

## The relationship between religious attitudes, anxiety, and self-concept in students

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**Abstract:** The aim of this study was to examine the relationship between religious attitudes, anxiety, and self-concept among students of Islamic Azad University of Andimeshk. The subjects were 60 students (30 female and 30 male students) who were selected through stratified random sampling. Measuring tools were Rogers's self-concept test, religious attitudes and anxiety Cattell test. The research design was correlational. Data were analyzed using Pearson correlation and multiple regression, analysis showed that there is a significant relationship between anxiety and self-concept ( $0.05 / 0.05 <$ ) and anxiety and religious attitudes ( $0.05 / 0.05 <$ ). Regression analysis showed strong religious attitudes and high self-concept are the best predictors for anxiety.

**Key words:** Religious attitudes; Anxiety; Self-concept

### 1. Introduction

The human need for faith is as old as history life. Because from the beginning of human life, man feels the need for a strong support. The issue of religion has been discussed by pioneer researchers such as James (1929), Freud 1907, Jung (1875- 1961), quoted by Khodayari (1999). And afterward this issue was followed by Scholars such as Allport (1947) Khodayari, (1999).

Religion exists in every known culture in a particular form. Also, religion is a fact specific objective which historians study it. Religion can be examined from ritual, symbolic figures and prayers perspectives. A religious person is connected with a divine and creation source which has effect on man's life and the nature. The role of religion in relation to health and healing has been discussed for many centuries. Over thousands of years, religion and medical treatment were employed to reduce human suffering. (Sachmn and Matthews, 1988).

Seyed Qotb, says religion is the direct way and God religion in the Koran (the religion of Allah) is a way to achieve the ultimate goal of human prosperity. (Tabatabai, 1984)

In addition to the definitions, in some of the other definitions, Consolidation belief and human, has been placed as the base of Analysis and description that faith is confession, belief in reward and punishment in the other world and practice to the commands, (NAS, translated by Nasri, 1975).

The result of stability and unity of the divine religion is that the difference in divine religions is not essentially in the origin religion which is Islam. But the difference is in religions and laws. in The Holy Quran to the extent it is talking about the religion principal or religion minutiae, they are

words of prophets affirmation to each other: "We have revealed to you the Book with the truth, verifying what is before it of the Book and a guardian over it," As far as the words are religion minutiae, it is talking about diversity, change, alter or Prescriptions" for every one of you did We appoint a law and a way " (Motahari, 1990)

Each person has his/her own view of his/her characteristics that is the same current own. This current own represents current and real characteristics of a person; that they believe in themselves. In each person in addition to the current person/own there is also one Ideal person/own, Ideal employs characteristics that a person would like to have, such as ideals, goals and wishes. (Rogers, translated by Milani, 1997).

Since person is connected to environment, his self-concept is constantly changing, but these changes in childhood much greater than adulthood, however self-concept is variable, but at the same time is trying to keep constant. (Biabangard, 1997). Anxiety is a very uncomfortable conscious pervasive feeling and which is often vague and often includes one or more physical sensations such as palpitations, sweating, headache, irritability, frequent urine. (Hilgard, translated by Baraheni, 1999)

Hilgard defines anxiety as follow "state of being worried and anxiety associated with fear, anxiety issues (such as a vague threat or a possible adverse event) usually unspecific and uncertain in compare to fear (like a wild animal). (Yoosefi, 2001)

One of the most important ways of coping with stress and its complications is patience. Religious thought where ever man is unable to cope with problems and events. It invites to get help by having patience and saying prayers. (Bqare, 153).

Religion can certainly be effective in the treatment of mental illness. 700 study in this area suggests that religion, has relation with mental

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health, and about 500 research has shown that religion has had a positive correlation with the feeling of happiness and high social support and in contrary has had negative correlation with sadness, suicidal tendency to mental disorders and alcohol, abuse drug use, delinquency and criminal activities (cooling 2009, cooling and MackLorolarson 2001)

Some researchers believe that due to committing sins, religion is the cause of anxiety, But research has shown that religion cannot be psychological causes of chronic diseases (Linden and Harris, 2010)

Health professionals suggest that religion can reduce patient distress (Kerlain, 2007).

Finally, people tending to have more faith and religious attitudes are more associated with treatment and recovery (rovez, 2011)

Yusufi (2001) conducted a research to determine the relationship between religious confrontations with psychological health. The results showed that the highest percentage of research participants had high religious attitudes and moderate level of anxiety. 3/73 of participants always had religious coping strategies while facing stress. The mean of anxiety level and anxiety size in subjects who used religious coping strategies decreased significantly in comparison to other behaviors. A negative correlation was reported between anxiety levels and religious attitudes. ( $P < 0/05$ ).

Also the study which was done by Sahraian, Qholami, Omidvar (2011) showed that religious attitudes are positively correlated with happiness. In the study which was conducted by Kajbaf and Raeispour (2008) showed that religious attitudes has opposite correlation with disease symptoms and anxiety and it has correlation with psychological health.

Nourbala et al. (2001) after conducting a series of studies on high school students in Tehran, Yazd, Ardakan concluded that religious male and female students had less depression. From the Research, discussions and lateral evaluation, Nourbala concluded that there are some factors which reduce the incidence and progression of depression in a better way, they include religious beliefs, moderation behaviors and social- religious behaviors especially adherence to religious moral judgments.

Also Zarghami and Azimilolti (2001) showed the relationship between religious coping and anxiety in their study: there is a negative and significant correlation between evident and hidden anxiety of samples was with their religious coping ( $p < 0/01$ ) the analysis indicated that the Mean between evident and hidden anxiety scores in subjects who had poor religious coping was significantly higher. ( $P < 0/01$ ).

More than 850 studies have been conducted to find the relationship between religious preoccupations and the different aspects of mental health. Two-thirds to three-fourth of these findings suggest that if people are religious they experience better mental health and show more successful coping with stress. In addition, 350 other studies

have investigated the religious preoccupations, most of these studies have shown that religious people are physically healthier and are led to healthier lifestyles, and there will be less need for health services (Koenig et al., 2001).

Razali et al. (1998) did a study, and in this study they searched about the impact of socio-cultural and religious method in comparison to conventional psychotherapy in patients with severe anxiety disorder and depression and those that have cultural religious background. In this longitudinal study, results showed that patients, who received conventional psychotherapy in addition to, religious, cultural and social psychotherapy, were found much faster and better than those who received only standard therapy. Especially those patients that had strong religious-cultural background.

Patock- Peckham et al. (1998) examined the role of religion and religiosity on alcohol consumption. Results showed that non-religious students showed significantly higher levels of alcohol drinking behavior, fun reasons for drinking and drinking behaviors, compared to those who were Catholic or Protestant. Although no significant difference was found between groups in terms of problems related to alcohol consumption. Protestant Students also showed significantly higher levels of perceived control over their drinking behavior.

Intrinsic religiosity, reflects a person who is based on individual religious basis, it appears that there is a more important and positive role in drinking behavior of Protestant students compared to Catholic students.

Koenig (1998) studied the prevalence of religious beliefs and practices among elderly physical patients, and provided them with social, emotional and health characteristics, more specific information related to religious beliefs and behaviors are common among hospitalized elderly patients and the study also showed positive consequences for physical and psychosocial health.

Newman and Chai (1998) examined the role of church attendance, parental values and religious similarities with parents on individuals' cardiovascular health. The results supported the hypothesis that people with religious values similar to the values of their mothers or those whose mothers had a commitment to regular religious attendance and worship had a lower risk of cardiovascular disease than the comparison group.

Kark and colleagues (1996) studied the psychosocial factors among members of religious and secular communities.

Psychosocial factors, which involve measuring the existential sense of solidarity, hostility and self-satisfaction, work-related stress related to social support and interaction.

The results showed that of communities' members had greater sense of cohesion although less hostility than their counterparts in secular societies. There are also significant findings about the interactions between religious, gender and age involvement. Younger women have less self-

satisfaction and more work-related stress than the different sex - age groups in each community. Volunteer work among members of religious communities was more. The findings of the study were consistent to the interpretation that Jewish religious ceremonies may increase the formation of protective personality characteristics. To be a Member of an integrated religious community or such society may increase the members' resistance toward psychological stressors, and consequently happiness and positive health could be achieved. This can reflect the interaction among individuals, groups and religion in a more efficient way.

In another study Bergin and Stinch Field (1988) (quoted by Bahrami Ehsan, 2001) found that religious students did mostly in the normal range of scales of anxiety and depression, self-concept, irrational beliefs and other objective evaluation of personality and psychosocial factors. These findings were applied in another research which was done after 80s and showed that religious beliefs do well to the psychosocial health. (Bahrami Ehsan, 2001). So the purpose of this study was to examine the relationship between religious attitudes, anxiety, and self-concept of students in Islamic Azad University of Ahvaz in Iran.

Hypothesis:

1. There is a relationship between religious attitudes, anxiety, and self-concept of male students in the university.
2. There is a relationship between religious attitudes, anxiety, and self-concept of female students in the university.

## 2. Methods

The study population consisted of all male and female students of Andimeshk Islamic Azad University, they were selected through stratified random sampling, 60 subjects (30 males and 30 females) were chosen. The research design was correlational.

## 3. Instruments

The main variables of the study were self-concept, anxiety and religious attitudes which were measured using the following tools:

### 3.1. Rogers's self-concept questionnaire:

Rogers's self-concept questionnaire is used to define the positive and negative concept of individuals. The test is an objective test within a score of 7, which is formed between two traits, each individual have to select only one number between these two traits, and no question should remain unanswered. To measure the reliability of the present study test-retest reliability was used which was reported 40%. The research also that has been done by Parvizi, the reliability coefficient was done

through Cronbach's alpha and split-half which were respectively 60% and 56%, , which are satisfactory.

Validity of 20 scales in Rogers's self-concept, was assessed using construct validity, thus the obtained scores of the mentioned scales were correlated with scores of Beck Depression Inventory And the correlation coefficient was considered as a valid indicator, its amount was - 25% which is significant at the 0/01level.

### 3.2. Cattell test anxiety

16 factors questionnaire of Cattell(1975) prepared a list of 170 traits of human behavior And asked the college students to use these attributes to describe their friends. Then according to the analysis, the 170 list was reduced to 16 characteristics and name them as characteristics main source.

#### 3.2.1. Iranian selection norm, Anxiety Scale (Cattell)

The Sample was chosen from of students in 1988-1989 academic year, with (BA) degree from the faculties of Humanities, Law, engineering, medicine, arts, pharmacy, education, economics and administrative sciences, nursing, theology, social sciences, in Tehran University. 16 342 of samples were males and 8532 were females, the total was 24,894 at the age of 18 to 30 years old, top scores of 642 participants were provided. So the overall final grade of subjects can be chosen among three possible score. To examine the validity of this test, concurrent validity was used and the test which was used is Spielberger that was administered to the Students simultaneously, the value was 65/0 and was significant at 001/0 levels. The Cronbach's Alpha was used to test the reliability; Cronbach's alpha reliability coefficient was 60%, which is considered satisfactory.

### 3.3. Religious Attitude Scale questionnaire

This questionnaire was used to validate the measures of religiosity questionnaire. These scales were prepared provided by Khodayaroifard and Bonab(1994) and included 40 questions on the worship areas, behaviors, values, the effect of faith in life and human behavior, social issues, ideology and beliefs, knowledge and faith. Scoring was set according to the Likert scale based on the following options strongly agree, agree, No idea, disagree or strongly disagree. The grading scale for each of the selected options that were considered positive attitude were 4 and 5, negative attitudes were given 1 and 2 and recusant attitudes were 3. The maximum score is 200 points in this scale. For obtaining the validity of the correlation coefficient, the score of each is obtained with the total scores that significant at 001/0 level. The reliability also was measured through Spearman-Brown and Gutman methods, the

values respectively were 93% and 92%, which is significant at the level of  $p < 0/01$ .

**4. Findings**

According to the results obtained from the analysis of existing data, variables such as anxiety,

self-concept and religious attitudes can be examined in two groups of males and females; Table 1 shows data statistical description including mean and standard deviation of the variables.

**Table 1:** Describes the statistical variables

Group	Scale	Mean	Standard deviation	Numbers
Male	Anxiety	38/31	15/12	29
	Self-concept	10/2	4/24	29
	Religious attitudes	145/62	35/16	29
Females	Anxiety	40/70	6/49	30
	Self-concept	10/06	3/95	30
	Religious attitudes	165/03	16/552	30
Total	Religious attitudes	39/53	11/529	59
	Self-concept	10/13	4/05997	59
	Anxiety	155/49	28/805	59

In Table 1, the highest mean is related to women anxiety that is 70/40. But self-concept variable indicated higher mean score in boys and religious attitudes variable showed higher mean score in girls.

In Table 2 the Correlation between anxiety, self-concept and religious attitudes in both males and females were analyzed.

**Table 2:** Shows the correlation coefficients between men and women

Variable	Gender	Anxiety	Self-concept	religious attitudes	Numbers
Anxiety Self-concept	Male	1	0/659 0/0005P<	-0/337 0/04P<	29
	Female	1	0/306 0/05P<	0/001 0/498P<	30
	Total	1	0/518 0/0005P<	-0/225 0/043P<	59
Anxiety Self-concept	Male	0/659 0/0005P<	1	0/389 0/02P<	29
	Female	0/306 0/050P<	1	0/073 0/351P<	30
	Total	0/518 0/0005P<	1	-0/265 0/021P<	59
Anxiety	Male	0/337 0/04P<	-0/389 0/02P<	1	29
	Female	0/001 0/498P<	-0/073 0/351P<	1	30
	Total	-0/225 0/043P<	-0/265 0/021P<	1	59

As it can be seen in Table 2, Correlation coefficient between anxiety and self-concept in the boys is  $p < 0/0005 r = 0/659$ . There is also a negative significant relationship between anxiety and religious attitudes in boys ( $p < 0/05 r = 0/0306$ ). There is a significant relationship between anxiety and self-concept  $p < 0/05 r = 0/03060$  but not

significant correlation between anxiety and religious attitudes in girls. The relationship between religious attitudes of self-concept is also significant in boys. ( $p < 0/02 r = 0/389$ ). There was no significant relationship between self-concept and religious attitudes in girls.

**Table 3:** Simultaneous multiple regression between religious attitudes, self-concept and anxiety variables in males

Criterion variable	Predictive variable	R	R square	Adjusted R square	standard error evaluation
Anxiety	Religious attitudes, self-concept	0/67	0/44	0/40	11/72

As the table shows multiple R-value for Religious attitudes and self-concept variables is 0/67, and R square is 0/44, and adjusted R square is 0/40 and

Standard error (standard deviation of the rest) is 11/72.

**Table 4:** Simultaneous multiple regression between religious attitudes, self-concept and variable anxiety in females

Criterion variable	Predictive variable	R	R square	Adjusted R square	standard error evaluation
Anxiety	Religious attitudes, self-concept	0/31	0/09	0/03	6/4

As the table shows multiple R-value for Religious attitudes and self-concept variables is 0/31, and R square is 0/09, and adjusted R square is 0/03 and standard error (standard deviation of the rest) is 6/4.

## 5. Discussion and conclusion

The study results showed that between anxiety, self-concept and anxiety, religious attitudes (at level of  $p < 0/005$ ) there is a significant relationship. Regression analysis showed that strong religious attitudes and self-concept are the best predictors of anxiety decrease. The results are consistent with several studies, including r Zarghami and Azimi Iolti (2001), which showed a significant inverse correlation between evident and hidden anxiety of subjects and religious coping. The subjects, who were less religious coping, showed more anxiety. The study was also consistent with Yoosefi reserach (2001) which indicated that the anxiety size in subjects who used religious coping behaviors were significantly decreased compared to other treatments.

In order to confirm these results, Noorbala study (2001) also showed that adherence to religious moral judgment plays an essential role in reducing the depression and provides better understanding of it.

Bergin and stinchfield study (1988) showed religious belief do well in psychological health. Koenig (1998) also found that religious elderly people aged get faster recovery and tolerated the medical conditions well. Newman and Chai (1998) also found that people who were committed to religious values, experienced fewer heart attacks, Kark et al. (1996) also indicated that to be a member of religious groups would lead to a better psychological health.

Alen Bergin (1990) noted in a study that the role of values in treatment period and religion relation with psychological health, confirms the need to apply religious values in clinical training to patients.

Kennedy et al (1996) studied the relationship between religious preference and depression. He noted that the lack of effort to attend religious places were associated with a higher incidence of depression among all groups, the most significant was related to Catholic group.

Tix and Frazier research (1997) showed that religious coping effects in were associated with better adjustment in patients.

Zorn and Johnson (1997) research on elderly women, said that the implementation of centralized

medical considerations related to the religious happiness feelings, improve the role of health care.

The latest research shows that a strong religious attitude makes a great psychological health and less anxiety in individuals.

According to the tables in this study, no significant differences were observed among women. However; in men high religious attitudes and anxiety are considered optimum predictors to reduce the anxiety. Finally, between anxiety and religious attitudes and self- concept  $F=10N$ , in which the relationship is highly significant, self-concept is the predictor of anxiety ( $p < 0/000$ ) because a change of one deviation in self- concept will cause 0/49 in standard deviation in anxiety level.

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