



## Role of religion in mental health and quality of life

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### ABSTRACT

The present study examines the role of religion in mental health and quality of life, is discussed. Present study is based on descriptive research method, is correlational. The population of all male students, city Sarpolezohab the academic year 2014/2013, are studying samples with 280 people, according to a random sampling method, is considered. Instruments used in this study, the questionnaire Baraheni religious attitude and mental health questionnaire (28 - GHQ), a global health and quality of life are. Results from the study showed that between negative religious attitudes, and mental health. students, there was a significant negative relationship. Negative religious attitude, the quality of life for students, there was a significant negative relationship. Religious attitude, positive mental health of students, there was a significant positive relationship. Between positive religious attitude, the quality of life for students, there was a significant positive relationship. Thus, religion can be, on all factors have an important role in the pathogenesis of stress and situational evaluation, cognitive evaluation of a person, action, advocacy and resources.... may diminish mental.

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### Introduction

The concept of quality of life, social studies and psychology, the concept is new, mid- twentieth century, the socio-economic development, culture, and science and technology development, people gradually, higher welfare, and were demanding higher quality of life. Therefore, the quality of life in the twentieth century, much attention has been { 6 }.

Quality of life, is in fact a summary of the goals of medical care, the health effect on a person's life, evaluates { 9 }. despite general agreement that the potential value of the dimensions and measures of quality of life there, no clear consensus about the definition of quality of life, is not observed, and the scope and sequence, according to his view, and in the context of the purpose of this study, specific definition in relation to this concept offers. However, the reality of a multidimensional quality of life has been accepted, and the creation of more social, spiritual and physical dimensions are shown., In fact, people do different things in your life, it is important to know, but what defines quality of life and healthy is essential is that, after the health should be considered { 8 }.

Quality of life is an important issue, beginning with the widespread deployment of technology and industrialization process, the Western scholars were considered. Increasing industrialization process, with the mass production of goods, and a variety of services in the next few shows, many problems for modern man to bring. Among these problems are air pollution, and environmental degradation noted., Which increases with pressure, and psychological stress, seriously, the man has arrived, so the attention of many scientists, and experts will focus on quality of life, and by the way, efforts to promote the conditions, and improving the quality of human life, should be { 1 }.

World Health Organization (1974 ), " Quality of Life " drives only with no disease, but as welfare and complete physical, mental and social definition, and then tried to variable " quality of life ", as defined by { 10 }. Phillips (2006 ), two approaches for quality of life offers. The first and most critical,

subjective approach, which involves perception of life, and an evaluation of the quality of key sectors, are considered, which are: the relationship with family and friends, personal health, health family and Friends, costs and living standards. The second approach, objective approach to quality of life, income and living conditions, which include social factors impact on quality of life, are included., Some of these factors are: security, socio - economic, environmental, healthcare, government and the political, ethical norms, and civic, education, culture and leisure, social environment, family life and human services, transportation, infrastructure and community engagement. The objective approach to all elements of society are important, and we can not ignore any of them. What is certain, life has an effect on one's performance, in particular, the critical role of family happiness, and human performance, and quality of life of its members, complex interactions between family members, has the effect of { 3 }.

Psychology, in recent years, great emphasis on lifestyle, physical and mental health status in how they are attached. Religious practices, positive value in addressing significant aspects of life are. Behaviors such as trust in God, pilgrimage, etc.... can, by bringing hope and encouraging positive attitudes, the inner peace of the individual are. Belief that there is a God who controls the situation, and observer of worship is largely related anxiety situation, decreases. So that, for most people believing their relationship with God, as described in a very intimate relationship with a friend, and believe that it can appeal to God through dependence and the effect of uncontrollable situations, to control possible. For this reason, it is said, that religion can be an effective way to deal actively in the process. In general, religious coping, based on religious beliefs and practices, and thereby control the emotional stress, physical discomfort, to help people. Having meaning and purpose in life, a sense of belonging to a source of the sublime, hoping to help and the help of God, causing difficulties in life, social support, spiritual support, etc, are all sources including the religious

people have them, they face the stress of life events, may suffer less damage [5].

Having meaning and purpose in life, a sense of belonging in life, the supreme source of hope and help God's help, in terms of existing problems, social support, and having all the resources that people having religious they can live in the face of disaster responses, are sustained less damage, shelter less, without anyone feeling of emptiness, in which most mental disorders, taste, there, there 's a belief, a strong supporter and protector, the infinitive righteousness and good works is pale, and he is effective in enhancing mental health { 2 }.

Religion can, at all the factors, may play a role in the pathogenesis of stress and situational evaluation, cognitive evaluation of a person, action, support resources, etc., may diminish mental. Accordingly, it has long been believed to be between religion and mental health, there is a positive relationship, and recently the psychology of religion, much empirical support, in order to provide this field is { 4 }.

### Methods

The present study is correlational, and the sample Sarpolezohab district school students, the academic year 2014/2013, are studying, form. Example, using a random sample, the number of 280 secondary school students were selected. instruments used in this study was standardized questionnaires, one questionnaire attitude religion ( Golriz, Baraheni 1974), this questionnaire had 25 questions, and each of the five scale, and are rated on a Likert scale of 0 to 4, and the total score is 100. Classification scores from 0 to 100 based on four scales, respectively, excellent, good, fair or poor, as the score ( 76-100 ), a great religious attitudes, ( 51 -75 ), good ( 26 to 50 ), moderate and ( 25 down ), the religious attitude was poor. The validity of this test, the Pearson correlation test Allport, Vernon, and Lindsey obtained, which is equal to 80 %. Also validate the questionnaire, the method of known groups have also been used, and the average difference between the two groups and religion, were significant, and the amount produced between the two groups will differ ( 17 ). The questionnaire, in recent years, was re-evaluated, the reliability of this questionnaire, the method of Spearman - Brown with 63 %, and a credit equal to 0/248. Is obtained (Noori, 1995) And the General Health Questionnaire 28 - GHQ; a questionnaire ( screening ), based on self-reporting by method that, in clinical series targeting those who have a mental disorder, should be used. Mental health questionnaire, can be considered as a set of questionnaires, the lowest levels of comorbid symptoms, the psychiatric disorders, there has been formed, and thus could be a mental illness, as a general class of those who consider themselves healthy, is distinctive. Therefore, the purpose of this questionnaire is to obtain a specific diagnosis, the hierarchy of mental illness, but its main purpose, to make distinctions between mental illness and health. Validated questionnaires to assess mental health, according to Goldberg (1979 ), examine the consistency internally, through Cronbach's alpha coefficient, a measure is the most appropriate method. Goldberg reviewing research done in this area to either retest and Cronbach's alpha coefficient, which was carried out, the amount of the credit, the report has been accepted. In Goldberg and Williams ( 1998), the descriptive validity of the questionnaire, 95% were reported. Internal consistency, with Cronbach's alpha, in the study by Chan (1985 ), and key Yess 1 (1984 ), 93 % have been reported. Factor validity of the Persian version of the questionnaire, 28 of the General Health Questionnaire, with an open trial, with an interval of 7 to 10 day, a group of 80 people, at a rate estimated at 91 %, the error of a

thousandth, related ( Balahang, 1995 ). Yaghoobi ( 1995), the overall reliability coefficient of the test, the subtests factor of 88 % and 50 % to 81 % have been reported. Extent of validity of this method, the internal consistency (Cronbach's alpha ) for the scale of physical symptoms 85 %, 78 %, anxiety and insomnia, social dysfunction, 79 %, 91 % severe depression, and 85 % for the entire questionnaire. Taghavi (2001 ), to determine the validity of this questionnaire, the three retest, split half and internal consistency can be used. The results obtained, bisection method and 93% for the total scale and for the subscales of somatic symptoms, anxiety and insomnia, Failure in social functioning, and depression, 86 %, 84 %, 68 %, 77 %, respectively. The results, to assess internal consistency using Cronbach's alpha for the entire questionnaire, 90 %, and for the subscale somatic symptoms, anxiety and insomnia, Failure in social functioning, and depression, 76 %, 84 % 61 %, 88% 2 - spiritual Intelligence questionnaire : this test, in 2008, by Abdollahzadeh, with co Mahdihyeh Kashmiri and Fateme Arab Ameri, the student is the norm. Normative group were 280 people, 200 of them, Gorgan University students, and 80 students were PNU GR. Of these, 184 were female and 96 were male. A preliminary 30-item questionnaire, developed by the makers of the test, and the 30 cases, the students were conducted. The reliability of the test, the preliminary phase, the alpha method, 0/87, and the loop method to analyze the question, question 12 was removed, and the final questionnaire with 29 questions was prepared. 's Final stage, a questionnaire was administered to a sample group of 280 women, the reliability of this stage, 0/89, respectively, for validity, in addition to the formal content validity, the question was confirmed by expert opinion, using factor analysis, and correlation of all questions, the 0/3,. Varimax rotation method for reduction of variables, obtained by two main factors, the first factor, with 12 questions " to understand and communicate with the source of existence " was named the second factor, with 17 questions " or relying on the core of the inner spiritual life." was called. The first factor included questions 1, 4, 5, 7, 8, 9, 11, 15, 16, 24, 27, 29, and the second factor consisted of questions 2, 3, 6, 10, 12, 13, 14, 17, 18, 19, 20, 21, 22, 23, 25, 26, 28., and quality of Life Questionnaire, based on quality of Life Questionnaire WHO - short Form (WHOQOL-BREF), was measured in the form short questionnaire WHOQOL-100, and included 26 questions on a five -part Likert scale. The questionnaire, four domains of physical health, psychological, social relationships and environment, integrated in 24 practices in the areas measured. Physical domains, including activities of daily living, dependence on pharmaceuticals and medical assistance, energy and fatigue, mobility, pain and discomfort, sleep and rest is the work load. Psychological domains, including body image and appearance, negative feelings, positive feelings, self-esteem, spirituality, religion, the environment of areas including finance, freedom, safety, health, and safety, accessibility and quality of health care and social home environment, opportunities to learn new skills and information, participation and opportunities for recreational activities, physical environment ( pollution, noise, traffic, weather ) and is freight. Askoington and Associates, in a report by the World Health Organization Quality of Life Group, the validity of this questionnaire among a sample group of 23 countries, over 0/70 mentioned, and have confirmed its validity.

### Results:

The mean and standard deviation of variables.

**Table 1 : Descriptive indicators, the mean and standard deviation of variables.**

standard deviation	mean	number	Variables
2/94	15/53	280	Negative religious attitudes
4/38	23/12	280	Positive religious attitude
10/91	33/59	280	Mental Health
13/28	46/23	280	Quality of life

\* p&lt;0.05

Table 1 Descriptive Index, the mean and standard deviation scores of religious attitudes, mental health and quality of life show

Between negative religious attitudes of students' mental health, there is a significant relationship.

**Table 2: Pearson correlation, the relationship between negative religious attitudes, and mental health of students**

significance level	correlation coefficient	standard deviation	mean	number	Variables
0/02	*-0/18	2/94	15/53	280	Negative religious attitudes
		10/91	33/59	280	Mental Health

\* p&lt;0.05

As shown in Table 2, consideration is given to the correlation coefficient was calculated, and the significance level, the 95% confidence assuming 0H is rejected, and the hypothesis H1 is confirmed, and the result is that the negative religious attitudes of students with mental health, there is a significant negative relationship.

Negative religious attitude, the quality of life for students, there is a significant relationship.

**Table 2: Pearson correlation, the relationship between negative religious attitudes, and mental health of students**

significance level	correlation coefficient	standard deviation	mean	number	Variables
0/04	*-0/15	2/94	15/53	280	Negative religious attitudes
		13/28	46/23	280	Quality of life

\* p&lt;0.05

As shown in Table 3 are considered, according to the correlation coefficients, significance level, the 95 percent confidence assuming 0H is rejected, and the hypothesis H1 is confirmed, and the result is that the attitude negative religious, and quality of life of students, there was a significant negative relationship.

Religious attitude, positive mental health of students, there was a significant relationship.

**Table 4: Pearson correlation, the relationship between religious attitude positive mental health of students**

significance level	correlation coefficient	standard deviation	mean	number	Variables
0/00	**0/39	4/38	23/12	280	Positive religious attitude
		10/91	33/59	280	Mental Health

\*\*p&lt;0.01

As shown in Table 4 are considered, according to the correlation coefficients, significance level, the probability of 99%, ensuring assume 0H is rejected, and the hypothesis H1 is

confirmed, and the result is that the attitude positive religious pupils with mental health, there is a significant positive relationship.

Between positive religious attitude and quality of life of students, there was a significant relationship.

**Table 5: Pearson correlations for the relationship between positive religious attitude, the quality of student life**

significance level	correlation coefficient	standard deviation	mean	number	Variables
0/00	**0/53	4/38	23/12	280	Positive religious attitude
		13/28	46/23	280	Quality of life

\*\*p&lt;0.01

As shown in Table 5 are considered, according to the correlation coefficients, significance level, the probability of 99%, ensuring assume 0H is rejected, and the hypothesis H1 is confirmed, and the result is that the attitude positive religious life of students, there was a significant positive relationship.

### Discussion and conclusions

As shown in Table 2, according to the correlation coefficient (0.18 - ), and the significance level ( 0.02), with 95% confidence that the assumption was rejected, and the hypothesis H1 is confirmed, and it was concluded that between negative religious attitudes, and mental health of students, there was a significant negative relationship. The result of this assumption, the results Asghar Mohammadi 2006, azimi, Dovlati and Zarghami (2001 ), Kooshki 2005, Karami and colleagues ( 2006), Sharifi, Mehrabi and Shekarkan 2010, Francis et al 2006, Viter et al 2004, Pierre and Anderson 2004, Henry Murray in 2007, Garnt et al 2001, Hunt 2001, Rinolz and Sullivan and Bergin (2003 ), Egzline (2000 ), Azhar and Waremme (1999 ) are consistent and aligned.

As shown in Table 3 were observed, due to the correlation coefficient (0.15 - ), and the significance level ( 0.04), with 95 % confidence, assuming 0H was rejected, and the hypothesis H1 is confirmed, and it was concluded, between negative religious attitudes, the quality of life for students, there was a significant negative relationship. Thus, quality of life, one of the most important issues facing the world today, and the basic issues in the development of social policy is that issues such as welfare, health and quality of life oriented, basic needs, growing and rewarding life, altruism and the devotion among the communities involved. With regard to the important quality of life for people in the community, trying to promote it, the main principles and priorities, planners, and public policy makers, administrators and government officials in each community, and country. We dare say, all programs, policies and operations executive in a society in order to enhance the quality of life of its community. QOL studies can, policy evaluation, ranking sites, management strategies, and planning have helped in any society, and to understand and prioritize social issues for planners and managers of society, the quality of life of citizens, facilitate. In addition, quality of life can be, for recognition of previous political strategies, and planning for future planning, are used

As shown in Table 4 were observed, due to the correlation coefficient ( 0.39), and the significance level (0.00 ), with 99 % confidence, assuming 0H was rejected, and the hypothesis H1 is confirmed, and it was concluded that, religious attitude positive mental health of students, there was a significant positive relationship. The result of this assumption, the results Asghar Mohammadi 2006, azimi, Dovlati and Zarghami (2001),

Kooshki 2005, Karami and colleagues ( 2006), Sharifi, Mehrabi and Shekarkan 2010, Francis et al 2006, Viter et al 2004, Pierre and Anderson 2004, Henry Murray in 2007, Garnter et al 2001, Hunt 2001, Rinolz and Sullivan and Bergin (2003 ), Egzline (2000 ), Azhar and Waremme (1999 )are consistent and aligned. As shown in Table 5, it was observed, due to the correlation coefficient (0.53 ), and the significance level (0.00 ), with a probability of 99%, ensuring assume  $H_0$  was rejected, and the hypothesis  $H_1$  is confirmed, and it was concluded that, between positive religious attitude and quality of life of students, there was a significant positive relationship.

#### **Suggestions:**

According to the results of this study and previous studies to promote the spirit of researchers, the students, and ensure accurate and reliable results of research, and to foster graduates, according to Iranian and Islamic culture, the attention of authorities the following issues need to appear :

- 1- In order to promote research in schools, decision making and planning, especially in the realm of culture, based on research done

- 2- seminar presenting research findings, every six months, the staff and students are informed of the results of research done, and encourage the spirit of researchers, in collaboration with researchers.

- 3 - Due to the fact that, in the attitudes of students, no later than Modeling of religious figures expressed their willingness to take measures to actually practice, the behavior of students, as well as religious patterns

- 4- According to the students, the most important selection criterion behavior, intellectual understanding with raised pattern, is needed in schools, fields contact votes, and provide design ideas, to selecting the behavioral patterns of students, more accurate be more logic.

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