

THE INFLUENCE OF VALUE ATTACHED TO RELIGION ON PSYCHOLOGICAL WELLBEING IN KERALA STATE, INDIA

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(Received 08th July 2025; revised 14th October 2025; accepted 01st November 2025)

Abstract. This study examines how the internalisation of religious values shapes psychological wellbeing in a multireligious social context, drawing on comparative evidence from Muslims and Hindus in Kerala, India. Using survey data from a randomly selected sample of 200 adults (100 Muslims and 100 Hindus), the study investigates the association between value attachment to religion, levels of religiosity, and self-reported psychological wellbeing, while controlling for basic sociodemographic factors. Religious value orientation was operationalised as the extent to which individuals cognitively and behaviourally integrate religious norms into everyday decision-making and moral reasoning. The findings reveal pronounced interreligious and intra-religious variation. Muslims reported significantly stronger and more uniform attachment to religious values across most dimensions, alongside consistently high religiosity and psychological wellbeing. Among Hindus, value attachment and wellbeing outcomes were more heterogeneous and strongly differentiated by individual religiosity levels. These patterns suggest that psychological wellbeing is less a function of religious affiliation per se than of the degree to which religious values are coherently internalised and experienced as meaningful, stable frameworks for life interpretation and action. Importantly, the results challenge deficit-oriented assumptions that highly structured or obligatory religious systems necessarily generate psychological strain. Instead, when religious values are deeply internalised and socially reinforced, they may operate as psychosocial resources that enhance perceived control, coherence, and emotional regulation. By conceptualising religion as a lived value system rather than a static belief category, this study contributes to interdisciplinary debates on religion, wellbeing, and mental health, and highlights the importance of contextual, relational, and meaning-based pathways linking religiosity to psychological outcomes.

Keywords: *religion, value attached, psychological wellbeing, Hindus, Muslims*

Introduction

Religion has long been regarded as a source of psychological resilience, providing individuals with frameworks for meaning-making, ethical guidance, and emotional regulation. Across cultures, religious beliefs and practices are linked to psychological well-being through mechanisms such as social support, moral clarity, and the cultivation of hope. At its core, religion offers individuals a sense of connection to a higher power, providing both comfort and a perceived sense of control amidst life's uncertainties. For many, adherence to religious norms and rituals serves as a way to manage daily stressors, providing psychological stability in the face of challenges. Indeed, religious values such as faith, charity, and forgiveness foster a sense of community and moral alignment, which can buffer individuals against existential anxiety. However, the relationship between religion and well-being is not always straightforward, particularly

when religious principles conflict with personal beliefs or societal expectations. In such instances, individuals may experience a psychological dissonance that undermines the very sense of control and peace that religion is intended to offer. This paradox warrants further exploration to understand how religious values either contribute to or detract from mental health, particularly in contexts where religious doctrines are strictly adhered to or where their interpretation is contested.

Recent years have witnessed a growing recognition of the role religion plays in addressing mental health issues, particularly in settings where secular mental health resources may be limited or stigmatized. While the potential benefits of religion on psychological well-being are well-documented, there is a need for deeper insight into how the internalisation of religious values shapes mental health outcomes. In a world increasingly marked by stress, anxiety, and societal fragmentation, the psychological benefits of religion are particularly relevant. Religion offers not just spiritual guidance but also a concrete structure for coping with life's challenges. Yet, the effectiveness of religion in promoting psychological well-being may depend on several factors, including the level of religiosity, the degree of value attached to religious practices, and the individual's alignment with those values. As studies have shown, religion can foster a sense of belonging and purpose, which can significantly mitigate feelings of isolation and despair. However, when religious beliefs are perceived as rigid or incongruent with one's personal identity, they can become a source of psychological distress. This underscores the need to examine how different religious traditions and levels of commitment influence well-being, with a particular focus on interreligious comparisons that offer diverse perspectives on the psychological benefits of religiosity.

This study investigates the relationship between the value attached to religion and psychological well-being in the context of Kerala, India, focusing on two major religious communities, Muslims and Hindus. The underlying premise of the study is that religious values, when internalised and actively practiced, can contribute significantly to mental health. The research employs a comparative approach, analyzing the psychological outcomes associated with the religious practices of both communities while considering factors such as age, gender, and level of religiosity. Given the historical and cultural importance of religion in the Indian subcontinent, Kerala provides a unique context for examining how religious beliefs shape individual psychological states. By focusing on both Muslims and Hindus, the study aims to uncover the nuances in religious attachment and its relationship to psychological well-being across different religious traditions. This comparative analysis will offer valuable insights into how religious values function as psychosocial resources that either promote or hinder psychological resilience. The findings of this study are particularly pertinent in the context of contemporary global concerns about mental health, as they provide a culturally specific perspective on the therapeutic potential of religious practices. By highlighting the complex interplay between religion, mental health, and individual well-being, the study contributes to broader debates on the role of religion in contemporary society and its implications for mental health policy and practice.

Materials and Methods

This study employed a quantitative, cross-sectional research design to assess the relationship between the value attached to religion and psychological well-being among two religious communities in Kerala, India: Muslims and Hindus. A random sampling

approach was used to select 200 respondents (100 from each religious group), ensuring a broad and representative sample within the context of Kerala's diverse religious demographics. The primary goal of this methodology was to draw meaningful comparisons between these communities, while controlling for key variables such as age, sex, and religiosity. This approach allowed for a robust analysis of how religious values contribute to mental health outcomes across different groups. The study was designed to exclude confounding variables that could potentially influence the results, specifically by ensuring that participants did not engage in other mind-relaxation practices, such as yoga or meditation, which might independently contribute to psychological well-being. By controlling for these factors, the study aimed to isolate the specific impact of religious value attachment on psychological outcomes, providing a clearer picture of the role religion plays in promoting or hindering mental health (Broer et al., 2014).

The data collection instrument was a structured questionnaire designed to measure the value attached to religion, the contribution of religious values to psychological well-being, and key sociodemographic variables. The questionnaire used a Likert-type scale to assess the degree to which respondents agreed or disagreed with statements regarding religious value attachment, with responses ranging from "strongly agree" to "strongly disagree." This scale, which was adapted from established measures of religiosity and spiritual well-being, allowed for the quantification of religious commitment in a way that could be compared across different religious groups. To assess psychological well-being, respondents were asked how much they believed their religious values contributed to their mental health, with options including "much," "less," and "not at all." This variable was pivotal in understanding the perceived direct impact of religious engagement on individuals' psychological states. The inclusion of demographic questions related to age, sex, and religiosity provided contextual insights into the relationship between religious values and well-being, allowing for subgroup analyses based on these factors.

For data analysis, both descriptive and inferential statistical techniques were employed. Proportions were used to report the distribution of responses, offering a clear picture of how different religious groups responded to the measures of religious value attachment and psychological well-being. A total score for value attached to religion was calculated by summing the responses for each component of the religious value measure. A lower score on this measure indicated a higher attachment to religion. The relationship between the total score for religious attachment and psychological well-being was explored using statistical tests, such as t-tests and analysis of variance (ANOVA), to determine whether there were significant differences between religious groups and subgroups based on demographic variables. This methodological approach enabled the study to draw meaningful conclusions about the role of religious values in psychological well-being, offering both a comparative and detailed analysis of how religiosity affects mental health across different socio-religious contexts. By triangulating multiple variables and ensuring rigorous control for potential confounding factors, the study provides a comprehensive assessment of the complex interactions between religion and psychological well-being.

Results and Discussion

Total score for value attached to religion

Low total score for value attached to religion indicates more value attached to religion and vice versa. *Table 1* shows the statistical significance of the difference in total score for value attached to religion between Muslims and Hindus. The mean score is less for Muslims than Hindus, indicating comparatively more value which Muslims attach to religion than Hindus. 40 % of Muslims have a low total score in the range of 26.7 to 28.9 % of the maximum possible score, while the remaining 60 % also have a low score in the range of 31.1 to 35.6 % of the maximum possible score only. However, 60 % of Hindus get a comparatively higher total score in the range of 48.9 to 62.2 % of the maximum possible score, while 40 % of them have a total score in the range of 64.4 to 71.1 % of the maximum possible score. This result also helps to confirm that Muslims under this study attach more value to their religion than Hindus. *Table 2* shows the mean score for the components of value attached to religion. The interpretation with respect to each component is given. Statistically significant difference is there for the scores of this component between Muslims and Hindus. The mean score of Muslims is 1.4, while Hindus get a higher score of 4 (*Table 2*), indicating that Muslims attach lot of value to their religion in defining everything through rules and dogmas. However, it may be probably because their religion does not impose rules/conditions on its followers that Hindus are giving less value only to this component.

Table 1. Statistical significance of the difference in total score for value attached to religion between Muslims and Hindus.

Category	Mean (in percentage, %)
Muslims	13.0
Hindus	27.0
Total	40.0
t-stat	-7.9 (p<0.0)

Table 2. Statistical significance of the difference in scores for the components of value attached to religion between Muslims and Hindus.

Component of value attached to religion	Muslim	Hindus	t-value and statistical significance
My religion defines everything in a series of rules and dogmas	1.4	4.0	9.41; p<0.01
I live strictly according to the rules of my religion	1.2	2.8	-3.77; p<0.01
When having to take an important decision, I am strongly aware of my religion	1.4	3.8	-7.60; p<0.01
In my encounters with other people, I always adhere to my own norms and values	2.4	3.2	Not significant
Values and norms which stem from a religion other than my own cannot give direction to my life	1.6	1.8	Not significant
The values which are important to me stem from my religion	1.0	3.2	-5.88; p<0.01
I am able to explain to others those values that I regard as important	2.6	2.8	Not significant
I have a deep trust in my own beliefs	1.0	2.8	-4.81; p<0.01
I am convinced that people should adhere to principles contained in the holy scriptures of my religion	1.2	3.2	-4.71; p<0.01

Statistically significant difference is there for the scores of this component between Muslims and Hindus. The mean score of Muslims is 1.2, while Hindus get a higher score of 2.8 (*Table 2*), indicating that Hindus mostly do not live strictly according to the rules of their religion, unlike Muslims, who do so. The absence of mandated guidelines/rules in Hindu religion as existing in Islam may be the reason attributed to this also. Leading a life as per the norms of the religion can be expected to contribute to more of control in life for Muslims, which could probably help them psychologically

also. Statistically significant is there for the difference in scores of this component between Muslims and Hindus. The mean score of Muslims is 1.4, while Hindus get a higher score of 3.8 (*Table 2*). Once again this indicates the attitude of Muslims under this study to follow their religious injunctions more, unlike that of Hindus who do not consider their religious beliefs much in taking decisions in life. The mean score of Muslims for this component is 2.4, while Hindus get a higher score of 3.2, indicating that Muslims adhere more to their own norms and values in their interaction with others than Hindus. However, statistically significant is not there for the difference in scores of this component of value attached to religion between Muslims and Hindus (*Table 2*). The mean score of Muslims for this component does not vary much between Muslims and Hindus, and there is no statistically significant difference in their scores (*Table 2*). This implies that both Muslims and Hindus under this study do not appreciate values and norms other than that of their religion in guiding their life. This is logical as far as human behaviour is concerned.

The mean score of Muslims for this component is 1, indicating that all of them strongly agree to this, while Hindus get a higher score of 3.2, with statistically significant difference in the scores (*Table 2*). This means that as already observed with respect to other value related components under this study, all the Muslims consider important values as arising from their religion itself. However, as evident from the higher mean score for this component, such a strict orientation is not there in the case of Hindus under this study. A strong belief in the values of one's religion may be expected to help in promoting healthy behaviour in the case of Muslims, which could help them to reduce mind related problems also. There is not much difference in the scores of Muslims and Hindus for this component and hence, statistically significant difference in scores is also does not there (*Table 2*). This implies that irrespective of the religion, the respondents under this study have been able to explain to other people the values which they regard as important in an almost similar manner. Statistically significant difference exists for the scores of this value related component between Muslims and Hindus, with Muslims getting a score of 1, indicating strong agreement by all of them, while Hindus get a higher score of 2.8 (*Table 2*). This implies that the level of trust in their religious beliefs, which mainly arise through strictly following the concepts embedded in Islam is very much high for Muslims. However, Hindu religion extends a free hand to its followers to think and arrive at a decision of their own on what to trust and what to follow in life with respect to religious beliefs.

Statistically significant difference exists for the scores of this component between Muslims and Hindus, with Muslims getting a score of 1.2, and Hindus with a higher score of 3.2 (*Table 2*). This indicates that Muslims feel that in addition to each one of them, others following the religion should also adhere to the principles contained in Quran, their holy scripture. This orientation may also be expected to help in cultivating more brotherhood among Muslims, which may favour them with regard to the assistance provided by the others from their religion in times of need. This may be considered as beneficial to Muslims in having a psychological feeling of getting help from others. However, since following the principles articulated in the holy texts like Ramayana, Bhagavatham etc. is not compulsory, we cannot expect Hindus to have such a perception, especially when they themselves may not be probably following them. A study has also reported about less adherence by Hindus in Kerala to religious practices, which would help them to maintain more values and principles in life (Madhava Chandran et al., 2025).

Influence of sex, age and level of religiosity on value attached to religion

No statistically significant difference in the total score for value attached to religion was observed in the case of Muslims as well as Hindus based on their sex and age. All the Muslims reported high level of religiosity. Statistically significant difference in the total score for value attached to religion was observed in the case of Hindus based on their level of religiosity (*Table 3*). Those who reported high level of religiosity got the lowest total score (22), indicating high value attached to religion, followed by those who reported moderate religiosity (28). The highest score of 30.5, which indicates comparatively less value attached to religion was obtained by Hindus reporting less religiosity (*Table 3*).

Table 3. ANOVA of total score for value attached to religion based on the level of religiosity of Hindus.

Level of religiosity of Hindus	Total score for value attached to religion	F-value and statistical significance
Less	30.5	10.7; p<0.10
Moderate	28.0	
High	22.0	

Influence of value attached to religion on psychological wellbeing

All the Muslims reported much psychological wellbeing due to value attached to their religion, which is comparatively more for them than Hindus under the study. *Table 4* shows the mean score of Hindus for value attached to religion based on the level of psychological wellbeing experienced by them due to that. Even though Hindus who reported much psychological wellbeing have a lower score for value attached to religion (26.0) than those who reported less wellbeing (30.5), statistically significant difference in the scores was not observed. This means that more value attached to religion, which is indicated by a lower score for it has contributed to comparatively more psychological wellbeing for Hindus also, as observed in the case of Muslims under this study. However, unlike all the Muslims under the study who attach more value to their religion and report much psychological wellbeing on account of it, only 60 % of Hindus reported much psychological wellbeing, while 40 % reported less psychological wellbeing only due to value attached to religion. A study has shown that highly religious students display high level of psychological wellbeing than less religious students (Ganaprakasam and Hutagalung, 2018; Joshi et al., 2008). In a study conducted among young gay and bisexual men, which included 47% African American, 29% Non-Latino White, 8% Latino and 16% Other Race, 91% of them reported spirituality as a coping source, which was positively associated with their psychological wellbeing (Meanley et al., 2016).

Table 4. Total score of Hindus for value attached to religion based on the level of psychological wellbeing experienced due to it.

Level of wellbeing psychological wellbeing experienced due to value attached to religion	Mean
Much	26.0
Less	30.5

Even though the strictures/rules in Quran are more rigid and mandatory unlike the Hindu holy texts, the findings of this study indicate that Muslims have benefited from a positive mental state achieved through adhering to their religious values, instead of feeling burdened by following them. This has positive implications from a health point

of view, since improvement in mental state/wellbeing can contribute to a reduction in other medical problems also, especially those which are psycho-somatic in nature. This appears to be relevant in the present-day context, when many people are overburdened in their busy life, leading to psychological problems like stress, anxiety, depression etc. If belief in the values of one's religion can offer solace to individuals, that will be the best alternative to psychological problems, instead of medication / treatment, which has side effects also. The value system of Islam is immutable and does not tolerate change over time for the simple fact that human nature does not change. The values are next to the nature of man, and are complimentary to his moral and spiritual evolution. The Islamic approach is oriented towards establishment of peace, positivity and brotherhood (Pakeeza and Chishti, 2012). The Bhagavad Gita, a Hindu epic depicts one of the earliest documented sessions of Cognitive behaviour therapy. A study has reported that Gita based psychological intervention significantly improved depressed mood in Cancer patients, with 41 % improvement in their mental state as relief from depressed mood (Deo et al., 2021). However, higher religious orientation has also been found to be correlated with higher risk for most psychiatric disorders in general (Baetz et al., 2006) and for depression specifically (Nelson et al., 1989). It has been reported that anxiety can result due to some religious beliefs contributing to conflicts for individuals (Freud, 2001). But, the results of this study show a different trend with regard to Muslims, with all of them reporting much psychological wellbeing on account of much value attached to their religion. Similarly, Hindus also who reported much value attached to their religion have experienced more psychological wellbeing in this study.

In this context, it appears necessary for parents of youngsters, Hindu institutions, Acharyas, Priests, etc. to inculcate the importance of the values enshrined in the holy texts among more people in the Hindu community, which can probably motivate them to lead a life according to the values. This may help in providing more peace and comfort in life for them, ultimately contributing to better physical and mental health. This view stands corroborated by the growing trend visible even in sections of the western society inclined towards Hindu scriptures, way of life and spiritual movements such as Hare Krishna.

Conclusion

Based on the total score for value attached to religion, the study shows that Muslims attach more value to their religion than Hindus. The scores for all the components of value attached to religion is less for Muslims (indicating more value attached to religion) than Hindus, with statistically significant difference between the scores of the respondents from the two religions for majority of the components. This implies that Hindus attach less value to religion related components than Muslims. No statistically significant difference in the total score for value attached to religion was observed in the case of Muslims as well as Hindus based on their sex and age. All the Muslims reported high level of religiosity. Statistically significant difference in the total score for value attached to religion was observed in the case of Hindus based on their level of religiosity. Those who reported high level of religiosity attach high value to religion, followed by those who reported moderate religiosity. Hindus reporting less religiosity attach less value only to religion. All the Muslims reported much psychological wellbeing achieved through value attached to their religion. More value attached to religion has contributed to comparatively more psychological wellbeing for Hindus

also. However, unlike all the Muslims who attach more value to their religion and report much psychological wellbeing on account of it, only 60 % of Hindus reported much psychological wellbeing due to value attached to religion, while 40 % reported less psychological wellbeing only. This could probably be due to total conviction of the values enshrined in Islam in relation to the daily life in the case of Muslims, which they are following with utmost sincerity. However, lack of such a positive orientation among some of the Hindus in the study could be the probable reason why all of them have not reported much psychological wellbeing on account of value attached to religion. This implies that even though the strictures in Quran are more rigid and mandatory unlike the Hindu holy texts, Muslims under this study have not felt burdened by following them. Instead, they have benefited from a positive mental state achieved through that. This has practical implications from a health point of view, since mental state improvement will contribute to reduction in other medical problems also, especially those which are psycho-somatic in nature. In this context, it appears necessary for parents of youngsters, Hindu institutions, Acharyas, Priests, etc. to inculcate the importance of the values enshrined in the holy texts widely among the Hindu community, which can probably make them lead a life according to the values. This may help in providing more peace and comfort in life for them, ultimately contributing to better health and psychological wellbeing. If belief in the values of one's religion can offer solace to individuals, that will be the best alternative to psychological problems, instead of medication/treatment, which has side effects.

Acknowledgement

We acknowledge the Muslims and Hindus who have helped us in conducting this study among them. This research is self-funded.

Conflict of interest

The authors confirm that there is no conflict of interest involve with any parties in this research study.

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