Investigate the Relationship of Religiosity and Its Dimensions with Anxiety of 20- to 30-Year-Old Single Female Students

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ABSTRACT

The present paper aims to investigate the relationship between religiosity and anxiety of 20- to 30-year-old female single students who have been studying at Payame Noor University of Karaj in 2012-2013. The research is a descriptive-correlational study whose population consists of all 20- to 30-year-old single female students of Payame Noor University of Karaj in academic year of 2012-2013, from which 50 students have been selected using the convenience sampling method. The research tools include the religiosity questionnaire developed by Serajzadeh and the Beck Anxiety Inventory (BAI). The research data have been analyzed using descriptive statistics methods along with the Pearson’s correlation coefficient test. The results of this study showed that there is a negative and significant correlation between religiosity and anxiety (P<0.01). Also, the correlation has been observed between anxiety and all dimensions of religiosity.

INTRODUCTION

Prevention and treatment of anxiety is considered as a topic of applied research in the fields of religion. Human life in contemporary societies is full of risks and dangers. Sense of confusion, absurdity (due to deviating from the original nature), mechanical life, and prevalence of moral deviations has caused human beings to suffer from mental health problems more than ever. Human frustration and confusion is so vast that everyone can feel it [1]. In the world today which is full of hustle and bustle, and always causes psychiatric disorders, especially anxiety, one of the basic human needs isthe feeling of psychological security and comfort, namely a feeling of relative freedom from danger and having a spirit free from fear. It can be argued that the feeling of security is the basis and foundation of mental health so that without it, life becomes absurd and meaningless; meanwhile, religion or better to say being faithful to the origin of the universe is one of the ways to prevent and treat these disorders. Believing in the power of God, praying to God, and the submission to the will of God enables man to endure and soothe the pain and suffering; in the meantime, spiritual needs are met, ethical capitals are realized, and man is able to be away from his body and not to feel the pain; in other words, the human achieves comfort and does not experience stress [2]. Behaviors such as trust in God, patience, praying, pilgrimage, and so forth can cause the inner peace through creating the hope and positive attitudes. Believing that there is a God who controls situations and is responsible for worshippers, to a large extent reduces the anxiety associated with the situation, so that most faithful people describe their relationship with god as the relationship with a very intimate friend and believe that they can control effects of uncontrollable situations through relying on and having recourse to God [3]. Some researchers believe that one of the names which can be put on the 21st century is “the century of spirituality”; hence, it seems necessary to investigate the subject of religion and its impact on mental health. In the world today which is full of hustle and bustle and always causes psychiatric disorders, especially anxiety, religion or better to say being faithful to the origin of the universe is one of the ways to prevent and treat these disorders. Studies show that religious paradigms are effective in relieving mental pains, reducing anxiety and enduring stress; also, religious people are less likely to suffer from psychological distress. Absolutely, it cannot be claimed that religious people never suffer from anxiety or depression, but
studies show that they are capable of rescuing themselves from undesirable mental situations better and faster than unfaithful ones [4].

Based on what discussed so far, it can be said that the religion’s support of human beings is considered as one of the important social actions. In fact, religion affects the health of individuals through creating a supportive atmosphere and being “the source of social uniformity” [5]. According to the studies conducted in this regard, every year a hundred millions of young people worldwide are affected by mental illness, especially depression and anxiety. In Iran, 15% of the population over 15 years old are suffering from anxiety disorder while the cost of treating these patients and those suffering from depression, who constitute 25% of young adults, is estimated more than ten million dollars per year. Also, the results of these studies show that 50 to 70% of young adults suffering from depression and anxiety have attempted suicide [6]; considering this issue, the relationship of being religious with anxiety and psychological distress has been investigated in epidemiological studies. In this regard, Dabirinejad (2008) in a study on female students showed that there is a negative and significant relationship between religious beliefs and its dimensions and anxiety and depression. Also, Baron (2006) in a study as “The relationship of religiosity with health, happiness, and anxiety” investigated the relationship of religiosity with mental-physical health, happiness, and anxiety in a sample consisting of 941 students (408 males and 533 females) from different universities of Kuwait. The results of this study showed that there is a negative relationship between religiosity and anxiety as well as a positive relationship between religiosity and mental-physical health and happiness. Sigaroodi et al. (2009) in a study on 130 patients with anxiety concluded that people with religious beliefs, due to taking advantage of worshiping and praying, are treated sooner compared to nonreligious people [7].

Sharifi et al. (2006) in a study as “The relationship of religious attitudes with anxiety and aggression” and conducted on 400 students of Islamic Azad University of Ahvaz found that there is a negative and significant relationship between religious attitudes and anxiety and aggression [8]. Also, Kezdi et al. (2010), in a study conducted on 403 Hungarian students who were 20 to 25 years old, investigated the relationship of religious beliefs with anxiety and depression. The results of this study showed that there is a negative and significant relationship between religious beliefs and anxiety and depression [4]. Khatooni (1997) in a study showed that listening to Quran recitation reduces the anxiety of heart patients. Also, Ramezani (2001) found that using psychological treatments coupled with practices based on religious beliefs reduces the mental pains of people with AIDS and strengthens their power of preventing the spread and transmission of the virus to other people [7]. Radfar and Orooji (2001) in a study investigated the role of practical commitment to praying in the prevalence of anxiety. In this study, 400 female students from 3 educational districts of Qom-Iran were tested using the Cattell’s anxiety inventory and a form of questions designed to assess practical commitment to praying. According to the results of this study, people with higher practical commitment to praying show less anxiety. Poloma and Pendleton (1991) in a survey of 627 people in Ohio showed that there is a significant relationship between frequent prayers and feeling close to God and anxiety. Also, Poulner (1989) found that there is a negative and significant relationship between positive perception of God and anxiety [8].

Totally, the studies conducted in this regard have shown the effectiveness of religious interventions in the reduction of anxiety and tolerance of psychological pressures after recovery. Since Muslims believe that Islam, as an ideology, provides the most complete and best human life style and its decrees and orders cover a wide range of ethical, interpersonal, social, and health areas, it seems essential to scientifically study the effects and role of religious variables in mental health and reduction of stress and anxiety [9].

Thus, the present study is of utmost scientific importance; because in the case of proving the significant relationship between religion and anxiety, religiosity can be used as an effective factor for the prevention and treatment of mental disorders especially anxiety and provide the groundwork for future research.

The research hypotheses:

1) There is a significant relationship between religiosity and anxiety of 20-to 30-year-old single female students in Payame Noor University of Karaj-Iran in 2012-2013.

2) There is a significant relationship between the ideological dimension of religiosity and anxiety of 20- to 30-year-old single female students in Payame Noor University of Karaj-Iran in 2012-2013.

3) There is a significant relationship between the experiential dimension of religiosity and anxiety of 20- to 30-year-old single female students in Payame Noor University of Karaj-Iran in 2012-2013.

4) There is a significant relationship between the consequential dimension of religiosity and anxiety of 20- to 30-year-old single female students in Payame Noor University of Karaj-Iran in 2012-2013.

5) There is a significant relationship between the ritualistic dimension of religiosity and anxiety of 20- to 30-year-old single female students in Payame Noor University of Karaj-Iran in 2012-2013.
MATERIALS AND METHODS

The present study is considered to be a descriptive-correlational research in terms of its methodology. The research population consists of all 20- to 30-year-old single female students in Payame Noor University of Karaj-Iran in academic year of 2012-2013, from which 50 students have been selected using the convenience sampling method.

The data collection tools:
The research tools include the two following questionnaires:

1- The religiosity questionnaire developed by Serajzadeh (1996):

This questionnaire has been adapted from the model developed by Glock and Stark (1965) and fitted with Islam, especially Shi’a Islam. The questionnaire includes 26 items evaluating 4 dimensions of religiosity based on the 5-point Likert scale. In this questionnaire, items 1-7, 8-13, 14-19, and 20-26 respectively assess the ideological, experiential, consequential, and ritualistic dimensions. The internal consistency and test-retest methods were also used to check the validity of the scale. Totally, in the final implementation of the questionnaire, the Cronbach’s alpha coefficients for different dimensions of religiosity and the overall religiosity questionnaire were calculated equal to 0.72-0.83 and 0.83, respectively. Also, to assess the face validity, all statements of the questionnaire were carefully examined and confirmed by several doctoral students who were completely familiar with Islam [5].

2- The Beck Anxiety Inventory (BAI):

The results of studies conducted on the reliability and validity of the BAI have shown the high reliability and validity of this inventory. The internal consistency coefficient of BAI has been calculated equal to 0.92 and its reliability, using the test-retest method in an interval of one week, has been reported equal to 0.75; also, the correlation of its items varies from 0.30 to 0.76. Content and construct validity of this inventory have been simultaneously measured and all the results show the high efficiency of this tool in measuring anxiety [10].

The data analysis method:
Here, the descriptive and inferential statistics methods along with the SPSS software have been used to analyze the research data. The descriptive statistics methods include central and dispersion parameters such as mean and standard deviation and are used to describe the status of subjects. The inferential statistics methods used in this research include the regression test and the Pearson’s correlation coefficient.

Results:

To assess the research hypotheses, the research findings have been classified into two parts as descriptive and inferential ones.

A- The findings of descriptive statistics:

Table 1 shows the descriptive indices from which the indices including mean, central tendency, standard deviation, dispersion tendency, and scores of subjects have been calculated.

![Table 1: Descriptive indices (central tendency and dispersion measures) of variables applied in the research](image)

B- Inferential statistics:

here, the relationship between the variables is firstly examined using the regression analysis test; and then the research hypotheses are assessed based on the results of the regression analysis.

The first hypothesis:
There is a significant relationship between religiosity and anxiety of female students.

In above hypothesis, \( \rho \) stands for the Pearson’s correlation coefficient between religiosity and anxiety of female students.
According to table 2, there is a significant relationship between the variables of religiosity and anxiety level of female students, because the significance level (0.0001) is lower than the criterion significance level (0.01) and the correlation value (Pearson’s correlation coefficient) is reported equal to -0.545 ($R_{rx} = -0.545$).

**The second hypothesis:**

There is a significant relationship between the ideological dimension and anxiety of female students.

According to table 3, there is a significant relationship between the variables “ideological dimension” and “anxiety level” of female students, because the significance level (0.01) is equal to the criterion significance level (0.01) and the correlation value (Pearson’s correlation coefficient) is reported equal to -0.362 ($R_{rx} = -0.362$).

**The third hypothesis:**

There is a significant relationship between the experiential dimension and anxiety of female students.

According to table 4, there is a significant relationship between the variables “experiential dimension” and “anxiety level” of female students, because the significance level (0.018) is lower than the criterion significance level (0.05) and the correlation value (Pearson’s correlation coefficient) is reported equal to -0.334 ($R_{rx} = -0.334$). Also, the data of table 4 shows that 11.10% of changes in the anxiety level are explained by the independent variable.

**The fourth hypothesis:**

There is a significant relationship between the consequential dimension and anxiety of female students.

According to table 5, there is a significant relationship between the variables “consequential dimension” and “anxiety level” of female students, because the significance level (0.0001) is lower than the criterion significance level (0.01) and the correlation value (Pearson’s correlation coefficient) is reported equal to -0.594 ($R_{rx} = -0.594$). Also, the data of table 5 shows that 35.20% of changes in the anxiety level are explained by the independent variable.

**The fifth hypothesis:**

There is a significant relationship between the ritualistic dimension and anxiety of female students.
According to table 6, there is a significant relationship between the variables “ritualistic dimension” and “anxiety level” of female students, because the significance level (0.0001) is lower than the criterion significance level (0.01) and the correlation value (Pearson’s correlation coefficient) is reported equal to -0.547 ($R_{xy} = -0.547$). Also, the data of table 6 shows that 29.90% of changes in the anxiety level are explained by the independent variable.

Conclusion:
Considering the data analyses which totally confirm the research hypotheses, especially the first hypothesis indicating that there is a negative and significant relationship between all dimensions of religiosity and the anxiety level of female students, it is found that there is a negative relationship between religiosity and anxiety; this result is consistent with the findings of studies conducted by Baron (2006), Vaseghi and Mohammadi (2007), Francis et al. (1995), Sharifi et al. (2006), and Ellison et al. (2009), who have investigated the relationship between religiosity and anxiety. According to table 3 and results of testing the second hypothesis, it is observed that there is a negative and significant relationship between variables “ideological dimension” and “anxiety level” of female students. These results are consistent with the findings of studies conducted by Koenig (2007), Vahabzadeh et al. (2001), Tix and Fraser (2005), Razali et al. (1988), Templer et al. (1995), Dabirinejad (2008), and Kezdi et al. (2010), who investigated the relationship between religious beliefs and anxiety. Regarding the third hypothesis, the results of table 4 confirm this hypothesis indicating that there is a negative and significant relationship between the variables “experiential dimension” and “anxiety level” of female students. This result is consistent with the findings of Poloma and Pendleton who conducted a survey of 627 people in Ohio in 1991 and showed that there is a significant relationship between frequent prayers and feeling close to God and anxiety. Also, the results are consistent with the findings of Poulner (1989) who found that there is a negative and significant relationship between positive perception of God and anxiety. Regarding the fourth hypothesis, the results of table 5 confirm this hypothesis indicating that there is a negative and significant relationship between the variables “consequential dimension” and “anxiety level” of female students. This result is consistent with the findings of studies conducted by Koenig (2007), Vahabzadeh et al. (2001), Tix and Fraser (2005), Razali et al. (1988), Templer et al. (1995), Sharifi et al. (2006), Dabirinejad (2008), Kezdi et al. (2010), Jalilvand (2008), Panahi (2003), Radfar and Orooji (2001), Khatooni (1997), Ramezani (2001) etc. Regarding the fifth hypothesis, the results of table 6 confirm this hypothesis indicating that there is a negative and significant relationship between the variables “ritualistic dimension” and “anxiety level” of female students. This result is consistent with the findings of Jalilvand (2008), Panahi (2003), Radfar and Orooji (2001), and Khatooni (1997) who have investigated the relationship between religious rituals and anxiety.

Considering the results obtained from the present and previous studies, it can be said that the rise of religious beliefs can reduce the level of pathological anxiety and its effects and be used to relieve psychological distress; especially in Iran where religious faith is deeply rooted in people’s beliefs and has a special place among them, it is possible to increase the level of mental health through providing proper grounds for flourishing religious beliefs.

REFERENCES