



The Impact Of Religious Beliefs On Resilience Amongst Young Adults

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ABSTRACT

This dissertation examines the relationship between **religious beliefs** and **resilience** among young adults, aiming to determine whether religiosity serves as a predictor of psychological resilience. A **quantitative research design** was employed, with data collected from **200 individuals aged 18 to 30**. Participants completed the **Centrality of Religiosity Scale (CRS)** and the **Brief Resilience Scale (BRS)** to measure their levels of religious beliefs and resilience, respectively. A **Pearson correlation analysis** was conducted to assess the strength and direction of the relationship between the two variables. The analysis revealed a **very weak positive correlation**, indicating **no statistically significant association** between religious belief and resilience in the sample. These findings suggest that, within this population, religious belief does not play a substantial role in influencing resilience. The study contributes to the broader understanding of psychological resilience in young adulthood and highlights the need to explore additional factors that may better explain individual differences in coping and recovery.

Keywords: resilience, religious beliefs, young adults, psychological well-being, Centrality of Religiosity Scale

INTRODUCTION

Psychological resilience—the ability to adapt and recover from adversity—is a vital attribute, particularly for young adults navigating academic, social, and emotional transitions. Research has long explored the factors that contribute to resilience, which include individual personality traits, social connections, coping strategies, and belief systems. Within this framework, religious beliefs have emerged as a significant variable. Religion can offer individuals a sense of purpose, meaning, and hope, which are all important elements in managing stress and overcoming adversity.

In many cultures, religious communities also provide social support and a sense of belonging. These resources can contribute positively to mental health outcomes, including resilience. However, the strength and direction of the relationship between religious beliefs and resilience appear to vary across age groups, cultures, and contexts. While older populations often report stronger religious affiliations and may benefit more consistently from religious coping mechanisms, young adults may engage with spirituality in more individualized or informal ways. As a result, the psychological impact of religion in this demographic remains less clear.

The current study aims to contribute to this ongoing discussion by examining the relationship between religious beliefs and resilience in a sample of young adults. Specifically, it seeks to determine whether religious beliefs, as measured by the Centrality of Religiosity Scale, are significantly associated with levels of resilience, measured by the Brief Resilience Scale. The study adopts a quantitative approach, using correlation and regression analyses to assess the nature and strength of this relationship.

Pargament (1997) - Pargament's work is foundational in understanding how religion functions as a coping mechanism. He introduced the concept of religious coping, differentiating between positive strategies (e.g., seeking spiritual support) and negative ones (e.g., feeling punished by God). His theory laid the groundwork for examining the role of faith in enhancing psychological resilience.

Connor & Davidson (2003) - Although not focused on religion, this study developed the Connor-Davidson Resilience Scale (CD-RISC), one of the most widely used tools to measure resilience. The scale has since been employed in numerous studies exploring the impact of religious or spiritual beliefs on coping and mental strength, making it central to this research area.

Ano & Vasconcelles (2005) - This meta-analysis reviewed nearly 50 studies and found that positive religious coping (such as trusting in a higher power or finding meaning through faith) was significantly associated with better emotional adjustment and higher resilience. It provided robust statistical support for the protective effects of spirituality during stress.

Aim

To explore the impact of religious beliefs on resilience amongst young adults.

Hypothesis

- **H1:** There is a significant relationship between religious beliefs and resilience amongst young adults.
- **H2:** Young adults with stronger religious beliefs will demonstrate higher levels of resilience compared to those with weaker or no religious beliefs.
- **H3:** There is no significant relationship between religious beliefs and resilience among young adults

Instruments

Two validated psychometric tools were used to assess the variables of interest.

- The Centrality of Religiosity Scale (CRS) is a comprehensive instrument designed to measure the importance of religion in a person's life across five dimensions: public practice, private practice, ideological belief, religious experience, and intellectual interest. It uses a Likert-type response format, and higher scores indicate stronger religiosity.
- The Brief Resilience Scale (BRS) was used to measure psychological resilience. This scale focuses specifically on the ability to bounce back from stress rather than broader constructs like optimism or coping. The BRS consists of six items rated on a Likert scale, with higher scores representing higher resilience. Both scales have demonstrated strong psychometric properties in prior research and are considered reliable and valid for use with young adult populations.

Procedure

Participants A total of 200 young adults aged between 18 and 30 participated in the study. The sample consisted of individuals from diverse educational and cultural backgrounds, recruited primarily through convenience sampling methods. Online platforms such as university mailing lists, social media, and digital forums were used to distribute the survey. Participation was entirely voluntary and anonymous, and informed consent was obtained from all participants prior to their involvement. Inclusion criteria required participants to be within the specified age range and to have the ability to read and understand English.

The study was conducted through an online survey platform that allowed for efficient and secure data collection. Participants accessed the survey through a link, completed a consent form, and responded to demographic questions, followed by the CRS and BRS instruments. The average completion time for the survey was approximately 10 to 15 minutes. Ethical clearance for the study was obtained from the institutional review board, and all responses were stored anonymously to ensure confidentiality.

Data Analysis

The collected data were analysed using Jamovi, an open-source statistical software package. Preliminary analyses included data cleaning, checking for missing values, and ensuring all responses were complete. Descriptive statistics were computed to summarise the central tendencies and variability of scores on both the CRS and BRS.

Pearson correlation analysis was conducted to determine the strength and direction of the relationship between religious beliefs and resilience. Correlation coefficients (r) and significance values (p) were reported. Although the correlation analysis showed no significant association, a linear regression analysis was still performed to confirm these findings. The regression analysis allowed for an examination of whether CRS scores could significantly predict BRS scores, providing an additional layer of analysis. Assumptions of normality, linearity, and homoscedasticity were also assessed and met before proceeding with regression analysis.

Results

Descriptives

	RELIGIOUS BELIEFS	RESILIENCE
N	200	200
Mean	56.2	18.2
Standard deviation	11.9	3.11

Descriptive Statistics: Descriptive statistics were calculated to summarise the central tendency and variability of the scores on the Centrality of Religiosity Scale (CRS) and the Brief Resilience Scale (BRS). The sample consisted of 200 participants. The mean score for religious beliefs was 56.2 with a standard deviation of 11.9, indicating moderate levels of religiosity with some variability among participants. The mean score for resilience was 18.2with a standard deviation of 3.11, suggesting moderately high resilience levels with relatively low variability in the sample.

Correlation Matrix

Correlation Analysis: A Pearson correlation analysis was conducted to examine the relationship between religious beliefs and resilience among young adults. The analysis revealed a very weak positive correlation between religious beliefs and resilience ($r = 0.017$), which was not statistically significant ($p > 0.05$). This suggests that there was no meaningful association between the two variables in the sample.

	RELIGIOUS BELIEFS	RESILIENCE
RELIGIOUS BELIEFS	—	
RESILIENCE	0.017	—

Linear Regression

Model Fit Measures		
Model	R	R2
1	0.0171	2.93E-04

Model Coefficients - RESILIENCE				
Predictor	Estimate	SE	t	p
Intercept	17.91903	1.0651	16.824	<.001
RELIGIOUS BELIEFS	0.00446	0.0185	0.241	0.810

Linear Regression Analysis: Although the Pearson correlation analysis indicated a very weak and non-significant relationship between religious beliefs and resilience, a simple linear regression was conducted to further investigate the predictive value of religious beliefs on resilience. The overall model was not statistically significant ($R = 0.017$, $R^2 = 0.000293$, $p > 0.05$), indicating that religious beliefs did not meaningfully predict resilience among young adults. The regression coefficient for religious beliefs was $B = 0.00446$ ($p = 0.810$), further confirming that religious beliefs were not a significant predictor of resilience in this sample.

Discussion

The findings of this study indicate that religious beliefs, as measured by the Centrality of Religiosity Scale, do not significantly correlate with or predict resilience among young adults. This result stands in contrast to previous literature that has often emphasised a positive association between religiosity and psychological well-being. One potential explanation for the discrepancy could lie in the changing ways that young adults relate to religion. In many contemporary societies, particularly those undergoing rapid modernisation and cultural shifts, religious engagement among younger generations is becoming more individualised, informal, and sometimes detached from institutional frameworks.

This detachment might reduce the protective psychological benefits traditionally associated with religious belief systems. Unlike older adults who often experience religion as a community-based, identity-shaping institution, younger individuals may approach religion with less consistency and intensity. This could weaken its effectiveness as a buffer against psychological distress. Additionally, resilience is a multifaceted construct shaped by numerous personal, social, and contextual factors, such as emotional intelligence, social support, and adaptive coping strategies. Religious beliefs alone, particularly when measured as a general orientation, may be insufficient in explaining variance in resilience outcomes.

It is also important to consider measurement limitations. The CRS, while reliable and validated, captures the centrality of religiosity rather than the functional use of religion in stress coping. Tools that assess religious coping specifically, such as the Brief RCOPE, may yield different results and more directly assess how individuals use their faith in times of hardship. Moreover, the sample used in this study—though adequate in size—may lack the demographic, cultural, and religious diversity needed to generalize the findings. It is plausible that in more religious societies or among subgroups with higher spiritual engagement, the results might differ.

Conclusion

In conclusion, this study found no significant relationship between religious beliefs and resilience among young adults. These findings contribute to a nuanced understanding of how religiosity may or may not influence psychological resilience in modern youth. While religion can provide meaning, support, and guidance, its impact on resilience appears to be limited or context-dependent within this age group. This study highlights the need for further research exploring how different forms of belief systems—both religious and secular—interact with personal and social factors to shape resilience.

Future studies should incorporate longitudinal data to explore changes over time, consider qualitative methods to capture subjective experiences of faith and adversity, and expand the demographic scope to include diverse cultural and spiritual backgrounds. Understanding the evolving role of religion in psychological health can offer deeper insights into effective mental health interventions for young adults navigating increasingly complex life environments.

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