Studying the Relationship between University Students' Anxiety and Depression with Religious Orientation, Quality of Sleep and Emotional Cognitive Adjustment

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ABSTRACT

Several studies have shown that mental health is positively associated with religious orientation, cognitive-emotional regulation and sleep quality. Therefore, the present study was conducted to investigate the relationship between university students' anxiety and depression with religious orientation, quality of sleep and their emotional cognitive adjustment. The statistical population of this study included all students of Shiraz University of Medical Sciences. A total number of 235 students participated in the study. The psychological characteristics of volunteers, including their psychological health, stress level, and sleep/awakening, were measured by interviewing. Beck Anxiety and Depression questionnaire, Granefski's Cognitive Emotion questionnaire, Pittsburgh Sleep Quality Index, and Allport and Ross Questionnaire were used to collect required data; collected data was analyzed using Spss-v21, Pearson correlation coefficient and stepwise regression analysis. Based on the results of the present study, internal and external religious orientation -accounted for 57-61% of changes in depression variance, 53-54% changes in anxiety variance, 29-38% of changes in sleep quality variance, and 12-14% of changes in emotional cognitive regulation variance. The findings of the present study showed that the more external the religious orientation, the higher the level of depression, anxiety, and sleep quality; additionally, the more internal the religious orientation, the lower the level of depression, anxiety, and sleep quality. However, the more internal the religious orientation, the higher the level of emotional cognitive regulation and the more external the religious orientation, the lower the level of emotional cognitive adjustment. Students' mental health promotion depends on their beliefs, their sleep quality and their emotional cognitive configurations. In this regard, it is necessary to pay more attention to the teaching of theoretical, psychological, religious and cognitive principles regarding the quality of students' sleep.

Key Words: Anxiety, Depression, Sleep Disorder, Religious Orientation, Cognitive Emotion Regulation

DOI Number: 10.14704/nq.2017.15.4.1155 **NeuroQuantology 2017; 15, 4:69-75**

Introduction

Relevant experts and specialists believe that maintaining and improving the health of university students, as a part of society which play crucial role in the configuration of society, is of particular importance and should not be ignored. Because of its young human structure, the university faces some maladjustment along

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Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.
Received: 12 November 2017; **Accepted:** 7 December 2017

with some external and internal stressors, which might cause serious mental and psychological harm for students. Meanwhile, factors like the duality of the family environment and education, lack of adequate knowledge of the university and cultural contradictions with other students, and family, social, moral, psychological, and mental problems originating from studying in remote universities generate certain abnormalities and difficulties for university students(Reavley and Jorm, 2010). According to a report by the National Association for Mental Health, the results of the Wolfsan Institute of Health Sciences in London show that 46 percent of male students and 64 percent of female students suffer from anxiety and 12 percent of male students and 15 percent of female students suffer from depression(Moo-Estrella *et al*., 2005; Rahmati *et al.*, 2017). Although biological, social and ethical factors are effective in the emergence of such emotional features, including anxiety and depression, the strategies that individuals use to regulate their emotions is of great importance. According to Granefski, these strategies are actions that represent ways of coping with a person's state of tension and unpleasant events (Garnefski and Kraaij, 2006). The strategies of self-blaming, blaming others, rumination and catastrophic reflection, in general, formulate negative strategies for excitement regulation; positive strategies for excitement regulation include acceptance strategies, re-engagement with planning, re-focusing positively, re-evaluating positively, and adopting a vision. Regulating cognitive emotion is an everlasting companion to a person who intends to manage or adjust his feelings and perceptions. A study of human behavior shows that emotional responses are regulated by each individual; such regulation might be one automatically or voluntarily, conscious or unconscious(Gross *et al*., 2006). Many emotional regulation processes are common among humans, but it seems that each person tends to use some specific patterns; these patterns are referred to as emotional regulation strategies, and its cognitive domain is called cognitive emotion regulation (Garnefski and Kraaij, 2006; Hafeziahmadi *et al.*, 2017). Cognitions or cognitive processes help people adjust their emotions and feelings and overcome intensity of their emotions (Aldao *et al*., 2010). One of the main areas of the functioning of excitement is the stimulation and adjustment of responses to stressors. In this context, emotion regulation strategies are considered as strategies for coping with stress (Forouhari *et al*., 2014).

According to some researchers, religion, with its impact on lifestyle and resolution of value conflicts, answers the basic questions of the human being about the purpose of life and the meaning of activities. Many studies have been done on the relationship between religion and mental health, such as (Ahmadi *et al*., 2015), (Mahani, 2016), (Hosseini *et al*., 2012), (Mazloomy Mahmoodabad, 2016) and (Schieman *et al*., 2013); some have affirmed the positive effects of religious attitudes on mental health. Bergin believes that religion brings a healthier lifestyle to people that is essential for their health (Richards and Bergin, 2000). Researchers such as Seligman(Seligman and Csikszentmihalyi, 2014) , (Koenig, 2012) reported that religious attitudes are positively associated with mental health (Argyle and Beit-Hallahmi, 2014; Javedani Masrour *et al.*, 2016). Studies also show that religion reduces depression(Bjorck and Thurman, 2007; Murphy *et al*., 2000). In this regard, Allport has introduced two external and internal dimensions of religious orientation. The external religious orientation of the layers and secular dimensions of life prioritizes one's spiritual dimensions, but the inner religious orientation of the whole life immerses in motivation and meaning and inspires worship (Gordon W Allport, 1963). However, research has reported contradictory results. Ellis stated that religion is associated with irrational thinking and emotional disturbances (Ellis, 2000), but Bergin, using evidence, dismisses the possibility of religion's accompaniment with psychological harm(Bergin, 1983). By a close analysis of 130 studies, Pargament stated that 34% of his review papers referred to a positive relationship between mental coping and adjustment and mental health (Pargament *et al*., 2000). O'Conner *et al.* stated that religion had a positive effect on anxiety (O'Connor *et al*., 2003). In a research study investigating the anxiety-related factors on 760 urban women, it was indicated that the Catholic women's scores in anxiety were significantly higher than others (Shreve-Neiger and Edelstein, 2004). However, the results of some other studies indicate the effect of religion on adaptation, promotion of mental health, reduction of symptoms and reduction of discomfort and turmoil(Forouhari *et al*., 2014; Shreve-Neiger and Edelstein, 2004). Despite the positive effects of religious practices on promoting mental health

and reducing anxiety and depression, and paradox findings of the relationship between religious tendencies and mental health Rodrigues, MF *et al*., (2017), there has been little research on the relationship between sleep disturbance and religious orientation. Darab Poor and Nooradin Vand's (2017) research, entitled "the relationship between religious orientation with general health and educational performance of university students", indicated that religious orientation has a significant relationship with anxiety, sleep disturbance and depression (Shahram Mami SHH, 2014). Shahram Mami *et al.,* (2014), in a research entitled "The Relationship between religious orientation, self-actualization, anxiety and sleep in couples from Ilam", concluded that the more external the religious orientation, the more anxiety and sleep disturbance (Shahram Mami SHH, 2014). In light of the inconsistencies and few researches in these fields, researchers have sought to investigate the relationship between anxiety and depression with religious orientation, sleep quality and cognitive emotion regulation in students.

Methods

The present cross-sectional study was conducted in order to investigate the relationship between university students' anxiety and depression with religious orientation, quality of sleep and their emotional cognitive adjustment; the statistical society included all students accepted for Shiraz University of Medical Sciences from 2014 to 2016. 235 volunteers participated in this research. After providing necessary information regarding the process of the research, how to answer the questions, confidentiality of included information and the option of the anonymity, a questionnaire was delivered among participants. Necessary data was collected through demographic checklists, Beck anxiety and depression questionnaires, Gravinsky Cognitive Censorship Questionnaire, Pentecostal Quality Assessment Questionnaire, and Allport and Ross Religious Orientation Questionnaire.

Beck anxiety questionnaire: Aaron Temkin Beck *et al*., In 1990, introduced the Beck Anxiety Inventory (BAI), which specifically tests the severity of clinical anxiety symptoms in individuals. This questionnaire presents a high validity, with an internal consistency coefficient of 0.92 (Steer and Beck, 1997).

Beck depression questionnaire: This questionnaire was first designed by Beck *et al.* in 1961; they conducted test-retest reliability, the ultimate coefficient of which turned out to be 0.93 in 1996. According to Tashkori and Mahiar the reliability coefficient of this questionnaire turned out to be 0.78 in 1994(Amir Hooshang, 2001).

Granefski's Cognitive Emotional Cognitive Regulation Questionnaire: The Cognitive Emotion Regulation Questionnaire was developed by Granovsky *et al*. (2001), (Forouhari *et al*., 2014), and its Persian has been validated by (Samani *et al*., 2007).

Pittsburgh Sleep Quality Assessment Questionnaire: This questionnaire is a measure of sleep quality of people and covers 7 main domains. Validity and internal consistency coefficients of this questionnaire turned out to be 0.83 and 0.63, in order. Malak *et al.* calculated Cronbach's alpha coefficient of this questionnaire to be 0.78 and 0.83.

Allport and Ross Religious Orientation Assessment Questionnaire: The test consists of 20 items with a Likert scale of five responses from very little to very high, which measures the internal and external religious orientation (Gordon W Allport, 1963). After translation, this scale was applied to 45 students and universities of Tehran and its reliability coefficient turned out to be 0.737 in Iranian society (J, 2010).

Data analysis

Descriptive and inferential statistic was analyzed using SPSS 21; Pearson Correlation Coefficient was used to determine the relationship between variables and stepwise regression analysis was used to determine the variation level of variance of dependent variable; the significance level was considered as $p < 0.05$.

Results

Descriptive findings

The descriptive results of Table 1 showed that the mean scores of internal and external religious orientation was 28.41 and 26.16 in boys and 28.72 and 25.23 in girls. Mean scores of depression and anxiety was 11.07 and 9.2 in boys and 10.09 and 9.4 in girls.

Correlation between research variables

The results of Table 2 show that there is a significant correlation between the research variables in all cases.

The results of Table 3 show that internal and external religious orientation predicts 61% and 57% of variance changes in depression.

The results of Table 4 showed that internal and external religious orientation predicted 54% and 53% of changes in the variance of anxiety.

The results of Table 5 showed that internal and external religious orientation predicted 38% and 29% of changes in the variance of sleep quality.

Table1. Descriptive statistics of the research variables

Variables		Boy students (122)		Girl students (113)		Total (235)	
		Mean	SD	Mean	SD	Mean	SD
Cognitive excitement regulation strategies	Blaming oneself	5.94	3.13	6.65	2.98	6.28	3.17
	Blaming others	5.86	2.79	6.88	2.80	6.35	3.83
	Rumination	10.75	5.83	10.57	5.54	10.66	5.68
	Pessimism	7.98	3.50	7.92	3.50	7.95	3.49
	Positive re-focusing	29.26	9.79	29.00	10.19	29.14	3.97
	Positive cognitive regulation	18.20	6.59	17.45	6.15	17.84	6.38
	Acceptance	11.53	5.49	77.75	5.32	11.63	5.40
Religious orientation	External	28.41	10.80	28.72	10.76	25.73	1.54
	Internal	26.18	11.51	25.3	11.60	28.5	10.76
Depression		11.07	9	10.09	7.75	10.60	8.42
Anxiety		9.02	8.56	9.04	8.50	9.03	8.52
Pittsburgh Sleep Quality Index		8.06	4.96	8.47	5.41	8.26	5.18

Table2. Correlation between research variables

variables	1	2	3	4	5	6	7	8	9	10	11	12
External												
Internal	0.76											
Blaming oneself	0.40	0.45										
Blaming others	0.51	0.54	0.76									
Rumination	0.58	0.74	0.46	0.56								
Pessimism	0.52	0.68	0.43	0.50	0.93							
Positive re-focusing	0.61	0.66	0.36	0.50	0.65	0.58						
Positive cognitive regulation	0.54	0.61	0.33	0.50	0.60	0.52	0.90					
Acceptance	0.63	0.74	0.47	0.57	0.83	0.78	0.66	0.59				
Depression	0.75	0.78	0.44	0.55	0.76	0.69	0.72	0.67	0.73			
Anxiety	0.73	0.73	0.44	0.52	0.63	0.57	0.63	0.60	0.64	0.64		
Pittsburgh Sleep Quality Index	0.54	0.61	0.32	0.42	0.66	0.60	0.68	0.58	0.61	0.8	0.58	

Table 3. Summary of regression analysis for prediction of depression based on religious orientation

Steps	B	t	R2	ΔR2	f	df	p<
Internal religious orientation	-0.61	-19.45	61	61	378.49	1	0.001
External religious orientation	0.75	17.80	57	57	317.05	1	0.001
Internal	-0.49	-8.50	61	61	378.49	1	0.001
External	0.37	6.45	67	67	243.14	2	0.001

Table4. Summary of stepwise regression analysis for prediction of anxiety based on religious orientation

Steps	B	t	R2	ΔR2	f	df	p<
Internal religious orientation	-0.73	-16.75	54	54	280.83	1	0.001
External religious orientation	0.73	16.30	53	53	265.99	1	0.001
Internal	-0.43	-6.78	54	54	280.83	1	0.001
External	0.39	6.16	60	60	181.68	2	0.001

Table5. Summary of stepwise regression analysis to predict sleep index based on religious orientation

Steps	B	t	R2	ΔR2	f	df	p<
Internal religious orientation	-0.61	-12.01	38	38	144.270	1	0.001
External religious orientation	0.54	9.96	29	29	99.26	1	0.001
Internal	-0.48	-6.09	38	38	144.270	1	0.001
External	0.17	2.16	39	38	75.62	2	0.03

Table 6. Summary of stepwise regression analysis to predict cognitive excitement regulation variables based on religious orientation

Steps	B	t	R2	ΔR2	f	df	p<
Internal religious orientation	0.36	5.96	13	12	35.53	1	0.001
External religious orientation	-0.37	-6.34	14	14	39.03	1	0.001

The results of Table 6 show that internal and external religious orientations predict 12 and 14 percent of variations in the cognitive adjustment of emotion.

Discussion

According to the findings of the present study, the more external the religious orientation of the students, the greater the degree of their depression; this finding is consistent with the findings of (Koenig, 2012) and (Kaldestad, 1996), according to whom those who engage in religious activities experience less depression. The results of Kindler *et al*. research showed that the negative attitudes of individuals towards life caused by lack of religious beliefs could increase the risk of mental illness (Kindler, 1979). However, the results of the present study are not consistent with the findings of (Ellis, 2000), and (Shreve-Neiger and Edelstein, 2004) researches.

In confirming the findings of this study, Baker and Groush showed a significant negative correlation between internal religious orientation and students' anxiety (Baker and Gorsuch, 1982). The findings of the present research showed that the higher the score of internal religious orientation, the lower the score of anxiety; but, the more external the religious orientation, the higher the level of anxiety. The results of Mokhtari *et al.* research, which examined the relationship between religious orientation and the level of anxiety and stress in students, showed that students with internal religious orientation experienced less anxiety and stress (Mokhtari, 2002).

The relationship between religious orientation with anxiety and depression turned out to be significant in the present study. According to the results of the present research, it can be argued that religious teachings and beliefs can lead individuals to perfection and growth, thereby reducing depression and anxiety. Belief in God creates so much power in the individual that eliminates the grounds for anxiety and depression. Also, considering the importance of mental health, students, community and universities should implement programs to strengthen the religious values of students. One of the limitations of this research is the study of the relationship between variables on a student group; it is recommended for thus study to be conducted on other age, ethnic, and academic groups. The difference in results implies that mental health is subject to a set of factors that should be considered from the point of view of psychological and sociological research, because regions differ in cultural, economic, and social characteristics (Yousefi and Mohamadkhani, 2014). According to Allport (1968), internal religion is a universal, organized, internalized system of values and beliefs, but external religion is an external means and instrument used to meet needs such as safety and position (Gordon Willard Allport, 1968; Khoshtinat, 2012). Allport argues that only religion entails the internal dimension of mental health (Gordon W Allport, 1963).

The results of the present study showed that the more internal the religious orientation, the lower the quality of sleep, and the higher the religious orientation, the better the sleep quality. The results of this study are not consistent with the results of Darabpour, Nouraldinevand (2017) and Mami *et al*., (2014); the results of these researches indicated that internal religious orientation is a good predictor of the quality of sleep; however, the present study showed that the external religious orientation is better than the internal religious orientation for the quality of sleep. It can be said that since individuals with an internal religious orientation, and especially the community of doctors, who believe in more service, have less sleep.

It seems that increasing religious beliefs can reduce students' anxiety and depression, but it does not improve the quality of sleep. Although the relationship between religious coping and physical and mental health is complex, religious beliefs seem to play an important role in preventing mental and physical problems. Therefore, it is recommended for students to use internal religious orientation and the advice of religious people in order to overcome such problems. It is suggested that similar research be done in other age, sex, and ethnic groups, in order to provide monolithic results in support of the results of this research.

Conclusion

Many people experience multiple psychological problems in varying degrees throughout their lives, problems that can cause negative changes and have devastating effects on their lives. Religious beliefs and monotheistic attitudes are factors that can change the viewpoints and perceptions of people from the problems of life and make it easier to pass them in many cases. The religious attitude of individuals can affect their health. Although one of the main ways of preventing and treating mental and psychological disorders is reliance on religion and divine and monotheistic attitudes, there is a significant relationship between religious orientations with mental health and proper sleep. Therefore, stronger religious beliefs promote mental health of students. In this regard, it is necessary to pay more attention to the teaching of religious theoretical and practical foundations and the necessity of establishing heart-felt beliefs in students.

Acknowledgements

The present article is a part of a PhD thesis in Social Determinants of Health Research Center of Shahid Sadoughi University entitled "Factors associated with religious orientation, physical and psychological health and the impact of strengthen perseverance and wakefulness style workshop on them in Shiraz University of medical sciences students. The project was funded by Vice Chancellor, Shahid Sadoughi University of Medical Sciences, Yazd, Iran (2016-2017 with IR.SSU.SPH.REC.1395.5 as Ethical code and 4997 as registration code).

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