



The Relationship between Religious Beliefs, Optimism and Moral Health of the University Students

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ABSTRACT: The target of the current study is to assess the relationship between religious beliefs & optimism and moral health of the students of Martyr Mofatteh Pardis University of Farhangian of Shahr-e-Rey. The sample is 200 students, gathered by clustered accidental sampling. To measure the variables, Arian religious questionnaire, ASQ optimism test and moral health benchmark were used and to analyze the data, Pierson cohesion test and multivariable regression were used. The results showed that there is a meaningful relation between religious beliefs and moral health. The results of the multivariable regression showed that the variables of religious beliefs and optimism, respectively, were the factors of forecasting the moral health.

Key words: Religious beliefs, Optimism, Moral health

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INTRODUCTION

Human being is involved in many issues that to reduce or remove them, he uses many tools. One of the main ways, that has been very useful for a long time, is to ask God for help (Mousavi, 2007). The need to understand the beginning and the self, the need of understanding the target of life and the role of human being in life and the way people respond to the world are some of the religious needs (Ghera'ati, 2005). Religions and beliefs are the major compartments of any nation which lead and coordinate the society. The religious rules and ceremonies are the factors which can be used to prevent and treat psychological disorders efficiently (Asemi, 2006). Religious beliefs and religion provide people with calmness and ensure the security of them. They also strengthen the moral, emotional and behavioral aspects in individuals and societies and make a powerful base against the problems and deprivations of life (Asadi Noghani et al., 2005).

Creation of an infinitely strong moral connection ensures people to have a powerful force which supports them forever. These people pass over the bad events relying on their beliefs and trust to God and therefore have less stress which results in their expectations of the future to be more hopeful and optimistic. The new psychology is trying not to be merely dependent on psychological matters and emphasize more on the positive aspects of life. The target of this positive psychology is to accelerate the change of the main trust of psychology so that, besides the treatment and healing of the illnesses, the positive quality of life is enhanced (Seligman and Siczentemhelay, 2000). Optimism mentions the aspect in which the positive consequences are expected and these consequences, as the positive results of the fixed factors, are considered internalized and total. If

the human understandings are companied by a positive concept of oneself and self-control and an optimistic view, even a fake one, not only will help them to control the everyday stress, but also will aid them to confront the hard events of life better (Bouyeri, 2007).

Optimism has shown levels of positive relation with perseverance, publicity, success in education, athletic, army, career, politics, family, health and even lifespan and absence of emotional impacts (Peterson, 2000). Health is a vast concept and the definition of it depends on the level of awareness and the way societies believe in different geographical and cultural regions (Jane and Jenny, 2000). Health is a multidimensional issue whose issues affect one another and the result of these interactions influences the health of the society and individuals (Linda and Kevin, 1994). At the moment most of the health models include moral health as well. The meaning of morality is in interaction with all of the fields of health at any age and researchers from round the world are interested in it (Omidvari, 2006). Moral health is an important aspect of health in human being which integrates and coordinates the internal forces of people and therefore is known with some characteristics such as life stability, peace, coordination and appropriateness.

Moral health determines the completion and integration of individuals (Grayon and Hillner, 2003, mentioned by Rezaei et al., 2008). Gomez and Fisher define the moral health as a state of being, positive emotional reactions and behavior and relation identification of self, others and an unknown force and nature that makes individuals have a feeling of identity, perfection, satisfaction, joy, happiness, beauty, respect, positive view, calmness, internal balance and life targeting (Gomez and Fisher, 2003,

mentioned by Moudley, 2008). Morality and moral health can appear in many forms: interaction with others, specific interactions via love, respect, trust, honesty, integration, devotion, care, experiences about nature which cause to feel close to the natural world, connection with unavailable spirits and non-personal connections with some supernatural forces or the guiding force of the world or an individual god who knows the person and cares about him (Kernz et al., 1998, mentioned by Omidvari, 2006).

The researchers have studied the variables for several times some of which are mentioned below: In a research by Shahni Yeylagh et al. (2004), the scientific relation between religious views, optimism, mental health and physical health among the students of Chamran university of Ahvaz was assessed. According to the findings, the direct routes from religious views to optimism and mental health were meaningful. Also the indirect routes from religious views to mental and physical health and from optimism to physical health were meaningful.

In another research by Atari et al. (2006), the relation between simple and multiple religious views, optimism and styles of interest with matrimonial satisfaction among the male students of Chamran University of Ahvaz was assessed. The results of multiple regression showed that the religious-view variables of forecast, optimism and styles of interest determine 37 percent of variance of the matrimonial satisfaction.

In a research by Bouyeri (2007), the relation of optimism, mental health and life expectancy among the secondary school female students of Izeh was assessed. According to the findings direct routes from optimism to wittiness, optimism to mental health, optimism to life expectancy and mental health to life expectancy were positive and meaningful. Fringe et al. (1997), assessed the relation of moral health, religion, hope, depression and other emotional moods with compatibility of the elderly suffering from cancer. The results showed positive relation between internal religiousness, moral health and hope and other emotional moods; and also negative relation between depression and other emotional moods were seen.

Morga et al. (2006), in a study of moral health assessed the religious compatibility and life quality of Afro-American women who were in the middle of breast cancer treatment. The analysis of the data showed that these women were more positively compatible and there was a meaningful relation between moral health and aspects of the quality of physical life, excitement and functional health.

Gelber (2004), assessed the relation between praying, internal religiousness and mental and moral health. The results showed that there was a meaningful and positive relation between religious

health and internal health of the participants. Also a positive and meaningful relation was seen between moral health and internal moral motivation. Mayes et al. (2004), in a research assessed the relation between morality and religion with optimism, understanding of the health styles and growth among Afro-American males. The findings showed that the people who had higher morality levels, comparing to the others who had lower levels of morality, reported better health and were more optimistic to recover.

Seti and Seligman (1993), assessed the relation between optimism and various religious thoughts. The results showed that there was a positive coherence between optimism and religious beliefs. In a study on 175 breast cancer patients, the results showed that the level of moral health in women with religious beliefs was higher and these women have reported religion as their major motivation in life (Abren, 1998).

McFarland (2009), assessed religion and mental health among the elderly. The results showed that the men who had higher levels of mental health were more benefitted from the religious activities than women were. Also the women who had more religious activity were similar to the ones who, on average, were moderately or lowly active about religion. Finally the men who had high levels of organized religious activities were at the highest levels of mental health among all.

Psychologists believe that there is an unbelievable force in worshipping God that provides people with moral power and helps them in life problems and also influences their thoughts positively. Various studies insist on the positive effects of optimism on the different aspects of health. The question of the current research is to know if there is a relation between religious beliefs & optimism and moral health of the students of Martyr Mofatteh Pardis University of Farhangian of Shahr-e-Rey.

Research hypothesis

1. There is a relation between religious beliefs and moral health among the students.
2. There is a relation between optimism and moral health of the students.
3. There is a multiple relation between religious beliefs & optimism and moral health of the students.

MATERIAL AND METHODS

The statistical sampling society in the current research was the students of Martyr Mofatteh Pardis University of Farhangian of Shahr-e-Rey in 2013 academic year. The samples were 200 students of the mentioned university selected by clustered accidental sampling. The follow tools used for data collection.

MORAL HEALTH MEASUREMENT: This measuring system was created by Polotzin and Ellison in 1982. It consists of 20 questions from which 10 are to measure

internal health and 10 are about religious health. The answers are multiple-choice of 6 parts from absolutely agree to absolutely disagree. The initial studies reported the internal reliability of the measure up to 99 percent and Allison Asmit reported it as 94 percent in 1991. The final internal reliability for the whole was 89, 88 and 81 percent, respectively; and moral health had positive and meaningful coherence with religious health ($r=0.89$, $p<0.0001$) and internal health ($r=0.90$, $p<0.0001$). In the current research, to determine the reliability and stability of the moral health measurement, it was simultaneously tested with mental health measurement SCL25 and its credibility was $r=0.13$ & $P= 0.04$. The credibility of the test was measured by Cronbach's alpha test as 0.89 which shows acceptable credibility of this measurement. Also the credibility of the contents of this measurement was assessed by some psychology experts and they determined the questions as good and related.

ARIAN RELIGIOUSNESS TEST: Arian (1999) using the questionnaire of Alport internal and external directed religious test, and considering the religious and cultural differences of Iran, created this test. This measurement is a tool to determine how religious a person is within 20 questions. The choices are from 1 (very little) to 5 (very much). In one Arian test, they tested the questionnaire for a sample society of Allame-Tabatabaei University students in Tehran and its credibility was reported 0.92 which is acceptable. In the current study, to check the credibility and stability of Arian religiousness test, it was conducted simultaneously with Mosalman religiousness test and the credibility factor was tested simultaneously with Mosalman test ($r=0.76$) and the stability score by Cronbach's alpha and split-half method were 0.88 and 0.73, respectively.

ASQ OPTIMISM TEST: This is a self-reporting test which has been prepared by Peterson et al. (1982, mentioned by Movahed, 2003) and later translated to Persian by Shahni Yeylagh et al. (2003) in Iran and then edited and revised credibility. It consists of 12 hypothetical situations, 6 good and 6 bad ones. The

participants must imagine themselves in the situations and then answer the questions related to each situation. The credibility of this test, (in Peterson et al.'s research 1982, mentioned by Shahni Yeylagh et Al. (2003) has been estimated to be from 0.44 to 0.69. Shahni Yeylagh et al. (2003) rechecked this credibility by Cronbach's alpha, Spearman-Brown and Gatman tests. The results were 0.75, 0.67 and 0.67, respectively, which clarify acceptable credibility.

RESULTS

The descriptive findings of this study including statistical indexes such as mean, standard deviation, minimum, maximum and the number of samples can all be found in table 1 below. As seen in table 1, the mean and the standard deviation in religious beliefs are 66.58 and 19.29, in optimism 3.42 and 4.62, and in moral health 80.07 and 17.29, respectively. As seen in table 2, there is a positive and meaningful relation between religious beliefs and moral health of the students. ($p<0.0001$ and $r=0.77$). Therefore the first hypothesis is confirmed. In other words, the increase in religious beliefs of the students is accompanied by the increase in their moral health. As seen in table 3, there is a positive and meaningful relation between optimism and moral health of the students ($p<0.0001$ & $r=0.53$). Therefore the second hypothesis is confirmed. In other words, as optimism increases, the moral health of the students increases as well.

As seen in table 4, the results of the regression by continual entering method, the correlation factor for linear combinations of religious beliefs and optimism with moral health of the students were $MR=0.81$ and $RS=0.56$ which is meaningful as $p=0.0001$, therefore the third hypothesis is confirmed. According with the RS, it is clarified that 65 percent of the variance of the moral health of the students can be determined by the forecast variables. Also according to part B, we can notice that among the forecast variables, which are religious beliefs and optimism, the determiners of the moral health are religious beliefs and optimism, respectively.

Table 1. Descriptive statistics of variables

Variable	N	Mean	SD
Optimism	200	3.42	4.62
Religious beliefs	200	66.58	19.29
Moral health	200	80.07	17.9

Table 2. Simple correlation factor between religious beliefs and moral health of the students

Base variable	Statistical index of forecast variable	Correlation factor (r)	Meaningfulness (p)	Number (n)
Moral health	Religious beliefs	0.77	0.0001	200

Table 3. Simple correlation factor between optimism and moral health of the students

Base variable	Forecast statistical factor	R	Sig.	N
Moral health	Optimism	0.53	0.0001	200

Table 4. Multiple correlation factor for study variables

A		Statistical index	Multiple Correlation	Determining factors	F/P	Regression factor b	
Base variable	Forecast variable					1	2
Moral health	Religious belief		0.77	0.59	F=146 p=0.0001	b=0.77 t=14.87 p=0.0001	
	Optimism		0.81	0.65	F=187.81 p=0.0001	b=0.66 t=14.6 p=0.0001	b=0.28 t=6.16 p=0.0001
B	Statistical index	Multiple Correlation MR		Determining factorRS	Proportion F Possibility P	Regression factors b	
	Forecast variable					1	2
Moral health	Religious belief		0.77	0.59	F=146 p=0.0001	b=0.77 t=14.87 p=0.0001	
	Optimism		0.81	0.65	F=187.81 p=0.0001	b=0.66 t=14.6 p=0.0001	b=0.28 t=6.16 p=0.0001

DISCUSSION

According to the target of the research, which was to assess the relationship between religious beliefs and moral health of the students of university, the hypotheses of the study considering the background of the previous researches was confirmed. Backtrack to table 2 and considering the simple correlation factors between religious beliefs and moral health, the hypothesis was confirmed. The result of the first hypothesis was in accordance with Nesabeh (2005), Bahrami and Hasani (2005), Seyed Fatemi et al. (2006), Pakizeh (1999), Fringe et al. (1998), Barron (2000), Almer et al. (2003), Gelber (2004) and also Mayers et al. (2009).

To clarify the results of the current hypothesis, it is believed that the religion is an array of basic rules and obligations that have been sent to us from God by the messengers to invite human beings to obey the real truth and admit the reality of the one God. Moral support results in better feelings for individuals. In a study by Almer et al. (2003), they found out that the people who are involved in morality, have more effective responses to recover from harms and illnesses. Moral health is a complicated concept dependent on morality and religion. Moral health is the important and brilliant aspect of a healthy life which ends up to meaningfulness and target of it. This concept comes originally from the emphasis of life on individual relations, others, nature and god and has a multidimensional structure.

Religion and theology influence life in various cases. Therefore these two concepts are overlapping. Allison (1983) describes that morality enables human to move towards the moral health accompanied by physical challenges. According to the available studies in the current research, there is a relation between optimism and moral health of the students. This is in accordance with Shahni Yeylagh et al. (2004), Bouyeri (2007), Peterson et al. (1988), Hawker et al. (1992), Seligman (1993), Mayers et al. (2004) and also Virasting and Teperman (2000). To clarify this, we can mention

that the mental world of human being is more important than his body and physical world.

One of the recent concepts, which have been the center of attention in the last few years, is the concept of optimism. It is one of the positive attitudes of human being in which the positive consequences are considered as the total, internal and permanent factors. When the human understanding is accompanied by a positive concept of oneself, besides helping him in ordinary situations, it will help him in stressful and threatening situations. These days a new aspect of health called moral health has been in the center of attention by the researchers. Fisher (1998) mentioned that moral health is a basic aspect of health which is the coordinating force and completing factor of human health (aspects of mental, physical and excite mental). The result of having moral health is achieving internal calmness and relaxation and human will be suffering psychological disorders when his moral health lacks.

REFERENCES

- Arian, S. K. (1999). The relation of religiousness and psychological health among the Iranians of Canada, studied at Allameh Tabatabaei University, Tehran.
- Asadi Noghani, A. A., Omidi, S, HajiAghajani, S. (2005). Psycho-nursing, published by Boshra, Tehran.
- Asemi, Z. (2006). The effect of religion on mental health of the students of Azad University of Torbat jam, Studied at Azad University of Torbat Jam.
- Atari, Y. A., Abasi Sarcheshmeh, A, Mehrabizadeh Honarmand, M. (2006). Assessment of simple and complex relations of religious views, optimism and interest styles with matrimonial satisfaction among male married students of Martyr Chamran University of Ahvaz, the magazine of behavioral science and psychology, spring, 13 (1(psychology special issue)): 93-110
- Bouyeri, I. (2007). The relation between optimism and mental health and life expectancy among the

- teachers of the secondary schools of Izeh, Studied at Azad University of Ahvaz.
- Ellison, C.W.(1983). Spiritual well-being: Conceptualization and measurement. *Journal of psychology and Theology*, 11(4), 330-340.
- Elmer, L., MacDonald, D., & Friedman, H. (2003). Transpersonal psychology, physical health, and mental health: Theory, research and practice. *Humanistic psychologist*, 31,159-181.
- Fehring, RJ, Miller, J.F, Shaw, C. (1997).Spiritual well-being, religiosity, hope, depression, and other mood states in elderly people coping with cancer. Marquette University in Milwaukee, WI, USA. Available from: <http://www.pubmed.gov>
- Fisher, J. (1998).Spiritual health: its nature and place in the school curriculum. PhD thesis, University of Melbourne. Available from: <http://eprints.unimelb.edu.au/archive>.
- Gabler, W.M. (2004).The Relationship of prayer and Internal Religiosity to Mental and Spiritual Well-being. Master thesis, University of Wisconsin-Stout.
- Ghera'ati, M., (2005). A ray of the secrets of the prayers, published by the cultural center of lessons of the Quran, Tehran.
- Hasani Vajari, K., Bahrami, E. (2005). The magazine of psychology, Comparison of the effects of religion and moral health on mental health, autumn, 9 ((series 35) the special published issue for psychology and religion): 249-260
- Hooker,K, Monahan. P, Shifren and Hutchinson.C. (1992).mental and physical health of spouse caregiver. The role of personality *Psychology and adding*, 7, (3).
- Jane, W, Jennie, N. (2000).Health Promotion Foundation for Practice. Second Edition, Harcourt Published.
- Linda, M. & Kevin, k., (1994).Research on the demography of aging in developing countries. Demography of aging. National academy press washing.
- Mayers V.M., Kilpatrick, R., Cochran, S.D., Calzo, J.P. (2004). The relationship of religion/spirituality to optimism, perceived health status and HIV progression in seropositive African American men who have sex with men. International Conference on AIDS. University of California, School of Public Health, Los Angeles, United States.
- McFarland, M. J. (2009).Religion and Mental Health among Older Adults: Do the Effects of Religious Involvement Vary by Gender? Department of Sociology, University of Texas, Austin, TX 78705.
- Moodley, T. (2008). The Relationship between Coping and Spiritual. Doctoral dissertation (Child Psychology), University of the Free State Bloemfontein.
- Morgan. P.D, Gaston, J & Mock. V. (2006). Spiritual well-being, religious coping, and the quality of life of African American breast cancer treatment: a pilot study. Department of Nursing, Fayetteville State University, 17(2):7-73.
- Motahari, M. (2001). Education in Islam, published by Sadra, Tehran.
- Mousavi, S.M. (2007). Miracle Spirituality. Lifeline Press. 696.
- Nesabeh, M.H. (2005). The effects of the beliefs and religious thoughts on mental health, studied at Shiraz University.
- Obrien ME. (1998).Spirituality in nursing: standing on holy ground.1st Edition, Jones and Bartlett Publishing: Massachusetts, 1225-1235.
- Omidvar, S. (2008). Moral health, concepts and challenges, the mid-streams of Quran studies, winter, 1(1): 17-58
- Pakizeh, A., (2008). Presented article at the 4th seminar of mental health of university students.
- Paloutzian, R. F., &Ellison, C. W., (1982).Spiritual well-being scale. In P.C.Hill & R. W. Hood (Eds.), Measures of religiosity (p. 382-385). Birmingham, AL: Religious Education Press.
- Peterson, C. (2000). The future of optimism. *American Psychologist*, 55, 44-55.
- Peterson, C., Seligman, M. E. P., Villant, G. E. (1988). Pessimistic explanatory style is a risk factor for physical illness: A thirty-five-year longitudinal study. *Journal of Personality and Social psychology*, 55, 23-27.
- Rezaei, M., SeyedFatemi, N, Hoseini F. (2008). Moral health among the patients of cancer during chemotherapy, autumn and winter, (3-4): 33-39
- Seligman, M., & Csikszentmihalyi, M. (2000). Positive psychology: An Introduction. *American Psychologist*, 55, 5-14.
- Seligman, M.E.P and Sethi, S. (1993). Optimism and fundamentalism. *Psychological Science*, 4, 256-259.
- SeyedFatemi, N., Rezaei, M, Givari, A, Hoseini F. (2006). The effects of praying on the moral health of the patients of cancer, autumn, 5(4): 295-304
- Shahni Yeylagh, M., Shekarkan, H, Movahed, A. (2004). Reasonable relation between religious views, optimism, physical health and mental health among Chamran University of Ahvaz, the magazine of behavioral science and psychology, spring and summer, 11 (1-2 (psychology special issue)): 19-34.
- Weerasingne J, Tepoerman ,L.(2000).Suicide and happiness. *Social indicators Research* ,32(3),199-233.