

The Relationship between Religious Orientation and Students' Self-esteem

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Abstract

Background and objective: This study was conducted with aim of investigating the relationship between religious orientation and self-esteem of students.

Methods: The present research was of a correlational study. The research population consisted of all students (boys and girls) studying at Islamic Azad University, Payam Noor and Applied Science universities in Darehshahr city in the academic year of 2013-2014. 200 students were randomly selected as samples. The research tools included Allport Religious Orientation Scale, and Coppersmith Self-esteem Scale. In order to analyze the data, the statistical tests of Pearson correlation coefficient and Spearman correlation coefficient were used.

Results: The results showed a positive relationship between extrinsic religious orientation and self-esteem and a negative relationship between intrinsic religious orientation and self-esteem.

Conclusion: Overall, it can be concluded that internal religious orientation is associated with high self-esteem. These results pave the way for future research in a direction to determine whether the individual societies that ascribe higher respect to their religion possess higher self-esteem or not. It is clear, of course, that achieving such findings requires extensive studies.

Keywords: Religious Orientation; Self-esteem; Students.

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Introduction:

Our era is remarkable for religion researchers. At one point in the history of mankind, which many thought religion, dominated by science and rationality was going downhill, it is seen that, on the one hand fundamentalism throughout the world has taken a new life and on the other hand, interest in the new spirituality has suddenly surged. Evidence of the increase in the influence of fundamentalism is almost seen every day in our press, and we read the reports from the far

corners of the world that attempts, sometimes violent, are being made in order to define and adjust laws and traditions according to sacred or authoritative traditions or texts. New spirituality has become news worthy in this regard, but since it is the product of today's religious pluralism, it mainly tends towards personal rather than social transformations. This point becomes more lucid in the books dealing with spirituality which are embedded within the list of best-selling books. In addition, we see that numerous self-help fundamentalist groups of the spiritual dimension

and spiritual eclecticism make this point the subject of basic research. Even agencies such as federal offices (in America) in related make investments in research on spirituality. It is because they regard it as a probable factor in human welfare. This provides a valuable opportunity for researchers of psychology as well (1).

Previous studies have shown that religiosity in the broadest sense can balance severe crises of life. For example, Cook and WIMBERLY (1983) (2) reported that religious commitment affects the compromise of parents who have recently lost their child due to cancer. In recent years, numerous studies have been conducted on the relationship between religion and mental health. In general, these studies have shown there is a positive relationship between religion and mental health (3). In some studies, the relationship is ambiguous and unclear in many aspects of religiosity and psychological compromise have been reported. It seems that religious beliefs can have positive or negative effects on mental health and depending on one's religious views, similar events in their lives can be viewed quite differently. For example in Taylor' study (1983) (2) on cancer-stricken people, it was observed that some patients with cancer regarded it a test of God, while others thought it as a threat. Generally, some people may believe that their God will not inflict much injury or harm upon them which is uncontrollable. However, Mean while some other people may think that the Lord is trying to convey something important through the event or that the event is a punishment from God. Bergin (1983) showed that the reason for this incompatibility is the lack of separation between the two religious groups (religious people with internal and external religious orientation) (4). His study demonstrated that religion has a positive effect on mental health of individuals eligible to intrinsic religious orientation. Whereas individuals with extrinsic religious orientation not only will not benefit but they will face with negative consequences. For example, religious orientation has an average relationship (0.30 to 0.407) with anxiety reduction, depression, mental health improvement, self-esteem,

tolerance and restraint position (5-9). In contrast, extrinsic religious orientation has a positive relationship with anxiety (10) and depression, (11,12) and a negative relationship with intrinsic restraint position, (2) responsibility (13) and self-esteem (8)

Methods

The study was a correlational one. The population in this study included all students (boys and girls) studying at Islamic Azad University, Payam Noor and Applied Science universities, in Dareshtar city of Ilam province in the academic year of 2013-2014. The sample comprised 200 students studying at associate and bachelor levels. The measurement tools included Allport Religious Orientation Scale and the Coopersmith Self-Esteem Scale.

Allport Religious Orientation Questionnaire: This questionnaire contains 20 items, 11 of which are related to extrinsic religious orientation and item 9 is related to internal religious orientation. In 1963, Feck constructed a 21-item version of Allport's questionnaire which included all its items. In addition, it contained one more item added to it which enjoyed a high correlation (0.61) with extrinsic orientation. Since then this questionnaire has been used more frequently. According to Allport's study, the correlation between the items of intrinsic religious orientation was 0.21 with those extrinsic religious. In addition, the reliability using Cronbach's alpha was reported to be 0/74 (14) and 0/71 (15).

Coopersmith Self-Esteem Inventory: This scale contains 58 items, eight of which are lie detectors. 50 items are categorized into the four subscales of general self-esteem, social self-esteem, family self-esteem, and educational self-esteem (16).

Numerous studies since the time of its preparation by Cooper Smith have approved the validity and reliability coefficients. Cooper Smith found the validity of this test to be 0.88 and its reliability to be 0.7. Moreover, to evaluate the Coopersmith Self-Esteem Inventory, the Cronbach's alpha and bisection have been used (17). Reliability coefficient by Split-half and correction formula of Spearman-

Brown correction was calculated to be 0.83. In a study by Majidian and et al, the Cronbach's alphas were 0.81, having been carried out on a group of 50 patients (18). In a research by Shokrkhan and Neisi (1994) (19) on 360 first year students in three high schools in the city Najaf Abad in Iran, validity was calculated by correlating test scores of Coopersmith Self-Esteem Inventory with grade point averages of last year students. The coefficients were obtained to be 69% for the boys and 71% for the girls at the significance level of 0/01. Moreover, the reliability coefficient by test-retest method for boys and girls was found to be 90% and 92%, respectively (20).

Data analysis was done using the correlation method via the software SPSS. Both descriptive and inferential statistics were carried out to analyze data.

Results

In this section, data obtained from the sample are presented in terms of gender, age, marital status and employment status, respectively.

Discussion

According to Allport and Ross (1967) (21), a person who has an intrinsic religious orientation, lives with his religion but a person who is an extrinsic orientation uses the religion. For persons with intrinsic orientation, the main motivation lies inside their own religion. For such persons their personality with their religion merges into one. However, persons with extrinsic orientation have a tendency towards religion in order to attain their goals. In other words, those persons approach God without turning away from themselves.

Based on the foregoing statements, religious orientation can be associated with different components of mental health. In this regard, one of the most important issues in mental health is self-esteem or "self-glorification" which makes up one of the properties of human character, and certainly influences other personality characteristics. Furthermore, its shortage or deficiency prevents the growth of other aspects of the personality or imbalances them. It may even be the foundation of various

psychiatric illnesses such as depression, shyness, aggression, fear, etc (22). Self-esteem is the value given by a person's information and beliefs about his whole or part of the issues from him (23). In recent years, there have been some researches in this regard. For example to evaluate different aspects of the relationship between religious orientation and mental health, mental disorders, self-esteem, anxiety and to evaluate the ability of discrimination and religious orientation detection test, a series of studies were gradually carried out in a two-year project, and the results were summarized. The results showed that religious orientation was related to mental health improvement and the reduction of mental disorders. Besides, it is able to positively predict positive religious coping. Moreover, the relationship between self-esteem and religious orientation is positive (24). In addition, Bahrami (2002) has shown a direct relationship between religious orientation and self-esteem and an inverse relationship between religious orientation and anxiety and that an increase in religious orientation raises the level of self-esteem (16).

The results in the tables show 200 students 76 (38%) were male and 124 patients (62%) were women. In addition, for 200 students the mean age was 23.82 years and the minimum and maximum ages were 17 and 48 years. Out of 200 students, 138 (69%) were single, and 62 (31%) were married. Of 200 students, 40 (20%) were employed, and 160 (80%) were unemployed. The results listed in Table 2 about the variable external religious orientation show the level of significance (0.659) is greater than 0.05 with 95% confidence and a normal distribution. Therefore, the correlation of these variables was calculated by Pearson correlation test. The results in Table 3 show that the intrinsic religious orientation and self-esteem of students are positively correlated and the correlation is 0.15 ($p=0.034$). In table 4 the correlation between extrinsic religious orientation and self-esteem of students is given. Based on the results in the table 5, the probability of a significance level of 0.02 is less than 0.05; so with 95% confidence the coefficient is -0.164, so there is a negative

correlation between external religious orientation and self-esteem of students and the correlation coefficient is 0.164.

Table 1: Frequency and percent frequency, mean and standard deviation of sample group gender

Variable		Frequency	percent Frequency	
Gender	man	76	38/0	
	woman	124	62/0	
	Total	200	100/0	
Marital status	Single	138	69/0	
	Married	62	31/0	
	Total	200	100/0	
Job Status	Practitioner	40	20/0	
	Unemployed	160	80/0	
	Total	200	100/0	
age	mean	Standard deviation	highest score	lowest score
	23/82	4/124	17	48

Table 2: KOLOMOGROV-Smirnov test

		Extrinsic religious orientation,	religious orientation, internal
	Count	200	200
	Average	38/42	37/11
	Standard deviation	9/511	5/684
	Positive	0/50	0/083
	Negative	-0/052	-0/142
KOLOMOGROV-Smirnov		0/731	2/012
Statistical relationship		0/659	0/001

Table3. Spearman correlation test between intrinsic religious orientation, and self-esteem of students

		self-esteem	intrinsic religious orientation
Spearman	self-esteem	correlation coefficient	1/000
		Statistical relationship	0
		Count	200
	intrinsic religious orientation	correlation coefficient	0/150
		Statistical relationship	0/034
		Count	200

Table4. Spearman correlation test between intrinsic religious orientation, and self-esteem of students

		intrinsic religious orientation		self-esteem
Spearman	intrinsic religious orientation	correlation coefficient	1	-0/164
		Statistical relationship	0	0/020
		Count	200	200
	self-esteem	correlation coefficient	-0/164	1
		Statistical relationship	0/020	0
		Count	200	200

Conclusion

According to what was said earlier, many researches have been conducted on the relationship between religious orientation and components of health and mental health, which often show the presence of a relationship. The present study specifically examines the relationship between religious orientation and self-esteem. The results show that there is a positive correlation between religious orientation and self-esteem in such a way that there is a positive correlation (0.150) between intrinsic religious orientation and self-esteem though this correlation is not high. It can be seen that the more one's intrinsic religious orientation, the higher his self-esteem and vice versa. In other words, this is a direct relationship. Furthermore, there is a negative relationship (-0.164) between external religious orientation and self-esteem. Although the correlation is not high, it indicates that the more extrinsic religious orientation one has, the lower his self-esteem. In other words, this relationship is reverse. Generally, it can be concluded that intrinsic religious orientation is associated with high self-esteem; these results pave the way for further research in this direction, namely whether individuals of a community who put higher value on religion have higher self-esteem or not. Of course, achieving such results requires extensive research. Finally, it should be noted that the results are generalizable only to students of Islamic Azad University, Payame Noor and Applied Science universities of Dareshahr city. To generalize the results to the whole community more research is needed on other stratifications of the society.

Furthermore, the correlations between variables show merely the presence of a relationship between them; they are not to be thought of as cause-and-effect.

Reference

1. Wolf DM. Psychology of Religion, Translated by Mohammad Dehghani. Terhran: Growth; 1996.[Persian]
2. Park C, Cohen LH, Herb L. Intrinsic religiousness and religious coping as life stress moderators for Catholics versus Protestants. Journal of personality and social psychology. 1990;59(3):562.
3. Weiner IB, Hess AK. The handbook of forensic psychology: Pacific Grove: Brooks/Cole Company. 1996;21(2):2006.
4. Bergin AE. Religiosity and mental health: A critical reevaluation and meta-analysis. Professional psychology: Research and practice. 1983;14(2):170.
5. Baker M, Gorsuch R. Trait anxiety and intrinsic-extrinsic religiousness. Journal for the scientific Study of Religion. 1982;119-22.
6. Bergin AE, Masters KS, Richards PS. Religiousness and mental health reconsidered: A study of an intrinsically religious sample. Journal of counseling psychology. 1987;34(2):197.
7. Nielsen ME. Operationalizing religious orientation: Iron rods and compasses. The Journal of psychology. 1995;129(5):485-94.
8. Watson P, Morris RJ, Hood Jr RW. Interactional factor correlations with means and end religiousness. Journal for the Scientific Study of Religion. 1989:337-47.

1. Kaldestad E. The empirical relationships of the religious orientations to personality. *Scandinavian journal of psychology*. 1995;36(1):95-108.
2. Kojetin BA, McIntosh DN, Bridges RA, Spilka B. Quest: Constructive search or religious conflict? *Journal for the Scientific Study of Religion*. 1987;26(1):111-5.
3. Genia V, Shaw DG. Religion, intrinsic-extrinsic orientation, and depression. *Review of Religious Research*. 1991:274-83.
4. Park H-S, Murgatroyd W, Raynock DC, Spiliett MA. Relationship between intrinsic-extrinsic religious orientation and depressive symptoms in Korean Americans. *Counselling Psychology Quarterly*. 1998;11(3):315-24.
5. Kahoe RD, Dunn RF. The fear of death and religious attitudes and behavior. *Journal for the Scientific Study of Religion*. 1975;14(4):379-82.
6. Tahmasbipour N, Taheri A. The Investigation of Relationship between Religious Attitude (Intrinsic and Extrinsic) with depression in the university students. *Procedia - Social and Behavioral Sciences*. 2011;30(0):712-6. [Persian]
7. Mokhtari HA, Allahyari A, Rasoulzudeh Ttk. The relationship between religious orientation and stress. *Journal of Psychology*. 2001;5(17):56-67. [Persian]
8. Bahrami Ehsan H. The relationship between religious orientation, anxiety and self-esteem. *Journal of Psychology*. 2009;24:347-37. [Persian]
9. Jalali D, Nazari A. Effects of social learning model training on self-esteem, self-confidence, self assertiveness and academic achievement in third grade students of intermediary schools. *Journal of Research in Behavioural Sciences*. 2009;7(13):43-53. [Persian]
10. Majdian M, Aalimi H, Hobbi MB, Moradi A. Religious Attitude, Self-Esteem, And Locus Of Control. *Journal: Developmental Psychology. Journal of Iranian Psychologists*. 2010;6(22):151-7. [Persian]
11. Shokrkon H, Naysi A. The effect on self-esteem and academic performance of boys and girls School. *Journal of Education and Psychology*. 1994;1:11-27. [Persian]
12. Shahniyeilagh M. Prevalence and predictors of child abuse varies by parental mental health, adjustment, self-esteem and academic performance and demographic variables and non- abused female students in the school. *Journal of Educational Science and Psychology*. 2007;14:194-200. [Persian]
13. Allport GW, Ross JM. Personal religious orientation and prejudice. *Journal of personality and social psychology*. 1967;5(4):432-3.
14. Biabangard E. Methods to increase self-esteem in children and adolescents. *Society guardians and educators publication Republic Islamic of Iran*. 1994;1:45-52. [Persian]
15. Shamloo S. *Mental Health*. Tehran: Roshd; 1990. [Persian]
16. Bahrami Ehsan H, Tashak A. Dimensions of the relationship between religious orientation and mental health assessment and religious orientation scale. *Journal of Psychology and Education*. 2004;69:41-64. [Persian]