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Evaluation of relationship between religious beliefs and mental health of students

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ABSTRACT

The purpose of this study is to compare the religious beliefs and problem-oriented coping style on mental health of grade-2 high school students. The statistical population of this study consists of all grade-2 high school students in Alborz Province, Iran. A total of 400 students (200 male and 200 female students) are selected as a sample using cluster sampling method. In this study, one questionnaire [1] is used to measure religious beliefs and another questionnaire (SCL90) (1996) is employed for mental health assessment. The collected data is analyzed using statistical software SPSS-19 and t-test. The results suggest that there is a significant relationship between the mental health of students and their religious beliefs. Religious beliefs have significant relationship with six mental health dimensions, i.e. aggression, anxiety, depression, paranoia, obsessive and phobic fears. Furthermore, the religious beliefs of students who have high levels of mental health are more than students with low level mental health. The religious beliefs of students, therefore, are considered important psychological structure in predicting students' mental health and they can be used in prevention and promotion programs of the mental health of students.

Keywords: religious beliefs, mental health, students

INTRODUCTION

With an emphasis on illuminated verses revealed in the Holy Quran, the only way toward human salvation and prosperity passes through cultivating and refining the human spirit: "He has succeeded who purifies it." In fact, the refinement of the soul is meant what is nowadays referred to as mental health. Believers who have stronger faith are more immune from mental illnesses. With regard to the importance of religion on mental health, one can mention the words of Benjamin Rush, the Father of American Psychiatry, who has stated that "the role of religion in mental health is similar to the role of oxygen in breathing" [2]. Javadi Amolie[3] states that: "school of religion is a set of beliefs, morals, laws and regulations established aiming at help people to achieve prosperity." Arnold Toynbee states: "a crisis in which European countries have been entangled is mainly due to their spiritual believe poverty," he believes "the only way to cope with this situation and moral disintegration is to return to religion." With religion it can be stated that it is the most important sanctuary in facing the pressures of life. When people are overwhelmed by intense scimmages and when they encounter crisis and there is no way to escape, religion may be a source of help. And, in this way, religion gives sense of meaning to people, binding the co-believers and supporting them with social protection. Based on common religion and common text, humans acquire perceptions about God and make clear explanation about world and personal events [4]. Quoted by Jung: "over the years, among hundreds of patients there have been very few of them aged 35 years or higher whose problem was not rooted in irreligion. And by turning them into religion, their problems were solved seriously" [5]. According to William Glasser believes: "humans who have a mental health do not deny the facts, and do not ignore the facts during the suffering caused by disasters, instead faces these facts realistically. Mentally health human has successful identity; meaning that s/he is able not only to provide sufficient love, but also can receive it. Religion is the basis of the society culture, and in

addition to leading the society, it results in integrity of the society. Religious orders and customs are the factors that can be used effectively to improve the mental state of human beings. Adherence to the principles of religion is a source of peace and security, filling a person's emotional, moral and social gaps[3]. Johnson and Spilka [6] confirmed in their study in the United States of America that 85% of women with breast cancer reported that religion helped them to adapt with their disease.

According to Koenig, McCullough and Larson [7], there is sufficient evidence to prove that the belief and religious practice has relation with healthy and positive behaviors. In general, religion encourages the public to take care of themselves better. It also imposes, in obvious and non-obvious manner, responsibilities of conduct on their followers. And avoiding of blaming fellow believers is very important.

Sarah Azadi, Fatemeh Shahmoradi and Khadijeh Mahboob [3] reported in a paper entitled "*the relationship between religious orientation and life expectancy among Ivan Payam Noor University students*": individuals with high scores in internal religious orientation have less fear of death and their life expectancy was more than those with external religious orientation. Avoiding of stress at the same time reduces a person's burden of compatibility. Among the methods of coping with stress, religious-coping method is of great importance in mental and physical compatibility. Many clinicians believe that inherent religious factors have social, cultural, psychological, physical and family-related impacts on a person's life [8].

Examining the relationships between stressful events, religious variables, and two spiritual dimensions of mental health (psychological well-being and distress) reveal that religious variables have relations with healthy psychological consequences and moderating the impact of harmful psychological stressors [9]. In a variety of stress-coping strategies, problem-oriented style involves the instructive measures of a person in stressful situations. It is trying to remove or change the source of stress and tension. The person makes use of efficient problem-oriented coping style and cognitive skills to solve the problem [10].

MATERIALS AND METHODS

This study is a correlation research. The statistical population of this study consists of all the grade-2 high school students in Alborz province, Iran. A total of 400 students were selected randomly using random-cluster method. Then, the questionnaire of religious beliefs developed by Khodaiarifard et al. [1] and scl90 1976 were employed on statistical sample in order to assess mental health. Cronbach alpha coefficient for religious beliefs questionnaire was obtained 76%. The reliability of mental health assessment questionnaire for scl90 was reported ? by Dragotis [11]Reliability calculation by retest method on 94 mental patients after a week of employing depression correlation coefficient was 73% and the lowest value for dimension of phobic fears was 36%.

Data analysis was conducted in two descriptive and analytic levels using the software SPSS 19. In the analytic level, the statistical method of t-test was used considering the present study aim.

Findings

Religious beliefs have meaningful relationship with six mental health dimensions (aggression, anxiety, depression, paranoia, obsessive and phobic fears).

Main hypothesis: there exist a relation between religious beliefs and mental health of students.

Table 1: Central and sparse indexes, and the results of t-test to compare the mental health of students with high and low religious beliefs

Sig	DF	Calculated-t	Mental health SD	Mental health Mean	Frequency	Variable	
0.002	398	3.076	3.203	3.886	202	High	Religious Beliefs
			3.185	4.185	198	Low	

As can be seen, t-test was performed between the students with high and low religious beliefs in terms of mental health (3.076) which was significant in the point 0.002 with 398 degrees of freedom and this point is smaller than the maximum acceptable alpha. So with a certainty of more than 99%, it can be claimed that there is a significant relation between the students with high and low religious beliefs in terms of mental health. Mental health of high school students with high religious beliefs is significantly more than the students with low religious beliefs.

Table II: Central and sparse indexes, and the results of t-test to compare depression of students with high and low religious beliefs

Sig	DF	Calculated-t	Mental health SD	Mental health Mean	Frequency	Variable	
0.032	398	2.151	3.175	3.942	207	High	Religious Beliefs
			3.528	4.663	193	Low	

Depression in students with low religious beliefs is higher than students with high religious beliefs.

Table III: Central and sparse indexes, and the results of t-test to compare the aggression of students with high and low religious beliefs

Sig	DF	Calculated-t	Mental health SD	Mental health Mean	Frequency	Variable	
0.012	398	2.528	2.878	3.574	162	High	Religious Beliefs
			3.382	4.395	238	Low	

Aggression in students with low religious beliefs is higher than students with high religious beliefs.

Table IV: Central and sparse indexes, and the results of t-test to compare the anxiety of students with high and low religious beliefs

Sig	DF	Calculated-t	Mental health SD	Mental health Mean	Frequency	Variable	
0.023	398	2.280	3.181	3.818	198	High	Religious Beliefs
			3.483	4.579	202	Low	

Anxiety in students with low religious beliefs is higher than students with high religious beliefs.

Table V: Central and sparse indexes, and the results of t-test to compare the suspicion of students with high and low religious beliefs

Sig	DF	Calculated-t	Mental health SD	Mental health Mean	Frequency	Variable	
0.003	398	2.947	2.878	3.534	176	High	Religious Beliefs
			3.396	4.477	224	Low	

Suspicion in students with low religious beliefs is higher than students with high religious beliefs.

Table VI: Central and sparse indexes, and the results of t-test to compare the phobic fears of students with high and low religious beliefs

Sig	DF	Calculated-t	Mental health SD	Mental health Mean	Frequency	Variable	
0.010	398	2.595	2.990	3.900	176	High	Religious Beliefs
			3.363	4.741	224	Low	

Phobic fear in students with low religious beliefs is higher than students with high religious beliefs.

Table VII: Central and sparse indexes, and the results of t-test to compare the obsession of students with high and low religious beliefs

Sig	DF	Calculated-t	Mental health SD	Mental health Mean	Frequency	Variable	
0.047	398	1.995	3.346	3.936	189	High	Religious Beliefs
			3.359	4.606	211	Low	

Obsessive tendency in students with low religious beliefs is higher than students with high religious beliefs.

RESULTS AND DISCUSSION

Results of this study suggest that there is a significant difference between the mental health of students with high religious beliefs and those with low religious beliefs. That is, the results showed mental health of students with high religious beliefs is significantly higher than those with low religious beliefs. Many theories of psychology and religion have emphasized the importance of the relationship between religion and mental health. According to Erickson [12], an individual who has spiritual vision of their life process is mentally healthy [13].

According to Viktor Frankl, nature of human existence consists of three elements of freedom of choice, personal responsibility and spirituality. And personal experience of these three elements is essential to mental health. In addition, healthy man is in search of meaning in their lives, although it is associated with some tension. Alfred Adler believes that the cause of many mental illnesses is a sense of inferiority. In his opinion, if we have strong religious beliefs and achieve perfection in this way, we will unite with God. And we compensate our deficiencies and sense of inferiority in this way [14]. Patrick Fagan asserts that religious practices are effective in raising the level of mental health, reducing anxiety and depression and obtaining self-esteem and satisfaction in personal and social relations. He believes increasing mental health has a great influence on life increase and improved possibility of healing as well as reduced risk of fatal disease [15]. According to Jung: "over the years, among hundreds of patients there have been very few of them aged 35 years or higher whose problem was not rooted in irreligion. And by turning them into religion, their problems were solved seriously [5]. The results of this study are compatible with those of a lot of research reported on the relationship between religion and mental health. For example, Cheraghi evaluated the relationship between religion and various aspects of public health among students of Isfahan University. He showed that there is a meaning relationship between overall score of religion and public health. Can Vi also reported in a study on the effects of religion on mental health in elderly persons in the years 2006-2007 that intrinsic religious

orientation has a strong positive relationship with mental health. Furthermore, the research results are consistent with the results of the present study[].

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