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The relationship between religious attitude, mental health and resiliency in women

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Abstract

Introduction: The present study aimed to determining the relationship between religious attitude, mental health and resiliency in women.

Materials and Methods: The research method is descriptive and correlative. The statistical society of this study consist all married female students of Mashhad Ferdowsi University which 150 individuals were selected through convenient sampling. The measuring instruments were three questionnaires including Connor and Davidson resilience questionnaire (2003), religious attitude measurement questionnaire and Goldberg and Hiller general health questionnaire (1979) with 28 questions.

Results: Results demonstrated that there is a positive and significant relationship between religious attitude and mental health ($P<0.01$), also there is a positive and significant relationship between religious attitude and resiliency ($P<0.01$)

Conclusion: It can be concluded that religious attitude can be effective in increasing mental health and resiliency among women.

Keywords: Mental health, Religious attitude, Resiliency, Women

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Introduction

Considering the importance that today's societies attach to the continuity and survival of the family and the mental health of the people in the society, it seems necessary to investigate the problems and factors that lead to the deterioration of the family and inappropriate relations between a couple. As research shows, several factors in The continuation of the family system is

effective, one of the most important of which is the religious attitude, and among these, women are of special importance as a solid foundation for maintaining this sacred institution. According to research that has investigated the relationship between religion and family, it has been said that these two institutions are of the same fabric and increase health (1). The moral and religious point of view of each person can determine the manner

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and problem of that person's adaptation, and a person who believes in moral and religious principles has his methods of adaptation, which are characterized by high tolerance, patience, resistance, and trust in God when faced with It is with problems and disasters, and no one can ignore the influence of religious attitude in improving human relations and compatibility in human social life (2).

Today, more than ever, there is a desire to explore and challenge religion in solving many moral and social human problems, and there is no one who can deny the role of religion. Religion has many good effects, one of which is the reduction and elimination of discomforts, the reduction of diseases, and the increase of the level of adaptation in humans, and the followers of all religions believe that the reason for the persistence of religion is that it is part of the natural and emotional desires of humans and some of the needs It provides the basic humanity in a unique way (3).

Humans need peace and mental health because they can achieve growth and perfection, high goals, and moral standards in peace. On the other hand, mental health depends on preventing the causes and factors of stressful conditions. The view of "biological, psychological, and social" is a prominent theoretical view whose basic assumption is the interaction of biological, psychological, spiritual, and social factors in determining health and disease. This model is the axis of the growing field of psychology of health and religion, which has focused on health care with an emphasis on fulfilling religious duties (4).

Man's need for religion is as old as history because, from the very beginning of his life, man has felt the need for a strong supporter and support. Religion is an organized system of beliefs, including participation, tradition, moral values, rituals, and participation in a religious community for a firmer belief in God or a higher power (5). Research on religion shows that the persistence of religious beliefs affects the behavior of religious people. From 1980 AD, more attention was paid to the relationship between religion and family, with an interest in topics such as the influence of religion and personal health. Also, religious beliefs affect resilience. Studying the role of religious beliefs on resilience against trauma can increase our

understanding of positive adaptation. Finally, it is through religion that a person realizes that there is a relationship between him and the supreme being, and this relationship is established either through the heart, or through the mind, or the performance of religious ceremonies and practices (6).

The resilience of a person's response to stressful life events is a factor that helps people in facing and adapting to difficult and stressful life conditions and protects them against mental disorders and life problems (7).

Numerous researches have shown that what hurts people today the most is the existential void and the sense of aimlessness and meaninglessness in life (8). The growth of research in religious psychology leads to a greater understanding of the impact of religious variables on mental health (9), research in various religious fields, including the degree of religiousness, the need for religion, the religious orientation of religious behaviors, its impact on physical and mental health, dealing with anxiety and stress at different levels of age, health care, mental and social health have increased significantly. So that today dozens of books and magazines are published in the field of religion and its application in human life, which shows the increasing importance of religion in human life today (10). Religion as an operational pattern of behavior can provide guiding principles for dealing with phenomena and make a religious person achieve an efficient pattern for dealing with events and incidents by practicing and repeating these principles. Religion as a social phenomenon has the oldest social support network. Religious teachings about self-sacrifice, love, help, and assistance have effective and original models (11).

In the past and early in its evolution as a science, psychology relied more on disease than health, and psychologists did not emphasize helping people to be happier, more evolved, more altruistic, more hopeful, more loving, and more optimistic (12). In contrast to this trend, a positive psychology approach has emerged that examines human strengths and perfection (13). The ultimate goal of this approach is to identify the methods that lead to human well-being and happiness. Therefore, the factors that explain the maximum adaptation of a person to the needs and threats of life are the most fundamental structures

under research (14). Structures such as resilience are considered important among them (15), of course, resilience is not only stability against injuries or threatening conditions, and it is not a passive state in facing dangerous conditions, but active and constructive participation in one's surrounding environment (16).

Historical studies prove that prayer and supplication as a reality in the universe have been mentioned since the beginning of human creation, and people have used it to achieve perfection. Today, psychologists have found that prayer, prayer, and having a strong faith can eliminate anxiety, worry, despair, and fear (17), and in research, they found that the depression rate of the subjects who participate in religious activities is half of the subjects who participate less in these activities. In addition, Parker et al. reported that subjects with higher religious orientations showed less depression. However, studies (18) also indicate a negative and significant relationship between orientation and depression.

The effect of religious values and beliefs on people's mental health has been studied in various research. The stronger religious beliefs create a positive psychological effect that effectively promotes mental health. Also, religious beliefs increase people's health, and there is a direct relationship between religion and the ability to adapt to the environment (19).

Various research results show that religiousness and spirituality greatly impact people's mental and physical health (20). Other research results show that religiousness and spirituality are related to lowering blood pressure, increasing general health status, increasing life expectancy, increasing coping skills, and reducing and controlling stress (21).

Also, in research, it was shown that there is a significant relationship between religious orientation and mental health and depression of the elderly (22).

Also, there is a negative relationship between religious orientation and depression, so subjects with higher religious orientation showed less depression. Also, according to research, there is a significant negative correlation between internal religious orientation and anxiety and a significant positive correlation between external religious orientation and anxiety (23).

According to what was said, this research investigated the relationship between religious attitude and resilience to mental health in women.

Materials and Methods

The current research method is a descriptive correlation type. The statistical population of the current research consisted of all married female students of Ferdowsi University of Mashhad. The sample of this research was selected according to the available method. According to Kerlinger (1986), in correlation research, a sample size of 20-40 people is needed for each predictor variable, and in the present study, 30 people were selected for each predictor variable. Therefore, 150 married female students of Ferdowsi University of Mashhad were selected as the research sample.

Inclusion criteria include age range between 20 and 40 years, no physical and psychiatric disorders, no major stressful event in the last three months, married (currently living with their spouse), and having an associate degree or higher and economic class. It was average.

In order to comply with ethical considerations, the participants were assured that their information would remain confidential.

Research instruments

A) *Connor and Davidson Resilience Questionnaire*: This questionnaire was prepared by Connor and Davidson (2003) by reviewing the research sources of 1979-1991 in the field of resilience. The psychometric properties of this scale have been investigated in 6 groups of the general population, primary care patients, psychiatric outpatients, patients with generalized anxiety disorder, and two groups of post-traumatic stress patients. This questionnaire has 25 items that are scored on a Likert scale between (0, completely false) and (5, always true). The maximum score is 100, and the minimum is 0. This scale has been standardized in Iran by Mohammadi. To determine the validity of this scale, the correlation of each score with the total score except for item 3 showed coefficients between 0.41 and 0.64. Cronbach's alpha method was used to determine the reliability of the resilience scale and the reliability coefficient was 0.89.

B) *Religious Attitude Questionnaire*: The questionnaire for measuring the religious attitudes

of Muslims by Sirajzadeh (1998) and based on the Glock and Starak (1965) model has been adapted and adapted to Islam, especially Shia Islam. This questionnaire contains 26 statements that measure four dimensions (subscales) of religiosity. In the scoring of this questionnaire, the total score indicates the intensity of the religious attitudes of the individual scores in the above dimensions. To score the statements from the first option (completely agree) to the last option (completely disagree), we assign the numbers 4 to 0, respectively. The scoring of statements 20 to 26 is done similarly, but the scoring of statements 7, 14, 16, 17, and 19 is the opposite (0 to 4). The higher the individual's score in the dimension, the greater the intensity of the individual's religious attitude in that particular dimension. The same interpretation applies to the score in the total score index. The reliability coefficient of this questionnaire in the study of Sirajzadeh was reported as 0.76 using Cronbach's alpha method. Also, the validity of this tool has been reported as acceptable.

C) *General Health Questionnaire (GHQ)*: This questionnaire was created by Goldberg and Hiller (1979), and it is about the state of boredom, discomfort, and general health of the person with an emphasis on psychological, physical, and social issues in the present time. Its main form is 60 questions, and due to frequent revisions, short forms of 12, 20, 28, 30, and 43 questions have been prepared to suit different conditions and cultures. The form used in this research is the version of 28 questions standardized by several researchers for different social groups. For example, Homan, and Palahang, reported the reliability of Goldberg's 28-question Persian version of the questionnaire in the amount of 0.62

to 0.92, which means that in all these studies, the reliability has been estimated as good and excellent. To determine the validity of the general health questionnaire, Goldberg has reported an 80% correlation between scores and clinical evaluation. Therefore, the best and most appropriate scoring method is to use the simple Likert model (0,1,2,3) for the questionnaire options. A score of 23 and above indicates a lack of general health, and a score below 23 indicates general health.

Mean, standard deviation, correlation, and regression methods were used in the inferential part to analyze the data in the descriptive part.

Results

According to the results, the average age of the studied women was 28.8 years. In addition, the samples were from the middle economic class, and only 22% of them had independent income from their spouses, and all the samples were in their first marriages and are currently living with their spouses, and none of them were divorced or separated. The description of research variables on 150 female students of Ferdowsi University of Mashhad is given below. In term of educational fields, 45 of them were in humanities, 30 in medical sciences, 45 in engineering, and 30 of them were in agriculture and animal medicine. The level of religious attitude was excellent in 15 cases, good in 35, medium in 75, and poor in 25 cases. The scores of resilience, mental health, and religious attitude were 37.28 ± 14.45 , 21.11 ± 10.89 , and 32.15 ± 12.85 , respectively. The results of Kruskal-Wallis test indicated Chi-square= 36.5, $P= 0.000$, and $df= 0.3$.

Table 1. The statistical description and correlative matrix

Variable	Mean	SD	1	2	3	4	5	6
	11.93	5.05	1					
Experimental dimension	9.96	4.82	**0.767	1				
Outcome dimension	10.47	5.04	**0.703	**0.607	1			
	10.49	5.82	**0.704	**0.810	**0.418	1		

**P< 0.01

The correlation test between religious attitude and resilience and mental health of respondents

showed that the correlation coefficient between religious attitude and resilience of respondents is

0.19, and the correlation between religious attitude and mental health is 0.33, and considering that in both situations, the significance level is $P < 0.05$. Therefore, there is a significant relationship between attitude, resilience, and mental health.

The results show a significant relationship between religious attitudes and between religious attitudes and mental health. It should be noted that high scores in religious attitude and its dimensions indicate the intensity of religious attitude.

Discussion

Considering the role and importance of religion in people's lives, this study was conducted to investigate the relationship between religious attitudes and mental health and resilience in women. The results showed that the correlation coefficient between religious attitude and resilience of respondents is 0.19, the correlation between religious attitude and mental health is 0.33, and there is a significant relationship between religious attitude and resilience and mental health.

According to researchers (24), those who have stronger religious beliefs are more immune to stress and pressure and have higher health.

The researchers argue that religious attitudes determine how religion functions as a mechanism for evaluating and dealing with stressful life events. This evaluation can establish a connection

between religious attitudes and health. They believe that desire and religious tendency are independent and autonomous factors in the human personality, and all other components unite the personality in a single overall system. In this sense, the more a person has internal religiosity, the more mental health he has, but the more he uses religion for welfare and meeting social needs and does not pay attention to its principle, the less mental health he has (25).

In most psychological research, the effects of religious attitudes and religious orientation on mental health have been emphasized, and there is much research on the relationship between religion and mental health. For example, the meta-analysis on religious studies and mental health showed that 47% of studies have a positive relationship between religion and mental health. On the other hand, 23% have a negative relationship, and in 30% of them, no significant relationship has been seen (26).

In explaining the results obtained, it can be said that religion can be effective in creating a sense of hope, a sense of intimacy with others, emotional peace, an opportunity to flourish, a sense of comfort, controlling impulses, being close to God, and helping to solve problems.

Conclusion

It can be concluded that religious attitudes can effectively increase women's mental health and resilience.

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