Studying the Relation between Devoutness and Religiosity Orientation with Rate of Depression in Students

Leyla Khajehpoor[1], Emad Yousefi[1]*, Jamil Yazdanpanah[2], Ali Farahani[3]

[1]*Qeshm Branch Islamic Azad University, Qeshm, Iran*
[2]*MA in Psychology, Tehran University, Tehran, Iran*
[3]*PhD student of Psychology, University of Isfahan, Isfahan, Iran*

*Corresponding author's Email: emad.yousefi30@gmail.com

ABSTRACT: The aim of the study is investigating the relation between devoutness and religiosity orientation with depression rate. The statistical universe composed of all students in Azad University of Qeshm, which a sample of 300 was chosen of them. For data collecting, Alport's Religious Attitude inventories, Maabad inventory and Back's Depression Inventory were chosen to measure religiosity. The results showed that, there is a negative significant relation between devoutness and depression rate, and also between religiosity orientation and depression rate. Also, religious mean in boys is higher than girls but, there is no significant difference between religiosity orientation rate among boys and girls. These findings confirm the strong role of inner devoutness and religious in reducing symptoms of depression and mood disorder.

Keywords: Devoutness, Religiosity Orientation, Depression

INTRODUCTION

Depression is one of the most common mental disorders, and this has led many psychologist name this disorder as" mental cold". An extensive epidemiology survey executed in USA has estimated that, 16.4% of people experience diagnostic criteria for major depression at some levels of life (Kessler et al, 2005; cited of Kring et al., 2007). On the other hand, other studies show that, depression is one of the most common problems that threats students. These inspections indicate that 78percent of university students suffer from some morbid symptoms of depression, and 46 percent of them are depressed enough to need professional helps (Beck, 1976).

Depression is a disorder that mostly is accompany with other psychological disorders such as panic attack, drug abuse, sexual disorders, and personality disorders, and it is believed that more than half of those who attempt suicide are depressed and hopeless people (Hendriksen et al, 1993). So, high rate of depression prevalence on one hand, and serious personal, social, and economical consequences of this disorder on the other hand make psychologists along with factors known to affect on depression such as bio-neurological, and social factors (life events and interpersonal problems), psychological factors (Kring et al., 2007) to investigate and evaluate on the other correlates of this disorder, and in this way be able to describe and explain this disorder in a more accurate and complete manner.

One of the factors on the protection and promotion of mental health is religiosity. Psychological perspective in mental health, knows major goal of human life in entering to open horizon, expanding viewpoints, and escaping from limitations and shortages. These goals cannot be achieved except in the light of creating necessary context in direction of developing and nurturing spiritual and ideal dimensions of human, which have a fundamental and determinant role in mental health. In this perception it is believed that, human are not "biological, mental, and social" rather, they are" biological, mental, social, and spiritual", and any psychological intervention should embrace all of these people. Gorsuch (1988) also stated that, knowledge about religious is as valuable as other psychological features of individuals and there is no need to indicate importance of religious in people's life. Today, indeed most theorists have considered human's spiritual dimension more than ever. The first prominent structure inside the spiritual psychology is in relation with spiritual orientation. According to Allport (1966), spiritual orientation is either internal or external. He believed that, the most acceptable way to differentiate these two dimensions is to say that, an individual with external belief uses its religion, while a person with internal belief live with its religion. According to Allport (1967), internal religion is an pervasive religion with organized and internalized principals, that it is a goal and extremity not an object to attain goals. A person with internal religious orientation lives with its religion, and its religion and character unify. Based on Allport's opinion, this kind of following religion is very safe and leads to mental health (Allport, 1966). While, for a person with external religiosity orientation, religion is not unify with its character and life. Religion is a tool for him to satisfy its personal needs including, protection and safety (Allport and Ross, 1967; Kaldstad, 1995).

Several studies are executed during recent years in religion. These studies have generally shown that, there is a positive relation between mental health, meaning in life,

positive excitements, and happy life. But, in some studies, many ambiguous relations are reported between different aspects of religiosity and psychological adjustments, and similar events in people's life can be considered through different methods, depending on person's religious viewpoints. This study, given to indispensable role of religion in man's life, investigates the relation between devoutness and religiosity orientation with rate of depression in students.

MATERIAL AND METHODS

Since the recent study investigates the relation between variables after occurrence, so it is a correlation plan. The methodology is performing an inventory on students in Qeshm Azad University.

Statistical universe, sample size, sampling, and data analyzing: The statistical universe of the study includes all students studying in Qeshm Azad University, during 91-90 academic year. The classified random sampling is used to choose subjects. Given that it is a correlation one, the least sample size for each level of this research's variables is 30 (Sarmad et al., 2007). Given to statistical universe number, the sample was chosen of 300 people. Descriptive statistical method, such as frequency and percentage, were chosen for data analyzing. From inferential statistical methods, t-test and correlation coefficient methods were used for two independent groups.

Data collecting tools

Allport's internal and external religiosity orientation scale: One of the scales which is made in this area and has considerably attracted attentions is Allport's internal and external religiosity orientation. He tried to make a scale based on his theoretical efforts in order to measure religiosity orientation. For that, he made a 20 items scale, which 11 items referred to external religious orientation, and 9 items pointed to internal religious orientation.

To measure test validity in Iran, Fagin's internal and external religious orientation scale translated to Farsi and its integrity corrected through reviewing made by other experts and re-translating it, and then through several rewriting it has tried to fit it with religious and cultural context of Iran, and choices were set based on LIKERT scale. The reliability of this scale was examined by Janbozorgi (1999) in a sample of 235 students of Tehran province, with 737% reliability based on Alpha Kronback.

Maabad inventory: This inventory is designed to measure rate of religiosity. Its validity through retest, split half, and alpha kronback is reported 76%, 91%, and 94%, respectively (Golzari, 2001). This test has high logical, formal, and content validity. For its criterion-based validity, also 84% and 74% coefficient are obtained through comparing religious and non-religious people.

Beck's depression scale (a short form): The test data, to a relatively high degree, show depression signs based on theoretical and clinical observations. Lee Hee (1992) stated that, Beck (1972), and Beck (1974), have collected its short form for rapid execution in clinical and research positions. A 13 items scale is used in this study; a 90% validity coefficient is investigated for this form. Ebrahimi (1992) reported reliability of the test of 76% through retesting on 20 normally subjects after two weeks (cited. Norman et.al, (1996) in a research reported a 91% validity coefficient for the test (cited of Bahrami Ehsan, 2002).

RESULTS

In relation with responsive distribution based on sexuality variable, findings stated that, 51.9% (148 people), and 48.1% (137 people) were boys and girls respectively (Table 1).

Results of investigating main hypothesis are presented in Table 2. Investigating correlation coefficients observed between religiosity and depression rate shows a negative and significant relation (r=-0.254). So, there is a significant relation between religiosity and depression rate among students in Azad Qeshm University, and the more is religiosity among students, the more their depression relaxes, and vice versa.

Table 1- The responsive distribution based on sexuality

Sexuality variable	Index	
	Frequency	Percentage
Girl	148	51.9
Boy	137	48.1
Total	25	100.0

Results of investigating main hypothesis of study are presented in Table 3. Investigating correlation coefficient observed between religiosity orientation and depression rate shows a negative and significant relation (r= -0.128) hence, there is a significant relation between depression rate and religiosity orientation among students in Azad University of Qeshm, and the more is internal students religiosity orientation, the more their depression relaxes, and vice versa.

According to Table 4, t-value (3.607 with freedom level of 283) in religiosity component is significant at α=0.05, so the null hypothesis is rejected, and research hypothsis is confirmed, in the other word there is a significant relation between male and female students in religiosity rate, and comparing mean of two groups shows that level of religiosity among boys is more than girls.

Based on Table 5, we can see that t-value (-0.729 with freedom level of 283) in religiosity orientation level component is not significant at α=0.05, therefore null hypothesis cannot be rejected in this component but, research hypothesis is rejected. On the other hand, there is not a significant relation between religiosity orientation level among male and female students.

Table 2- Correlation matrix of relation between religiosity and depression rate

Correlation matrix		Depression rate
religiosity	Correlation coefficient	-.254**
	Two –tailed significant level	0.000
	Frequency	285

Significant level at ∝=0.01

Table 3- Correlation matrix of relation between religiosity orientation and depression rate

Correlation Matrix		Depression Rate
Religiosity orientation	Correlation rate	-.128*
	Two-tailed significant level	0.030
	Frequency	285

Significantly at ∝=0.05

Table 4- Independence t-test for comparing religiosity rate between male and female students

Row	Variable	Index					
		Number	Mean	Standard deviation	t-value	Freedom level	Significant level
1	Boy	148	101.6959	15.02228	3.607	283	0.000
2	Girl	137	94.6204	18.04656			

Table 5- Independent t-test for comparing religiosity orientation rate between male and female students

Row	Variable	Index					
		Number	Mean	Standard deviation	t-value	Freedom level	Significant level
1	Boy	148	51.9122	6.28239	-0.729	283	0.466
2	Girl	137	52.5328	8.03673			

DISCUSSION

About the first hypothesis, results show that there is a significant relation between religiosity and depression rate among students of Azad University of Qeshm, and the more is religiosity rate in students, the more their depression relaxed and vice versa. This finding is consistent with many studies (Sovinton, 2001; Hooj, 2002; Margentic and Marjentic, 2005; Mc.Kaloo et al, 2000; cited of Shafiei et al, 2008). Koenig et al (2001); Maton (1989); Roghanchi (2005) have also referred to the relation between mental components (depression, anxiety, stress, etc.) and religiosity rate, and have found a negative significant relation between them.

About the second hypothesis, results show that , between religiosity orientation and depression rate is a significant relation, and the more is internal religiosity orientation, the more their depression relaxes and vice versa. This finding is consistent with Malt et al. (2005); Mokhtari (2000); Vafaei Poor (1999); Roghanchi (2005); Eslami et al. (2001); Dehkordi et al. (2011); Soulati et al. (2011); Bayati et al. (2008).

In relation with the third hypothesis, results show that here is a significant relation between boys and girls religiosity, and comparing two groups' mean shows that, religiosity mean among boys is more than girls. Results are inconsistent with Taminin (1994, cited of Argyle, 2000), and Jamali (2002, cited of Shafiei et al, 2008), which stated, women are generally more religiosity that men and feeling togetherness to god, and guiding occurs earlier among them.

In relation to the forth hypothesis, results show that there is no signification relation between boys and girls in religiosity orientation. This finding is inconsistent with Jamali (2002, cited of Shafiei et al, 2008).

What is obtained from the study indicates the role of religiosity and faith in reducing mood symptoms associated with depression; means what is referred to in pre-executed studies and religiosity texts. It seems that religiosity beliefs creates a strong place in an individuals' heart to faraway of temper disorders including hapless, low motivation, pessimism toward ourselves, life , and future and so on. So, given to obtained results and other consistent researches, it is recommended that more focus should be toward improving internal religiosity perception and faith, and these subjects can be used more in interventions related to depressive people.

In future studies, in an attempt to understand which matters, including principal or secondary, plays a dominant role in reducing mood symptoms , also we can more focus on details of faith and religion matters, which investigating these issues needs to be studied in a psychological-religiosity approach.

REFERENCES

Allport GW (1966). Religious context of prejudice. Journal for the Scientific Study of Religion, 5: 447-457.

Allport GW & Ross JM (1967). Personal religious orientation and prejudice. Journal of Personality Psychology and Social, 5: 432-433.

Argyle M (2000). Sex differences in aggression between heterosexual partners: A meta analytic review. Psychological Bulletin, 126: 651-680.

Bahrami E (2002). The relation between religiosity orientation, anxiety, and self –honor. Psychology journal 24, sixth year, No. 4.

Bayani A & Godarzi H (2008). Investigating relation between religiosity orientation with anxiety and stress in students, journal of fundamentals of mental health, No.39.

Beck AT (1976). Cognitive therapy and emotional disorders. New York: International University Press.

Dehkordi M, Oraki M, Barghi Irani Z & Kiarad K (1390). Investigating religiosity orientation relation with self-estrangement, depression, and death anxiety in students od Payam Noor in Tehran province, journal of Azad university, No.49.

Eslami A, Shojaei zadeh D & Vakili M (1380). Investigating depression degree and its relation with individual's attitude toward religiosity, among medical students, journal of medicine and purification, No.2, P 39.

Golzari M (2001). Religious beliefs performance scale, Abstracts from religion and mental health articles.

Gorsuch RL (1988). Psychology of religion. Annual Review of Psychology, 39: 201-221.

Kaldestad E (1995). The empirical relationship of the religious orientation of personality. Scandinavian Journal of Psychology, 36: 95-108.

Koenig HG, MCcullough ME & Larson DB (2001). Handbook of religion and health. New york:Oxford university press.

Maltby J, Lewis CA & Day L (2005). Religious orientation ,religious coping and happiness among uk adults. Personality and Individual Differences, 38:1193-1202.

Maton KI (1989). The stress–buffering role of spiritual support:Cross-sectional and prospective investigations. Journal for The Scientific Study of Religion,28:310-323.

Mokhtari A (2000). The relation of internal and external religiosity orientation with tension degree among students of Tehran University. MA thesis, Tarbiat Modarres University, Tehran

Roghanchi M (2005). The relation of religiosity orientation with mental health of students in Razi University. MA thesis advisory, University of welfare and rehabilitation sciences.

Janbozorgi M (1999). Investigating effectiveness of psychotherapy with and without Islamic religiosity orientation on anxiety and tension. Phd thesis, Tehran, Tarbiat Modarres.

Sarmad Z, Bazargan A & Hejazi E (2007). Research method in behavioral sciences. Tehran University: Agah publication.

Shafiei Y, Ghorbani N, Ghobari-Bonab B & Yousefi A (2008). Comparative investigation effect of spiritually experience scale and spiritually exalted scale in predicting students depression, Journal of Education, 3.

Solati K, Rabisi M & Shariati M (2011). The relation between religiosity orientation and mental health. Journal of medical science of Ghom University, No.3.

Vafaei Poor S (1999). The role of religiosity orientation (internal and external) and religiosity confrontation in occupational stress in female teachers of Hamedan. MA thesis, Tarbiat MoalleM University, Tehran

Hendriksen, J. G.. M., Keulers, E. H. H., Feron, F. J. M., Wassenberg, R., Jolles, J., & Vles, J. S. H. (2007). Subtypes of learning disabilities: Neuropsychological and behavioural functioning of 495 children referred for multidisciplinary assessment. *European Child and Adolescent Psychiatry, 16*(8), 517-524.

Kring AM, Davison GC, Neale JM & Johnson SL (2007). Abnormal Psychology. Publication Arjmand, Tehran, Iran.