



## Short Communication

## The association between religiosity, generalized self-efficacy, mental health, and happiness in Arab college students



Ahmed M. Abdel-Khalek, David Lester\*

<sup>a</sup> Department of Psychology, Faculty of Arts, University of Alexandria, Alexandria, Egypt<sup>b</sup> Stockton University, Galloway, NJ, USA

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## ABSTRACT

Research is rare on the relationship between religiosity and subjective well-being using Arab participants. The aim of the present study was to explore the associations between religiosity, generalized self-efficacy, mental health, and happiness. A sample ( $N = 702$ ) of Muslim Arab college students was recruited. They responded to four scales as follows: the self-rating scale of religiosity, the self-rating scale of happiness, the Arabic Scale of Self-Efficacy, and the Arabic Scale of Mental Health. The results indicated that male students obtained significantly higher mean total scores on self-efficacy and mental health than did their female counterparts. All of the Pearson correlations between the study scales were statistically significant and positive in both men and women. A principal components analysis identified a single component which could be labeled "Mental health, well-being and religiosity". It appears that participants who see themselves as religious are more likely to see themselves as self-efficacious and to have greater levels of mental health and happiness. Because the strongest association was found between self-efficacy and mental health in men and women, enhancing self-efficacy may be a useful intervention to improve mental health.

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## 1. Introduction

Three trends can be identified in contemporary psychology: a greater interest in religion and spirituality, the globalization of the field (so that research is carried out in many different cultures) and, most recently, positive psychology (Abdel-Khalek & Scioli, 2010). In positive psychology, the main concept is subjective well-being, including happiness, satisfaction with life, and mental health, among other factors (Argyle, 2002; Lucas & Diener, 2008), and many studies have appeared on the association between happiness and religiosity (e.g., Koenig, King, & Carson, 2012).

The general aim of the present research was to examine the relationship between generalized self-efficacy, mental health, religiosity, and happiness in a sample of Arab college students; an under-studied population. To the best of our knowledge, there are no published research studies with Arab participants on this topic, and very few studies have examined the relationship between religiosity and self-efficacy.

Religion is one of the most powerful forces in life, death, health, and disease. Research on religion has undergone rapid growth during the last few decades (e.g., Loewenthal, 2000; Spilka, Hood, Hunsberger, & Gorsuch, 2003). Religiosity may be defined as "a particular

institutionalized or personal system of beliefs, values, and practices relating to the divine - a level of reality or power that is regarded as the source or ultimate transcending yet immanent in the realm of human experience" (Worden, 2005, p. 221).

In his social cognition theory, Bandura (1997) defined self-efficacy as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (p. 3). He reported on the different ways that self-efficacy affects behavior, cognition and health, as well as clinical, social and occupational functioning. Bandura (1977) proposed four sources of personal efficacy expectations: performance accomplishments, vicarious experience, verbal persuasion, and psychological states. Self-efficacy makes a difference in how people think, feel and act (Schwarzer & Hallum, 2008). In social cognition theory, human motivation and actions are regulated by forethought. The theory implies that self-efficacy is a powerful predictor of behavior, affecting intentions, goals and outcome expectations which, in turn, are also predictors of behavior (Bandura, 2002; Luszczynska, Scholz, & Schwarzer, 2005b).

Generally speaking, mental health denotes personal and social adjustment as well as the absence of pathological signs, symptoms and syndromes. Satcher (2000) stated that mental health refers to "the successful performance of mental functions, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and making

\* Corresponding author.

E-mail addresses: [aabdel-khalek@hotmail.com](mailto:aabdel-khalek@hotmail.com) (A.M. Abdel-Khalek), [lesterd@stockton.edu](mailto:lesterd@stockton.edu) (D. Lester).

contributions to the community and the society. Mental health is the spring board for thinking and communication skills, learning, emotional growth, resilience, and self-esteem... Successful performance rests on a foundation of mental health" (p. 6). (See also Vaillant, 2003). There are two different approaches in the assessment of mental health. The traditional trend was based on the medical model and referred to mental health as the low scores on the psychopathology scales, mainly anxiety and depression. The other approach used the positive indicators to mental health as reported, for example by Satcher (2000) and Vaillant (2003) as well as the Arabic Scale of Mental Health (Abdel-Khalek, 2011).

Happiness is commonly understood to be how much one likes the life that one lives or, more formally, the degree to which one evaluates one's life as a whole positively (Veenhoven, 2009). Psychological research on happiness has focused on an individual's long-term emotional state of happiness and the positive evaluation of one's life (Oishi & Gilbert, 2016). Argyle, Martin, and Lu (1995) proposed three possible components of happiness: positive emotions, satisfaction, and the absence of negative emotions such as depression or anxiety. Lucas and Diener (2008) stated that the balance of positive to negative emotions is a powerful determinant of happiness or subjective well-being.

There are many correlates and predictors of happiness. Myers (2000) found that personality traits, religious faith, marriage, and social support seemed to be the best predictors of happiness. A growing body of research, however, shows that both the conception and the predictors of happiness vary cross-culturally (Oishi & Gilbert, 2016). Research has also demonstrated an apparent connection between happiness and religiosity (e.g., Argyle, 2002; Koenig et al., 2012). Meltzer, Dogra, Vastanis, and Ford (2011) carried out a large-scale survey in Great Britain ( $N = 2992$ ). They found that young people (11–19 year olds) with a stated religion who had weakly held beliefs or who regarded religious practice as unimportant were those with the greater likelihood of having emotional disorders.

Religiosity appears to be a strong predictor of behavior and health. Religious involvement can provide comfort, meaning and hope during time of adversity (Abdel-Khalek, 2014). Religiosity has also been linked to healing processes in the human body, promoting both the prevention and the treatment of diseases. Moreover, religious people sometimes have healthier life styles, cope well with stress, and live longer and more satisfying lives (Koenig, 2008; Koenig et al., 2012; Pargament, 1997). Several studies have highlighted the positive effects of intrinsic religiosity and the negative effects of extrinsic religiosity with respect to health-related behaviors (Wallston et al., 1999). It would be of interest to explore these associations in Muslim respondents inasmuch as research has shown that they have high religiosity scores (see: Thorson, Powell, Abdel-Khalek, & Beshai, 1997).

Several studies have reported a significant positive association between religiosity and general self-efficacy (Bryd, Hageman, & Isle, 2007; Watson, Morris, & Hood, 1988; Wright, 2010). Byrne (2012) found a significant, albeit small, positive relationship between general self-efficacy and intrinsic religiosity in four countries: Ireland, Mexico, Spain and the USA ( $N = 1158$ ) (see also: Mersaleh, Rezai, Kivi, & Ghorbani, 2010). Other studies have found that general self-efficacy was positively related to some measures of religiosity, unrelated to some measures, and negatively related to other measures (Lee, 2007; Daaleman & Dobbs, 2010; Frey, Daaleman, & Peyton, 2005; Jang & Johnson, 2003). Two studies found no significant association between religiosity and self-efficacy among cardiac and stroke patients (Miller, McConnell, & Klinger, 2007; Omu, 2010). The inconsistency in the results on the association between religiosity and self-efficacy may be due to the differences between the samples, the scales used in the research, and the design of the research, among other factors.

Regarding the association between self-efficacy, mental health and well-being, Luszczynska et al. (2005b) examined 1933 respondents in three countries (Germany, Poland and South Korea) and found that general self-efficacy was significantly related to mental health, well-being

and quality of life. Similarly, Luszczynska, Gutierrez-Dona, and Schwarzer (2005a), studying 8796 participants from Costa Rica, Germany, Poland, Turkey, and the USA, found positive associations between general self-efficacy and personality, well-being, stress appraisals, social relations, and achievement. Adeyemo and Adeleye (2008) found that emotional intelligence, religiosity, and self-efficacy were predictors of psychological well-being among adolescents in Nigeria. Parto (2011) also reported that self-efficacy was significantly associated with mental health in adolescents.

In a study of working and non-working women, Sahu and Rath (2003) found that working women had higher self-efficacy scores than did non-working women, and there was a strong association between self-efficacy and well-being. Singh, Shukla, and Singh (2010) recruited 160 Indian elderly respondents and found that perceived self-efficacy emerged as an important predictor of mental health among both elderly men and women. The elderly who perceived themselves to be self-efficacious and to have control over their environment reported better mental health. Using a large sample of normal adolescents from the Netherlands, Muris (2002) found that low levels of self-efficacy accompanied high levels of trait anxiety/neuroticism and depressive symptoms.

The results of research on sex differences in these variables conflict. For religiosity, some studies have indicated that women obtain higher mean scores than did their male counterparts (Abdel-Khalek, 2006a; Spilka et al., 2003, p. 154; Sullins, 2006), while other studies have reported that there are no sex differences in religiosity (Abdel-Khalek, 2013a). Regarding happiness, some studies have reported that men had higher mean scores, other studies have reported that women had higher mean scores, while some studies have found no significant differences between men and women in happiness (Abdel-Khalek, 2006a, 2012a, Argyle, 2002).

As for mental health, studies on three Arab samples of college students from Egypt, Kuwait, and Qatar found that men obtained higher mean scores for mental health than did their female counterparts (Abdel-Khalek, 2011, 2012a, 2013b). Using three Kuwaiti samples ( $N = 741$ ) in late adolescence, early and middle adulthood, Alansari and Abdel-Khalek (2012) found that men had higher scores on measures of self-efficacy.

The State of Kuwait is an Arab country in Western Asia, situated on the northern edge of Eastern Arabia at the top of the (Arab) Persian Gulf. It shares borders with Iraq and Saudi Arabia. Kuwait has nearly 10% of the world's oil reserves. Gross domestic product (GDP) is \$200 billion, and GDP per capita is \$84,309. Kuwait's population in 2014 was estimated to be 3,491,022, including 1.3 million non-nationals (Central Intelligence Agency, 2014).

Regarding the levels (mean scores) of the present variables among Kuwaiti samples of college students, previous studies have indicated that Kuwaiti students were more religious than American students (Thorson et al., 1997), whereas Americans obtained a higher mean scores on measures of mental health and happiness than did their Kuwaiti counterparts (Abdel-Khalek & Lester, 2012, 2013). There is no similar comparative research on self-efficacy

One of the aims of the present study was to test the cross-cultural generality of the results obtained with Western populations. The majority of published research in this domain has been carried out on Western, Anglo-Saxon, English-speaking, Christian populations. Therefore, the present study will extend the current knowledge base and fill a gap in the literature by using an Arab, Muslim sample, a highly under-represented population in the scientific literature. Another aim of this study was to estimate the psychometric properties of its scales. The study was designed to test the following hypotheses: (a) sex-related differences will be significant for religiosity, generalized self-efficacy, mental health, and happiness, in which women were hypothesized to score less favorably on these variables, (b) the correlations will be statistically significant and positive between the study variables, and (c) only one component will be extracted from the correlation matrices.

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