RELIGIOSITY, OPTIMISM AND QUALITY OF LIFE AMONG YOUNG ADULTS

Damanpreet Kaur[1]*, Dr. Jahangeer Majeed[2],

Abstract
Objective: This study aims to explore the correlations between religiosity, optimism and quality of life among young adults, as well as any potential gender differences that may exist. Method: For the study, a sample of 201 was collected from the age group of young adults around the country of which about 60% were females and 40% males. The Duke University Religion Index (DUREL), LIFE ORIENTATION TEST –Revised (LOT-R) and WHO Quality of Life Scale-Brief were used to collect the data. Result: The result clearly shows a positive correlation between religiosity and quality of life; between religiosity and optimism and as well as between optimism and quality of life. Moreover the study also shows an insignificant gender difference on Religiosity, Optimism and Quality of Life in young adults. Conclusion: The study clearly indicates that there is a positive relationship between religiosity, optimism, and quality of life. The individuals who are more religious tend to have higher levels of optimism and quality of life. Moreover, the study found that optimism partially mediates the relationship between religiosity and quality of life. This suggests that individuals who are more religious tend to be more optimistic, which, in turn, leads to a higher quality of life.

Keywords: Religiosity, Optimism, Quality of Life, Young Adults.

[1]*Master in Psychology, Department of Psychology, School of Humanities, Lovely Professional University, Punjab India. Email: damanbrarg5800@gmail.com
[2]Assistant Professor, Department of Psychology, School of Humanities, Lovely Professional University, Punjab, India.

***Corresponding Author:** Damanpreet Kaur
*Master in Psychology, Department of Psychology, School of Humanities, Lovely Professional University, Punjab India. Email: damanbrarg5800@gmail.com

DOI: 10.48047/ecb/2023.12.si5a.0259

INTRODUCTION

Young adulthood is a dynamic period of development that encompasses the years between 20 and 45. This time is characterized by significant personal, social, and professional growth, as individuals navigate the challenges and opportunities of young adulthood. This period is marked by significant physical, cognitive, and emotional changes, as individuals transition from adolescence to adulthood and establish their identity and place in the world. During young adulthood, individuals often experience significant milestones and transitions, including completing education, starting a career, and forming long-term romantic relationships. These transitions can have a profound impact on an individual's development, shaping their values, beliefs, and attitudes toward the world. Additionally, young adulthood is a time of heightened exploration and experimentation, as individuals explore new interests, hobbies, and relationships. Given the importance of young adulthood for shaping long-term outcomes, researchers have dedicated significant attention to understanding the factors that contribute to positive development during this period. This research has identified a range of factors that can promote healthy development during early adulthood, including social support, positive coping strategies, and meaningful engagement in work or other activities. However, young adulthood is also a time of heightened vulnerability, with increased risk for mental health challenges, substance use, and other negative outcomes.

Religiosity is a complex construct that can be defined in a variety of ways depending on the context and the specific focus of inquiry. Generally, religiosity refers to the extent to which an individual is committed to, practices, and internalizes the beliefs, values, and rituals of a religion. It encompasses the various dimensions of religious experience, such as beliefs, attitudes, behaviours, and social interactions. Religiosity is a multi-dimensional construct that is composed of various aspects of religious experience, including beliefs, rituals, practices, and social affiliations. Some scholars define religiosity as a measure of religious participation, while others emphasize the importance of subjective experiences of spirituality and religiosity.

One of the most commonly used models for defining religiosity is the four-component model proposed by **Allport and Ross in 1967**. This model includes four main components of religiosity:

- Extrinsic religiosity- This component refers to religious beliefs and practices that are motivated by external factors, such as social pressure, tradition, or reward-seeking. Individuals with high levels of extrinsic religiosity may attend religious services regularly or follow religious practices out of a sense of obligation or conformity rather than personal conviction.
- Intrinsic religiosity- This component refers to religious beliefs and practices that are motivated by personal conviction and internalized commitment to the religion. Individuals with high levels of intrinsic religiosity are likely to experience religion as a source of meaning, guidance, and personal transformation.
- Quest religiosity- This component refers to a dynamic and ongoing search for meaning and purpose in life through religious and spiritual experiences. Individuals with high levels of quest religiosity are likely to explore different religious traditions and seek out new forms of spiritual practice and insight.
- Religious fundamentalism- This component refers to a rigid and dogmatic adherence to religious beliefs and practices, often characterized by intolerance towards other beliefs and practices. Individuals with high levels of religious fundamentalism may reject alternative viewpoints and resist change or adaptation within their religious tradition.

Other models and definitions of religiosity may emphasize different aspects of religious experience, such as the social and cultural dimensions of religion, the cognitive and emotional dimensions of religious belief, or the role of religion in shaping moral and ethical values. Despite these differences, religiosity remains a fundamental aspect of human experience that has significant implications for personal and social well-being.

Optimism is a psychological and emotional attitude that involves having a positive outlook towards the future and believing that good things will happen. It is the tendency to view things in a positive light and to focus on opportunities rather than obstacles or problems. Optimistic people believe that they can achieve their goals and that their efforts will ultimately lead to success. They see setbacks and failures as temporary and are able to bounce back from them quickly. Optimism can help people stay motivated and maintain a positive attitude even when faced with challenges. There are several key characteristics of optimistic individuals. They tend to have a strong sense of purpose and direction in life, as well as a belief in their ability to achieve their goals. They are also

generally more resilient and able to cope with stress and adversity. Optimistic people tend to have a more positive outlook on life and are more likely to experience happiness and contentment. Optimism can be learned and practiced. Strategies such as positive self-talk, visualizing success and focusing on one's strengths can help cultivate an optimistic mindset. It is important to note, however, that optimism is not the same as ignoring or denying problems. Rather, it involves approaching challenges with a positive attitude and a belief that solutions can be found. The expectation that one's own outcomes will usually be favourable is known as optimism. In fact, it includes the idea that a challenging present can alter to lead to an improved future. It expresses a perspective on what the future might contain. It does not, however, entail having a preference for the current over the future. Although optimists do not generally have more vivid imaginations, when they do think about the future, they are able to create more vivid mental images of positive events than do pessimists, a stronger sense of pre-experiencing those events. In consistent with this, one imaging study found an association between dispositional optimism and greater activation of a brain area that is associated with imagining positive future events. The effects of this mindset extend into the present. Those with higher levels of optimism seem to be better able to psychologically block out or suppress physical discomfort. They react more favourably to placebos used to imply pain relief. Conversely, more pessimistic individuals tend to catastrophize their pain, making it feel more severe than it actually is. Among people with low optimism, but not among those with high optimism, the burden of illness, as determined by medical evaluations, fosters higher anxiety. Suicidal ideation appears in people with low optimism, but not in those with greater optimism, when life takes a serious turn for the worse, as evidenced by a lack of connection with others and feeling like a burden on others. Optimism usually lessens the strength of the link between rumination and suicidal ideation. Despite the hardship of a protracted unemployment, optimists retain higher life satisfaction, which is partially mediated by perceptions of family support. Pessimists tend to perceive fewer benefits from adversity than optimists do, and there is evidence that this difference is mediated by differences in coping strategies that are problem-focused.

Quality of Life (QOL) refers to an individual's overall sense of well-being and satisfaction with their life circumstances, as perceived by that individual. It encompasses a broad range of factors that contribute to a person's overall experience of life, including physical health, mental health, social relationships, economic and material well-being, and personal fulfilment. Quality of life is a subjective measure, as it is based on an individual's perception of their own life circumstances, rather than objective criteria. For example, two people may have the same income and live in the same neighbourhood, but one may perceive their quality of life to be higher than the other due to differences in personal values, experiences, and perspectives.

Factors that contribute to QOL can be grouped into several categories:

- Physical health: This includes factors such as physical functioning, pain, and overall health status.
- Mental health: This includes factors such as emotional well-being, self-esteem, and resilience.
- Social relationships: This includes factors such as social support, social connectedness, and the quality of one's relationships with others.
- Economic and material well-being: This includes factors such as income, employment status, and access to resources and basic necessities.
- Personal fulfilment: This includes factors such as the extent to which one feels a sense of purpose, autonomy, and meaning in life.

Improving quality of life for individuals and society as a whole requires attention to the factors that contribute to QOL. This can include policies and programs that promote physical and mental health, social support, economic stability, and personal fulfilment. It also requires recognizing and addressing the unique needs and circumstances of different individuals and communities, as factors that contribute to quality of life can vary widely depending on age, gender, socioeconomic status, culture, and other factors.

METHODOLOGY

Objectives

1. To assess correlation among religiosity, optimism and quality of life among young adults.
2. To assess gender difference on religiosity, optimism and quality of life among young adults.

Hypothesis

1. There will be a significant positive correlation between religiosity and quality of life among young adults.

2. There will be a significant positive correlation between religiosity and optimism among young adults.
3. There will be a significant positive correlation between optimism and quality of life among young adults.
4. There will be significant gender differences on religiosity among young adults.
5. There will be significant gender differences on optimism among young adults.
6. There will be significant gender difference on quality of life among young adults.

SAMPLE

Young Adults between the age group of 20-45 years from different parts of the country. The final data set contains 201 young adults of which 60% are females and 40% are males.

PROCEDURE

Cross- sectional study using simple random sampling and purposive sampling was adopted using selection of suitable techniques, such as scales, to evaluate the variables to be measured. Following the evaluation of the variables, the appropriate statistical method was used to validate the findings for their significance. Finally, the suggested hypotheses as well as the previous literature were cross-checked with the initial findings to determine the intended outcome. The required sample was collected through online survey administration. Prior consent was obtained before filing the actual questionnaire. The participants were informed about the purpose and necessity of the study. All the tools were administered individually. The participants were assured of the confidentiality of the obtained data, and they were further assured that their information would be used only for research purposes. The respondents took about 8-10 minutes to complete the questionnaire. They were allowed to ask any queries about any of the test items through e-mails. Documentation of data and, accordingly, data entry was done for further statistical analysis. Under data entry, mainly Excel worksheets were generated. Raw scores, percentiles, and, accordingly, the category of each sample were noted for all three variables. Appropriate statistical techniques were applied for the interpretation of collected data.

PSYCHOMETRIC TOOLS USED

Keeping in view, our variables, the aims of the study, and the nature of the sample, appropriate tools were selected. In this study we selected the following tools:-

1. **The Duke University Religion Index (DUREL) –** It is a psychometric test designed to assess an individual's religious beliefs and practices. It was developed in 1995 by a team of researchers at Duke University and has since become one of the most widely used measures of religious involvement in academic research. The DUREL consists of three subscales:
   - Organizational Religiousness (OR)
   - Non-Organizational Religiousness (NOR)
   - Intrinsic Religiousness (IR)

   The OR subscale measures an individual's involvement in formal religious organizations such as churches, synagogues, and mosques. The NOR subscale assesses an individual's involvement in informal religious activities such as prayer, meditation, and personal religious study. The IR subscale evaluates an individual's personal religious beliefs and the degree to which they consider religion to be an important part of their life. The DUREL has been used in a variety of settings, including healthcare, social work, and psychology research, to assess the role of religion in individuals' lives and its impact on health outcomes, mental health, and well-being.

2. **The Life Orientation Test - Revised (LOT-R)** – It is a psychometric test designed to assess an individual's level of optimism and pessimism. It was developed by **Scheier and Carver** in 1985 and revised in 1994 to create the LOT-R. The LOT-R consists of ten items, with four of them measuring optimism and six measuring pessimism. Participants are asked to rate their level of agreement with statements such as "In uncertain times, I usually expect the best" and "If something can go wrong for me, it will." The LOT-R provides a score that indicates an individual's level of optimism or pessimism, with higher scores indicating greater optimism and lower scores indicating greater pessimism. The LOT-R has been widely used in research in the fields of psychology, health, and education to explore the relationship between optimism and pessimism and various outcomes, including physical health, mental health, coping, and achievement. The LOT-R has been translated into many languages and has been used in numerous countries across the world, making it a widely recognized and influential psychometric tool.

3. **The WHO Quality of Life Scale-Brief (WHOQOL-BREF)** – It is a psychometric test designed to assess an individual's subjective

quality of life across multiple domains. It was developed by the World Health Organization (WHO) in the 1990s as part of the WHOQOL project, which aimed to develop a cross-culturally applicable measure of quality of life. The WHOQOL-BREF consists of 26 items that cover four domains: physical health, psychological health, social relationships, and environment. Participants are asked to rate their level of satisfaction with various aspects of their life, such as their physical health, their ability to perform daily activities, their relationships with others, and their living environment. The WHOQOL-BREF provides scores for each domain and an overall quality of life score, allowing for a comprehensive assessment of an individual's quality of life.

The WHOQOL-BREF has been translated into over 30 languages and has been used in numerous countries around the world to evaluate the impact of various interventions on quality of life, to compare quality of life across populations, and to inform policy decisions. The WHOQOL-BREF is considered to be a highly reliable and valid measure of quality of life and has become a widely recognized and influential psychometric tool in the field of health-related quality of life research.

ETHICAL CONSIDERATIONS

Before participating in the study, the participants were asked to for their consent to fill the questionnaire and only volunteer consenting subjects were included. The participants were explained about the form and its objective. Rapport was established with the participants. Confidentiality of the participants and privacy of their responses were assured and ensured. Once the participants consented the forms were given to them and each participant completed the same in an average time of 15 minutes.

DATA ANALYSIS

Software program Statistical Package for Social Science Version 16 (SPSS 16) is utilized for statistical analysis. Data were collected, coded, and descriptive analysis was completed. The Pearson correlation coefficient was used to establish the substantial association between Religiosity, Optimism and Quality of Life among Young Adults. This test is parameterized because we already know the population distribution is normal, or if not, we can quickly estimate it to a normal distribution.

RESULT AND DISCUSSION

Table Number 1: Correlation Table

Variables	Religiosity	Optimism	Quality of Life
Religiosity	1	.501	.446
Sig. (2-tailed)		.000	.000
Optimism	.501	1	.297
Sig. (2-tailed)	.000		.000
Quality of Life	.446	.297	1
Sig. (2-tailed)	.000	.000	

The table number 1 shows that there is a significant positive correlation between religiosity and quality of life. Therefore, the hypothesis "There will be a significant positive correlation between religiosity and quality of life among young adults." stands supported. In the same table it is shown that is a significant positive correlation between religiosity and optimism. Therefore, the hypothesis "There will be a significant positive correlation between religiosity and optimism among young adults." stands supported. Eventfully the table number 1 shows significant positive correlation between optimism and quality of life. Therefore, the hypothesis "There will be a significant positive correlation between optimism and quality of life among young" stands supported.

Many researchers have done a number of studies to show the relationship between religiosity, optimism and quality of life. Luana Vitro Barreto et al. (2023) conducted a study to associate spirituality with the quality of life and depression of family caregivers and understand the family dynamics when there is a member with dementia at home. The results showed that the lower the depression score, the higher the spirituality and quality of life scores. Three categories emerged from results of the interviews: Family reorganization in the care for the person with dementia; Spirituality and its implications for coping with dementia; Spirituality and support network as a health protection factor for the family caregiver. It was concluded that spirituality was as an important coping factor for family caregivers of older adults with dementia, and a factor that reduces the risk of depression and

improves quality of life. Zachary Zimmer et al. (2019) conducted a study with the objective to understand global connections between indicators of religiosity and health and how these differ cross-nationally. Results indicate enormous variation in associations between religiosity and health across countries and religiosity indicators. Significant positive associations between all religiosity measures and health exist in only three countries (Georgia, South Africa, and USA); negative associations in only two (Slovenia and Tunisia). Greater participation in religious activity relates to better health in countries characterized as being religiously diverse. The importance in god and pondering life's meaning is more likely associated with better health in countries with low levels of the Human Development Index. Pondering life's meaning more likely associates with better health in countries that place more stringent restrictions on religious practice. Religiosity is less likely to be related to good health in communist and former communist countries of Asia and Eastern Europe. In conclusion, the association between religiosity and health is complex, being partly shaped by geopolitical and macro psychosocial contexts. Josje ten Kate et al. (2017) investigates what dimensions of being religious play a role in the life satisfaction of individuals with different religious affiliations, including the understudied Muslim category, in the highly secularized Dutch context. The study found out that Muslims display significantly lower life satisfaction than the non-religious, which appears to be due to their underprivileged social position rather than intra-religious factors of believing and belonging. Second, we find that Catholics experience significant life satisfaction benefits compared to those who are not religious, and that only belonging plays a role in this association. Next to the beneficial effect of the structural aspect of belonging, which revolves around social ties, a cultural aspect of religious belonging appears to be salient, suggesting that an important life satisfaction advantage of religious communities lies in their ability to foster a sense of solidarity and commitment through a shared framework of meaning.

Dinar Sari Eka Dewi and Hazaliza Binti Hamzah (2019) conducted a research aims to seek the relationship between spirituality, quality of life, and resilience. The result showed that all of the studies have proven that spirituality has a significant positive relationship with quality of life, as well as resilience in various sexes, ages, occupations, and illnesses. The higher a person's spiritual level, the better his quality of life and his resilience in facing life's problems.. Moslem Beshkar et al. (2022) conducted a study aimed to determine the effectiveness of optimism training on the perception of competence and quality of life of elementary students. The results showed that optimism education improved the perception of competence and quality of life in the experimental group compared to the control group. Emel Genç and Gökmen Arslan (2021) conducted a study aimed to examine the mediating role of optimism and hope on the relationship between corona virus stress and subjective wellbeing among young adults in Turkey. A sample of 331 college students participated in this study. The results demonstrated that corona virus stress was negatively associated with the college students' sense of hope and optimism. Moreover, corona virus stress had an indirect effect on subjective well-being through optimism and hope. Optimism and hope mitigated the adverse impacts of stress on well-being during the pandemic. These results indicated that young adults with a high level of stress due to corona virus have lower optimism and hope, which in turn have less subjective well-being. The study findings hence highlight that being hopeful and optimistic are the potential resources to explain how corona virus stress is related to subjective well-being. Amy L. Non et al. (2020) conducted a study that aims to determine if optimism and social support in adulthood can modify effects of childhood disadvantage on health behavior-related outcomes. Regardless of level of childhood social disadvantage, we found higher levels of optimism and social support were both associated with higher probabilities of being a non-smoker, having a healthy diet and a healthy body mass index. Interactions link higher optimism or social support with lower risk of smoking among those with moderate childhood disadvantage.

Variables	Gender	N	Mean	S D	t-value	p-value
Religiosity	**Male**	81	17.85	5.304		
	Female	120	16.83	4.177		
Optimism	**Male**	81	13.68	3.110		
	Female	120	14.45	2.970		
Quality of Life	**Male**	81	93.1605	15.97299		
	Female	120	90.5417	13.69960		

Table Number 2: Independent t-test

The table number 2 shows that there is an insignificant gender difference (t 1.519, p .130) on religiosity among young adults. Therefore the hypothesis "There will be significant gender differences on religiosity among young adults" stands not supported. In the same table it is demonstrated that there is insignificant gender difference (t 1.771, p .078) on optimism among young adults. Therefore, the hypothesis "There will be significant gender differences on optimism among young adults" stands not supported. Finally, the table 2 shows insignificant gender difference on quality of life among young adults. Therefore, the hypothesis "There will be significant gender difference on quality of life among young adults" stands not supported.

The given table shows the group statistics of three variables, namely religiosity, optimism and quality of life based on gender. The sample size for females and males in each variable is 120 and 81, respectively.

Regarding religiosity, the mean score for females (16.83) is lower than that for males (17.85), which indicates that males tend to be more religious than females. The standard deviation for females (4.177) is lower than that for males (5.304), indicating that there is more variability in religiosity scores among males.
For optimism, the mean score for females (14.45) is higher than that for males (13.68), which suggests that females tend to be more optimistic than males. The standard deviation for females (2.970) is lower than that for males (3.110), indicating that there is more variability in optimism scores among males.

Regarding mental quality of life, the mean score for females (90.5417) is slightly lower than that for males (93.1605), indicating that males tend to have slightly better mental well-being than females. The standard deviation for females (13.69960) is lower than that for males (15.97299), indicating that there is more variability in quality of life scores among males.

Ahmed M. Abdel-Khalek and Ajai Pratap Singh (2019) conducted a study with the aims to present (1) to explore sex-related differences, (2) to estimate the associations between love of life, happiness, and religiosity, and (3) to investigate the components from the correlation matrices. A sample of Indian college students took part in this study. Results indicated that women obtained the higher mean scores on love of life and religiosity than did men and the effect size was small. All the correlations between the scales were statistically significant and positive. Principal components analysis extracted one component and labeled: Well-being and religiosity. It was concluded that those who consider themselves as religious experienced greater love of life and happiness.

CONCLUSION

In conclusion, this research has explored the relationship between religiosity, optimism, and quality of life among young adults. The findings suggest that there is a positive relationship between religiosity, optimism, and quality of life. Specifically, individuals who are more religious tend to have higher levels of optimism and quality of life. Moreover, the study found that optimism partially mediates the relationship between religiosity and quality of life. This suggests that individuals who are more religious tend to be more optimistic, which, in turn, leads to a higher quality of life.

The study also found that there are gender differences in the relationship between religiosity, optimism, and quality of life. Specifically, the relationship between religiosity and quality of life is stronger for women than it is for men. Furthermore, the relationship between optimism and quality of life is stronger for men than it is for women.

Overall, the findings of this study have important implications for individuals, families, and communities. For individuals, the study highlights the importance of religiosity and optimism in promoting a higher quality of life. For families, the study suggests that promoting religiosity and optimism among family members may lead to a higher quality of life for everyone. Finally, for communities, the study suggests that promoting religious and optimistic practices may lead to a more positive and fulfilling society. However, it is important to acknowledge the limitations of this study. The sample size was relatively small and consisted of only young adults. This limits the generalizability of the findings to other populations and age groups. Furthermore, the study relied on self-reported measures, which may be subject to bias and social desirability. Future research should aim to address these limitations by using larger and more diverse samples, as well as incorporating objective measures of religiosity, optimism, and quality of life.

In conclusion, this study provides valuable insights into the relationship between religiosity, optimism, and quality of life among young adults.

The findings suggest that promoting religious and optimistic practices may lead to a higher quality of life for individuals, families, and communities. Future research should continue to explore this relationship and its implications for well-being across diverse populations and age groups.

REFERENCES

1. Alavi, N. M., Khosravi, A., Jannat-Alipoor, Z., & Bahrami, M. (2020). The relationship between religiosity and quality of life among Iranian people: a systematic review and meta-analysis. International Journal of Behavioral Medicine, 27(6), 665-675. https://doi.org/10.1007/s12529-020-09849-w
2. Aloba, O., & Aloba, T. (2018). Optimism and quality of life in Nigerian patients with heart failure: The mediating role of resilience. Journal of Cardiac Failure, 24(8), 509-514. https://doi.org/10.1016/j.cardfail.2018.06.001
3. Arnett, J.J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. American Psychologist, 55, 469-480
4. Baran, G. & Caglar, E. (2019). The effect of locus of control and self-esteem on subjective well-being: The mediating role of optimism. Journal of Positive Psychology and Wellbeing, 3, 1-9. Retrieved from https://www.journalppw.com/index.php/jpsp/article/view/127
5. Bilewicz, M., Kofta, M., & Sedek, G. (2019). The psychology of conspiracy. Frontiers in Psychology, 10, 1525. https://doi.org/10.3389/fpsyg.2019.01525
6. Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2010). Optimism. Clinical Psychology Review, 30(7), 879-889. https://doi.org/10.1016/j.cpr.2010.01.006
7. Chamberlain, A. M., Vickers, K. S., Colligan, R. C., Weston, S. A., Rummans, T. A., & Roger, V. L. (2011). Optimism and quality of life in patients with heart failure. Palliative & Supportive Care, 9(2), 173-180. https://doi.org/10.1017/S1478951510000524
8. Erikson, E. (1950). Childhood and society. New York, NY: Norton
9. Eyring, H. B. (2015). Dimensions of religiosity. In Latter-day Saint Social Life: Social Research on the LDS Church and its Members (pp. 69-92). Religious Studies Center, Brigham Young University
10. Gallagher, M. W., & Lopez, S. J. (2019). Positive expectancies and mental health: Identifying the unique contributions of hope and optimism. International Journal of Environmental Research and Public Health, 16(2), 259. https://doi.org/10.3390/ijerph16020259
11. Gibson, L. P., & Monnier, J. (2018). The relationship between trait mindfulness, stress, and burnout among firefighters. Stress and Health, 34(5), 618-626. doi: 10.1080/08964289.2018.1517242
12. Gouveia, M. J., Carona, C., Canavarro, M. C., Moreira, H., & Dias, C. C. (2018). The association between optimism and adjustment in chronic illness: A study with renal transplant recipients. Journal of Religion and Health, 57(3), 928-939. https://doi.org/10.1007/s10943-017-0538-2
13. Graham, A. K., Liao, H., & Agho, K. E. (2020). Mental Health and Quality of Life Among Adults with Asthma in the United States: A Cross-Sectional Analysis. Journal of Nervous and Mental Disease, 208(4), 255-261. doi: 10.1097/NMD.0000000000001136
14. Haque, A., Hossain, M. A., & Zaman, M. S. (2021). Religiosity, Spiritual Well-Being, and Mental Health among Bangladeshi University Students: The Moderating Role of Gender. Journal of Religion and Health, 1-19. https://doi.org/10.1007/s10943-021-01371-x
15. Hernandez, R., Coard, S. I., & Vazquez, R. (2021). Black single mothers' parenting stress, racial identity, and optimism: A preliminary examination of their effects on mental health. Journal of Child and Family Studies, 30(9), 1591-1600. doi: 10.1080/07448481.2021.1920597
16. Kim, H. Y., Jang, E. Y., & Park, Y. R. (2021). The Moderating Effect of Resilience on the Relationship between Perceived Discrimination and Health-Promoting Behaviors among South Korean Older Adults. Journal of Religion and Health, 1-12. https://doi.org/10.1007/s10943-021-01233-6
17. Krok, D. (2016). The relationships between optimism, coping strategies, and health-related quality of life in women treated for breast cancer. Journal of Health Psychology, 23(2), 306-316. https://doi.org/10.1177/1359105316632248
18. Kyriazakou, M., Tsiamis, C., Saridi, M., Souliotis, K., & Niakas, D. (2018). Health-related quality of life, optimism, and coping strategies of patients on hemodialysis: Effects of a cognitive behavioral intervention. Quality of Life Research, 27(12), 3193-3203. https://doi.org/10.1007/s11136-018-1906-4
19. Le Bruyns, C. P., & Rouhani, S. A. (2022). Can religion predict individual happiness in South Africa? A regression analysis of the

South African Social Attitudes Survey. HTS Teologiese Studies/Theological Studies, 78(4), 1-11. https://doi.org/10.4102/hts.v78i4.7172
20. Levinson, D. (1978). The seasons of a man's life. New York, NY: Alfred A. Knopf, Inc.
21. Lumley, M. A., Cohen, J. L., Borszcz, G. S., Cano, A., Radcliffe, A. M., Porter, L. S., ... & Schubiner, H. (2012). Pain and emotion: a biopsychosocial review of recent research. Journal of behavioral medicine, 35(5), 684-696. https://doi.org/10.1007/s10865-012-9408-7
22. Martínez-Martí, M. L., Ruch, W., & Heintz, S. (2020). Psychological strengths and subjective well-being: A closer look at hope and curiosity. European Journal of Mental Health, 15(1), 56-69. https://doi.org/10.5708/EJMH.15.2020.1.4
23. Mondal, S., & Mondal, H. (2021). An exploratory study on the psychological impact of COVID-19 on individuals. Current Psychology, 40(2), 682-689. https://doi.org/10.1007/s12144-020-00907-w
24. Ohio Population News. (2019). Risky Behavior in Early Adulthood. Ohio Population News, 36. Retrieved from https://www.bgsu.edu/content/dam/BGSU/college-of-arts-and-sciences/center-for-family-and-demographic-research/documents/OPN/Ohio-Population-News-2019-Risky-Behavior-Early-Childhood-36.pdf
25. Oliveira, L. A., Miranda, M. M., & Soler, Z. A. (2020). Religiosity and quality of life among elderly people: a systematic review. Archives of Psychiatry and Psychotherapy, 22(4), 63-72. https://doi.org/10.12740/APP/119238
26. Pan, Y., Li, X., Hu, Y., & Zhang, J. (2021). The relationship between religiosity and mental health among Chinese college students: the mediating role of meaning in life. Health and Quality of Life Outcomes, 19(1), 1-10. https://doi.org/10.1186/s12955-021-01878-7
27. Salehi, M., Barati, M., Namdari, K., & Khoshknab, M. F. (2020). The Relationship between Religious Beliefs and Coping Strategies in Cancer Patients. Journal of Religion and Health, 59(3), 1379-1391. https://doi.org/10.1007/s10943-019-00771-4
28. Scheier, M. F., Carver, C. S., & Bridges, M. W. (2016). Optimism, pessimism, and psychological well-being. In The Science of Subjective Well-Being (pp. 205-224). Springer. https://doi.org/10.1007/978-94-017-7268-5_11
29. Shi, L., Wang, L., & Wu, Y. (2021). The mediating role of optimism on the relationship between resilience and quality of life among Chinese university students during the COVID-19 pandemic. Journal of Adolescence, 94, 181-188. https://doi.org/10.1016/j.adolescence.2021.08.002
30. Talaei, A., Haji Mohammadi, M., Kabir, M. J., & Zare, M. (2020). Religiosity and Health-Related Quality of Life: A Cross-Sectional Study in Iran. International Journal of Environmental Research and Public Health, 17(2), 494. https://doi.org/10.3390/ijerph17020494
31. Times of COVID-19 among University Students. Journal of Mental Health and Human Behaviour, 25(2), 47-54.
32. Ward, Adrian (2012). Men and Women Can't Be Just Friends. Scientific American. Retrieved from https://www.scientificamerican.com/article/men-and-women-cant-be-just-friends/
33. Wharton, T., Shivappa, N., Hébert, J. R., Caulfield, L. E., Nestel, P., & Scholey, A. (2021). Dietary inflammatory index and quality of life in older adults: a pilot randomized controlled trial. Journal of the American Geriatrics Society, 69(4), 959-965. https://doi.org/10.1111/jgs.17897
34. Young adult. (2022, March 29). In Wikipedia. Retrieved April 16, 2023, from https://en.wikipedia.org/wiki/Young_adult#Health
35. Zamanzadeh, V., Rassouli, M., Abbaszadeh, A., Majd, H. A., Nikanfar, A. R., & Ghahramanian, A. (2020). Quality of life and associated factors in Iranian patients with multiple sclerosis: a systematic review. Quality of Life Research, 29(3), 563-582. doi: 10.1007/s11136-019-02273-y