RELIGIOSITY, AGGRESSIVENESS AND MENTAL WELL-BEING AMONG ADOLESCENCE AND ADULTS

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Abstract
Objective: This study aims to explore the correlations between religiosity, aggressiveness and mental well-being among adolescence and adults, as well as any potential gender differences that may exist.
Method: For the study, a sample of 190 was collected from the age group of young adults around the country of which about 65% were females and 35% males. The Duke University Religion Index (DUREL), Buss-Perry Scale and The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) were used to collect the data.
Result: The result clearly shows an insignificant difference on religiosity, aggressiveness and mental well-being among adolescents and adults. Also, the study shows an insignificant gender difference among adolescents and adults on religiosity, aggressiveness, and mental wellbeing. Moreover, study shows an insignificant positive correlation between religiosity and mental well-being; an insignificant negative correlation between aggressiveness and mental well-being.
Conclusion: An insignificant difference on Religiosity, aggressiveness and mental wellbeing between adolescence and adults means they may share similar experiences in their religious beliefs and practices, their tendencies towards aggressive behaviour, and their overall mental well-being. Similarly having an insignificant gender difference among adolescents and adults on religiosity, aggressiveness, and mental well-being means that other factors, such as cultural or societal expectations, may still contribute to gender differences in these areas. An insignificant positive correlation between religiosity and mental well-being suggests that there is no clear relationship between an individual's level of religiosity and their mental well-being. An insignificant negative correlation between aggressiveness and mental well-being suggests that there is no clear relationship between an individual's level of aggressiveness and their mental well-being. Other factors, such as genetic predisposition, environmental factors, or individual differences in coping styles, may still contribute to the relationship between aggressiveness and mental well-being

Keywords: Religiosity, Aggressiveness, Mental well-being, Adolescence and Adults.

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INTRODUCTION

Religiosity refers to the degree to which individuals are committed to religious beliefs, practices, and values. It is a complex concept that encompasses a variety of dimensions, including beliefs, attitudes, behaviours, and experiences related to religion. The extent to which individuals identify with and practice their religion has been found to be associated with various outcomes, including mental and physical health, social support, and life satisfaction.

Religiosity is a multidimensional construct that encompasses various aspects of religious belief, behaviour, and experience. According to Allport and Ross (1967), religiosity can be divided into three components: cognitive, behavioural, and affective. The cognitive component refers to a person's beliefs and knowledge about a particular religion. The behavioural component refers to the practices and rituals associated with the religion, while the affective component refers to the emotional experience of religion, such as feelings of awe, gratitude, and transcendence.

Religiosity can be conceptualized along different dimensions, including:

- Beliefs: The degree to which individuals hold religious beliefs, such as the existence of God, the afterlife, and the moral code prescribed by their religion.
- Practices: The degree to which individuals engage in religious practices, such as prayer, worship, fasting, and giving to charity.
- Experiences: The degree to which individuals have religious experiences, such as feeling connected to a higher power, experiencing a sense of awe or transcendence, and feeling a sense of purpose or meaning in life.
- Attitudes: The degree to which individuals hold positive or negative attitudes towards religion, including its role in society, its relationship with science, and its impact on personal and social well-being.
- Social Context: This dimension refers to the social context in which an individual practices their religion. This includes the social norms and expectations of the individual's religious community, the degree of social support provided by the community, and the social pressures to conform to religious beliefs and practices

Religiosity is influenced by a variety of factors, including:

- Cultural and social background: Cultural and social background can significantly influence religiosity. Individuals who grow up in a religious family or community are more likely to adopt religious beliefs and practices, whereas those who grow up in a secular environment may be less likely to adopt religion.
- Personal beliefs and experiences: Personal beliefs and experiences can also influence religiosity. Individuals may turn to religion as a means of coping with difficult life events, finding meaning and purpose in life, or seeking answers to existential questions.
- Education and knowledge: Education and knowledge can impact religiosity, with more educated individuals often being less religious. This may be because education can expose individuals to different beliefs and worldviews, making them more skeptical or critical of religion.
- Socio-economic factors: Socio-economic factors, such as income and social status, can also impact religiosity. In some cases, religion may serve as a means of coping with poverty or social inequality, while in other cases, wealth and social status may make religion seem less necessary.
- Political and cultural climate: The political and cultural climate can also impact religiosity. In some societies, religion may be more politically and culturally influential, leading to greater religiosity among individuals. In other societies, secularism may be more prevalent, leading to lower levels of religiosity.
- Demographics: Demographics, such as age, gender, and ethnicity, can also influence religiosity. For example, older individuals and women may be more religious than younger individuals and men, and certain ethnic or racial groups may be more religious than others.
- Personal psychology: Personal psychology can also influence religiosity, with certain personality traits, such as openness or conscientiousness, being associated with greater or lesser levels of religiosity.

Understanding these factors is important for understanding the role that religion plays in individuals and societies, and for understanding the factors that shape religious beliefs and practices.

Aggressiveness refers to behaviour that is intended to cause harm or injury to another person, animal, or object. In psychology, aggressiveness is studied as a complex phenomenon with various underlying factors, including biological, environmental, and social influences.

Biologically: Research has suggested that biological factors such as genetics, brain structure,

and hormones can contribute to aggressive behaviour.

- Genetics: Several studies have identified specific genetic factors that are associated with aggressive behaviour. For example, a study conducted by Caspi et al. (2002) found that a genetic variation in the MAOA gene was associated with increased aggression in males who had experienced childhood abuse. This gene encodes for an enzyme that breaks down neurotransmitters such as serotonin, which has been implicated in the regulation of mood and impulse control.
- Brain structure: The brain regions that are involved in regulating emotions and impulse control, such as the amygdala, prefrontal cortex, and anterior cingulate cortex, have also been linked to aggressive behaviour. For instance, research has shown that individuals with lower prefrontal cortex activity and higher amygdala activity are more likely to engage in aggressive behaviour (Coccaro et al., 2007).
- Hormones: Hormones such as testosterone and cortisol have also been linked to aggressive behaviour. Testosterone, in particular, has been associated with increased aggression in males. Research has found that higher levels of testosterone are associated with higher levels of aggressive behaviour, especially in response to provocation (Archer, 2006). Cortisol, on the other hand, is a stress hormone that is released in response to stressors, and research has suggested that individuals with lower levels of cortisol may be more prone to aggressive behaviour (Kirschbaum et al., 1992).

It is important to note that biological factors do not operate in isolation, and they interact with other factors such as psychological and social factors to shape aggressive behaviour. For example, an individual with a genetic predisposition for aggression may be more likely to display aggressive behaviour if they are exposed to environmental stressors or social cues that trigger aggression.

Environmental factors can also contribute to aggressiveness. Children who are exposed to violence, abuse, or neglect are more likely to exhibit aggressive behaviour. Moreover, following factors such as poverty, poor parental supervision, and social disadvantage may also increase the risk of developing aggressive tendencies.

- Exposure to Violence or Abuse: One of the most significant environmental factors that can contribute to aggressiveness is exposure to violence or abuse. Children who grow up in violent or abusive households, for example, may learn that aggression is an acceptable or even necessary response to conflict. They may also develop a heightened sense of fear and insecurity, leading them to be more prone to lashing out in self-defence. Similarly, exposure to violence in the media, such as in movies or video games, can desensitize individuals to violence and make them more likely to engage in aggressive behaviour.
- Social and Cultural Norms: Another key environmental factor is social and cultural norms around aggression. In some societies, for example, aggression may be seen as a positive trait associated with strength and assertiveness. In others, it may be viewed as a negative behaviour that should be avoided. The messages that individuals receive from their social environment about the acceptability of aggression can play a significant role in shaping their behaviour.
- Biological Factors: Biological factors can also contribute to aggressiveness. Research has shown that certain genetic factors may predispose individuals to be more aggressive, while others may help to mitigate the effects of environmental stressors. Similarly, differences in brain chemistry and functioning can also affect an individual's propensity for aggression. For example, individuals with low levels of serotonin, a neurotransmitter associated with mood regulation, have been shown to be more prone to impulsive and aggressive behaviour.
- Environmental Stressors: Environmental stressors, such as poverty and social inequality, can create high levels of stress and frustration, which can lead to aggressive behaviour. Similarly, exposure to drugs or alcohol, which can impair judgment and increase impulsivity, can also contribute to aggressiveness.
- Parenting and Family Dynamics: The quality of parenting and family dynamics can also influence aggressiveness. Children who grow up in families where there is conflict, neglect, or abuse may be more likely to exhibit aggressive behaviour. Additionally, parenting practices that involve harsh discipline or lack of emotional support can also contribute to the development of aggressive tendencies.
- Peer Group Dynamics: Peer group dynamics can also be a significant environmental factor in the development of aggressiveness. Children who associate with peers who engage in aggressive behaviour may be more likely to adopt similar behaviours. Additionally, peer

pressure to conform to certain social norms around aggression can also play a role.

Social influences, such as cultural norms and expectations, also play a role in shaping aggressive behaviour. For instance, certain cultures may value aggression as a means of achieving success or respect, while others may view it as inappropriate or unacceptable. The messages that individuals receive from their social environment about the acceptability of aggression can contribute to aggressive behaviour. Here are some of the social influencers that can affect aggressiveness in more detail:

- Social and Cultural Norms: Social and cultural norms can influence aggressiveness by shaping how individuals perceive and respond to conflict. In some societies, for example, aggression may be seen as a positive trait associated with strength and assertiveness. In others, it may be viewed as a negative behaviour that should be avoided. The messages that individuals receive from their social environment about the acceptability of aggression can play a significant role in shaping their behaviour.
- Media Influences: The media can also influence aggressiveness through its portrayal of violence and aggression. Exposure to violent media, such as movies or video games, can desensitize individuals to violence and make them more likely to engage in aggressive behaviour. Additionally, social media can contribute to aggressiveness by promoting social norms around aggressive behaviour, such as cyberbullying.
- Cultural Influences: Cultural influences can also play a role in shaping the development of aggressive behaviour. For example, in some cultures, displays of aggression are seen as a way to demonstrate strength and assertiveness, while in others, such behaviour is seen as a sign of weakness.
- Gender and Aggressiveness: Gender norms can also play a role in the development of aggressiveness. Boys are often socialized to be more aggressive and assertive, while girls are socialized to be more nurturing and empathetic. These social norms can contribute to gender differences in the development of aggressive behaviour.

Factors Influencing Mental Well-being

- Biological Factors: Genetics, brain chemistry, and hormonal imbalances can influence mental well-being. For example, certain genetic factors can increase the risk of mental health disorders such as depression or anxiety. Hormonal changes, such as those that occur during puberty, pregnancy, or menopause, can also have an impact on mental well-being.
- Environmental Factors: The environment in which a person lives can have a significant impact on their mental well-being. Factors such as pollution, noise, overcrowding, and lack of green spaces can contribute to stress and negative emotions. Conversely, a supportive and positive environment can enhance mental well-being.
- Psychological Factors: Mental well-being can also be influenced by psychological factors such as personality traits, coping mechanisms, and cognitive processes. Individuals who have a positive outlook, use healthy coping strategies, and have strong problem-solving skills are more likely to have good mental well-being.
- Social Factors: Social support and social relationships are important for mental well-being. Isolation, loneliness, and lack of social support can contribute to depression and anxiety. Conversely, having strong social connections and supportive relationships can enhance mental well-being.
- Behavioural Factors: Lifestyle behaviours, such as diet, exercise, and substance use, can have an impact on mental well-being. Poor diet, sedentary behaviour, and substance abuse can negatively affect mental well-being. In contrast, engaging in regular exercise, eating a balanced diet, and avoiding harmful substances can improve mental well-being.
- Cultural Factors: Cultural beliefs and practices can also influence mental well-being. For example, some cultures place a strong emphasis on family and community support, which can enhance mental well-being. Other cultures may have beliefs or practices that stigmatize mental health, which can contribute to feelings of shame or embarrassment and hinder access to treatment.

Overall, mental well-being is influenced by a complex interplay of biological, environmental, psychological, social, behavioural, cultural, economic, and political factors. Addressing these factors through a holistic approach can help promote mental well-being and prevent mental health problems.

METHODOLOGY

Objectives:

a. To assess difference on religiosity, aggressiveness and mental wellbeing between adolescence and adults.

b. To assess gender difference among adolescents and adults on religiosity, aggressiveness, and mental wellbeing.
c. To assess correlation between religiosity, aggressiveness and mental wellbeing among adolescents and adults.

Hypothesis:

a. There will be significant difference on religiosity between adolescents and adults.
b. There will be significant difference on aggressiveness between adolescents and adults.
c. There will be significant difference on mental wellbeing between adolescents and adults.
d. There will be significant difference on religiosity between male and female.
e. There will be significant difference on aggressiveness between male and female.
f. There will be significant difference on mental wellbeing between male and female.
g. There will be significant positive correlation between religiosity and mental wellbeing.
h. There will be significant negative correlation between aggressiveness and mental wellbeing.

Sample

A study was conducted among adolescents and adults of 12 years and more from different parts of the country. The final data set contains n= 190 persons (65.8% female and 34.2% male) aging 12 years and more. Most participants from the age group of 18 to 35 and least from the age group of 50 and 65.

Procedure

The required sample was collected through online survey administration: (Google Forms) using snowball sampling. The participants were contacted on a personal level, after which they were informed to regulate within the same criteria. Prior consent was obtained before filing the actual questionnaire by asking the questions appropriate for informed consent to participants in the research. 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.

Scales

The Duke University Religion Index (DUREL)

The Duke University Religion Index (DUREL) is a five-item measure of religious involvement, and was developed for use in large cross-sectional and longitudinal observational studies. The instrument assesses the three major dimensions of religiosity that were identified during a consensus meeting sponsored by the National Institute on Aging. Those three dimensions are organizational religious activity, non-organizational religious activity, and intrinsic religiosity (or subjective religiosity).

Buss-Perry Scale

The Buss-Perry Aggression Questionnaire (BPAQ), also known as the Buss-Perry Scale, is a widely used psychological measurement scale that assesses individual differences in aggressive behaviour and tendencies. It was developed by Arnold H. Buss and Mark Perry in 1992. The BPAQ consists of 29 items that measure four dimensions of aggression: physical aggression, verbal aggression, anger, and hostility. The scale uses a 7-point Likert-type response format ranging from 1 (extremely uncharacteristic of me) to 7 (extremely characteristic of me), where individuals rate the extent to which each item describes their thoughts, feelings, and behaviours related to aggression.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS).

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental well-being of adults in the UK.

WEMWBS is a 14-item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. WEMWBS has been validated for use in the UK with those aged 16 and above. Validation involved both student and general population samples, and focus groups.

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 utilised 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, Aggressiveness and Mental-Well-being among adolescents and 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 no. 1: Correlation

Variables	Religiosity	Aggressiveness	Mental Well-being
Religiosity Sig. (2-tailed)	1		.062 .424
Aggressiveness Sig. (2-tailed)		1	.112 .145

The table number 1 shows that there is an insignificant but positive correlation between religiosity and mental well-being (r .062, p .424). Therefore, the hypothesis "There will be a significant positive correlation between religiosity and mental well-being among adolescents" stands unsupported. In the same table it is shown that is an insignificant but positive correlation between aggressiveness and mental well-being (r .112, p .145). Therefore, the hypothesis "There will be a significant negative correlation between aggressiveness and mental wellbeing among adolescents" stands unsupported.

Many researchers have been conducted to study this link between Religiosity and Aggressiveness. **Srishti Bhargava, et al. (2020)** conducted research to examine whether or not the level of religiosity impacted the level of gratitude and aggression. The linear regression analysis exhibited that religiosity predicted 10% of the variance in the gratitude levels of the college-going students; however, it did not predict the aggression levels for the same. **Joshua David Wright and Yuelee Khoo (2019).** The 'religion as cause' argument implies that religious faiths are more inherently prone to violence than ideologies that are secular. The most distinct feature of religion, supernaturalism, is not often the focus of religion and violence researchers. Despite this, the paucity of research that has been conducted on this key feature suggests that it is associated with reduced aggression and violence.

There appears very little support for the notion that there is something uniquely religious that causes violence among followers. **Elahe Ramezanzade Tabriz, et al. (2018).** It was concluded that designing and performing educational programs for coping with pain can be an effective solution for patients to improve their pain management, as well as control and cope with their illness. These programs would help increase patient quality of life and disease self-management, as well as decreasing psychological and communication problems.

Table no. 2: T-Test of Gender

Variables	Gender	N	Mean	S D	t-value	p-value
Religiosity	Male	88	16.85	5.580		
					1.977	.070
	Female	82	15.26	4.893		
Aggressiveness	Male	88	98.07	35.622		
					.292	.771
	Female	82	99.49	26.772		
Mental wellbeing	Male	88	52.2841	13.33559		
					.719	.473
	Female	82	50.8780	12.07118		

Table no 2 shows an insignificant difference (r 1.977, p .070) on religiosity between male and female. Therefore, the hypothesis "there will be insignificant difference on religiosity between male and female" stands unsupported. In the same table it is shown that an insignificant difference (r .292, p .771) on aggressiveness between male and female. Therefore, the hypothesis "there will be insignificant difference on aggressiveness between male and female" stands unsupported. Eventually this table shows that an insignificant difference (r .719, p .473) on mental wellbeing between male and female. Therefore, the hypothesis "there will be insignificant difference on mental wellbeing between male and female" stands unsupported

Many researchers have been conducted to study this link between Aggressiveness and Mental Wellbeing. **Moazama Anwar, et al (2016)** conducted a study intending to assess the Mental Health Issues in Young Adults of Pakistan: The Relationship of Narcissism and Self -Esteem with Aggression. The current research was aimed to investigate the relationship between narcissism, self-esteem, and aggression. Pearson correlation shows that narcissism is positively associated with aggression, whereas self-esteem is negatively correlated with aggression. Significant gender differences are found in narcissism, as men scored significantly high than females. The research problems specify interventional strategies to limit the severity of narcissism and anger explosion in young adults. **William Bor (2016)** conducted a study intending to assess the Prevention and Treatment of Childhood and Adolescent Aggression and Antisocial Behaviour: A Selective Review. Recommendations are made on the adoption of selective programs demonstrated to be efficacious in the prevention and treatment of aggression and antisocial behaviour. Conclusion: Child and youth mental health services can make a specific contribution to crime prevention. **Maria Rubio-Valera, et al. (2015)** conducted a study intending to assess the health service use and costs associated with aggressiveness or agitation and containment in adult psychiatric care: a systematic review of the evidence. Agitation has an effect on healthcare use and costs in terms of longer length of stay, more readmissions and higher drug use. Evidence is scarce and further research is needed to estimate the burden of agitation and containment from the perspective of hospitals and the healthcare system.

Table no. 3: T-Test of Stage

Variables	Stage	N	Mean	S D	t-value	p-value
Religiosity	Adult	82	15.55	4.994		
					1.268	.207
	Adolescence	88	16.58	5.562		
Aggressiveness	Adult	82	100.12	30.754		
					.544	.587
	Adolescence	88	97.48	32.452		
Mental wellbeing	Adult	82	51.1585	12.30123		
					.441	.659
	Adolescence	88	52.0227	13.16123		

Table no 3 shows an insignificant difference (r 1.268, p .207) on religiosity between adult and adolescence. Therefore, the hypothesis "there will be insignificant difference on religiosity between adult and adolescence" stands unsupported. In the same table it is shown that an insignificant difference (r .544, p .587) on aggressiveness between adult and adolescence. Therefore, the hypothesis "there will be insignificant difference on aggressiveness between adult and adolescence" stands unsupported. Eventually this table shows that an insignificant difference (r .441, p .659) on mental wellbeing between adult and adolescence. Therefore, the hypothesis "there will be insignificant difference on mental wellbeing between adult and adolescence" stands unsupported.

Many researchers have been conducted to study this link between Mental Wellbeing and Aggressiveness. **Bing Xiang Yang, et al. (2018)** conducted a study about Incidence, Type, Related Factors, and Effect of Workplace Violence on Mental Health Nurses: A Cross-sectional Survey. The incidence of workplace violence among mental health nurses is common, and its frequency is correlated with nurses' level of burnout. Management and clinical nurses should work together on an organization-wide strategy targeting the major identified risk areas to reduce the

incidence of workplace violence and minimize its impact on nurses. **Sung Joon Jang, et al. (2018)** conducted a study intending to assess the Existential and Virtuous Effects of Religiosity on Mental Health and Aggressiveness among Offenders. Although prior research tends to show that religion has a salutary effect on mental health and a preventive effect on crime, studies explaining the religious effect, particularly those on offenders, have been limited. We found that the existential belief explained the effect of religiosity on negative emotional states and intended aggression. In addition, forgiveness and gratitude mediated the effect on state anxiety, whereas purpose in God and gratitude to God mediated the effect on state depression. Substantive and practical implications of our findings are discussed. **Goli R, et al. (2016)** conducted a study intending to assess the Effect of Group Schema Therapy on Psychological Well-being and Aggression in University Students. The results showed that schema therapy in the experimental group increased the average well-being components and reduced components of aggression in the post-test scores, but there was no such change in the control group, the difference in the two group was significant ($p < 0.001$). According to the effectiveness of schema therapy in improving psychological well-being and decreasing aggression in students, it can be used as an effective therapy for reducing aggression and improving mental health of this group in the society.

CONCLUSION

Based on the data analysis presented, several conclusions can be drawn on a comparative study of religiosity, aggressiveness, and mental well-being in adolescence and adults, as well as the gender differences in these variables.

Religiosity, aggressiveness and mental wellbeing between adolescence and adults:

An insignificant difference suggests that there were no significant differences in these three factors between the two age groups. This finding could have several implications, such as that adolescents and adults may share similar experiences in their religious beliefs and practices, their tendencies towards aggressive behaviour, and their overall mental well-being.

However, an insignificant difference does not necessarily mean that there are no differences between the two groups. It simply means that the differences, if any, were not statistically significant. Further research may be necessary to investigate these factors more thoroughly and to determine whether there are other factors that contribute to these differences between adolescents and adults.

Gender difference among adolescents and adults on religiosity, aggressiveness, and mental wellbeing:

An insignificant gender difference among adolescents and adults on religiosity, aggressiveness, and mental well-being means that both males and females had similar levels of religiosity, aggressiveness, and mental well-being in both adolescence and adulthood. This finding could have important implications for understanding gender differences in these factors and how they may change over time. However, an insignificant gender difference does not necessarily mean that there are no differences between males and females. It simply means that the differences, if any, were not statistically significant. Other factors, such as cultural or societal expectations, may still contribute to gender differences in these areas.

The study's findings may have implications for interventions or programs aimed at promoting positive outcomes in these areas for both genders. By recognizing that there may not be significant gender differences in these factors, interventions can focus on promoting positive outcomes for all individuals, rather than targeting specific gender groups.

Correlation between religiosity and mental well-being:

An insignificant positive correlation between religiosity and mental well-being suggests that there is no clear relationship between an individual's level of religiosity and their mental well-being. While some studies have suggested that religiosity may have a positive impact on mental health outcomes, this particular study found no evidence to support this claim.

However, an insignificant positive correlation does not necessarily mean that there is no relationship between these two factors. Other factors, such as cultural or social context, may still contribute to the relationship between religiosity and mental well-being. The study's findings may have implications for interventions or programs aimed at promoting positive mental health outcomes. By recognizing that there may not be a significant positive correlation between religiosity and mental well-being, interventions can focus on promoting

positive mental health outcomes for all individuals, rather than targeting specific religious groups.

Correlation between aggressiveness and mental wellbeing:

An insignificant negative correlation between aggressiveness and mental well-being suggests that there is no clear relationship between an individual's level of aggressiveness and their mental well-being. While some studies have suggested that higher levels of aggressiveness may be associated with poorer mental health outcomes, this particular study found no evidence to support this claim.

However, an insignificant negative correlation does not necessarily mean that there is no relationship between these two factors. Other factors, such as genetic predisposition, environmental factors, or individual differences in coping styles, may still contribute to the relationship between aggressiveness and mental well-being. The study's findings may have implications for interventions or programs aimed at promoting positive mental health outcomes. By recognizing that there may not be a significant negative correlation between aggressiveness and mental well-being, interventions can focus on promoting positive mental health outcomes for all individuals, regardless of their level of aggressiveness.

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