RELIGIOUS ORIENTATION, LOCUS OF CONTROL AND LEARNED HELPLESSNESS

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DECLARATION

I hereby declare that this work is the product of my own research efforts undertaken under the supervision of Prof. *Gray Goziem* Ejikeme and has not been presented elsewhere for the award of a degree or certificate. All sources have been duly distinguished and appropriately acknowledged.

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CERTIFICATION

This is La certify that the research work for this thesis and the subsequent preparations of this thesis by (Paul Samani Wai PGSS/UJ/12630/2000) were carried out under my supervision.

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Prof. Gray Goziem Ejikeme

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This Thesis is dedicated to my late parents, Mal. Ciroma Wai and Mama Katmihiet who both prophesized that I would become something in the future.

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ABSTRACT

The main purpose of this study was to examine the moderating effects of religious orientation and locus of control on the psychological phenomenon called learned haplessness. Six hundred (600) new entrant students into the Diploma in Applied Psychology programme of the University of Jos participated in the study. The study utilized the experimental design. Word anagram was used to induce and assess learned helplessness. It was hypothesized that, 1.participants who were externally controlled will likely experience more helplessness than those that were internally controlled; 2.that learned helplessness experience will likely be the function of the religious orientation of the participants; 3.that the interaction of locus of control and religious orientation will likely have a significant effect on learned helplessness; and 4. That learned helplessness experience will likely be' the function of the experimental condition of the participants.

The results of the study showed that, locus of control or religious orientation alone had no significant effect on learned helplessness. However, the interaction of religious orientation and locus of control had a statistically significant effect on learned helplessness (F (1,418) =5.326, P=.022). Experimental conditions also had a significant effect on learned helplessness F (1, 418) =77.01 0, P =0005.). A novel finding was also made. That religious affiliation also had a statistically significant effect on learned helplessness (F (2,418) =5. 702, P=.004). Since none of the independent variable (religious orientation or locus of control) alone had any significant effect on learned helplessness, the implication is that a multi-modal approach is required to deal with the issue of learned helplessness.

CHAPTER ONE
INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Over the years, researchers have been concerned about the effects of certain psychological variables on common human conditions and problems (Peterson, Colvin, and Lin, 1992, Mikulincer, and Nizan, 1988, Malute, 1995). Common psychological problems such as anxiety, stress, depression etc., frequently undermine the resolve of humanity to achieve certain desired goals. Many psychological investigations are centered mainly on the buffering effects of attributions, cognitive styles and locus of control (Meguigan, 1995, Young and Allen, 1992) on common human conditions and problems.

Of recent, interest has shifted towards investigating the moderating roles of religious beliefs and practices on the common psychological problems (Herrler and Cohen, 1998). Religion is therefore gradually gaining ground in psychological investigations because of the role it plays in the daily functioning of the believer (Shafranske, 1996). Even from sociological perspective, religion has shown to have effect on human decisions, choices and actions (Giddens, 2002). Three of such classical thinkers; Carl Max, Emile Durkheim and Max Weber represent such thought. They separately

identified very important characteristics of religion even though their views complimented each other. Max for example, believes that religion is used to justify the interest of the ruling class at the expense of the common person. He believed religion is the opiate of the people i.e. people depend on religion as a passive response to life challenges. Weber emphasized the revolutionary impact of religious ideals on established social orders. He cited how religious movements played key roles in the overthrow of unjust regimes. Durkheim, on the other hand laid emphasis on the role religion plays in promoting social cohesion.

The psychological phenomenon of interest to this study exists for every human being at one time or another, which Seligman (1975) called learned helplessness. It is the belief or expectancy about not being able to exercise personal control or the loss of the control over life events and situations (Weinberg and Chapel, 1996). The interest in this phenomenon and the buffering effects of certain personality styles are motivated by the recent happenings in Nigeria [ethno-religious crises, political vandalism, economic depression and sabot age, un-abating rate of crime and corruption, assassinations etc), which appear to have defied all conventional methods to resolve them. It appears that an inordinate proportion of the population have given up hope of ever being able to resolve them. By deduction, a sense of control over these events has seemingly been lost. For the Nigerian

experience, this loss of control is anticipated at the micro (individual) and macro (state) levels, for it to have such a devastating effect on the nation. This loss of control over events is typical of the psychological phenomenon called learned helplessness (Seligman, 1975). Wai (1991) in a study that explored the existence of learned helplessness in Nigeria found significant results. From the result, he observed that learned helplessness is expressed in Nigeria in the form of apathy towards corruption, crime, religious and civil Crises, injustices, etc. This implies that, many Nigerians appear to believe they could do nothing to change the situation.

Rotter, (1966), Shapiro, Schwartz and Astin, (1996) have investigated the roles of various control strategies in moderating the effect of learned helplessness. These control strategies include locus of control, attribution style and cognitive style. The fourth control strategy, which is making its appearance in the control research literatures, is religious orientation; first proposed by Allport (1966). This study is interested in the buffering effect of one's religious orientation as a moderating variable on learned helplessness in the Nigerian context, because Nigeria is known to be a religiously orientated country.

The issues of personal control took the central stage within psychological circle in the late 1950s and early 1960s (Shapiro, Schwartz and Astin, 1996). Personal control is synonymous with locus

of control and personal mastery beliefs. According to Seaman (1999), this personal control reflects the individual's belief regarding the extent to which he is able to control or influence outcomes. Several theories have emphasized the importance of perception of personal control. The theories further suggest that the desire to control the world around is a fundamental characteristic of human beings (Schultz, Heckhausen and O'Brian, 1994).

The new interest came as a result of the failure of Neo-Freudian theories to fully explain the theoretical failure for competence and dyscontrol (Menninger, Mayman, and Purser 1963). Furthermore, the emergence of social learning theory (Rotter, 1966) and the behaviorists attempt in handling the issues of self control and cognitive processes (Meichenbaun, 1977) challenged Neo-Freudian theorists. Meichenbaun believes that learning to control behavior begins in childhood based on parental instruction. According to him, children eventually control their behaviors by mentally repeating the instruction of their parents.

Apart from the developments that prompted the renewed interests of psychologists in the issues of control, reports also indicated cognitive control by Zen mediators and yogi masters (Anand, China and Singh Kasamatsu and Hirai, 1996), which were not explained from a Neo- Freudian perspective. Zen as a verb means to contemplate or meditate. As a noun, Zen means to be realized.

According to the Zen procedure, going through the four Zen heavens lead to the path of enlightenment and liberation. The first heaven is the Shamatha meditation in which the practitioner is believed to control his mind instead of the mind the individual controlling him. The second heaven accomplishes the state of emptiness (primary empty mind). At this stage, is said not to be disturbed by dualistic fixation, gasping discursive thinking and conflictive emotions. The third heaven in which the deep space of non-arising thoughts experienced in second heaven enable individual sees the mind, as it really is i.e. free from all obstructions where wisdom begins to emerge. The forth heaven is the state in which awareness and wisdom emerge.

This development prompted several psychologists to conduct studies to answer the question of how individuals gain and maintain a sense of control in their lives. According to Shapiro et al (1996), several control related constructs have been developed and explored. Various investigations have demonstrated that people’s ability to gain and maintain a sense of control is essential for their evolutionary survival (Bandura, 1989a, Beck and Weishaar, 1989). According to Weinberg and Chappell (1996), general control beliefs influence all aspects of a person's life such as, home, health, work, leisure, interpersonal relationships, etc.

The control construct, which has been extensively explored even in Nigeria, is locus of control (Dagona, 1990, Salami, 1991, Wai,

1991, Katwal and Kamalanabhan, 2001). Bergin (1991) reported that religious beliefs provide a sense of control for some people yet, no much research is been done on religious orientation within the Nigerian context. Nigeria being a multi religious society can benefit from the exploration of the effects of religious orientation on the seemingly helpless situations we find ourselves in almost all the domains of our lives as a nation.

As we introduce religion as a control strategy, we are conscious of the fact that it may not be popular among researchers in this part of the world. We are not looking at religion from a theological perspective. We are interested in religion as a control strategy. To this end, this study defends the legitimate exploration of religion (a subjective construct) and other control variables e.g. locus of control by discussing the need for paradigm shift to accommodate the investigation of such epiphenomenon.

1.2. THE NATURE AND THE STRUCTURE OF PARADIGM

Kuhn (1962) explained that a paradigm is what the members of a scientific community share and, conversely, a scientific community consists of people who share a paradigm. This means that a paradigm is a conceptual framework or approach within which scientist operates. Generally paradigm: -

1. Provides a given set of assumptions or outlines what is to be enquired.

2. Defines the kind of concepts that are legitirnate to discuss or not to discuss.
3. Determines method of data collection
4. Determines how the data should be interpreted.
5. Specifies the problem to investigate.
6. Determines the meaning or importance given to the data collected.

Paradigm therefore, dictates the behavior of the scientist.

In current conceptualization of paradigm, it has been discussed under three headings i.e. restrictive, open and integrative paradigm. A restrictive paradigm belongs to the laboratory oriented and extremely controlled science. It has specific method and design, more concrete with variable boundaries that are clearly defined. It has been referred to as paradigm I (Kuhn, 1970; Sampson, 1978) representing those who "present scientific knowledge" and truth as though they were transcendent and hence independent of any particular society or historical period. The restrictive paradigm prohibits the discussion of anthropomorphic, i.e. it cannot attribute human attribute to non-human object, for example, it cannot discuss mentalistic concept such as spirituality, mind, soul and spirit.

Open paradigm also called paradigm II (Kuhn, 1970, Sampson, 1978) on the other hand, accept anthropomorphic concept. This means that it accept any knowledge that exists and any that does not fit into

the restrictive paradigm. Cognitive psychology is a typical example of open paradigm because it discusses concept such as consciousness. Integrative paradigm is more eccentric than the other two. It acknowledges that there are some constructs that are best understood, manipulated and analysed from the restrictive paradigm and those that are understood, manipulated and analysed based on the open paradigm. Before we consider the approach that is best for this study, we will first look at the controversies about the objective and subjective paradigm.

1.2.1. **Objectivity versus Subjectivity**: - A crucial concept to paradigm is the objective-subjective controversy. Paradigm I favors strictly objective, value free description of phenomena (Sperry, 1988). Paradigm II on the other hand, favors subjective considerations which accommodate description of phenomena such as freedom of will, conscious purpose, subjective value, mortality and other subjective phenomena that are vital to religion (Sperry, 1988). By objectivity, it means phenomenon which is observable, touchable, measurable, reproducible, replicable (by an external source(s)) and is verifiable. Subjectivity on the other hand has to do with those phenomena that are only observable experientially to the participant and not to the external observer because the participant is an observer of the experiential process.

In his attempt to contrast the two opposing views of proper science, Sampson (1978) said what he "terms a paradigm I concept of proper science is that which is objective; eliminating the stand point of the knower from the knowledge that is obtained so that a realm of pure facts as such is achieved". Secondly, it is that which "seeks principles of psychological functioning that are abstract, general and, universal". This view has always dominated our conception of proper scientific approach.

The second view which Sampson called paradigm II is that which is subjective, where "scientific facts and truth as with all other forms of knowledge are said to be historically generated and historically rooted". That "truth" is not something naturally accruing "out there" to be grasped, but rather is something that is dynamic constituted in and through the particular encounters between persons in concrete socio-historical setting".

In the objective paradigm, the observer is external to the phenomenon, while the observer in the subjective model is a participant in or part of the phenomenon (experiencing the phenomena). Here the observer can describe the phenomenon experientially. It follows therefore, that the understandability of the "data" information allows the participant observer to give meaningful characterization of the phenomenon and its

importance to the past, to the present and to the future of his existence.

The problem which is the driving force of this discourse is the question as to how much we really know about what we say we know when the objective model excludes the subjective model or vice versa. To achieve the desire of this theoretical review, we would like to unveil the likelihood of the revelation of the true nature of a phenomenon when there is a blending of the objective and subjective model in the study of phenomena.

This blending of the objective model with the subjective model would likely yield a more fruitful wholistic appreciation of the phenomenon under study, when the subjective model is not abandoned solely for the objective model. To achieve this we have to adopt an approach that can accommodate both the subjective and objective models.

1.2.2. Divergence and Convergence Approach:-

From the discussion so far, it is obvious that if we must accommodate the study of epiphenomenon, we have to move away from phenomenon. To do this, Sampson (1981) suggests that the combination of objectivism and individualism (subjectivism) will converge to yield a picture of a reality that gains its coherence and its order by virtue of the orderliness and universality of the building blocks of the individual mind. This is so because it is the order of human

thinking and reasoning that grants an order and meaning to the world of reality.

In his attempt to drive this point further home about the need to incorporate subjectivity, Peat (1987) adopted a connectionist perspective that allows for the blending of the objective and the subjective worldviews. Peat implies that there are connections (pulls) between different things e.g. between the mind, soul and body, between the physical world and non-material world, the objective and the subjective. This is why he said all partners in external reality are made-up of dual nature. That if there is a dual pattern in nature, (objective-subjective) the objective is the external reality and the subjective is the internal reality. Because of this dual pattern in nature, the objective and subjective realities are correlated with external and internal realities. When we take a closer look at the scientific paradigm that assumes an objective posture of phenomena, we could also observe under need it a subjective data without acknowledging that it does. Here it is necessary to acknowledge that the scientific paradigm embraces subjective data or uses an alternative paradigm that admits the use of both objective and subjective data in the study of phenomenon.

Another point worth considering about objective data is that it is possible for an objective to be valid yet not meaningful. If a data lacks meaningfulness consistently, it becomes meaningless. There is the

need to probe further to find out why the data is valid yet meaningless. This is the point at which we can answer the question by being diversional i.e. moving away from phenomenon to epi-phenomenon. Consequently, based on Peat (1987) model, the approach adopted in this study is divergent while convergence will be the process of providing solution. By divergent approach, we mean that various paradigm will be used. By convergence, we mean that we will adopt the eclectic approach in providing solution. Finally, since, the major thrust is to find a way of incorporating the study of the effect of religion, we have shown that accommodating such subjective variable will provide more meaning to objectivity.

To study religion and religious experience and its meaningfulness to the individual, we must first accept the belief of the believer. When dealing with such religious character, we must assume that the character allegedly exists and at the same time saying the religion and religious experiences allegedly existed, thus the need for paradigm shift. .

1.3. PARADIGM SHIFT

It is amazing to think that many psychologists from United States and Europe (Freud, 1961) before now and presently (Ellis, 2002) shy away from the unavoidable influence of religious beliefs on the general well-being or behavior of the believer. Such nonchalant attitude is understandable for those who operated during the empiricism era, but

recent developments at the turn of the twenty-first century indicates the need for psychologists and scientists to reconsider their positions if they are truly interested in the general well-being of humanity. From all indications, the success and failure of man appear to be influenced by what he thinks and beliefs. This is supported by an adage, which says, "as a man thinks so he is." It implies that when we exclude the religious component of a man's experience when dealing with him, is a disservice to him.

A simple definition of religion has been provided by Pargament (1997) as, “the search for significance in ways related to the sacred". Even though the definition is very vague, it shows that there is a dimension of man (the spiritual), that should not be neglected.

Connelly (1996) has provided a more elaborate definition of religion. He said religion originates in an attempt to represent and order beliefs, feelings, imaginations and actions that arise in response to direct experience of the sacred and spiritual. He said as this attempt expands in its formulations and elaborations, it becomes a process that creates meaning for itself on a sustaining basis, in terms of its originating experiences and its own continuing process.

About (2006) defined religion in descriptive terms that do not make use of the supernatural. This is because some religions do not necessary resolve around the supernatural. It define religion as "Belief in something sacred (for example gods, or other supernatural beings),

a distinction between seared and profane objects; Ritual acts focused on sacred object; a moral code believed to have a sacred basis; characteristically religious feelings (awe, sense of mystery, sense of guilt adoration) which tend to be around in the presence of the sacred abject and during the practice of ritual; Prayer and other forms, of communication with the supernatural; A world view or a general picture of the world as a whole and the place of the individual therein. This picture contains some specification of an overall purpose or point of the world and an indication of how the individual fit into it, a more or less total organization of one's life bore on the world view; a social group bound together by the above". This definition describes religious systems. It emphasizes the futures common in beliefs systems generally acknowledged as religions without focusing on specific characteristics unique to just a few.

Psychological well-being (health) has to do with freedom from worry and guilt, personal competence, control, self-acceptance and self- actualization, unification and organization of personality and open- mindedness and flexibility (Ventis, 1995).

The questions are; is there, any relationship between these psychological variables and religion? Secondly, is it legitimate for us to investigate such an epiphenomenon in psychology? If the answer is yes, then we must be willing to allow for a shift in paradigm to

accommodate epiphenomena into our investigations. It is important now therefore to have a look at the need for paradigm shift.

1.3.1. Need for Paradigm Shift

This study consciously introduces religious variable with the full awareness that it may be unpopular to majority of scholars/researchers in this part of the world. But from what we are currently experiencing in terms of religious influences in people's daily functioning, it is absolutely necessary to think of how to accommodate the subjective construct into our formulations.

Sampson (1978) has come to our rescue in this regard when he, proposed that, "for social psychology to reflect and actively affirm a range of human values and offer a fundamentally more complete perspective on human social behavior, it must undergo a paradigm shift where paradigm II gains equal-status partnership and, legitimacy with paradigm I science".

The revolution in cognitive neuroscience has brought about the, necessity for paradigm shift in psychology (Sampson, Sarter, Bernston and Caciopo, 1996, Sperry 1988, 1993). Sperry (1988) observed that modified formula for mind-brain interaction was perceived in which conscious mental states as emergent properties of brain process, could interact functionally at their own level and exert downward causal control over brain physiology in a supervening sense. This is a radical turn around in science to accept the relation of the conscious

mind to the physical brain. Because of this discovery, he renounced his earlier views in favor of a new mentalist position in which the traditionally rejected subjective mental qualities of inner experiences which were perceived to play active and causal control role on unconscious behavior and evolution.

The importance of this shift to this study is that, it has "legitimised" the contents of inner experience, such as sensations, percepts, mental images, thoughts, feelings and the like, as in eliminable causal constructs in the scientific explanation of brain function and behavior.

1.4 DEFINITION OF CONCEPTS

There are certain psychological facilitators of adaptation that help to shape environment and society. These are known as control strategies or coping strategies. Lazarus and Folkman (1984) define coping strategies as a set of cognitive and behavioral responses that are designed to muster, tolerate or reduce the demands of stressful situations. These strategies also affect the choices we make in the environment which may foster or hinder the attainment of desired goals.

The major facilitators referred to as coping strategies within this study include; locus of control and religious orientation and learned helplessness. These coping strategies are being investigated to

address the question of how individuals may gain and maintain a sense of control in their lives.

1.4.1 Locus of Control:

Locus of control is a construct that was developed by Rotter (1966) to measure the locus (Location) of control. He defined it as the perceived source of control over one's behavior. According to him, it is a generalized expectancy about the degree to which individuals control their outcomes. The theory posits that one's life is profoundly influenced by whether one perceives control over life as predominantly internal or external. By this he mean that locus of control influences the way one views himself and opportunities.

Rotter used the terms internal and external to indicate where people expect sources of control in their lives. Internal locus of control refers to control that is generated from the individual; but observed that when people expect that reinforcements or outcomes are the results of personal choices and action, it represents a belief in an internal locus of control. Similarly when people expect that outcomes result from unpredictable or chance causes such as luck, fate or as a result of the control of powerful other people, it represents a belief in an external locus of control.

The beliefs individuals hold about their abilities to control outcomes may be different from what is actually obtainable. It is possible for people to either overestimate or under-estimate their

capacities to control outcomes. Where people expect to control outcomes that are not personally controllable, then their failed efforts result in the feelings of helplessness as defined by Seligman (1975). But where people expect to control outcomes, and experience a connection between their actions and outcomes, it reinforces feelings of mastery.

Rotter was later to modify his concept of internality and externality. He said it was the extreme scores of either internal or external nature that indicated maladjustment. The later development provoked Janoff- Bulman and Brickman (1980) to demonstrate that internality is only beneficial in situation where an individual's action can actually make a difference, whereas in situations of lack of control e.g. in prison, people fare better with external frame of mind. Levenson (1973) had earlier investigated the differentiated loci of chance (c) and powerful others (p) within the external locus. Levenson reasoned that people might believe the world is an ordered environment, yet may still be classified as externals.

Following Rotter's work, several theories of control have been developed. Later developments focus on generalized beliefs about control in specific areas or domains of functioning. A typical example is the generalized beliefs about health locus of control (HLC) developed by Wellston, Wellston, Kaplan and Maides (1976). The

health locus of control is the degree to which individuals believe that their health is controlled by internal factors.

Finally, the fact remains that the two orientations of Rotter's locus of control have implications for individuals' choices, actions' and beliefs. According to Mcshane and Von Glinow (2000), those with internal orientations are more likely to have better control of their behaviors and exhibit independent behavior and respond with a more democratic interpersonal, transaction. On the other hand, those with external orientations are more likely to attempt to influence other people through their making others respond to them in a specific manner. These kinds of actions are said to reflect more dependent-like behavior.

Mcshane and Von Glinow (2000) conceived locus of control as a generalized belief about the amount of control people have over their own lives. The originator of the concept Rotter (1966), referred to it as a generalized expectancy about the degree to which individuals control their outcomes. Conceptually, according to Rotter the generalization of expectancy is very crucial to the development of learned helplessness. He explained that expectancy (E) is contributed from specific expectancies based on experiences in the same situation (E) and generalized expectancies in other situations. Secondly, he said that there is a general expectancy for reinforcement. Here it is assumed that some classes of re-in forcers

that have to do with problem solving generalized expectancy where a class of situations are thought to be related to one another. Thirdly, the theory asserts that there is expectancy of internal versus external control of reinforcement. This particular expectancy Ratter defined as the degree to which the individual perceives that reward follows from or is contingent upon his own behavior attributes (Internal control) versus the degree to which he feels reward is controlled by forces outside of himself (external control). Summarily, locus of control has to do with the extent to which individuals believe that they can control events that affect them. Individuals who have internal orientations are those that believe that events result primarily from their own actions and behaviors. Those that have external orientations believe that some sort of powerful forces such as fate, others or chance primarily determine events.

The above scenario exemplifies how locus of control can influence the various choices, decisions, actions we make in life generally. It also explains why some people may be highly suggestible, while others may be very inhibitive in their reactions to the same situations or events.

1.4.2 Religious Orientation:

Of recent, religious orientation has been found to be useful to research in the psychology of religious attitude and behavior. It is said to have demonstrated some values in examining the relationship

between religiosity and health. It has also been found to be useful in comparing personality theories of religion (Maltby, 1999).

Allport (1966) was one of the first researchers who proposed two contrasting forms of religious orientations as extrinsic and intrinsic religious orientations. Allport opined that the distinction helps to separate churchgoers whose communal type of membership supports and serves other nonreligious ends from those for whom religion is an end in itself. An extrinsically orientated individual is that church goer for whom religious devotion is not a value in its own right, but an instrumental value serving the motive of personal comfort, security and escapist, merely serving self esteem, utilitarian and incidental to life and lending social status. He described the extrinsic oriented individual as infantile, regressive, or support to exclusions, prejudice, and hatreds that negate all our criteria of maturity. We can deduce from this that the individual regards religion as a means to an end. Maltby (1999) says extrinsic religious individual places emphasis on religion as membership in a powerful in-group, providing protection, consolation and social status thereby allowing religious participation to be used as an ego defense.

Intrinsic religious orientation on the other hand, has to do with those who regard faith as a supreme value in its own right. That such faith strives to transcend self-centered needs, takes seriously the commandment of brother-hood that is found in all religions and seeks

a unification of being. Allport (1966) also described the intrinsic religious individual as mature, comprehensive, and integrative and an end-in-itself, the value underlying all things and desirable for its own sake, to which a person surrenders himself. According to him this orientation sets forth clearly a hierarchy of ultimate values or ultimate concern. It also involves processes and rational thought and seeks to be even more comprehensive. From the forgone, intrinsic religious orientation is seen as religion being deeply personal to the individual (Hunt, 1968). A more extensive work was later done by Allport and Ross (1967). This particular work gave the concept of religious orientation its formal definition. In summary this work concluded that the extrinsically orientated person uses his religion, whereas the intrinsically oriented person lives his religion.

A third dimension of the religious orientation was later developed called the quest orientation. According to Kristensen, Pedersen and Williams (1975) the third dimension came to be as a result of argument that the intrinsic-extrinsic dichotomy never included all the constituent elements of mature religiosity. According to them this observation suggest that "at least one fundamental aspect of mature religiosity not included in Allport's original model is an open-ended intellectual search for answers to grander and more existential issues and thus, this religious dimension was named the quest orientation".

Quest is said to refer to the extent to which an individual's religion involves confrontation with existential questions raised by the contradictions and tragedies of life (Joseph, Smith and Diduca, 2002). People with quest orientation always show genuine solidarity of behavior. Quest has also been shown to be related to moral and pro-social behavior (Scheepers, Janssen 22 and Utees 2000). Quest appears to be the most balanced of the three orientations in terms of value in life.

1.4.3 Learned Helplessness

Learned helplessness has been defined by Franzoi (2000) as the passive resignation produced by repeated exposure to negative events that are perceived to be unavoidable. He further explained that, “when an unpleasant situation is perceived to be inescapable, human and other animals develop the belief that they are helpless to alter their circumstances by means of any voluntary behavior". Thus, the failure to respond, acts as a coping strategy, to alter, muster or reduce the demands of a stressful situation.

Several studies (Franzoi, 2000, Halgin and Whitbourne, 2000, Nolen- Hoeksema, 1998, Feldman, 1996 and Coon. 2000) reported that because of expectation that one's behavior has no effect on outcome, the person or animal simply gives up trying to change the outcome.

Early discovery of this psychological phenomenon has been accredited to Seligman and Maier (1967) while exploring with dogs in a typical Pavlovian classical conditioning experiment. They discovered that when it was possible for the dogs to escape an unpleasant condition, they remained in the situation or fail to attempt to escape.

The theory has been extended to human behavior (Nolen-Hoeksema, Halgin and Whitbourne, 2000) which has provided a model for explaining depression. People are depressed because they learned to be helpless i.e. they learned that what ever they did is futile meaning that they have no control over their situation. From all these positions, it can be summarized that learned helplessness is experienced when an individual perceives an unpleasant situation to be inescapable and develops the belief or act on the belief that he is helpless to alter his circumstances by means of any voluntary behavior or action.

Up to this point, we have discussed the original theory of learned helplessness as proposed by Seligman. Recent reformulations of the construct have emerged. Davidson and Neale (1996) have reported two current models of learned helplessness i.e. the attribution version and the hopelessness version.

1.4.4. Attribution Formulation:

The attribution reformulation of learned helplessness however can be traced back to Abramson, Seligman and Teasdale in (1978).

They earlier observed that helplessness inductions in certain humans led to facilitation of performance and at the same time, some depressed individuals hold themselves responsible for their failures. The question they raised was why they blame themselves if they regarded themselves helpless. The answer they say lie in the explanation the individual has for his or her failure. By this explanation, they said the attribution version is a blend of cognitive and learning elements. That in the experience of failure, for example, the individual may try to attribute the failure to some cause. They further explained that the way an individual explains failure would determine its subsequent effects. The attribution so made could be internal (personal) or external (environmental) of which could be either stable or unstable and global or specific. Global attributions increase generalization of the effects of failure; if the attribution is due to stable factors, the effect is prolonged, while global and persistent external attribution of failure leads to diminished self- esteem.

Attribution model of learned helplessness proposed that people become depressed if they attribute negative life events to stable and global causes. That a depressed prone individual has a tendency to attribute bad outcomes to personal, global, stable, faults of character.

However, another observation was made which exposed the weakness of the attribution theory of learned helplessness. It was proposed from further observation by Metalsky, Halbertadt and

Abramson (1987) that a negative event elicits an immediate emotional response that occurs before any attributions are made.

1.4.5. Hopelessness Reformulation:

Hopelessness reformulation is the latest model of the Learned Helplessness theory (Davison & Neale, 1996). Hopelessness is defined· as, an expectation that desirable outcomes will not occur or that undesirable ones will occur in which the person has no responses available to change the situation. The theory proposes that when negative life events interact with a constitutional predisposition towards abnormality, it leads to a state of hopelessness. These constitutional predispositions towards abnormality are the attribution styles (attributing negative events to stable and global factors) and the tendency to infer that negative life events will have severe negative consequences as a tendency to draw negative inferences about the self. For example, students who were found to attribute poor grades to global and stable factors and have low self esteem, had an increased feelings of hopelessness.

Since hopelessness is the current model of learned helplessness theory, it is expected that research should focus on it in this area rather than the original model.

However, it is also pertinent to point out that the reformulation of the original work of Seligman on learned helplessness never made use of all coping styles or orientations. The commonly used orientations are

attribution and locus of control. Other coping styles that are not commonly used are; cognitive styles and religious orientations. Thus, this particular study is interested in exploring the moderating effects of other styles such as religious orientation and locus of control.

In a practical sense, it appears that an inordinate proportion of Nigerians are experiencing and expressing feelings that fit the description of 'learned helplessness. We often hear people say, there is nothing that can be done about the political, economic and social problems (corruption, arson, strife, injustices and human right abuses) in the country. May be this is due to the belief that there is nothing that could be done (external locus of control) to reverse the trends, or due to an extrinsic religious or wherein such religious orientation lend support to negative Circumstances, which are self-serving in the light of learned helplessness. Nigeria as we know is a religious society and one would suspect that intrinsic religious orientation and internal locus of control may make a significant difference in learned helplessness experience.

1.5. THEORETICAL FRAMEWORK

Conceptually, the two independent variables (religious orientation and locus of control) of this study have certain psychological commonalities that will enhance the understanding of learned helplessness experience. The two dimensions of locus of control; internal and external dimensions explain where people locate

the control of their behaviors (Seligman, 1975). People who locate the control of their behaviors in internal factors accept responsibilities for their behaviors or actions. In relation to learned helplessness, those with internal locus of control would be less likely to experience helplessness because their failures and successes are considered personal. They would therefore make efforts to circumvent their situations thus, their having a less likelihood to experience a sense of helplessness.

People, who locate the control of their lives outside themselves, hold external factors responsible for their behaviors. They simply believe that their behaviors are controlled by these factors. When such people encounter difficulties, they can easily give up or become helpless. They simply believe there is nothing they can do about the situation. So externalisers are more likely to experience learned helplessness than internalisers. The second variable of the study, which was developed by Allport (1966) conceptually, focused on religious motivation. Allport was concerned about the motive for involvement in religious practices.

He deduced that certain people have intrinsic motivation for engaging in religion, while some have extrinsic motivation for engaging in religion. Those that have intrinsic motivation engaged in religion for what it is i.e. personal and intimate relationship with the transcendent; while those that have extrinsic motives engaged in

religious practices for some personal or social benefits and not for what religion stands for.

In relation to learned helplessness (a psychological phenomenon where people give up after several trials at a task without success), when intrinsic religiously orientated individuals experience consistent failures they are less likely to experience helplessness. They will keep up faith and try more, believing that they will eventually succeed because the Almighty is on their side. Those that are extrinsic religiously oriented are more likely than the intrinsic to give up or become helpless because they believe that the transcendent who is external to them has failed and there is no hope for them; thus the negative circumstances or experience lends support that is self-serving in light of the learned helplessness experiences.

As we integrate the two theories, we would anticipate there profound effects on learned helplessness phenomenon. We anticipate that people who have internal locus of control and intrinsic religious orientation would less likely experience-learned helplessness because they believe the situation is under their control and with God on their side, they will eventually succeed.

Those that have external locus of control and are extrinsic religious orientation are more likely than the internal- intrinsic to experience learned helplessness because they would blame external factors including the Almighty for their failures. They would believe

that since the Almighty and factors outside themselves that they depended on have failed, so they are helpless to do anything about the situation.

If the individual has external locus of control and is intrinsic oriented it is anticipated that such an individual would exhibit less learned helplessness behavior than an individual who has external locus of control and has extrinsic religious orientation.

1.6. STATEMENT OF PROBLEM

Several researches particularly those from the USA and Europe have demonstrated the moderating effects or roles of social support and Personality variables on learned helplessness (Sacks and Bugental, 1987, Elig and Frieze, 1979, Russell, McAuley and Tarico, 1987, Marshall, 1991, Weinberg and Chappel, 1996). However, learned helplessness researchers for the most part, have ignored the potential learned helplessness- moderating roles of religious beliefs and practices.

Literatures abound on the moderating roles of religious beliefs and practices on stress (Herrler and Cohen, 1998), depression (Watson, Gborbani, Davison, Bing, Hood, Jr. and Ghramaleki, 2002), and anxiety (Smith, McCullough, and Poll, 2003), but, none directly report the moderating effects of religious beliefs and practices on learned helplessness.

The situation is worst in Nigeria. Even though Idehen (2001) reported the positive aspect of religion in daily functioning of Nigerians, the literature review in this area, fails to disclose any study that reported the effects of religion on learned helplessness. Such out come may be helpful in considering the type of religious education and personality control strategies that may help to ameliorate the effect of learned helplessness

Since the religious orientation, scale (the instrument for measuring religious dimensions) was validated and administered in the Europe, a replication of the study in Nigeria may provide for a wider generalization of the findings. Secondly, since Nigeria is known to be a very religious country, the pertinent question to ask is the religious orientation a relevant personality constructs for measuring the effects of religious beliefs and practices in Nigeria? Secondly, which of the dimensions of the religious orientation has moderating effects on psychological problems (e.g., learned helplessness) experienced by Nigerians? Could there be any difference in the combined effects (interaction) of religious orientation and locus of control on learned helplessness? Does being an internally or externally control and have any significant effect on the degree of learned helplessness we experience?

Thirdly, a religious topic always generates controversies among scholars such as psychologists and scientists. To them, an

epiphenomenon does not meet the requirement of objective paradigm. Therefore, it does not qualify for scientific investigation. Because· of this posture, most of them shy away from investigating religious issues. By so doing, they deny us of those facts that are derivable from subjective paradigm. This study is therefore making a case for subjective paradigm (religion) to assume equal status with objective paradigm (science) to have a whole picture of the issues at stake. The fact that little or no much empirical work is done in this area, in this part of the world; it becomes necessary to do more investigation in the area to address the need for cross- cultural studies in the area and international comparism.

1.7. **MAJOR OBJECTIVE;**

The main purpose of this study was to determine the moderating effects of religious orientation and locus of control on learned helplessness.

1.8. SPECIFIC OBJECTIVES:

The objectives of this study were:

1. To determine the specific effect of intrinsic religious orientation on learned Helplessness.
2. To investigate the moderating effects of extrinsic-personal religious orientation on earned helplessness.
3. To investigate the moderating effect of locus of control on learned helplessness.

4. To discover whether there is an interaction effect of locus of control and religious orientation on learned helplessness.

1.9 RELEVANCE OF THE STUDY

This study will hopefully: -

1. Provide better insight into the development of learned helplessness because of manipulating several independent variables. This study is proposing that learned helplessness develops from experiences that make people handicapped. The experimental approach therefore, seeks to confirm these propositions i.e. learned helplessness is an acquired behavior. If acquired, then there is the possibility that the behavior could be modified or unlearned.

2, Add to the existing volume of information in this area. As mentioned in the review of literature that there is scarce literature in this area in Nigeria. The results will increase the volume of information on religion and learned helplessness.

It will eventually serve as reference or resource material for further studies. It is expected that the results will stimulate more investigations in this area.

3. Expose the influence of religious orientation on the behavior of Nigerians.

   It will provoke further studies in this area in Nigeria or other parts of the world where studies in this area is scanty.

4. Show how various control strategies influence behavior specifically, learned helplessness. We would have learned that apart from the conventional control strategies attribution, cognitive styles, religious orientation and locus of control are also relevant in modifying behaviors.

5. The findings will hopefully, provide guide for clinical practice. Since the effectiveness of psychotherapy depends so much on applicable theories of human behavior. The outcome of the study will help determine the type of therapy that makes use of religion or control strategies to promote better growth and development.

1.10 SCOPE OF THE STUDY

This study is purely experimental. It is not a survey that seeks to establish range of religious orientation experiences or affiliations. It is interested in the effect that any particular dimension of the variables of religious orientation or locus of control have on the dependent variable in question (learned helplessness). This explains why the students of psychology department alone constituted the participants. It is believed that religiously intrinsic or extrinsic individuals or internally or

externally controlled persons generally have the same characteristics. Since we are interested in the dimensions of the constructs in a controlled situation, it may not matter whether the participants are in one or from many departments. The study does not seek to compare the characteristics of the participants. Secondly, the religious affiliations of the participants in this study may not matter because all religions have the same dimensions and the individuals will have the same dimensions of the locus of control. To define an individual as externally controlled means that any body anywhere that is so defined would express or define events in their lives the same way. The emphasis of the study is on the moderating effects of religious orientation. The second variable i.e. locus of control is widely used; hence, the use of it in this study along with religious orientation to evaluate the effects of multiple personality variables on psychological phenomenon such as learned helplessness.

CHAPTER TWO

LITERATURE REVIEW

2.1. DEBATES AND PERSPECTIVES ON THE PLACE AND VALUE OF RELIGION IN THE STUDY OF PSYCHOLOGY.

Even though it was between late 1950's and early 1980's that psychology gave serious attention to the issues of personal control including religion, the implication of religion in psychological -well-being predates these years. Before then concepts such as self-control, will and voluntary control of consciousness were considered epiphenomenon (Shapiro, Schwartz and Astin, 1996) and inconsequential as determinant of behavior.

Recent development in cognitive psychology and cognitive neuroscience (Sampson, 1978, 1981, Sperry, 1988, 1993 and Starter, Bemston, Cacioppo, 1996) has forced a change in paradigm to allow epiphenomenon to assume equal status with phenomenon.

In relation to religion, Wulff (1996) emphatically stated that no other human pre-occupation challenges psychologists as profoundly as religion.

According to him whether or not they profess religious themselves, many do not; psychologists must consider religion if they are to understand and help their fellow human beings. Since then, the debate

has raged on, about the place of religion and religious values in the study of psychology.

2.1.1. Proponents of the values of religion in psychology

James (1973) saw religion as a way to human excellence. He said without a superior intellect, those who are temperamentally receptive to religious inspiration will be prone to "holy excess" and child misconceptions; but that when inspiration and intellect combine in equally large measure, we may expect the attainment of level of human excellence that are otherwise unobserved. Erickson (1963) saw religion as hope and wisdom. Erickson said that religion universalizes trust, the ego equality that comes with the successful evolution of the first infantile stage of development and at the same time provides institutional confirmation for hope, the essential strength or virtue that emerges from this age. Allport (1973) on the other hand considered religion to be of great importance to psychological health. He said it is not necessary for people to seek total secular solution to their personal problems because what man believes largely determines his psychological or mental and physical health.

Fromm (1950) is one of those that believed in the value of religion in the study of psychology. He is quoted to have said that, human beings are hunted by an anxious sense of homelessness and isolation as well

as by the realization that their striving will eventually be defeated by death. To avert the madness that this realization can bring, every individual requires some frame of orientation and an object of devotion and that religion is the one that provides this vital resource. Another person who has been quoted as having strong belief about the positive relationship between religion and psychological health is Bergin (1991) who is said to have lamented the lack of attention paid by psychologists to the potentially therapeutic values of religion.

Most recently, Shafranske (1996), Paloutizian and Kirkpatrick (1995), Pargament and Park (1995), and Ventis (1995) have demonstrated the value of religion in psychological studies and practices. For example Shafranske (1996) said religion at its heart, provides a language to begin to capture the fact of human existence and to provide a context for locating personal history within the universe of eternity. The debate is endless because there are those that oppose the value of religion in the study of psychology. Thus, based on the above perspectives, religion can have a positive benefit for individuals in their daily functioning.

2.1.2. Opponents of the values of religion in psychology

One of the earliest opponents of the value of religion in psychology is Leuba (1950). He referred to religion as irrationality and pathology. He

also said with a sense of finality that eminent scientists and historians are much less likely to believe in God and immortality than their less distinguished colleagues. According to him, Scholars that are least likely to embrace religious beliefs are those most knowledgeable about biological and psychological processes.

Another major opponent of the value of religion in psychology is Skinner (1953). Skinner regarded religion as reinforced behavior. That religion “tends to be exploitative and highly aversive, some times stimulating counter control behaviors aimed at under-cutting the religious agent's power. That religion may be necessary for ordinary people, especially as a means of encouragement”. For Vetter (1958) religion does not possess any redeeming value. He said his negative judgment of religion is because of the “naive conceptions of anthropomorphic deities, the wars and other savageries committed throughout history in the name of religion; the backwardness of religious leaders on social issues; the failure of religious faith to show a consistent empirical relation to moral conduct, either negatively to deceit, and criminal behavior or positively to kindness and helpfulness; the correlation of religious institutions in the social and political spheres; and the wealth of resources - including money time, and human energy that religious institutions wastefully , absorb."

One of the most celebrated opponents of the value of religion is Freud (1961). He regarded religion as infantile wish fulfillment. That religion is a dangerous illusion for both the individual and the society. He said, humanity is deceived by religion and that it is a "universal obsess ional neurosis of humanity". Closely related to Freud was James Dittes (Batsen et al, 1993) who opine that religion is associated with deficiencies of personality, with a “Weak ego" or "constricted ego”

Nielsen and Nielsen, (2001) have reported another group of psychologists who have a negative view of the value of religion. Among such psychologist is Alfred Adler. Adler's position is based on his idea that we try to compensate for inferiorities that we perceive in ourselves. According to him, a lack of power often lies at the root of feelings of inferiority. This is why he regarded religion as a tendency to strive for perfection and superiority. According to this understanding, by identifying with God, we compensate for our imperfections and feelings of inferiority. Ellis (2002) was more radical in his own view. He said religion is neurosis. That all true believers in any kind of orthodoxy whether it be religion, political, social or even artistic orthodoxy are distinctly disturbed, since they are obviously rigid, fanatic, and dependent individuals. Thus, based on the above perspectives, religion can have a negative influence for an individual's performance and daily functioning.

2.2. LEARNED HELPLESSNESS RESEARCH

Learned helplessness is one of the most explored psychological phenomena in recent times as shown below. Since the discovery of this phenomenon by Seligman (1975), several variables have been manipulated to study their effects on learned helplessness experiences. Earlier studies (Seligman 1975; Hiroto, 1975; Tennen and Eller, 1977) suggested the main causes of the phenomenon to include, cognitive, motivational and emotional deficits, uncontrollability of events and persistent failure in a task. The failure etiology of learned helplessness has been ·supported by studies such as those of Coyne, Metalsky and Lavelle, (1980), Zuroff (1980) Boyd (1982), Metalsky and Coyne (1979). Mikulincer, Kedem, and Zilkha-Segal (1989) investigated the role of the number of failures required to produce learned helplessness.

They discovered improved task performance with single failure and severe deterioration in task performance following four consecutive failures. Reisel and Kopelman (1995) found the same results with- those of Mikulincer, Kedan and Zilkha-Segal (1989).

The scope of investigation in this area is very wide. For example, the pharmacology of learned helplessness has been demonstrated (Blustein, Whitehouse, Troisi, et al, 1992). They found that the administration of drug such as naltrexone could reduce the experience of

learned helplessness. Paveovich and Ramirez (1993) found the administration of desipramine to increase helplessness experience as well as decreasing noradrenergic transmission. Other pharmacological findings include, Brown, Davenport, and Howe (1995) who found that Naloxone could block learned helplessness. Tejedor, Mico Maldonado and Roques (1995) found that the stimulation of opioid system by opioid agonist inhibitors reverse the escape deficit induced by Shockand, Sterling, Gothheil, Weistein and Lundy (1996) who investigated the relationship between learned helplessness and cocaine dependence. They found clinical sample to score very high on learned helplessness scale.

Investigations in the area of stress and learned helplessness also abound. For example, Overmier, Murison, Taklo and Espelid (1994) investigated effects of traumatic stress on defensive burying. They found subjects that received foot shock to show greater persistent fear.

Shiron and Sheperling (1996) studied the effect of missile stress on help seeking behavior and psychological reaction to the gulf war. They found missile stress and help seeking behavior, to correlate positively with anxiety, and helplessness.

Another etiology of learned helplessness related to stress is depression. Mckeen (1994) studied the effects of multiple learned

helplessness risk factor on behavioral, cognitive and affective variables. He found that subjects with a greater risk of helplessness reported significantly more procrastination, lower GPA and more dysphoria. Pare (1994) on the other hand investigated the relationship between open field learned helplessness, conditioned defensive burying (considered animal model of depression) and forced swim tests in rats. They found the experimental rats with severe stress ulcer; which were also hypoactive and did not engage in defensive burying, rapidly acquired learned helplessness as compared to the control group. Shnek, Foley, La Rocca and Smith (1995) conducted similar study. They examined the role of leaned helplessness, cognitive distortion and self-efficacy in predicting depression in out patients diagnosed with multiple sclerosis. They found depression to be related to a higher score on measures of learned helplessness and cognitive distortions and lower scores on a measure of perceived self-efficacy.

These findings related to depression and learned helplessness have led to the recent reformulation of the theory of learned, helplessness (Davidson and Neale, 1996) which are the attribution and hopelessness version.

Researches continue to reveal the implication of learned helplessness for all aspects of human interactions and experiences. For

example, learned helplessness is implicated in the academics as reported by Boggian, Barrot and Kellam (1993) who examined the competing theoretical analyses of helplessness by investigating children aged 10 on the hypothesis that deferent processes and experiences will produce helplessness deficits in children younger than 10 year old. They predicted that failure feedback about the ability to complete an achievement related task would produce helplessness for 11 years, but not for 8 years old. They also predicted that 8 years old would experience helplessness when an experience was presented in which they were unable to operate successfully. The results confirmed their prediction. Similarly, Portman (1995) found relationship of low academic performance and high level of learned helplessness among 6th grade students.

Similar findings were also made by Walling and Martmek (1995) who studied a single case who was inclined to believe that intellectual and social prowess was fixed trait and that there was little that could be done to change her situation.

The physiology of learned helplessness and the continuous confirmation of the phenomenon in animals and insects have been demonstrated; for example, Petty, Kramer and Wilson (1992) found learned helplessness to correlate with a significant decrease in

intracellular release of 5-hydroxytryptamine or serotonin (a neurotransmitter).

Confirmatory studies of the existence of leaned helplessness animals consistent with initial findings by Seligman abound e.g. Brown, Davenport and Howe (1994), Brown, Mitchell, Peercy and Robertson (1996), and Kumar and Karanth (1993).

Learned helplessness research for long has focused mainly on the effects of attribution, and control generally (Meguigan, 1995, Carpenter, 1992, Sayers, Baucaom, and Tierney, (1993). These findings have mainly helped to locate or identify the role of control and attribution in the learned helplessness experience. Religion, which has been found to influence human behavior, has not been very much used to explore its moderating effect on such a universal phenomenon that affects all races.

Even though religion's moderating effect on psychopathology has been demonstrated generally (Krause, and Wulff, 2004; Ventis, 1995; Maltby, 1998), little or none of these studies are directly related to learned helplessness.

2.3. **RELIGIOUS ORIENTATION RESEARCH**

Religious issues in psychology for years have been investigated widely but the first person that attempted the measurement of the effect of religion was Allport (1966). Allport proposed two dimensions of the

religious experience; intrinsic religious orientation (religion as an end) and extrinsic religious orientation (religion as a means to an end). Allport and Ross (1967) which gave the construct its formal definition later did a more extensive work. A third dimension of the religious orientation was added called quest religious orientation (Batson, Schoenrad and Ventis, 1993). Quest orientation is also called religious doubt which Hunsberger, Mc Kenzie, Pratt and Pancer (1993: 28) defined as a feeling of uncertainty towards and a questioning of religious teachings and beliefs". Kirkpatrick (1989) proposed another simplified version of the dimension of the religious orientation. This version also defined three dimensions of the religious orientations as intrinsic, extrinsic personal (religion as a source of comfort), extrinsic social (religion as a social gain).

Allport's work provoked the scientific study of religion. This development led to several studies that showed that religion appears to have health or psychological protection as well as health or psychological enhancing effects. For example, Hettler and Cohen (1998) investigated the moderating effect of intrinsic religiousness on stress. They found stress buffering effects of intrinsic religiousness for participants from liberal protestant churches (Methodist, Anglican) but not for those from conservative protestant churches (Baptist, ECWA). Similarly, Gborbani, Watson, Ghramaleki, Morrise and Hood Jr. (2002)

compared Muslim-Christian religious orientations to life events and they found that religious extrinsicness was associated with self-reported symptoms of psychological disturbances, while intrinsicness was found to be associated with or predicted adjustment.

Watson, Ghorbani, Davison, Bing, Hood Jr. and Ghramaleki (2002) to measure the effect of religious orientation and inner awareness on mental health in Iran and the United States used a new negatively reinforcing personal extrinsic religious motivation scale. They found inner psychological awareness when correlated with intrinsic and extrinsic construct, predicted greater self-consciousness and self- knowledge in Iran but not in United States. In both cultures, intrinsicness was found to be associated with lower Alerithymia and greater emotional intelligence, whereas the opposite was true of extrinsicness.

Maltby (1999) investigated the personality dimensions of religious orientation. He found psychoticism to share a significant negative association with personal orientation towards religion. He also found that obsessional personality traits had positive associations with personal orientation towards religion.

Recently, Kruse and Wulff (2004), explored what they called the potential dark side of religion i.e. quest (religious doubt) and its effect on health. They found that people who have more doubts about their faith

were less satisfied with their health and experienced more symptoms of depression than those that have fewer doubts about their religious beliefs. They also found potential deleterious effect of religious doubt to be greater for people who occupy formal roles in the church. These findings, they believed, underscore the importance of looking at the potential cost as well as the benefits of religious involvement.

In Nigeria, an attempt has been made to develop scale to measure religiosity. Idehen (2001) developed six items religious orientation test (ROT). The scale produced two dimensions of religious orientations that he called; the deep religious orientation and superficial religious orientation. The reliability coefficient of the test was 0.75. Internal consistency yielded alpha coefficient of 0.80 and total items correlations with other test ranging from 0.44-0.64. Adamu (2006) did a most recent study, which investigated the effect of religious orientation on psychopathology. He investigated the effect of religious orientation, health locus of control and perceived stress among health workers in Abuja, Nigeria he found a significant result.

2.4. RELIGION AND MENTAL HEALTH

Even though psychologists have not included religion in any subsection of psychology or introductory text of psychology (Shafranske, 1996), combined efforts by psychologists and psychiatrists have

produced volumes of work done on the relationship between religion and mental health. For example, Maltby (1999) examined the personality dimension of religious orientation and found that psychotics shared a significantly negative association with personal orientation toward religion. He also found that obsessional symptoms shared a moderately significant positive correlation with an extrinsic orientation toward religion. Koenig and Larson (2001) reported association of religion with greater well-being, less depression and anxiety, greater social support and less substance abuse. Baetz, Larson, Marcoux, Brown and Griffin (2002) have also demonstrated these findings. They investigated the relationship between religious commitment and mental health and found lower level of depression for patients with more frequent worship attendance and higher levels of intrinsic religiousness. Length of stay in psychiatric ward was also found to be significantly shorter for patients with more frequent worship attendance and those who used religious thought or activities as the most important strategy to cope with illness.

To further demonstrate that regardless of the religious affiliation, religion has effects on mental health, Watson, Gborbani, Davison, Bing, Hood and Ghramaleki (2002) compared the religious orientation, inner awareness and mental health of subjects in Iran and the United States. In both cultures, they found among other things that intrinsicness was

associated with lower Alexithymia, (constricted emotional functioning, impoverished family life and difficulties verbalizing their emotions) and greater emotional intelligence; the opposite of which was true of intrinsicness. Gborbani, Watson, Ghramaleki, Morris and Hood (2002) made similar findings in the same population in relation to psychological disturbance and prediction of adjustment among Iranians.

Smith, McCullough and Poll (2003) studied the effect of religiousness on depression. They found greater religiousness to be mildly associated with fewer symptoms of depression. They also discovered that, even though there was stronger relationship between religiousness and depression for those undergoing stress, the experience or effect was moderated by the measure of religiousness. Recently, Baetz, Griffin, Bowen, Koenig and Marcoux (2004) reported similar results. They investigated the relationship between spiritual and religious involvement and depressive symptoms and they found that frequent worship service attendance had significantly fewer depressive symptoms, while those who stated spiritual value or faith were important or perceived themselves to be spiritual or religious had a higher level of depressive symptoms.

2.5. RELIGION AND PSYCHOLOGICAL WELL-BEING

Since learned helplessness is a debilitating psychological phenomenon, it will help to review literature related to the relationship between religion and psychopathology or psychological well being generally. Krause and Wulff (2004) examined the relationship between religion's doubt and health and found that people who have doubts about their faith were less satisfied with their health and experience more symptoms of depression. Similarly, Dull and Skokan (1995) found that prayer, a religious practice could foster the feelings of control because of belief that such activity might either change the cause of events or alter the perception of what the event means personally.

As regards religious orientation, Ventis (1995), found extrinsic religious orientation to be negatively correlated with mental health, intrinsic orientation correlated positively, while quest orientation revealed a mixed result. This means that intrinsic individuals have a better potential for maintaining moral psychological health than extrinsic individuals while quest could be of greater potential for positive psychological health.

It is anticipated that religious orientation should moderate the effects of stress and depression. These psychological problems are c1osely related to learned helplessness. If certain relationship exists, we expect it will apply to learned helplessness. Herrler and Cohen (1998) found intrinsic religious orientation to suffer stress. Similar findings were made by Park, Cohen and Herb (1990), Johnson and Spilka (1991) and Watson, Hood and Morris (1989).

Other findings are related to personality types. For example, Maltby and Day (2002) found intrinsic orientation to be associated with lower Schizotypy while extrinsic orientation was found to be associated with high level of Schizotypy. In another study, Maltby (1998) found positive relationship with rigidity in Holland, while in England, extrinsic and intrinsic orientations shared positive relationship with rigidity.

Even in general well being, it has been found that intrinsic religious individuals are generally less prejudice (Pargament et al 1992).

2.6 **LOCUS OF CONTROL AND LEARNED HELPLESSNESS**

Gershaw (1989) posited that the way we view opportunities and ourselves is influenced by locus of control. As it relates to internal and external locus of control, the internalizers more than the externalizers are most likely to work for achievement, tolerate delay in rewards and plan for long-term goal. They are also most likely to raise behavioral goals

after experiencing success and to easily resolve depression, which makes them less prone to learned helplessness, and serious depression. In the same year, Mitchell (1989) reported that therapist who worked with internalers know that they are generally self-sufficient, goal-directed and responsible. Involving conflict generally, Doherty and Ryder (1979) found internally orientated husband to be more assertive and cope more effectively than externally controlled husbands. As regards general controllability of situation, Carpenter (1992) found that children who anticipated attribution assessment of the unknown perceived control interfered with or extended the medical procedure they were undergoing significantly more than those who could attribute some perceived source of control. In another development, Sayers, Baucaom and Tierney (1993) found feminity to be associated with both giving up control (helplessness) in interpersonal tasks and with increase in depressed mood when one is faced with the task of exerting interpersonal control. Malute (1994, 1995) argued that human reaction to uncontrollable outcomes is evidence of superstitions rather than helplessness.

2.7. HUMAN EXPERIENCE AND LEARNED HELPLESSNESS

Several studies (Young and Allin, 1992, Barber, Mortimer and Winfield, 1992) have proven that learned helplessness is very much associated with performance deficit. Apart from this, many other

psychological situations have been associated with learned helplessness for example, explanatory style (Aydin and Aydin, 1992), personality, (Peterson, Colvin, and Un, 1992) motivational orientation (Boggiano Barrett Silvern and Gallo, 1991) Control (Maldonado Martos, Ramirez, 1991, Weinberg and Chappel, 1996), Attribution style (Meguigan, 1995), Academic achievement (Walling and Martinez 1995), Cognitive interference (Mikulincer and Nizan, 1988), learned irrelevant (Imada and Kitaguchi, 2002).

With all these, only a few studies are directly related to religion and religious orientation. This legitimizes the investigation of religious orientation as a moderator for learned helplessness.

2.8. SUMMARY OF LITERATURE REVIEW

From the review above, it is evident that:

1. Religion has moderating effects on psychopathology in Europe, U.S.A. and Middle East
2. There is much review on religious orientation and other related psychological phenomena but none directly related to leaned helplessness
3. There are dearths of studies that relate locus of control to learned helplessness.
4. There are dearths of studies that report the relationship between religious orientations, locus of control and learned helplessness.

2.9. STUDY HYPOTHESES

The study hypotheses are as follows:-

1. Learned helplessness experience would likely be the function of the locus of control of the participants.
2. Learned helplessness experience would likely be the function of the religious orientation of the participants.
3. The interaction of locus of control and religious orientation would likely have a significant effect on learned helplessness.
4. The experimental group would likely experience more helplessness than the control group.

CHAPTER THREE
METHOD

3.1 PILOT STUDY

Since validity coefficients for all the independent measures except for religious orientation are established for a Nigerian population, it became necessary to establish validity values for religious orientation scale for a Nigerian population. Thus, the Religious Orientation scale was given priority analysis within the pilot study cited below.

3.1.1. Participants: Pilot study was done with a sample of 407 entering undergraduate students of Psychology Department, university of Jos. They consisted of 201 (49.39%) males, 206 (50.61 %) females, 270 (66.34%) Christians, 121 (29.73%) Moslems and 16 (3.93%) others. Participants' ages ranged from 18- 35 years with an average of 24.8 years.

3.1.2. Instrument: The instrument used in this study was "Age" Universal Religious Orientation Scale. Consisting of 12 items developed by Gorsuch and Venable (1983) and particularly the modified version by Kirkpatrick (1989)

3.1.3 Procedure: Available sample of the target population participated in the pilot study. The modified age universal religious orientation scale was administered after their consents were obtained. The instruction was explained to them. Since the statistic of choice for the analyses of the pilot study was alpha reliability test, the scale was administered once. The same were collated the same day. All questionnaires administered were collected.

3.2. MAIN STUDY

Methodology provides the systematic process through which the data of this study was collected. Experimental model was adopted for the study. It consisted of true control and experimental groups. Participants were randomly assigned to the two groups.

The scope of this section included; the target population or participants, vivid description of the instruments that were used in collecting the data, the research design and the procedure for conducting the experiment. Sampling procedure or technique was adequately described. Pilot study to validate the instruments for the study is described and reported under the method section.

3.2.1 Participants: The participants for this study were drawn from the students of the Diploma programme, Department of Psychology; University of Jos. These target participants were exclusively drawn from

the new entrants into the programme. They consisted of males (402) and females (198) of all faiths: Christianity (436) and Islam (152) and others (12). Their age range was 17-48 years.

The choice of students as participants for this study was justified by the following reasons. One of the major reasons for the reservation to use students as participants is that most studies making use of students do not often take into consideration developmental concerns (Knight and Sedlacek, 2002).

According to them, developmental variations because of changes in age affect students' responses and views about issues and events. Other reasons that have been advanced are that the use of students is exploitative. Secondly; students are not representative of the larger population.

Even though there have been some reservations about the use of students, Knight and Sedlacek (2002) opined that religion is a valuable variable of interest that researchers may wish to use to describe and understand the experiences of the college students. To take care of the issue of exploitation, students could be compensated with extra credits for participating (Earnshaw, 2000). Regarding the issue of representativeness, it is pertinent to note that University students unlike their primary and secondary counterparts come from different parts of the

country. This study used student participants because several studies in the same area made use of students, for example, Maltby (1999) in standardizing the Age- Universal scale, made use of students from USA, England and Northern Ireland; Kristensen, Pedersen and Williams (1993) made use of undergraduates from Young University, Duquesne University, Eastern Oregon State college and Fontbonne college; Gorsuch and Venable (1983) used students to develop the 12 items "Age Universal scale", Saroglou (2002) used students from Catholic University of Louvain. In comparing Muslims and Christians in terms of their religious orientation, Gborbani, Watson, Ghramaleki, Morris and Hood Jr. (2002) used students from Iran and United States; etc.

With the examples above and other reasons earlier mentioned, this study found the justification to use Student participants who were compensated with extra credits. Diploma students were used and not regular undergraduate students because of the size of the population required for the study. It was easier to obtain 600 participants from the diploma students than from the undergraduate students.

3.2.2 Instruments:

Independent measures.

Two independent measures were used to categorize the participants according to their religious orientations and locus of control.

Allport (1960) first developed the concept of Religious Orientation, which he defined as the motivation for engaging in religion. Two dimensions of the religious experience were discerned from the scale i.e. intrinsic orientation and extrinsic orientation. The construct validity of the scale was established as.70 and. 73 for intrinsic and extrinsic orientations respectively. Gorsuch and Venable (1983) modified the original scale owing to its restricted applicability to adult because of the language. They developed the “Age Universal" scale. This scale evaluates religious orientations of both adults and children. The items were re- written to simplify the language as much as possible without changing the basic content. When they correlated the items of the new scale with the original scale, they found a reliability coefficient that range from .34 to .70 for the intrinsic and .66 to .73 for the extrinsic orientations respectively. The "Age Universal" scale consists of 12 items.

Further improvements on the "Age Universal" scale by Kirkpatrick (1989) produced three dimensions that is, the intrinsic, extrinsic personal (Religion as a source of comfort) and extrinsic-social :-(Religion as a social gain). Leong and Zacchur, (1990) who suggested that if five items are deleted, the intrinsic items of the religious orientation scale might account for one factor, while the extrinsic items of religious orientation

scale may account for two factors i.e. extrinsic personal and extrinsic social further confirmed this assertion.

Maltby (1999) actually modified the original scale of 20 items to achieve the 12 items (6 intrinsic, 3 extrinsic personal and 3 extrinsic social items). An inter-correlation 0.02 for intrinsic scale, extrinsic, personal and extrinsic social scale had a correlation of 0.04. More over the age universal scale uses simple, easy to understand language; even children at primary level understand and grasp each item.

It is because of the simplicity of the "Age Universal" scale that it was adopted for this study. According to Maltby 1999), the scale can be used among adults, schoolchildren, religious individuals and non-religious individuals.

Since this scale has not been validated for population in this part of the world, alpha reliability was performed with 407 samples, from the target population and it yielded alpha reliability of .822 for intrinsic orientation, .543 for extrinsic personal, .669 extrinsic-social and .755 for the total religious orientation scale. During the process of the validation, it was discovered that slight modifications were required on some items, e.g. where the words "church" appeared, the Moslem participants were not comfortable with it therefore the word "mosque" has to be included to accommodate their concerns.

Secondly, it was also observed that almost all the participants were either intrinsic or extrinsic personal. This suggests that including extrinsic social religious orientation in the study was not necessary. The design for the study therefore made use of the two dimensions of religious orientation (Intrinsic and Extrinsic personal), which appear to be relevant to the Nigerian population.

Scoring procedure: The scale items were rated on a nine-point scale or stanine scale (1-9). The scores were made up as follows:

1. For the intrinsic religious orientation, the responses for items 1, 3, 4, 6, 8, 11 (intrinsic items) were added up and their mean was determined by dividing the sum by 6.

2.For the Extrinsic - personal orientation, responses for items, 5, 7, 9 (extrinsic-personal items) were added up and their mean was determined by dividing the sum by 3.

For the Extrinsic - social orientation, items, 2, 10, 12 (extrinsic-social items) were added up and their mean was determined by dividing the sum by 3. These means were used to determine whether the individual was intrinsic oriented or extrinsic-personal or extrinsic social. Any mean score that was above 5 and higher than the other two determined the religious orientation of the participant.

Locus of control- Rotter (1966) developed this scale to assess level of control (location). It was constructed within the context of social learning theory. People with internal locus of control believe they control their own destiny, while people with external locus of control believe that their lives are determined mainly by sources outside themselves.

The scale consists of 29-paired items. 4 split-half and Kuder - Richardson reliabilities of the 29 items scale cluster around .7 (Anastasi, 1976). Test - retest reliability after one to two months interval yielded the same result, but the reliability coefficient also vary with length of interval, condition of administration and the nature of the group. According to Anastasi (1976), substantial body of data on the construct validity of the scale has been accumulated. Factor analysis has indicated that a single general factor accounted for most of the variance in the response. Other factor analysis of modified variation of the scale has suggested that the variable may be due to believe in a difficult, unjust, unpredictable and a politically unresponsive world.

The locus of control scale is one of the most popular scales in this part of the world. Eyetsemitan (1996) validated the instrument for use on the Nigerian population, which yielded a validity index of .61.

Scoring Procedure: One point was awarded for each of the following items, 2a, 3b, 4b, 5b, 6a, 7a, 9a, 1 Db, 11 b, 12b, 13b, 15b, 16a, 17a,

18a, 20a, 21 a, 22b, 23a, 25a, 28b, 29a. Any total score from 0-11 was regarded as low score which represents an internal locus of control and any total score from 12-23 was regarded as a high score representing an external locus of control. This procedure determined whether the participant was internally or externally controlled.

Dependent Measure:

The dependent variable assessed in this study was learned helplessness. For the helplessness induction, word anagrams were used. Word anagram is a set of familiar names of objects that are phonetically disorganized. Participants were asked to rearrange the mixed up letters of the words to spell them properly. The Wai (1991) modified version of Mikulincer and Nizan (1989) word anagram was adopted for the study. Wai (1991) modified Mikulincer's anagram making use of different words that were familiar to participants in Nigeria. The word anagram consisted of 25 words. To induce helplessness, an entire list of four [4] sets of insolvable, and then followed by one entire list of solvable word anagram, were used to assess the level of helplessness. One point was awarded for any correct re- arrangement of the words. The maximum score obtainable was 25 while, the minimum score was 0.

3.2.3 Design:

The adoption of the experiment design for this study was based on the provision made by Shanghnessy, Zechmeister and Zechmeister, (2000). They stressed that the characteristics of an experiment must include - (1) manipulation of independent variable (2) achievement of internal validity, reliability, sensitivity and external validity.

The factors manipulated were denoted with letters A, B, C, Similar to those done by Cochran and Cox (1957).

The Factors included:

A= Religious orientation (Intrinsic X extrinsic-personal).

B= Locus of control (internal X external)

C= Experimental condition (experimental X control)

It was therefore a 2x2x2 factorial design, which is schematically represented below:

1. Table 1, Schematic Diagram of the Design

		A			
		A_1		A_2	
B		B_1	B_2	B_1	B_2
C	C_1	$A_1B_1C_1$	$A_1B_2C_1$	$A_2B_1C_1$	$A_2B_2C_1$
	C_2	A1B1C_2	A1B2C_2	A2B1C_2	A2B2C_2

Key: A = religious orientation, A1 =intrinsic orientation,

A2=extrinsic personal dimension.

A_3 = extrinsic social dimension.

B = locus of control, B_1 = internal orientation. B_2 =external orientation.

C = experimental condition, C_1 =treatment group. C_2 = control group.

Interactions e.g. $A_1B_1C_1$ = Interactions of intrinsic dimension, internal orientation, and experimental group.

Table 2 below also represents how the experiment was carried out.

Table 2: True Control Group Posttest Design.

		NOPRE	POST
EXP. GROUP	®	X	0
CONTROLGROUP	®	-	0

Key: R =randomization. X = treatment. - No treatment.

0= outcome.

NO PRE = no pretest. POST = posttest.

Apart from the three main effects A, B, and C, interaction effects were anticipated i.e.

AXB

AXC

BXC

AXBXC

3.4. PROCEDURE

The materials for the study were organized such that, the questionnaires and the helplessness induction anagrams were enclosed in small envelopes marked with different colors. All the small envelopes were sealed up in one large envelope. Each participant was presented with all the materials enclosed in one large envelope. After packaging the above materials, the consent of the participants was obtained. To motivate them to participate in the study, an incentive of 10 marks was promised for statistics course.

The participants were randomly assigned to two groups. The randomization procedure was adapted from the table of Roster for Random Assignment for 2 or more groups of the Handy ,Randomizing Deck (HRD) developed by Fitz-Gibbon and Morris (1987).(Appendix A4)

After successfully assigning participants to their respective groups, (experimental or control), a coin was tossed to determine which research assistant will be responsible for administering the research material to the experimental or control group. The research material associated with the experimental or control group were then distributed to them. The research assistants provided their respective participants instruction as

to how the contents of the large envelope were to be removed and replaced. They were provided with a well-structured instruction for the conduct of the study.

At the end of the day, the participants were assigned to the eight cells of the design according to their religious orientations, locus of control and their experimental conditions.

Finally, the participants were properly debriefed of the deception that the experiment was meant to determine the intelligence of students at the tertiary level. They were told the experiment had nothing to do with their intelligence.

CHAPTER FOUR
RESULTS

4.1. RESULTS 0F PILOT STUDY

4.1.1. Reliability

The results of the alpha reliability coefficient to determine the consistency of the Religious Orientation Scale is presented (Table 3) From Table 3, the alpha reliability coefficients for the three religious Orientation subscales were very high e.g. .822 for Intrinsic Orientation, .543 for Extrinsic Personal and .669 for extrinsic social. The overall or total correlation of .755 for Religious Orientation Scale was also very high. These correlations showed that the test items measure what they were meant to measure consistently.

TABLE 3: - Alpha Reliability of Religious Orientation Scale

	Intrinsic	Extrinsic-Personal	Extrinsic-Social	Religious Orientation Total
N	407	407	407	407
No of Items	6	3	3	12
Alpha	.822	.543	.669	.755

4.1.2 Validity

Factor Analysis was also computed to determine the construct validity of the Religious Orientation Scale. The results of the Alpha factoring to determine such validity are reported in the tables, below.

The inter-correlation matrix (table4) shows that there was a significant correlation between intrinsic and extrinsic personal (.596). There is a low correlation for the intrinsic and extrinsic social (.049) and that between extrinsic personal and extrinsic social (.034). These results show that there were two salient factors. One factor was redundant that is, the extrinsic social. The determinant correlation for the inter correlation matrix was .639.

TABLE 4: Correlation Matrix of the Three Domains of Religious Orientation Scale

	INTRINSIC	EXTRINSIC PERSONAL	EXTRINSIC SOCIAL
INTRINSIC	1.000	.596	.049
EXTRINSIC PERSONAL	.596	1.000	.034
EXTRINSIC SOCIAL	.049	.034	1.00

TABLE 5: Factor matrix

	FACTOR	
	1	**2**
INTRINSIC	.911	.222
EXTRINSIC PERSONAL	.768	.470
EXTRINSIC SOCIAL -	2.583E-02	.144

Table 5. Shows that the intrinsic items loaded high on fact 1 and low on factor 2. This validates intrinsic measures as measuring this orientation. The extrinsic personal loaded high on factor 1 and moderately on factor 2. This shows that extrinsic personal is -a complex factor. It made contribution to both factors one and 2.

TABLE 6: Results of the Factor Analysis of the Three Domains of Religious Orientation Scale.

	FACTOR		COMMUNALT IES
	1	2	
INTRINSIC	.911	.222	.880
EXTRINSIC PERSONAL	.768	.470	.811
EXTERINSIC SOCIAL	8.603E-	.144	1.374E-02
ENGENVALUES	1.596	1.404	
TOTAL PERCENTAGE OFVARIANCE	53.215	46.785	

From table 6 the eigenvalue (this index indicates the relative strength or importance of each factor) for factor 1 was 1.596. The percentage of total variance accounted for by factor one was therefore 53.215%. Eigenvalue for factor 2 was 1.404 and the percentage of total variance accounted for by factor 2 was 46.785%.

Table 4 also shows the results of communalities (a technique that assesses how well each measure is explained by the common factors). This is an index that indicates how much a factor and a measure have in common. The communality for the intrinsic measure was .880. This implies that 88% of the total variance of the common factor is accounted for by the intrinsic measure. The communality for the extrinsic personal was .811 that is, 81 % of the total variance for the common factor is accounted for by the extrinsic personal measure. The two measures have very strong communalities. Both eigenvalues and communalities for extrinsic social were redundant, thus this dimension was excluded from the final design.

4.2 RESULTS OF THE MAIN STUDY

The data of the main study was further subjected to reliability tests. Alpha reliability for the full scale of religious orientation was established as .7530; for Locus of, Control was .5141 and for word anagram was

.8461. These reliability coefficients were consistent with those established by the pilot study.

4.2.1 Frequency Distribution of Study Variables

Table 7a: Distribution According to Age,

Range	*Frequency*	*Percentage*
17 – 26	*511*	*85.2*
27 – 36	*75*	*12.5*
37 – 48	*14*	*2.3*

From the table 7a, 511 (85.2%) of the participants were from ages 17 - 26, 75 (12.5%), ages 27 - 36 and 14 (2 .3%) were from ages 37- 48.

Table 7b: Distribution According to Gender

Sex	Frequency	Percentage
Male	402	67.0
Female	198	33.0

The study consisted of 402 (67. 0%) males and 198 (33.0%) females as indicated on table 7b.

Table 7c: Distribution According to Religion

Religion	*Frequency*	*Percentage*
Christianity	436	72.7
Islam	152	25.3
Others	12	2.0

436 (72.7%) of the participants were Christians, 152(25.3%) were Moslems and 12(2.0%) other religions as indicated on table 7c.

.

Table 8a: Distribution According to Religious Orientation

Orientation	*Frequency*	*Percentage*
Intrinsic	227	37.5
Extrinsic personal	12	35.3
Extrinsic social	14	27.5
Unclassified	147	27.5

From table 8a, 227 (37.5%) were intrinsic religious orientation, 212 (35.3%) were extrinsic personal religious orientation, 14(2.3%) extrinsic social religious orientation and 147 (27.5%) did not meet the requirement to be classified under any of the orientations.

Table 8b: Distribution According to Locus of Control

Level	*Frequency*	*Percentage*
Internal	372	62.0
External	218	36.3
Unclassified	10	1.7

As indicated on table 8b, 372 (62.0%) of the participants had internal Locus of Control, 218 (36.3%) had external Locus of Control and 10(1. 7%) did not meet the criteria to be classified as either internal or external Locus of Control.

Table 8c: Distribution according to Experimental Condition

Experimental	*Frequency*	*Percentage*
Treatment	295	49.2
Control	305	50.8

295 (49.2%) experienced the treatment condition and 305 (50.8%) did not experience the treatment condition or control group as indicated on table 8c above.

Table 9: Means Effects of the Three Main Factors on Learn Helplessness Experience

	Internal Intrinsic	*Internal/extrinsic Personal*	*External/ intrinsic*	*External/ Extrinsic personal,*
Treatment	10.39	10.6'1	10.65	10.74
	N = 72	N = 138	N = 37	N = 78
Control	16.53	15.88	15.83	16.12
	N = 63	N = 131	N =40	N = 68

Table 9 is the mean summary of the main design of this study. Individuals who were internal Locus of Control, Intrinsic oriented and were in the experiment group had a mean of 10.39, while those of the same Locus of Control and religious orientations but were in the control group had a mean of 16.53. Those that were internal locus of control and were extrinsic personal oriented and experienced treatment condition had a mean of 10.61.while those with the same control styles but did not experience the treatment condition had a mean of 15.88.

Externalers-Intrinsic religiously oriented individuals who experienced treatment had a mean of 10.65, while those with the same control styles but did not experience the treatment had a mean of 15.83.

Externalers-Extrinsic personal individuals that experienced treatment condition had a mean of 10.74, while those in the same category but did not experience the experimental condition had a mean of 16.13. Interestingly there were slight mean differences from the intrinsic- internalers in treatment group (10.39) to those of extrinsic personal- externalers (10.74) in the same group. On the overall, the experimental group performed worst than the control, which was in line with the direction of this study.

TABLE 10: ANOVA Summary Table of Test between Subjects Effects.

Source	*Type III Sum of squares*	Df	Mean Square	F	Sig.
Corrected model	3428.687a	19	180.457	8.345	.000
Intercept	13686.312	1	13686.312	632.885	.000
R. O	. 630	1	.630	.029	.865
LOCL	3.585E-	1	3.585E-04	.000	.997
RELIGION	246.621	2	123.311	5.702	.004
EXPTCON	1665.371	1	1665.371	77.010	.000
RO*LOCL	115.174	1	115.174	5.326	.022
RO*RELIGION	1.227	2	.613	.028	.972
LOCL *RELIGION	2.757	2	1.378	.064	.938
RO*LOCL*RELIGION	137.063	2	68.531	3.169	.043
RO*EXPTCON	8.222	1	8.222	.0380	.538
LOCL *EXPTCON	14.860	1	14.860	.067	.408
RO*LOCL *EXPTCON	3.176	1	3.176	.147	.702
RELIGION*EXPTCON	1.947	1	1.947	.090	.764
RO*RELIGION* EXPT	.937	1	.937	.043	.835
LOCL *RELIGION* EXPT	35.652	1	35.652	1.649	.200
RO*LOCL *RELIGION* *EXPTCON	3.273	1	33.273	1.539	.216
Error	8606.856	398	21.625		
Total	84641.000	418			
\Corrected Total	12035.543	417			

a. R Squared = .285 (Adjusted R Squared = .251)

From the ANOVA summary table, the main effect of religious orientation was not significant F (1,418) = .029, P = .865, Locus of Control was not also significant, F (1, 418) = .000, P ≤.997.

The results for the experimental condition was significant, F (1,418) = 77.010, P = .0005. The interaction of religious orientation and Locus of Control was however significant, F (1,418) =5.326, P = .022. Two unintended findings were made when religion was included as a variable. Religion was found to be significant, F (2,418) = 5.702, P = .004. Secondly, the interactions of religious orientation, Locus of Control and religion was also significant, F (2,418) = 3.169, P = .043. Other interactions such as religious orientation and experimental condition F (1,418), = .308, P = .538, Locus of Control and experimental condition F (1,418), = .687, P= A08), and religious orientation, Locus of Control and experimental condition were not significant F (1,418) = 147, P = .702).

4.2.2 Post Hoc for the significant results

Table 11: Means of Each Independent Variable

Variable	Levels	Means	STD Deviation
Locus of Control	Internal Locus of Control	12.93	5.436
	External Locus of Control	12.75	5.586
Religious oriented	Intrinsic Religious Orientation	13.24	5.675
	Extrinsic personal orientation	13.12	5.046
	Extrinsic social orientation	10.29	5.427
Experiment control	Treatment group	10.49	5.040
	Control group	15.03	4.968

For the confirmation of the significant results, Post Hoc test could not be performed for Locus of Control and experimental conditions because they both have only two levels each. The general linear model requires three or more levels of the independent variables for Post Hoc to be performed. However, for the significant results of experimental condition, it is obvious that the treatment group with mean 10.49 performed poorly on the learned helplessness measure than the control group with mean 15.03. For Locus of Control, there was slight mean difference between internalers (12.93) and externalers (12.75).

Table 12: Post HOC Tests for Religious Orientation

Dependent Variable	Post hoc Type	(I)Religious Orientation	(J) Religious Orientation	Mean Difference (I-J)	Std. Error	Sig.
Learned Helplessness	Turkey HSD	Intrinsic	Extrinsic personal	.16	.461	.32
			Extrinsic social	3.00	1.295	.055
		Extrinsic	Intrinsic	-.16	.461	.932
		Personal	Extrinsic	2.83	1.296	.075
			Personal			
		Extrinsic social	intrinsic	-3.00	.295	.055
			Extrinsic	-2.83	1.296	.075
			Personal			
	Scheffe	Intrinsic	Extrinsic	.16	.461	.938
			Personal	3.00	1.295	.070
			Extrinsic social			
		Extrinsic	Intrinsic	-.16	.461	.938
		Personal	Extrinsic social	2.83	1.296	.093
		Extrinsic social	Intrinsic	-3.00	1.295	.070
			Extrinsic			
			Personal	-2.83	1.296	.093
	LSD	Intrinsic	Extrinsic			
			Personal	.16	.461	.721
			Extrinsic social	2.83*	1.295	021
		Extrinsic	Intrinsic	-.16	.461	.721
		Personal	Extrinsic social	2.83*	1.296	.029
		Extrinsic social	Intrinsic	-3.00	1.295	0.21
			Extrinsic			
			Personal	-2.83*	1.296	0.29
	Bonferroni	Intrinsic	Extrinsic			
			Personal	.16	.461	1.000
			Extrinsic social	3.00	1.295	.063
		Extrinsic	Intrinsic	-.16	.461	.000
		Personal	Extrinsic social	2.93	1.296	.088
	Bonferroni	Extrinsic social	Intrinsic	-3.00	1.295	.063
			Extrinsic			
			Personal	-2.83	1.296	.088
	Sidak	Intrinsic	Extrinsic	.16	.461	.978
			Personal			
			Extrinsic social	3.00	1.295	.062
		Extrinsic	Intrinsic	-.16	.461	.062
		Personal	Extrinsic social	2.83	1.296	.086
		Extrinsic social	Intrinsic	-3.00	1.295	.062
			Extrinsic			
			Personal	-2.83	1.296	.086
	Gabriel	Intrinsic	Extrinsic			
			Personal	.16	.461	.978
			Extrinsic social	3.00*	1.295	.022
		Extrinsic	Intrinsic	-.16	.461	.978
		Personal	Extrinsic social	2.83*	1.296	.035
		Extrinsic social	Intrinsic	-3.00*	1.296	.035
			Extrinsic Personal	-2.83*	1.296	.035

Since religious orientation has three levels and it had a significant interaction with Locus of Control, post-hoc was performed for religious orientation: Turkey HSD post-hoc test revealed significant results between intrinsic and extrinsic social orientations ($P < 0.055$), LSD also revealed the same significant results between intrinsic and extrinsic social ($P < 0.021$), for extrinsic personal and extrinsic social ($P < 0.029$). Gabriel post-hoc found significant results between intrinsic and extrinsic social ($P < .022$), extrinsic personal and extrinsic social ($P < 0.035$).

Table 13: Post-Hoc for religions

Dependent variable	Post hoc Type	(I) Religious orientation	(J) Religious orientation	Mean Difference (I-J)	Std. Error	Sig.	95% confidence interval	
							Lower bound	Upper bound
Learned Helplessness	TurkeyHSD	Christianity	Islam	1.87	.549	.002	.58	3.16
			Others	-.06	1.792	.999	-4.27	4.16
		Islam	Christianity	-1.87*	.549	.002	-3.16	-.58
			Others	-1.92	1.838	.548	-6.25	2.40
		Others	Christianity	1.87*	.549	.999	-4.16	4.27
			Islam	-0.6	1.838	.548	-2.40	6.25
	Scheffe	Christianity	Islam	1.87*	.549	.003	.52	3.21
			Others	-0.6	1.792	1.000	-4.46	4.35
		Islam	Christianity	-1.87*	.549	.003	-3.21	-.52
			Others	-1.92	1.838	.579	-6.44	.59
		Others	Christianity	.06	1.792	1.000	-4.35	4.46
			Islam	1.92	1.838	.579	-2.59	6.44
	LSD	Christianity	Islam	1.87*	.549	.001	.79	2.95
			Others	-.06	1.792	.975	-3.58	3.47
		Islam	Christianity	-1.87*	.549	.001	-2.95	-.79
			Others	-1.92	1.838	.296	-5.54	1.69
		Others	Christianity	.06	1.792	.975	-3.47	3.58
			Islam	1.92	1.838	.296	-1.69	5.54
	Bonferroni	Christianity	Islam	1.87*	.549	002	.55	3.19
			Others	-.06	1.792	1.000	-4.36	4.25
		Islam	Christianity	-1.87*	.549	.002	.55	-.55
			Others	-1.92	1.792	.889	-4.36	2.50
		Others	Christianity	.06	1.792	1.000	- 4.25	4.36
			Islam	1.92	1.838	.889	-2.50	6.34
	Sidak	Christianity	Islam	1.87*	.549	.002	.55	3.18
			Others	-.06	1.792	1.000	-4.35	4.24
		Islam	Christianity	1.87*	.549	.002	-3.18	-.55
			Others	-1.92	1.838	.651	-6.33	.48
		Others	Christianity	.06	1.792	1.000	-4.24	4.35
			Islam	1.92	1.838	.651	-2.48	6.33
	Gabriel	Christianity	Islam	1.87*	.549	.001	.61	3.13
			Others	-.06	1.792	1.000	- 3.50	3.39
		Islam	Christianity	-1.87*	.549	.001	-3.13	-.16
			Others	-1.92	1.838	.541	-5.75	1.90
		Others	Christianity	.06	1.792	1.00	-3.39	3.50
			Islam	1.92	1.838	.541	-1.90	5.75
	Hochberg	Christianity	Islam	1.87*	.549	.002	.55	3.18
			Others	-.06	1.838	1.000	-4.35	.24
		Islam	Christianity	-1.87*	.549	.002	-3.18	-.55
			Others	-1.92	1.838	.651	-6.33	.48
		Others	Christianity	.06	1.792	1.000	-4.24	4.35
			Islam	1.92	1.838	.651	- 2.48	6.33

Table 14: Mean of Religion on Learnt helplessness

Religion	Mean	Std. Deviation	N
Christianity	13.33	5.539	426
Islam	11.49	5.093	148
Others	12.55	6.1'21	11
Total 12.85	12.85	5.490	585

Table 14 shows that Christianity had a mean of 13.3:3, Islam had mean of 11.49 and other religions had a mean of 12.55 on learned helplessness experience**.**

Since religion as a variable was found to yield significant results, a post-hoc test was also performed. As shown on the table 13 above, Turkey HSD post-hoc found significant results between Christianity and Islam (P < 0.002), Scheffe post-hoc also found significant results between Christianity and Islam (P < 0.003). LSD post-hoc found significant results between Christianity and Islam (P < 0.001) bonferroni post-hoc also found significant results between Christianity and Islam (P < 0.002), Sidak post-hoc too found significant results between Christianity and Islam (P < 0.002). None of the post-hoc procedures mentioned above found significant results between other religions and Christianity or Islam as shown on the table above.

CHAPTER FIVE
DISCUSSION

5.1. DISCUSSION OF PILOT STUDY RESULTS

The results of the pilot study were consistent with those of Allport's (1960), Gorsuch and enable (1983), and Maltby (1999).The alpha correlation coefficients for the dimensions of the two domains of the religious orientation scale were very high. This means that the scale measured what it was suppose to measure consistently (table 3).

Correlation matrix of the three domains of religious orientation scale shows that the Intrinsic items measure correlated very low with the extrinsic social measure and moderately with extrinsic personal. Extrinsic personal correlated very low with extrinsic social. These results suggest three factors underlying the religious orientation scale. The intrinsic items while correlating perfectly amongst themselves have something to say about the extrinsic personal and vice versa. Factor analysis showed intrinsic items to load high on factor I and low on factor II. Because the intrinsic items loaded saliently on one factor, they are said to be factorially simple items. The items by implications reflect only one dimension or factor. The extrinsic personal items were factorially complex because they

reflected more than one dimension. They were salient on both factors II and I. It means that extrinsic personal items contributed something to the intrinsic items. The two dimensions are concerned about personal attributes, which they share. The extrinsic social items loaded very low on factors II and I. This suggests that the religious social items may not be relevant to the Nigerian population.

Factor analysis also revealed a high eigenvalue for factor I (1.596) with a total variance percent of 53.215.The eigenvalue for factor II (1.404) is also high or a total variance percentage of 46.785. With these values, we are 53.215% or 46.785% sure that the scale measured what it was supposed to measure.

The communalities of the analysis show that .880(88%) of the total variance of the common factor is accounted for by the intrinsic measure, while 811 (81 %) of the total variance of the common factor is accounted for the extrinsic personal items. This implies that the two measures (intrinsic and extrinsic personal orientations) have very strong communalities.

Two major observations were also made; the word church was used along with mosque for Moslem participants. Secondly participants were either intrinsic or extrinsic· personal. In the final analysis, this pilot study validates the use of the instrument on the Nigerian sample.

5.2. DISCUSSION OFTHE MAIN STUDY

Four major assumptions form the basis for investigation. These were that (1), participants who ware externally controlled would experience more helplessness than those that ware internally controlled; (2), learned helplessness would likely be the function of the religious orientation of the participants; (3), the interaction of locus of control and religious orientation of the participants would likely have a significant effects on learned helplessness; (4), that learned helplessness experience would likely be the function of the experimental condition of the participants.

5.2.1 Hypothesis one: - Learned helplessness would likely be the function of the locus of control of the participants. This particular hypothesis was not supported by the results of this study. This finding was consistent with Wai (1990). Wai found the effect of locus of control on learned helplessness not statistically significant for Nigerians. This raises question. Could it be that the concept of locus of control is purely a cultural issue?

Most of the findings related to locus of control were from Europe or USA e.g. Rotter (1966), Mikulincer and Nizan, (1980). The cultures of these places emphasize personal (individual) responsibility, while others from places as Nigeria emphasize collective responsibility. This may explain why people who are defined as internals or externals may not differ in their performances in given situations in

Nigeria. Secondly, it implies that the concept of internal or external control is inadequate to explain how individuals cope with situations in their lives. This was our suspicion when we decided to explore the combined effects of more than one control strategy (locus of control and religious orientation).

5.2.2. Hypothesis two:

Learned helplessness experience would likely be the function of religious orientation of the participants.

This hypothesis was not also supported by the results of the study. Similar findings were made by Maltby, (1998) that no differences existed between intrinsic and extrinsic orientations in their England sample. However, a significant result was found for religion as a variable.

This finding suggests that, it is not the religious orientation that matters in the learned helplessness experience but the religious affiliations. Even though this was not part of the design, further analysis of the effect of religion revealed mean differences existed for Christianity, Islam and other religions. Christians experienced less helplessness than Muslims and other religions. A simple explanation for these differences could be deduced from the perceptions of events and situations by the various religions. For example, Christianity lays much emphasis on faith, while Islam lays emphasis on fate. Faith has to do with eventual over coming no

matter what, while fate has to do with resignation and giving up to chance. Islam by practice is more fatalistic than Christianity.

Given the above analysis, we cannot conclude that in order to help people cope with helpless situations, we must make them Christians. This only helps to provide guide and caution when dealing with people of different faith in clinical settings. Helplessness here must be used with the understanding that it is a continuum without an absolute helpless person. This out come will assist the Clinicians help the client achieve balance and avoid any extreme behavior. By so doing he is assisted to achieve moderation in his reaction to issues and helplessness such that he becomes more optimistic than pessimistic.

5.2.3. Hypothesis Three:

The interaction of religious orientation and locus of control would likely have a significant effect on learned helplessness experience. The third hypothesis was supported by the result of the study. Since the two main factors (religious orientation and locus of control) did not yield significant results independently, it implies that it is the interaction of the two that matter in terms of the moderation of learned helplessness experience. This finding has clinical implications. The finding suggests that clinicians need to help their clients perceive personal responsibilities for life events. They should be made to believe that what ever they may encounter in life, they

have the capacity to circumvent them. Secondly, the results suggest that a multi dimensional approach is appropriate when we try to understand the strategies individual uses to control events in life. It implies that no conclusion can be drawn on the effect of one control strategy to the exclusion of other strategies. If we do, we might loose vital information that a multi dimensional approach would provide.

This particular finding reminds us of the fact that there could not be an absolute intrinsic, extrinsic, internal, or externally oriented individual. We could use these as continuum of personality dimensions to guide clinical decisions. This position is from the understanding that certain experiences in life could influence intrinsic or extrinsic behavior at one time and not at some other times

5.2.4. Hypothesis four- Learned Helplessness experience would likely be the function of the experimental condition of the participants. This hypothesis was supported by the results of this study. The results showed that the experimental group experienced more helplessness than the control group. This finding was in line with the direction of the study. The results show that the experimental group experienced more helplessness than the control group. The result further confirmed the Wai (1990) findings that Nigerians do experience learned helplessness. It also confirmed several studies (Coyne, Metalsky, and lamelle, 1980, Zaroff, 1980,

Boyd, 1982, Mikulincer, Kedem and Zilkha-Segal (1989) which found that several and consistent experiential frustrations or failures result in learned helplessness. From these findings, clinicians in Nigeria must be alerted that the several economic, political, religious, social crises for which Nigerians have not found answers are capable of making them stop investing energy and time to solve them. This probably explains the nonchalant attitudes Nigerians express towards their civic duties or responsibilities. This calls for deliberate program to confront Nigerians with the fact that these crises are surmountable if they accept personal responsibility for their existence.

5.2.5 Conclusion

In conclusion, the study has made very interesting and important findings. For example, the study found a statistically significant effect for the interactions of religious orientation and locus of control on learned helplessness. There was also a significant effect of the interaction of religious orientation, locus of control and religious affiliation on learned helplessness. These findings demonstrated the moderating effects of the combined impact of religion and locus of control on situations such as learned helplessness. Another novel finding was made that is, religious affiliation was statistically significant on learned helplessness. This

is a pointer to the fact that if religion is properly used, it can affect behavior positively.

Secondly, the study confirmed the findings from Europe, U. S. A, Middle East and Nigeria that learned helplessness is a psychological phenomenon that is common in all societies. It is suggestive that this phenomenon could be responsible for making people give up on issues that are related to social, political, religious problems. Since this is a learned behavior, it means that appropriate procedures could be applied to unlearn them or minimize their occurrences.

5.2.6. Suggestions:

Only two of all the control variables were used in this particular study. It is suggested for the effects of other control variables to be explored. This study found significant effects of multi-variables, which informed this suggestion.

The fact that religious affiliation had significant results on learned helplessness is a pointer to the need for comprehensive study in this direction.

Since this study was conducted in academic institutions, the study in larger society is recommended for outcome that would provide for wider generalization.

This study established the psychometric properties of religious orientation. This is an opportunity for researchers interested in religious issues in Nigeria to explore.

. The instrument has been standardized in this environment making it easier for those wanting to use the scale.

Finally, it is recommended that researchers should pay attention to the issues of learned helplessness since it has been established that Nigerians experience it. The fact that the phenomenon serves as precursor for many psychological problems, it is recommended that further investigations be conducted to study its relationship with various psychological problems that have been associated with learned helplessness.

6.0 SUMMARY OF MAJOR FINDINGS

The major findings of this study could be summarized as follows:-

1. Locus of control alone did not have significant effect on learned helplessness.
2. Religious orientation alone could not affect learned helplessness significantly.
3. The interaction of locus of control and religious orientation has a statistical significant effect on learned helplessness.
4. Learned helplessness exist for the Nigerian sample as evident in the statistically significant difference between the control and experimental groups.
5. The interaction of locus of control, religious orientation and religion was statistically significant
6. Religious affiliation, even though it was a novel finding has significant effect on leaned helplessness.

CONTRIBUTION TO KNOWLEDGE

This study has made the following contributions to knowledge:

1. The psychometric properties of religious orientation scale an assessment tool for measuring Religious Orientation for Nigerian population is established.
2. The moderating effect of Religion on “Helplessness” is established. This is a unique finding.
3. The study did not only add to the existing literature in the area of study but also have a heuristic value.
4. Some of the findings have some positive implications for clinical psychology practice in Nigeria.
5. Learned helplessness phenomenon as a psychological experience has been experimentally established for Nigeria population.

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APPENDICES

APPENDIX A – SAMPLES OF TEST INSTRUMENTS

Appendix A1:- “Age Universal” Religious Orientation Scale.

BIODATA

Gender: Male_____ Female_____

Religion: Christian_____

Islam_____

INSTRUCTIONS: Kindly read the following items and rate them thus.

Strongly Disagree	Disagree	Somewhat disagree	Slightly disagreed	Neutral	Slightly agree	Somewhat agree	Agree	Strongly agree
1	2	3	4	5	6	7	8	9

1	I enjoy reading about my religion	1	2	3	4	5	6	7	8	9
2	I go to church/ mosque/ shrine because it helps me to make friends.	1	2	3	4	5	6	7	8	9
3	It is important to spent time in private thought and prayer.	1	2	3	4	5	6	7	8	9
4	I have often had a strong sense of God’s presence.	1	2	3	4	5	6	7	8	9
5	I pray mainly to gain relief and protection	1	2	3	4	5	6	7	8	9
6	I tried hard to live all my life according to my religion	1	2	3	4	5	6	7	8	9

7	What religion offers me most is comfort in times of troubles or sorrows	1	2	3	4	5	6	7	8	9
8	My religion is important because it answers many questions about meaning of life.	1	2	3	4	5	6	7	8	9
9	Prayer is for peace and happiness.	1	2	3	4	5	6	7	8	9
10	I go to church/ mosque / shrine to spend time with my friends.	1	2	3	4	5	6	7	8	9
11	My whole approach to life is based on my religion.	1	2	3	4	5	6	7	8	9
12	I go to church/ mosque / shrine because I enjoy reading people I know there.	1	2	3	4	5	6	7	8	9

SOURCE: Gorsuch and Venable, (1983)

Appendix A2: - Rotter's I. E Scale

This questionnaire involves the way in, which certain important events in our society affect deferent people Each item consists of a pair of alternatives lettered a or b. Please select the one statement of each pair, which you more strongly **BELIEVE** to be the cases as far as you are concerned. Be sure to select the one **YOU ACTUALLY BELIEVE** to be the more true rather than the one you think you should choose or the one you would like to be true. This is a measure of personal belief: Obviously, there are no rights or wrong answers. Please answer these items carefully but do not spend too much time on anyone item.

CIRCLE THE LETTER OF THAT ALTERNATIVE WHICH YOU MORE STRONGLY BELIEVE to be the case, as far as you are concerned. Circle an answer for every choice. In some instances, you may discover that you believe both statements and neither one. In such instances, be sure to select the one you more strongly believe. Also, try to respond to each item independently when making your choice; do not be influenced by your previous choice.

1. a) Children get into trouble because their parents punish them too much.

   b) The trouble with most children nowadays is that their parents are too easy with them.

2. a) Many of the unhappy things in people's lives are partly due to bad luck.

   b) People's misfortunes result from the mistakes they make.

3. a) One of the major reasons why we have wars is because people don't take enough interest in politics.

   b) There will always be wars, no matter how hard people try to prevent them.

4. a) In the long run, people get the respect they deserve in this world.

   b) Unfortunately, an individual's worth of ten passes Unrecognized no matter how hard they tried.

5. a) The idea that teachers are unfair to students is nonsense.

   b) Most students do not realize the extent to which their grades are influence by accidental happenings.

6. a) Without the right breaks, one cannot be an effective leader.

   b) Capable people who fail to become leaders have not taken advantage of their opportunities.

7. a) No matter how hard you try, some people just do not like you.

   b) People who cannot get others to like them do not understand how to get along with others.

8. a) Heredity plays the major role in determining one's personality.

   b) It is one's experience in life, which determines what they are like.

9. a) I have often found that what is going to happen will happen

   b) Trusting to fact has never turned out as well for me as making a decision to take a definite course of action.

10. a) In the case of the well prepared student, there is rarely if ever such a thing as an unfair exam.

    b) Many times exam questions tend to be so unrelated to Course work that studying is useless

11. a) Becoming a success is a matter of work, luck has little or nothing to do with it.

    b) Getting a good job depends mainly on being in the right Place at the right time.

12. a) The average citizens can have an influence in government decisions.

b) This world is run by the few people in power, and there is Not much the little guy can do about it.

13. a) When I make plans, I am almost certain that I can make them work.

b) It is not always wise to plan because many things turn out to be a matter of good or bad fortune anyhow.

14. a) There are certain people who are just no good.

b) There is some good in everybody.

15. a) In my case, getting what I want has little or nothing to do with luck.

b) Many times we might just as well decide what to do by flipping a coin.

16. a) Who gets to be the boss often depends on who was lucky Enough to be in the right place first.

b) Getting people to do the right thing depends upon ability; Luck has nothing to do with it.

17. a) As far as world affairs are concerned, most of us are the Victims of forces we can neither understand nor control.

b) By taking an active part in political and social affairs, the People can control world events.

18. a) Most people don't realize the extent to which their lives Are controlled by accidental happenings.

b) There really is no such thing as "luck".

19. a) One should always be willing to admit mistakes,

b) It is usually best to cover up one's mistakes,

20. a) It is hard to know whether or not a person really likes you.

b) How many friends you have depends upon how nice a person you are.

21. a) In the long run the bad things that happen to us are balanced by the good ones.

b) Most misfortunes are the result of lack of ability, ignorance, Laziness or all three.

22. a) With enough effort we can wipe out political corruption.

b) It is difficult for people to have much control over the things Politicians do in office.

23. a) Sometimes I can't understand how teachers arrive at the grades they give.

b) There is a direct connection between how hard I study and the grades they get.

24. a) A good leader makes it clear to decide for themselves what they should do.

b) A good leader makes it clear to everybody what their jobs are.

25. a) Many times I feel that I have little influence over the things

that happen to me.

b) It is impossible for me to believe that chance or luck plays an important role in my life.

26. a) People are lonely because they don't try to be friendly.

b) There is not much use in-trying too hard to please people, if they like you, they like you.

27. a) There is too much emphasis on athletics in high schools.

b) Team sports are an excellent way to build characters.

28. a) What happens to me is my own doing.

b) Sometimes I feel that I don't have enough control over the direction my life is taking.

29. a) Most of the time I can't understand why politicians behave the way they do.

b) In the long run the people are responsible for bad Government on a national as well as a local level.

Age _____ Sex: _____

Religious Affiliation: _____ Sect. _____

Ethnic group_____

SOURCE: Rotter's (1996) I.E Scale.

Appendix A3:- Word Anagram

Introduction

The followings are word anagram of common furniture or utensils in the house. Rearrange the letters by writing out the name of the furniture or utensils in the space provided. The rearrangement must make sense before they are written down.

		ANAGRAM	NAME OF FURNITURE /UTENSILS
Example		Fenki	Knife
	1.	Voest	
	2.	Roadpuc	
	3.	Tessmatr	
	4.	Wollip	
	5.	Rascue	
	6.	Tepla	
	7.	Sag	
	8.	Battle	
	9.	Krof	
	10	Sionvilaete	
	11	Kifen	
	12	Rendble	
	13	Torragirifer	
	14	Xesob	
	15	Hisd	
	16	Noops	
	17	Puk	
	18	Gerhan	
	19	Hesets	
	20	Petcar	
	21	Lodar	
	22	Arich	
	23	Nap	
	24	Yatr	

Appendix A4 – Roster for Random Assignment to 2, 3, 4, or 5 Groups

Individual's Name	2 Groups	3 Groups	4 Groups	5 Groups
1	2	2	4	3
2	1	1	1	5
3	1	3	2	2
4	2	3	3	1
5	1	1	1	4
6	2	2	4	2
7	2	1	3	1
8	1	2	2	3
9	1	3	3	5
10	2	3	4	4
11	1	2	2	1
12	2	1	1	4
13	1	2	2	3
14	2	1	3	5
15	2	3	4	2
16	1	1	1	3
17	2	3	1	1
18	1	2	3	2
19	2	3	2	5
20	1	2	1	4
21	2	1	2	1
22	1	2	3	2
23	1	3	4	3
24	2	1	1	5
25	1	3	3	4
26	1	2	1	3
27	2	1	2	1
28	2	1	4	5
29	2	2	3	4
30	1	3	4	2
31	1	2	2	5
32	2	1	1	4
33	1	3	2	2
34	1	2	3	3
35	2	3	1	1
36	2	1	4	5
37	2	3	1	1
38	1	2	4	2
39	2	1	2	3
40	1	1	3	4

Appendix A4 (Continued)

Individual's Name	2 Groups	3 Groups	4 Groups	5 Groups
41	2	2	4	5
42	1	3	2	4
43	2	3	3	2
44	1	1	1	1
45	2	2	2	3
46	2	3	1	4
47	1	2	4	3
48	1	1	3	5
49	1	3	1	2
50	2	1	3	1
51	1	2	4	3
52	2	1	2	2
53	1	3	4	4
54	2	2	1	1
55	1	1	2	5
56	2	3	3	2
57	1	2	2	4
58	2	1	3	5
59	2	2	4	3
60	1	3	1	1
61	1	2	1	1
62	2	1	4	2
63	2	3	3	5
64	2	1	4	2
65	1	3	1	4
66	1	2	3	3
67	2	2	4	1
68	2	3	2	4
69	2	1	2	5
70	1	1	4	2
71	1	3	1	2
72	2	2	3	4
73	2	3	4	5
74	1	1	3	3
75	2	2	2	1
76	1	2	1	2
77	2	3	2	3
78	2	1	4	1
79	1	1	3	4
80	1	2	1	5

SOURCE: Fitz – Gibbon and Morrison (1987).

APPENDIX B: ORGANIZATION OF RAW DATA.

KEY

- EXPTON = Experimental Condition
- IN = Intrinsic Orientation
- EXPER = Extrinsic – Personal Orientation
- EXSOC = Extrinsic Social Orientation
- ROT = Religious Orientation Total
- RO = Religious Orientation
- LRNHELP = Learned Helplessness
- LRNHELPL = Learned Helplessness Level

Appendix B 1 - Scores of each participant in experimental group on the dimensions of religious orientation

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
1	21	Male	Christianity	Treatment	6.83	4.67	2.67	7.33
2	22	female	Christianity	Treatment	8.33	6.00	8.00	14.00
3	21	female	Christianity	Treatment	7.17	7.33	3.67	11.00
4	24	Male	Christianity	Treatment	6.17	4.33	2.33	6.67
5	33	Male	Christianity	Treatment	9.00	7.00	1.33	8.33
6	24	Male	Christianity	Treatment	8.17	5.67	3.33	9.00
7	22	female	Islam	Treatment	5.33	6.33	3.67	10.00
8	20	female	Christianity	Treatment	7.33	5.67	4.00	9.67
9	22	Male	Others	Treatment	1.83	4.33	1.00	5.33
10	24	Male	Islam	Treatment	8.50	9.00	3.33	12.33
11	22	Male	Islam	Treatment	9.00	9.00	9.00	18.00
12	25	Male	Christianity	Treatment	8.33	8.33	1.00	9.33
13	23	female	Christianity	Treatment	6.83	7.33	1.00	8.33
14	18	female	Christianity	Treatment	7.67	5.67	2.33	8.00
15	21	Male	Islam	Treatment	9.00	9.00	9.00	18.00
16	21	Male	Christianity	Treatment	7.83	9.00	3.00	12.00
17	24	Male	Christianity	Treatment	9.00	9.00	7.33	16.33
18	17	Male	Christianity	Treatment	6.83	4.00	3.33	7.33
19	23	Male	Christianity	Treatment	7.67	8.33	4.00	12.33
20	25	Male	Christianity	Treatment	7.83	6.33	1.00	7.33
21	28	female	Christianity	Treatment	8.83	5.67	1.33	7.00
22	21	female	Christianity	Treatment	8.33	9.00	5.33	14.33
23	24	female	Christianity	Treatment	7.67	8.67	6.33	15.00
24	22	Male	Christianity	Treatment	6.33	7.00	2.67	9.67
25	20	Male	Islam	Treatment	7.83	6.00	5.33	11.33
26	21	Male	Christianity	Treatment	7.17	7.67	2.00	9.67
27	21	Male	Christianity	Treatment	7.17	9.00	1.33	10.33
28	27	Male	Islam	Treatment	7.00	5.33	3.67	9.00
29	22	female	Christianity	treatment	8.00	5.00	1.33	6.33

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
30	21	Male	Islam	treatment	7.17	7.33	1.67	9.00
31	22	female	Christianity	treatment	4.33	4.00	1.33	5.33
32	22	Male	Christianity	treatment	5.50	4.00	4.00	8.00
33	21	Male	Islam	treatment	4.50	5.00	3.67	8.67
34	20	Male	Islam	treatment	4.50	5.00	3.67	8.67
35	19	female	Islam	treatment	1.67	1.00	1.67	2.67
36	22	female	Christianity	treatment	4.50	4.33	4.33	8.67
37	32	Male	Islam	treatment	1.67	1.00	1.67	2.67
38	23	female	Christianity	treatment	8.33	9.00	3.33	12.33
39	19	Male	Christianity	treatment	5.83	7.00	4.33	11.33
40	22	female	Christianity	treatment	5.33	7.33	4.00	11.33
41	26	Male	Islam	treatment	8.00	9.00	4.33	13.33
42	24	female	Christianity	treatment	2.17	1.00	3.33	4.33
43	24	Male	Islam	treatment	5.67	6.00	1.67	7.67
44	25	Male	Islam	treatment	8.33	7.00	8.67	15.67
45	23	Male	Christianity	treatment	8.83	8.67	1.33	10.00
46	27	female	Christianity	treatment	8.00	6.33	1.33	7.67
47	23	Male	Christianity	treatment	8.17	8.00	1.33	9.33
48	21	Male	Christianity	treatment	7.33	6.33	8.67	15.00
49	24	female	Christianity	treatment	9.00	8.33	3.67	12.00
50	29	Male	Christianity	treatment	6.00	6.33	3.67	10.00
51	29	female	Christianity	treatment	7.50	4.33	1.00	5.33
52	23	Male	Christianity	treatment	7.67	9.00	8.33	17.33
53	25	Male	Christianity	treatment	4.83	7.00	2.00	9.00
54	20	Male	Christianity	treatment	7.50	8.00	6.67	14.67
55	21	female	Christianity	treatment	8.33	8.00	2.33	10.33
56	24	female	Christianity	treatment	8.50	8.33	3.33	11.67
57	26	Male	Christianity	treatment	9.00	9.00	7.00	16.00
58	26	female	Islam	treatment	8.33	6.33	5.00	11.33
59	22	Male	Christianity	treatment	9.00	9.00	9.00	18.00
60	24	Male	Islam	treatment	9.00	9.00	9.00	18.00
61	38	Male	Christianity	treatment	8.00	8.33	3.67	12.00
62	44	Male	Christianity	treatment	7.17	8.00	1.33	9.33
63	27	Male	Islam	treatment	9.00	9.00	9.00	18.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
64	20	Male	Christianity	treatment	7.83	8.00	6.00	14.00
65	25	female	Christianity	treatment	7.33	8.33	4.33	12.67
66	20	Male	Christianity	treatment	7.33	5.67	3.00	8.67
67	25	Male	Christianity	treatment	8.83	7.00	4.33	11.33
68	24	female	Christianity	treatment	6.00	6.00	8.00	14.00
69	20	female	Christianity	treatment	7.00	8.33	8.00	16.33
70	24	female	Christianity	treatment	7.50	8.33	3.00	11.33
71	20	Male	Christianity	treatment	8.00	8.67	2.67	11.33
72	31	Male	Islam	treatment	8.67	9.00	8.67	17.67
73	22	Male	Christianity	treatment	7.17	8.00	6.67	14.67
74	22	Male	Christianity	treatment	8.17	9.00	8.33	17.33
75	21	Male	Christianity	treatment	6.00	7.00	7.00	14.00
76	22	Male	Christianity	treatment	6.67	6.33	5.67	12.00
77	25	Male	Islam	treatment	6.50	4.00	5.33	9.33
78	22	female	Christianity	treatment	6.50	8.00	2.00	10.00
79	21	female	Islam	Treatment	8.67	6.33	8.67	15.00
80	24	female	Islam	Treatment	8.67	9.00	1.00	10.00
81	21	Male	Christianity	Treatment	8.00	4.00	1.67	5.67
82	27	female	Christianity	Treatment	4.50	5.67	6.67	12.33
83	20	Male	Islam	Treatment	8.83	9.00	6.67	15.67
84	24	female	Christianity	Treatment	5.67	5.67	1.00	6.67
85	23	Male	Christianity	Treatment	7.50	7.00	6.00	13.00
86	24	Male	Christianity	Treatment	7.00	7.00	2.00	9.00
87	28	Male	Christianity	Treatment	8.00	8.00	2.00	10.00
88	23	Male	Islam	Treatment	5.33	8.00	6.00	14.00
89	21	Male	Christianity	Treatment	8.00	8.00	8.00	16.00
90	20	Male	Islam	Treatment	7.00	8.00	6.00	14.00
91	24	Male	Islam	Treatment	8.67	9.00	8.00	17.00
92	23	Male	Christianity	Treatment	8.00	8.00	4.00	12.00
93	24	Male	Christianity	Treatment	8.33	9.00	7.67	16.67
94	24	Male	Christianity	Treatment	6.50	7.33	3.67	11.00
95	21	Male	Christianity	Treatment	5.17	5.00	1.33	6.33
96	21	female	Christianity	Treatment	6.17	5.67	6.00	11.67
97	22	Male	Christianity	Treatment	6.67	9.00	7.33	16.33

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
98	26	Male	Islam	Treatment	8.50	8.00	1.67	9.67
99	28	Male	Islam	Treatment	2.33	3.00	2.33	5.33
100	24	Male	Islam	treatment	8.33	9.00	3.33	12.33
101	21	Male	Christianity	treatment	8.83	8.00	4.00	12.00
102	25	Male	Christianity	treatment	8.67	6.67	3.00	9.67
103	22	Male	Christianity	treatment	8.50	8.00	3.33	11.33
104	22	female	Christianity	treatment	7.83	7.00	2.00	9.00
105	25	Male	Christianity	treatment	8.33	8.33	3.00	11.33
106	21	female	Christianity	treatment	8.83	9.00	5.33	14.33
107	24	female	Islam	treatment	8.50	9.00	6.00	15.00
108	24	Male	Christianity	treatment	7.83	7.00	2.00	9.00
109	19	female	Islam	treatment	8.33	8.67	3.67	12.33
110	19	female	Christianity	treatment	8.33	7.67	5.67	13.33
111	21	Male	Islam	treatment	7.67	6.00	5.33	11.33
112	20	Male	Christianity	treatment	8.83	8.33	4.33	12.67
113	17	Male	Christianity	treatment	8.33	7.33	3.33	10.67
114	22	Male	Islam	treatment	7.83	8.67	7.67	16.33
115	22	Male	Christianity	treatment	8.67	6.00	3.00	9.00
116	22	female	Christianity	treatment	8.17	5.00	1.33	6.33
117	19	Male	Christianity	treatment	7.17	6.67	5.00	11.67
118	22	female	Christianity	treatment	7.67	6.00	1.33	7.33
119	21	Male	Christianity	treatment	8.17	7.67	1.00	8.67
120	23	female	Islam	treatment	8.17	8.33	7.67	16.00
121	22	Male	Others	treatment	7.67	8.33	1.33	9.67
122	21	Male	Others	treatment	8.50	6.67	2.33	9.00
123	23	Male	Others	treatment	7.50	9.00	5.00	14.00
124	27	Male	Christianity	treatment	5.67	6.33	6.00	12.33
125	20	female	Christianity	treatment	6.67	2.33	3.33	5.67
126	25	Male	Christianity	treatment	7.67	7.33	5.67	13.00
127	19	female	Christianity	treatment	7.00	6.00	3.00	9.00
128	28	Male	Christianity	treatment	8.00	6.67	2.00	8.67
129	23	Male	Christianity	treatment	8.83	9.00	7.00	16.00
130	21	Male	Christianity	treatment	5.50	9.00	2.00	11.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
131	21	Male	Islam	treatment	8.67	8.33	3.00	11.33
132	24	Male	Islam	treatment	6.33	6.33	6.33	12.67
133	20	female	Islam	treatment	7.00	9.00	3.67	12.67
134	27	Male	Islam	treatment	8.67	9.00	1.67	10.67
135	28	female	Islam	treatment	8.00	7.33	2.67	10.00
136	25	Male	Islam	treatment	6.00	7.33	4.00	11.33
137	23	Male	Islam	treatment	6.50	5.00	1.00	6.00
138	23	female	Islam	treatment	7.50	8.33	4.00	12.33
139	20	Male	Islam	treatment	8.00	8.67	3.00	11.67
140	19	Male	Islam	treatment	5.33	6.33	6.33	12.67
141	34	Male	Islam	treatment	9.00	9.00	2.00	11.00
142	27	Male	Christianity	treatment	7.50	4.33	8.00	12.33
143	24	Male	Christianity	treatment	7.50	4.33	8.00	12.33
144	22	Male	Christianity	treatment	8.50	7.33	1.67	9.00
145	20	female	Christianity	treatment	8.00	5.67	2.00	7.67
146	21	female	Christianity	treatment	8.17	9.00	1.00	10.00
147	23	Male	Islam	treatment	7.50	8.00	3.33	11.33
148	24	Male	Islam	treatment	8.83	8.67	2.00	10.67
149	23	Male	Islam	treatment	6.50	6.67	6.00	12.67
150	26	Male	Islam	treatment	8.67	8.33	2.67	11.00
151	22	Male	Islam	treatment	9.00	9.00	2.00	11.00
152	20	Male	Islam	treatment	8.00	6.00	1.33	7.33
153	24	Male	Islam	treatment	6.83	3.33	4.33	7.67
154	23	Male	Islam	treatment	8.00	7.00	5.33	12.33
155	20	female	Islam	treatment	7.33	5.00	2.00	7.00
156	23	Male	Christianity	treatment	7.33	7.33	3.67	11.00
157	20	female	Christianity	treatment	6.67	6.00	3.67	9.67
158	24	Male	Christianity	treatment	8.33	8.00	6.00	14.00
159	22	female	Christianity	treatment	5.50	5.33	3.33	8.67
160	24	Male	Christianity	treatment	7.67	3.67	2.00	5.67
161	25	Male	Christianity	treatment	8.00	9.00	6.67	15.67
162	24	Male	Christianity	treatment	8.83	9.00	4.67	13.67
163	23	female	Christianity	treatment	6.33	6.67	2.00	8.67
164	20	Male	Others	treatment	1.67	1.67	1.33	3.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
165	30	Male	Christianity	treatment	9.00	9.00	4.00	13.00
166	24	Male	Christianity	treatment	8.50	6.67	6.00	12.67
167	22	Male	Christianity	treatment	8.17	2.00	1.67	3.67
168	20	Male	Christianity	treatment	7.83	7.00	2.00	9.00
169	27	Male	Christianity	treatment	8.33	8.33	7.33	15.67
170	21	Male	Christianity	treatment	8.33	6.00	6.33	12.3
171	21	Male	Christianity	treatment	7.50	5.67	3.00	8.67
172	20	Male	Christianity	treatment	8.83	8.33	2.00	10.33
173	23	Male	Christianity	treatment	6.00	5.67	2.00	7.67
174	34	Male	Islam	treatment	8.00	8.33	4.67	13.00
175	38	Male	Others	treatment	8.17	9.00	5.67	14.67
176	18	female	Christianity	treatment	8.00	5.00	4.00	9.00
177	21	Male	Christianity	treatment	7.00	7.67	5.33	13.00
178	20	Male	Christianity	treatment	6.50	9.00	4.33	13.33
179	22	Male	Christianity	treatment	7.17	8.00	5.33	13.33
180	22	Male	Christianity	treatment	7.00	5.33	5.33	10.67
181	27	Male	Christianity	treatment	7.17	9.00	1.00	10.00
182	23	Male	Christianity	treatment	9.00	6.67	4.33	11.00
183	23	Male	Christianity	treatment	8.83	8.33	2.67	11.00
184	30	Male	Christianity	treatment	7.67	4.00	1.00	5.00
185	23	female	Islam	treatment	7.83	9.00	2.33	11.33
186	25	Male	Others	treatment	8.50	6.33	3.33	9.67
187	22	Male	Christianity	treatment	7.83	7.00	3.00	10.00
188	24	female	Christianity	treatment	8.33	8.33	2.33	10.67
189	19	female	Christianity	treatment	7.83	5.67	1.00	6.67
190	22	Male	Christianity	treatment	6.17	5.33	5.67	11.00
191	21	Male	Christianity	treatment	7.17	6.67	1.00	7.67
192	18	female	Christianity	treatment	7.83	2.00	2.00	4.00
193	24	Male	Christianity	treatment	8.67	9.00	2.33	11.33
194	28	female	Christianity	treatment	7.50	6.67	3.00	9.67
195	22	Male	Christianity	treatment	6.83	8.00	3.00	11.00
196	24	Male	Christianity	treatment	7.50	7.33	5.00	12.33
197	24	female	Christianity	treatment	7.83	8.67	1.00	9.67
198	21	female	Christianity	treatment	9.00	9.00	1.00	10.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
199	25	Male	Christianity	treatment	6.17	7.67	2.00	9.67
200	20	Male	Christianity	treatment	7.83	8.00	1.67	9.67
201	22	Male	Christianity	treatment	8.00	6.67	1.33	8.00
202	20	female	Christianity	treatment	8.83	9.00	2.67	11.67
203	23	female	Christianity	treatment	7.83	9.00	4.33	13.33
204	20	female	Christianity	treatment	8.33	6.67	1.00	7.67
205	24	Male	Christianity	treatment	8.00	7.67	1.00	8.67
206	24	Male	Christianity	treatment	8.17	6.33	1.00	7.33
207	24	Male	Christianity	treatment	7.50	6.33	6.67	13.00
208	28	Male	Christianity	treatment	6.50	9.00	4.00	13.00
209	28	Male	Christianity	treatment	7.00	8.00	1.00	9.00
210	22	female	Christianity	treatment	6.67	6.33	3.33	9.67
211	22	female	Islam	treatment	8.33	9.00	1.33	10.33
212	23	female	Islam	treatment	7.67	6.00	3.67	9.67
213	22	Male	Christianity	treatment	7.00	4.67	3.00	7.67
214	22	Male	Christianity	treatment	6.83	7.33	7.33	14.67
215	22	Male	Christianity	treatment	7.00	4.67	3.00	7.67
216	22	Male	Christianity	treatment	7.50	8.67	2.00	10.67
217	30	Male	Christianity	treatment	9.00	9.00	2.00	11.00
218	25	Male	Christianity	treatment	8.67	8.67	4.00	12.67
219	25	Male	Christianity	treatment	8.50	8.33	1.67	10.00
220	20	Male	Christianity	treatment	5.67	6.33	2.67	9.00
221	22	Male	Christianity	treatment	6.33	8.33	4.33	12.67
222	22	Male	Christianity	treatment	6.17	8.00	1.33	9.33
223	26	Male	Christianity	treatment	8.00	8.00	4.33	12.33
224	24	Male	Christianity	treatment	7.33	8.67	1.67	10.33
225	27	Male	Christianity	treatment	8.83	6.33	5.00	11.33
226	22	Male	Christianity	treatment	8.17	8.00	8.00	16.00
227	19	female	Christianity	treatment	5.00	5.67	1.33	7.00
228	22	Male	Christianity	treatment	7.00	8.33	3.33	11.67
229	25	female	Christianity	treatment	7.50	8.33	1.67	10.00
230	28	Male	Christianity	treatment	7.67	6.33	6.00	12.33
231	21	Male	Islam	treatment	7.17	7.00	5.33	12.33
232	24	Male	Others	treatment	6.67	8.00	3.33	11.33

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
233	24	Male	Christianity	treatment	8.17	8.00	1.00	9.00
234	31	Male	Christianity	treatment	7.67	9.00	6.33	15.33
235	25	Male	Christianity	treatment	5.33	4.33	4.33	8.67
236	26	Male	Islam	treatment	8.50	7.00	3.67	10.67
237	28	female	Christianity	treatment	7.83	8.00	2.00	10.00
238	27	female	Christianity	treatment	8.00	7.33	3.33	10.67
239	20	Male	Christianity	treatment	8.50	8.00	5.00	13.00
240	38	Male	Christianity	treatment	7.17	5.00	3.67	8.67
241	20	Male	Islam	treatment	7.83	6.33	2.67	9.00
242	23	Male	Christianity	treatment	9.00	8.00	5.00	13.00
243	21	Male	Christianity	treatment	8.67	5.67	3.67	9.33
244	27	Male	Islam	treatment	8.50	9.00	8.67	17.67
245	21	Male	Christianity	treatment	6.50	6.67	2.67	9.33
246	18	female	Christianity	treatment	7.83	5.33	2.00	7.33
247	26	Male	Islam	treatment	8.67	8.33	3.33	11.67
248	34	Male	Others	treatment	7.33	5.33	1.00	6.33
249	24	Male	Christianity	treatment	6.67	8.33	3.00	11.33
250	21	female	Christianity	treatment	9.00	9.00	5.33	14.33
251	20	female	Christianity	treatment	9.00	9.00	7.33	16.33
252	28	Male	Christianity	treatment	9.00	6.00	3.00	9.00
253	22	female	Christianity	treatment	7.67	6.67	3.67	10.33
254	20	female	Islam	treatment	7.83	8.00	7.33	15.33
255	21	female	Christianity	treatment	8.17	7.67	2.00	9.67
256	26	Male	Christianity	treatment	8.33	7.67	3.33	11.00
257	21	female	Islam	treatment	8.17	8.33	1.33	9.67
258	20	Male	Christianity	treatment	9.00	3.67	2.00	5.67
259	24	Male	Islam	treatment	8.17	8.67	7.67	16.33
260	20	Male	Christianity	treatment	7.00	5.00	1.67	6.67
261	27	Male	Islam	treatment	8.83	9.00	2.00	11.00
262	19	female	Christianity	treatment	6.83	9.00	6.00	15.00
263	18	female	Christianity	treatment	7.00	5.67	5.67	11.33
264	22	Male	Christianity	treatment	7.83	7.67	5.67	13.33
265	24	Male	Islam	treatment	7.33	4.67	3.33	8.00
266	21	Male	Islam	treatment	7.33	6.00	1.33	7.33

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
267	19	female	Christianity	treatment	7.50	8.67	3.67	12.33
268	21	Male	Christianity	treatment	6.83	9.00	2.67	11.67
269	19	female	Christianity	treatment	#NUL	7.33	3.67	11.00
270	21	Male	Christianity	treatment	6.67	7.33	1.00	8.33
271	24	Male	Christianity	treatment	9.00	9.00	2.00	11.00
272	19	female	Christianity	treatment	7.83	9.00	5.33	14.33
273	19	female	Christianity	treatment	7.17	8.33	1.33	9.67
274	45	Male	Christianity	treatment	8.50	7.67	3.00	10.67
275	20	Male	Christianity	treatment	7.17	6.33	3.67	10.00
276	22	Male	Christianity	treatment	7.17	7.00	1.33	8.33
277	25	Male	Christianity	treatment	7.67	8.00	1.67	9.67
278	27	Male	Islam	treatment	8.67	8.33	1.00	9.33
279	26	Male	Christianity	treatment	6.33	7.00	4.00	11.00
280	21	Male	Islam	treatment	7.17	9.00	6.67	15.67
281	20	Male	Islam	treatment	6.33	6.33	4.67	11.00
282	19	female	Christianity	treatment	8.50	6.00	4.67	10.67
283	22	female	Christianity	treatment	7.33	8.33	2.67	11.00
284	21	female	Christianity	treatment	7.83	7.67	3.00	10.67
285	20	Male	Islam	treatment	7.00	4.67	2.00	6.67
286	21	Male	Christianity	treatment	8.00	8.67	3.67	12.33
287	20	Male	Christianity	treatment	7.17	9.00	3.33	12.33
288	27	Male	Christianity	treatment	8.50	8.33	5.33	13.67
289	31	Male	Islam	treatment	6.00	6.33	2.67	9.00
290	24	female	Christianity	treatment	6.67	6.67	7.67	14.33
291	26	female	Islam	treatment	6.50	7.00	8.00	15.00
292	22	Male	Islam	treatment	8.50	8.33	4.00	12.33
293	27	Male	Christianity	treatment	7.83	8.33	1.67	10.00
294	21	female	Islam	treatment	6.67	8.33	4.67	13.00
295	19	Male	Christianity	treatment	7.00	6.00	1.00	7.00

Appendix B2 - Scores of each participant in control group on the dimensions of religious orientation.

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
1	22	female	Islam	Control	6.83	8.00	1.33	9.33
2	21	male	Christianity	Control	6.83	8.00	1.33	9.33
3	19	female	Christianity	Control	9.00	9.00	3.00	12.00
4	25	male	Christianity	Control	8.50	7.00	4.67	11.67
5	24	male	Christianity	Control	6.83	7.67	1.00	8.67
6	22	male	Islam	Control	6.83	7.00	1.67	8.67
7	22	male	Others	Control	9.00	9.00	3.33	12.33
8	22	male	Christianity	Control	8.67	9.00	3.33	12.33
9	23	female	Christianity	Control	7.83	1.33	2.33	3.67
10	23	female	Christianity	Control	8.00	7.00	3.00	10.00
11	23	female	Christianity	Control	8.67	8.67	1.00	9.67
12	21	female	Christianity	Control	8.50	8.00	1.33	9.33
13	22	female	Christianity	Control	8.00	8.67	3.33	12.00
14	21	female	Christianity	Control	6.83	4.00	2.00	6.00
15	22	male	Christianity	Control	9.00	9.00	1.00	10.00
16	20	male	Christianity	Control	7.00	8.00	6.67	14.67
17	22	female	Christianity	Control	9.00	7.33	1.00	8.33
18	19	female	Christianity	Control	8.67	7.67	2.33	10.00
19	20	female	Christianity	Control	7.33	3.67	4.00	7.67
20	20	female	Christianity	Control	8.00	8.33	2.33	10.67
21	22	male	Christianity	Control	7.17	6.00	5.67	11.67
22	22	female	Christianity	Control	9.00	9.00	1.00	10.00
23	20	male	Christianity	Control	6.17	4.00	2.00	6.00
24	27	female	Christianity	Control	8.50	8.33	1.00	9.33
25	20	female	Christianity	Control	6.00	4.33	3.67	8.00
26	22	male	Christianity	Control	8.83	9.00	3.67	12.67
27	22	female	Christianity	Control	8.67	9.00	1.00	10.00
28	22	male	Islam	Control	6.33	5.67	2.33	8.00
29	22	female	Christianity	Control	8.17	8.67	7.67	16.33
30	24	male	Islam	Control	9.00	9.00	9.00	18.00
31	21	female	Islam	Control	8.00	8.00	4.00	12.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
32	23	male	Christianity	Control	8.67	8.33	5.00	13.33
33	23	male	Islam	Control	6.67	6.67	6.33	13.00
34	22	female	Christianity	Control	7.50	4.33	3.00	7.33
35	18	female	Christianity	Control	8.17	8.00	1.67	9.67
36	18	female	Christianity	Control	6.83	5.33	2.00	7.33
37	22	female	Christianity	Control	8.17	8.00	8.00	16.00
38	23	male	Christianity	Control	7.50	8.67	3.33	12.00
39	27	male	Islam	Control	3.67	8.67	4.33	13.00
40	21	female	Christianity	Control	7.17	8.00	1.67	9.67
41	36	male	Christianity	Control	8.83	7.67	1.33	9.00
42	20	female	Christianity	Control	9.00	9.00	9.00	18.00
43	22	male	Christianity	Control	7.17	5.67	3.67	9.33
44	21	male	Christianity	Control	7.67	8.67	3.67	12.33
45	22	male	Christianity	Control	8.83	9.00	3.00	12.00
46	25	male	Islam	Control	2.00	2.00	2.00	4.00
47	19	female	Christianity	Control	6.00	6.00	6.00	12.00
48	21	male	Christianity	Control	8.00	6.67	6.00	12.67
49	19	male	Christianity	Control	7.67	4.67	1.00	5.67
50	25	male	Christianity	Control	9.00	8.67	8.33	17.00
51	26	male	Christianity	Control	9.00	6.33	1.00	7.33
52	23	male	Christianity	Control	7.83	4.33	1.00	5.33
53	22	male	Christianity	Control	9.00	9.00	9.00	18.00
54	24	female	Christianity	Control	8.00	8.33	2.00	10.33
55	22	male	Islam	Control	9.00	9.00	1.00	10.00
56	21	male	Islam	Control	8.17	6.33	6.00	12.33
57	25	male	Islam	Control	8.00	8.00	6.00	14.00
58	17	male	Christianity	Control	6.83	8.00	6.00	14.00
59	30	male	Christianity	Control	8.33	4.67	2.33	7.00
60	25	female	Islam	Control	9.00	9.00	1.00	10.00
61	20	male	Christianity	Control	7.50	8.00	4.33	12.33
62	18	female	Islam	Control	8.33	7.00	2.00	9.00
63	23	male	Islam	Control	8.83	6.67	1.00	7.67
64	21	male	Christianity	Control	7.33	6.00	2.00	8.00
65	26	female	Others	Control	8.00	8.00	8.00	16.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
66	35	male	Christianity	Control	8.00	8.00	8.00	16.00
67	22	male	Christianity	Control	8.00	8.00	8.00	16.00
68	21	male	Christianity	Control	7.33	8.67	1.00	9.67
69	24	male	Christianity	Control	2.50	2.33	1.33	3.67
70	19	male	Islam	Control	8.33	8.67	1.00	9.67
71	25	female	Christianity	Control	8.00	8.00	8.00	16.00
72	27	female	Christianity	Control	8.00	8.00	8.00	16.00
73	25	male	Islam	Control	8.50	8.00	6.00	14.00
74	21	male	Christianity	Control	8.00	8.00	8.00	16.00
75	20	male	Christianity	Control	9.00	9.00	1.00	10.00
76	20	male	Islam	Control	8.00	8.00	8.00	16.00
77	20	male	Christianity	Control	8.67	8.67	1.67	10.33
78	20	male	Christianity	Control	8.00	8.00	5.67	13.67
79	19	female	Christianity	Control	7.50	7.67	1.00	8.67
80	20	male	Islam	Control	9.00	9.00	1.00	10.00
81	22	male	Christianity	Control	9.00	7.67	5.00	12.67
82	21	female	Christianity	Control	7.00	6.00	3.67	9.67
83	21	male	Christianity	Control	8.17	2.67	1.00	3.67
84	23	male	Christianity	Control	7.00	6.67	5.67	12.33
85	22	male	Christianity	Control	7.83	4.33	1.00	5.33
86	24	male	Christianity	Control	8.50	8.33	4.00	12.33
87	22	male	Christianity	Control	8.00	8.00	8.00	16.00
88	21	male	Christianity	Control	8.00	8.67	2.00	10.67
89	24	male	Islam	Control	7.33	6.00	1.67	7.67
91	19	female	Christianity	Control	2.83	3.00	2.67	5.67
92	24	male	Islam	Control	8.00	8.00	8.00	16.00
93	23	male	Islam	Control	8.00	8.00	8.00	16.00
94	21	female	Islam	Control	7.17	8.00	8.00	16.00
95	23	male	Christianity	Control	.00	.00	.00	.00
96	22	male	Islam	Control	3.50	6.33	7.00	13.33
97	23	male	Islam	Control	8.00	7.00	3.00	10.00
98	24	male	Islam	Control	5.17	5.67	4.00	9.67
99	24	female	Christianity	Control	5.83	5.00	2.33	7.33
100	25	male	Islam	Control	9.00	7.33	1.33	8.67

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
101	21	female	Christianity	Control	8.50	6.00	1.67	7.6
102	39	male	Islam	Control	7.50	9.00	1.33	10.33
103	20	male	Islam	Control	9.00	7.67	2.00	9.67
104	23	female	Christianity	Control	8.50	6.33	1.67	8.00
105	23	female	Islam	Control	7.67	8.33	1.00	9.33
106	21	male	Christianity	Control	7.50	7.00	2.33	9.33
107	22	female	Islam	Control	7.83	7.67	3.33	11.00
108	24	male	Christianity	Control	8.67	6.67	1.33	8.00
109	29	male	Christianity	Control	8.50	9.00	6.67	15.67
110	25	female	Christianity	Control	6.83	5.00	1.67	6.67
111	22	female	Christianity	Control	7.50	6.00	3.00	9.00
112	24	female	Christianity	Control	7.67	8.67	1.67	10.33
113	34	male	Islam	Control	9.00	7.33	2.67	10.00
114	24	male	Christianity	Control	9.00	6.33	1.00	7.33
115	25	female	Christianity	Control	6.67	6.00	1.67	7.67
116	23	male	Christianity	Control	7.50	8.33	1.67	10.00
117	39	female	Christianity	Control	7.00	8.00	1.67	9.67
118	18	male	Christianity	Control	8.67	9.00	1.00	10.00
119	23	male	Christianity	Control	8.00	8.67	6.33	15.00
120	19	female	Christianity	Control	7.83	8.00	4.67	12.67
121	22	male	Islam	Control	9.00	6.67	1.00	7.67
122	19	male	Christianity	Control	8.17	7.67	1.00	8.67
123	22	male	Islam	Control	5.83	5.67	2.33	8.00
124	20	female	Christianity	Control	8.67	8.00	1.00	9.00
125	20	male	Christianity	Control	5.67	7.67	1.67	9.33
126	24	female	Christianity	Control	6.50	8.00	4.33	12.33
127	29	male	Islam	Control	8.50	9.00	2.33	11.33
128	36	male	Islam	Control	7.67	6.33	3.33	9.67
129	26	male	Christianity	Control	6.67	6.67	5.00	11.67
130	20	female	Christianity	Control	7.50	6.00	3.00	9.00
131	18	male	Christianity	Control	5.67	7.33	3.67	11.00
132	22	male	Islam	Control	8.83	6.67	6.00	12.67
133	48	male	Christianity	Control	9.00	8.67	4.67	13.33
134	21	male	Islam	Control	8.00	8.00	8.00	16.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
135	21	male	Christianity	Control	7.50	8.67	1.00	9.6
136	35	male	Islam	Control	9.00	9.00	3.33	12.33
137	24	female	Christianity	Control	8.17	7.67	5.67	13.33
138	24	male	Christianity	Control	9.00	9.00	4.67	13.67
139	38	male	Christianity	Control	8.67	5.00	1.67	6.67
140	23	female	Christianity	Control	8.33	4.33	1.00	5.33
141	22	female	Islam	Control	8.00	8.00	4.33	12.33
142	24	female	Christianity	Control	7.67	7.67	7.67	15.33
143	22	male	Islam	Control	8.33	8.33	2.67	11.00
144	30	female	Christianity	Control	8.83	8.00	3.67	11.67
145	30	female	Christianity	Control	8.50	5.00	3.00	8.00
146	22	male	Christianity	Control	8.17	8.67	2.67	11.33
147	25	female	Christianity	Control	7.67	6.33	1.00	7.33
148	28	male	Christianity	Control	7.00	6.33	2.33	8.67
149	22	female	Christianity	Control	7.50	9.00	7.33	16.33
150	31	female	Christianity	Control	8.00	8.67	3.00	11.67
151	24	male	Christianity	Control	8.00	8.00	8.00	16.00
152	21	female	Christianity	Control	7.00	7.67	3.00	10.67
153	21	male	Islam	Control	8.00	8.00	8.00	16.00
154	19	male	Christianity	Control	7.83	8.00	5.67	13.67
155	20	male	Christianity	Control	8.00	8.00	8.00	16.00
156	22	male	Christianity	Control	8.00	8.00	8.00	16.00
157	23	male	Christianity	Control	8.83	6.67	3.00	9.67
158	24	male	Islam	Control	8.00	8.00	8.00	16.00
159	20	male	Christianity	Control	9.00	9.00	6.33	15.33
160	38	male	Christianity	Control	8.50	9.00	4.00	13.00
161	43	male	Christianity	Control	8.00	8.00	8.00	16.00
162	21	male	Christianity	Control	8.00	8.00	8.00	16.00
163	20	female	Islam	Control	8.00	8.00	8.00	16.00
164	25	male	Islam	Control	9.00	9.00	8.67	17.67
165	23	male	Islam	Control	8.00	8.00	6.00	14.00
166	26	female	Christianity	Control	8.00	8.00	8.00	16.00
167	28	male	Christianity	Control	6.17	6.00	2.33	8.33
168	22	female	Islam	Control	9.00	9.00	1.00	10.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
169	22	male	Christianity	Control	7.67	7.33	4.67	12.0
170	24	female	Christianity	Control	6.50	8.00	5.67	13.67
171	22	male	Christianity	Control	8.00	8.00	6.00	14.00
172	27	female	Christianity	Control	5.33	8.00	4.33	12.33
173	21	male	Christianity	Control	8.83	8.33	3.67	12.00
174	31	female	Christianity	Control	8.33	8.67	3.33	12.00
175	21	female	Christianity	Control	4.33	5.33	1.67	7.00
176	21	female	Christianity	Control	8.33	9.00	5.00	14.00
177	21	male	Christianity	Control	1.00	1.00	1.67	2.67
178	20	male	Islam	Control	7.50	8.67	1.00	9.67
179	22	male	Christianity	Control	7.33	7.00	1.67	8.67
180	22	female	Christianity	Control	7.17	8.33	2.67	11.00
181	25	male	Islam	Control	8.83	9.00	6.00	15.00
182	24	male	Islam	Control	8.17	8.67	6.33	15.00
183	24	female	Christianity	Control	7.83	9.00	3.33	12.33
184	21	male	Christianity	Control	8.00	8.00	8.00	16.00
185	20	female	Christianity	Control	7.50	8.33	3.33	11.67
186	23	female	Christianity	Control	5.17	7.33	6.00	13.33
187	24	male	Islam	Control	7.67	7.33	8.00	15.33
188	20	female	Islam	Control	8.00	7.33	8.00	15.33
189	22	female	Christianity	Control	5.67	5.33	3.00	8.33
190	23	male	Islam	Control	5.50	6.67	2.33	9.00
191	21	male	Christianity	Control	7.50	4.00	6.33	10.33
192	24	female	Christianity	Control	4.83	5.00	5.00	10.00
193	26	male	Christianity	Control	8.50	9.00	1.00	10.00
194	24	male	Christianity	Control	1.67	3.33	4.00	7.33
195	23	female	Christianity	Control	6.50	6.00	5.67	11.67
196	18	female	Christianity	Control	8.50	8.00	7.00	15.00
197	21	female	Christianity	Control	6.00	6.33	2.67	9.00
198	25	male	Christianity	Control	7.50	5.33	1.67	7.00
199	23	male	Islam	Control	5.00	6.00	5.67	11.67
200	20	male	Christianity	Control	8.00	9.00	1.67	10.67
201	42	male	Christianity	Control	7.33	6.67	4.00	10.67
202	21	male	Christianity	Control	5.17	6.00	5.33	11.33

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
203	25	female	Islam	Control	8.17	8.00	8.00	16.00
204	23	male	Christianity	Control	8.00	8.00	8.00	16.00
205	25	male	Islam	Control	7.00	9.00	2.00	11.00
206	24	male	Christianity	Control	5.00	7.67	2.33	10.00
207	27	male	Christianity	Control	8.67	8.67	5.33	14.00
208	26	female	Christianity	Control	8.33	8.67	2.33	11.00
209	40	male	Christianity	Control	8.00	8.00	8.00	16.00
210	24	male	Christianity	Control	7.00	7.33	3.33	10.67
211	28	male	Islam	Control	7.33	4.67	2.67	7.33
212	25	female	Christianity	Control	7.67	6.67	2.00	8.67
213	21	male	Christianity	Control	7.67	7.67	5.00	12.67
214	23	male	Islam	Control	7.67	4.33	1.00	5.33
215	37	male	Christianity	Control	7.17	9.00	3.67	12.67
216	27	male	Christianity	Control	7.50	8.00	7.00	15.00
217	25	female	Christianity	Control	6.17	7.33	2.33	9.67
218	19	female	Christianity	Control	8.17	9.00	6.00	15.00
219	20	female	Islam	Control	7.00	7.00	8.00	15.00
220	21	female	Christianity	Control	7.17	8.67	3.67	12.33
221	22	female	Christianity	Control	7.33	9.00	5.67	14.67
222	20	female	Christianity	Control	4.00	2.33	1.33	3.67
223	25	male	Christianity	Control	8.67	8.00	8.33	16.33
224	21	female	Christianity	Control	8.33	9.00	2.33	11.33
225	28	male	Christianity	Control	6.17	6.33	6.00	12.33
226	21	male	Christianity	Control	8.00	8.00	8.00	16.00
227	23	female	Christianity	Control	7.50	5.67	3.33	9.00
228	22	female	Christianity	Control	7.50	7.33	2.67	10.00
229	22	male	Christianity	Control	7.00	8.00	6.00	14.00
230	32	male	Christianity	Control	7.83	6.33	3.67	10.00
231	19	female	Christianity	Control	7.17	6.33	4.00	10.33
232	23	male	Christianity	Control	8.00	7.67	2.00	9.67
233	23	male	Christianity	Control	9.00	9.00	3.67	12.67
234	23	male	Islam	Control	9.00	9.00	9.00	18.00
235	22	female	Islam	Control	8.00	8.00	7.33	15.33
236	23	male	Christianity	Control	7.50	7.00	5.00	12.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
237	22	male	Christianity	Control	6.67	6.33	1.00	7.33
238	22	male	Christianity	Control	6.83	7.00	5.67	12.67
239	28	male	Christianity	Control	5.83	3.67	1.33	5.00
240	23	female	Christianity	Control	7.67	7.67	7.67	15.33
241	32	male	Christianity	Control	7.17	8.67	5.33	14.00
242	26	female	Christianity	Control	7.33	6.67	1.67	8.33
243	24	male	Islam	Control	8.00	8.00	5.67	13.67
244	19	male	Christianity	Control	9.00	6.33	5.00	11.33
245	26	female	Christianity	Control	7.67	6.33	1.00	7.33
246	20	female	Christianity	Control	8.00	3.67	1.00	4.67
247	26	male	Christianity	Control	8.00	8.00	8.00	16.00
248	20	female	Islam	Control	7.00	6.33	7.67	14.00
249	24	male	Christianity	Control	5.67	4.33	5.67	10.00
250	23	male	Islam	Control	3.83	5.00	5.00	10.00
251	22	male	Christianity	Control	5.67	6.67	5.00	11.67
252	21	male	Islam	Control	2.33	7.67	6.00	13.67
253	21	male	Christianity	Control	3.00	5.67	6.33	12.00
254	24	male	Islam	Control	4.00	7.33	6.00	13.33
255	23	male	Christianity	Control	4.50	8.00	4.00	12.00
256	22	male	Islam	Control	5.67	7.33	4.33	11.67
257	24	female	Christianity	Control	7.17	6.33	6.67	13.00
258	30	male	Christianity	Control	8.33	8.33	1.33	9.67
259	23	male	Islam	Control	7.00	7.67	2.33	10.00
260	23	female	Christianity	Control	9.00	3.67	1.00	4.67
261	27	male	Christianity	Control	7.33	8.00	1.33	9.33
262	29	male	Christianity	Control	5.83	7.00	1.33	8.33
263	23	male	Christianity	Control	7.67	7.33	1.33	8.67
264	18	male	Christianity	Control	6.83	1.67	1.33	3.00
265	23	female	Christianity	Control	7.67	7.00	1.33	8.33
266	23	female	Christianity	Control	7.83	6.00	2.00	8.00
267	24	male	Islam	Control	3.50	4.67	3.00	7.67
268	23	male	Christianity	Control	9.00	9.00	6.67	15.67
269	24	male	Christianity	Control	3.00	3.00	3.00	6.00
270	21	male	Christianity	Control	9.00	9.00	4.00	13.00

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
271	22	male	Islam	Control	8.83	8.33	1.00	9.3
272	25	male	Christianity	Control	8.50	8.33	1.67	10.00
273	24	female	Islam	Control	8.83	8.33	1.00	9.33
274	27	female	Christianity	Control	8.83	8.33	5.00	13.33
275	25	male	Christianity	Control	8.17	8.00	5.00	13.00
276	33	male	Christianity	Control	7.83	5.00	1.00	6.00
277	28	male	Christianity	Control	8.67	9.00	3.67	12.67
278	24	male	Islam	Control	7.00	7.67	2.33	10.00
279	23	female	Christianity	Control	9.00	3.67	1.00	4.67
280	22	male	Christianity	Control	7.33	8.00	2.00	10.00
281	24	male	Christianity	Control	7.67	7.33	1.00	8.33
282	24	male	Islam	Control	8.33	8.33	1.33	9.67
283	21	male	Christianity	Control	7.50	7.00	5.00	12.00
284	22	male	Christianity	Control	6.67	6.33	1.00	7.33
285	22	male	Christianity	Control	6.83	7.33	5.67	13.00
286	28	male	Christianity	Control	5.83	3.67	1.33	5.00
287	23	female	Christianity	Control	9.00	7.67	4.67	12.33
288	23	male	Christianity	Control	7.83	9.00	3.33	12.33
289	32	male	Christianity	Control	7.17	8.67	5.33	14.00
290	26	female	Christianity	Control	7.33	7.67	1.67	9.33
291	24	male	Islam	Control	8.00	8.00	5.67	13.67
292	19	male	Christianity	Control	9.00	6.33	5.00	11.33
293	26	female	Christianity	Control	7.67	6.33	1.00	7.33
294	20	female	Christianity	Control	8.00	3.67	1.00	4.67
295	23	female	Islam	Control	9.00	8.67	1.00	9.67
296	20	male	Islam	Control	9.00	9.00	6.33	15.33
297	24	male	Christianity	Control	7.83	8.33	2.00	10.33
298	26	male	Christianity	Control	8.33	8.00	2.67	10.67
299	23	female	Christianity	Control	7.50	8.00	8.00	16.00
300	35	female	Christianity	Control	2.17	3.00	2.00	5.00
301	22	male	Christianity	Control	5.00	6.67	2.00	8.67
302	25	male	Christianity	Control	8.33	8.33	1.00	9.33
303	23	male	Christianity	Control	6.00	5.67	2.00	7.67
304	24	male	Christianity	Control	7.83	8.33	2.00	10.33

SN	AGE	GENDER	RELIGION	EXPTCON	IN	EXPER	EXSOC	EXTRIN
305	22	male	Christianity	Control	6.83	8.67	4.00	12.67

Appendix B 3 – Classification of participants according to their religious orientation and locus of control

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
1	63	INTRINSI	0	Internal	0	Low
2	92	INTRINSI	23	External	8	Moderate
3	76	EXTPER	32	External	7	Low
4	57	INTRINSI	21	External	9	Moderate
5	79	INTRINSI	20	External	4	Low
6	76	INTRINSI	26	External	15	Moderate
7	62	EXTPER	26	External	16	Moderate
8	73	INTRINSI	14	External	13	Moderate
9	27		16	External	17	Moderate
10	88	EXTPER	20	External	11	Moderate
11	108		20	External	13	Moderate
12	78		14	External	16	Moderate
13	66	EXTPER	23	External	13	Moderate
14	70	INTRINSI	20	External	15	Moderate
15	108		22	External	15	Moderate
16	83	EXTPER	26	External	13	Moderate
17	103		26	External	11	Moderate
18	63	INTRINSI	2	Internal	15	Moderate
19	83	EXTPER	18	External	3	Low
20	69	INTRINSI	12	External	15	Moderate
21	74	INTRINSI	13	External	9	Moderate
22	93	EXTPER	24	External	3	Low
23	91	EXTPER	22	External	14	Moderate
24	67	EXTPER	19	External	11	Moderate
25	81	INTRINSI	24	External	12	Moderate
26	72	EXTPER	17	External	13	Moderate
27	74	EXTPER	21	External	5	Low
28	69	INTRINSI	21	External	7	Low
29	67	INTRINSI	19	External	14	Moderate
30	70	EXTPER	16	External	15	Moderate
31	42		24	External	3	Low

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
32	57		12	External	17	Moderate
33	53		14	External	18	Moderate
34	53		20	External	12	Moderate
35	18		14	External	16	Moderate
36	53		22	External	12	Moderate
37	18		24	External	14	Moderate
38	87	EXTPER	27	External	11	Moderate
39	69	EXTPER	12	External	16	Moderate
40	66	EXTPER	28	External	5	Low
41	88	EXTPER	35	External	9	Moderate
42	26		31	External	8	Moderate
43	57	EXTPER	14	External	11	Moderate
44	97	EXTSOC	23	External	8	Moderate
45	83	INTRINSI	25	External	14	Moderate
46	71	INTRINSI	26	External	9	Moderate
47	77	INTRINSI	16	External	10	Moderate
48	89	EXTSOC	22	External	14	Moderate
49	90	INTRINSI	20	External	0	Low
50	66	EXTPER	31	External	8	Moderate
51	61	INTRINSI	17	External	13	Moderate
52	98	EXTPER	26	External	11	Moderate
53	56	EXTPER	25	External	17	Moderate
54	89	EXTPER	21	External	11	Moderate
55	81	INTRINSI	14	External	1	Low
56	86	INTRINSI	22	External	9	Moderate
57	102		32	External	11	Moderate
58	84	INTRINSI	22	External	20	High
59	108		22	External	5	Low
60	108		10	Internal	0	Low
61	84	EXTPER	28	External	11	Moderate
62	71	EXTPER	10	Internal	21	High
63	108		26	External	11	Moderate
64	89	EXTPER	18	External	12	Moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
65	82	EXTPER	18	External	13	Moderate
66	70	INTRINSI	16	External	16	Moderate
67	87	INTRINSI	25	External	13	Moderate
68	78	EXTSOC	28	External	18	Moderate
69	91	EXTPER	24	External	19	High
70	79	EXTPER	26	External	19	High
71	82	EXTPER	18	External	11	Moderate
72	105	EXTPER	14	External	17	Moderate
73	87	EXTPER	20	External	14	Moderate
74	101	EXTPER	14	External	6	Low
75	78		14	External	4	Low
76	76	INTRINSI	6	Internal	12	Moderate
77	67	INTRINSI	31	External	2	Low
78	69	EXTPER	26	External	9	Moderate
79	97	EXTSOC	35	External	12	Moderate
80	82	EXTPER	26	External	13	Moderate
81	65	INTRINSI	25	External	16	Moderate
82	64	EXTSOC	22	External	4	Low
83	100	EXTPER	21	External	15	Moderate
84	54		24	External	6	Low
85	84	INTRINSI	14	External	7	Low
86	69		28	External	11	Moderate
87	78		18	External	12	Moderate
88	74	EXTPER	31	External	7	Low
89	96		15	External	3	Low
90	84	EXTPER	25	External	1	Low
91	103	EXTPER	10	Internal	1	Low
92	84		30	External	18	Moderate
93	100	EXTPER	20	External	12	Moderate
94	72	EXTPER	26	External	10	Moderate
95	50		32	External	14	Moderate
96	72	INTRINSI	30	External	15	Moderate
97	89	EXTPER	24	External	4	Low

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
98	80	INTRINSI	24	External	5	Low
99	30		13	External	4	Low
100	87	EXTPER	33	External	16	Moderate
101	89	INTRINSI	24	External	18	Moderate
102	81	INTRINSI	12	External	14	Moderate
103	85	INTRINSI	17	External	5	Low
104	74	INTRINSI	23	External	4	Low
105	84		30	External	12	Moderate
106	96	EXTPER	24	External	8	Moderate
107	96	EXTPER	24	External	9	Moderate
108	74	INTRINSI	16	External	2	Low
109	87	EXTPER	18	External	13	Moderate
110	90	INTRINSI	32	External	15	Moderate
111	80	INTRINSI	29	External	13	Moderate
112	91		28	External	9	Moderate
113	82	EXTPER	21	External	10	Moderate
114	96	EXTPER	26	External	2	Low
115	79	INTRINSI	18	External	3	Low
116	68	INTRINSI	28	External	7	Low
117	78	INTRINSI	14	External	11	Moderate
118	68	INTRINSI	34	External	16	Moderate
119	75	INTRINSI	22	External	16	Moderate
120	97	EXTPER	18	External	0	Low
121	75	EXTPER	16	External	15	Moderate
122	78	INTRINSI	26	External	9	Moderate
123	87	EXTPER	18	External	12	Moderate
124	71	EXTPER	20	External	13	Moderate
125	57	INTRINSI	14	External	1	Low
126	85	INTRINSI	20	External	14	Moderate
127	69	INTRINSI	16	External	3	Low
128	74	INTRINSI	20	External	7	Low
129	101	EXTPER	24	External	7	Low
130	66	EXTPER	18	External	8	Moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
131	86	INTRINSI	28	External	6	Low
132	76		26	External	4	Low
133	80	EXTPER	22	External	16	Moderate
134	84	EXTPER	18	External	2	Low
135	78	INTRINSI	13	External	14	Moderate
136	70	EXTPER	14	External	7	Low
137	57	INTRINSI	20	External	11	Moderate
138	82	EXTPER	26	External	7	Low
139	83	EXTPER	21	External	8	Moderate
140	70		24	External	5	Low
141	87		25	External	5	Low
142	82	EXTSOC	34	External	14	Moderate
143	82	EXTSOC	29	External	0	Low
144	78	INTRINSI	28	External	9	Moderate
145	71	INTRINSI	30	External	15	Moderate
146	79	EXTPER	27	External	16	Moderate
147	79	EXTPER	14	External	16	Moderate
148	85	EXTPER	26	External	14	Moderate
149	77	EXTPER	16	External	12	Moderate
150	85	INTRINSI	24	External	1	Low
151	87		34	External	7	Low
152	70	INTRINSI	22	External	8	Moderate
153	64	INTRINSI	10	Internal	8	Moderate
154	85	INTRINSI	16	External	5	Low
155	65	INTRINSI	21	External	8	Moderate
156	77		27	External	4	Low
157	69	INTRINSI	29	External	10	Moderate
158	92	EXTPER	18	External	14	Moderate
159	59		24	External	1	Low
160	63	INTRINSI	22	External	12	Moderate
161	95	EXTPER	22	External	15	Moderate
162	94	EXTPER	12	External	11	Moderate
163	64	EXTPER	20	External	16	Moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
164	19		21	External	11	Moderate
165	93		23	External	15	Moderate
166	89	INTRINSI	20	External	11	Moderate
167	60	INTRINSI	18	External	13	Moderate
168	74	INTRINSI	24	External	14	Moderate
169	97		22	External	6	Low
170	87	INTRINSI	28	External	13	Moderate
171	71	INTRINSI	20	External	12	Moderate
172	84		16	External	16	Moderate
173	59	INTRINSI	22	External	8	Moderate
174	87	EXTPER	18	External	11	Moderate
175	93	EXTPER	20	External	6	Low
176	75	INTRINSI	16	External	13	Moderate
177	81	EXTPER	24	External	15	Moderate
178	79	EXTPER	30	External	9	Moderate
179	83	EXTPER	28	External	11	Moderate
180	74	INTRINSI	30	External	7	Low
181	73	EXTPER	26	External	7	Low
182	87	INTRINSI	12	External	14	Moderate
183	86		10	Internal	15	Moderate
184	61	INTRINSI	23	External	8	Moderate
185	81	EXTPER	26	External	10	Moderate
186	80	INTRINSI	24	External	12	Moderate
187	77	INTRINSI	28	External	2	Low
188	82		25	External	2	Low
189	67	INTRINSI	20	External	13	Moderate
190	70	INTRINSI	12	External	7	Low
191	66	INTRINSI	12	External	5	Low
192	59	INTRINSI	11	Internal	8	moderate
193	86	EXTPER	11	Internal	6	low
194	74	INTRINSI	13	External	5	low
195	74	EXTPER	12	External	10	moderate
196	82	INTRINSI	10	Internal	6	low

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
197	76	EXTPER	14	External	10	moderate
198	84		13	External	5	low
199	66	EXTPER	10	Internal	7	low
200	76	EXTPER	24	External	22	high
201	72	INTRINSI	19	External	5	low
202	88	EXTPER	18	External	12	moderate
203	87	EXTPER	26	External	17	moderate
204	73	INTRINSI	22	External	17	moderate
205	74	INTRINSI	20	External	9	moderate
206	71	INTRINSI	27	External	21	high
207	84	INTRINSI	19	External	4	low
208	78	EXTPER	27	External	9	moderate
209	69	EXTPER	24	External	14	moderate
210	69	INTRINSI	22	External	19	high
211	81	EXTPER	16	External	16	moderate
212	75	INTRINSI	16	External	17	moderate
213	65	INTRINSI	18	External	10	moderate
214	85		21	External	8	moderate
215	65	INTRINSI	11	Internal	10	moderate
216	77	EXTPER	21	External	10	moderate
217	87		22	External	4	low
218	90		26	External	22	high
219	81	INTRINSI	17	External	8	moderate
220	61	EXTPER	15	External	10	moderate
221	76	EXTPER	21	External	17	moderate
222	65	EXTPER	29	External	10	moderate
224	75	EXTPER	18	External	2	low
225	87	INTRINSI	16	External	8	moderate
226	97	INTRINSI	21	External	11	moderate
227	51		12	External	23	high
228	77	EXTPER	22	External	13	moderate
229	75	EXTPER	14	External	20	high
230	83	INTRINSI	18	External	21	high

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
231	80	INTRINSI	26	External	20	high
232	74	EXTPER	24	External	20	high
233	76	EXTPER	29	External	11	moderate
234	92	EXTPER	20	External	13	moderate
235	58		26	External	8	moderate
236	83	INTRINSI	20	External	9	moderate
237	77	EXTPER	21	External	10	moderate
238	80	INTRINSI	20	External	11	moderate
239	90	INTRINSI	21	External	12	moderate
240	69	INTRINSI	20	External	20	high
241	74	INTRINSI	17	External	9	moderate
242	93	INTRINSI	6	Internal	22	high
243	80	INTRINSI	12	External	17	moderate
244	104	EXTPER	20	External	5	low
245	67		18	External	19	high
246	69	INTRINSI	31	External	15	moderate
247	87	INTRINSI	16	External	10	moderate
248	63	INTRINSI	22	External	21	high
249	74	EXTPER	22	External	10	moderate
250	97		16	External	7	low
251	103		12	External	11	moderate
252	81	INTRINSI	22	External	7	low
253	77	INTRINSI	2	Internal	11	moderate
254	93	EXTPER	11	Internal	8	moderate
255	78	INTRINSI	21	External	10	moderate
256	83	INTRINSI	30	External	5	low
257	78	EXTPER	28	External	7	low
258	71	INTRINSI	25	External	14	moderate
259	98	EXTPER	21	External	10	moderate
260	62	INTRINSI	8	Internal	7	low
261	86	EXTPER	21	External	11	moderate
262	86	EXTPER	22	External	6	low
263	76	INTRINSI	20	External	13	moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
264	87	INTRINSI	19	External	11	moderate
265	68	INTRINSI	24	External	13	moderate
266	66	INTRINSI	18	External	10	moderate
267	82	EXTPER	18	External	8	moderate
268	76	EXTPER	18	External	16	moderate
269	65	EXTPER	17	External	6	low
270	65	EXTPER	26	External	13	moderate
271	87		19	External	9	moderate
272	90	EXTPER	20	External	11	moderate
273	72	EXTPER	19	External	9	moderate
274	83	INTRINSI	20	External	7	low
275	73	INTRINSI	24	External	7	low
276	68	INTRINSI	19	External	9	moderate
277	75	EXTPER	24	External	9	moderate
278	80	INTRINSI	25	External	11	moderate
279	71	EXTPER	20	External	10	moderate
280	90	EXTPER	19	External	6	low
281	71		20	External	10	moderate
282	83	INTRINSI	23	External	7	low
283	77	EXTPER	16	External	11	moderate
284	79	INTRINSI	25	External	5	low
285	62	INTRINSI	20	External	4	low
286	85	EXTPER	12	External	14	moderate
287	80	EXTPER	12	External	13	moderate
288	92	INTRINSI	29	External	3	low
289	63	EXTPER	9	Internal	13	moderate
290	83	EXTSOC	30	External	2	low
291	84	EXTSOC	13	External	13	moderate
292	88	INTRINSI	32	External	2	low
293	77	EXTPER	10	Internal	10	moderate
294	79	EXTPER	33	External	3	low
295	63	INTRINSI	11	Internal	14	moderate
296	69	EXTPER	0	Internal	16	moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
297	69	EXTPER	6	Internal	15	moderate
298	90		18	External	19	high
299	86	INTRINSI	34	External	17	moderate
300	67	EXTPER	20	External	19	high
301	67	EXTPER	13	External	14	moderate
302	91		0	Internal	15	moderate
303	89	EXTPER	16	External	14	moderate
304	58	INTRINSI	20	External	22	high
305	78	INTRINSI	40	External	6	low
306	81		20	External	20	high
307	79	INTRINSI	34	External	21	high
308	84	EXTPER	24	External	23	high
309	59	INTRINSI	32	External	21	high
310	84		29	External	7	low
311	86	EXTPER	17	External	19	high
312	79	INTRINSI	22	External	19	high
313	82	INTRINSI	10	Internal	24	high
314	67	INTRINSI	16	External	21	high
315	80	EXTPER	24	External	22	high
316	78	INTRINSI	26	External	9	moderate
317	84		22	External	22	high
318	55		24	External	25	high
319	79	INTRINSI	16	External	14	moderate
320	60	INTRINSI	26	External	19	high
321	91	EXTPER	26	External	15	moderate
322	82	EXTPER	37	External	16	moderate
323	62	INTRINSI	18	External	24	high
324	98	EXTPER	11	Internal	16	moderate
325	108		23	External	12	moderate
326	84		26	External	12	moderate
327	92	INTRINSI	21	External	23	high
328	79		20	External	13	moderate
329	67	INTRINSI	20	External	21	high

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
330	78	INTRINSI	20	External	19	high
331	63	INTRINSI	24	External	20	high
332	97	EXTPER	22	External	11	moderate
333	81	EXTPER	16	External	17	moderate
334	61	EXTPER	12	External	12	moderate
335	72	EXTPER	12	External	15	moderate
336	80	INTRINSI	16	External	19	high
337	108		18	External	14	moderate
338	71	INTRINSI	29	External	16	moderate
339	83	EXTPER	12	External	16	moderate
340	89	EXTPER	16	External	13	moderate
341	24		7	Internal	12	moderate
342	72		8	Internal	17	moderate
343	86	INTRINSI	26	External	17	moderate
344	63	INTRINSI	28	External	21	high
345	105	INTRINSI	26	External	15	moderate
346	76	INTRINSI	16	External	16	moderate
347	63	INTRINSI	18	External	14	moderate
348	108		16	External	14	moderate
349	79	EXTPER	16	External	18	moderate
350	84		18	External	11	moderate
351	86	INTRINSI	26	External	15	moderate
352	90		0	Internal	4	low
353	83	EXTPER	15	External	12	moderate
354	71	INTRINSI	12	External	17	moderate
355	84		26	External	4	low
356	82	EXTPER	26	External	15	moderate
357	77	INTRINSI	30	External	18	moderate
358	76	INTRINSI	20	External	7	low
359	68	INTRINSI	20	External	15	moderate
360	96		20	External	0	low
361	96		15	External	1	low
362	96		12	External	0	low

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
363	73	EXTPER	26	External	13	moderate
364	26		24	External	18	moderate
365	79	EXTPER	16	External	12	moderate
366	96		22	External	2	low
367	96		24	External	15	moderate
368	93	INTRINSI	18	External	12	moderate
369	96		18	External	15	moderate
370	84		20	External	9	moderate
371	96		14	External	7	low
372	83		14	External	15	moderate
373	89		18	External	13	moderate
374	71	EXTPER	22	External	1	low
375	84		37	External	10	moderate
376	92	EXTPER	20	External	16	moderate
377	71	INTRINSI	20	External	18	moderate
378	60	INTRINSI	22	External	14	moderate
379	79	INTRINSI	24	External	7	low
380	63	INTRINSI	22	External	14	moderate
381	88	INTRINSI	20	External	19	high
382	96		2	Internal	10	moderate
383	80	EXTPER	10	Internal	14	moderate
384	67	INTRINSI	20	External	8	moderate
385	93	EXTPER	10	Internal	13	moderate
386	34		20	External	19	high
387	96		21	External	4	low
388	96		16	External	16	moderate
389	91		14	External	9	moderate
390	0		20	External	18	moderate
391	61	EXTSOC	25	External	13	moderate
392	78	INTRINSI	21	External	15	moderate
393	60		23	External	14	moderate
394	57		0	Internal	13	moderate
395	80	INTRINSI	20	External	13	moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
396	74	INTRINSI	20	External	15	moderate
397	76	EXTPER	14	External	14	moderate
398	83	INTRINSI	34	External	22	high
399	75	INTRINSI	22	External	12	moderate
400	74	EXTPER	28	External	13	moderate
401	73	INTRINSI	18	External	20	high
402	80	INTRINSI	21	External	14	moderate
403	76	INTRINSI	24	External	9	moderate
404	98	EXTPER	20	External	13	moderate
405	61	INTRINSI	14	External	17	moderate
406	72	INTRINSI	28	External	14	moderate
407	77	EXTPER	16	External	11	moderate
408	84	INTRINSI	17	External	18	moderate
409	76	INTRINSI	24	External	16	moderate
410	63		20	External	16	moderate
411	75	EXTPER	16	External	18	moderate
412	71	EXTPER	21	External	20	high
413	82	EXTPER	24	External	18	moderate
414	93	EXTPER	22	External	23	high
415	85	EXTPER	26	External	22	high
416	77	INTRINSI	16	External	15	moderate
417	75	INTRINSI	22	External	12	moderate
418	59		21	External	16	moderate
419	79	INTRINSI	20	External	20	high
420	62	EXTPER	18	External	16	moderate
421	76	EXTPER	24	External	11	moderate
422	85	EXTPER	16	External	14	moderate
423	75	INTRINSI	21	External	16	moderate
424	75		22	External	17	moderate
425	72	INTRINSI	20	External	13	moderate
426	67	EXTPER	24	External	21	high
427	91	INTRINSI	26	External	11	moderate
428	94	INTRINSI	13	External	16	moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
429	96		18	External	18	moderate
430	74	EXTPER	14	External	14	moderate
431	91		18	External	16	moderate
432	89	INTRINSI	18	External	18	moderate
433	95		18	External	14	moderate
434	72	INTRINSI	20	External	18	moderate
435	66	INTRINSI	36	External	20	high
436	85		29	External	10	moderate
437	92		35	External	8	moderate
438	83		24	External	18	moderate
439	88	INTRINSI	20	External	23	high
440	75	INTRINSI	18	External	22	high
441	83	EXTPER	26	External	13	moderate
442	68	INTRINSI	30	External	21	high
443	68	INTRINSI	16	External	24	high
444	94	EXTPER	12	External	11	moderate
445	83	EXTPER	28	External	12	moderate
446	96		8	Internal	10	moderate
447	74	EXTPER	24	External	20	high
448	96		23	External	11	moderate
449	88	EXTPER	18	External	11	moderate
450	96		26	External	9	moderate
451	96		28	External	9	moderate
452	82	INTRINSI	24	External	12	moderate
453	96		22	External	11	moderate
454	100		10	Internal	5	low
455	90	EXTPER	16	External	17	moderate
456	96		24	External	10	moderate
457	96		14	External	17	moderate
458	96		13	External	15	moderate
459	107		22	External	14	moderate
460	90		24	External	14	moderate
461	96		16	External	8	moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
462	62	INTRINSI	26	External	20	high
463	84		14	External	10	moderate
464	82	INTRINSI	34	External	20	high
465	80	EXTPER	16	External	10	moderate
466	90		30	External	22	high
467	69	EXTPER	20	External	15	moderate
468	89		18	External	23	high
469	86	EXTPER	28	External	15	moderate
470	47		20	External	23	high
471	92	EXTPER	30	External	19	high
472	14		20	External	18	moderate
473	74	EXTPER	32	External	19	high
474	70	INTRINSI	24	External	17	moderate
475	76	EXTPER	19	External	18	moderate
476	98	EXTPER	25	External	15	moderate
477	94	EXTPER	20	External	15	moderate
478	84	EXTPER	18	External	11	moderate
479	96		18	External	15	moderate
480	80	EXTPER	26	External	15	moderate
481	71	EXTPER	30	External	16	moderate
482	92	EXTSOC	17	External	6	low
483	94		26	External	7	low
484	59		34	External	17	moderate
485	60	EXTPER	23	External	17	moderate
486	76	INTRINSI	10	Internal	19	high
487	59		14	External	15	moderate
488	81	EXTPER	14	External	18	moderate
489	32		22	External	7	low
490	74	INTRINSI	15	External	13	moderate
491	96	INTRINSI	18	External	18	moderate
492	63	EXTPER	24	External	15	moderate
493	66	INTRINSI	22	External	9	moderate
494	65	EXTPER	22	External	18	moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
495	80	EXTPER	17	External	14	moderate
496	76	INTRINSI	16	External	18	moderate
497	65	EXTPER	14	External	13	moderate
498	97	INTRINSI	19	External	13	moderate
499	96		16	External	14	moderate
500	75	EXTPER	16	External	17	moderate
501	60	EXTPER	21	External	15	moderate
502	94		20	External	12	moderate
503	83	EXTPER	16	External	17	moderate
504	96		14	External	11	moderate
505	74	EXTPER	26	External	20	high
506	66	INTRINSI	15	External	24	high
507	72	INTRINSI	20	External	10	moderate
508	84		28	External	20	high
509	62	INTRINSI	16	External	6	low
510	81	EXTPER	14	External	12	moderate
511	90	EXTPER	20	External	21	high
512	66	EXTPER	20	External	13	moderate
513	94	EXTPER	20	External	16	moderate
514	87	EXTSOC	22	External	13	moderate
515	80	EXTPER	12	External	14	moderate
516	88	EXTPER	27	External	12	moderate
517	35		16	External	10	moderate
518	101	INTRINSI	13	External	12	moderate
519	84	EXTPER	16	External	14	moderate
520	74	EXTPER	18	External	24	high
521	96		2	Internal	24	high
522	72	INTRINSI	34	External	12	moderate
523	75	INTRINSI	26	External	18	moderate
524	84	EXTPER	24	External	21	high
525	77	INTRINSI	24	External	14	Moderate
526	74	INTRINSI	14	External	20	High
527	77	INTRINSI	19	External	13	Moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
528	92		18	External	11	moderate
529	108		32	External	10	moderate
530	94		24	External	13	moderate
531	81	INTRINSI	8	Internal	18	moderate
532	62	INTRINSI	24	External	17	moderate
533	79	EXTPER	16	External	21	high
534	50		28	External	21	high
535	92		28	External	18	moderate
536	85	EXTPER	16	External	15	moderate
537	69	INTRINSI	22	External	13	moderate
538	89		28	External	15	moderate
539	88	INTRINSI	16	External	18	moderate
540	68	INTRINSI	24	External	8	moderate
541	62	INTRINSI	18	External	13	moderate
542	96		28	External	13	moderate
543	84	EXTSOC	26	External	11	moderate
544	64		22	External	10	moderate
545	53		25	External	6	low
546	69	EXTPER	6	Internal	10	moderate
547	55	EXTPER	22	External	12	moderate
548	54	EXTSOC	10	Internal	16	moderate
549	64	EXTPER	30	External	11	moderate
550	63	EXTPER	33	External	13	moderate
551	69	EXTPER	12	External	18	moderate
552	82	INTRINSI	18	External	0	low
553	79		12	External	12	moderate
554	72	EXTPER	7	Internal	14	moderate
555	68	INTRINSI	26	External	16	moderate
556	72	EXTPER	6	Internal	19	high
557	60	EXTPER	10	Internal	24	high
558	72	INTRINSI	21	External	16	moderate
559	50	INTRINSI	14	External	24	high
560	71	INTRINSI	26	External	13	moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
561	71	INTRINSI	24	External	23	High
562	44		22	External	19	High
563	101		26	External	18	Moderate
564	36		30	External	12	Moderate
565	93		28	External	14	Moderate
566	81		23	External	18	Moderate
567	81	INTRINSI	26	External	16	Moderate
568	81		26	External	0	Low
569	93		30	External	23	High
570	88	INTRINSI	29	External	18	Moderate
571	65	INTRINSI	6	Internal	22	High
572	90	EXTPER	16	External	19	High
573	72	EXTPER	7	Internal	16	Moderate
574	68	INTRINSI	26	External	18	Moderate
575	74	EXTPER	6	Internal	20	High
576	71	INTRINSI	13	External	18	Moderate
577	79		10	Internal	16	Moderate
578	81	INTRINSI	8	Internal	18	Moderate
579	62	INTRINSI	24	External	17	Moderate
580	80	INTRINSI	16	External	21	High
581	50		28	External	21	High
582	91	INTRINSI	28	External	14	Moderate
583	84	EXTPER	0	Internal	0	Low
584	85	EXTPER	16	External	16	Moderate
585	72	EXTPER	22	External	13	Moderate
586	89		28	External	11	Moderate
587	88	INTRINSI	16	External	18	Moderate
588	68	INTRINSI	24	External	8	Moderate
589	62	INTRINSI	18	External	13	Moderate
590	83	INTRINSI	22	External	18	Moderate
591	100		22	External	15	Moderate
592	78	EXTPER	19	External	24	High
593	82	INTRINSI	29	External	17	Moderate

S/NO	ROT	RO	LOC	LOCL	LRNHELP	LRNHELPL
594	93	EXTPER	20	External	18	moderate
595	28		24	External	17	moderate
596	56	EXTPER	20	External	12	moderate
597	78		20	External	12	moderate
598	59	INTRINSI	22	External	18	moderate
599	78	EXTPER	19	External	24	high
600	79	EXTPER	26	External	22	high

Appendix B4 – Summary of the descriptive statistics of the study variables.

Statistics

		AGE	Intrinsic	Extrinsic Personal	Extrinsic Social	Extrinsic	RELIGIOUS ORIENTATION TOTAL	LOCUS OF CONTROL	LEARNED HELPLESSNESS
N	Valid	600	599	600	600	600	600	600	600
	Missing	0	1	0	0	0	0	0	0
Mean		23.50	7.4622	7.1683	3.8094	10.9778	77.69	20.42	12.76
Std. Error of Mean		.168	.05771	.06988	.09493	.13111	.611	.272	.224
Median		23.00	7.8333	7.6667	3.3333	11.0000	79.00	20.00	13.00
Mode		22	8.00	9.00	1.00	10.00	96	20	13
Std. Deviation		4.118	1.41242	1.71174	2.32529	3.21144	14.978	6.651	5.482
Variance		16.958	1.99494	2.93007	5.40696	10.31336	224.330	44.240	30.048
Skewness		2.220	-1.947	-1.238	.583	-.051	-1.089	-.270	-.201
Std. Error of Skewness		.100	.100	.100	.100	.100	.100	.100	.100
Kurtosis		7.160	5.106	1.489	-.803	-.176	3.102	.382	-.378
Std. Error of Kurtosis		.199	.199	.199	.199	.199	.199	.199	.199
Range		31	9.00	9.00	9.00	18.00	108	40	25
Minimum		17	.00	.00	.00	.00	0	0	0
Maximum		48	9.00	9.00	9.00	18.00	108	40	25
Sum		14097	4469.83	4301.00	2285.67	6586.67	46611	12251	7657
Percentiles	25	21.00	7.0000	6.3333	1.6667	9.0000	69.00	16.00	9.00
	50	23.00	7.8333	7.6667	3.3333	11.0000	79.00	20.00	13.00
	75	25.00	8.3333	8.3333	5.6667	13.0000	87.00	25.00	16.75

Appendix B5 – Descriptive statistics of age

Statistics AGE		
N	**Valid**	600
	Missing	0
Mean		23.50
Std. Error of Mean		.168
Median		23.00
Mode		22
Std. Deviation		4.118
Variance		16.958
Skewness		2.220
Std. Error of Skewness		.100
Kurtosis		7.160
Std. Error of Kurtosis		.199
Range		31
Minimum		17
Maximum		48
Sum		14097
Percentiles	**25**	21.00
	50	23.00
	75	25.00

Appendix B6 – Frequency distribution of age.

AGE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	17	3	.5	.5	.5
	18	12	2.0	2.0	2.5
	19	30	5.0	5.0	7.5
	20	65	10.8	10.8	18.3
	21	81	13.5	13.5	31.8
	22	102	17.0	17.0	48.8
	23	71	11.8	11.8	60.7
	24	83	13.8	13.8	74.5
	25	41	6.8	6.8	81.3
	26	23	3.8	3.8	85.2
	27	24	4.0	4.0	89.2
	28	18	3.0	3.0	92.2
	29	5	.8	.8	93.0
	30	7	1.2	1.2	94.2
	31	6	1.0	1.0	95.2
	32	4	.7	.7	95.8
	33	2	.3	.3	96.2
	34	4	.7	.7	96.8
	35	3	.5	.5	97.3
	36	2	.3	.3	97.7
	37	1	.2	.2	97.8
	38	5	.8	.8	98.7
	39	2	.3	.3	99.0
	40	1	.2	.2	99.2
	42	1	.2	.2	99.3
	43	1	.2	.2	99.5
	44	1	.2	.2	99.7
	45	1	.2	.2	99.8
	48	1	.2	.2	100.0
	Total	600	100.0	100.0	

Appendix B7 - Frequency distribution of gender

GENDER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MALE	402	67.0	67.0	67.0
	FEMALE	198	33.0	33.0	100.0
	Total	600	100.0	100.0	

Appendix B8 - Frequency distribution of religion

RELIGION					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	CHRISTIANITY	436	72.7	72.8	72.8
	ISLAM	152	25.3	25.4	98.2
	OTHERS	11	1.8	1.8	100.0
	Total	599	99.8	100.0	
Missing	System	1	.2		
Total		600	100.0		

Appendix B9 - Frequency distribution of experimental condition

EXPERIMENTAL CONDITION					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	**TREATMENT**	295	49.2	49.2	49.2
	CONTROL	305	50.8	50.8	100.0
	Total	600	100.0	100.0	

Appendix B10 – Descriptive statistics of intrinsic dimension

N	**Valid**	599
	Missing	1
Mean		7.4622
Std. Error of Mean		.05771
Median		7.8333
Mode		8.00
Std. Deviation		1.41242
Variance		1.99494
Skewness		-1.947
Std. Error of Skewness		.100
Kurtosis		5.106
Std. Error of Kurtosis		.199
Range		9.00
Minimum		.00
Maximum		9.00
Sum		4469.83
Percentiles	**25**	7.0000
	50	7.8333
	75	8.3333

Appendix B 11 - Frequency distribution of intrinsic dimension

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	.2	.2	.2
	1.00	1	.2	.2	.3
	1.67	4	.7	.7	1.0
	1.83	1	.2	.2	1.2
	2.00	1	.2	.2	1.3
	2.17	2	.3	.3	1.7
	2.33	2	.3	.3	2.0
	2.50	1	.2	.2	2.2
	2.83	1	.2	.2	2.3
	3.00	2	.3	.3	2.7
	3.50	2	.3	.3	3.0
	3.67	1	.2	.2	3.2
	3.83	1	.2	.2	3.3
	4.00	2	.3	.3	3.7
	4.33	2	.3	.3	4.0
	4.50	5	.8	.8	4.8
	4.83	2	.3	.3	5.2
	5.00	4	.7	.7	5.8
	5.17	4	.7	.7	6.5
	5.33	6	1.0	1.0	7.5
	5.50	4	.7	.7	8.2
	5.67	10	1.7	1.7	9.8
	5.83	6	1.0	1.0	10.9
	6.00	10	1.7	1.7	12.5
	6.17	9	1.5	1.5	14.0
	6.33	7	1.2	1.2	15.2
	6.50	12	2.0	2.0	17.2
	6.67	15	2.5	2.5	19.7
	6.83	20	3.3	3.3	23.0
	7.00	29	4.8	4.8	27.9
	7.17	28	4.7	4.7	32.6
	7.33	23	3.8	3.8	36.4
	7.50	38	6.3	6.3	42.7
	7.67	33	5.5	5.5	48.2
	7.83	36	6.0	6.0	54.3
	8.00	71	11.8	11.9	66.1
	8.17	27	4.5	4.5	70.6
	8.33	33	5.5	5.5	76.1
	8.50	31	5.2	5.2	81.3
	8.67	27	4.5	4.5	85.8
	8.83	27	4.5	4.5	90.3
	9.00	58	9.7	9.7	100.0
	Total	599	99.8	100.0	
Missing	System	1	.2		
Total		600	100.0		

Appendix B12 – Descriptive statistics of extrinsic personal dimension

N	**Valid**	600
	Missing	0
Mean		7.1683
Std. Error of Mean		.06988
Median		7.6667
Mode		9.00
Std. Deviation		1.71174
Variance		2.93007
Skewness		-1.238
Std. Error of Skewness		.100
Kurtosis		1.489
Std. Error of Kurtosis		.199
Range		9.00
Minimum		.00
Maximum		9.00
Sum		4301.00
Percentiles	**25**	6.3333
	50	7.6667
	75	8.3333

Appendix B13 - Frequency distribution of extrinsic personal dimension

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	.2	.2	.2
	1.00	4	.7	.7	.8
	1.33	1	.2	.2	1.0
	1.67	2	.3	.3	1.3
	2.00	3	.5	.5	1.8
	2.33	3	.5	.5	2.3
	2.67	1	.2	.2	2.5
	3.00	4	.7	.7	3.2
	3.33	2	.3	.3	3.5
	3.67	9	1.5	1.5	5.0
	4.00	9	1.5	1.5	6.5
	4.33	14	2.3	2.3	8.8
	4.67	9	1.5	1.5	10.3
	5.00	17	2.8	2.8	13.2
	5.33	10	1.7	1.7	14.8
	5.67	22	3.7	3.7	18.5
	6.00	30	5.0	5.0	23.5
	6.33	42	7.0	7.0	30.5
	6.67	30	5.0	5.0	35.5
	7.00	32	5.3	5.3	40.8
	7.33	32	5.3	5.3	46.2
	7.67	32	5.3	5.3	51.5
	8.00	96	16.0	16.0	67.5
	8.33	54	9.0	9.0	76.5
	8.67	41	6.8	6.8	83.3
	9.00	100	16.7	16.7	100.0
	Total	600	100.0	100.0	

Appendix B14 – Descriptive statistics of extrinsic social dimension

N	**Valid**	600
	Missing	0
Mean		3.8094
Std. Error of Mean		.09493
Median		3.3333
Mode		1.00
Std. Deviation		2.32529
Variance		5.40696
Skewness		.583
Std. Error of Skewness		.100
Kurtosis		-.803
Std. Error of Kurtosis		.199
Range		9.00
Minimum		.00
Maximum		9.00
Sum		2285.67
Percentiles	**25**	1.6667
	50	3.3333
	75	5.6667

Appendix B15 - Frequency distribution of extrinsic social dimension

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	1	.2	.2	.2
	1.00	72	12.0	12.0	12.2
	1.33	41	6.8	6.8	19.0
	1.67	38	6.3	6.3	25.3
	2.00	49	8.2	8.2	33.5
	2.33	26	4.3	4.3	37.8
	2.67	22	3.7	3.7	41.5
	3.00	33	5.5	5.5	47.0
	3.33	34	5.7	5.7	52.7
	3.67	35	5.8	5.8	58.5
	4.00	25	4.2	4.2	62.7
	4.33	19	3.2	3.2	65.8
	4.67	11	1.8	1.8	67.7
	5.00	21	3.5	3.5	71.2
	5.33	17	2.8	2.8	74.0
	5.67	21	3.5	3.5	77.5
	6.00	28	4.7	4.7	82.2
	6.33	12	2.0	2.0	84.2
	6.67	11	1.8	1.8	86.0
	7.00	6	1.0	1.0	87.0
	7.33	8	1.3	1.3	88.3
	7.67	9	1.5	1.5	89.8
	8.00	42	7.0	7.0	96.8
	8.33	4	.7	.7	97.5
	8.67	6	1.0	1.0	98.5
	9.00	9	1.5	1.5	100.0
	Total	600	100.0	100.0	

Appendix B16 - Frequency distribution of religious orientation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	INTRINSIC	227	37.8	50.1	50.1
	EXTRINSIC PERSONAL	212	35.3	46.8	96.9
	EXTRINSIC SOCIAL	14	2.3	3.1	100.0
	Total	453	75.5	100.0	
Missing	System	147	24.5		
Total		600	100.0		

Appendix B17 – Descriptive statistic of locus of control

N	Valid	599
	Missing	1
Mean		20.45
Std. Error of Mean		.270
Median		20.00
Mode		20
Std. Deviation		6.604
Variance		43.616
Skewness		-.242
Std. Error of Skewness		.100
Kurtosis		.336
Std. Error of Kurtosis		.199
Range		40
Minimum		0
Maximum		40
Sum		12251
Percentiles	25	16.00
	50	20.00
	75	25.00

Appendix B18 - Frequencies distribution of locus of control

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	5	.8	.8	.8
	2	4	.7	.7	1.5
	6	7	1.2	1.2	2.7
	7	3	.5	.5	3.2
	8	5	.8	.8	4.0
	9	1	.2	.2	4.2
	10	16	2.7	2.7	6.8
	11	6	1.0	1.0	7.8
	12	23	3.8	3.8	11.7
	13	11	1.8	1.8	13.5
	14	31	5.2	5.2	18.7
	15	6	1.0	1.0	19.7
	16	50	8.3	8.3	28.0
	17	10	1.7	1.7	29.7
	18	47	7.8	7.8	37.6
	19	14	2.3	2.3	39.9
	20	66	11.0	11.0	50.9
	21	27	4.5	4.5	55.4
	22	48	8.0	8.0	63.4
	23	12	2.0	2.0	65.4
	24	52	8.7	8.7	74.1
	25	13	2.2	2.2	76.3
	26	50	8.3	8.3	84.6
	27	6	1.0	1.0	85.6
	28	27	4.5	4.5	90.2
	29	11	1.8	1.8	92.0
	30	16	2.7	2.7	94.7
	31	5	.8	.8	95.5
	32	8	1.3	1.3	96.8
	33	3	.5	.5	97.3
	34	9	1.5	1.5	98.8
	35	3	.5	.5	99.3
	36	1	.2	.2	99.5
	37	2	.3	.3	99.8
	40	1	.2	.2	100.0
	Total	599	99.8	100.0	
Missing	System	1	.2		
Total		600	100.0		

Appendix B19 - Frequency distribution of levels of locus of control

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	INTERNAL	47	7.8	7.8	7.8
	EXTERNAL	552	92.0	92.2	100.0
	Total	599	99.8	100.0	
Missing	System	1	.2		
Total		600	100.0		

Appendix B20 - Descriptive statistics of learned helplessness

N	Valid	585
	Missing	15
Mean		12.85
Std. Error of Mean		.227
Median		13.00
Mode		13
Std. Deviation		5.490
Variance		30.136
Skewness		-.221
Std. Error of Skewness		.101
Kurtosis		-.378
Std. Error of Kurtosis		.202
Range		25
Minimum		0
Maximum		25
Sum		7519
Percentiles	25	9.00
	50	13.00
	75	17.00

Appendix B21 – Frequency distribution of learned helplessness

LEARNED HELPLESSNESS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	9	1.5	1.5	1.5
	1	8	1.3	1.4	2.9
	2	10	1.7	1.7	4.6
	3	8	1.3	1.4	6.0
	4	14	2.3	2.4	8.4
	5	15	2.5	2.6	10.9
	6	14	2.3	2.4	13.3
	7	24	4.0	4.1	17.4
	8	24	4.0	4.1	21.5
	9	26	4.3	4.4	26.0
	10	29	4.8	5.0	30.9
	11	42	7.0	7.2	38.1
	12	36	6.0	6.2	44.3
	13	50	8.3	8.5	52.8
	14	44	7.3	7.5	60.3
	15	43	7.2	7.4	67.7
	16	39	6.5	6.7	74.4
	17	27	4.5	4.6	79.0
	18	37	6.2	6.3	85.3
	19	19	3.2	3.2	88.5
	20	18	3.0	3.1	91.6
	21	17	2.8	2.9	94.5
	22	12	2.0	2.1	96.6
	23	9	1.5	1.5	98.1
	24	10	1.7	1.7	99.8
	25	1	.2	.2	100.0
	Total	585	97.5	100.0	
Missing	System	15	2.5		
Total		600	100.0		

Appendix B22 – Descriptive statistics of depression

N	Valid	593
	Missing	7
Mean		10.80
Std. Error of Mean		.312
Median		9.00
Mode		5
Std. Deviation		7.586
Variance		57.544
Skewness		.589
Std. Error of Skewness		.100
Kurtosis		-.628
Std. Error of Kurtosis		.200
Range		35
Minimum		0
Maximum		35
Sum		6406
Percentiles	25	5.00
	50	9.00
	75	16.00

Appendix B23 – Frequency distribution of depression

DEPRESSION					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	19	3.2	3.2	3.2
	1	23	3.8	3.9	7.1
	2	28	4.7	4.7	11.8
	3	37	6.2	6.2	18.0
	4	37	6.2	6.2	24.3
	5	40	6.7	6.7	31.0
	6	37	6.2	6.2	37.3
	7	31	5.2	5.2	42.5
	8	37	6.2	6.2	48.7
	9	19	3.2	3.2	51.9
	10	25	4.2	4.2	56.2
	11	20	3.3	3.4	59.5
	12	23	3.8	3.9	63.4
	13	20	3.3	3.4	66.8
	14	11	1.8	1.9	68.6
	15	22	3.7	3.7	72.3
	16	19	3.2	3.2	75.5
	17	10	1.7	1.7	77.2
	18	13	2.2	2.2	79.4
	19	20	3.3	3.4	82.8
	20	13	2.2	2.2	85.0
	21	18	3.0	3.0	88.0
	22	16	2.7	2.7	90.7
	23	11	1.8	1.9	92.6
	24	11	1.8	1.9	94.4
	25	15	2.5	2.5	97.0
	26	6	1.0	1.0	98.0
	27	8	1.3	1.3	99.3
	29	1	.2	.2	99.5
	32	1	.2	.2	99.7
	34	1	.2	.2	99.8
	35	1	.2	.2	100.0
	Total	593	98.8	100.0	
Missing	System	7	1.2		
Total		600	100.0		

Appendix B24 – ANOVA Sum of squares summary for locus of control level.

Tests of Between-Subjects Effects Dependent Variable: LEARNED HELPLESSNESS					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Corrected Model	10.231(a)	1	10.231	.339	.561
Intercept	28352.659	1	28352.659	939.762	.000
LOCL	10.231	1	10.231	.339	.561
Error	17589.126	583	30.170		
Total	114241.000	585			
Corrected Total	17599.357	584			
a R Squared = .001 (Adjusted R Squared = -.001)					

Appendix B25 – ANOVA Summary sum of square level for religious orientation

Tests of Between-Subjects Effects Dependent Variable: LEARNED HELPLESSNESS					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Corrected Model	114.886(a)	2	57.443	1.984	.139
Intercept	16608.318	1	16608.318	573.771	.000
RO	114.886	2	57.443	1.984	.139
Error	12591.461	435	28.946		
Total	87772.000	438			
Corrected Total	12706.347	437			
a R Squared = .009 (Adjusted R Squared = .004)					

Appendix B26 – ANOVA sum of square table for experimental condition

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	3009.624(a)	1	3009.624	120.263	.000
Intercept	95014.329	1	95014.329	3796.735	.000
EXPTCON	3009.624	1	3009.624	120.263	.000
Error	14589.733	583	25.025		
Total	114241.000	585			
Corrected Total	17599.357	584			
a R Squared = .171 (Adjusted R Squared = .170)					

Appendix B27 – ANOVA sum of square table for religion

Tests of Between-Subjects Effects Dependent Variable: LEARNED HELPLESSNESS					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Corrected Model	372.970(a)	2	186.485	6.300	.002
Intercept	13964.835	1	13964.835	471.807	.000
RELIGION	372.970	2	186.485	6.300	.002
Error	17226.387	582	29.599		
Total	114241.000	585			
Corrected Total	17599.357	584			
a R Squared = .021 (Adjusted R Squared = .018)					

Appendix B28 – ANOVA Sum of square table for gender

Tests of Between-Subjects Effects Dependent Variable: LEARNED HELPLESSNESS					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Corrected Model	2.975(a)	1	2.975	.099	.754
Intercept	86241.047	1	86241.047	2857.322	.000
GENDER	2.975	1	2.975	.099	.754
Error	17596.382	583	30.182		
Total	114241.000	585			
Corrected Total	17599.357	584			
A R Squared = .000 (Adjusted R Squared = -.002)					