

## THE ROLE OF RELIGIOUS COPING AND EMOTIONAL WELL-BEING AMONG MUSLIM AND CHRISTIAN COMMUNITIES

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### Abstract

Emotional well-being is vital as it forms the foundation of happiness through a balance of positive and negative emotions. This study examines the relationship between creator-centered religious coping strategies and emotional well-being in Muslim and Christian communities. Differences in belief systems are expected to influence emotional well-being. Muslims generally view the world positively, believing that sinful humans can return to purity, while Christians hold a more negative view, seeing sin as inherited from birth. Using an ex-post facto design, data were collected through religious coping and emotional well-being questionnaires from adults aged 18–40 who are active in mosques or churches. Data were analyzed using Multiple Regression to assess the influence of religious coping and a T-Test to compare both communities. Results showed R coefficients of .456 and .469 with Sig. .000, indicating significant effects of positive and negative religious coping on emotional well-being, with no significant differences between communities.

**Keywords:** Religious Coping, Positive religious coping, Negative religious coping, Emotional Well-being

### INTRODUCTION

Work pressure and societal situations can create problems within families, leading to feelings of anxiety, fear, anger, stress, and various other negative emotions. These feelings can suppress positive emotions such as joy, enthusiasm, and pride, which in turn affects individuals' overall life satisfaction.

According to Diener (2000), subjective well-being has an affective component, which includes an individual's emotional experiences, consisting of positive and negative emotions, and a cognitive component, which refers to an individual's life satisfaction (Kushlev, K., Drummond, D.M., & Diener, E, 2019). The affective component, which includes both positive and negative feelings, is referred to as emotional well-being.

Affective evaluation involves an individual's emotional reactions to life situations, encompassing both positive and negative emotions. Positive feelings refer to pleasant emotions and feelings such as pleasure and affection. According to Diener (2005), positive feelings also include positive reactions to other people, such as love and affection, positive reactions to certain activities, such as interest and engagement, and a generally positive mood, such as joy. Negative feelings include unpleasant emotions and represent an individual's negative response to life, health, events, and their environment (Diener, 2005). These can include emotional states like anger, sadness, anxiety, worry, stress, frustration, guilt, shame, and envy, as well as more prolonged moods like depression (Diener et al., 2017).

Compton & Hoffman (2013) state that individuals can increase happiness and life satisfaction by using good coping strategies in stressful situations, which will surely lead to higher well-being. Furthermore, Diener (2009) identifies several factors that influence emotional well-being, including personality, income, demographics such as age, gender, race, occupation, education, religion, and family.

Religion provides a unique coping strategy, and studies on religion-based coping have found various strategies people use to deal with stress and difficulties in life (Pargament, Ano, & Wachholtz, 2005, in Compton & Hoffman, 2013). Leak, DeNeve & Greteman (2007) found that

individuals who orient their goals toward spirituality and self-transcendence report more positive emotions, higher emotional well-being, better physical health, and other positive indicators of higher well-being (in Compton & Hoffman, 2013). Compton (2005) highlights the role of religiosity as a way to achieve happiness.

Religious coping is an individual's cognitive, emotional, or behavioral response to stress. According to Pargament (1997), it can serve many purposes, including finding meaning in life, closeness to God, hope, peace, connection with others, self-development, and self-control.

Pargament (1997) identifies two dimensions of religious coping: positive and negative. Positive religious coping refers to expressions of spirituality, feeling secure with God, believing that there is meaning in life, and having a spiritual connection with others. Negative religious coping is an expression of an insecure relationship with God, weak and unpleasant views of the world, and struggling to find meaning (Pargament, Smith, Koenig, & Perez, 2013). Both positive and negative religious coping are linked to levels of well-being (Pargament, Tarakeshwar, Ellison, & Wulf, 2001).

Based on this, it can be argued that individuals can achieve emotional well-being when there is a balance between positive and negative emotions, especially when facing stressful family conditions. This emotional balance can be achieved when an individual has good religious coping skills, which leads to the more frequent use of positive religious coping rather than negative religious coping.

Religious coping is based on religiosity, which is related to institutional religious involvement, dogma, and rituals. For example, the Muslim community believes that polygamy is permissible for a husband with his wife's consent, while the Christian community believes in lifelong monogamous marriage. This condition is lived out according to their beliefs, which will provide different coping responses that can influence emotional well-being. In addition, the Muslim community holds a positive belief that sinful humans can return to their pure and sacred nature, while the Christian community has a more negative religious belief, viewing original sin as inherited at birth. This condition will influence their experience of positive and negative religious coping when facing daily life problems.

This study aims to examine the relationship between the influence of religious coping on emotional well-being in Muslim and Christian communities to improve well-being in families.

## METHOD

This non-experimental study comprehensively analyses the determinants of religious coping on emotional well-being in Muslim and Christian communities. The instruments used are the Brief R-Cope from the Short Measure of Religious Coping by Pargament, K., Feuille, M., and Burdzy, D. (2011) and the Positive and Negative Affect Scale (PANAS) developed by Diener, E., Wirtz, D., Tov, W., Chu Kim-Prieto, Choi, Dong-won, Oishi, S. and Biswas-Diener, R. (2010).

Data was collected using cluster area sampling in the Muslim and Christian communities in Bandung. Data processing used Multiple Regression and a T-Test to test the research hypotheses and obtain a comparative model of the influence of religious coping on emotional well-being in the two communities.

## RESULTS AND DISCUSSION

### Result

The study involved 370 respondents from the Muslim community and 360 respondents from the Christian community in Bandung. A complete description of the data, including demographic information and statistical test results, is presented below.

Table 1. Respondent Demographics

Variables	Muslim Community (N=370)		Christian Community (N=360)	
	Mean	SD	Mean	SD

Age	30.85	12.140	32.24	8.38
Education	3.50	.748	2.83	1.22
Socioeconomic Status	2.05	.504	2.69	0.89
Religious Attendance	5.05	.960	4.87	1.27
Religious Activity	3.47	1.513	3.76	1.32
Subjective Religious	4.43	1.284	4.26	1.30

Table 1 shows that respondents in the Muslim community were generally around 30 years old (Mean = 30.85, SD = 12.140) and had a high school education (Mean = 3.50, SD = .748) with a lower-middle socioeconomic status (Mean = 2.05, SD = 0.504). They attended mosque activities at least once a week (Mean = 5.05, SD = .960), participated in religious activities such as recitations two to three times a week (Mean = 3.47, SD = 1.513), and had a moderate level of spiritual devotion (Mean = 4.43, SD = 1.284).

Respondents in the Christian community were generally around 32 years old (Mean = 32.24, SD = 8.38) and had a middle school or high school education (Mean = 2.83, SD = 1.22) with a lower-middle socioeconomic status (Mean = 2.69, SD = 0.89). They attended church services at least once a week (Mean = 4.87, SD = 1.27), engaged in religious activities such as group prayer two to three times a week (Mean = 3.76, SD = 1.32), and had a moderate level of spiritual devotion (Mean = 4.26, SD = 1.30).

Based on the statistical tests for the two research hypotheses, the following results were obtained: Religious Coping Simultaneously Influences Emotional Well-Being in Muslim and Christian Communities.

Table 2. Religious Coping on Emotional Well-Being in Muslim Communities

Dependent Variables	MULTIPLE REGRESSION				
	R	R Square	F	Sig. F	%
Emotional Well-being	.456**	.208	50.21	.000	20.8

Note. \* < .05      \*\* < .01

N=370

a. Dependent Variable: Emotional Well-Being in Muslim Communities

b. Predictors: (Constant), R Coping Positive, R Coping Negative

Table 3. Religious Coping on Emotional Well-Being in Christian Communities

Dependent Variables	MULTIPLE REGRESSION				
	R	R Square	F	Sig. F	%
Emotional Well-being	.469**	.220	50.21	.000	22.0

Note. \* < .05      \*\* < .01

N=360

a. Dependent Variable: Emotional Well-Being in Christian Communities

b. Predictors: (Constant), R Coping Positive, R Coping Negative

Based on Table 2, the first hypothesis test shows that religious coping simultaneously has a significant effect on emotional well-being in Muslim communities, with an R coefficient of .456 and a Sig. value of .000. Religious coping contributes 20.8% to emotional well-being, while the rest is influenced by other factors. As shown in Table 3, religious coping also has a significant effect on emotional well-being in Christian communities, with an R coefficient of .469 and a Sig. value of .000. Religious coping contributes 22.0% to emotional well-being, with other factors influencing the remainder.

Table 4. Religious Coping on Emotional Well-Being in Muslim Communities

Variables		Emotional Well-being	
		$\beta$	Sig.
R Coping	Positive	.247**	.000

	Negative	-.329**	.000
Note. * < .05	** < .01	Multiple Regression	N=370

Table 4 shows a path analysis of religious coping in the Muslim community. Both dimensions—positive religious coping (beta .247, Sig. .000) and negative religious coping (beta -.329, Sig. .000)—have a significant effect on emotional well-being.

Table 5. Religious Coping on Emotional Well-Being in Christian Communities

Variables	Emotional Well-being	
	$\beta$	Sig.
R Coping		
Positive	.243**	.000
Negative	-.348**	.000

Table 5 shows a path analysis of religious coping in the Christian community. Both dimensions—positive religious coping (beta .243, Sig. .000) and negative religious coping (beta -.348, Sig. .000)—have a significant effect on emotional well-being.

Table 6. Comparison of Emotional Well-Being in Muslim and Christian Communities

Emotional Well-being	N	Mean	Standard Deviation	Standard Error	Sig.
Muslim	370	7.88	7.220	.374	.623
Christian	360	8.14	7.192	.374	

Note. \* < .05      \*\* < .01      T Test      N=370 dan 360

The T-Test in Table 6 indicates that there is no significant difference in emotional well-being between the Muslim and Christian communities, with means of 7.88 and 8.14 and a Sig. value of .623.

Table 7. Comparison of Positive Religious Coping in Muslim and Christian Communities

Emotional Well-being	N	Mean	Standard Deviation	Standard Error	Sig.
Muslim	370	15.57	4.046	.210	.807
Christian	360	15.61	4.072	.215	

Note. \* < .05      \*\* < .01      T Test      N=370 dan 360

Table 8. Comparison of Negative Religious Coping in Muslim and Christian Communities

Emotional Well-being	N	Mean	Standard Deviation	Standard Error	Sig.
Muslim	370	4.77	4.340	.225	.967
Kristen	360	4.78	4.325	.228	

Note. \* < .05      \*\* < .01      T Test      N=370 dan 360

The T-Tests in Tables 7 and 8 show no significant difference in either positive or negative religious coping between the Muslim and Christian communities, with means of 15.57 and 15.61 (Sig. .807) for positive coping and 4.77 and 4.78 (Sig. .967) for negative coping.

## Discussion

Based on the statistical analysis, religious coping has a significant simultaneous effect on emotional well-being in both Muslim and Christian communities, with R coefficients of .456 and .469, and a Sig. value of .000 (see Tables 2 and 3). This means that religious coping contributes 20.8% and 22.0% to emotional well-being, with other factors influencing the remainder. Peacock and Paloma (1999) found that closeness to God is the greatest predictor of life satisfaction across different age ranges. According to Pargament (1997), religious coping can achieve many goals, including finding meaning in life, closeness to God, hope, peace, connection with others, self-development, and self-control. The difference in the contribution of religious coping between Muslim and Christian communities is small, at only about 2.8%. Higher religiosity has been linked

to higher life satisfaction (Diener & Seligman, 2004; Helliwell, 2007, in Diener & Ryan, 2015), which is evident in both communities.

The path analysis results in Tables 4 and 5 are also very similar between the two communities. In the Muslim community, positive religious coping has a significant effect on emotional well-being, with a coefficient of  $\beta$  .247 (Sig. .000), and negative religious coping has a significant effect with a coefficient of -.329 (Sig. .000). The results for the Christian community are similar, with positive religious coping having a significant effect with a coefficient of  $\beta$  .243 (Sig. .000) and negative religious coping having a significant effect with a coefficient of -.348 (Sig. .000). These results mean that the more positive religious coping an individual in either community has, the better their emotional well-being, and conversely, the more negative religious coping they have, the worse their emotional well-being. According to Synder & Dinoff (1999), positive coping is a response that aims to reduce physical, emotional, and psychological stress in daily life and is useful for increasing individual wellness through psychosocial adjustment. In contrast, negative religious coping (NRC) is associated with many signs of psychological distress and a lower quality of life. NRC is characterized by tension, conflict, and struggle with God and others, which manifests as negative views of God and a sense of doubt. Individuals generally use positive religious coping more frequently than negative religious coping.

The T-Test in Table 6 indicates no significant difference in emotional well-being between the Muslim and Christian communities, with a small mean difference of only .26 (Sig. .623). Similarly, the T-Tests in Tables 7 and 8 show only small, insignificant differences in both positive and negative religious coping between the two communities. The mean differences for Positive Religious Coping and Negative Religious Coping are around .04 and .01, respectively. This suggests that the Muslim community tends to use positive religious coping (.247) slightly more than the Christian community (.243), while the Christian community tends to use negative religious coping (-.348) slightly more than the Muslim community (-.329), in line with their respective beliefs. Hadaway (1978) stated that religion is a potential resource in a person's life for positive emotions.

Table 1 shows that respondents from the Muslim community participated in mosque activities at least once a week (Mean = 5.05, SD = .960) and performed religious activities like recitations two to three times a week (Mean = 3.47, SD = 1.513) with a moderate level of spiritual devotion (Mean = 4.43, SD = 1.284). The situation is similar in the Christian community, with respondents attending church services at least once a week (Mean = 4.87, SD = 1.27) and engaging in religious activities such as group prayer two to three times a week (Mean = 3.76, SD = 1.32) with a moderate level of spiritual devotion (Mean = 4.26, SD = 1.30). Individuals in religious communities tend to experience higher well-being, specifically because participation in religious activities, support from fellow believers, a relationship with God, and prayer have been linked to higher levels of well-being (Ferriss, 2002; Poloma & Pendleton, 1990; Witter, Stock, Okun, & Haring, 1985, in Diener & Ryan, 2015).

## CONCLUSION

Based on the discussion, it can be concluded that religious coping has a significant simultaneous influence on emotional well-being in both Muslim and Christian communities. Furthermore, the path analysis shows that both positive and negative religious coping significantly influence emotional well-being. However, the study also found that the Muslim community tends to use Positive Religious Coping more, while the Christian community tends to use Negative Religious Coping more, which aligns with their respective beliefs and is reinforced by daily religious activities. The research also reveals no significant differences in religious coping or emotional well-being between the two communities. This indicates that the factor of religion causes only a slight difference in an individual's emotional well-being within these different communities.

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