

The Relationship of Religious Orientation and Spiritual Health to Resilience among High School Sophomores in Kerman

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Abstract

Background and Objective: Resilience is one of the issues discussed in health psychology. Numerous studies have focused on factors related to this variable. The purpose of this study is to examine the role of religious orientation and spiritual health in predicting resilience.

Method: This study is of descriptive and correlative nature. The statistical population of the research includes all 4611 female students of the second year of high school in Kerman. The sample of 360 students was selected through multistage cluster sampling method. Data collection instruments were religious orientation questionnaire (Allport, 1967), spiritual health questionnaire (Palutzian & Ellison, 1982), and Connor and Davidson's resilience questionnaire (2003). To analyze the collected data, the statistical indices which are mean and standard deviation along with correlation and regression were used. In this study, the ethical issues were all considered and the authors declared no conflict of interest.

Results: Analysis of data showed that there was a relationship between religious orientation as well as spiritual health and resilience among female students. In this regard, 0.51 and 0.54 of the resilience variance is predictable through internal and external religious orientation, respectively. Moreover, 0.48 and 0.56 of resilience variance is predictable through religious health and existential health, respectively.

Conclusion: Considering the obtained results, those hypotheses which are based on the significant relationship of religious orientation and spiritual health to resilience are confirmed. Therefore, attaching importance to religion in educational contexts helps young adults to increase their resilience.

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Summary

Background and Objectives: Resilience is a general term which is used for those factors and processes that detach the growth path from the risk of problematic behaviors and psychological damage, resulting in compatible consequences despite adverse conditions (1). Some of the previous studies about resilience indicated the positive effect of resilience on improvement in mental health, life satisfaction, psychological well-being, decrease in stress and burnout (2, 3, 4, & 5). Trying to identify factors promoting resilience, some researchers have studied

religiosity. It seems that believing in a superior power is comforting in painful and threatening situations, facilitating tolerance of painful conditions (1). Allport introduced two religious orientations: internal and external. In a person with "internal religion", personal strong beliefs are central and important while social aspects of religion do not matter. But for people with "external religion", religious motives rely on external and social values and beliefs. (6)

Spiritual health is one of the variables that researchers have dealt with in the realm of psychology. Along with physical, mental, and social dimensions, spiritual health is one of the four dimensions of human health promoting general health and coordinating other dimensions (7). Alison (1983) believes that the concept

of spiritual health is composed of two components: religious health that is the sign of relation with a superior power (God) and existential health that is a social-mental element and thus a sign of one's feeling about who he is, what he does, why he does it, and where he belongs. These two dimensions are interactive and cover each other while conflicting (8). The results of 350 studies showed that people with spiritual health have healthier lifestyles, are more capable to cope with stress, and participate in religious rituals more. Besides, life expectancy in more religious people is seven years more than others; they are happier, more hopeful, mentally more stable, and physically healthier. They also commit fewer suicides and use fewer medical services (9).

Method: The present research is both descriptive and correlational. The statistical population included all 4611 female sophomores of high school in Kerman. Since the research purpose was regression, the sample size was determined based on the number of variables. Thus, 60 sample sizes were considered for each variable. After removing incomplete questionnaires, 341 questionnaires were analyzed in the final run. The sample was selected using multistage cluster sampling method with the inclusion criteria of being female and studying in high school. The data were collected using Allport's religious orientation questionnaire, Palutzian and Ellison's questionnaire of spiritual health, Conner and Davidson's questionnaire of resilience. The data were analyzed by descriptive and inferential statistics (i.e., mean and standard deviation, Pearson correlation coefficient and simultaneous regression analysis).

Results: The descriptive statistics related to the studied variables demonstrated that the highest mean was for resilience which was 86.70 ± 10.05 for average and SD while the lowest mean belonged to religious health at 25.12 ± 7.08 for average and SD. Moreover, the results showed a positive and significant correlation between three variables of internal religious orientation ($r = 0.51$, $p < .05$), external religious orientation ($r = .54$, $p < .05$) and spiritual health ($r = .62$, $p < .05$) and resilience. In addition, the F ratio indicated that the resilience regression based on variables of religious orientation and spiritual health was considerable. According to the results, the variables of external religious orientation, internal religious orientation and spiritual health entered the regression equation by 0.52, 0.48 and 0.37 standard regression, respectively. Therefore, it can be concluded that increase in internal/external religious orientation and spiritual health will increase resilience. In addition, standard regression coefficients showed that the religious health component (regression coefficient = 0.45) and the existential health (regression coefficient = 0.39) were significant predictors of resilience.

Conclusion: It seems that religion and spirituality with their special functions such as strong bond with God, setting a blissful life goal, building up a sense of social support, and enhancing self-esteem through spiritual life increase people's resilience.

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