Islamic worldview, religious personality and resilience among Muslim adolescent students in India

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Abstract

The present study attempts to examine the effect of Muslim Religiosity Personality on Resilience. The sample for the study consisted of 200 adolescent Muslim students, from Kerala, India. Both males and females were included in the study. The age of the sample ranged from 15 to 18 years of age. The Muslim Religiosity-Personality Inventory (MRPI) (Krauss and Hamzah, 2009), that purports to assess Islamic religiosity in terms of Islamic worldview and religious personality, was used in the study. Resilience was assessed using the Bharathiar University Resilience Scale (BURS) (Annalakshmi, 2009). Comparison of criterion groups on their scores on the scale using ANOVA revealed that the high and low resilient are distinguished from one another on their religious personality but not on Islamic worldview: The highly resilient were higher on Islamic rituals (religious practice and ritual behaviour indicative of the manifestation of one's religious worldview) and on Mu'amalat (religiously guided behaviours towards one's family, fellow human beings and the rest of creation including animals and the natural environment). The findings of the present study suggest that cognitive components alone are not adequate to forge relationship between religion and resilience. They clearly indicate that knowledge alone does not make a significant difference in resilience until it manifests in behaviour. Religiosity is both belief/knowledge and action, and in this present study the resilient participants are those able to actually put their beliefs/knowledge into practice.

Keywords: Islamic worldview, religious personality, resilience, adolescent.

Interest in the potential value of religious aspects of faith and spirituality with reference to those suffering from a variety of acute and chronic illnesses due to stress or life events is growing (Pardini et al., 2000). The present study examines the possible

relation between Muslim religiosity and personality, and psychological resilience among a Muslim community in Kerala, India.

Human beings constantly try to adapt to both internal and external changes in their environment. The various internal and external changes demand modification of behaviour that will enable the individual to adapt and achieve the most, and this individual capacity is termed Resilience (Werner, 1971). The term describes the coping ability of an individual to bounce back in the face of adversity, stress and catastrophe. Resilience refers to successful adaptation despite risk and adversity (Masten, 1994). Circumstances demanding resilience may include biological abnormalities or environmental obstacles which may be chronic and consistent or severe and infrequent. To be resilient, a person must draw upon all of his/her biological, psychological, and environmental resources to thrive, mature, and increase competence to overcome adversities. In this context religiosity and religious personality assume greater significance.

Resilience

The term resilience, having its roots in Latin, means 'to jump or leap back'. Resilience signifies the ability to bounce back from or withstand major or multiple stresses in life. Essentially, resilience is the capacity to thrive despite adversity, and to overcome the odds. Garmezy, the founder of the contemporary research on resilience, suggests that the term resilience as used in psychology has emerged out of the experience of studying the attributes of competence and its development in school children, especially focusing on children who despite impoverished backgrounds manifest competence. The study team of Garmezy termed the root of their adaptation as resilience, not as a simile for competence, but as an extension of their competencies despite their early background of very high stress experience (Rolf, 1999). The pursuit of Garmezy, to study the students at risk due to parental mental illness and other risk factors including poverty and stressful life experience, resulted in the longitudinal Project Competence which is still continued by his colleagues (Cichetti, 1984; 1990; Masten and Braswell, 1991).

A longitudinal study of resilience had been undertaken by Werner in 1955 and it extended for a period of forty years observing entire birth of cohorts in the Hawaiian island of Kauai. Of the total 698 infants observed in the investigation, many were exposed to reproductive and environmental risk factors such as premature birth coupled with an unstable household and a mentally ill mother. Such infants experienced more problems with delinquency, mental and physical health and family stability than children exposed to fewer such risk factors. However, it was

amazing to find that one third of all high-risk children displayed resilience and developed into caring, competent and confident adults despite their problematic development histories (Werner, 1971; 2005). Werner and her colleagues attributed the resilience exhibited by the subjects to a number of protective factors present in their lives which helped to balance out risk factors at critical periods in their development. Such protective factors include a strong bond with a nonparent caretaker, such as an aunt, babysitter, or teacher, and involvement in a church or community group like the YMCA.

Resilience is a set of protective factors that modify, ameliorate, or alter a person's response to some environmental hazard that predisposes one to a maladaptive outcome (Rutter, 1987). Resilience is maintaining adaptive functioning in spite of serious risk hazards (Rutter, 1990). Resilience connotes the processes or patterns of positive adaptation and development in the context of significant threats to an individual's life or function (Masten and Wright, 2009).

Resilience does not require anything rare or extraordinary. It just requires that basic human adaptive systems are operating normally. Children and older human beings have impressive capacity for resilience when basic protections are working: when they have the protection of parents looking out for them or the emotional security of close relationships with others, human or spiritual; when the human brain is functioning normally for learning, problem-solving, and trouble-shooting; when they have opportunities to experience the hopes and rewards of doing something that changes what is happening; and when their environment supports these systems (Masten, 2009).

Resilience is a multiphasic complex phenomenon. For instance, resilience has been identified with the presence of seven protectors including duration taken to get back to normalcy after a setback, reaction to negative events, response to risk factors (specifically disadvantaged environment) in life, perception of effect of past negative events, defining 'problems', hope/confidence in coping with future and openness to experience and flexibility (Annalakshmi, 2008; 2009).

Resilience is understood as a multifactorial (i.e. having many variables or factors which influence the process and development of resilience) and multidimensional construct (occurring in different environments and at different levels for each individual) (Daniel & Wassell, 2002).

Religion/spirituality is considered as a protective factor for life stressors (Cotton et al., 2006) and is also protective against negative health outcomes (Cotton et al., 2006).

Mental illness is viewed as a result of some kind of separation from the divine or even possession by evil in some societies (Javed, 2007). Religious attendance is found to have a vital influence on efficacy of treatment for mental disorders among variety of other factors (Nicholson, Richard, Bobak, 2009). These findings suggest the existence of a link between resilience and religiosity.

Religiosity, Muslim religiosity and personality

Defining religion is problematic. Weber (1963) suggested that an investigator should proceed with the study and formulate definitions afterwards. He regarded religion to be a patterning of social relationships around beliefs in supernatural powers and thus creating ethical consequences. Religion is a belief in spiritual beings purporting to explain life and death (Tylor, 1871). It is a belief about 'the unseen', with such attendant feelings as fear, wonder, reverence, gratitude, and love, and such institutions as prayer, worship, and sacrifice (Ross, 1901). Religious beliefs, defined by their reference to the supernatural, would characterize a particular kind of charisma which functioned to legitimate power by associating governance with teleological meanings (Parson, 1937). Durkheim suggested that religion connotes the obligatory beliefs connected with clearly defined practices related to the beliefs' objects (Dobbelaere & Lauwers 1973).

The set of beliefs constituting religion differ from one religion to another in terms of concrete individual and group behaviour of the followers. The Islam distinguishes itself from other religions in more than one ways as claimed by its followers (Daniel et al., 2001). The word Islam means complete submission to the will of Almighty God. Islam is a unique religion deriving its name from an Arabic word that connotes an overall outlook on life and concept of worship, while the other religions are named after the founders of or the geographical locale of the followers of the specific religions. The Quran, the scripture of Islam, consistently addresses all human beings, "O mankind!" Furthermore, the Almighty God is never addressed as the God of a particular people or nation. Since the very beginning of the mission of Prophet Muhammad, his followers came from a wide spectrum of individuals including African slaves, Byzantine Romans, Jewish Rabbi, and the Persians. Religious truth is regarded as eternal and unchanging and mankind as constituting a universal brotherhood. Submission to the will of God, and worshipping Him alone without intermediaries, has always been the only religion acceptable to God as propagated by Islam. According to Islam, everything a human being does with the pure intention of pleasing God is an act of worship. Islam has a unique, all encompassing concept of worship. The mission of Prophet Muhammad encompassed not only spiritual and religious teachings, but also included guidance for such things as social reform,

economics, politics, warfare and family life. Islam's view of both the nature of the human being and the purpose of life are extremely positive.

Religious practices to be adhered by followers of Sunny Islam have been well formulated by competent religious authorities of Islam. The practices essential to Sunni Islam include Shahadah, Salah, Zakat, Sawm, and Hajj. The Shahadah, the basic statement of belief or tenet of Islam, states: "I testify that there is none worthy of worship except God and I testify that Muhammad is the Messenger of God." Muslims reiterate the Shahadah in prayer, and non-Muslims wishing to convert to Islam are required to recite the creed. The Salah, the ritual prayer, must be executed five times a day. It is intended to focus the mind on God, and is seen as a personal communication with Him that expresses gratitude and worship. The Zakat, the almsgiving, refers to the practice of giving based on one's wealth. Every Muslim who can afford it should spend a fixed portion of his/her wealth to help the poor or needy, and also to assist the spread of Islam. The Sawm, the fasting during the month of Ramadan, and the Hajj, the pilgrimage during the Islamic month of Dhu in the city of Mecca, are among the essential practices prescribed for every Sunni Muslim. In addition to these principles of Islam, a code of conduct of Islam to lead day-to-day life is also prescribed quoting halal, the right and haram, the wrong forms. The concept of ego and superego along with consciousness and sub-consciousness are embedded in such coding of life (Javed, 2007). The development of ego or self is governed by the pillars of Islam and the superego is strengthened by the acceptance of behaviour in accordance with the social norms of the society (Javed, 2007).

Stress is viewed in Islam as resulting from the will of God, or as a calling for patience in His believers. This perspective helps counter guilt, anxiety and anger. Islam encourages appealing to God as a way to relieve stress, and recommends submission to God's will in suffering and sickness.

Religious beliefs might affect individuals' human nature, motivation, personality development, the self, the unconscious, psychological adjustment and the society (Smither and Khorsandi, 2009). Religious faith and spirituality are associated with more optimistic life orientation, greater perceived social support and higher resilience in stress and lower levels of anxiety (Pardini et al., 2000).

Islam is believed to be efficacious in upwardly transforming human beings in any time or place and an effort has been made, for instance, to effect changes in the way of life to contain socially precarious behaviours of Muslim youth in Malaysia (Krauss et al., 2005). The effort has resulted in formulating the Islamic religiosity model

based on thematic analysis of ideal type scholars representing the faith and psychometric analysis of inventory purporting to assess the constructs. According to this model, religiosity involves two main constructs, namely, Islamic Worldview and Religious Personality.

The Islamic Worldview reflects the Islamic tawhidic paradigm: doctrine of divine unity/oneness of God. It represents two primary sources of Islamic religious law, belief and practice within (Sunni) Islam. It includes Islamic creed, aqidah, the details what a Muslim should know, believe and inwardly understand about God and religion as prescribed by the Qur'an, and the Sunnah, the way of the Prophet Muhammad. It also has a reference to arkan al-Iman, the Islamic pillars of faith including the belief in God, Angels, Messengers and Prophets of God, Books of Revelation, The Day of Judgment, and the Divine Decree. All these represent aqidah, the foundation of the Islamic creed. Thus the tawhidic worldview of Islam is a metaphysical view that places God at the nucleus, and holds Him as the Ultimate Reality, making the inevitable result for everything in creation return to Him. The Islamic worldview defines God as the Creator and law-giver and considers worship and service in His way as the very object of life (al-Attas, 2001).

Islamic religious personality represents the manifestation of one's religious worldview in amalan saleh, the righteous works. It relates to particular ways in which an individual expresses his/her traits or adapts to diverse situations in the world. It refers to the manifested aspects of a personal identity, life definition and worldview. It includes behaviours, motivations, attitudes and emotions. The construct also includes personal manifestation of Islamic teachings and commands, and special ibadat or formal ritual worship that reflects one's direct relationship with God. Further, items relating to daily mu'amalat, or religiously-guided behaviours towards one's family, fellow human beings and the rest of creation, i.e., animals, the natural environment, etc., are also included in this construct. A key aspect of the Religious Personality construct is akhlaq Islamiyyah, or the Islamic notion of refined character that underpins a religious personality. Akhlaq Islamiyyah is the manifestation of the tawhidic worldview in one's everyday actions, which presupposes a way of life that requires al-dunya, constant and ongoing consciousness of the present, earthly world and al-akhira, constant and ongoing consciousness of the life-to-come.

Religiosity and resilience

Religiosity as committing to the beliefs and practice advocated by religious sects define and determine the style of life of the follower. Resilience is nurtured by certain

beliefs and behaviour and it is likely that religiosity and resilience considerably overlap as revealed in a few studies. A study that examined the relation between general religious faith, spirituality, and mental health outcomes from substance abuse using a large sample found that recovering individuals reported higher level of religious faith and religious affiliation, and that they chose to be spiritual (Pardini et al.,2000). Further, higher levels of religious faith and spirituality were found associated with a more optimistic life orientation, greater perceived social support, higher resilience to stress, and lower anxiety.

Holocaust survivors have been recognized to be prototypes of resilience. Bernard Kempler (2001) has narrated his experiences of living through the darkness of the soul, World War II. He was born in Poland in 1936, and as a Jewish boy, was confronted with relentless, life threatening hatred and hostility from the age of three to nine. Kempler explains how his child ego, whose proper task was to grasp the rudiments of the immediate physical and emotional environment, had to cope with forces beyond his understanding that were determined to hurt and kill him and his family. He survived years of homeless wandering and hiding, most of the time under a false identity and dressed as a girl, survived ghettos and concentration camps, escaped through barbed wire, and hid in crawl spaces in burning buildings. A protective factor contributing to his resilience etching out of his narration can be identified as spiritual protection.

A devout Catholic woman who stayed with Kempler for a good part of the six years had taught him in the period to pray, especially to Virgin Mary, to say the rosary every day, and to go to church. They spent much time in the quiet and darkness of churches because they felt relatively safe there. Kempler learned that the solution to his problem of being hunted as a Jewish was to believe in Virgin Mary, to pray to her and ask for her protection. This magical, spiritual sense of safety protected him from the everyday terrors that were all around him. Kempler attributes the protection he felt to a numinous image with whom he formed a personal relationship rather than religious belief.

Religion or spirituality is important to adolescence as protective factor against a host of negative outcomes (Cotton et al., 2006). The protective effects of religiosity in general on maladjustment among maltreated and non-maltreated children were studied using a large sample from low-income families and ages between 6–12 years (Kim, 2008). The findings indicate that child religiosity may largely contribute to stress-coping process among maltreated and non-maltreated children from low-income families.

Religiosity and healing

A few studies have shown that belief in divine intervention in illness or healing is related to religious belief (Andrew, 2005). Extensive review of literature suggests that religiosity contributes to both mental and physical health outcomes (Larson, 1986). A review of research papers over a two century period concludes that a positive relationship exists between religiosity such as church attendance and physiological/mental health status such as cardiovascular disease, hypertension and strokes, colitis and enteritis, general morbidity, and cancer of the uterus and cervix (Levin and Schuller, 1987).

A study examined the prevalence and correlates of prayer specifically addressed to health concerns using a random sample of Midwesterners in USA. It was found that one third of the respondents regarded prayer as efficacious for maintaining and restoring health when used along with conventional biomedical care (Trier and Shupe, 1991). Benson (1996) argued that humans are "wired for God". Affirmation of beliefs, particularly in a "higher power," can change one's health status. However, he had also believed that the specific religious meditative practices themselves have varying effect on relaxation response.

The relationship between religiosity and psychosocial distress among persons in Christian, Charismatic, 'New Age', 'metaphysical' healing groups, and a comparison group of medical patients was examined in a survey. The survey lent partial support to the hypothesis that religiosity is an independent predictor of positive mental health. However, the relationships have been found to vary by type of healing group, by psychosocial distress indicator used, and by type of religious belief (Glik, 2007). Mohammed (2008) investigated the viewpoints of Islam in treating disabilities and identified that both physical medicine and spiritual medicine could cure or prevent the occurrence of disability.

Religiosity and self-esteem

The findings a study of the contribution of religious personality, as the manifestation of one's religious belief, on interethnic behaviour are interesting. Religious personality is conceived to comprise three major factors: pro-social behaviour, ritual behaviour and anti-social behaviour. While religious practice is categorized into high, medium, low and not-practicing. It was hypothesized that religious personality of the youth may influence interethnic behaviour by enhancing mutual understanding and respect. A very large sample of randomly selected schools in Selangor, Malaysia was

used in this study. The findings indicated that religious personality traits of pro-social behaviour and ritual behaviour had significant effects on inter-ethnic tolerant behaviour, and also the higher the pro-social behaviour, the more positive were the tolerant behaviour of the subjects on inter-ethnic issues (Idris et al., 2008).

The relationship between parental religious socialization practices and self-esteem in late life has been investigated in a nationwide survey of older adults in US. It was found that older African Americans were more likely to report that their parents encouraged them to become involved in religion when they were growing up. Those whose parents encouraged them to become involved in religion attended church more often and engaged in private prayers in later life. Older adults who attended church often and pray frequently were more committed to their faith and had a stronger sense of self-worth (Krause and Ellison, 2007).

The role of self-religiosity, and father's religious attitude in shaping the moral behaviour of youth from religious and nonreligious schools were studied on a large sample of Malay adolescent students in Malaysia. The study focused on religiosity in general and was not confined to any particular religion. Multiple regression analysis of self-religiosity, father's religious attitude, and type of school to the moral behaviour showed that self-religiosity was the only predictor of moral behaviour of youth. Significant correlations were also found between self-religiosity and moral behaviour, self-religiosity and father's religious attitude. Youth from a religious school exhibited more moral behaviour and they and their fathers were more religious as compared to the youth from nonreligious school. Religious education was found to play a positive role in the moral behaviour of youth (Shah, 2004).

Presuming that Islamic religious constraints on sexuality may control the transmission of sexually transmitted diseases, a study attempted to test the hypothesis that Muslims have lower HIV prevalence than non-Muslims among 38 sub-Saharan African countries, the percentage of Muslims within countries negatively predicted HIV prevalence. A survey of published journal articles containing data on HIV prevalence and religious affiliation showed that six of seven such studies indicated a negative relationship between HIV prevalence and being Muslim. Studies on the relationship between risk factors for HIV prevalence and observance of Islamic sexual codes (e.g., extramarital affairs) showed mixed findings (Gray, 2004).

Another study assessed the relation between religious involvement and multiple indices of competence on a large sample of eighth and ninth grade Indonesian Muslim adolescents. Spirituality and religiosity were assessed using both parent and adolescent reports. Social competence and adjustment were assessed using

multiple measures and data sources. Structural equation modelling analyses revealed that parent and adolescent reports of religiosity and spirituality yielded a single religious involvement latent variable that was related to a number of other factors like peer group status, academic achievement, emotional regulation, prosocial behaviour, antisocial/problem behaviour, internalizing behaviour, and self-esteem. The consistency of relations between religious involvement and competence may be in part attributable to the collectivist context of religion in West Java, Indonesia, within which people exhibit strong beliefs in Islam and where religion permeates daily life (Doran, 2008).

A study on the influence of Islam on leisure behaviour revealed that Islam influenced leisure behaviour through the emphasis on strong family ties and on family oriented leisure among Muslims; the need to teach and supervise children and to pass traditional moral values to subsequent generations; the requirement of modesty in dress, speech and everyday behaviour as well as the restrictions on mixed – gender interactions, dating, food, and alcohol (Monica & Jennifer, 2006).

Religiosity, personality and resilience

In a broader perspective, religiosity refers to the numerous aspects of the doctrines of religion relating to activity, dedication, and beliefs. The various studies discussed above have focused on such tangible religious acts as practicing certain rituals, revering certain symbols, or accepting certain religious beliefs and have related them to the physical and mental health of the followers. One of the taxonomical studies of religiosity has confirmed the validity of a classification of religious behaviour in terms of cognitive, conative, and affective domains. Classifying the basic dimensions of human behaviour with reference to two forms of their manifestations, each has resulted in six identifiable factors accounting for religiosity (Cornwall, et al, 1986). These factors include 'cognition' manifesting in traditional orthodoxy and in particularistic orthodoxy, 'affect' manifesting in palpable and tangible aspects of religion, and 'behaviour' manifesting in religious behaviour and religious participation.

The spirituality and religiosity of Indonesian Muslim adolescents were examined in a longitudinal study. The study focused on the relations of spirituality and religiosity and maladjustment. The investigators assessed spirituality, religiosity and maladjustment of a group of eighth and ninth grade Indonesian Muslim adolescents at two different time periods. The students and parents rated aspects of spirituality, religiosity, and maladjustment. The teachers rated students' maladjustment. The findings showed that adjustment of the students at the end period was positively related to spirituality

and religiosity. In the panel model, support for prediction of outcomes from spirituality and religiosity was found for loneliness and socially appropriate behaviour. There was some evidence in the models that certain aspects of maladjustment including self-esteem and social competence, and to a marginal degree, parent-rated internalising problems and teacher-rated prosociality predicted spirituality and religiosity longitudinally (Sallquist et al., 2010).

It seems likely that religiosity involves certain essential components of all aspects of a human behaviour and conduct conducive to maintaining peace and tranquility among the followers. It contributes to a major segment of one's life style. It covers both covert and overt aspects of behaviour. Essentially, religiosity seems to harness components of the life style that account for coping with the environmental challenges. Literature on resilience highlights the successful survival and thriving coping style present among individuals. Such coping also involves commitment to specific religious doctrines which manifests in behaviour.

It is a moot question to ask, whether the cognitive, conative, and affective aspects of religiosity aid or hamper resilience. The researches done on religiosity have focused on mental and physical health aspects and aspects relating to mental health. There is a dearth of studies focusing exclusively on cognitive and behavioural components of particular religious advocacy and their impact on resilience. The present investigation is specifically undertaken to investigate the relationship between the worldview and the personality aspects uniquely advocated in Islam followed by Sunni Muslims. The choice of the particular religiosity studied herein is due to the fact that it has been founded on well articulated model based on theoretical analysis and psychometric analysis.

Method

Objectives

The present study attempts to examine the relationship between Muslim Religiosity and Psychological Resilience among adolescents belonging to Muslim community in India. The specific objectives of the present study are:

- To examine the relationship between Islamic World-view and psychological resilience among adolescents belonging to Muslim community.
- To examine the relationship between Religious Personality and psychological resilience among adolescents belonging to Muslim community.

Participants

The purposive sample selected for this investigation included 200 adolescent students in the age group 15 to 18 years belonging to Sunni Muslim community, studying in higher secondary class in a Government Higher Secondary School in Kerala, India. The sample was confined to students from Humanities and Commerce streams. There were 80 males and 120 females. The students included in the sample belong to suburban middle socioeconomic background. The study was conducted in ethical compliance with the Internal Review Board at the Bharathiar University, Coimbatore, India. Informed consent was obtained from the participants orally before collecting the data using the questionnaires after briefing them about the objective of the study.

Instruments

Bharathiar University Resilience Scale (BURS) (Form A). The BURS (Form A) (Annalakshmi, 2009) consists of 30 Likert type items. The scale is used to measure seven domains of resilience including duration for getting back to normalcy, reaction to negative events, response to risk factors (specifically disadvantaged environment) in life, perception of effect of past negative events, defining problems, hope/confidence in coping with future and openness to experience and flexibility. All the thirty items in the scale are in the form of personal statements, for example, 'I can recover from bad mood quickly and easily after facing any sad event', 'I don't venture on any project where I had failed earlier', etc. The participant is asked to indicate the extent to which each statement is appropriate in describing him/her by using a five-point scale, with response option '1' indicating that the statement is not at all appropriate in describing him/her and option '5' indicating that the statement is most appropriate in describing him/her. The responses of the participant for all the thirty statements in the scale are summed up to yield a single score on the scale representing the level of psychological resilience of the individual. The maximum score possible of a subject on the scale is 150 and the minimum score possible on the scale is 30. The scale has adequate reliability. The Cronbach Alpha for the scale was found to be 0.82. The scale has adequate concurrent validity. The scale had significant positive correlation with Friborg Resilience Scale, 0.349* and with Bells Adjustment Scale 0.382 *.

Muslim Religiosity - Personality Inventory (MRPI). The Muslim Religiosity-Personality Inventory (MRPI) (Krauss and Hamzah, 2009) was used to this study to measure Islamic Religiosity of adolescent students. The inventory consists of 56 items. Every item is in the form of personal statements. The participant is asked to rate the degree

to which he/she agrees or disagrees with the particular statement using a five point rating scale.

The inventory consists of two subscales, namely Islamic Worldview and Religious Personality. The Islamic Worldview subscale consists of 23 items and two subdimensions, Worldly (14 items) and Spiritual (9items). The Religious Personality consists of 33 items and two sub-dimensions, Ritual (18 items) and religiously guided behaviours towards one's family, fellow human beings and the Mu'amalat, the rest of creation, i.e., animals, and the natural environment (15 items). The scores of each of the sub-scales are calculated by summing up the scores of the individual items constituting the sub-scale.

An item analysis was carried out for both of the scales, Islamic Worldview and Religious Personality, on the sample chosen for the present study. The item analysis of the Islamic Worldview Scale revealed that three out of the 23 items in the original scale had poor correlation with the total score on the scale. Hence these three items, viz., item 6, item 8 and item 11 were removed and only a '20-item' scale of Islamic Worldview was used for further analysis. The Cronbach Alpha for the Islamic Worldview scale was found to be 0.50. All the 33 items of the Religious Personality Scale significantly correlated with the total score on the scale. The Cronbach Alpha for the Religious Personality Scale was found to be 0.88.

Design

In order to examine the relationship between Islamic worldview and Religious personality and Resilience null hypotheses of no relation between the variables were formulated and tested in this investigation.

Criterion groups representing high and low resilience were formed based on the median of the distribution of scores of the subjects on BURS. Median score of the distribution of scores of the subjects on Resilience scale was 110. Subjects with scores equal to the median and lesser than the median were grouped to form the low group on resilience, and those with scores greater than that of the median were grouped to form the high group on resilience. There were 104 subjects in the low group on resilience and the mean and SD of their scores on resilience scale were 97.29 and 9.85 respectively. The high group on resilience consisted of 96 individuals and the mean and SD of their scores on resilience were 120.38 and 7.97 respectively.

Results

Correlation analysis was carried out to understand the relationship between Islamic Worldview and Religious Personality as a whole, and also between the sub-scales of each. The results are presented below in Table 1.

Table 1. Correlation between scales of Muslim Religiosity-Personality Inventory (MRPI) and their sub-scales

Variables	Pearson's Sig. (2-tailed)	
	Correlation	
Islamic Worldview and Religious Personality	0.167*	0.02
Worldly subscale and Spiritual subscale	0.281**	0.00
Ritual and Mu'amalat	0.599**	0.00

As may be seen in the table 1, the Islamic Worldview and Religious Personality significantly positively correlated with each other. Further, the subscales of Islamic Worldview, viz., Worldly and Spiritual correlated significantly with each other. Similarly, the subscales of Religious Personality, viz., Ritual and Mu'amalat correlated significantly with each other.

Table 2 given below presents the mean and SD of scores of the subjects in low resilience group and high resilience group on various sub-scales of Islamic religiosity.

Table 2. Means and SD of the scores obtained by the criterion groups on resilience on the scales and subscales of Muslim Religiosity-Personality Inventory

Variables	High Group on Resilience	Low Group on Resilience
Islamic Worldview	75.33 (7.17)	74.01 (8.37)
Religious Personality	128.72 (15.07)	122.55 (16.67)
Worldly	51.60 (6.25)	49.96 (7.24)
Spiritual	23.73 (2.25)	24.05 (2.49)
Variables	High Group on Resilience	Low Group on Resilience
Ritual	65.48 (9.90)	61.47 (11.06)
Mu'amalat	63.24 (6.73)	61.08 (7.73)

An analysis of variance revealed that the high group on resilience did not significantly differ from the low group on resilience on Islamic Worldview, F(1, 198) =

1.43, p = .23. The high group on resilience had significantly higher score on Religious Personality than the low group on resilience, F(1, 198) = 7.50, p = .007. The high group on Resilience did not significantly differ with regard to their scores on Worldly than did the low group on Resilience, F(1,198) = 2.93, p = .089. The high group on Resilience did not also significantly differ on Spiritual than did the low group on Resilience, F(1,198) = 0.90, p = .34. The high group on Resilience had significantly higher scores on Rituals than did the low group on Resilience, F(1,198) = 7.24, p = .008. Similarly, the high group on Resilience had significantly higher scores on Mu'amalat than did the low group on Resilience, F(1,198) = 4.42, p = .037. Table 3 presents the 13 items of Religious Personality Scale that were significantly positively correlated with resilience.

Table 3. Correlation between each item on Religious Personality (RP) Scale and Resilience

Item No. in	Items in RP Scale	Pearson's	Sig.
RP Scale		Correlation	(2-tailed)
RP1	I make sure all my family members are following the	.210**	0.003
	teachings (sunnah) of Rasulullah		
RP2	I try to understand the meaning of Qur'anic	.212**	0.003
	words/verses		
RP3	I make effort to have ablution (wudhu') at all times	.180*	0.011
RP4	I make an ongoing effort to increase the frequency	.250**	0.000
	of my non-obligatory (nafil) prayers		
Item No. in	Items in RP Scale	Pearson's	Sig.
RP Scale		Correlation	(2-tailed)
RP6	I make efforts to deepen my understanding of	.266**	0.000
	Islamic Law		
RP7	I like to take advantage of opportunities to	.141*	0.047
	understand Islam with my family		
RP8	I invite others to perform obligatory prayer (salat)	.161*	0.022
RP13	I set aside money every year for charity	.196**	0.005
RP20	I worry if I cannot pay debt on time	.297**	0.000
RP27	I use public buses, walkways, etc. with care/respect	.174*	0.014
RP28	I feel happy when someone says something good	.164*	0.020
	about one of my friends		
RP32	I like to help the poor without anyone knowing	.142*	0.044
RP33	I work hard to achieve my goals in the specified time	.248**	0.000

^{**} Correlation is significant at the 0.01 level (2-tailed),

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

Discussion

The present investigation examined the relationship between Islamic World View and Religious personality, and Resilience among adolescence students belonging to Muslim faith. Findings show that Religious personality differentiated the high and less resilient. Religious personality had a significant and positive relationship with resilience. Both the aspects of religious personality included in the study, namely rituals and Mu'amalat were higher among the highly resilient compared to their less resilient counterparts. Islamic Worldview, however, did not differentiate the high and the less resilient. Both the aspects of Islamic Worldview studied herein, namely worldly and spiritual, were not found to differentiate the high resilient from the less resilient.

The highly resilient and the less resilient did not differ in Islamic Worldview: they had similar level of belief/understanding of the congruence of Islam with worldly life and level of belief/understanding of God's relations with creation and the other. The construct of Islamic World View is not related to resilience. Level of understanding of key theological tenets of Islamic belief including God, Angels, Messengers and Prophets of God, Books of Revelation, the Day of Judgment, and the Divine Decree, which represent the foundation of the Islamic, did not have any effect on resilience. Level of belief in understanding of the congruence of Islam with worldly life and level of belief or understanding of God's relations with creation and other Spiritual realities did not differentiate the resilient and less resilient. Islamic Worldview is a knowledge/belief construct. Resilience is realized through action, in the same way as Religious Personality which is also an-action oriented construct.

The adolescent students studied scored low on Worldview, in general. Worldview reflects certain key elements of *Islamic aqeedah* which is the foundational belief as put forth by the majority school of Sunni Islam known as *Ahl Sunnah wal Jamaat*. Hence the fact that the present sample scored low on it provides interesting understanding of the population studied in terms of their knowledge and how that knowledge is reflected in their worldview.

The high resilient were higher on religious personality. Further, both the aspects of religious personality measured in this study were high among the highly resilient compared to the less resilient: The highly resilient were higher on Islamic rituals (religious practice and ritual behaviour indicative of the manifestation of one's religious worldview) and on Mu'amalat (religiously guided behaviours towards one's family, fellow human beings and the rest of creation including animals and the natural environment).

The results imply that the practices *Shahadah* and *Salah*, may contribute to resilience. The *Shahadah*, indelible faith in God and regarding Muhammad as the messenger of God may be analogous to the magical belief that had stood up for Kempler (2001), the holocaust survivor, during his childhood. The *Salah* may serve as a personal communication with Him. Further the expression of gratitude in worship may have a bearing on resilience (Annalakshmi and Lijo, 2010).

The Islamic personality (Krauss and Hamzah, 2009) represents the manifestation of one's religious worldview or the particular ways that a person expresses his/her traits or adapts to diverse situations in the world. It includes behaviours, motivations, attitudes and emotions that aim to assess personal manifestation of Islamic teachings and commands. It includes following rituals and Mu'amalat.

Islamic rituals are highly related to resilience. It is supporting the view that religious attendance is associated with better self-rated health (Nicholson, Richard, and Bobak, 2009). This reflects ritual worship or one's direct relationship with God (Krauss et al., 2006). The Islamic rituals include actions toward God and actions toward fellow human beings (Family Development Foundation, 2002). The Muslim rituals include special Namazes, fasting, etc. Mu'amalat that prescribes actions toward non-human beings (animals, the environment, etc.) and oneself (Family Development Foundation, 2002) is also found to be related to resilience in the sample.

The items that strongly correlated with resilience were: making sure all in his/her family members are following the teachings (sunnah) of Rasulullah, trying to understand the meaning of Qur'anic words/verses, making an ongoing effort to increase the frequency of non-obligatory (nafil) prayers, making effort to deepen his/her understanding of Islamic law, setting aside money every year for charity, worry if he/she is unable to pay debt on time, and working hard to achieve my goals in the specified time.

Making effort to have ablution (wudhu') at all times, showing preference to take advantage of opportunities to understand Islam with my family, inviting others to perform obligatory prayer (salat), using public buses, walkways, etc. with care/respect, feeling happy when someone says something good about one of my friends and showing preference to help the poor without anyone knowing are also the religious personality aspects that appear to be related to resilience.

The findings clearly suggest that the declared prosocial behaviour measured by the Religious Personality Scale is related to resilience. Islamic Worldview on the other

hand implies knowledge about religion. It can be inferred that knowledge alone does not make a significant difference in resilience until it becomes manifested in behaviour. According to Islam, the very purpose of knowledge is that it should ultimately result in explicit benefit to the practitioner and those around him/her. Hence true religiosity must essentially include knowledge and the manifestation of the knowledge in terms of behaviour. The study shows the relationship between how one lives his/her life according to the tenets of Islam, and how that might contribute to the ability to persevere and thrive during difficult times. People are resilient through their actions. Religiosity is both belief/knowledge and action, but in the present study the resilient ones are those that are able to actually put their beliefs/knowledge into practice.

The findings of the present study suggest that cognitive components alone are not adequate to forge relationship between religion and resilience. However, the personality involving cognitive, conative and affective components may contribute to forming relationship between religion and resilience. It seems likely that the knowledge and understanding of Islam, emotional commitment to its tenets, and inculcating the rituals and practices in behaviour in a sustained manner provide an assurance to the religious person about possibility of being insured against the effects of adversities confronting him or her and proving an eternal hope of salvation. This likelihood has been suggested in the story of Kempler (2001).

It is possible that variables related to self, i.e., the way individuals with higher religiosity view themselves, mediates relationship between Islamic worldview and Religious Personality, and ability to overcome adversity. This may be explored in future research which will provide better insight into how Self might mediate relationship between knowledge of Islam and manifestation of the knowledge as behaviour.

The study was conducted on a homogenous sample of adolescent students belonging to Sunni Muslim community in Kerala, India. However, the findings could be generalized to other Muslim community in Kerala. Studies on Muslim adolescents living in Muslim countries could be carried out to see if there are any cultural differences. Though the Worldview is more of a cognitive scale as opposed to the personality scale which is more on the affective domain one would expect them to be correlated. The findings in this study appear to show a disconnection between these two aspects which needs to be studied further using qualitative approaches.

The generalization of the findings of this study requires a caveat. The validity of the findings may be limited by the possibility of social desirability of the responses of the

subjects to the inventory used for assessing the variables in this study, especially when the instruments were eliciting responses concerned with their declared rather than manifested behaviour. The validity of conclusions drawn in this study is subjected to be confounded by any relevant factor that had not been controlled in this investigation. Future research on resilience and religiosity may control social desirability in responses and also other variables that have bearing on religiosity so that unique interpretation of the findings is facilitated.

References

al-Attas, Syed Muhammad Naquib. (2001). Prolegomena to the metaphysics of Islam. *International Institute of Islamic Thought and Civilization* (ISTAC): Kuala Lumpur.

Andrew, V. (2005). Dimensions of belief about miraculous healing. Mental Health, Religion & Culture, 8(2): 97-107.

Annalakshmi, N., & Lijo.K.J. (2010). Effect of Gratitude on Resilience. Paper presented at the NAIACP organized by NIMHANS, Bangalore and held from 1-3 Feb.2010.

Annalakshmi, N. (2008). Construction and Validation of Resilience Scale. Paper presented at XXXIV National Annual Conference of Indian Association of the Clinical Psychologists held at Kolkata from 7th to 9th January 2008.

Annalakshmi, N. (2009). Bharathiar University Resilience Scale. In Harish Purohit and Ajay Wagh (Ed.), Research Methodology Tools and Techniques (pp.105-121). New Delhi: Sri Publishers.

Benson, H. (1996). Timeless Healing: The Power and Biology of Belief. New York: Scribner.

Cicchetti, D. (1984). The emergence of developmental psychopathology. *Child Development*, 55, 1-7.

Cicchetti, D. (1990). An historical perspective on the discipline of developmental psychopathology. In J. Rolf, A. S. Masten, D. Cicchetti, K. H.Nuechterlein, & S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 2-28). New York: Cambridge University Press.

Cornwall, M., Albrecht, S.L., Cunningham, P.H., & Pitcher, B.L. (1986). The dimensions of religiosity: A conceptual model with an empirical test. *Review of Religious Research*, 27: 226-244.

Cotton, S., Zebrachi, K., Rosenthal, S.L., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: a review. *Journal of Adolescent Health*, 38, 472–480.

Daniel, B., & Wassell, S. (2002). Adolescence: Assessing and Promoting Resilience in Vulnerable Children III. London: Jessica Kingsley.

Dobbelaere, K., & Lauwers, J. (1973). Definition of Religion. Social Compass, 20:535-551.

Doran, C. F., Nancy, E., Julie, V., Urip, P., & Telie A, S. (2008). Religious involvement and the social competence and adjustment of Indonesian Muslim adolescents. *Developmental Psychology*, 44 (2): 597-611.

Family Development Foundation. 2002. "An Analysis of Values and Their Effects on Social Problems." Report – Yayasan Pembagunan Keluarga Darul Ta'zim (Family Development Foundation – Johor State [Malaysia]). Retrieved March 19, 2003 from: http://www.ypkdt.org.my/ypk/default2.htm

Glik, D.C. (2007). Participation in Spiritual Healing, Religiosity, and Mental Health. Sociological Inquiry, 60(2).115-226.

Gray, P.B. (2004). HIV and Islam: is HIV prevalence lower among Muslims. Social science and medicine, 58(9), 1751-6.

Idris, F., Hamzah, A., Tamam, E., Su, L.W., Mastor, K.A. and Suradi, N.R. (2008). Religious Personality and Perceived Behaviour among Faith-Practicing Communities in Malaysia: Uniting or Dividing Factors?. *International Journal of Learning*, 15 (4), pp. 1-12.

Javed, A. (2007). Islam and Mental Health, paper presented at the annual meeting of WAPR Hungary Branch.

Kempler, B. (2001). The resilience of the Human Spirit. C.G. Jung Society of Atlanta . In http://www.Jungatlanta.com-resilience.html.

Krauss, S.E., Hamzah, A.H., Suandi, T., Noah, S.M., Juhari, R., Manap, J.H., Mastor, K.A., Kassan, H., & Mahmood, A. (2006). Exploring Regional Differences In Religiosity among Muslim Youth in Malaysia. *Review of Religious Research*, 47 (3), pp. 238-252.

Krause, N., & Ellison, C.G.(2007). Parental Religious Socialization practices and self-esteem in late life. *Review of Religious Research*, 49(2), 109-127.

Kim, J.(2008). The Protective Effects of Religiosity on Maladjustment among Maltreated and Nonmaltreated Children. *Child Abuse & Neglect*, 32, 711–720.

Krauss, S.E., Hamzah, A., Juhari, R. & Abd. Hamid, J. (2005). The Muslim Religiosity-Personality Inventory (MRPI): Towards Understanding Differences in the Islamic Religiosity among the Malaysian Youth. *Pertanika Journal of Social Sciences & Humanities*, 13 (2). pp. 173-186.

Krauss, S.E, & Hamzah, A.(2009). The Muslim Religiosity-Personality Inventory (MRPI). University Putra Malaysia.

Larson, D.B., Pattison, E.M., Blazer, D.G., Omran, A.R., and Kaplan, B.H. (1986). "Systematic Analysis of Research on Religious Variables in Four Major Psychiatric Journals, 1978-1982." *American Journal of Psychiatry*, 143 (3): 329-34.

Levin, J.S., & Schuller, P.L. (1987). Is there a religious factor in Health? *Journal of Religion and Health*, 26, 9-36.

Masten, A.S., & Braswell, L. (1991). Developmental psychopathology: An integrative framework. In P.R. Martin (Ed.), Handbook of behaviour therapy and psychological science: An integrative approach (pp. 35–56). New York: Pergamon.

Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M.C. Wang & E.W. Gordon (Eds.), Educational resilience in inner-city America: Challenges and prospects (pp. 3-25). Hillsdale, NJ: Lawrance Erlbaum.

Masten, A. S. (2009). Ordinary Magic: Lessons from research on resilience in human development. *Education Canada*, 49(3): 28-32. http://www.cea-ace.ca/media/en/Ordinary_Magic_Summer09.pdf

Masten, A., & Wright, M. (2009). Resilience over the lifespan: Developmental perspectives on resistance, recovery and transformation. In J. C. Reich (Ed.), *Handbook of adult resilience* (pp. 213–237). New York: Guilford.

Mohammed, M. G. (2008). Physical and Spiritual Treatment of Disability in Islam: Perspectives of Early and Modern Jurists. *Journal of Religion, Disability & Health*, Vol. 12, (2), pp.105-143.

Monica, M., & Jennifer, S. (2006). The influence of religion on the Leisure. Behaviour of Immigrant Muslims in the United States. *Journal of Leisure Research*, 38(3) 293-320.

Nicholson, A., Rose, R., & Bobak, M. (2009). Association between attendance at religious services and self-reported health in 22 European countries, *Social Science & Medicine*, 69, 519–528.

Parsons, T. (1937). The Structure of Social Action. New York: McGraw Hill.

Pardini, D.A., Plant, T.G., Sherman, A. & Stump, J.E. (2000). Religious faith and spirituality in substance abuse recovery - Determining the mental health benefits. *Journal of Substance Abuse Treatment*, 19, 347 to 354.

Ross, E.A. (1901). Social Control: A survey of the Foundations of Order. New York: Macmillan.

Rolf, J. (1999). Resilience: An interview with Normal Garmezy. In M.Glantz and J.Johnson (Eds.), Resilience and Development: Positive Life Adaptations (pp. 5-17). New York: Klewar Academic/ Plenum Publishers.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. American Journal of Orthopsychiatry, 57, 316–331.

Rutter, M. (1990). Psychosocial resilience and protective mechanisms in Rolf, J., Masten, A.S., Cicchetti, D., Nuechterlin, K. and Weintrub, S. (Ed.), Risk and Protective factor in the development of psychopathology (pp. 181-215). Cambridge, England: Cambridge University.

Sallquist, J., Eisenberg, N., French, D.C., Purwono, U., Suryanti, T.A. (2010). Indonesian adolescents' spiritual and religious experiences and their longitudinal relations with socioemotional functioning. *Developmental Psychology*, 46(3): 699-716.

Shah, A.A. (2004). Self-Religiosity, Father's Attitude and Religious Education in the Moral Behaviour of Adolescent. *Psychology Developing Societies*, 16(2), 187-207.

Smither, R., & Khorsandi, A.(2009. The Implicit Personality Theory of Islam. *Psychology of Religion and Spirituality*, 1(2), 81-96.

Trier, K.K., and Shupe, A. (1991). Prayer, Religiosity, and Healing in the Heartland USA: A Research Note. Review of Religious Research, Vol. 32 (4), 351-358.

Tylor, E. B. (1871). Primitive culture: Researches into the development of mythology, philosophy, religion, art, and custom. London: J. Murray.

Weber, M. (1963). The Sociology of Religion. Transl. E.Fischoff. Boston: Beacon.

Werner, E.E (1971). The children of Kauai: a longitudinal study from the prenatal period to age ten. Honolulu: University Hawaii Press.

Werner, E. E. (2005). What can we learn about resilience from large-scale longitudinal studies? In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 91-106). New York: Kluwer Academic/Plenum.

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