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A STUDY OF RELIGIOUS ORIENTATION AND MENTAL HEALTH AMONG UNIVERSITY STUDENTS WITH REFERENCE TO GENDER

Irshad Ahmad Najar
Arshid Ahmad Najar
Iflah Sultan
Ph.D Research Scholar, Department of Education, University of Kashmir, Srinagar, (India)

Abstract
The present study was an attempt to explore religious orientation and mental health among male and female university students. The data for the present study consists of 200 university students (Males 105 & Females 95)] belonging to various departments of Aligarh Muslim University. The data collected was treated by using appropriate statistical techniques like mean, SD and t-test with the application of SPSS. After analysis the study revealed that there existed a significant difference among university students on extrinsic religious orientation with respect to their gender. However, no significant difference was found among university students on intrinsic religious orientation and mental health with respect to their gender.

Keywords: Extrinsic Religious Orientation, Gender, Intrinsic Religious orientation, Mental Health, University Students.

Introduction

Over the history of man, religion had been confirmed as the important human need. At first, "religion protection strength" was discussed by Emil Durkhiem (1951), and then Rash, James, Jung, Francle and Ferom confirmed the importance of religious behaviors and beliefs. William James believe that love and religious strength lead to the dignity, stateliness, patience, toleration, belief and confidence for individual, and religious feelings result in more effort and intentional life (William, 1993).

While researchers initially measured religion as a unidimensional entity and it soon became evident that there were two distinct types of religiousness. There were those individuals who emphasized the tangible, ritualized and institutionalized aspects of religion and there were those who accentuated the vision, commitment and purity of heart without which the rituals were meaningless. Since, the first type was more amenable to empirical study; the second type was generally ignored until Adorno, Frenkel-Brunswick, Levinson and Sanford (1950) choose to study the responses of both types of religiousness in relation to ethnocentric attitudes. Influenced by Adornoet al., (1950) findings, Allport (1954) first identified the contrasting religious outlooks as 'institutionalized' and 'intercrossed.' Later Allport (1959) coined the concepts, extrinsic religious orientation and intrinsic religious orientation. He distinguished between the intrinsically and extrinsically orientated as those who approach religion as 'living' or 'using' religion, respectively (Pollard & Bates, 2004). According to Allport and Ross (1967) intrinsic religious orientation is characterized by those, 'who view religion itself as an end, a master motive'. These individuals embrace a religious creed, internalize it, and attempt to follow it. Other needs, strong as they may be, are regarded as being of less ultimate significance, and are, so far as possible, therefore, met only to the extent that they correspond with the religious beliefs (Masters, Hill, Kircher, Benson, & Fallon, 2004). Their attendance at church may be thought of as motivated by spiritual growth. Those with an intrinsic religious orientation are wholly committed to their religious beliefs and the influence of religion is evident in every aspect of their life (Hettler & Cohen, 1998; Lewis, Maltby & Day, 2005).

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On the other hand Allport and Ross (1967) define an extrinsic religious orientation as being characterized by those, 'using religion for their own ends, with values that are always instrumental and utilitarian'. Persons with this orientation endorse religious beliefs and attitudes or engage in religious acts only to the extent that they might aid in the achievement of more mundane goals, which may include social prestige, approval, providing self-justification for actions, promoting social or political aims, comfort and protection (Hettler & Cohen, 1998; Navara & James, 2005). Their church attendance is less motivated by a desire for spiritual growth and more influenced by other factors (Masters et al., 2004). The extrinsic type turns to God but without turning away from self (Allport & Ross, 1967). In essence, an intrinsic orientation can be seen as 'a faith unto its own ends' whereas an extrinsic orientation can be seen as 'a means to an end, other than faith itself' (Allport & Ross, 1967). Hence individuals either adopt a religious orientation for social benefits (extrinsic) or for individual meaning (intrinsic) (Palmer & Sebby, 2003). Although Allport's formulation is less than 50 years old, the basic concept that religious involvement may be fueled by intrinsic or extrinsic motives is prominent throughout history.

Allport and Ross (1967) developed a 21-item Religious Orientation Scale to measure these two orientations, which they then revised to form the 20-item Religious Orientation Scale. It measures the extent to which someone 'lives' their religion (intrinsic) versus 'uses' their religion (extrinsic). Originally Allport characterized intrinsic religious orientation and extrinsic religious orientation as bipolar constructs. However, Allport began to note a group of "muddle heads" that refuse to conform to our neat logic' (Donahue, 1985). These individuals agreed with items on both intrinsic and extrinsic scales, despite Allport's attempts to construct the scales to represent polar opposites. Therefore Allport expanded his original approach into a fourfold typology with the intrinsics, extrinsics, the 'muddle heads' whom he called the *indiscriminately proreligious* and the *indiscriminately antireligious* now referred to as the non-religious.

Religious beliefs are of effective factors in personal growth and it can be said that religion is a factor for keeping and improving mental and physical health. Religious beliefs play great role in increasing individual tolerance while facing mental problems. Religion as a collection of beliefs, generalized and private values is one of the most effective mental supports and is able to revitalize and rescue aimless life of the person (Motamedi, Ajeyi, Azad Falah, & Kiamanesh, 2005).Gorsuch (1988) has argued that one area of research that has given an insight into the relationship between religion and mental health is the distinction of individuals who display intrinsic and extrinsic orientation towards religion (Allport, 1966; Allport & Ross, 1967). Intrinsic religiosity has been related to several positive outcomes including better self-reported health, decreased anger, hostility and social isolation along with increased self-esteem (Donahue, 1985; Masters & Bergin, 1992; McIntosh & Spilka, 1990; Maltby & Day, 2000; Laurencelle, Abell & Schwartz, 2002; Acklin, Brown & Mauger, 1983). On the other hand, extrinsic orientation has been related to neutral and negative health indexes such as depression, anxiety, identity diffusion, irrational thought, and failure to volunteer to help (Baston, Olesen & Weeks, 1989; Swanson & Byrd, 1998; Bergin, Masters & Richards, 1987; Markstrom-Adams & Smith, 1996). Religious orientations can offer not only a sense of ultimate destinations in living, but also viable pathways for reaching these destinations, such as the effort to sustain themselves and their spirituality in stressful situations. Those with stronger religious frameworks may have greater access to a wide array of religious coping methods (e.g., spiritual support, meditation, religious appraisals) which may have been linked to better mental and physical

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health (Pargament, 1997). In this way these two orientations lead to two very different sets of psychological effects. On one hand intrinsic practice is God oriented and based on beliefs which

Transcend the person's own existence where as on other hand extrinsic practice is also self-oriented and characterized by outward observance not internalized as a guide to behavior or attitude.

Psychology, as the eminent German psychologist Herman Ebbinghaus described it, has a long past but a short history. Over the past approximately 120 years the focus in psychology was on so-called negative psychology topics, such as anxiety, depression, maladjustment, deviation, aberration and psychopathology in general. In the past two decades, however, positive psychology has burgeoned (Gillham, 2000; Seligman, 2000). In particular, the effects of positive thinking have received growing attention by psychologists and health professionals (Snyder & McCullough, 2000). The most important topic of positive psychology is mental health. From perspectives of the discipline of positive psychology or holism mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. Wilkinson and O'Connor (1982) defined mental health as a congruent relationship between a person and his/her surrounding environments. According to statistics from the World Health Organization (2003), 12% of global diseases (121 million people suffer from depression, 70 million from alcoholism, 24 million from schizophrenia and 37 experiences dementia) were a result of mental health problems. By 2020 as indicated by the World Health Organization (2003) the burden will be increased by nearly 15%. This will result in the loss of disability-adjusted life-years to illness and young adults in developing countries seem to be the most prone. Uner, Ozcebe, Telatar and Tezcan (2008) revealed that 56.8% of students were found to be at risk for mental health problems. According to Yen, Hsu, Liu, Huang, Ko, Yen and Cheng (2006), poor mental health was influenced by demographic characteristics, a high level of family conflict and a low level of family support.

In the recent decades, evaluation of the influence of religion on psychological health of the people as an important issue attracted the attention of researchers and scientists in different fields (psychology, sociology and medicine) (DeZutter, Sonenz and Hatzbat, 2006). Of particular significance to understanding the complex relationship between religiousness and mental health is a recent meta-analysis by Hackney and Sanders (2003) finding that the relationship between religiousness and mental health varied as a function of the operationalization of religiousness and mental health. They identified three general categories of religiousness: "ideological religion," which emphasized beliefs involved in religious activity (e.g., attitudes, belief salience, fundamentalism); "institutional religion," which focused on social and behavioral aspects of religion (e.g., extrinsic religiousness, attendance at religious services, participation in church activities, or ritual prayer); and "personal devotion," which was characterized by aspects of internalized, personal devotion (e.g., intrinsic religiousness, emotional attachment to God, devotional intensity). In reviewing several recent studies, Hackney and Sanders found that institutional religion was associated with higher levels of psychological distress, personal devotion was associated with lower levels of psychological distress, and ideological religion was not significantly associated with psychological distress. In contrast, all three types of religiousness were positively associated with greater life satisfaction. So, the association between religiousness and mental health varies as a function of the domains of interest.

Being leaders of tomorrow students' mental health is the major focus of attention among

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psychologists, educators, and sociologist for the last few decades. Transition from college to university is a very challenging and demanding period, as students have to face stress and psychological difficulties to attain their future goals of life. Mental health problem in students may disrupt emotional, psychological, and educational development of students, so the ways through which students mental health could be enhance are very important. Therefore, developments of positive personality characteristics are more important than avoiding negatives e.g., depression (Salami, 2012). Religious orientation is a positive construct that may be beneficial to enhance the mental health of university students of India. This study took a group of post-graduate students in Aligarh Muslim University to examine their religious orientation and mental health, as well as the relationship of religious orientation and mental health.

Objectives

To study the significance of difference of religious orientation and mental health on the basis of gender.

Hypotheses

Ho_1: There is no significant difference in intrinsic religious orientation among the university students with respect to their gender.

Ho_2: There is no significant difference in extrinsic religious orientation among the university students with respect to their gender.

Ho_3: There is no significant difference in mental health among the university students with respect to their gender.

Methodology

Sample

The sample of the present study consisted of 200 university students (105 were males and 95 were females) who were selected on purposive basis from different departments of Aligarh Muslim University. Age of the participants range from 20-25 years.

Tools Used

Religious Orientation Scale (1983) as developed by Gorsuch & Vanable, (1983) and GHQ-12 as designed by Goldberg (1992).

Statistical Analysis

The information/responses collected from the respondents were subjected to various statistical treatments like Mean SD and t-test with the help of SPSS.

Results And Interpretation

Table 1.1: Showing Comparison of Mean Scores of Religious Orientation and Mental Health among the University students with Respect to their Gender

Variable	Gender	*n*	*M*	*SD*	*Df*	*t-value*
Intrinsic Religious Orientation	Male	105	21.60	2.39	198	.135^{NS}
	Female	95	21.54	1.92		
Extrinsic Religious Orientation	Male	105	16.57	4.76	198	3.44*
	Female	95	20.13	5.36		
Mental Health	Male	105	14.07	6.61	198	.831 ^{NS}
	Female	95	12.78	8.88		
Total N=200						

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NS=insignificant, *.P≤0.05 Level of significance

Table 1.1 reveals that there is a no significant difference in intrinsic religious orientation and mental health between male and female university students (t = .135, t=.831). Therefore, the hypotheses **Ho_1,** which states that *"There is no significant difference in intrinsic religious orientation among the university students with respect to their gender*", and **Ho_3,** which states that ***"****There is no significant difference in mental health among the university students with respect to their gender*" stands accepted.

Table 1.1 further reveals that there is a significant difference in extrinsic religious orientation among university students with respect to their gender (t=3.44). The results show that female students have more extrinsic religious orientation than male students. Thus, our null hypothesis **Ho_2,** which states that *"There is no significant difference in extrinsic religious orientation among the university students with respect to their gender",* stands rejected.

Discussion

The aim of the present study was to study the religious orientation and mental health among university students with respect to their gender. The study revealed there is no significant difference among university students on intrinsic religious orientation and mental health as far as their gender is concerned. However, significant difference was found among university students on extrinsic religious orientation with respect to their gender. Female students were found high on extrinsic religious orientation as compared to male students. Several studies are inconsistent with our findings. For example, Cirhinlioglu and Demir (2012) conducted a study to examine religious orientation and its relation to locus of control and depression and found that female participants had higher levels of intrinsic religiosity than male participants. Similarly, Beisinger and Arikawa (2008) in a study examined that there was no significant differences between males and females on their intrinsic orientation and extrinsic orientation.

Conclusion

The present study focused on religious orientation and mental health among university students with respect to gender. After analyzing the data, the main findings obtained from the study are: While comparing the university students with respect to their gender on intrinsic religious orientation, extrinsic religious orientation and mental health, significant differences were found among them on extrinsic religious orientation; while as no significant difference was found on intrinsic religious orientation and mental health. Female students were found high on extrinsic religious orientation as compared to male students.

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