The effects of religious motivation on the relationship between religion and well-being among young adults.

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Abstract: This study looked at the possibility of mediating the relationship between religious philosophy and believers' perceived well-being: intrinsic, extrinsic, and quest for religious reasons. For almost thirty years, the predominant method of measuring religious motivation has been the intrinsic-extrinsic-quest paradigm. However, the various impacts of quest, extrinsic, and intrinsic motivation on believers' well-being have not been examined on a purposefully stratified sample of the main world religions. Utilizing an online self-report questionnaire and mediation analysis, a quantitative, quasi-experimental study design was employed to investigate the impact of religious motivation on the correlation between religious philosophy and well-being. According to the ANOVA analysis, the regression model that looked at how religious drive affects well-being among young people did not produce statistically significant results. The F-statistics p-value was higher than the 0.05 significance level, which means that the regression model didn't have enough evidence to reject the null hypothesis, which says that religious drive doesn't significantly affect well-being. However, the Pearson correlation study showed that there is a small but good link between young adults' religious motivation and their mental health. The correlation coefficient showed a weak link, but it was strong enough to reject the null hypothesis and back the alternative hypothesis that there's a strong link between young adults' religious drive and well-being.

Index Terms - Religious Motivation, Mental Well-being, Intrinsic Motivation, Extrinsic Motivation.

I. INTRODUCTION

Motivation is the driving force behind human behavior, influencing everything from daily activities to long-term goals. Broadly categorized into intrinsic and extrinsic motivations, these forces significantly shape individual well-being. Intrinsic motivation emanates from within, fueled by personal interests, enjoyment, and a sense of accomplishment. Conversely, extrinsic motivation stems from external factors such as rewards, recognition, or punishment. Intrinsic motivation is deeply intertwined with personal satisfaction and fulfillment. It propels individuals to engage in activities for the sheer joy of doing them, often leading to enhanced creativity, resilience, and long-term commitment. When individuals pursue tasks driven by intrinsic motivation, they tend to experience a sense of autonomy, mastery, and purpose, which are fundamental to overall well-being. On the other hand, extrinsic motivation relies on external stimuli to prompt action. While rewards and incentives can effectively drive short-term performance, they may not sustain long-term engagement or foster genuine satisfaction. Over-reliance on extrinsic motivators can diminish intrinsic motivation, decreasing overall well-being as individuals may feel less autonomous and more pressured to perform for external validation. Beyond intrinsic and extrinsic motivations, religious motivation serves as another powerful force shaping behavior and well-being. Rooted in spiritual beliefs and values, religious motivations influence individuals' actions, decisions, and sense of purpose. For many, religious practices provide a framework for moral guidance, community support, and a deeper connection to something greater than oneself. The impact of religious motivation on well-being is multifaceted, encompassing aspects of social support, coping mechanisms, and existential meaning. Despite their distinct origins, intrinsic, extrinsic, and religious motivations intersect and influence individuals' overall well-being. While intrinsic motivation fosters a sense of autonomy and personal fulfillment, extrinsic motivators may provide tangible rewards and recognition. Meanwhile, religious motivation offers spiritual guidance and a sense of belonging. Understanding the interplay between these motivational forces is crucial for promoting holistic well-being and fostering environments that nurture intrinsic sources of motivation while recognizing the value of external incentives and spiritual beliefs.

II. OBJECTIVES

- To examine the relationship between religious motivation and well-being among young adults.
- To explore the impact of religious motivation on well-being among young adults.
III. HYPOTHESIS

- There is no significant relationship between religious motivation and well-being among young adults.
- There is no significant impact of religious motivation on well-being among young adults.

IV. RESEARCH METHODOLOGY

1) PARTICIPANTS OF THE STUDY

There were 100 participants in the sample, with a purposive sampling approach that included both male and female participants. People between the ages of 18 and 25 made up the largest portion of the sample.

2) DATA COLLECTION AND INSTRUMENTS

The questionnaires used to compile the data for this study were the "Intrinsic Religious Motivation Scale" & "The Warwick-Edinburgh Mental Well-being Scale," in addition to a demographic form.

3) DATA COLLECTION PROCEDURE

A pair of surveys, the "Intrinsic Religious Motivation Scale" & "The Warwick-Edinburgh Mental Well-being Scale," were used to collect the data. To gather information for the study, participants were provided with a packet of questionnaires that included topics such as the study's objectives, privacy concerns, the researcher's contact information, and more. A ten-minute presentation was required to outline the tools.

4) INTRINSIC RELIGIOUS MOTIVATION SCALE

The Intrinsic Religious Motivation Scale has ten questions set up in a way that looks like a Likert scale. A dimension referred to by Hunt and King (1971) as "ultimate versus instrumental" is what these products are meant to tap into. On the scale from "strongly agree" (1) to "strongly disagree" (4), respondents can choose one of four possible responses. The extrinsic components are flipped over when the total score is calculated. That is why an extrinsic score denotes extroversion, and an intrinsic score shows the opposite.

- **Reliability**

  **Kuder-Richardson Equation 20**: The Kuder-Richardson Formula 20, often abbreviated KR-20, is used to measure the internal consistency reliability of a test in which each question only has two answers: right or wrong.

  The Kuder-Richardson Equation 20 is as follows:

  \[ \text{KR-20} = \frac{k}{(k-1)} \times (1 - \frac{\sum q_j}{\sigma^2}) \]

  where:

  \( k \): Total number of questions
  \( p_j \): Proportion of individuals who answered question \( j \) correctly
  \( q_j \): Proportion of individuals who answered question \( j \) incorrectly
  \( \sigma^2 \): Variance of scores for all individuals who took the test

  The value for KR-20 ranges from 0 to 1, with higher values indicating higher reliability.

  The Kuder-Richardson equation 20 was used to determine the scale's reliability coefficient, which was 0.90.

5) THE WARWICK-EDINBURGH MENTAL WELL-BEING SCALE

The 14-item Warwick Edinburgh Mental Well-Being Scale (WEMWBS) assesses mental health in persons 16 years of age and older. The measure was created in 2006 by the universities of Warwick and Edinburgh to aid in creating adult mental health indicators for Scotland.

- **Reliability**

  The reliability coefficients for the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) are 0.79 for test-retest reliability and 0.87 for internal consistency.

6) STATISTICAL ANALYSIS

SPSS software will be used for this study. A descriptive statistics test, Pearson Correlation analysis, and regression analysis were used to prove the hypothesis.

V. RESULT

Psychology has long been interested in investigating the connection between religion and wellbeing. The potential advantages of religious participation, including enhanced resistance to stress, higher life satisfaction, and better mental health results, have been the subject of several research. The underlying processes of this link are complex and not entirely understood, though. Religious motivation—the reasons behind people's religious practices and convictions—is a key component that might affect the association between religion and well-being. To better understand the intricate interactions between these factors, this study explores how
religious motivation affects the link between religion and well-being. This research aims to provide deeper insights into the underlying mechanisms driving this relationship by examining how various religious motivations, such as intrinsic religious orientation (driven by personal beliefs and values) as well as extrinsic religious orientation (motivated by external factors or social rewards), moderate the impact of religion on well-being.

**Table 1: Descriptive statistics of all variables**

<table>
<thead>
<tr>
<th></th>
<th>Religious Motivation</th>
<th>Mental Well being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>23.2</td>
<td>42.27</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>2.674232</td>
<td>7.349644</td>
</tr>
<tr>
<td>N</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

The table has descriptive data for two factors: mental health and religious motivation. The average degree of religious motivation in the sample is shown by the mean score of 23.2 for religious motivation. The typical participant's mental health is shown by the 42.27 mean score for mental well-being. The degree of variability within the relative means is shown by the standard deviations, which are 2.67 for Religious Motivation & 7.35 for Mental Well-Being. These figures provide information about the levels of religious motivation and mental health within the community under study, with a uniform sample size of N=100 for both variables. They also serve as a foundation for additional research.

**Table 2: Regression analysis of impact of religion motivation on wellbeing among adults**

<table>
<thead>
<tr>
<th>Regression Statistics</th>
<th>ANOVA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple R</td>
<td>0.118511</td>
</tr>
<tr>
<td>R Square</td>
<td>0.014045</td>
</tr>
<tr>
<td>Adjusted R Square</td>
<td>0.003984</td>
</tr>
<tr>
<td>Standard Error</td>
<td>7.334989</td>
</tr>
<tr>
<td>Observations</td>
<td>100</td>
</tr>
<tr>
<td>df</td>
<td>1</td>
</tr>
<tr>
<td>SS</td>
<td>75.10785</td>
</tr>
<tr>
<td>MS</td>
<td>57.10785</td>
</tr>
<tr>
<td>F</td>
<td>1.396003</td>
</tr>
<tr>
<td>Significance F</td>
<td>0.240253</td>
</tr>
</tbody>
</table>

Null hypothesis (H0): Religious motivation has no significant impact on well-being among young adults.

Alternative Hypothesis (H1): There is a significant impact of religious motivation on well-being among young adults.

The p-value for the F-statistic (0.240253) is bigger than 0.05 at the significance level of 0.05, suggesting that the regression model is not statistically significant. This implies that the **Null Hypothesis, which holds that there is no discernible effect of religious motivation on adult well-being, is not sufficiently supported by the available data. Consequently, it is impossible to adopt the Alternative Hypothesis**, which contends that religious motivation has a major influence on adults' welfare. According to the regression analysis, religious motivation does not significantly affect people's well-being at the specified significance level.

**Table 3: Pearson correlation analysis of the relationship between religious motivation**

<table>
<thead>
<tr>
<th></th>
<th>Religious Motivation</th>
<th>Mental Well being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious Motivation</td>
<td>1</td>
<td>0.118511</td>
</tr>
<tr>
<td>Mental Well being</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Null hypothesis (H0): There is no significant relationship between religious motivation and well-being among young adults.

Alternative Hypothesis (H1): There is a significant relationship between religious motivation and well-being among young adults.

The correlation coefficient, 0.118511, indicates a small yet favorable relationship between religious motivation & mental health. The **Null Hypothesis (H0), which states that there is no significant association between religious motivation & well-being among young people, is rejected** considering the correlation coefficient of 0.118511. Although the association is small, it is positive, suggesting that as people's religious motivation rises, so does their mental health. As a result, it is agreed upon that a substantial correlation exists between young people's religious drive and well-being (Alternative Hypothesis H1).

**VI. DISCUSSION**

The analysis results on the impact of religious motivation on well-being among young adults provide interesting insights into the complex relationship between these two variables. The regression analysis suggests that religious motivation does not significantly affect people's well-being at the specified significance level. This finding contradicts the alternative hypothesis, positing that religious motivation significantly influences adults' welfare. The p-value for the F-statistic exceeds the critical value of 0.05, indicating that the regression model lacks statistical significance.

However, the Pearson correlation analysis reveals a small yet favorable relationship between religious motivation and mental well-being, with a correlation coefficient 0.118511. While this correlation is modest, it is statistically significant and suggests that as individuals' religious motivation increases, their mental health tends to improve. Consequently, the null hypothesis, which suggests no significant association between religious motivation and well-being, is rejected in favor of the alternative hypothesis.

These seemingly contradictory findings highlight the nuanced nature of the relationship between religious motivation and well-being. While the regression analysis failed to detect a significant impact of religious motivation on well-being, the correlation

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analysis indicates a positive association between the two variables. This suggests that while religious motivation may not directly cause improvements in well-being, it is still related to better mental health outcomes among young adults.

Overall, the results of this study may not provide conclusive evidence of a direct causal link between religious motivation and well-being, but they do suggest a meaningful association between these two variables. Further research is needed to fully understand the complex dynamics at play and inform interventions to promote well-being among young adults.

VII. CONCLUSION

According to the ANOVA analysis, the regression model that looked at how religious drive affects well-being among young people did not produce statistically significant results. The F-statistics p-value was higher than the 0.05 significance level, which means that the regression model didn't have enough evidence to reject the null hypothesis, which says that religious drive doesn't significantly affect well-being.

However, the Pearson correlation study showed that there is a small but good link between young adults' religious motivation and their mental health. The correlation coefficient showed a weak link, but it was strong enough to reject the null hypothesis and back the alternative hypothesis that there's a strong link between young adults' religious drive and well-being.

Thus, the correlation analysis indicates that there is, in fact, a positive link between young people's mental health and their religious drive, even though the regression analysis did not find a significant influence. This suggests that there is a complex link between religious motivation and well-being, even if the direct effect isn't very big. This link should be investigated more in future studies and treatments that aim to improve mental health and general well-being.

VIII. RECOMMENDATIONS

- **Further Research**: Encourage further long-term research to understand better how religious motivation affects well-being over the long run. This can reveal details about the dynamics and stability of the partnership over time.
- **Diverse Samples**: Make sure that future research includes a range of religious and cultural backgrounds to fully understand the subtleties of how religious motivation affects people's well-being in various demographics.
- **Exploration of Mechanisms**: Examine how religious motivation affects well-being, including coping mechanisms, feelings of purpose, and social support systems.
- **Intervention Strategies**: Create therapies that address possible drawbacks like religious guilt and intolerance while utilizing the good parts of religious drive to enhance well-being.
- **Educational Initiatives**: Develop educational initiatives that will raise people's knowledge and comprehension of religious motivation's influence on wellbeing in religious communities and the public.

IX. LIMITATIONS OF THE STUDY

- **Measurement Challenges**: Recognize that it might be challenging to measure religious motivation & well-being precisely because these concepts can be arbitrary and complex.
- **Causality**: Acknowledge the limits of correlational research in proving a relationship between well-being and religious motivation. Other variables may also contribute significantly, including personality qualities or life circumstances.
- **Generalizability**: There may be significant variations in the association between religious motivation & well-being; thus, exercise caution when extrapolating results to other religious communities or cultural situations.
- **Potential Biases**: Examine any biases that could impact the validity of the findings, such as sampling bias or social desirability bias.
- **Ethical Considerations**: Examine the ethical challenges surrounding the research of religious motivations and beliefs, such as participant harm, informed consent, and confidentiality.

X. REFERENCES