Relationship between religious orientation and mental health in family

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Abstract

Aims: Mental health problems are among the important increasing contributors to the families and societies' burden. The goal of mental health is to prevent infection and to reduce the incidence, and to prevent from mental illnesses and disorders' complications. The main purpose of this paper was to investigate the relationship between the religious orientation and families' mental health.

Methods: This quantitative research was conducted using survey technique on the families that both man and woman were alive and lived together, residing in Hesarak suburb, down Karaj, in 2009. 386 families were selected based on systematic random sampling method. To measure the mental health, the standardized questionnaire of the World Health Organization was used.

Results: There was a significant relationship between families' mental health and age, sex, income, education level, employment status, family size and introvert and extrovert religious orientation. Based on the results of the multivariable regression, variables such as introvert religious orientation, income, extrovert religious orientation and education explained about 63% of the changes in the dependent variable.

Conclusion: based on the path analysis model, introvert religious orientation has the highest effect on mental health among the studied variables.

Keywords: Family, Mental Health, Introvert Religious Orientation, Extrovert Religious Orientation

Introduction

Family is undoubtedly regarded as the first and the most important multidimensional basis for growth by anthropologists, socialists, and training specialists [1]. Being affected by economical and sociological changes, family has changed through the history [2]. A major part of contemporary sociology literature, has been assigned on the study of relations between sociological changes caused by industrialization procedure and development of urbanization, and culture and family changes, on the other hand. Therefore, family has lost much of its functions and has transferred them to the other institutions, and the only remaining important function, is providing children's socialization factors and best of all, is acquiring conditions of equilibrium and mental health of family members [3].

Mental health is the basis of comfort measurement and people and society health [4]. Rowy believes that enjoying a philosophy for living is one of the necessities for having ideal mental health. Besides, he believes that individuals who have strong philosophy in their lives A: live in a world full of commitment and social partnership and B: know life as a valuable phenomenon which can be interpreted as believing in any religion, and C: they believe that nobody can live on their own. A single man is an island that leads to self. In fact, every man is counted as the basic and unavoidable part of another man [5]. Some researchers believe that religion replies to man's two basic questions on life purpose and the meaning of the activities affecting the life style and the way of solving value conflicts [6] and help the unification of human psychological, spiritual and self-arranging organizations. In other words, man's compromising with life issues requires the replies to the important
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needs for which man seeks answer. Religion provides an appropriate basis for answering the needs and unclear attitudes. Needs such as the man's problem with age and immortality, socializing and staying social, affection and separation pattern, rewarding and punishing, denoting sense to activities, wisdom, the position of a man in the world, coming over the hardships and basic conflicts can be considered as these needs to name a few [7]. One of the necessary conditions to acquire mental health in family is having a coherent value system; conducted researches have approved that the reason for most of the incompatibilities and mental disorders are value conflicts and lack of an organized value system [8].

Many research projects have been performed to assess the relationship between religion and mental health, yet the study of this relation in families is much more important. Hosayni [9], Abolghasemi [10], and Khodarahimi [11] have studied the relation between religious attitudes and mental health and all have proved the positive effect of religious attitudes on mental health.

Aldridge has studied hospitalized adults and concludes that there is solidarity between religious activities and mental health [12]. Bergin believes that religion prescribes a healthier life style that positively affects individuals’ mental health [13]. Such researchers as Bergin [14], Hood et al. [15], Spilka et al. [16], Scheier and Carver [17] and Seligman [18] believe that religious tendencies and religious attitudes have positive relation with mental health. In fact, religion can create meaning and can denote sense to life and death. Religion increases the man's hope and happiness [19].

Humanists believe that mental health is satisfying the basic needs and reaching the flourishing stage. Each factor that keeps the man at the satisfying level of low-level needs and hinders their flourishing, will lead to behavior disorders [20]. In the form of humanist perspective, Maslow believes that the religious value system of a qualified mental health man is based on philosophical acceptance of social life and nature, and physical reality of life [21]. In fact, a major part of everyday judgments and rating of such individuals are derived from accepting the life and physical realities [22].

Based on behaviorism, a non-compromised behavior invigorates in the presence and under the influence of training just like other behaviors. Mental health as well includes compromised behaviors that are acquired. Therefore, behaviorism school of thought regards defective learning as the basic element of mental disorder and believes that mental health will be affected by either failing at acquiring the necessary compromised behaviors or mastering on social positions [20]. Chahen believes that owning a value system is one of the vital prerequisites to achieve mental health. He defines mental health as a state of psychological maturity that is the maximum of effectiveness and satisfaction in individual and social interactions and raises affection and positive feedback to self and others [20].

Allport brings up the issue of introvert and extrovert religious orientations. He believes that religion is used for unreligious purposes in extrovert religious orientation (such as social support and safety feeling) and is used as a means for achieving purposes and superior values than religion such as confronting with hardships or life development. Extrovert religious orientation brings the non-spiritual and secular dimensions for man superior to its spiritual ones and is designed for assessing the immature belief. However, in introvert religious orientation, religion is applied as the dominant motivation in social life. As Allport believes, introvert religious orientation will draw the whole life in motivation and sense and it is worship inspiring. Although non-religious needs are important for those who enjoy introvert religious orientation, they have little ultimate importance [23].

Allport defines orientation as unification of values or unifying beliefs that are visible in healthy characters. Orientation affects all dimensions of a man's life, leads him to target through unification of his tendencies and motivations, and denotes a reason for life. Allport stresses that religious values besides purposes are very important for developing the unification philosophy of life [24]. He argues that religious attitudes specify that religious functions apply as a mechanism for rating in relation with life stressors. This rating can make a connection between religious attitudes and health. Allport believes that religious tendency and orientation is the factor of independence in man's character and unifies all the other parts of the personality in a united system. He believes that the man's whole life depends on his belief. It means that when man has more introvert religious orientations he will have better mental health and when he applies religion mostly for welfare and achieving social needs and doesn't care its origin, the mental health level will decrease [23].

Owning personal and philosophical values depending on beliefs, wishes and ideals which are in close relationship with man and his relative happiness, are necessary prerequisites for achieving mental health in family. Knowing the health culture in a family and being familiar with religious values' relation with this
issue and the way of interaction with religious and cultural values in the society, has special sensitivity. Based on study and continuous research, one can start renovation and revival of the ruling values on families' health and can correct or eliminate the inefficient or destructive parts. Many of the inefficiencies in the field of families' mental health can be solved through recognizing the health culture, especially regarding the role and position of religious values in societies and relationship between the values and families' values and mental health. Regarding the above-mentioned facts, this study was conducted with the aim of determining the probable role of religious orientation on mental health level among families.

Methods

This quantitative study was conducted through using navigation technique. The statistical society was composed of families residing in Hesarak suburb, down Karaj in 2009 where husband and wife were both alive and lived together. Based on the general census results in 2009, Hesarak is composed of 13571 families. The confidence level of 95% and 5% error through using Cochran formula [25] were evaluated and 386 families were chosen by systematic random sampling method. The WHO standard questionnaire was used for measuring mental health. This scale was invented in 1970 by Goldberg et al. The origin of this questionnaire has 60 buoys and is measured by different researches in different countries and is tested in different environments and cultures widely and its validity and credit has been achieved. This questionnaire has been summarized in different forms and has been standardized and indicates special markers of a man's attitudes. A 12-question questionnaire was used in 2003 in Tehran by Montazeri et al. on 748 youths in among 18-25 years old and its validity and credit was approved. Its validity and credit has been achieved. This questionnaire has 60 buoys and is measured by different researches in different countries and is tested in different environments and cultures widely and its validity and credit has been achieved. This questionnaire was used to measure mental health. The obtained data was processed using SPSS 15 software in Windows environment and was analyzed in two levels of description and explanation. Correlation and distribution analysis were used to analyze the relation between variables.

T and F tests were used for comparing the averages, and Pearson correlation coefficient was used to test the hypothesis and present the zero-order correlation. Multivariable regression equation was used for presenting and analyzing the simultaneous relationship of some variables with the dependent variable, and path analysis was used for presenting the qualitative relationship.

Results

198 people of the total statistical population were women who were mostly (20%) in the age group of 22-25 years old. The number of men was 188 cases of sample population and most of them (17%) were in the age group of 26-29 years old. 48% of the samples had a 9 to 12 class education (Table 1).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Average</th>
<th>Standard deviation</th>
<th>T value</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>198</td>
<td>88.39</td>
<td>7.95</td>
<td>-4.01</td>
<td>0.0001</td>
</tr>
<tr>
<td>Male</td>
<td>188</td>
<td>83.24</td>
<td>9.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>208</td>
<td>83.21</td>
<td>8.89</td>
<td>-0.38</td>
<td>0.0001</td>
</tr>
<tr>
<td>Unemployed</td>
<td>178</td>
<td>82.11</td>
<td>8.74</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2- Mental health mean difference test based on gender and employment status

Introvert religious orientation had a positive effect (p=0.0001; 0.67) and extrovert religious orientation had a negative effect (p=0.0001; -0.52) on the family's mental health.

Regression prediction model had four stages. The introvert religious orientation, the family's income, the
extrovert religious orientation and education were inserted into the equation in the order of significance level the explanation of depended variable. The four variables could explain about 63% of a family's mental health variance totally (Table 3).

In order to draw the path model, Beta coefficients of variables was used that had significance T levels. Beta coefficient was a representative of the relationship strength between two variables by stabilizing the effect of other variables in the model. Those arrows that are led from the outside to the variables show some of the unexplained variance for each variable that was out of control. Among the inserted indexes in this model, introvert religious orientation had the most direct effect on mental health (Figure 1).

<table>
<thead>
<tr>
<th>Stage</th>
<th>Variables</th>
<th>B</th>
<th>β</th>
<th>T test</th>
<th>R²</th>
<th>Significance level</th>
</tr>
</thead>
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<td>1</td>
<td>Introvert orientation</td>
<td>0.89</td>
<td>0.66</td>
<td>16.41</td>
<td>0.48</td>
<td>0.0001</td>
</tr>
<tr>
<td>2</td>
<td>Income</td>
<td>0.77</td>
<td>0.36</td>
<td>9.47</td>
<td>0.58</td>
<td>0.0001</td>
</tr>
<tr>
<td>3</td>
<td>Extrovert orientation</td>
<td>-1.24</td>
<td>-0.22</td>
<td>-5.62</td>
<td>0.62</td>
<td>0.0001</td>
</tr>
<tr>
<td>4</td>
<td>Education</td>
<td>0.35</td>
<td>0.18</td>
<td>5.03</td>
<td>0.63</td>
<td>0.003</td>
</tr>
</tbody>
</table>

**Figure 1- The model of path analysis**

Discussion & Conclusion
Statistical results on the relationship between gender and mental health showed that there is a relationship between these two variables, and women had higher mental health compared to men. The results show that there is a significant and positive relationship between two variables of age and mental health and as the age increases the quality of mental health will also increase. Maybe this issue is due to the fact that people at older ages get along much easier with the problems compared younger individuals and that older people have a kind of adaptability with mental and social pressures.

Income was another variable that had a significant relationship with mental health. The more income a family had the better mental health was obtained. People who have enough income, can confront averagely with the economic problems and don't let mental disorders decrease the quality of their lives. Bhugra et al. have studied the duality of behavior in white African and Asian individuals who live in London and report that residential poverty, social pressures that are effective in the respondents' behavior dualism due to poverty and low socioeconomic class will affect their mental health as well [27]. Education influenced mental health as well. Education is one of the most important resources in facing with mental issues and problems. Family size
was another variable that had a significant relationship with mental health. The social relationship will increase as the family size increases and the members will no longer feel alone and abandoned that can be one of the reasons of the issue. Otmen et al. study the role of demographic variables and culture-accepting attitudes in predicting social and mental adaptability of immigrants and show that the educational and job successes will affect mental health [28].

Regarding the results of this study, there is a significant and positive relationship between two variables of age and mental health. It means that as the age increases, the quality of mental health will increase, which is in the same direction with the results of Mohammadian's study. It probably happens because of the fact that older people can get along much easier with the problems compared to younger people and they have some kind of more adaptability with mental and social pressures. Besides, in another study Ostovar et al. analyze the mental health status of Afghan immigrants in 1378 and conclude that there is a significant relationship between age and the rate of suffering from mental disorders [29].

The results obtained from the coefficient correlation between variables show that introvert and extrovert religious orientations have significant relationship with the family's mental health. The results of this study approve the Allport's hypothesis theory on the relationship between mental health and religion and its relationship with the family's mental health. Although Iran has entered the industrialization process, the religious beliefs have saved and maintained their own role beside the changes and play role as an observant force to monitor the behavior of individuals. People who have stronger introvert religious orientation have better mental health; therefore, religion is one of the important effective factors on attitudes and behaviors of family members.

Based on the multivariable regression model, the variables of introvert religious orientation, family income, extrovert religious orientation, and education explain 63% of the depended variable changes totally. Based on the path analysis model, the introvert religious orientation turned out to have the highest effect on the dependent variable. It can explain about 48% of dependent variable (family's mental health) changes, alone.

There is a relationship among age, gender, income, education, employment status, family size, introvert and extrovert religious orientation variables and family's mental health. Based on this issue, taking actions for removing the financial problems and raising the families' income along with renovation of religious and cultural values and trying to increase the families' educational levels is suggested in order to let them have higher mental health.

References