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RITUALS AND SUBJECTIVE WELLBEING: A CORELATIONAL ANALYSIS

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Abstract
Health and wellbeing extends beyond traditional views of health. They have been extensively researched from clinical, psychological and educational perspectives. The study of these variables enables to better understanding of the factors that contribute to the overall health of individual and society. Wellbeing is understood to be a positive physical, social and mental state. Subjective well-being (SWB) is the scientific name for how people evaluate their lives. It is divided in terms of three primary components: life satisfaction (LS), positive affect (PA), and negative affect (NA). It is influenced by person's psychological, social, cultural, physical, spiritual environmental variables. Research has shown that variable like ritual and religion has a positive effect on health and wellbeing of the individual. The concept of ritual should be one which pertains to ritual as a phenomenon in itself. Ritual is described as an embodiment of a presupposed set of attitudinal stances, demarcated by social convention. In simple words they speak to people's core emotions and reveal values that a society holds dearest. Researchers in different areas have recently focused their attention to the relation between rituals and their possibilities for different health issues. These constructs are somewhat difficult to explain and measure. A great need of profound methodical examination regarding the connection of these variables to various health indicators on Indian population has been realized so that a better picture of their relationship may be drawn. The present study is a venture in the same course.

Keywords: Health, Rituals, Religion, Subjective Wellbeing.

INTRODUCTION

"Health" involves much more than simply absence of disease. It is a much broader construct than illness. It comes down to look at human health as the health of the whole individual rather than the well-being of parts. Traditional views of health have often defined wellbeing of individual as the absence of negative health conditions. Psychological perspectives typically describe wellbeing as the presence of positive health conditions and attributes (Fraillon, 2004). The term subjective well-being is often used to reflect the experience of frequent positive affect, which refers to both stable and trait-like feelings such as happiness, joy, excitement, enthusiasm and contentment (Pressman & Cohen, 2005); infrequent negative affect; self-esteem; mastery; life satisfaction and optimism. Positive affect is recognized as a protective factor against poor health, independent of negative affect (Fredrickson, 2001; Ostir, Markides, Peek, & Goodwin, 2001; Ostir, Berges, Markides, & Ottenbacher, 2006). Other aspects of well-being, including appraisals of life satisfaction and optimism, have also been shown to be related to health in populations (Koivumaa-Honkanen, Honkanen, Koskenvuo, Viinamaki, & Kaprio, 2002; Koivumaa-Honkanen et al., 2004). Research has shown that variable like rituals and religiosity has a positive effect on health and wellbeing of the individual. Ritual is the adaptation of belief, hope and spiritual dream. It assists imagination by giving form to what otherwise would remain formless, presenting vivid mental images which lend a reality-feeling to what is often abstract and incredible. It is picture philosophy, truth visualized, at once expressing and confirming the faiths and visions of the mind. Rituals are ceremonies of birth, death, marriage, initiation, healing, harvest, or religious observance are found in all known cultures, and appear to have been performed for thousands of years. They speak to people's core emotions and reveal values that a society holds dearest. Because their expression is conventional and obligatory, they join the individual in solidarity with the group. Rituals bear an obvious relationship to norms and can even be conceived of as forms of norms. Anthony Wallace (1966) argues that ritual is the primary aspect of religion and, indeed, that ritual is religion in action. They are found in every human society and area primary means of social communication and organization. Rituals help to make a smooth transition through the human intraction. A religious ceremony can be defined as an agreed on and prescribed blueprint of ceremonial actions and spoken appearances carried out in a

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consecrated context. They clearly help in understanding the psychological aspect of the human mind and behaviour.

The reality of the importance of religious services has been recognized in theological works and in anthropological studies but there has been no equivalent attention is paid on the part of social scientists who study current beliefs in the developed societies. Those of us who attempt to ground our scientific analyses on the enacted life world, should take ritual sincerely and continue to offer a theoretical entrance into its connotation. These formal procedures like religious belief and practices can be a powerful source for affecting the health aspects of individual. Such religious and spiritual practices may help people to deal better with negative life events and their attendant stress (Schafer & King, 1990). In recent years there has been a significant shift from an emphasis on physical aspects of lifestyle to broader aspect of life that include individual's all kind of behavior. Whittington and Scher (2009) observed that prayers (adoration, thanksgiving, reception) have consistently positive relations with well-being. The prayer types having positive effects appear to be less ego-focused, and more focused on God. These results highlight the role of psychological meaning as a part of the process whereby prayer impacts well-being. Joshanloo (2010) concluded that religiousness and all aspects of hedonic and eudemonic well-being were positively correlated with all aspects of spirituality and religiousness. Recent researches advocate the strong associations of religious aspect of behaviour and wellbeing (Bussing & Koenig, 2010; Wildes, Miller, Majors & Ramirez, 2009). Observing various techniques of managing psycho-physical health and well-being, researchers have concluded that psycho-spiritual methods and practices like formal procedures play a significant responsibility in handling individual health and happiness of modern society (Nelson, Jacobson, Weinberger, Bhaskaran, Rosenfeld, Breitbart & Roth , 2009). With the above background, further exploration about the relationship of above said variables is needed. The present study is in the same direction.

OBJECTIVE

The primary aim of the present study was to examine the relationship between ritual and subjective wellbeing of adult participants across their religion.

THE HYPOTHESES

There would be significant positive relationship between ritual and subjective wellbeing of adult participants irrespective of their religion.

SAMPLE

The study was conducted on a sample of 400 educated adults of four major religions of India (Hinduism, Islam, Sikhism, and Christianity) from National Capital Regions. Hundred subjects from each religion were selected for the study. They were selected on the basis of non-random purposive sampling procedure. The age range of the selected sample was 40 to 60 years with a mean age of 49.6 years. All the selected subjects were literate and able to understand (read and write) either both the languages (Hindi, English) and one of them. All the subjects belonged to almost same class i.e. middle socio-economic status. All the selected subjects were from urban area and married.

DESIGN

The main aim of the present study is to investigate rituals as correlates of subjective wellbeing. For this purpose, a correlational design was used. A correlational research can, however establish whether two variables tend to be related to each other or not.

MEASURING TOOLS

On the basis of objectives, following measures of ritual and subjective wellbeing were selected for the study. Taking into account of all considerations related to the present study, only standardized and psychometrically sound tools were selected. The sequence and order of measures was controlled independently and randomized with each subject.

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The participants were assessed with following tools

1. Personal Data Blank Sheet
2. Ritual Checklist (Investigator)
3. Subjective Wellbeing Inventory (SUBI – Sell & Nagpal, 1992).

Description of the Tools

A brief description of tests used in the study is as under:

1. Personal Data Blank Sheet

The purpose of this personal data sheet was to collect personal and background information of the respondents. The sheet consists of information regarding the subjects' name, age, annual income, gender, religion, educational qualifications, employment status, marital status and background (urban, rural metro).

2. Ritual Checklist

To measure rituals of the subjects, ritual checklist was prepared with the help of information gathered through conversational and informative interviews from Gurus, Priests, Pujaris, Molvis, social scientists and common people of particular religions. On the bases of information gathered through this procedure ritual checklist was prepared and finalized after taking opinions from the subject experts and pilot work for tryout. It consists of two parts. In first part (Ritual Agreement), there are five questions with five alternatives each. Subjects were asked to tick (√) one alternative out of the five which represents them the best. In the second part (Ritual Enlistment), a list of common rituals regarding all concerned religions is provided with the subjects and they were to tick (√) against the rituals they follow in day to day living. They can even add the items into the list.

3. Subjective Wellbeing Inventory

To measure the health of the subjects, subjective wellbeing Inventory (SUBI – Sell & Nagpal, 1992) was used. This is a very comprehensive and robust instrument or assessing positive indicators of health, including perception of wellbeing, happiness, life satisfaction, positive affect and feeling about social life. The SUBI has been standardized on adult Indian population, and has been used previously in researches by other researchers (Nandal & Joshi, 2011; Nandal, Sharma & Yadava, 2014). Developed by 'stepwise ethnographic exploration' process, this inventory initially consisted of 130 items that were supposed to be measuring various areas of concern possibly related to or parts of well and ill-being. This item pool was subjected to statistical treatment and factor analysis. The result was a 40 item version that assesses the subjective wellbeing of the subjects on 11 factorial dimensions. A description of these 11 factors is given below:

(F1) General Wellbeing - positive affect [GWB-PA]

This factor refers to feeling of wellbeing deriving out of an overall perception of life which a respondent evaluates as functioning smoothly and joyfully.

(F2) Expectation- achievement congruence [EAC]

This factor refers to feeling of wellbeing produced when one feels that he/she has achieved success and the standard of living as he/she expected.

(F3)Confidence in Coping [CC]

This factor refers to one's perceived personality strength. It reflects one's ability to master critical or unexpected situation and his/her ability to adapt to life changes and to face difficulties and adversities without breakdown.

(F4) Transcendence [Trans]

This factor refers to feeling of wellbeing derived out of values of a higher spiritual quality and one's particular life experiences which go beyond ordinary day to day existence.

(F5)Family Group Support [FGS]

This factor refers to feeling of wellbeing derived from the perception of the wider family when the respondent finds it as cohesive, supportive, helpful in illnesses and emotionally attached.

(F6) Social Support [SS]

This factor measures feelings of security and density of social network.

(F7) Primary Group Concern [PGC]
This factor measures positive and negative feelings about primary family.
(F8) Inadequate Mental Mastery [IMM]
This factor assesses subject's sense of insufficient control over or inability to deal efficiently with some day to day aspect of life. If not handled properly, these aspects might disturb the mental balance. This adequate mastery disturbs or reduces wellbeing.
(F9) Perceived Ill Health [PIH]
The items on this factor refer to complaints regarding health and physical fitness.
(F10) Deficiency in Social Contacts [DSC]
This factor assesses whether a respondent experiences lack of or deficiency in social relations and contact through worries about being disliked and feelings of missing friends.
(F11) General Wellbeing - Negative Affect [GWB-NA]
This factor measures whether a subject possesses depressed outlook of life.

PROCEDURE

For data collection, all the participants were individually contacted on their respective places. A cordial rapport was established with all the participants by talking with them generally about their life. After establishment of healthy rapport, they were provided with the scales and response sheets in mixed order. They were well provided with all needed information regarding filling the response sheets. They were asked to read the instructions carefully and requested to attempt all the items. They start responding by giving general information about them on personal data blank sheet. Then they moved to other measuring tools. Sufficient time was given to the participants for each tool to read and fill. After completion of the measuring tools, response sheets were taken back from the participants and they were thanked for their valuable time and cooperation.

RESULTS AND DISCUSSION

The primary aim of the present study is to find out rituals as correlate of subjective wellbeing on a sample of 400 adults. The correlations among components of subjective wellbeing and rituals are observed with the help of Pearson Correlation Analysis followed by multiple regression analysis with the help of SPSS 16.0 version. It is relevant to add that subjective wellbeing has eleven (general wellbeing-positive affect, expectation-achievement congruence, confidence in coping, transcendence, family group support, social support, primary group concern, inadequate mental mastery, perceived ill-health, deficiency in social contacts, general well being-negative affect) factors.

1. **Rituals (agreement) and Subjective Wellbeing**

Table-1,Coefficient of correlation between Rituals (agreement) and Subjective Wellbeing of adult participants across religion

Groups	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11
Total N=400	**.095***	**.117***	**.141****	**.172****	**.157****	**.119****	**.138****	-.036	**-0.93***	-.049	-031
Hindu n=100	.102	**.174***	.109	**.302****	.137	**.286****	-.055	-.088	**-.270****	-.086	-.132
Muslim n=100	-.070	.128	-.004	.131	-.019	.080	-.048	-.028	-.037	.049	.000
Sikh n=100	**.221***	**.206***	.138	**.173***	**.284****	.108	.120	-.077	-.106	-.138	.025
Christian n=100	-.037	.051	.138	.083	.119	.015	**.211***	.091	-.038	-.125	.019

*p<.05, **p< .01 (one tailed)

Table 1 is showing the coefficient of correlations between ritual (agreement) and subjective wellbeing. While considering the total group, it was found that the relationship of rituals (agreement) and subjective wellbeing is

found positive and significant on general wellbeing-positive affect, expectation-achievement congruence, confidence in coping, transcendence, family group support, social support, primary group concern and perceived ill-health. Regarding religion groups Hindu are significantly and positively correlated on Expectation Achievement Congruence, transcendence and Social Support and significantly negatively correlate on Perceived Ill Health. Muslim participants show no significant associations on any of the Subjective well being factors. The other religious group (Sikh) seems to be significantly and positively correlate on General wellbeing- negative affect, Expectation Achievement Congruence, transcendence, and Family Group Support. Christian participants only significantly and positively correlate on Primary Group Concern out of eleven factors of subjective wellbeing. The review highlights the fact that different components of subjective well being are significantly associated with the agreement of rituals.

2. Rituals (enlistment) and Subjective Wellbeing

Table - 2, Coefficient of correlation between Rituals (enlistment) and Subjective Wellbeing of adult participants across their Religion

Groups	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11
Total N=400	**.140****	**.171****	**.089***	**.212****	.064	**.130****	**.183****	-.049	.013	**.131****	**.094***
Hindu n=100	-.024	.117	.038	**.192***	.125	.138	.010	-.014	**-.245****	.062	-.130
Muslim n=100	-.084	**-.196***	**-.176***	**.173***	-.082	-.033	.140	-.144	-.028	-.084	.075
Sikh n=100	.006	.039	-.017	.130	.137	.144	.078	-.062	.066	.014	**.170***
Christian n=100	**.231***	**.290****	.157	**.174***	.031	-.061	-.049	**.230***	**.254****	.148	**.181***

*p<.05, **p< .01 (one tailed)

The analysis of Table 2 explains that participants significantly and positively correlate on different factors of wellbeing (General wellbeing- positive affect, Expectation Achievement Congruence, confidence in coping, transcendence, social support, primary group concern and Deficiency in Social Contacts). Regarding religion groups, Hindu significantly and positively correlate on transcendence and negatively and significantly correlate on Perceived Ill Health. Muslim participants negatively and significantly correlate on Expectation Achievement Congruence and Confidence in coping out of eleven factors of subjective well being. They are found significantly and positively correlated on transcendence. The other religious group (Sikh) seems to be significantly and positively correlate on only one factor (General Wellbeing - Negative Affect). Christian participants significantly and positively correlate on General wellbeing- positive affect, Expectation Achievement Congruence, transcendence, Inadequate Mental Mastery, perceived ill health and General Wellbeing - Negative Affect.

It is evident from the Table 1 and Table 2 that formulated hypothesis that there would be significant positive relationship between rituals and subjective wellbeing of the adult participants irrespective of their religion is partially accepted. It can be concluded, from the overall results of the relationship of rituals and subjective wellbeing, that rituals play an important role in participants' life. This relationship is also supported by early research endeavors (Ellison Christopher, 1991; Witter, Stock, Okun & Haring, 1985). Growing recent literature also support that greater involvement in religious activity is associated with better health and enhanced feelings of subjective well-being across the life course (Koenig, McCullough & Larson, 2001). It is also believed that the literature on race, religion, and well-being is "limited," and that a number of facets of religion have yet to be explored fully (Mattis & Jagers, 2001). Finding of the present study is supported by the recent research efforts also (Hebert, Dang, & Schulz, 2007; Tloczynski & Fritzsch, 2002). The power of these formal practices has been

long acknowledged; and the role of praying for oneself and others, and the possible positive effects that surround mental health and wellbeing are well explored and debated within the media also (Tessman & Tessman, 2000). The nature and pattern of relationship of certain religious aspects like religious beliefs, religious practices, and spirituality with subjective well being is explored recently in India by Sreekumar (2008). He reveals that rituals have significant positive correlations with subjective well being. Path analysis yielded a path model and also gave the estimates of the direct, indirect, and total effects of religious beliefs, practices, and spirituality on subjective well being. Suhail & Chaudhry (2004) observed this relationship in Muslim culture. Rituals seem to be positively and significantly correlated with life satisfaction, different aspects of holistic health and different factors of subjective wellbeing (Nandal & Sharma, 2011).

The bulk of the studies concerning the relationship between religious life and subjective well-being agree that religion is positively related to well-being. Many of the studies have accredited most of this positive relationship to the internal and external influences that comes with the religious community. I found evidence that a large part of the positive relationship between religious life and subjective well-being can be explained by the strength of beliefs of the respondents. Researchers recently started questioning the commonly held position in the religion-happiness literature that the positive effect of religion on subjective wellbeing is mostly due to the way it facilitates social relationships and uniformity of behavior. The correlation between subjective well-being and the illustrative variables is not necessarily proof that these variables origin the changes in the subjective well-being. Subjective well-being may be the powerful energy for the force of religious beliefs, attendance to religious services, and the amount of social interface. Religion's multidimensional association with subjective well-being makes it particularly significant for researchers to formulate that they are satisfactorily measuring the ways different religious features interact. Because so many of the dimensions of religious life cannot be quantified, it will be tough to use psychologists to obtain a complete representation of the way it influences well-being. It is important to distinguish the restrictions of the data when trying to make sense of complicated questions like this one. Failing to be familiar with this may result in reducing intricate phenomena to only the factors that are quantifiable and measured. Just because all of the details of religious life cannot be measured does not mean they are not significant. There is evidence that more research needs to be done to understand the way religious practices influences subjective well-being.

REFERENCE

1. Ellison Christopher, G. (1991). Religious Involvement and Subjective Well-Being. *Journal of Health and Social Behavior*, 32(1), 80-99.
2. Hebert, R.S., Dang, Q.Y. & Schulz, R. (2007). Religious beliefs and practices are associated with better mental health in family caregivers of patients with dementia: Findings from the REACH study. *American Journal of Geriatric Psychiatry*, 15, 292-300.
3. Bussing, A. & Koenig, H.G. (2010). Spiritual needs of patients with chronic diseases. *Religions*, 1, 18-27.
4. Fraillon, J. 2004, Measuring Student Wellbeing in the Context of Australian Schooling: Discussion Paper Commissioned by the South Australian department of Education and Children's services as an agent of the Ministerial Council on Education, Employment, Training and Youth Affairs. Retrieved 21 December, 2012,fromhttp://www.mceetya.edu.au/verve/_resources/Measuring_Student_Well-Being_in_the_ Context_of_Australian_Schooling.pdf.
5. Fredrickson, B. L. (2001). The role of positive emotions in positive psychology. the broaden-and-build theory of positive emotions. *The American Psychologist, 56*, 218-226.
6. Joshanloo, M. (2010). Investigation of the Contribution of Spirituality and Religiousness to Hedonic and Eudaimonic Well-Being in Iranian Young Adults. *Journal of Happiness Studies, 12*(6), 915-930.
7. Koenig, H. G., McCullough, M. E., Larson, D. B. (2001). *Handbook of religion and health*. New York: Oxford University Press.
8. Koivumaa-Honkanen, H., Honkanen, R., Koskenvuo, M., Viinamaki, H., & Kaprio, J. (2002). Life dissatisfaction as a predictor of fatal injury in a 20-year follow-up. *Acta Psychiatrica Scandinavica, 105*, 444-450.

9. Koivumaa-Honkanen, H., Koskenvuo, M., Honkanen, R. J., Viinamaki, H., Heikkila, K., & Kaprio, J. (2004). Life dissatisfaction and subsequent work disability in an 11-year follow-up. *Psychological medicine, 34*, 221-228.
10. Mattis, J. S., Jagers, R. J. (2001). A relational framework for the study of religiosity and spirituality in the lives of African Americans. *Journal of Community Psychology, 29*,519-539.
11. Nandal & Sharma (2011). Rituals, Religiosity and spirituality as correlate of health. (Ph.D dessertation).
12. Nandal, T. & Joshi, H.L. (2011). Relationship of subjective wellbeing, optimism and Psychological distress among young adults. *Indian Journal of Positive Psychology, 2(1),* 34-38.
13. Nandal, T., Sharma, N. R. & Yadava, A. (2014). Spirituality and subjective wellbeing of working adults-a correlational analysis. *International journal of psychological research, 3(2),* 154-159.
14. Nelson, C., Jacobson, C.M., Weinberger, M.I., Bhaskaran, V., Rosenfeld, B., Breitbart, W. & Roth, A.J. (2009). The role of spirituality in the relationship between religiosity and depression in prostate cancer patients. *Annals of Behavioural Medicine, 38(*2), 105-114.
15. Ostir, G. V., Markides, K. S., Peek, M. K., & Goodwin, J. S. (2001). The association between emotional well-being and the incidence of stroke in older adults. *Psychosomatic medicine, 63*, 210-215.
16. Ostir, G. V., Berges, I. M., Markides, K. S., & Ottenbacher, K. J. (2006). Hypertension in older adults and the role of positive emotions. *Psychosomatic medicine, 68*, 727-733.
17. Pressman, S. D., & Cohen, S. (2005). Does positive affect influence health? *Psychological bulletin, 131*, 925-971.
18. Schafer, W.E., & King, M. (1990). "Religiousness an stress among college students: survey report". *Journal of College Student Development, 31*, 336-341.
19. Sell, H. and R. Nagpal: 1992, Assessment of Subjective Well-being: The Subjective Well-Being Inventory (SUBI) (World Health Organization, Regional Office for South-East Asia, New Delhi, India).
20. Suhail, K & Chaudhry, H.R. (2004). Predictors of Subjective Well-Being in an Eastern Muslim Culture. *Journal of Social and Clinical Psychology, 23*, 359-376.
21. Sreekumar, R. (2008). The Pattern of Association of Religious Factors with Subjective Well-Being: A Path Analysis Model. *Journal of the Indian Academy of Applied Psychology, 34*, 119-125.
22. Tloczynski, J., & Fritzsch, S. (2002). Intercessory prayer in psychological well-being: Using a multiple-baseline, across-subjects design. *Psychological Reports, 91*, 731-741.
23. Wallace, A. F.C. (1966). *Religion: An Anthropological View. New York Random House.*
24. Wildes, K.A., Miller, A.R., de Majors, S.S. & Ramirez, A.G. (2009). The religiosity/spirituality of Latina breast cancer survivors and influence on health-related quality of life. *Psychooncology, 18*(8), 831-840.
25. *Whittington, B.L. & Scher, S.J. (2009). Prayer and Subjective Well-Being: An Examination of Six Different Types of Prayer. International Journal for the Psychology of Religion, 20(1), 59-68.*
26. Witter, R.A., Stock, W.A., Okun, M.A. & Haring, M.J. (1985). Religion and Subjective Well-Being in Adulthood: A Quantitative Synthesis. *Review of Religious Research,* 26(4), 332-342.