

## RELATIONSHIP OF RELIGIOUS BELIEFS WITH GENERAL HEALTH AND RESILIENCE IN STUDENTS OF ISLAMIC AZAD UNIVERSITIES IN WEST MAZANDARAN PROVINCE

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### Abstract

The main objective of study is to investigate the relationship of religious beliefs with general health and resilience in student of Islamic Azad Universities in West Mazandaran Province. Research method is descriptive from type of correlation. The Statistical population (16,686 students) include all undergraduate students of Islamic Azad University in West Mazandaran province (Iran) that are studying in the second semester of the academic year 2012-2013 and higher. Sample size is determined 375 students according to population size and using Morgan table. Sampling method of this study is stratified random. Tools of data collection are three questionnaires: 1- religious beliefs questionnaire for Golzari (2008), 2- general health questionnaire of Goldberg & Hiller and 3- Psychological resilience questionnaire of Klahnen (1996). To analyze the data obtained is used tests of canonical correlation, multiple regression analysis (stepwise model) and Pearson correlation coefficient.

Research findings showed that:

- There is a significant relationship of religious beliefs with students' general health and resilience.
- There is a significant relationship between religious beliefs and students' general health.
- There is positive significant relationship of religious beliefs with students' resilience and variables (imamate and monotheism) as the most effective predictors of student resilience can predict respectively 35.1 and 16.1 of students' resilience changes.

**Keywords:** Religious Beliefs, General Health, Resilience

### 1. Introduction

In most human societies, fundamental institutions which have being effective in shaping personality of individual historically and in the contemporary era include: community, family, peers, and religion that factors such as media, advertising, ideological may somewhat overshadowed impact of these institutions. Understanding these factors, particularly in relation to general health is essential.

Attention to religion is not a new approach but it is matter that long time various scientists has attracted for analysis tends to religion and how it affects the behavior. In the current era, a series of questions and doubts regarding religious issues create in minds of young people that a direct result of that is creating doubt and anxiety and unrest among the classes of society. Psychologists

believe that having faith in God and belief in a source of truth and supernatural power of humanity is the only way that can calm the discomfort from the human body, or to neutralize them. Because divine power is the only force that can overcome the problems.

Current scientists and psychologists in present age believe that mental suffering and external emotional is caused illness because current everyday life is combined with anxiety. Having faith in God and belief to source of truth and supernatural power and absolute can overcome the problems (Khalatbari & et al, 2008:50). Religion is a key element of the culture of every nation. Religion and religiosity, either directly or indirectly involve in general health. Faith and religious values and religious beliefs are important elements of character (Rashidpour, 2010:73).

The love of God stimulate human to work and activities and devotion and people know themselves helpful and valuable member in the community, will provided stability and general health (Ahmadi,2007:84).

On the other hand, one of the pillars of community health assessment, it is a community general health. General health plays an important role in ensuring the vitality and efficiency of any society (Dadkhah, 2008:31).

General health problems are one of the important problems growing families, organizations and communities. All days on the other hand are added to number of people who believe spirituality is the treatment of neurosis and their psychological distress and professionals focused on the religious beliefs for the treatment of mental illness and general health. Nowadays people with knowledge and insight are reached to this certainty that without spirituality is single, and will reach to emptiness and desperation. Surveys conducted in the field of religion and health has shown that at least some types of religious behaviors are associated with increasing levels of mental and physical health (Shojaeian & Zamani Monfared, 2009:15).

Religious rules and rituals are all factors that can apply in the treatment and prevention of mental disorders effectively and also is caused the emotional and spiritual health, increasing tolerance and resilience in the face of adversity (Asemi, 2007:35). Good temperament, being religious and being optimistic is an abiding characteristic of individuals. Resilience is how to deal successfully people with the challenges of life in the face of stress or damage (Meyeds, 2011:345). Studies have shown that "Spirituality" was strong predictor of positive general health and resiliency and consistency in the lives of many people unemployed and employed (Pop, 2011:152). Religious beliefs gives comfort to people, guarantees individual security, strengthen person against moral vacuum, emotional and spiritual and makes base firmly for human against the difficulties and privations of life (Asadi Noghani & Haji Aghajani:28).

One of appropriate strategies to promote general health in individual that is closely related to religious beliefs and meta-spiritual, is resilience (Newman, 2005:230).

Resilience is an important factor that affects religious belief. Potential effects of religious beliefs lead to cope and deal with traumatic events. Studying role of religious beliefs on the resilience for shocks and injury can increase our understanding of positive adaptation with events. Through religion man finds that there is a relationship between him and the absolute top, and this relationship is created through the heart or the mind, or by performing rituals and religious practices. As a result of religious belief is that we feel, when make a connection with their superior, we can save from the unrest and discomfort (Schoon, 2006:383).

Study of Sadri & Jafari (2011) with title "Investigate the relationship between religious beliefs and general health" showed that there is significant relationship between religious beliefs and general health of student.

Also study of Barghi & Alipour (2010) showed that religious beliefs, locus of control and optimism have significant combined and separate contributions in predicting changes in psychological health; this means that whatever scores of religious beliefs, locus of control and optimism increases, thus general health scores will rise. Also it was observed significant

relationship between religious belief and optimism, religious beliefs or locus of control and optimism with locus of control.

Taleghani (2006) in study also concluded that religion can modify the negative effects of stress factors as an intermediate variable.

In other study in this regard, Bahrami (2008) in his study showed that there is relationship of external religious belief with general health problems and depression and internal religious beliefs with general health.

Also Jamalizadeh (2009) in his study concluded that there is a significant correlation between sense of meaning in life and general health and there is significant correlation between religious attitude and general health.

In study of Seraji (2010) with title "the relationship between religious beliefs and general health of male students" on 1300 students, result showed that significant relationship between religious beliefs and general health of men.

Study of Besharat & et al (2012) with title "The relationship between resilience and hard work with athletic success and general health in the athletes" indicate that: there is positive significant correlation between resilience and hard work with athletic success and welfare and negative significant correlation with psychological.

Research of Poursardar & et al (2012) with title "the impact of resilience on general health and life satisfaction, a model of psychological from welfare" represents a significant mediating role of general health in the relationship between life satisfaction and Resilience. Also findings of this research indicate the impact of resilience in increasing general health and satisfaction of life.

- In addition, research findings of Hamid, et al (2012) showed that there is positive significant between general health and resilience and also there is positive significant between spiritual intelligence and resilience.

Study of Ilkhchi elya (2011) in this regard indicates that teachers and students from cities of Tehran province have acceptable religious beliefs.

Also study of Alavi (2012) showed that there is a significant positive correlation between internal religious orientation, general health and resilience, but was not found relationship between the external religious orientation with general health and resilience.

Study of Levinson (2006) showed that having a good image of yourself and your future is underlying benefit efforts and progress oriented and will improve components of psychological health.

Dsikszent (2004) reached the conclusion that pessimism about the external world and its phenomena would bring lethargy, depression and avoidance behavior. In other words, to hope towards work and the future events increases individual effort and social compatibility. Apprehend about the future, will caused to prevent people from effort.

- Koeing et al (2008) in results of his research argued that religion has useful and desirable effect of eliminating corruption and to reduce mortality and people who participate in religious affairs of mentally and physically are healthier than those who do not have religious beliefs.

Marshall & Cooke (2009) realized that there is a positive relationship between religious attitudes and general health.

Conner & Davidson (2003) showed that resilience through strengthening the competence and personal integrity is related with athletic success and indicators of general health.

In studies of Hurmez about the influence of values and religious beliefs in general health and resilience of individuals, results indicate that stronger religious beliefs cause psychological positive effect and increasing resilience of people that is effective in improving general health.

Klarreich (2009) in his study found that people who are involved with a church or other religious groups have higher levels of resilience against shocks of life and refers to people who have strong religious beliefs usually take advantage a good social supports.

According to numerous studies has approved the relationship between religious beliefs and general health with resilience, and since students are an important segment of any society that make country's future, thus present paper seeks to examine the relationship of religious beliefs with general health and resilience in students of Islamic Azad universities in West Mazandaran province

## 2. Methodology

Research method is descriptive from type of correlation. The statistical population (16,686 students) include all undergraduate students of Islamic Azad University in West Mazandaran province (Iran) that are studying in the second semester of the academic year 2012-2013 and higher.

Sample size is determined 375 students according to population size and using Morgan table. Sampling method of this study is stratified random. The following questionnaires are used to collect data: 1- religious beliefs questionnaire of Golzari (2008), 2- general health questionnaire of Goldberg & Hiller and 3- Psychological resilience questionnaire of Klahnen (1996). Validity of general health questionnaire of Goldberg and Hiller (1979) was reviewed and approved by Karami et al (2007). Validity of psychological resilience questionnaire was reviewed and approved by Vaezi (2008), also Togad and Frikson (2004) was examined and confirmed the validity of psychological resilience questionnaire. Reliability of general health questionnaire Goldberg and Hiller (1979) was estimated equivalent to 0.89 by Karami et al (2007). Fainder, Litzberg and Block were reported reliability of psychological resilience questionnaire equivalent to 0.82. The reliability of religious beliefs questionnaire was obtained 0.86 by Kouranian & et al (2008). To analyze the data obtained and testing research hypotheses were used canonical correlation, and correlation coefficient.

## 3. Findings

First hypothesis: There is relationship of religious beliefs and general health and resilience in students of Islamic Azad University in west Mazandaran.

Table 1 - Correlation between variables of religious beliefs, general health and resilience

variables	Physical Symptoms	Anxiety	Impairment in social functions	Depression
monotheism	0.404**	0.391**	0.406**	0.432**
Prophecy	0.446**	0.436**	0.458**	0.467**
Resurrection	0.375**	0.388**	0.400**	0.405**
Justice	0.411**	0.416**	0.443**	0.417**
Imamat	0.407**	0.392**	0.431**	0.418**

P\*\* < 0.01

Table 2 - canonical correlation between variables of religious beliefs and general health and resilience

	Canonical correlation	Square of canonical correlation	Wilks Lambda test	Chi-square test	d	p
1	0.552	0.305	0.484	75.446	50	0.012
2	0.405	0.164	0.696	37.628	36	0.395
3	0.301	0.091	0.833	18.969	24	0.754
4	0.255	0.065	0.916	9.105	14	0.824
5	0.142	0.020	0.980	2.125	6	0.908

Result of table 2 show that the first canonical correlation is .552 that is the most canonical correlation accounted can explain about 30.5% of variance in the criterion variable (general health and resilience) and the second canonical correlation is .405 that is the most canonical correlation

accounted can explain about 16.4% of the variance in the criterion variable (general health and resilience). The third canonical correlation is .301 that can explain about 9.1% of the variance in the criterion variable (general health and resilience). The fourth canonical correlation is .255 that can explain about 6.5% of variance in the criterion variable (general health and resilience). The fifth canonical correlation is .142 that can explain about 2% of variance in the criterion variable (stress of general health and resilience). Wilks Lambda test statistic is the most common to test the significance level of canonical correlation that shows a significant level of the first canonical correlation and because p-value is less than 0.05, thus it can judge that two sets of variables were significantly associated by canonical correlation and Wilks Lambda test is used only to examine the significance level of the first canonical correlation, not necessarily the second canonical correlation. If first canonical correlation not be significant, naturally subsequent canonical correlation is not significant.

Table 3 – correlations and standardized canonical coefficients between variables of religious beliefs and general health and resilience

Variables	First variable		second variable		third variable		fourth variable		fifth variable	
Religious beliefs	R1	R11	R2	R22	R3	R33	R4	R44	R5	R55
Monotheism	0.346	0.120	0.484	0.234	0.406	0.165	-0.557	0.310	0.559	0.312
Prophecy	-0.853	0.727	0.056	0.0031	0.956	0.914	0.381	0.145	0.851	0.851
Resurrection	0.370	0.137	-0.621	0.386	0.553	0.305	0.516	0.226	0.955	0.912
Justice	-0.257	0.127	-0.369	0.136	0.171	0.491	0.247	-0.414	0.539	0.290
Imamat	-0.489	0.239	0.458	0.210	0.418	0.175	-0.794	0.630	-0.250	0.062
General Health										
Physical Symptoms	0.365	0.133	0.889	0.790	0.725	0.526	0.889	0.790	-	0.527
Symptoms of Anxiety	-	0.607	0.646	0.417	0.355	0.126	0.580	0.336	0.669	0.447
Impairment in social functions	0.517	0.267	0.505	0.255	0.472	0.223	0.080	0.0064	0.082	0.0067
Depression	0.716	0.513	0.597	0.356	0.503	0.253	0.982	0.964	0.845	0.714
Resilience	0.678	0.460	0.161	0.026	0.437	0.191	0.699	0.489	0.441	0.194

Table 4 – canonical analysis of structure correlation coefficients or canonical factor loadings of religious beliefs and general health and resilience

Variables	First variable		second variable		third variable		fourth variable		fifth variable	
Religious beliefs	R1	R11	R2	R22	R3	R33	R4	R44	R5	R55
monotheism	0.346	0.120	0.484	0.234	-	0.165	-0.557	0.310	-0.358	0.136
Prophecy	-0.853	0.727	0.056	0.0031	-	0.914	0.381	0.145	-0.353	0.125
Resurrection	0.370	0.137	-0.621	0.386	0.516	0.533	0.305	0.226	-0.484	0.234
Justice	0.357	0.127	-0.369	0.136	0.491	0.241	-0.171	-0.204	-0.414	0.042
Imamat	-0.489	0.239	0.458	0.210	0.418	0.175	-0.794	0.630	-0.172	0.124
General Health										
Physical Symptoms	0.809	0.654	0.088	0.0077	0.391	0.153	-	0.043	-	0.037
Symptoms of Anxiety	0.780	0.608	0.329	0.108	0.351	0.123	-	0.036	0.099	0.0098
Impairment in social functions	0.847	0.715	0.318	0.101	0.112	0.012	-	0.011	-	0.024

Depression	0.822	0.676	0.037	0.0014	0.397	0.158	0.155	0.024	0.102	0.010
Resilience	0.601	0.361	0.180	0.032	-0.276	0.076	0.531	0.282	0.344	0.118

According to table 3 and 4 show that in first canonical correlation variables of (impairment in social functions, depression, somatic symptoms, anxiety symptoms, resilience) as criterion variables have the highest factor loading and between the predictor variables, the variables of (prophecy, imamat, resurrection, justice, monotheism) have the highest factor loading. In second canonical correlation variables of (symptoms of anxiety, impairment in social functions) as criterion variables have the highest factor loading and between the predictor variables, the variables of (resurrection, imamat, justice) have the highest factor loading. In third canonical correlation variables of (depression, physical symptoms, symptoms of anxiety) as criterion variables have the highest factor loading and between the predictor variables, the variables of (prophecy, resurrection, justice, imamat, monotheism) have the highest factor loading. In fourth canonical correlation variables of (resilience) as criterion variables have the highest factor loading and between the predictor variables, the variables of (imamat, monotheism, resurrection, justice, prophecy) have the highest factor loading. In fifth canonical correlation variables of (resilience) as criterion variables have the highest factor loading and between the predictor variables, the variables of (Resurrection, monotheism, prophecy) have the highest factor loading. If structure values are squared, will obtained percent of the variance that is explained by one of the main variables or canonical variable.

Variable of impairment in social functions 71.5 % (0.715) of variance, depression 67.6% (0.676) of variance, physical symptoms 65.4% (0.654) of variance, symptoms of anxiety 60.8% (0.608) of variance, resilience 36.1 (0.361) of variance, prophecy 72.7 % (0.727) of variance, imamat 23.9 % (0.239) of variance, resurrection 13.7 % (0.137) of variance , justice 12.7 % (0.127) of variance, monotheism 12% (0.120) of variance explains first canonical correlation. Variable of symptoms of anxiety 10.8% (0.108) variance, impairment in social functions 10.1 % (0.101) of variance, resurrection 38.6 % (0.386) of variance, imamat 21% (0.210) of variance, justice 13.6 % (0.136) of variance explain second canonical correlation. Variable of depression 15.8% (0.158) of variance, physical symptoms 15.3% (0.153) of variance, symptoms of anxiety 12.3% (0.123) of variance, prophecy 91.4 % (0.914) of variance, resurrection 30.5 % (0.305) of variance , justice 24.1 % (0.241) of variance, imamat 17.5% (0.175) of variance, monotheism 16.5% (0.165) of variance explain third canonical correlation. Variable of resilience 28.2% (0.282) of variance, reduced performance 22% (0.220) of variance, imamat 63% (0.630) of variance, monotheism 31% (0.310), resurrection 26.6 % (0.266) of variance, justice 17.1% (0.171) of variance, prophecy 14.5% (0.145) of variance explain fourth canonical correlation. Variable of resilience 11.8 % (0.118) of variance, monotheism 13.6 (0.136) of variance, prophecy 12.5% (0.125) of variance explain fifth canonical correlation.

Generally the predictor variables explain 67.4% variance of first canonical correlation, 11% variance of second canonical correlation, 3.6 variance of third canonical correlation, 2.3 variance of fourth canonical correlation and 1.2 variance of fifth canonical correlation. With regard to results obtained indicate that research hypotheses saying that there is relationship between religious beliefs with general health and resilience of students, is confirmed.

Second hypothesis: There is relationship between religious beliefs and students' general health.

Table 5 - canonical correlation between variables of religious beliefs and general health

Canonical correlation	Square of canonical	Wilks Lambda test	Chi-square test	d	p
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correlation						
1	0.494	0.244	0.664	43.793	20	0.002
2	0.300	0.09	0.879	13.828	12	0.312
3	0.171	0.029	0.966	3.703	6	0.717
4	0.070	0.0049	0.995	0.533	2	0.766

Result of table 5 show that the first canonical correlation of 0.494 with the highest canonical correlation calculated can explain at about 24.4% of variance in the criterion variable (general health) and the second canonical correlation calculated of 0.300 that can explain about 9 % of variance in the criterion variable (general health). The third canonical correlation calculated of 0.171 that can explain about 2.9 % of variance in the criterion variable (general health). The fourth canonical correlation calculated of 0.070 that can explain about 0.49 % of the variance in the criterion variable (general health). Wilks Lambda test is the most common statistic to test the significance level of canonical correlation that shows a significant level of the first canonical correlation and because p-value is less than 0.05, thus it can judge that two sets of variables were significantly associated by canonical correlation and Wilks Lambda test is used only to examine the significance level of the first canonical correlation, not necessarily the second canonical correlation. If first canonical correlation not be significant, naturally canonical correlation is not significant.

Table 6 - correlations and standardized canonical coefficients between variables of religious beliefs and general health and job burnout

Variables	First variable		second variable		third variable		fourth variable	
	R1	R11	R2	R22	R3	R33	R4	R44
Religious beliefs								
Monotheism	-0.322	0.104	0.480	0.230	0.387	0.150	-0.742	0.550
Prophecy	0.397	0.158	0.600	0.36	0.740	0.548	0.659	0.659
Resurrection	-0.352	0.124	-0.309	0.095	0.630	0.397	-0.542	-0.542
Justice	0.301	0.091	-0.663	0.439	-	0.664	0.404	0.404
Imamat	0.043	0.0018	0.098	0.0096	-	0.753	-0.801	-0.801
general Health					0.815			
Physical Symptoms	0.075	0.0056	-	0.790	0.577	0.333	0.482	0.232
Symptoms of Anxiety	0.502	0.252	0.527	0.278	-0.482	0.232	-	0.276
Impairment in social functions	-	0.734	0.542	0.294	0.797	0.635	0.525	0.766
Depression	0.857	-	0.436	0.448	0.201	-0.704	0.496	0.781
	0.661				0.496		0.781	0.610

According to result of table 6 a canonical factor has achieved for each of the main variables associated with each set of predictor variables and criterion. In first canonical correlation, variables of impairment in social functions, depression and anxiety symptoms as criterion variables have the largest contribution in creating the first canonical correlation and between the predictor variables, the variables of (prophecy, resurrection, monotheism, justice) as predictor variable have a major role in creating first canonical correlation. In second canonical correlation, variables of (physical symptoms, impairment in social functions, anxiety symptoms and depression ) as criterion variables have the largest contribution in creating the second canonical correlation and between the predictor variables, the variables of (justice , prophecy, monotheism ,resurrection) as predictor variable have a major role in creating second canonical correlation. In

third canonical correlation, variables of (impairment in social functions, depression, physical symptoms, anxiety symptoms) as criterion variables have the largest contribution in creating the third canonical correlation and between the predictor variables, the variables of (imamat, justice, resurrection, monotheism) as predictor variable have a major role in creating third canonical correlation. In fourth canonical correlation, variables of (impairment in social functions, depression, anxiety symptoms, physical symptoms) as criterion variables have the largest contribution in creating the third canonical correlation and between the predictor variables, the variables of (imamat, monotheism, resurrection, justice) as predictor variable have a major role in creating fourth canonical correlation.

Table 4 - canonical analysis of structure correlation coefficients or canonical factor loadings of religious beliefs and general health

Variables	Standardized canonical coefficients							
	First variable		second variable		third variable		fourth variable	
Religious beliefs	R1	R11	R2	R22	R3	R33	R4	R44
Monotheism	0.889	0.790	0.367	0.135	0.316	0.100	-0.374	0.140
Prophecy	0.981	0.962	0.049	0.0024	0.343	0.118	-0.120	0.014
Resurrection	0.846	0.716	-0.169	0.028	0.352	0.124	-0.346	0.120
Justice	0.908	0.824	-0.331	0.109	0.050	0.0025	-0.020	0.0004
Imamat	0.914	0.835	0.076	0.0059	-	0.025	-0.377	0.142
					0.149			
General Health								
Physical Symptoms	-	0.855	-	0.0024	-0.095	0.0090	-	0.143
Symptoms of Anxiety	0.925		0.049				0.378	
Impairment in social functions	-	0.81	0.362	0.131	-0.307	0.094	-	0.120
Depression	0.900						0.346	
	-	0.922	0.395	0.156	0.108	0.012	-	0.137
	0.960						0.370	
	-	0.893	-	0.108	0.398	0.158	-	0.0016
	0.945		0.329				0.040	

Variable of impairment in social functions 92.2 % (0.922) of variance, also depression 89.3% (0.893) of variance, physical symptoms 85.5% (0.855) of variance, symptoms of anxiety 81% (0.810) of variance, prophecy 79 % (0.790) of variance, imamat 83.5 (0.835) of variance, justice 82.4 % (0.824) of variance, monotheism 79% (0.790) of variance, resurrection 71.6 % (0.716) of variance explains first canonical correlation. Variable of impairment in social functions 15.6 % (0.156) of variance, also physical symptoms 13.1% (0.131) of variance, depression 10.8% (0.108) of variance, monotheism 13.5% (0.135) of variance, justice 10.9 % (0.109) of variance explains second canonical correlation. Variable of depression 15.8% (0.158) of variance, symptoms of anxiety 9.4% (0.094) of variance, resurrection 12.4 % (0.214) of variance ,prophecy 11.8 % (0.118) of variance, monotheism 10% (0.10) of variance explains third canonical correlation. Variable of physical symptoms 14.3% (0.143) of variance, impairment in social functions 13.7 % (0.137) of variance, symptoms of anxiety 12% (0.12) of variance, imamat 14.2 (0.142) of variance, monotheism 14% (0.140) of variance, resurrection 12 % (0.12) of variance explains fourth canonical correlation.



Generally the predictor variables explain 68.1% variance of first canonical correlation, 0.05% variance of second canonical correlation, 0.018 variance of third canonical correlation, 0.037 variance of fourth canonical correlation. With regard to results obtained indicate that research hypotheses saying that there is relationship between religious beliefs with general health of students, is confirmed.

Third hypothesis: There is relationship between religious beliefs and students' resilience. To determine the best predictors of resilience between predictor variables is used regression model with stepwise model. It is notable that the variables of imamat and monotheism have been entered in the equation. The results are presented In Table 8.

Table 8 - Summary of stepwise regression analysis between variables of imamat, monotheism

<b>Variables of predictive model</b>	<b>R</b>	<b>R<sup>2</sup></b>	<b><math>\Delta R^2</math></b>	<b>Standard error</b>
First: Imamat	0.351	0.231	0.228	17.097
Second: Imamat, monotheism	0.480	0.256	0.252	16.833

Results of table 8 indicate that variable of imamat has been able to explain 23.1% of variance ( $R^2=0.231$ ). With the addition of variable monotheism to imamat variable in the second model have increased 3% of the variance ( $R^2=0.256$ ) and has been able to explain about 25.6% of variance.

Table 9 - ANOVA test to assess the significance of regression

<b>Statistical indicator of variations source</b>	<b>Ss</b>	<b>df</b>	<b>ms</b>	<b>F</b>	<b>sig</b>
Regression Imamat	29714.978	1	29714.978		
Residual	99088.430	373	292.296	101.660	0.001
total	128803.408	374	-		
Regression Imamat and monotheism	33036.557	2	16518.278		
Residual	95766.851	372	283.334	58.300	0.001
total	128803.408	374	-		

According to result of table 9, because F calculated of imamat variable is significant in level of 0.01 ( $f(1 \& 373)=101.660, p=0.01$ ), therefore it can be concluded with 99% confidence that there is a relationship between imamat and resilience and imamat can predict criterion variables (resilience) and in second model, as can be seen, F obtained of Imamat and monotheism is significant in level of 0.01 ( $f(1 \& 338)=58.300, p=0.01$ ) therefore it can be concluded with 99% confidence that there is a relationship between imamat and monotheism with resilience and imamat and monotheism can predict criterion variables (resilience).

Table 10 - Regression analysis (variables of imamat and monotheism) that were entered into regression equation using stepwise model

	Indicator of variation Source	B	Standard error	beta	t	sig
<b>First model</b>	constant	88.208				
	Imamat	0.978	0.097	0.351	10.083	0.001
<b>Second model</b>	constant	94.241				
	Imamat,	0.994	0.096	0.488	10.391	0.001
	monotheism	-0.400	0.117	-0.161	-3.424	0.001

According to result of table 10 show that because t calculated to assess the significance of the slope of regression line (b) for imamat variable in level of 0.01 is significant ( $t=10.083$ ,  $p=0.01$ ), so the power of prediction of imamat for resilience is statistically significant. Also t calculated for imamat variable and monotheism in level of 0.01 is significant ( $t=3.424$ ,  $p=0.01$ ), so power of prediction of imamat and monotheism for resilience is statistically significant.

Considering the results in table 10 show that according to stepwise model, imamat variable as the most effective variable in resilience is entered to regression equation and could predict amount of 35.1% changes in the criterion variable (resilience) and while one unit change in standard deviation of imamat variable will change 0.097 of standard deviation of criterion variables (resilience). Also the results in table 10 show that according to stepwise model, monotheism variable could predict amount of 16.1 % changes in the criterion variable (resilience). While one unit change in standard deviation of monotheism variable will change 0.117 standard deviation of criterion variable (resilience). With regard to the meaningful relationship calculated, it can be concluded that with 0.99 probability research hypotheses saying there is relationship between religious beliefs and resilience of students, is confirmed.

#### 4. Discussion and Conclusion

Hypotheses test results showed that there is significant relationship between religious beliefs with general health and resilience in students and predictor variables explained rate of 67.4% of the variance in the first canonical correlation and 11% of the variance in the second canonical correlation and 3.6 of the variance in the third canonical correlation, 2.3% of the variance in the fourth canonical correlation, 1.2% of the variance in the fifth canonical correlation.

This result correspond with research findings of Sadri & Jafari (2011), Barghi & Alipour (2010), Bahrami (2008), Jamalizadeh (2009), Seraji (2010), Besharat & et al (2012), Hamid & et al (2012), Ilkhchi Elia (2011), Alavi (2012), Koeing & et al(2008), Marshall & Cooke (2009), Conner, Davidson (2003), Hurmez (2008), Klarreich (2009), Chamber Beniad & et al (2008). In these studies it was found that there is significant relationship of religious beliefs with general health and resilience in people. Based on these findings it can be stated that meaningful life is the most important functions of religious basis. Life is not meaningful unless by answering the basic question of where do I come from? Where am I? Where do I go?. Faith by expressing in the immortality of human life and the purpose of existence and its policy in the light of wise God and the almighty gives most wisdom of meaning to human life and the existence system.

Religious beliefs gives comfort to people, guarantees individual security, strengthen person against moral vacuum, emotional and spiritual and makes base firmly for human against the difficulties and privations of life. Make a spiritual relationship with boundless power ensure to human that the strong force will always support him. These people events by rely on their faith spend more comfortable, are less affected by stress and anxiety that this will ensure their safety and health and thus people expectation from is a more hopeful and optimistic about the future.

Hypotheses test results showed that there is significant relationship between religious beliefs with general health of students. also all dimensions of religious beliefs have a significant relationship with all dimensions of students' general health and this relationship followed four canonical

correlation that generally predictor variables explained 68.1% of the variance in the first canonical correlation and 0.05% of the variance in the second canonical correlation and 0.018 of the variance in the third canonical correlation, 0.037% of the variance in the fourth canonical correlation. This result is consistent with research findings of Sadri & Jafari (2011), Barghi & Alipour (2010), Bahrami (2008), Jamalizadeh (2009), Seraji (2010), Ilkhchi Elia (2011), Alavi (2012), Marshall & Cooke (2009), Hurmez (2008), Chamber Beniad & et al (2008), Francis & et al (2004), Dsikszent (2004), Patillo (2005), Levinson (2006). This research also showed that there is a significant relationship between religious beliefs and general health of people. Based on these findings it can be said that religion has benefit and good effect in removing corruption and reduce mortality and mental illness and people who participate in religious affairs of mentally and physically are healthier than those who do not have religious beliefs. Faith is certainly the most effective treatment for anxiety. Faith is the force that must exist to support human life and lack of faith is alarm which warns human failure against the hardships of life and religion is one of the oldest and most public of human spirit protests and hence, the importance of religion as phenomenon of social and historical and its impact on general health cannot be overlooked. In fact, humans need to religion has oldness as history life because human from the beginning of their life has needed to strong supporters. On the other hand general health problems are one of the major plight rising families, organizations and communities. Belief to the divine power that keeps people from disasters and ugliness leads that human don't resorted to the absurd and hopefully move higher goals in life.

Test results of multiple regression analysis indicated that there is a significant positive correlation between religious beliefs and students' resilience and as the most effective predictor variables can predict amount of 35.1 and 16.1 of changes the criterion variables (student resilience).

This result is consistent with research findings of Alavi (2012), Besharat & et al (2012), Barghi & Alipour (2010), Patillo (2005), Conner & Davidson (2006), Hurmez (2008), Klarreich (2009), James (2007), Dsikszent (2004). This research also showed that there is a significant positive correlation between religious beliefs of people and resilience and religious beliefs can predict people's resilience.

Accordingly, it can be stated that resilience by strengthening the competence and personal integrity is associated with indicators of general health. Accordingly, increasing levels of resilience with the rise of personal competence and strengthening resilience and personal strength is associated with improving general health indicators (increasing level of psychological welfare and decreasing levels of people psychological distress). Today people with knowledge and insight are reached to this certain that stand alone without spirituality and will reach to the emptiness and frustration. People involved many issues that to eliminate or reduce them uses different tools. Taking refuge in the divine authority is the ways that have been discussed for human of a bygone era. Need to understand origin and self, the need to understand purpose of life and human role in life, how to communicate with others and the human response to the universe are the religious needs. Religion and faith are important elements of any nation's culture that guide and consolidate community. Religious rules and religious ritual are all factors that can apply in the treatment and prevention of mental disorders effectively and also is caused the emotional and spiritual health, increasing their endurance and resilience against difficulties.

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