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THE INFLUENCE OF TRANSCENDENCE AND RELIGIOUS COPING STRATEGIES ON ANXIETY IN MINIORITY POPULATIONS: A MODERATION ANALYSIS OF DEMOGRAPHICS

Asfand Yar Khurshid*
PhD Scholar, Lincoln University College, Petaling Jaya, Malaysia

Bushra Mazhar
Lecturer/Clinical Psychology, University of Applied and Biological Science, Lahore, Pakistan

Kanwal Mazhar
Lecturer/School of Pharmacy, University of Management and Technology, Lahore, Pakistan

Rabia Altaf
Associate Professor/School of Pharmacy, University of Management and Technology, Lahore, Pakistan

****Corresponding Author:*** khurshid.phdscholar@lincoln.edu.my

Article Info

Abstract

The current study aims to examine the moderating role of demographics including Age, Marital Status, Religion, Education, Nature of Job and Gender in the Self-Transcendence, Religious Coping Strategies and Anxiety among Minorities. Data was collected by using structured and standardized questionnaires including Self-Transcendence scale Reed (1986), Anxiety by Lovibond (1995) scale and Religious Coping strategies scale 14 items of Pargament (1998). Participants of the study were minorities selected from Khyber Pakhtunkhwa by purposive sampling technique. To test the proposed hypothesized PLS structure equation model (SEM) was used. Results claimed that age is a moderator between Self-transcendence and religious coping Strategies ($p<0.032$), while Nature of job is a moderator among religious coping Strategies and anxiety ($p<0.051$). According to the study, Self-Transcendence enhanced in old age and people are inclined more to support others by transcending their self. The nature of an occupation has a significant effect on psychological well-being, particularly anxiety, which people who use religious coping mechanisms to manage. Psycho education can encourage minority groups to take an active role in promoting social well-being.

Keywords:
self-transcendence, religious coping strategies, anxiety, psychological wellbeing, PLS-SEM, psychoeducation.

INTRODUCTION

People grow and get connected with religion they have valued meaning in life. They transcend self in their life by expanding own boundaries to social norms; by enhancing future and connectivity in past to make present better. The term “Self-transcendence” is an innate desire to discover meaning in life. Those with self-transcendence willpower tend to focus on the outside world and other people as opposed to their own needs [1]. Anxiety is one of the most prevalent mental health challenges globally, often exacerbated by social, economic, and cultural stressors, especially among minority populations [2]. Consequently, these populations often turn to culturally embedded coping strategies such as religious coping and spiritual practices to manage anxiety and emotional burdens.

Religion is a doorway in every matter for individuals, especially to cope with stressful events [3]. Krause and Hayward (2013) stated that being a social animal every person has different circumstances which may have positive and negative consequences. In such situations mostly people find hope, emotional support and satisfaction through religion. In fact, Religion affects a person's social and mental well-being [4].

Frankl (2000) suggested that people who adopt a pessimistic mindset, such as "God punishes me for wrong deeds," can change their focus by making them fearful of heavenly powers or by enduring negativity. Since God is compassionate and a crucial component of transcendence expressed in management techniques, transcendent attitudes can be included into positive as well as adverse coping tactics. Self-transcendence should be determined by positive management approaches that offer heavenly growth that is already rooted or built [5]

Positive religious coping, such as seeking spiritual support or reappraising stress through a religious lens, is often linked to lower levels of anxiety and better psychological outcomes [6]. Reed (2009), define that self-transcendence as the expanding personal boundaries beyond the self through experiences such as connectedness with others, nature, or the divine, has also been associated with enhanced mental health and well-being [7].

Both positive & negative ways of coping are employed by people, and they have been linked to psychological and physical health [8]. They also included information on coping patterns, the effects of religion on adjustment and health, and both good and negative coping strategies. The application of both positive & negative strategies that affect mental state differs significantly. Positive religious approaches included self-recognition, sentiments of well-being, pity, divine assistance, and coping mechanisms for personal failings. Such an approach had a strong believe in God, its abilities, and the innumerable blessings that make life easier and enable people to overcome obstacles. Negative approaches, on the other hand, had paralyzing beliefs, the belief that God punished people for their wrongdoings, being absent from church, and pessimistic thinking. According to Pargament (2000) [9] and Lee, Nezu, and Nezu (2014) [10], these attitudes and strategies are associated with emotional illness, depression, PTSD, a miserable existence, and poor physical health.

Psychological well-being is less important to self-stigmatized individuals [11]. In mental health therapy, stigmatization is associated with early extinction and unfavorable attitudes toward getting help because of worry, which are also connected to others' unfavorable opinions (Barney, Griffiths, Jorm, & Christensen,

2006) [12]. Stereotypical conduct, disparities in care, and misconceptions about mental illness are the main causes of public stigmatization [13]

Andresen and Meyers (2000) highlighted that various studies examined the role of one's beliefs regarding physical health is the subject of numerous studies. Their research indicates that beliefs about illness have an effect on their physical well-being [14]; an essential concept in the introspective area known as positive psychology is that a person's temperament and cognition have changed [15]. According to Chen & Walsh (2009) [16], the main component of self-transcendence is inner peace mediation, which protects against psychological effects on health.

Studied spirituality, self-transcendent behavior and religion in women and men from intact and divided households. The same scale was used for self-report, inventory, and belief measurements for both men and women. Male and female findings differed significantly, with females reporting more significant outcomes on the scale than males. However, compared to women from divorced households, those from intact families scored higher. Men from intact and detached families do not differ significantly from one another. According to the findings, women react with their parents being divorced in different ways than men do in terms of religion, spirituality, and self-transcendence. In an indigenous investigation mediating role of gender was also found in the relationship of self-concept and social anxiety among Male and Female Juvenile Delinquent. The association between social anxiety and self-concept across male & female juvenile offenders was also found to be mediated by gender in an indigenous inquiry (Hussain, Batool, Khan, & Bajwa, 2017) [17]

The paper is aimed to explore the role of demographics as a moderator regarding Self transcendence, Religious Coping Strategies and Anxiety among minorities. This investigation focusses on the role of age and marital status of Self transcendent person practicing religious coping strategies. Self-transcendence enhanced in older people and people have consistency in their intrapersonal relations. Meanwhile many other factors including education, nature of job and gender have their own role to encounter anxiety, either they moderate the relationship among religious coping strategies and anxiety. So, this paper evaluates the moderation role of demographics.

RESEARCH QUESTION

Do age, marital status, education level, nature of job, and gender moderate the relationship between self-transcendence, religious coping strategies, and anxiety among minority populations?

HYPOTHESIS

The following hypothesis was developed based on theoretical framework,

H1: There is significant correlation between Self-transcendence, Religious Coping strategies and Anxiety.

H2: Nature of job, Education, Age, Marital Status, Gender and Religion likely to play role of moderation among Self transcendence and Religious Coping strategies.

H3: Nature of job, Education, Age, Marital Status, Gender and Religion likely to play role of moderation among Religious Coping strategies and Anxiety.

METHODOLOGY

Study follows the descriptive analysis of the given variables and demographics. The PLS (partial least square) SEM structure equation model was used for theoretical framework and developed the above-mentioned hypothesis to test the variables in the context of the given study.

The present study was primarily based on quantitative research design. The structured questionnaire was used having Self-Transcendence Scale by Reed [18], Religious Coping using RCOPE scale by Pargament, Smith, Koenig & Perez [19] and Anxiety measured by anxiety sub-scale using DASS (Depression, Anxiety, Stress Scales), Lovibond [20].

SAMPLEAND PROCEDURE

Sample of 200 married people up to 60 years old (M = 38.83, SD = 11.00) that had been married for at least a year made up the sample (79 men and 121 women). Purposive, the sample was approached. Only people who were under 60, had been married for at least a year, and were leading intact married lives were included in the sample. Those who were over 60, divorced or widowed, had been married for less than a year, or were living apart as a result of a work or foreign assignment were not included in the sample. The structured questionnaire was used to assess variables. The questionnaire was comprised of three parts. First was the demographic information of participants. Meanwhile other three portions contained variable items in detail below.

RESULTS AND DISCUSSION

Table 1 describes the demographics in detail. Three age categories were identified: 57.5% of the population was in adulthood, 38.5% was in middle adulthood, and 4.0% were older adults. In this study, 60.5% of respondents were female and 39.5% were male. Only 8.0% of the population held an M.S degree, whereas the majority (37.0%) were illiterate. Of the 200 respondents, 45.5% were unemployed, 33.6% were sweepers or guards, 11.2% were teachers, 7.0% were secretaries, and only 0.6% held executive positions. Of the respondents, 77.0% were Christian and 22.0% were Hindu. Of those surveyed, 65.5% were married and 35.5% were single.

Table 1: The interval correlation showed positive correlation among constructs of used scales. Self-Transcendence, Religious Coping Strategies (Religious Positive Coping Strategies (RPCS); Religious Negative Coping Strategies (RNCS), Anxiety (SME, SA, SEAA, AA)

Frequency of Demographic Variables of Participants.

demographic variables	categories	frequency	percentage
Age	Adulthood	115	57.5
	Middle Adulthood	77	38.5
	Older Adulthood	8	4.0
Gender	Male	79	39.5
	Female	121	60.05
Education	Nil	74	37.0
	Under Matric	46	23.0
	FA/FSC	18	9.0
	BA/BSC	20	10.0
	MA/MSC	26	13.0
	M.Phil	16	8.0
Nature of Job	Not Applicable	91	45.5
	Sweeper/Guard	66	33.6
	Clerical Staff	15	7.0
	Teaching Staff	22	11.0
	Principal/Managers	6	3.0
Religion	Christian	154	77.0
	Hindu	45	22.0
Marital status	Married	129	64.5
	Unmarried	71	35.5

Source: *Author's field data (2025)*

Table 2: This table shows the level of relationship among variables. Hence results support the hypothesis and relationship (P<0.01).

Correlation Matrix Inside Scales

Variables	ST	RPCS	RNCS	SME	SA	SEAA	AA
ST							
RPCS	.394**						
RNCS	-.085	-.010					
SME	-.023	.210**	.156*				
SA	.007	.267**	.170*	.225**			
SEAA	.104	.340**	.125	.364**	.426**		
AA	.061	.156*	.198**	.373**	.318**	.533**	

**Correlation is significant at the 0.01 level (2-tailed)
*Correlation is significant at the 0.05 level (2-tailed)

Note. *ST = Self-Transcendence; RPCS = Religious Positive Coping Strategies; RNCS = Religious Negative Coping Strategies; SME = Som Manifestations of Anxiety; SA = Subjective Anxiety; SEAA = Somatic Expression of Autonomic Arousal; AA = Autonomic Arousal.*

Source: *Author's field data (2025)*

Table 3: In this table age, marital status and religion role analyzed as a moderator effect among Religious Coping Strategies, Anxiety Self Transcendence. In this results hypothesis H2 were proposed and only age moderate the relationship of ST and RCS (P<0.032, t = 2.148). Meanwhile, in H3, Nature of Job has moderated the relationship of RCS and Anxiety (P<0.051, t = 1.955). Moreover, Marital status, religion, education and gender have not shown any moderation relation.

Moderator Hypothesis Test.

Hypothesis	Mean	Standard Deviation	t-Statistics	P Value
ST MOD Age->RCS	-0.240	0.078	2.148	0.032
ST MOD M.S->RCS	-0.216	0.163	1.440	0.151
ST MOD Religion->RCS	0.006	0.106	0.927	0.354
RCS MOD Education->A	-0.094	0.079	1.299	0.195
RCS MOD Nature of Job->A	0.152	0.080	1.955	0.051
RCS MOD Gender->A	0.065	0.076	0.901	0.365

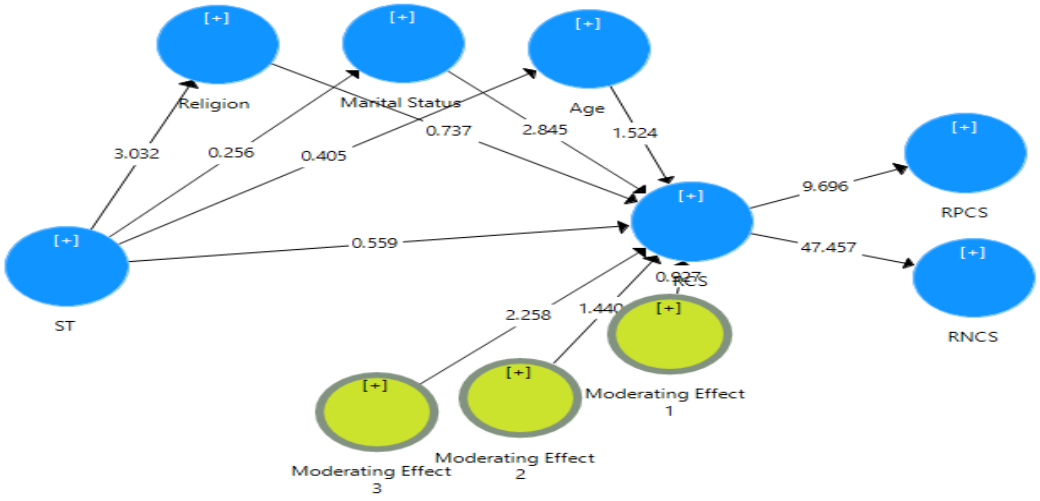
Note: *ST = Self-Transcendence; RCS = Religious Coping Strategies.*

Source: *Author's field data (2025)*

Figure 1: Structural equation model showing the relationships between self-transcendence, demographic variables, religious coping strategies, and moderating effects

This figure illustrates the structural equation model (SEM) results. Self-transcendence (ST) is shown as a predictor of marital status, age, and religion. Paths from these demographic variables, along with ST, lead to religious coping strategies: positive (RPCS) and negative (RNCS). Moderating effects (1, 2, and 3) are also presented, influencing the associations between the variables. Path coefficients are displayed on each arrow, representing standardized regression weights. Significant paths (e.g., ST → Religion, β = 3.032;

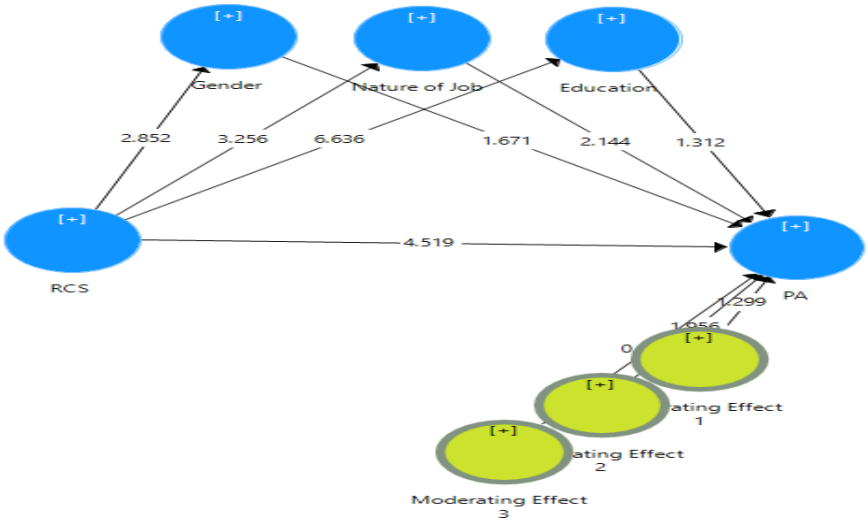
ST → Age, β = 2.845; ST → RNCS, β = 47.457) suggest strong relationships, while nonsignificant or weaker paths (e.g., ST → Marital Status, β = 0.405) reflect minimal effects.



Source: Author's field data (2025)

Figure 2: Structural equation model illustrating the effects of religious coping strategies, demographic variables, and moderating effects on psychological adjustment

This figure displays the results of the structural equation model (SEM). Religious coping strategies (RCS) are shown as predictors of gender, nature of job, and education. The model further demonstrates that RCS has a direct effect on psychological adjustment (PA; β = 4.519). Demographic variables also predict PA, with path coefficients from gender (β = 2.852), nature of job (β = 6.636), and education (β = 1.312–2.144). Three moderating effects (1, 2, and 3) are included, influencing the strength of the associations between predictors and PA. Standardized regression weights are displayed on each path, where higher coefficients (e.g., nature of job → PA, β = 6.636) indicate stronger predictive relationships compared to weaker ones (e.g., education → PA, β = 1.312).



Source: Author's field data (2025)

The purpose of this study was to investigate how self-transcendence, religious coping strategies, and anxiety are moderated by age, marital status, religion, education, gender, and job of nature. Numerous studies have examined the relationship between RCS (positive and negative) coping techniques and human psychological well-being in the past few years. These investigations showed a strong correlation between the paths of psychological and physical adjustment and both positive and negative coping mechanisms [21]. These results confirmed that religious coping mechanisms are widely used by people to deal with stress, anxiety, and depression. The current study also demonstrated a strong correlation between anxiety and self-transcendence and Religious Coping Strategies (RCS). In the meantime, a demographic role was investigated in order to comprehend. The findings indicated that the only moderator amongst ST and religious coping techniques was age ($p>0.03$), whereas neither religion nor marital status had an effect on anxiety or self-transcendence when using religious coping strategies ($p>.o8$). The idea that people become more religious and self-transcendent as the age was also validated by earlier research.

Although several religious groups possessed various beneficial RCS in cultural and social settings at different life phases, older and elder adults received more RCS than clergy in terms of age (Alferi, Culver, Carver, Arena, & Antoni, 1999) [22]. There are complex relationships between religion and the results of religious coping strategies. Numerous scholars attempt to explain the function of moderators in relation to religious coping strategies & their results(Trevino, Pargament, Cotton, Leonard, Hahn, Caprini-Faigin, &Tsevat, 2010) [23]. Cancer patients' psychological wellness was discovered to be influenced by their coping mechanisms (Qureshi, Bajwa, & Batool, 2017) [24]. Similarly, findings support that religious coping strategies varied among different types of religion (Pargament, Koenig, & Perez, 2000) [25].

Marital status, age, education, employment type, and gender are also examined in this study as moderators of anxiety and religious coping strategies. The findings indicated that the sole factor moderating the relationship between Religious Coping Strategies & Anxiety was the nature of employment ($p>0.05$). In contrast, gender had no effect on anxiety or religious coping strategies ($p>0.367$). Few research has looked at gender differences in the impacts of ethnic discrimination, despite the fact that gender has been recognized as one of the most significant drivers of individual diversity in anxiety and coping among cultural minority clusters [26]. Researchers have studied the effects of negative life choices on cultural minority women's psychological health (Moradi & Subich, 2003) [27]. Results from gender-related research have been inconsistent thus far. Some researchers have revealed no gender differences, whereas others indicated a lower incidence of ethnic discrimination among women (Verkuyten& Thijs, 2001) [28]. As far as we are aware, no research has systematically looked at the relationship between gender differences in self-transcendence and anxiety using religious coping strategies, despite mounting evidence that suggests gender differences in the stress–distress relationship (Ataca & Berry, 2002) [29]. Moreover, schooling has not demonstrated any discernible moderating influence.

CONCLUSION

Since there were few limited research to clarify the purpose of moderator of demographics among Religious Coping Strategies, Anxiety and Self-Transcendence. Therefore, this study has focused on two questions to explore the answer. First, is to know the relationship among constructs that showed significant relationship ($P<0.01$). Second, is how demographics moderate the relation among such variables. Thus, the current study contributes something useful to the literature and provides a better understanding of the

nature of the work and age as moderators. Because ST is a developmental attribute that changes over the course of a person's life, age acts as a moderator between religious coping strategy and self-transcendence. However, the type of work also plays a moderating effect in the relationship between anxiety and RCS. Low socioeconomic status affects RCS and anxiety, whereas having a decent job has less of an effect on anxiety.

PRACTICLE IMPLICATIONS

By exploring the role of demographics counseling psychologists can gain valuable insights into strategies for overcoming anxiety and improving minority perceptions of self-transcendence by investigating the role of demography. These kinds of initiatives support minorities in identifying who they are and participating fully in society. As people age, their self-transcendence also grows, and they assist their peers and social groups. Religious coping strategies can reduce anxiety and self-transcendence, which are further impacted by the nature of the job. Counseling psychologists would gain more insight into the ways in which anxiety can be reduced in the context of discrimination.

LIMITATION AND SUGGESTION

1. Longitudinal research can more thoroughly examine the phenomenon. Therefore, longitudinal analysis is necessary to further explore the potential influence of demographics on the interacting links between views of self-transcendence, anxiety, and religious coping methods.
2. The results' ability to be applied broadly may be restricted by the sample size. To better limit the findings, future studies should think about using a larger sample size.

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