

A Survey of Relationship Between Religious Beliefs Practice, Self-Esteem and Mental Health and Scholar Performance of Collegians

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Abstract: The main aim of current study is evaluating of relationship between religious beliefs practice, self-esteem and mental health and scholar performance of collegians. Statistical sample of this research include 202 collegians of Mohaghegh Ardabili University within 2006-2007. Research method was correlation type. In this research religious beliefs practice and self-esteem are regarded as predictor variables and mental health and scholar performance are regarded as criterion variables. For data collecting researcher edited questionnaire, Nelson religious beliefs practice test, Goldberg mental health questionnaire and Rosenberg self-esteem questionnaire were used. For data analysis Pierson correlation and multivariate regression in enter way were used by SPSS software. Results showed that there is negative relationship between religious beliefs practice and mental disorder of collegians and there is positive significant relationship between religious beliefs practice and self-esteem and between religious and scholar performance ($p < 0.05$). Results of multivariate regression analysis showed that self-esteem and religious beliefs practice were the most powerful variables for prediction of mental disorder among collegians. Also results of multivariate regression analysis in enter method showed that self-esteem and religious beliefs practice have been the most powerful variables for prediction of scholar function.

Key words: Religious beliefs, self-esteem, mental health, relationship, scholar performance

INTRODUCTION

In present age, growth and advancement of human in different aspects is observable, however these advancements have had negative aspects, too and disposed humans to numerous problems and disarrays and his support will be threaten. From these problems and disarrays can name anxiety and depression. Depression and anxiety are from most common problems especially among youths and adults (Kaplan and Shaddock, 1994). Scientific reports of Koenig *et al.* (2001) show that approximately 330 million persons are suffering from depression, enough self-esteem, low self-esteem and feeling of no control in life. For mental disorder reduction and self-esteem increase specialists and psychologist have used different ways that among them psychiatric methods, pharmacotherapy, psychoanalysis and behavior therapy are noteworthy (Ghobari, 2006). In recent years beside psychological methods, using spiritual and religious method has found its place. Pargament (1997) has shown that there is direct relationship between religious copying ways and mental health. Capability of religious copying ways in reduction of mental

disorders like depression, anxiety (Pressman *et al.*, 1990) increasing self-esteem and reduction of mental strains (Lindenthai *et al.*, 1970; Stark, 1971) has been shown. Results of Maltby and Day (2004) showed that correlation between mental health and religious practice is positive. Religious beliefs practice is of predictors factors of mental health and welfare (Dezutter *et al.*, 2006).

Results of researcher's studies indicate to lower depression rate (Koenig *et al.*, 1998), anxiety and worry (Levine and Varnder Pool, 1998) lower severity of heart disease (Colhdbert *et al.*, 1993) among religious persons. Also Payne (1994), believed that rate of self-esteem and interpersonal adaptation and life satisfaction is at higher level among religious persons narrated by Gangi and Ghaffari (2007). Persons who have internal religious activity are higher rate of mental health in comparison with others (who varnish in his religion) (Baker and Gorsuch, 1982; Batson *et al.*, 1993; Loewenthal, 1995; Maltby, 1999; Nelson 1990; Watson *et al.*, 1989). Results of researcher's studies showed that religious beliefs practice has positive effect on self-esteem (Francis *et al.*, 2001). Religious beliefs practice cause that persons belong themselves to a group or ideology and this factor

cause their increased self-esteem (Sherkat and Ellison, 1996). Self-esteem of African emigrants resident in America who participate in the religious ceremonial is significantly higher than emigrants who don't participate in these ceremonial (Ellison and George, 1994). However, Pargament *et al.* (2001) believed that religious conflict and struggle may reduce self-esteem. Some of religious beliefs may result in blush and embarrassment of religious persons that consequently result in self-esteem reduction (Chatters, 2000). Also Payne (1991), believed that rate of self-esteem, interpersonal adaptation and life satisfaction is higher among religious persons Narrated by Gangi and Ghaffari (2007). According to researchers saying, deep religious beliefs correlate with high self-esteem and low depression (Mohammady, 2003).

From other evaluated variables in this study is scholar performance of collegians. Many factors have been indicated in etiology of low scholar performance and this show that weak scholar performance is a multi factorial phenomenon and a set of factors result in weak scholar function. And religious beliefs practice is of effective factors on scholar function. Evans and Schwab (1995) concluded that scholar performance of religious collegians is better than other ones. However, Goldhaber (1996) didn't conclude so. Finally, Haxby (2002) discovered that religious beliefs practice increase competition among collegians and this factor result in better scholar performance of them, too. Result of research of Stewart and Joe about 121 collegians show that religious spirit relate significantly with mental health and scholar performance and persons who know themselves religious, were more adaptive than others and had highest scholar performance (Stewart and Joe, 1998) narrated by Ameri and Yarahmadian (2005). Scholar performance has positive relationship with positive religious insight among collegians (Yarahmadian, 2005). Results of study of Ramesht and Hooman (2005), show that relationship between religious beliefs practice and scholar performance isn't significant. Another predictor factor of scholar performance level is mental state of student (Windle, 1999). Also some of international studies have approved correlation between personality and scholar performance (Prior *et al.*, 2001; Chenrubin *et al.*, 1997). Generally scholar achievement is one of most important factors inducing mental health, however when be accompanied by competition is of basic stressors among children and adolescents (Chisholm and Hurrelmann, 1995). Psychoneurotic persons often have weak scholar performance (Eysenck, 1996). Generally, results of studies show that collegians with normal mental state have suitable scholar performance (Slobodskaya *et al.*, 2005). Rate of mental disorder among

collegians who rather interested in their discipline was 45.8% and who highly interested in their discipline was 24.6% (Akkashe, 2000). Rostami (1996) specified that there isn't significant relationship between general anxiety and scholar achievement of students Narrated by Hasanpour (2003). The question of this research is that "Is there relationship between religious beliefs practice and mental health, scholar performance and self-esteem?" To achieve this question's answer following hypothesis had been broached:

- There is positive relationship between religious beliefs practice and mental health, self-esteem and good scholar function.
- There is positive relationship between self-esteem and scholar performance of collegians.
- There is positive between self-esteem and scholar performance of collegians.
- How much is share of following religious beliefs, self-esteem and mental health in prediction of scholar performance of collegians?
- How much is share of following religious beliefs, self-esteem and scholar performance in prediction of mental health of collegians?

MATERIALS AND METHODS

Method of this research is correlation. Statistical population of the research has composed of collegians of Mohaghegh Ardabili University (Ardabil, Iran) within 2006-2007 who were at 18-25 range of age. Statistical sample of current study has composed of 202 collegians of Mohaghegh Ardabili University who were selected through random sampling. For data collecting researcher edited questionnaire, religious beliefs practice test, mental health questionnaire and self-esteem questionnaire were used.

Religious beliefs practice test: This test has been designated for factors analysis method that has 23 questions. Test's items evaluate person in four territory; personal religious behavior, public religious behavior, practical behavior and divine ceremonial behavior. Cronbach's Alpha coefficient of religious behavior and faith was 0.92. Cronbach's Alpha coefficient of personal religious behavior, divine ceremonial behavior, practical behavior and faith was 0.88, 0.88 0.89 and 0.95, respectively.

Mental health questionnaire: This questionnaire has 28 items that has created by Goldberg and Hiller with factor analysis method and has four criterions. It

evaluates sommatization, anxiety, depression and social action disorder and every criterion has seven questions. Performed studies indicate high reliability and validity of this questionnaire. Results of meta-analysis of 43 surveys that have performed by Williams and Mary and Goldberg showed mean sensitivity and mean specificity of 0.84 and 0.82, respectively. Also, preliminary study of Yaghoobi and Nasr and Shahmohammadi at Gilan showed that sensitivity of this test in best distinguish between health and disorder score of 23 was 86.5% and its specificity was 82%. Reliability coefficient with Cronbach's method in this study was 0.88. In current study internal consistency coefficient of GHQ-28 test with Cronbach's alpha method was obtained 0.89 that is at optimum limit. Also reliability coefficient of this questionnaire in each sub-scale (sommatization, anxiety, social action disorder and depression) with Cronbach's alpha method was 0.75, 0.73, 0.80 and 0.85, respectively.

Rosenberg's self-esteem questionnaire: This test has created by Morris Rosenberg at 1960. It has 10 items. This test executed on 5024 students of middle and high schools, who were randomly selected from 10 schools of New York state, at 1960. Obtained result of this study showed that this scale has generally high reliability. Its retest reliability was at 0.82-0.88 and Cronbach's alpha for various samples was 0.77-0.88. New studies show 0.78 Cronbach's alpha internal consistency. Correlation coefficient of this test with Isank's self-esteem test has reported 0.61. In the study of Cronbach's alpha coefficient was used to get this test's reliability that was 0.73. In data analysis Pierson correlation coefficient and multivariate regression in enter method with SPSS software were used.

RESULTS

Results presented in Table 1 show that there is negative relationship between scholar performance and mental disorder ($r = -0.144$) and there is positive significant relationship ($p < 0.05$) between scholar performance with self-esteem ($r = 0.173$) and religious beliefs practice ($r = 0.173$). It means that among collegians with good scholar performance and mental disorder has low rate and also self-esteem and religious beliefs practice is at higher level in comparison with other groups. There is significant negative correlation ($p < 0.05$) between mental disorder variable with self-esteem ($r = -0.304$) and religious beliefs practice ($r = -0.173$). Id est with mental health level increasing among collegian, self-esteem and religious beliefs practice increase, too. There is positive significant relationship ($p < 0.05$) between self-esteem and religious

Table 1: Simple consistency coefficients of average of scores, mental disorder, self-esteem and religious activities

Predictor	Criterion variable	Average of scores	Mental disorder	Self-esteem	Religious beliefs practice
Average of scores	r	1	-0.144	0.0163	0.173
	Sig	0	0.041	0.0210	0.021
Mental disorder	r	1.000	1.000	-0.3040	-0.173
	Sig		0.000	0.0000	0.010
Self-esteem	r			1.0000	0.195
	Sig			0.0000	0.000

Table 2: Multivariate regression coefficient with enter method for prediction of mental disorder according to religious beliefs, Self-esteem and scholar function

Predictor	Non standard coefficients		Standard coefficients		
	B	Std.error	Beta	t	Sig
Self-esteem	-0.724	0.129	-0.374	-5.622	0.00
Religious beliefs practice	-0.525	0.115	-0.299	-3.88	0.03
Scholar performance	-0.585	0.524	-0.073	-1.116	0.266

As is seen in table number 2 can say that self-esteem and religious beliefs are the most powerful variables for prediction of mental disorder ($df = 3.198$, $F = 12.212$, $p < 0.005$, $R = 0.421$)

Table 3: Multivariate regression coefficient with enter method for prediction of scholar performance according to religious beliefs, self-esteem and mental disorder

Predictor	Non standard coefficients		Standard coefficients		
	B	Std.error	Beta	t	Sig
Self-esteem	0.170	0.008	0.192	2.102	0.030
Religious beliefs practice	0.005	0.002	0.212	1.174	0.040
Mental disorder	0.008	0.009	0.066	0.938	0.349

beliefs practice ($r = 0.195$). It means that collegians that have religious behaviors their self-esteem level is at higher level in comparison with other groups.

As is seen in Table 2 can say that self-esteem and religious beliefs are the most powerful variables for prediction of mental disorder ($df = 3.198$, $F = 12.212$, $p < 0.005$, $R = 0.421$).

As is seen in the Table 3 can say that self-esteem and religious beliefs practice are the most powerful variables for prediction of mental disorder ($df = 3.198$, $F = 9.012$, $p < 0.005$, $R = 0.378$).

DISCUSSION

The first finding of survey; there is significant negative relationship between religious beliefs practice with mental disorder and self-esteem. Obtained results accord with results of study of Maltby and Day (2005), and showed that there is positive relationship between methods of religious practice and mental health and also our findings were accordant with results of Pargament (1997), who showed that there is direct relationship between religious copying methods and mental health. Furthermore, this study showed that there is positive

significant relationship between religious beliefs practice and self-esteem. This finding accord with survey of Shirgat and Ilson, that had shown that religious beliefs practice cause that persons belong themselves to a group or ideology and this factor cause their increased self-esteem. To explain these findings can sat that persons with deep religion try to consider events as positive events and as divine tests and regard them as opportunity for growth and development. These persons because of capabilities they have try to use similar personality pattern, like psychological hardiness to overcome life crisis. According to broached specifications about deep religious persons, these persons have more capability for copying mental stress and life events. Furthermore, studies have shown that persons with deep religion explain test situation as religious one, while non religious persons explain it as non religious situation. Two mechanisms in the religious behavior; relief and emotional discharge, are from main effective factors on mental health. Altogether, the positive effect of religion on mental health is probably because of following reasons.

Religion makes the life purposeful. Religion cause hopes and increase optimism. Religion lends a type of control and efficacy feeling that has god origin and can compensate decreased personal control. Religion prescribes a type of more healthy life that has positive effect on health and mental health. Religion is a set of positive social norms that it's obeying cause approval, support and acceptance of others. Religion lends a kind of metaphysical feeling that has definitely psychological effect. Also results of multivariate correlation coefficient in enter method showed that self-esteem and religious beliefs practice among collegians are the most powerful variables for prediction of mental disorder.

Another finding of survey; there is positive significant relationship between religious beliefs practice and scholar function. Obtained results accords with results of study of Evans and Schwab (1995), Goldhaber (1996), Ameri and Yarahmadian (2006) and Yarahmadian (2005).

I can be said that one of prominent characteristics of religious persons is following the orders and commands of Lord and whereas knowledge acquisition and learning is a valuable affair in different religions and even it is mandatory in some religions and this issue has caused they care about education and knowledge acquisition and increase their drive and effort for knowledge acquisition.

Also obtained results show that there is negative significant relationship between mental disorder and self-esteem.

Achieved result accord with study of Alikhani (2003) that showed that there is positive significant relationship between self-esteem, self-efficacy and mental health.

To explain obtained result can say that low self-esteem is one symptoms of abnormal mental state. In fact

persons that have low self-esteem can't show suitable social function or use suitable copying methods for anxiety reducing.

Next finding, mental disorder has negative significant relationship with scholar performance of collegians. Obtained result accord with results of study of Windle (1999), Prior *et al.* (2001), Chen *et al.* (1997), Chisholm and Hurrelmann (1995), Eysenck (1996), Slobodskaya *et al.* (2005), Akkashe (2000) and Hasanpoor (2003). It can be said that advancement and progress in life is one of supplies of fortune feeling and mental health. Whereas collegians know high scholars function as a type of advancement and progress and this feeling increase self-esteem and mental health.

Also this study showed that there is positive relationship between self-esteem and scholar function. Obtained result accord with result of study. It can be said that advancement and progress in life is one of supplies of fortune feeling and mental health. Whereas collegians know high scholars function as a type of advancement and progress and this feeling increase self-esteem and mental health.

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