

# Intellectual Discourse

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# *Intellectual Discourse*

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# Mental Well-Being and Religious Values Among Muslims Across Four Cities

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**Ismail Fatah\*\*\***

**Shazmin Rafeeq\*\*\*\***

**Abstract:** Mental well-being as a subject is much integrated with other fields of knowledge. Thus, in this study, chosen variables common to other constructs in different fields of knowledge such as self-development, self-acceptance, personal goal, resilience, piety, hope and social interest were used as significant constructs to correlate positively with mental well-being. The Warwick-Edinburgh Mental Well-Being Scale (W-EMWS) was mainly used to gauge mental well-being among respondents in this study. The focus of the study was to investigate the mental well-being among the diverse Muslim groups in selected cities in different countries with differences in nationalities, cultures, and values. The study was to determine whether religiosity values among the different Muslim groups contributed to their mental well-being. A sample size of 989 respondents was selected from Istanbul, Republic of Türkiye; Kuala Lumpur, Malaysia; Lagos, Nigeria; and London, United Kingdom. The results from this study indicated that several factors such as self-acceptance, social interest, and self-development significantly correlated to mental well-being among Muslim respondents. As predicted, the study shows varying degrees

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of correlation among the Muslim groups selected in different cities. However, religious values, such as piety and hope were moderately correlated with mental well-being among the Muslim groups. The findings show promising results and future studies should expand into investigating the exploratory modelling of mental well-being and differences in the potential means of religious values across other Muslim countries from different backgrounds.

**Keywords:** Mental Well-Being, Mental Health, Cross-Culture, Religious Values and Muslim.

**Abstrak:** Kesejahteraan mental merupakan satu bidang ilmu yang berkaitan rapat dengan bidang-bidang ilmu lain. Justeru itu, dalam kajian ini, pilihan angkuh kajian yang biasa ditemui dalam konstruk-konstruk kajian daripada pelbagai bidang ilmu lain seperti pembangunan diri, penerimaan diri, matlamat peribadi, daya tahan, taqwa, harapan dan kepentingan sosial diguna pakai sebagai konstruk signifikan yang dapat menunjukkan korelasi secara positif dengan kesejahteraan mental. Instrumen asal “the *Warwick-Edinburgh Mental Well-Being Scale (W-EMWS)*” digunakan dalam kajian ini untuk mengukur kesejahteraan mental responden kajian. Fokus kajian adalah untuk menyiasat kesejahteraan mental responden Muslim dari pelbagai latar belakang seperti negara, kewarganegaraan, budaya dan nilai-nilai kehidupan. Kajian juga cuba mengenalpasti sama ada faktor keagamaan menyumbang kepada kesejahteraan mental responden dari pelbagai negara tersebut. Sampel kajian seramai 989 responden dipilih dari Istanbul, Republik Turkiye; Kuala Lumpur, Malaysia; Lagos, Nigeria; dan, London, United Kingdom. Dapatan kajian menunjukkan beberapa faktor kajian seperti penerimaan diri, kepentingan sosial dan pembangunan diri berkorelasi secara signifikan dengan kesejahteraan mental responden Muslim dalam kajian ini. Seperti yang telah dijangkakan, kajian juga menunjukkan variasi korelasi antara kesejahteraan mental dan responden dari pelbagai bandaraya pilihan. Walau bagaimanapun, nilai keagamaan, seperti taqwa dan harapan berkorelasi secara sederhana dengan kesejahteraan mental responden dalam kajian ini. Kajian juga menghasilkan dapatan yang menjanjikan peluang terbaik untuk kajian susulan seperti kajian penerokaan model kesejahteraan mental dan potensi nilai-nilai keagamaan di kalangan Muslim dari pelbagai latar belakang.

**Kata kunci:** Kesejahteraan Mental, Kesihatan Mental, Silang Budaya, Nilai Keagamaan dan Muslim.

## Introduction

There is a broad spectrum of mental well-being studies conducted by relevant scholars and practitioners in their intellectual discourses. Yet, there is a slight hindrance to integrating all the intellectual discourses to represent mental well-being studies. Most researchers still view mental well-being and mental health as illnesses of the mind which is a subtle and indirect expression of mental disorders and diseases (Netchitailova, 2022). Meanwhile, Hernández-Torrano et al. (2020) posit that studies on mental health and mental well-being have experienced a steady growth since 2010 in interdisciplinary studies in different field of studies such as behavioural sciences, biomedical sciences, positive psychological well-being, mental health, and mental well-being. In general, mental well-being could be seen as a phenomenon that ranges on an endless continuum from one end that expounds mental illnesses, to the other end that elaborate mental well-being.

Mental well-being also subscribes to a state of mind that allows an individual to function normally within an environment. According to World Health Organization Report (2022) mental health is a premise of mental well-being where individuals are able to recognise and utilise their abilities, potentials, coping strategies, productivity and contributions to their communities. Ruggeri et al. (2020) also express mental health as to embrace biological, psychological and social well-beings of an individual which could extend into positive feelings such as happiness, satisfaction, responsibility, optimistic attitudes, and constructive functioning. Furthermore, Fountoulakis (2022) defines mental health as a dynamic state of internal equilibrium which enables individuals to harmonise their capabilities and functions within universal values of a society. Galderisi et al. (2015) clarify state of internal equilibrium is possible through basic cognitive and social skills that enable an individual to recognise, express and modulate one's own emotions, to empathise with others, to have flexible mind set, to cope with adverse life events, to function in social roles, and to sustain harmonious relationship between body and mind.

In a simple way, mental well-being discourses may include all dimensions of human development such as biological, intellectual, emotional and spiritual. First, from biological point of view, the study investigates the functions of mental health and mental well-being of

an organism to live and survive; second, from emotional perspective, the study probes feelings and emotions that symbolises the organism's ability to express feelings toward oneself and others; third, from intellectual position, the study examines that represents the organism ability to develop and grow in its sphere; and fourth, from spiritual paradigm, the study examines the connection between organism and to the meaning and purpose of life. Thus, aspects such as of harmonisation between body, mind and soul; and harmonisation between capabilities and functions; and harmonisation between universal and religious values of an organism can be translated into constructs of this research such as social interest, resilience, self-development, personal goal, piety, and hope within mental well-being parameter.

In this study, mental health is also viewed as a process of adjustment for a Muslim as an individual in the environment in dealing with life circumstances (Chen et al., 2021). Adjustment to life is a continuous process of an organism in its relationship within the personal, interpersonal and societal spectrum. As such, every individual must adjust and guide oneself in personal matters, interpersonal affairs, and social responsibilities. Therefore, there is a complex relationship between an individual's mental health and life from different perspectives, such as psychological, sociological and religious needs and values. Indeed, in many instances, the rational and logical approaches in mental health, on how an individual deals with contradicting elements concerning his or her psychological and emotional well-being are supreme. For example, an individual will identify and select his or her potential abilities to adjust to a stressful life according to his or her strength as a person. According to the literature, many factors in the environment are affecting an individual's mental health. However, in this study, factors affecting mental health such as social interest, resilience, self-acceptance, self-development, personal goal, and hope will be the main variables in the study.

According to Joshanloo (2018), in a comprehensive study of 166 nations, there is a significant correlation between individual and country-level development variables such as life satisfaction, quality of life, prosperity, and Gross National Product to mental health. In addition, another study Pedrosa et al. (2020) indicate that maintaining the mental health of an individual can also promote the ability to be happy (individual), the ability to care about others (interpersonal



relationship), and to commit to productive works (inter-groups/societal relationship). Studies on spiritual and religious values (Abdel-Khalek et al., 2019; Tekke et al., 2018) identify mental health and lifestyle of a Muslim are very much related to religious values and its teaching. Both studies have also shown the potential of religiosity values as an effective way to alleviate mental illnesses.

On the other hand, there is still a caution in including religiosity in mental health studies. It has been established in research that cultural domains such as religious values could not scientifically gauge and evaluate social rationality (Lux et al., 2021). Joshanloo et al. (2019) stress that in a society such as a Muslim community, cultural values, faith, Islamic behaviours, and etiquette are essential for achieving mental well-being and mental health. Hence, Islamic dimensions such as faith, hope, behaviours, and etiquette encompass the proposed Western mental health theories. Indeed, adopting the communal-based constructs, as in this study of a Muslim community, need adjustment and justification in current theories and models (Eric et al., 2019)

Psychologists prefer to explain the religiosity phenomena more from a social interest dimension; as many studies have shown that individuals with social interest are more tolerant in dealing with others (La Sablonnière, 2017). In addition, it is also recommended that mental health services integrate religiosity and spirituality values in their daily services offered to their clients (Sabry et al., 2013). With numerous well-being scales available and a relatively large sample size, the present study provides an excellent opportunity to examine the mental health and well-being of selected Muslim samples. This study investigates the mental health and religiosity values among Muslim respondents in an attempt to incorporate mutual dimensions of the mental health and religious constructs such as social interest, resilience, self-acceptance, self-development, personal goal, piety, and hope among Muslim groups in Istanbul, Kuala Lumpur, Lagos and London.

## **Methodology**

### *Respondents in The Study*

Data for this research came from four separate samples across four cities in four countries. The sample size of 989 respondents for the four groups consisted of 211 Turkish (67 % female; 33% male; M

age=20.34; SD=1.86); 301 Malaysian (49.8 % female; 50.2 % male; M age=22; SD=1.76); 213 Nigerian (51.2 % female; 48.8 % male; M age=23; SD= 1.92); and 264 British Muslim (78 % female; 22 % male; M age= 19; SD=1.63). The participants were selected randomly among Muslim university students in different campuses in Istanbul, Kuala Lumpur, Lagos, and London.

### *Measures*

All scales appeared in a single questionnaire booklet. The instrument for measurement, W-EMWS, appeared with clear guidelines for respondents to follow. Responses to all items occurred along a 1 to 5 Likert scale (from 1=strongly disagree to 5=strongly agree). Statistical procedures were used to compute the response to each measure in terms of the average response per item. Mental well-being constructs in the study are Mental Well-Being, Social Interest, Resilience, Self-Acceptance, Self-Development and Personal Goal. Whilst, the religious values constructs are Piety and Hope.

### *Constructs in The Study*

**Mental Well-Being:** The construct, mental well-being, was adopted from (W-EMWS) Warwick-Edinburgh Mental Well-being (Tennant et al. 2007). The 14 items capture mental well-being such as: “I’ve been feeling optimistic about the future”; “I’ve been dealing with problems well”; and, “I’ve been able to make up my own mind about things”. The Cronbach Alpha reliability for the construct for this sample were found to be from .85 to .90.

**Social Interest:** The construct, social interest, was adopted from (SIC) Social Interest Scale (Crandall, 1980) assesses the attempts of the individual to contribute to the welfare of humankind. Some examples of the 10 items in this instrument are: “I think I am tolerant in dealing with others”; “I think I am generous towards others”; and, “I think I am helpful to others”. The Cronbach Alpha reliability were found to be from .82 to .90.

**Resilience:** The construct, resilience, was adopted from (BRS) Brief Resilience Scale (Smith et al. 2010) represents challenges in his or her life in overcoming the difficulties. It includes six statements, and one

was eliminated during the factor analysis process, so the total became five items. Among the items are, “I tend to bounce back quickly after hard time”; “I usually come through difficult times with little trouble”; and, “I take life as it is”. For this sample, the Cronbach Alpha reliability were found to be from .77 to .84.

**Self-Acceptance:** The construct, self-acceptance, was adopted from (SAS) Self-Acceptance Scale (Bernard et al. 2013) consisted of five items. For example, “I possess positive attitude towards myself”; “I acknowledge and accept multiple aspects of myself”; and, “I accept myself as I am” represent the development of one’s identity and establishing a healthy relationship. The Cronbach Alpha reliability in the present sample were from .66 to .84.

**Self-Development:** The construct, self-development, was adopted from (SDS) Self-Development Scale (Robitscheck et al. 2012) includes six statements expressing dynamic self-change and personal growth. Some of the examples are, “I see myself as changing in ways that reflect more self-knowledge and effectiveness”; “I think I am open to new experience”; and, “I think I have sense of realising my potentials”. The Cronbach Alpha reliability were found to be from .79 to .89.

**Personal Goal:** The construct, personal goal, was adopted from personal goal a sub-scale of (PWBS) Psychological Well-Being Scale (Ryff, 2013). The factor consisted of six items, for example, “I have concern for competing with the standard of excellence”; “I have concern for developing self-worth”; and, “I have concern for personal success in life”. The items refer to individual search for meaning and purpose of life. The sample obtained the Cronbach Alpha reliability scores from .71 to .92.

**Piety:** The construct, piety, was adapted and amended from (ROS) Religious Orientation Scale (Gorsuch et al. 1972) to suit the Muslim-Sunni group. The seven items instrument were to reflect God-conscious, God-fearing, piety and self-restraint on Islamic teachings. Some of the items are, “I try as much as possible to follow the commandment of Allah”; “I try as much as possible to prepare myself to the hereafter”; and, “I try as much as possible to move away from sin”. The Cronbach Alpha reliability were found to be from .87 to .90.

Hope: The construct, hope, was adapted and amended from (ROS) Religious Orientation Scale (Gorsuch et al. 1972) and the (RCS) Religious Commitment Scale (Pfeifer et al. 1995) to suit the Muslim-Sunni group. The seven items instrument operationalises explicitly the items for self- confidence and to elevate the feelings of self-worth. The examples are, “Faith in Allah helps me not to lose hope in difficult periods”; “I hope for peace and happiness in my prayer”; and, “I hope my suffering will be rewarded”. The Cronbach Alpha reliability in the present study were from .91 to .93.

*Procedure*

All procedures as in the institutional guidelines to conduct ethical research were observed. Student participation in the study was voluntary. The researchers administered the questionnaire booklets to participants in the university’s classroom setting (physical or face to face sessions). The researchers were allowed to conduct the study by their respective lecturers in different campuses in Istanbul, Kuala Lumpur, Lagos and London with different researchers representing the Republic of Türkiye, Malaysia, Nigeria and the United Kingdom (see Table 1.) Participants from Kuala Lumpur, Lagos and London used the English versions of the scales, while participants in Istanbul used the Turkish version. In Istanbul, the items for the questionnaire were translated using the back-translation method, respectively.

Demographic	Istanbul	Kuala Lumpur	Lagos	London
Variables	(n=211)	(n=298)	(n=213)	(n=264)
Age (years)				
M	20.34	22	23	19
SD	1.86	1.76	1.92	1.63
Gender (%)				
Male	33	50.2	48.8	22
Female	67	49.8	51.2	78

Table 1. Frequency of Demographic Characteristics.

The present study investigated the correlation and regression of mental health and religious values across the four cities. These group of participants were selected because of their remarkable differences in language, geography, social and economic status, and political perspectives. As a general indicator, the researcher referred to the Human Development Index (measuring life expectancy, education, and income), of the United Kingdom (0.92), Türkiye (0.81), Malaysia (0.80) and Nigeria (0.53) scoring the lowest (UNDP, 2022).

## **Results**

For the sake of simplicity, we report and discuss the results from the bi-variate correlations between mental health and religious values (i.e., social interest, resilience, self-acceptance, self-development, personal goal, piety, and hope). Table 2 shows the bi-variate correlations of the mental health dimension with religious values. As expected, mental health, social interest, and self-development variables were positively correlated to resilience, self-acceptance, piety, and hope in all samples. In the Istanbul sample, resilience was not significant with piety and hope but was highly correlated with mental health, social interest, self-acceptance, and self-development. In the London sample, self-acceptance was not only significant with piety, but its relation to mental health, resilience, social interest, self-development, and hope was significantly positive.

Among the correlation of mental health to other dimensions across samples, self-acceptance is one of the most robust variables of mental health in the Istanbul sample; social interest is one of the most robust dimensions in the Kuala Lumpur sample; self-development is one of the strongest mental health associations in the Lagos sample; and resilience is one of the strongest correlates of mental health in the London sample. Among religious values, piety and hope are the moderate mental health correlates in all samples.

Table 2: Bi-variate Correlations Mental Well-being, Social Interest, Resilience, Self-acceptance, Self-development, Piety, and Hope

	Mental health	Social interest	Brief resilience	Self-acceptance	Self-development	Personal goal	Piety	Hope
<b>Istanbul (211)</b>								
Mental health	1							
Social interest	.539**	1						
Brief resilience	.483**	.163*	1					
Self-acceptance	.565**	.318**	.502**	1				
Self-development	.550**	.482**	.374**	.514**	1			
Personal goal	.512**	.409**	.315**	.345**	.625**	1		
Piety	.364**	.308**	.125	.178**	.245**	.374**	1	
Hope	.341**	.396**	.064	.144*	.254**	.393**	.835**	1
<b>Kuala Lumpur (298)</b>								
Mental health	1							
Social interest	.522**	1						
Brief resilience	.585**	.436**	1					
Self-acceptance	.622**	.593**	.581**	1				
Self-development	.580**	.568**	.568**	.637**	1			
Personal goal	.437**	.532**	.410**	.500**	.588**	1		
Piety	.413**	.445**	.400**	.520**	.524**	.414**	1	
Hope	.441**	.425**	.360**	.487**	.528**	.388**	.558**	1
<b>Lagos (213)</b>								
Mental health	1							
Social interest	.557**	1						
Brief resilience	.512**	.521**	1					

Self-acceptance	.561**	.627**	.388**	1				
Self-development	.633**	.643**	.878**	.878**	1			
Personal goal	.374**	.463**	.486**	.486**	.551**	1		
Piety	.453**	.584**	.599**	.599**	.634**	.559**	1	
Hope	.248**	.429**	.402**	.402**	.472**	.450**	.583**	1
<b>London (264)</b>								
Mental health	1							
Social interest	.513**	1						
Brief resilience	.588**	.390**	1					
Self-acceptance	.548**	.431**	.632**	1				
Self-development	.477**	.421**	.546**	.613**	1			
Personal goal	.175**	.136*	.379**	.515**	.241**	1		
Piety	.309**	.329**	.333**	.120	.393**	.230**	1	
Hope	.205**	.307**	.283**	.289**	.418**	.217**	.676**	1

\* $p < .05$       \*\* $p < .01$

Table 3 presents the multiple regression results in which mental health was the dependent variable across the four cities for the Muslim-Sunni group. With reference to Table 3, the models were highly significant ( $p < 0.0001$ ); *F-ratios* ranged between 31.6 and 170.75. The four models accounted for 51 % (Istanbul), 49 % (Lagos), 50 % (Kuala Lumpur), and 47 % (London) of the total variance in the dependent variable, mental health. The main predictors of mental health were commonly social interest and resilience among Istanbul and London groups. There was similar resilience among Kuala Lumpur and Lagos groups in different combinations. In addition, self-acceptance predicted mental health as well for Kuala Lumpur group. Of these variables, social interest makes the most significant unique contribution ( $\beta = .32, .14, .34$ ) among Istanbul, Kuala Lumpur and London groups. In contrast, resilience makes the Lagos group's most significant contribution ( $\beta = .34$ ).

Table 3 Multiple regression for predicting mental health in four different Muslim groups

Variable		<i>B</i>	<i>Beta</i>	<i>t</i>	<i>Sig.</i>
Istanbul	(Constant)	-.012	-	-.047	.962
	<i>R</i> <sup>2</sup>	-	0.51		
	<i>F-ratio</i>		55.98		.000
	Social Interest	.332	.323	5.142	.000
	Resilience	.259	.322	3.937	.000
	Self-acceptance	.218	.249	4.211	.000
	Self-development	.220	.234	1.220	.224
	Piety	.112	.168	1.798	.074
Kuala Lumpur	(Constant)	.583	-	5.71	.611
	<i>R</i> <sup>2</sup>	-	0.50		
	<i>F-ratio</i>		73.75	.	.000
	Social Interest	.142	.148	11.312	.000
	Resilience	.225	.266	6.341	.000
	Self-acceptance	.255	.269	3.626	.000
	Self-development	.146	.174	5.039	.000
	Lagos	(Constant)	.790	-	2.715
<i>R</i> <sup>2</sup>		-	0.49		
<i>F-ratio</i>			70.04		.000
Resilience		.267	.348	5.316	.000
Self-acceptance		.190	.211	2.180	.030
Personal Goal		.038	.044	.703	.483
London		(Constant)	.056	-	.207
	<i>R</i> <sup>2</sup>	-	0.47		
	<i>F-ratio</i>		32.98	.000	
	Social Interest	.406	.346	6.290	.000
	Resilience	.291	.312	5.059	.000
	Self-acceptance	.183	.190	2.347	.020



## Discussion

The mental health of Muslim groups in four different cities in Istanbul, Kuala Lumpur, Lagos and London show positive correlation with religious values such as social interest, resilience, self-development, personal goal, piety, and hope. The results also show some variance between the constructs in the study. This is to be expected as the groups were different in their ethnicity, language, culture, socio-economic status, and political dimensions. In the aspect of religious values, the findings also indicated some differences in terms of the significant constructs for different groups in this study. Some groups have shown significant constructs of religious values more than the other groups. Again, the differences could be addressed further in the following discussion.

Ann-Marie Yamada et al. (2020) in a study in California found that more than 80% of the 2,050 participants agreed or strongly agreed that religious values were important to their mental health. The researchers elaborated rituals and religious practices are prayers, meditations, attending religious services, spending time in nature, and reading sacred texts or spiritual self-help books; these are some of the activities that define religious values embedded in rituals and practical practices. Attitudes toward these spiritual and religious practicality are also defined in the integration religious practices and rituals as determinant of religious values to mental health in this study. The findings in this research lead toward rituals and practical practices as religious values. Chen et al. (2018) show that active religious participation during adolescence correlated positively with psychological well-being, character building, and lower peril of mental illnesses and behavioural risks. These findings were compatible with this study, where the W-EMWS measures also established positive correlations between religious values and mental well-being among Muslim groups. These are shown in the piety and hope items. In a study by Friedli (2009) demonstrates that religious values such as resilience was positively correlated with mental health and concluded that religious values are essential for the quality of life. Equally, religious values such as resilience, self-development, and personal goals are found to enhance mental health status (Coelho-Júnior et al. 2022). There is also a positive correlation between religious values and psychological well-being as discovered by Awad et al. 2015.

Religiousness attendance as part of religious values such as resilience, self-development, and personal goal are correlated to higher well-being (Jokela 2022). Dunbar (2021) points that the rate of attendance of an individual at religious services is associated with higher rate of group sympathy and a greater sense of bonding to congregation members. Therefore, attendees of religious services may feel that they can easily count on the emotional support of congregational members than their friends. Another study also show that religious values are found to be a protective factor for depression and anxiety (Misran et al. 2021). These findings emphasise that the positive correlation for mental health and religious values is consistent with the measure for well-being among Muslims as pointed out in this study.

On another note, the relationship between mental health and resilience provides positive results among Muslim groups in this study. Resilience with respect to adverse events such as facing difficult times and stressful events demonstrated that its effects are specific to reducing adverse outcomes such as anxiety, depression, negative affect, and physical illness symptoms. Previous studies equally confirmed a positive correlation between resilience and mental health (Foster et al. 2020; and, Schultze-Lutter et al. 2016). In this study, the Muslim group in London displayed a higher correlation of resilience with mental health. This reflects the challenges and difficulties among the Muslim group in London as a minority group in the United Kingdom. Martinez et al. (2022), posit that developing a positive attitude toward one's ethnic identity and having a support system within one's own community can assist an individual in finding healthy coping strategies, such as resilience.

The correlation between self-acceptance and mental health also indicated a positive result in this study. Previous studies confirmed that unconditional self-acceptance significantly predicts psychological well-being (Bingol et al. 2018). Kim Jeunseung et al. (2021) conclude that individuals with strong interpersonal relationships and high self-transcendence are more likely to function well in their life. This could be translated into self-acceptance, self-development and personal goal variables that are represented in this study. One of the variants in the construct for self-acceptance, self-development and personal goal is the interpersonal relationship. Whereas, self-transcendence defines individual ability to overcoming limitations of an individual self and its

desire in religious contemplation and realisation that could strengthen his or her personal goal, self-development and self-acceptance. In this study, the constructs such as self-acceptance, self-development, and personal goal measured such variants of the interpersonal relationship of an individual to his or her Creator, family, relatives, and friends. In a way, this interpersonal relationship and self-transcendence could be a mechanism in strengthening individual self-acceptance, self-development, and personal goal. Thus, this study is also compatible with a study that indicated that interpersonal relationships were systematically placed among essential aspects to achieve one's goal and target for a good life a world over. Venulo et al. (2022) suggest in their research findings that individuals with low self-transcendence wisdom might have found it difficult to maintain their well-being, mentally or psychologically, and seemed to be slipping into self-distraction and escapism such as loneliness and negative perceptions of well-being.

Lipson et al. (2019) find that constructs of personal development of an individual positively correlated to subjective well-being and are crucial factors contributing to well-being, health and quality of life. Thus, this significantly affects mental health and happiness. In this study, the constructs in personal development such as self-acceptance, self-development and personal goal established healthy mental, psychological, and emotional well-being. Personal goals related to becoming part of purpose in life among the Muslim groups in the context of this study was correlated positively with mental health.

Social interest, which measures meaning and purpose in life by participating in endeavours beyond oneself abilities and capabilities, has a positive result in this research. Lin (2019), stresses that stronger values of openness to change as the opposite to conservative and rigidity values, such as religion contributes to active individual participation in civic issues as in comparison to society which live in a lower self-empowerment of thinking, behaviour and emotion. In this study, the findings also show that the Muslim groups such as in Kuala Lumpur and London show correlation between mental health and religious values, in particular, social interest due to the dynamic of society they were in. The result could indicate that the Muslim participants who were living in multi racial societies, residents of urban areas and exposed to openness values show correlation between social interest and mental

health as compared to conservative and rigid society of homogeneous society, rural dwellers and rarely exposed to non-openness elements.

In another study, Muller et al. (2014) show that income inequality has the strongest impact on religious socialisation effects. The study was conducted in different cities and countries and the majority of the Muslims who participated in this study were from middle and lower income such as those in Istanbul and Lagos. In this view, some of the participants could not participate in religious socialisation due to their lower socio-economic status. This is another interesting aspect that shows the impact of socialisation and mental health from the religiosity spectrum.

The socialisation aspect such as social interest in terms of thinking, behaviours and emotion, correlated better with mental health among Muslim groups in this study. According to Adler, social interest is “an internal feeling of connectedness to others and their well-being, and to the well-being of the individual. To Adler, social interest includes sense of belonging and ultimately striving and participating with others to improve one’s community and the world” (as cited in Chan et al. 2015, pp. 207). Thus, this study indicates how religiosity values are essentially viewed as influencing individual’s mental health. Socialisation, as shown in this study within the religiosity values spectrum, is essential for an individual to experience his or her religion privately and openly. This implies that experiencing religious values individually and socially is important for achieving mental health and good mental well-being.

Klingenberg et al. (2019) mention that the process of character building for religious socialisation the underpinning of social patterns for religious attitudes is to occur more during adolescence and young adulthood than during other life stages in human development. Individuals who have a tendency to help others may experience better mental well-being. The social interest scale on helping others assesses individual contribution to the welfare of humankind in the real sense (Law et al. 2021). In addition, Sherkat (2003) believe that the influences of the environment are mirrored in personal beliefs of the individuals. Thus, there is a positive relationship between effect of the environment to belief or religious values of the participants with different variations measured in different cities in this study. Klingenberg et al. (2019) caution that the end goal of religious socialisation is not about religious

preferences, since religious preferences narrow down religious socialisation to those individuals who prefer religion. Instead, religious socialisation results in “preference in relation to dimensions understood as religious.” This could be seen in two constructs such as piety and hope as new religious dimensions measured in this study. However, both piety and hope found to be moderately correlated to mental health among Muslim groups in this study.

## **Conclusion**

This study has unexpectedly indicated that piety and hope as part of religious values spectrum were merely supportive in explaining Muslims mental well-being. This contradicts with other findings from similar research on hope and piety for mental well-being. Laranjeira et al. (2022) sum up that optimism and hope are important adaptive phenomena to foster well-being. Being optimistic and hopeful will help individuals to adapt to adversity and lower the possibility of developing mental disorders. Studies also have shown that piety or faith do not directly influence one’s religious value to mental well-being. Some studies have shown that hope usually goes in hand-in-hand with higher subjective well-being, however, not all types of hope are equally or strongly correlated with subjective well-being. Subjective well-being includes the appreciation of one’s personal well-being and one’s personal enjoyment in life (Pleeging et al. 2021). In this study, the meaning of appreciation of one’s personal well-being and one’s enjoyment in life equates to the meaning of hope and piety among the faithful and devoted believers in contemplating their existence and relationship with the Creator. On the other hand, Murphy et al. (2022) express that individuals who were familiar with the concept of hopelessness, had a ready-to-hand meaning of “having no hope” and used this by default to inform what hope meant vis-a-vis, and those who were familiar with the concept of non-believer, had a ready-to-hand meaning of having no faith and no piety and used this by default to inform what piety and faith meant.

Jeppsen et al. (2022) draw attention to the concept of closeness to God which can be interpreted as faith and piety in their study from three monotheistic religions’ view namely, Christianity, Islam and Judaism. Their findings show that closeness to God mediated the relationship between prayer and meditation to mental well-being among Christian

and Islam devotees but not Judaism. Their findings also indicate that prayers and meditation were always related to closeness to God but closeness to God was not consistently related to mental well-being. Bradshaw et al. (2022) show that accountability to God is positively associated with measures for well-being such as meaningfulness, happiness, mattering to others, and dignity with religious controls are excluded. The study also indicate that these positive relationships are found among those who prayed frequently as compared with those who do not. These findings show that faith and piety as part of religious values correlate positively with mental well-being, however, in this study the findings have shown that there is a moderate correlation in all Muslim groups.

As a conclusion, these promising results encourage researchers to propose further analysis of mental well-being and religious scales further in different studies. Overall, the findings were limited to Muslim groups across four cities namely Istanbul, Kuala Lumpur, Lagos, and London only as intended in this study. Therefore, future studies should expand the study by investigating an exploratory modelling difference in latent means of mental health and religious values across different locality, ethnicity, culture, and sects.

### **Compliance with Ethical Standards**

**Conflict of Interest:** The authors declare that they have no conflict of interest.

**Ethical Approval:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Informed Consent:** Informed Consent was obtained from all individual participants included in the study.

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