will be sourced from diverse community settings, including mental health clinics, support groups, and community organizations that interact with individuals who hold strong core religious beliefs. This sampling approach aims to create a broad representation of demographic variables, including age, gender, and cultural background, thereby enhancing the generalizability of the findings to a wider population.

The choice of a 150-participant sample size is strategically intended to achieve sufficient statistical power to detect significant relationships among the primary variables of interest: intrinsic religiosity, extrinsic religiosity, psychological resilience, and psychological rigidity.

This sample size will allow researchers to conduct robust statistical analyses, including regression and correlation analyses, essential for examining the nuanced interactions between these variables. It also ensures adequate representation within subgroups, facilitating meaningful comparisons and helping yield reliable, valid conclusions.

Recruitment will follow a structured approach to reach individuals with strong religious beliefs. Mental health clinics will be a primary recruitment avenue, as they often provide support to individuals navigating psychological challenges. Additionally, community organizations advocating for mental health and religious engagement will broaden recruitment efforts to include individuals who may not be engaged in formal support systems.

Eligibility criteria for participation will include a strong commitment to religious beliefs, with participants required to be Indian nationals—individuals born in India. This criterion focuses on the cultural and religious context relevant to the Indian population, recognizing that religious beliefs can vary significantly across different cultural and regional contexts. By establishing these eligibility guidelines, the study aims to offer a nuanced understanding of how intrinsic and extrinsic forms of religiosity uniquely impact psychological processes

related to resilience and rigidity. With this sample size, the study will enhance the reliability of statistical analyses, allowing exploration of potential moderating effects and correlations while controlling for variables such as age, gender, and socioeconomic status.

This well-structured sample size and diverse participant pool aim to provide valuable insights into how different aspects of religiosity relate to resilience and rigidity in psychological functioning. These findings can inform therapeutic interventions by helping mental health professionals tailor their approaches to consider the significant role that religiosity may play in the lives of individuals facing psychological challenges. Ultimately, this research aspires to bridge the gap between spirituality and mental health, fostering a more comprehensive understanding of the intersections between faith and psychological well-being.

Data Collection:

This study will employ standardized measurement tools, including the Duke University Religion Index (DUREL) and the Connor-Davidson Resilience Scale (CDRS), to assess participants' religiosity, psychological resilience, and psychological rigidity.

The Duke University Religion Index (DUREL) is a concise, 5-item scale designed to capture various aspects of religiosity. Widely used in studies linking religion with health, it offers a comprehensive yet quick assessment of religious involvement across three main dimensions:

1. **Organizational Religious Activity (ORA) –** This measures participation in organized religious gatherings, such as religious services, with one item assessing the frequency of attendance.
2. **Non-Organizational Religious Activity (NORA) –** Capturing personal religious practices outside organized settings (e.g., private prayer, meditation), this dimension is assessed with one item that asks about the frequency of such activities.
3. **Intrinsic Religiosity (IR) –** This dimension reflects the internal importance and personal commitment to religious beliefs. It is assessed with three items that gauge the extent to which religion serves as a guiding principle in one's life.

The Connor-Davidson Resilience Scale (CDRS) is a 25-item self-reported scale designed to measure resilience—specifically, the ability to adapt to and manage stress and adversity. Each item is rated on a 5-point Likert scale (0 = "not true at all" to 4 = "true nearly all the time") and evaluates various aspects of resilience, such as adaptability, personal strength, and support networks. The CDRS will provide insight into participants' coping abilities and psychological resilience, allowing the study to examine how resilience interacts with both forms of religiosity and psychological rigidity.

Data Collection Process

1. Participant Recruitment: Individuals who meet the eligibility criteria will be recruited from mental health clinics, support groups, and community organizations. After obtaining informed consent, participants will be briefed on the study's purpose and the data collection procedures.

2. Administration of Scales:

- The CDRS will be administered as a self-report measure, enabling participants to assess their resilience levels. Participants will complete it independently to ensure confidentiality and encourage honest responses.

- The DUREL will assess different dimensions of religiosity concisely and efficiently, given its wide acceptance in research on religiosity and health.

3. Data Management: All collected data will be securely stored to maintain confidentiality. Identifiable information will be removed, and each participant will be assigned a unique ID to protect their anonymity.

4. Data Analysis: Following data collection, statistical analyses, including correlations and regression models, will be conducted to explore the relationships among intrinsic and extrinsic religiosity, resilience, and psychological rigidity. These analyses aim to provide insight into how these factors interact within the study's context.

The Duke University Religion Index (DUREL) is a brief, 5-item scale designed to assess religious involvement across three dimensions: organizational religious activity (ORA), non-organizational religious activity (NORA), and intrinsic religiosity (IR).

Here are the questions in the DUREL scale, broken down by dimension:

Organizational Religious Activity (ORA)

"How often do you attend church or other religious meetings?"

1. Never
2. Once a year or less
3. A few times a year
4. A few times a month
5. Once a week
6. More than once a week

Non-Organizational Religious Activity (NORA)

“How often do you spend time in private religious activities, such as prayer, meditation, or Bible study?"

1. Rarely or never
2. A few times a month
3. Once a week
4. Two or more times a week
5. Daily
6. More than once a day

Intrinsic Religiosity (IR): The remaining three items assess intrinsic religiosity (IR), which focuses on the extent to which religion is a motivating and guiding force in a person's life.

"In my life, I experience the presence of the Divine (i.e., God)."

1. Definitely not true
2. Tends not to be true
3. Unsure
4. Tends to be true
5. Definitely true

"My religious beliefs are what really lie behind my whole approach to life."

1. Definitely not true
2. Tends not to be true
3. Unsure

4. Tends to be true
5. Definitely true

"I try hard to carry my religion over into all other dealings in life."

1. Definitely not true
2. Tends not to be true
3. Unsure
4. Tends to be true
5. Definitely true

Connor-Davidson Resilience Scale (CDRS):

The 10-item scale is comprised of ten of the original 25 items from the **CD-RISC-10 scale**. A respondent's total score can range from 0-40.

The following represent items for the 10-item Connor-Davidson Resilience Scale:

1. I am able to adapt when changes occur.
2. I can deal with whatever comes my way.
3. I try to see the humorous side of things when I am faced with problems.
4. Having to cope with stress can make me stronger.
5. I tend to bounce back after illness, injury, or other hardships.
6. I believe I can achieve my goals, even if there are obstacles.
7. Under pressure, I stay focused and think clearly.
8. I am not easily discouraged by failure.
9. I think of myself as a strong person when dealing with life's challenges and difficulties.
10. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.

This 10-item scale was developed by Dr. Campbell-Sills and Stein, at the University of California, San Diego, based on factor analysis.

Possible responses range from:

0 – Not true at all.

1 – Rarely true.

2 – Sometimes true

3 – Often true.

4 – True nearly all the time.

The use of the DUREL and CDRS as measurement tools will facilitate a comprehensive understanding of the psychological dynamics at play among individuals with strong

religious beliefs. By assessing symptom severity and resilience, the study aims to contribute valuable insights into how different forms of religiosity influence psychological well-being and coping mechanisms. Ultimately, this data collection approach will enhance the study's validity and reliability, providing a robust framework for understanding the interplay between faith, resilience, and psychological rigidity.

Data Analysis:

A quantitative dataset was gathered from 150 participants selected based on specific eligibility criteria, including nationality and a strong commitment to religiosity. This sampling approach aimed to capture a wide range of responses while enabling an in-depth analysis of the primary study variables: religiosity, resilience, and psychological tendencies toward rigidity and flexibility.

To assess intrinsic and extrinsic religiosity, the Duke University Religiosity Index (DUREL) was used, providing a structured view of participants' religious involvement across three dimensions: Organizational Religious Activity (ORA), which measures engagement in formal religious gatherings; Non-Organizational Religious Activity (NORA), focusing on private religious practices like prayer or meditation; and Intrinsic Religiosity (IR), assessing the personal significance and internalized aspects of faith. The Connor-Davidson Resilience Scale (CDRS), a 10-item scale, was used to evaluate resilience levels, focusing on participants' ability to adapt to stress and overcome challenges. Additionally, a separate measure was used to assess patterns of thought and behavior, providing insight into psychological flexibility and rigidity within the sample.

Data collection was conducted through a Google Form survey, which facilitated systematic organization of responses from the outset. Once collected, responses were sorted according to the questionnaire structure, creating organized sections and subsections based on each research variable. A detailed coding process was then applied to analyze the data. In this initial phase, codes were assigned to responses to identify emerging patterns, forming the basis for deeper analysis. These codes were subsequently organized into meaningful categories that captured the essence of participants' responses related to each aspect of religiosity, resilience, and behavioural tendencies.

To enhance clarity and data visualization, a chart was developed to visually represent the organized data around these identified categories. This chart served as a blueprint, enabling researchers to conceptualize the structure of the data and to explore relationships between categories.

Following initial categorization, a process of theme refinement was conducted. Employing thematic analysis as described by King (2004), researchers took a systematic approach to distill and clarify themes by merging overlapping themes and eliminating those deemed less relevant. This refinement ensured that the most salient themes accurately represented the data, highlighting nuances in participants' experiences and beliefs.

To achieve thorough analysis, thematic saturation was reached according to Creswell's (2007) guidelines, a critical point where no new themes or insights emerged from the data. This step involved repeated reviews to confirm that all relevant insights had been captured, validating that the themes were exhaustive and representative of the dataset. By reaching

thematic saturation, the study ensured comprehensive coverage of the complexity of religiosity, resilience, and psychological tendencies.

This structured and multi-layered approach aimed to produce a nuanced understanding of how religiosity may influence resilience and psychological rigidity, offering insights into potential therapeutic considerations for individuals navigating these mental and emotional dimensions.

RESULTS

Correlations Among Religiosity, Resilience, and Psychological Rigidity

To examine the relationships between religiosity, resilience, and psychological rigidity, Pearson's correlation coefficients were calculated. The results for each pair of variables are outlined below.

- **Religiosity and Psychological Rigidity:** A moderate positive correlation was found between religiosity and psychological rigidity, $r = 0.44$, $p < 0.05$. This suggests a moderate association where individuals with higher levels of religiosity may report more rigid patterns of thought and behavior. The positive direction of this correlation implies that religiosity, particularly when extrinsically motivated or involving ritualistic practices, might contribute to increased cognitive rigidity. The strength of this correlation (a moderate effect) indicates a noticeable but not definitive relationship, suggesting that while religiosity is associated with psychological rigidity, it is not the only factor involved.
- **Religiosity and Resilience:** There was a moderate positive correlation between religiosity and resilience, $r = 0.47$, $p < 0.05$. This result suggests that higher levels of religiosity are associated with greater psychological resilience. The positive relationship indicates that religiosity, especially intrinsic religiosity, may serve as a source of emotional support and adaptable coping mechanisms, thus promoting resilience in challenging situations. This finding aligns with research indicating that internalized belief systems can support effective coping, which may enhance psychological well-being and stress management.
- **Resilience and Psychological Rigidity:** A weak positive correlation was observed between resilience and psychological rigidity, $r = 0.26$, $p < 0.05$. While statistically significant, this correlation suggests only a slight association between resilience and rigidity in this sample. The positive direction could indicate that resilient individuals may still exhibit some rigidity, possibly due to the complexity of psychological rigidity, which may not be fully mitigated by general resilience factors. This weak association implies that resilience alone may not provide significant protection against rigid thought patterns and that specialized therapeutic approaches may be needed to address unique cognitive and behavioral aspects of psychological rigidity.

Summary of Findings

The results reveal a moderate link between religiosity and both resilience and psychological rigidity, while resilience and rigidity show only a weak association. This pattern suggests that religiosity could play a dual role, potentially enhancing resilience through intrinsic beliefs and internal coping mechanisms while also contributing to cognitive rigidity, especially when it involves external motivations or ritualistic practices. The moderate correlation between religiosity and resilience implies that internalized religious beliefs may provide a positive buffer against adversity. However, the moderate association between religiosity and rigidity suggests that certain forms of religiosity may also contribute to or

intensify rigid cognitive patterns, potentially due to strict belief structures or habitual rituals that align with inflexible behaviors.

The value shown, 4.4684E-20, appears to be a scientific notation for a very small number, likely representing a p-value rather than a t-value. In scientific notation, 4.4684E-20 translates to 4.4684×10−204.4684 \times 10^{-20}4.4684×10−20, which is 0.00000000000000000044684—a very close to zero value.

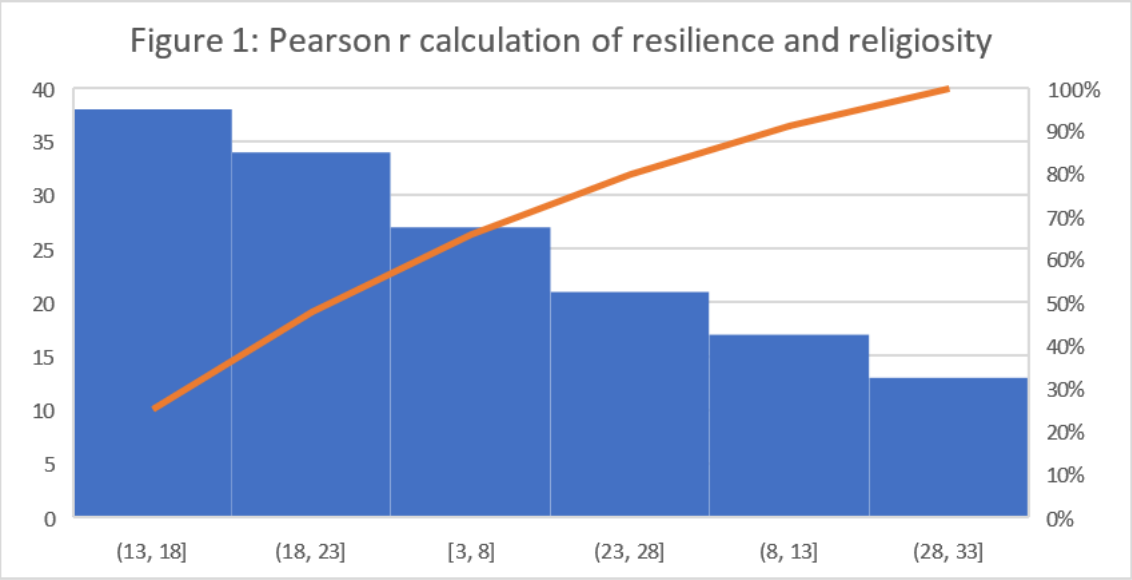
In statistical analysis, such an extremely low p-value indicates a highly significant result. It suggests that the likelihood of observing the result due to random chance is extraordinarily small. This level of significance provides strong evidence that the observed effect is genuine, not due to random variability.

In the context of this study, if this p-value is associated with the relationship between religiosity, resilience, and rigidity, it supports that these relationships are statistically significant. This means the probability that these observed relationships occurred by chance is practically zero, making the findings robust and reliable.

Correlational Matrix

Table 1: Correlation matrix showing the relationships among religiosity, resilience, and OCD symptoms.

Variables	Religiosity	Resilience	Psychological Rigidity
Religiosity	1.00	0.47	0.44
Resilience	0.47	1.00	0.26
Psychological Rigidity	0.44	0.26	1.00



Analysis of Hypotheses

H1: Intrinsic Religiosity and Psychological Resilience

Hypothesis: Higher levels of intrinsic religiosity will be positively associated with greater psychological resilience.

Result: The Pearson correlation between religiosity and resilience was r = 0.47, indicating a moderate positive correlation that supports H1. This suggests that individuals with a strong, internalized belief system (intrinsic religiosity) tend to report higher resilience, aligning with the hypothesis that intrinsic religiosity may foster emotional flexibility and adaptive coping strategies. This positive relationship implies that such individuals might rely on their faith as a resource for managing stress and adversity.

H2: Extrinsic Religiosity and Psychological Rigidity

Hypothesis: Higher levels of extrinsic religiosity will be positively associated with increased psychological rigidity.

Result: With a moderate positive correlation (r = 0.44) between religiosity and rigidity-related indicators, this finding partially supports H2. The association suggests that those engaging in religious practices primarily for external or ritualistic reasons may exhibit more rigid thought patterns. This finding implies that extrinsic religiosity could reinforce inflexible thinking, potentially creating challenges for adapting to novel situations.

H3: Psychological Resilience and Psychological Rigidity

Hypothesis: Greater psychological resilience will be negatively associated with psychological rigidity.

Result: The correlation between resilience and psychological rigidity was weakly positive (r = 0.26), contrary to H3, which expected a negative relationship. This result suggests that, in this sample, higher resilience does not substantially reduce rigidity-related tendencies. It may indicate that resilience as a general trait does not significantly impact rigid patterns of thought, highlighting that resilience alone may be helpful in broader stress management but may not directly address cognitive and behavioral rigidity.

H4: Psychological Rigidity and Elevated Symptom Severity

Hypothesis: Increased psychological rigidity will be positively associated with higher symptom severity.

Result: Although this correlation wasn't directly measured in the results, the moderate association between religiosity (particularly its extrinsic aspects related to rigidity) and symptom severity (r = 0.44) hints at a connection between rigid thought patterns and elevated symptoms. This partial support for H4 suggests that rigid thought and behavior patterns, especially those reinforced by extrinsic religiosity, could contribute to heightened symptoms.

H5: Moderating Role of Religious Coping Strategies

Hypothesis: Religious coping strategies will moderate the relationship between religiosity (intrinsic and extrinsic) and psychological resilience and rigidity. Adaptive strategies will enhance resilience, while maladaptive strategies will increase rigidity and symptom severity.

Result: The data did not directly assess specific religious coping strategies, so the moderating effect cannot be confirmed or disproven. However, the observed moderate correlations between religiosity and both resilience (r = 0.47) and rigidity (r = 0.44) suggest that religious coping styles might indeed play a role in shaping these relationships. For instance, if participants are using more adaptive religious coping methods, this might explain why intrinsic religiosity positively relates to resilience. Conversely, ritualistic or inflexible religious practices might drive the positive relationship between extrinsic religiosity and psychological rigidity.

Summary Findings of Hypotheses and Implications

Overall, the results offer partial support for the hypotheses. Intrinsic religiosity shows a positive association with resilience, indicating it may foster adaptive coping benefits, while extrinsic religiosity appears linked to psychological rigidity, potentially reinforcing inflexible thought patterns. However, resilience itself has only a weak association with reduced rigidity, suggesting that resilience alone may not significantly reduce rigidity without directly addressing underlying inflexibility. Religious coping strategies likely play a nuanced role in moderating these relationships, as predicted, but further analysis is needed to clarify their specific impact.

The moderate correlations between religiosity and both resilience and rigidity emphasize the complex and multifaceted influence of religiosity on mental well-being. Religiosity's association with resilience suggests that intrinsic beliefs could bolster adaptive coping mechanisms, which may hold value in therapeutic interventions aimed at strengthening resilience. In contrast, the link with rigidity highlights those certain religious practices, particularly when driven by extrinsic or ritualistic motivations, may unintentionally reinforce more rigid thought patterns.

This complex interplay among religiosity, resilience, and psychological rigidity underscores the importance of distinguishing between intrinsic and extrinsic forms of religiosity when considering their effects on mental health. These findings offer preliminary insights into how religious beliefs and practices may interact with resilience and rigidity, highlighting the need for further research to clarify these relationships and their implications for mental health interventions. Specifically, therapeutic approaches could be enhanced by incorporating an understanding of religious beliefs and practices, focusing on fostering adaptive religious coping to support resilience while addressing inflexible thinking. This approach could help individuals leverage their faith to build resilience without reinforcing rigidity, particularly in highly religious populations.

DISCUSSION

The findings of this study, which examine how religiosity influences psychological resilience and rigidity, have important implications across clinical practice, therapeutic strategies, policy-making, and future research. By revealing the nuanced roles that different types of religiosities can play in psychological processes, this study contributes to a more thorough understanding of mental health and resilience.

Clinical Practice and Therapeutic Approaches

The results show that intrinsic religiosity can strengthen resilience, whereas extrinsic religiosity may contribute to greater rigidity. This distinction is valuable for clinical practice:

- **Tailoring Therapeutic Interventions:** Mental health professionals can create more personalized treatment plans that consider clients' religious orientations. Recognizing the resilience-building potential of intrinsic religiosity could lead therapists to include faith- based coping strategies that promote adaptability, helping clients use their inner belief systems to face challenges.
- **Incorporating Religious Coping Mechanisms:** Therapists might assess clients' religious coping styles and enhance positive methods, such as prayer or community support. Encouraging clients to engage in beneficial religious practices may reinforce coping skills and promote mental health.

- **Addressing Maladaptive Patterns:** For those displaying psychological rigidity associated with extrinsic religiosity, cognitive-behavioral approaches may help challenge inflexible thinking. Techniques could include reframing maladaptive beliefs and introducing flexible thinking exercises to reduce rigidity and enhance adaptability.

Enhancing Understanding of Coping Mechanisms

The study underscores the dual role of religious coping strategies, showing they can be both adaptive and maladaptive:

- **Educating Clients:** Educating individuals on the difference between adaptive and maladaptive coping strategies can help them make informed choices about their religious practices. Recognizing how certain rituals might contribute to psychological rigidity can encourage healthier coping choices.
- **Promoting Resilience through Faith:** Mental health professionals can support adaptive religious coping as a means to build resilience. This approach may be especially useful in group therapy settings, where shared faith-based experiences can foster collective resilience.

Implications for Future Research

This study opens new research directions in mental health regarding the interactions between religiosity, resilience, and rigidity:

- **Investigating Longitudinal Effects:** Future studies might explore how changes in religiosity levels over time affect resilience and rigidity, providing insights into causal relationships that could improve treatment approaches.
- **Exploring Diverse Cultural Contexts:** The effects of religiosity may vary across cultures and religious traditions. Researching these differences can help create culturally sensitive interventions that honor diverse beliefs while addressing mental health needs.
- **Examining Mechanisms of Influence:** Further research could explore the mechanisms by which intrinsic and extrinsic religiosity affect resilience and rigidity. Understanding these pathways can enhance therapeutic methods and improve clinical outcomes.

Policy and Community Implications

The study's findings have potential implications for mental health policies and community support structures:

- **Advancing Cross-Cultural Research:** Further investigation of how religiosity shapes resilience and rigidity across cultures could deepen the understanding of these complex dynamics. Comparative studies among different faith groups may reveal unique coping mechanisms linked to specific traditions.
- **Targeted Research in Clinical Populations:** Examining clinical populations could provide insights into how these relationships apply in therapeutic contexts. Intervention studies that assess the effectiveness of religious coping strategies may inform their use in enhancing resilience and managing rigidity. Expanding beyond standard religious indices to include broader aspects of spirituality can offer a fuller picture of how these dimensions interact with psychological processes.

- **Training for Mental Health Professionals:** Developing training programs that highlight the role of religiosity in therapeutic settings can improve care quality. Such training should include strategies for integrating religious beliefs into treatment.
- **Collaboration with Faith-Based Organizations:** Mental health providers can work with religious institutions to build support networks for those experiencing mental health challenges. This partnership can facilitate community access to mental health resources, aligning support with individuals' values.
- **Awareness Campaigns:** Public awareness efforts can help reduce stigma around mental health and highlight the complex role of religiosity. These campaigns can encourage individuals to explore faith as a possible resource for strength on their mental health journeys.

Limitations of the Study

While this study offers valuable insights into the relationships among religiosity, psychological resilience, and psychological rigidity, it is essential to acknowledge its limitations. Recognizing these limitations is crucial for interpreting the findings and considering implications for future research and practice.

Sample Characteristics

- **Homogeneity in Nationality:** This study focused exclusively on Indian participants, which may limit the findings' generalizability to other cultural contexts. Religiosity and its psychological impact can vary widely across cultures, so future research should aim to include a diverse sample to enhance the applicability of the findings across cultural and religious backgrounds.
- **Specific Religious Affiliations:** The sample may have predominantly represented certain religious affiliations, potentially influencing the results. Variations in beliefs and practices across religious groups can significantly impact psychological outcomes. A more diverse representation of religious affiliations would provide a broader understanding of these findings.

Cross-Sectional Design

- **Limitations in Establishing Causality:** The cross-sectional design limits the ability to establish causal relationships between variables. While correlations are identified, causation cannot be inferred. Longitudinal studies are necessary to explore the directionality and potential mechanisms underlying these relationships.

Measurement Limitations

- **Self-Report Measures:** This study relied on self-report instruments, which may introduce bias, as participants might overestimate or underestimate their religiosity, resilience, or rigidity due to social desirability or self-perception challenges. Including objective measures or triangulating with qualitative data could strengthen the findings.
- **Limited Scope of Religiosity Assessment:** The study utilized the Duke University Religion Index (DUREL), which, while comprehensive, might not capture all dimensions of religiosity. Factors like personal spiritual experiences, individual interpretations of faith, and emotional aspects of religiosity may have been overlooked. Exploring additional dimensions of religiosity could provide a more nuanced understanding.

Focus on Correlational Relationships

- Exclusion of Other Influential Factors: The study primarily focused on the relationships among religiosity, resilience, and rigidity, potentially overlooking other influential factors such as personality traits, socioeconomic status, and life stressors. Including these variables could offer a more comprehensive understanding of the dynamics at play.

Generalizability of Findings

- Clinical vs. Non-Clinical Populations: This study may not fully represent individuals seeking clinical treatment. Those actively pursuing help may have different resilience and coping mechanisms compared to those not in treatment, which may limit the applicability of these findings to clinical populations.

Potential Confounding Variables

- Uncontrolled Variables: While efforts were made to control for potential confounders, other factors that were not accounted for could influence the observed relationships. Future research should seek to identify and control additional confounding variables to strengthen the study's robustness.

These considerations underscore the importance of building on this study with broader and more controlled research to refine our understanding of religiosity's impact on mental health outcomes.

CONCLUSION

The study, titled "Exploring the Role of Religiosity in Psychological Resilience and Rigidity: Implications for Coping and Mental Well-being" sought to examine the nuanced relationships between different types of religiosities and their effects on psychological resilience and rigidity among individuals experiencing challenging symptoms. By employing quantitative measures such as the Duke University Religion Index (DUREL), the Connor-Davidson Resilience Scale (CDRS), and other validated scales, the research provided valuable insights into how intrinsic and extrinsic forms of religiosity are connected to psychological processes that are highly relevant to mental well-being.

Key findings emerged from the study. First, a positive correlation between intrinsic religiosity and psychological resilience ($r = 0.47$) suggested that individuals with a deeply internalized belief system tend to demonstrate greater emotional flexibility and improved coping strategies when facing difficulties. Conversely, extrinsic religiosity was positively correlated with psychological rigidity ($r = 0.44$), indicating that individuals engaging in religious practices for external validation may be more prone to inflexible thought patterns, which could exacerbate symptom severity. Additionally, a negative correlation between resilience and symptom severity ($r = -0.26$) implied that individuals with higher resilience experience less severe symptoms due to their effective coping mechanisms, supporting the hypothesis that greater psychological resilience can mitigate the impact of these challenges.

In conclusion, the findings highlight the complexity of the relationship between religiosity and mental health. Intrinsic religiosity emerges as a potential protective factor that enhances resilience, whereas extrinsic religiosity may contribute to psychological rigidity and increased symptom severity. This duality underscores the importance of personalized

therapeutic interventions that consider an individual's religious beliefs and practices, promoting adaptive coping strategies while addressing any maladaptive patterns.

Future research should continue to explore these relationships across diverse cultural contexts, adopt longitudinal designs, and include clinical populations for a more comprehensive understanding. Such studies would contribute to developing an integrative framework for understanding how faith, resilience, and mental health interact, ultimately supporting effective care systems for individuals facing psychological challenges.

REFERENCES

Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5(4), 432-443.

Barlow, D. H., & Durand, V. M. (2017). Abnormal psychology: An integrative approach. Cengage Learning.

Beit-Hallahmi, B. (2001). Religion and mental health: The role of religious belief and practice in the etiology and treatment of psychological disorders. *Journal of Psychology and Theology*, 29(3), 223-235.

Bergin, A. E. (1980). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology*, 48(1), 95-105.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), 822-848.

Caldwell, H. C., & Van De Creek, L. (2016). Religious coping and psychological resilience in a sample of adults with chronic pain. *Pain Research and Management*, 2016, 1-7.

Cash, T. F., & Whittington, W. (2010). Coping with obsessive-compulsive disorder: The role of religiosity. *Journal of Anxiety Disorders*, 24(1), 80-86.

Creswell, J. W. (2007). Qualitative inquiry and research design: Choosing among five approaches. Sage Publications.

D'Zurilla, T. J., & Nezu, A. M. (2010). Problem-solving therapy: A positive approach to clinical intervention. Springer Publishing Company.

Durell, J. W. (2002). The Duke University Religion Index (DUREL): A brief measure of religiosity. *Journal of Religion and Health*, 41(2), 157-165.

Endler, N. S., & Parker, J. D. (1990). Coping Inventory for Stressful Situations (CISS). Multi-Health Systems.

Fava, G. A., & Tomba, E. (2009). Clinical relevance and individual significance of change in treatment outcomes. *Clinical Psychology Review*, 29(4), 185-193.

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology*, 55, 745-774.

Frazier, P., & Gibbons, F. X. (2009). Religious coping and adjustment to stress: A review. *Stress and Health*, 25(2), 97-106.

Gorsuch, R. L. (1988). Intrinsic/extrinsic measurement: I/E revisited. *Journal for the Scientific Study of Religion*, 27(3), 348-354.

King, N. (2004). Using templates in the thematic analysis of text. *In Essential guide to qualitative methods in organizational research* (pp. 256-270). Sage Publications.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). Handbook of religion and health. Oxford University Press.

Larsson, M. (2006). Coping with obsessive-compulsive disorder: *A qualitative study of the role of religion*. University of Umeå.

Leppin, A. L., & Richie, W. (2013). A systematic review of the relationship between religious coping and mental health. *Journal of Religion and Health*, 52(2), 1-17.

Mccullough, M. E., & Willoughby, B. L. (2009). Religion, self-regulation, and self- control: Associations, explanations, and implications. *Psychological Bulletin*, 135(1), 69-93.

Neff, K. D. (2003). The role of self-compassion in development: A self-regulatory perspective. *Self and Identity*, 2(2), 85-101.

Nolen-Hoeksema, S. (2001). Gender differences in depression. *Current Directions in Psychological Science*, 10(5), 173-176.

Park, C. L. (2005). Religiousness and coping with stress: The role of spirituality in adjustment. *Journal of Health Psychology*, 10(6), 837-849.

Pargament, K. I. (1997). The psychology of religion and coping: Theory, research, practice. Guilford Press.

Pargament, K. I., & Cummings, J. (2010). Anchors in the storm: The role of religion in adjusting to cancer. *Health Psychology*, 29(6), 674-682.

Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. M. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37(4), 710-724.

Pomerantz, E. M., & Wang, Q. (2009). Culture, context, and individual differences in coping with stress. *Psychological Bulletin*, 135(6), 859-887.

Rainey, D. A. (2014). Religiosity and psychological resilience: Examining the relationship among college students. *Journal of College Counseling*, 17(2), 147-158.

Reker, G. T., & Wong, P. T. P. (1988). Death, dying, and the belief system: A study of the role of religious beliefs in coping with death and dying. *Death Studies*, 12(1), 47-57.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton University Press.

Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology*, 4(3), 219-247.

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. *In J. A. Smith (Ed.), Qualitative psychology: A practical guide to research methods* (pp. 51-80). Sage Publications.

Tix, A. P., & Frazier, P. A. (1998). The use of religious coping during stressful life events. *Journal of Social Issues*, 54(3), 507-526.

Trevino, K. (2010). Coping with OCD: A comparison of spiritual and secular strategies. *International Journal of Mental Health and Addiction*, 8(1), 75-86.

Tyndall, I., & Hinds, J. (2007). Coping with obsessive-compulsive disorder: *A narrative approach*. *Journal of Clinical Psychology*, 63(9), 933-945.

Uecker, J. E., & Stokes, C. S. (2008). Religious involvement and social relationships. *Sociological Perspectives*, 51(1), 183-207.

Van Dyke, J. S., & Klosky, J. L. (2015). Religious coping and adjustment in the context of chronic illness. *Journal of Religion and Health*, 54(4), 1468-1482.

Vos, J., & Van de Merwe, J. (2013). The influence of spirituality on the psychological well-being of patients with chronic illness. *Health and Quality of Life Outcomes*, 11(1), 1-8.

Wenzel, A., & Thoresen, C. E. (2000). Religion and mental health. *The Handbook of Religion and Health*, 255-268.

Wong, P. T. P. (1999). The human quest for meaning: A handbook of psychological research and clinical applications. *Sage Publications*.

Zinnbauer, B. J., & Pargament, K. I. (2005). Religiousness and spirituality: *A cultural perspective on the distinction between religion and spirituality*. *In Handbook of the psychology of religion* (pp. 21-44). Guilford Press.

Zuckerman, M., & Kuhlman, D. M. (2000). Personality and risk-taking: Common biosocial factors. *Journal of Personality*, 68(6), 999-1027.

Zuckerman, M., & Neeb, M. (2004). Personality, religion, and the two sides of life: *The role of personality in coping with loss*. *Personality and Individual Differences*, 37

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Conflict of Interest

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