



# The Role of Religious and Community Involvement on Social Intelligence: A Study among Mizo Adults

Lalramhluni Pachuau\*

C. Lalfamkima Varte\*\*

\* Research Scholar, Department of Psychology, MZU.

\*\* Professor, Department of Psychology, MZU.

**Abstract:** *The study aims to illustrate the role of community involvement (Staunton, 2001) and religious involvement (Koenig, et al., 2015) on social intelligence (Silvera et al., 2001). To meet the objectives, 232 male and 259 female were randomly selected from different districts within Mizoram. Independent sample t-test revealed: (a) males to show greater scores than females on social information processing and social skills, the reverse on social awareness; and (b) young adults to show greater scores than late adults on social information processing and social awareness, and the reverse on social skills. To address the target objective of the study, stepwise regression was employed. Social information processing emerged to be significantly predictable from community involvement, religious involvement and age-group; social skills emerged to be significantly predictable from religious involvement and gender; and social awareness emerged to be significantly predictable from community involvement, gender and age-group. The predictability of social information processing and social awareness from community involvement and age-group as well as social skills from religious involvement were discussed in the light of socialization processes, developmental processes and gender variation.*

Keywords: Social Intelligence, Community Involvement, Religious Involvement.

## INTRODUCTION

Social relationships are an invaluable component of one's life. The quality and structure of social relationships are consistently associated with better outcomes across the lifespan, ranging from academic achievement and substance use in adolescence to mental and physical health and longevity in adulthood through old age (Holt-Lunstad et al. 2015; Umberson & Montez 2010).

We are all in agreement that people should act with humanity toward one another. Apart from the ordinary moral imperative, being "good" to others is beneficial to us. Numerous empirical studies demonstrate a substantial link between social functioning and physical health in persons of all ages

(Berkman et al., 2000; Holt-Lunstad et al., 2010; House et al., 1988). Individuals with strong social ties have better cardiovascular health, more efficient immunological responses to pathogens, experience less disability from disease, and live longer. For our existence, we must be able to work cooperatively with others and communicate effectively. As Humphrey (2002) has pointed out, humans are social animals by our nature. We would not be able to survive if we did not have the ability to understand the intentions of other creatures and to affect their behavior.

Social intelligence is a critical component in establishing and sustaining social relationships. Thorndike (1920) defined social intelligence as a subset of generalized intelligence and described it as the capacity to comprehend and behave prudently in human interactions. Snow (2010) elaborated on Thorndike's description, stating that social intelligence is the collection of knowledge, cognitive talents, and affective sensitivities that enables humans to navigate their social worlds. Social intelligence, as defined by Honeywill (2015) and Albrecht (2005), is the aptitude to get along with others and negotiate complex social relationships and surroundings. Although the term "social intelligence" and our understanding of it have evolved over time (Thorndike, 1920; Guilford, 1967).

The term "community" refers to a group of individuals who engage with and support one another, and who are linked together by common experiences or traits as well as a feeling of belonging, and who are typically located in close proximity to one another. Although objective elements are taken into consideration, subjective feelings of belonging and reciprocity in interactions with others are taken into consideration as well (Lysaght, Cobigo, & Hamilton, 2012; Martin & Cobigo, 2011). The community is made up of people who volunteer their time to provide support and natural support: paid support may be perceived as artificial or not as naturally occurring as those arising from close social ties, where natural supports (e.g., friends or family) are known to be beneficial for the promotion of physical and mental health, community involvement (Bloom, 1990), and a sense of belonging (Collins, 2015). Additionally, defining the social and political networks that connect people, community groups, and leaders may help to define a community (Minkler et al., 1997).

Involvement in the community, according to Abbott and McConkey (2006), entails having access to and utilizing community resources such as facilities, events, and mainstream services (e.g. doctors and dentists) and it encompasses both physical and social inclusion; however, social inclusion extends beyond physical inclusion to include relationships,

membership, and belonging. As a result, people from all walks of life, no matter who they are, can feel a sense of belonging to the community (Bogenschutz et al., 2015). Individuals have a feeling of belonging to a community that transcends the concepts of community used by academics and engagement leaders. Additionally, they may have a feeling of belonging to several communities and their feeling of belonging may shift over time, affecting their involvement in community activities (Minkler et al., 2004).

It has been argued that religion is and has historically been a significant influence in determining a person's character and moral standards (Arthur 2003). Religion plays a significant role in human existence and is likely to continue to do so in the foreseeable future (Berger, 1999). Religion has the ability to influence human experience and to generate strong symbols capable of conveying collective identity and community membership: religion 'binds' people together via shared beliefs and practises in order to establish a 'moral' community. The interplay of two components: subjective and behavioural, is characterised as religious involvement. The subjective component is concerned with the significance or prominence of religion in people's lives. The behavioural component is concerned with a person's religious activities. A rapidly increasing body of evidence indicates that more religious involvement is linked to improved physical and mental health, as well as improved subjective well-being throughout life (Ellison, 1994; Koenig, McCullough, & Larson, 2001; McFadden, 1995). Churches, like other social institutions, are networked (Comwall, 1987; Olson, 1989). Religious services and activities provide regular chances for social interaction between people who share similar religious views, as well as often shared social and political ideals (Clarke, Beeghley, & Cochran, 1990; Wald, Owen, & Hill, 1990).

The present study aims to highlight the role of religious and community involvement on social intelligence among Mizo adults. Individuals' participation in various activities in the community and religious involvement is frequently a pillar in the formation of behavior, which may in turn contribute to their social intelligence to a certain extent. Mizo are mostly Christians in religion and the Mizo culture revolves around Christianity and the church play a vital role in the life of Mizo and its manifold activities (Lalnithanga, 2005). The religion of Christianity plays in shaping the socio-cultural life of the people and from young age Sunday School and other church activities played a major role in the Mizo society where one is expected to attend church services and involve in the different activities of the church and other youth fellowships. One tradition that has endured in Mizo society is the spirit of what is known as Tlawmngaihna, which states that one is legally obligated to assist others and that one must be courteous and considerate in his or her interactions with others, as well as be prepared to assist others regardless of one's own inconvenience in all circumstances.

## **Methods**

### ***Sample:***

For the present study, the participants 232 Male and 259 Female were randomly selected along two developmental stages; 260 young adults (20-39 years) and 231 late adults (above 60 years) collected from different districts within Mizoram.

Informed consent was obtained from each participant and rapport was established and careful instructions how to fill up the questionnaires were given with assured confidentiality so as to minimize the potential influence of socially desirable response sets. The participants were asked to complete the questionnaire in the presence of the researcher.

### Psychological tools:

1. **Tromso Social Intelligence Scale (Silvera, Martinussen, & Dahl, 2001):** It consists of 21 self-evaluation items to which the respondents respond on a 7-point scale of the agreement degree (1-describes me very poorly, 7-describes me very well). The questionnaire is divided into 3 subscales which enable specification of 3 factors: SP- social information processing (e.g. I can easily understand social situations.); SS- social skills (e.g. I am successful in establishing new relationships.); and SA-social awareness (e.g. I am often surprised how other people react to my actions.).
2. **Belief into Action Scale: A Comprehensive and Sensitive Measure of Religious Involvement (Harold *et al.*, 2015):** The BIAC consists of 10 questions, each rated on a 1–10 scale (except the first question, which receives a value of 1 or 10 depending on the response). The total scale score, then, ranges from 10 to 100. The time of completion is less than two minutes.
3. **Community Involvement Questionnaire (Staunton, 2001):** It consists of 6 items and were measured on a 1 to 5 Likert scale (1 = strongly agree, 3 = neutral, 5 = strongly disagree). As a measure of community involvement, it is designed to be reliable for all people, regardless of age, disability, or other characteristics.

### Results and Discussion:

The results (Table-1) shows the mean, standard deviation and the Cronbach's alpha ( $\alpha$ ) as reliability coefficient of the psychological measures of Social Intelligence Scale (Social Information Processing-SIP, Social Skills-SS and Social Awareness-SA), Community Involvement Questionnaire and Belief into Action Scale-BIAC in parentheses.

Table-1: The mean, standard deviation and the Cronbach's alpha ( $\alpha$ ) as reliability coefficient of the psychological measures.

	Mean	SD	1	2	3	4	5	6	$\alpha$
1. Gender	-	-	-	-	-	-	-	-	-
2. Age-Group	-	-	-.01	-	-	-	-	-	-
3. SIP	31.19	8.45	-.02	-.02	-	-	-	-	.70
4. SS	29.24	8.50	-.13**	.05	.39**	-	-	-	.61
5. SA	29.27	8.55	.16**	-.14**	-.05	-.29**	-	-	.67
6. CIQ	15.16	5.83	.05	-.14**	-.15**	-.12**	.22**	-	.78
7. BIAC	53.77	13.84	.04	.40**	.14**	.19**	-.05	-.27**	.74

\*\* Significant at .01 level; \* Significant at .05 level

Pearson correlation (Table-1) revealed: (a) significant negative relationship between gender and social skills and significant positive relationship between gender and social awareness; and (b) significant

negative relationships between age-group with social awareness and community involvement (CIQ) and significant positive relationship with religious involvement (BIAC). The direction of the relationships indicated that as age increases, so do our involvement in religion. Religious involvement may have a positive impact on physical and psychological well-being, particularly in older adults (Schnittker 2001; Townsend et al., 2002; Lauder et al., 2006).

Pearson correlation (Table-1) also revealed: (a) social skills to show significant positive relationship with social information processing and significant negative relationship with social awareness. These findings are contrary to findings reported in literature (Silvera *et al.*, 2001), that showed negatively significant relationships between social information processing, social skills and social awareness. The Study of (Silvera *et al.*, 2001) employ exploratory and confirmatory factor analysis that deserves differing labeling of the terms employed for the subscales of social intelligence scale in the target population. The social information processing is focused on the self in the social participation whereas the social awareness is focusing on others, and social skill is the overt or physical participation; (b) community involvement shows significant negative relationships with social information processing and social skills as well as significant positive relationships with social awareness; and (c) More or less the reverse of the previous finding was observed with religious involvement that shows significant positive relationships with social information processing and social skills as well as shows significant negative relationship with community involvement. The active participation in the largest social organization of the mizo society focuses on the needs and understanding of others that demanded for social intelligence involving others in the society that finds explanation with negative correlation between social information processing and community involvement. In contrast, active participation in the church focuses on the needs of self that finds explanation for its focuses on the personal and spiritual growth demanding social information processing.

The results (Table-2a) revealed the effect of gender (male versus female) on the psychological measures by employing *t*-test. Table-2a shows significant gender effect on social skills and social awareness, wherein, males ( $\bar{x} = 30.41$ ;  $\sigma = 8.76$ ) show greater scores than females ( $\bar{x} = 28.18$ ;  $\sigma = 8.13$ ) on social skills and the reversed on social awareness with females ( $\bar{x} = 30.58$ ;  $\sigma = 8.27$ ) showing greater scores than males ( $\bar{x} = 27.81$ ;  $\sigma = 8.63$ ). The present findings contradicts the findings by DiPrete & Jennings (2012) where females are much higher in social skills than males and further evidence of higher social skills of females was demonstrated among different samples and measures of social skills (Caemmerer & Keith, 2015; Wentzel, 1991). Moreover, females showing greater scores on social awareness than males in this study supports finding by Korkut (2005) indicating that communication skills and the ability to interact and form friendships in social situations for females are more positive than males and he explained this by suggesting that females are more socially aware than males.

Table 2a: Independent sample *t*-test for gender (male versus female) differences on the scales/subscales of the psychological measures.

Variables	Levene's test		t-test for equality of means			Mean difference
	F	Sig.	T	df	Sig.	
<b>Social Information Processing</b>	.92	.33	.44	489	.65	.34
<b>Social Skills</b>	1.72	.18	2.92	489	<b>.00</b>	2.23
<b>Social Awareness</b>	.12	.72	-3.63	489	<b>.00</b>	-2.77
<b>Community Involvement-CIQ</b>	2.05	.15	-1.05	489	.29	-.55
<b>Religious Involvement-BIAC</b>	.30	.58	-0.93	489	.35	-1.17

The results (Table-2b) revealed the effect of age-group (young adults versus late adults) on the psychological measures by employing *t*-test. Significant effect of age-group (Table-2b) was observed on social awareness with young adults ( $\bar{x} = 30.44$ ;  $\sigma = 8.24$ ) show greater scores than late adults ( $\bar{x} = 27.96$ ;  $\sigma = 8.71$ ), community involvement with young adults ( $\bar{x} = 15.90$ ;  $\sigma = 5.49$ ) showing greater scores than late adults ( $\bar{x} = 14.32$ ;  $\sigma = 6.09$ ) and religious involvement with late adults ( $\bar{x} = 59.69$ ;  $\sigma = 12.27$ ) showing greater scores than young adults ( $\bar{x} = 48.52$ ;  $\sigma = 13.02$ ). The finding of the study revealed that younger adult participants are more socially aware than late adult participants that may be due to the fact that for late adults as humans grow older health becomes deteriorated and are confined to homes and may lack social and physical activities (Koenig et al., 2001). The increase in age demanded less social intelligence or social intelligence are more or less already acquired.

Table 2b: Independent sample *t*-test for age-group (young adults versus late adults) differences on the scales/subscales of the psychological measures.

Variables	Levene's test		t-test for equality of means			Mean difference
	F	Sig.	T	df	Sig.	
<b>Social Information Processing</b>	.86	.35	.54	489	.58	.41
<b>Social Skills</b>	.03	.85	-1.26	489	.20	-.96
<b>Social Awareness</b>	1.16	.28	3.23	489	<b>.00</b>	2.47
<b>Community Involvement-CIQ</b>	2.75	.10	3.03	489.00	<b>.00</b>	1.58
<b>Religious Involvement-BIAC</b>	1.24	.27	-9.75	489.00	<b>.00</b>	-11.17

Finally, stepwise multiple regression was employed for the individual prediction of each sub-scales of social intelligence - social information processing, social skills and social awareness from gender, age-group, community involvement and religious involvement, to address the target problem of the study. Results (Table-3a) showed the increase in community involvement to predict decrease in social information processing; the increase in religious involvement to predict increase in social information processing and;

increase in age-group predicted decrease in social information processing.

Table-3a: The beta-values and the adjusted R-square for the prediction of social information processing from gender, age-group, community involvement and religious involvement.

Predictors	Model-1	Model-2	Model-3
Community Involvement	-.15**	-.12**	-.13**
Religious Involvement		.11*	.15**
Age-Group			-.10*
Adjusted R-square	.02**	.03**	.04**

\*\* Significant at .01 level; \* Significant at .05 level

As discussed earlier, social information processing of the social intelligence demanded for the focus on the self and personal need for social participation. The participants focus more on the self during religious involvement and more on to others during community involvement resulting in differing patterns of social information processing, the findings of the present study. Thus, the younger participants engage more on the social information processing as compared to the older group of participants, the later focusing more on the service for others.

Results (Table-3b) revealed the increase in religious involvement to predict increase in social skills and the increase in gender predicted decrease in social skills. The social skills of the social intelligence measure as employed in the study focuses on the knowledge required for actual physical participation in the social and community settings. Physical and cognitive ability required for social skills are more readily available for acquisition in the religious settings. The patriarchal Mizo society offering less opportunity for the females put a stress upon physical and personal participation in the society resulting in lower social skills. The outcomes, supports findings by Maton (1989) that when compared to their unchurched counterparts, those who belong to religious communities have larger, denser, and more gratifying social networks as well as greater access to social support and an increase in social skills in their communities.

Table-3b: The beta-values and the adjusted R-square for the prediction of social skills from gender, age-group, community involvement and religious involvement.

Predictors	Model-1	Model-2
Religious Involvement	.19**	.20**
Gender		-.14**
Adjusted R-square	.03**	.05**

\*\* Significant at .01 level; \* Significant at .05 level

Results (Table-3c) shows increase in community involvement predicted increase in social awareness that demanded covert understanding of others in social settings; increase in gender predicted increase in social awareness due to the pressure of the patriarchal social structure on the females that forces them to look after the family at home (Bhasin, 2006); increase in age-group predicted decrease in social awareness due to limitation of social exposure that lower expectation to the understanding of social change

and adjustment to contemporary society (Dinev, 2008).

Table-3c: The beta-values and the adjusted R-square for the prediction of social awareness processing from gender, age-group, community involvement and religious involvement.

Predictors	Model-1	Model-2	Model-3
Community Involvement	.22**	.22**	.20**
Gender		.15**	.15**
Age-Group			-.12**
Adjusted R-square	.05**	.07**	.08**

\*\* Significant at .01 level; \* Significant at .05 level

## Conclusions:

The findings of the study revealed the significant negative relationship between community involvement and social information processing as well as positive relationship between community involvement and social awareness that finds explanatory foundations with social information processing focusing on others and social awareness focusing on the self. The study also revealed positive relationships for religious involvement with social information processing and social skills with corroborative evidence from social information processing focusing on the self and social skills focusing on personal and physical participations for the social intelligence of the participants, the Mizo adults.

In addition, the minor role of gender for the social skills and social awareness emerges in the study. The patriarchal social context pressures the female participants for physical participation in the society (Bunch, 1995) while enhancing the focus on others for social awareness. Finally, the late adults show decline in the desire and opportunities for social information processing and physical participation which is also consistent with studies by Blanchard (2001).

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