

“The Analysis on Relationship among Religious Belief and Resilience (Tolerance) in Caregivers of Patients in Isfahan City”

Maryam hojaji ^a, Dr. Marzieh Arefi ^{b*}

^a(M.A) Department of psychology, Science and Research Branch, Islamic Azad University, West Azarbayjan, Iran.

^b(Ph.D.) Assistant Professor Department of psychology, Science and Research Branch, Islamic Azad University, West Azarbayjan, Iran

Received: January 27, 2015

Accepted: March 31, 2015

ABSTRACT

The present research was carried out by aiming at analysis on relationship among religious belief and resilience. The methodology of descriptive research was of correlation type and statistical population of this study included the incurable patients in Omid Hospital and caregivers of mental- retarded children in Isfahan City in 2011-12 with sample size 81 participants in this study in which they were chosen by means of available random sampling method and tested with respect to the given goal and the proposed questions. Pearson's correlation coefficient and independent t-test etc were employed to analyze data. Findings of this study were analyzed by using SPSS software.

Results: There is a relationship among subscales of System of Belief Inventory SBI (social support and religious activities and beliefs) and tolerance (resilience) of caregivers (time- dependent, transformational, physical, social, and emotional).

Discussion and conclusion: There is a relationship among system of beliefs and resilience among caregivers.

KEYWORDS: *Resilience, Religious Belief, Caregivers of Patients*

INTRODUCTION

Life of any human is accompanied with several problems, failures, and conflicts, which are always along with the given person. Although, hardiness and problem may relatively act as motive for mobility and progress for human at moderate level, when this factor lasts for a long period, it can negatively influence in life positive aspects and causes the person to be subjected to boredom, reduced motive and sense of anxiety, worry, fatigue, and mental inadequacy, and reduced self-respect, loneliness, self- alienation, and lack meaning of life, and in a brief word sense of absurdity and futility.

During recent years, the therapeutic physicians have ever-increasingly paid more attention to cultural, spiritual, and religious variables in treatment process and several wide researches have shown the role of religious and spiritual variables in various dimensions of physical and psychological health.

Religion and spiritualities have been followed by positive important outcomes in relations among individuals, especially resilience. The religious beliefs are correlated with high level of resilience in individuals, higher spiritual support, increasing supportive relations among parents and children (Brody, Stonman, Mac Cararry, 1994; quoted from Peterson and Seligman, 2004).

Religion is an important element of culture or lifestyle in a community. The history of (religious) faith is the same as human's history. Here, it is referred to some cases of definitions about the religion.

Theoretical bases

Role of religion in coping with life accidents

Kelly (1961) and Spik (1985) (quoted from Mojahed (2010)) characterized three roles of religion in coping with the accidents: Presentation of meaning for life, creating a superior sense in person to control the situations by various types of concepts and styles (e.g. prayer, customs and rites), and providing self-esteem. The given results signify consolidation and integration of religious beliefs system that draws the picture of world regularly.

When a crisis or accident takes place, the religion can equip the person with three conceptual elements.

* **Corresponding Author:** Dr. Marzieh Arefi, (Ph.D) Assistant Professor Department of psychology, Science and Research Branch, Islamic Azad University, West Azarbayjan, Iran

- 1) Creation of sense of reassurance and confidence thereby the person can tolerate hardiness and difficulty.
- 2) The accidents take place according to God's willing and they are deemed as sign of fulfillment of divine plans. Therefore, most of religions meet the individual's need to predict and control the accidents and this is done by intrinsic concepts (e.g. belief in God), control of accidents, hope and expectation for reward, or existentialist concept (like prayer, customs and rites, and determinant behaviors) with creating optimistic sense and self- belief in the given person.
- 3) At last, the religion suggests a concept of maintenance and upgrading of self-esteem to the persons as well as non- conditional positive attention, conditional positive attention, and opportunities for growth and developing the spirituality (Weiss, 1974, quoted from Mojahed, 2010). The non-conditional positive states are defined as psychological intimacy (this feeling that God loves me and all of other people) and parity of all the humans. Supporting from individuals by members, leaders, and clergymen in religious societies is deemed as one of the key intermediary agents among spirituality and mental health (Hill, Pargant, 2003; quoted from Azizi 20100).

Social, spiritual, and religious support may serve as a valuable source for self-esteem, acquisition of information, synergy, and contribution. Therefore, such supporting can contribute to individual to coping with stress and life adverse events.

Some of supportive systems are as follows:

- Supporting from individuals against social isolation
- Improvement and strengthening of family and social networks
- Training of individuals with sense of belonging (attachment) and self-esteem
- Proposing spiritual supports at time of adverse events and calamities

In addition to these advantages, the spiritual and religious supports may provide valuable support along with other social and cultural networks. The members of other social network may be temporary and transitory if the given supports by religious and spiritual networks are accompanied with the individual from birth to death. The persons, who belong to social and cultural networks, may be changed over the time, but those ones who belong to ideological societies, can rely on the support from a group of persons with the same idea that possesses a series of common values and identical attitude toward the world even under very difficult and onerous conditions like incurable diseases, senility, and or death etc. Although, the religious and spiritual institutions propose supports as a source of social capital , the religious content and approaches like awareness of God- believers of convention or belief in point that God descends His assistances through other people may improve the effects of social supports more than ever (Hill, Pargament, 2003; quoted from Azizi, 2010).

As Shelin (1956; quoted from Ghamarani, 2010) expresses that mental health has been already an additional concept, but today inversely we are required to say how a person can do if s/he acquires the health instead of say it only about reduction of anxiety and reducing of depression and so forth. In the past time, psychology was allegorically intended to convert human from negative positive (-1) into null position (0) but it did not tell us how we could lead this human from null position (0) to the positive position (+1) (Fresh, 2006, *ibid*).

The affirmative psychology includes three main fields:

- 1- Positive emotions
- 2- Characteristics of individuals
- 3- Positive institutions and organizations

The positive emotions comprise of study on rehabilitation (well- being), being healthy and happy at present, and hope and optimism for the future. The positive characteristics of individuals include study on capabilities and virtues such as susceptibility for love, business, courage, mercy, affection, tolerance (resilience), creativity, perfection, self- knowledge, self- control, and wisdom. Organizational perception and conception and positive institutes require analysis on potentials and features, which are necessary for training and developing the better community like justice, accountability, and social courtesy and politeness.

The positive psychologists argue that the prevention is the foremost principle in positive psychology. It means to discover human's capabilities and this point that there are a series of opposite characteristics to mental pathology called Human's positive features, which are composed of the main core of positive prophylactic psychology (Stephan & Alex , 2006; quoted from Azizi, 2010). Thus prevention consists of developing and focusing on these capabilities in persons with high risk for mental pathology like children resulting from divorce, delinquent youths, or the persons, who have been affected by these traumas (Shelly, 2005; quoted from Ghoreishian and Ghasemi, 2009). Resilience is one of these features and potentials.

Resilience: It is the individual's capability in being exposed to harsh accidents and adaptation to the conditions and returning one's life to the balanced status as well as avoidance from hazardous stress (Shariati, 2011: 9).

Resilience is not only the resistance against damages or threatening condition and or passive state versus risky conditions, but it is to participate actively and constructively in one's surrounding environment. The capability of a person in creation of biological- psychological balance under risky conditions (ibid).

Some characteristics may effect on rate of resilience of persons including 1) sense of value and attaching respect for oneself and these potentials, 2) control of problem solving, flexibility, and finding several solutions for the same problem, 3) Social adequacy and skill of establishing relationship with others and benefitting from social support, 4) optimism, sense of hope and life purposefulness and having goal, 5) empathy and sense of belonging (attachment) to others and groups. In addition to individual characteristics, some environmental elements may also influence in growth and developing resilience of persons such as 1) supportive relations along with attention, 2) higher and rational criteria and expectations, 3) creation of common opportunity for participation in social activities (Shariati, 2011: 10).

Connor and Davidson (2003; quoted from Shariati, 2011) assume resilience as an individual potential in creating biologic- mental- spiritual balance under risky conditions. In other words, the person can adapt and adjust one's own body, mind, and soul to the life current conditions. Of course, these researchers highlight that resilience is not only resistance against damages or threatening conditions, but it is to participate actively and constructive in one's surrounding environment as well.

In definition of resilience, Davidson et al (2005) argue that resilience is a consequential variable, which this variable may not be shown if a series of symptoms and signs does not take place after occurrence an important event in their life.

Research fundamentals

Robins and Daniel (2001), as Shariati quted in 2012, conducted an investigation called risk ability and resilience in familial tasks. The given study was intended to examine the risk factors and resilience since these factors act mutually within a family and affect on outcomes of performance and tasks in family. Data collection was done by means of interview and vis-à-vis observation. The results indicate that measurement and risk assessment of performance in a healthy and normal family may be changed with variation in supportive factors and interests. This survey showed three effective factors on resilience including potential and power for execution, parental tasks, and familial correlation, and social support.

Nolen (1993), as Shariati quoted in 2012, conducted a study under title of resilience in single- parent families along with children with specific requirements. The results indicated that resilience denotes the capability for acceptance and coping with noticeable stresses with the same internal and external roots, which are composed of supportive and risk factors in an individual. The resilience was examined in single- parent and double-parent families and a stark difference was analyzed in support of child among single- and double- parent families while there was no obvious difference in support of child among single- and double- parent families. The families, which are exposed to further risk may enjoy lesser supportive factors can be assisted by the necessary and suitable measures.

In a study that was carried out by Samani et al (2008) under title of resilience, mental health, and life satisfaction on 287 students in Shiraz University it was indicated that the variable of resilience has direct significant effect on satisfaction with life and at the same time it affects indirectly and insignificantly on this variable; namely, rising resilience is accompanied with reduction of emotional problems (stress, anxiety, and depression). So reduction of these problems leads to improvement of rate of life satisfaction.

Research hypothesis

Is there any correlation among subscales in system of beliefs inventory (social support and religious activities and beliefs) and resilience in caregivers (time- dependent, transformational, physical, social, and emotional)?

METHODOLOGY

- Statistical population

The statistical population in this study includes all of caregivers for the incurable patients as well as caregivers of mentally- retarded patients in Omid Hospital at Isfahan City as well as the clinical complex for mental- retarded patients in 2011-12.

Sample and sampling method

Among 95 caregivers of mental- retarded patients in rehabilitation center, 48 participants were elected by available random sampling technique and among 80 caregivers in Omid Hospital, 33 participants were chosen by means of available random sampling technique.

Measurement tools

2 questionnaires were employed for data collection in the current research.

1- *System of Beliefs Inventory (SBI- 15- R)*

The System of Beliefs Inventory (SBI- 15- R) has been prepared by Holland et al (1998) to measure the seemingly apparent religious beliefs and ideas. The tests, which have been used mainly for evaluation of religious attitude of individuals, were essentially focused on religious activities and they did not specifically deal with personal beliefs and ideas of the individual, this test consists of a revised form. The current form of SBI questionnaire is composed of 15 phrases in which the testee should specify the rate of his/ her agreement or disagreement with each of these phrases based on Likert 4- scale spectrum. This tool is composed of two following scales: the subscale of religious beliefs and activities including 10 phrases and it evaluates the rate of participation in religious ceremonies and practices and belief in God and the other subscale is concerned with social support that shows the rate of support is received by a person from his/ her religious group and it measures this rate with 5 phrases. The high score of individual in this scale shows the religiosity of the given person.

The reported psychometric attributes of System of Beliefs Inventory (SBI-R-15) by Holland et al (1998) denote the appropriate reliability and validity of this test.

Reliability: The Cronbach alpha coefficient for total test was acquired as 0.93, and the values of Cronbach alpha coefficient for subscales of religious beliefs and activities as well as social support were derived as 0.92 and 0.89, respectively and these figures signify the internal consistency of this test at appropriate level. The rate of reliability of retest of SBI questionnaire was also reported as ($r = 0.95$) for religious and non- religious groups of participants. No reliability was found for SBI questionnaire in Iran but this reliability was reported by McKay and Alicia (2005) and Holland et al (1998) for this questionnaire.

Validity: The convergent validity of this questionnaire was proved through high correlation of this test and by means of two other tools for measurement of religious interests (internal scale) of religious orientation ($r = 0.84$) and scale of INSPIRIT (Index of Core Spiritual and Experiences) ($r = 0.82$). Similarly, lack of significant correlation among this test and questionnaire of BSI (Brief Symptom Inventory) ($r = 0.004$) with scale of Medical Outcomes Study ($r = - (MOS)$) (0.031) indicates the divergent validity of this tool.

The differential validity also showed significant difference among two religious and non- religious groups during the first step of giving response to the questionnaire and at retest phase ($P = 0.000$) for the first step and also ($P = 0.0001$) for the retest step. The confirmation of validity of SBI questionnaire was not also found in Iran but it has been reported by McKay and Alicia (2005) and by Holland et al (1998).

2- *Questionnaire of measurement of tolerance of caregiver of patients*

The questionnaire of measurement of tolerance of caregiver of patient was built by Novak and Guest (1988) for evaluation of rate of tolerance of individuals (family member), who take care of patients. This test includes 35 phrases and testee should specify how much s/he has experienced each of these situations within Likert 4- scale spectrum. Whereas this questionnaire measures 5 dimensions of tolerance capacity thus it is more perfect than other inventories, which have been built in this regard. 5 subscales in this test are as follows:

- 1- Time- dependent tolerance: This subscale is concerned with time constraints of the caregiver.
- 2- Transformational tolerance: This subscale examines this point that if the caregiver feels that s/he has developed and grown lesser than other his/ her coeval and colleagues or not.
- 3- Physical tolerance: This subscale describes the feelings of caregiver about physical threat or damage.
- 4- Social tolerance: This subscale covers a sense of role conflict in caregiver, dispute with other family members regarding the care in care-giving climate, sense of non- appreciation and ostracism in general.
- 5- Emotional tolerance: This subscale measures the negative emotions of caregiver toward the person, who received care-giving.

Each of time- dependent, transformational, social, and emotional subscales are evaluated by means of 5 phrases and physical tolerance subscale is measured by 4 phrases.

Reliability and validity: The questionnaire of evaluation of care-giving of patients was not found in Iran but it has been reported by Elisabeth Harwood in 2003.

Likewise, I utilized another tool for data collection called semi-structured interview; in other words, I asked some questions vis-à-vis from the caregivers and they replied me.

Statistical methods of data analysis

To analyze data in this study, descriptive statistics (regression, standard deviation, mean, and ...) have been adapted. Similarly, t-test has been employed in analysis of research hypotheses. SPSS statistical software has been used in data analysis.

Analysis of hypotheses

Data analysis

Is there any correlation between the subscales of system of beliefs inventory (social support and religious activities and beliefs) and tolerance (resilience of caregivers (time- dependent, transformational, physical, social, and emotional)?

Whereas the correlation among several variables has been shown quantitatively in this hypothesis so Pearson's correlation coefficient was adapted for this purpose and the correlation that is seen in the table is significant at level 0.01 thus null hypothesis is rejected. Since the direction of effect of independent variable on the dependent variable is clear therefore it is significant at level 0.01.

Table (1): Comparison of subscales of system of beliefs inventory (SBI) and subscales of tolerance of caregivers

		Social support	Religious activities	Emotional tolerance	Social tolerance	Physical tolerance	Transformational tolerance	Time-dependent tolerance
Social support	Pearson's correlation	1	* 0.375	0.077	-0.037	-0.063	* 0.712	-0.016
	P	-	0.001	0.495	0.745	0.574	0.000	0.886
	Quantity	81	81	81	81	81	81	81
Religious activities	Pearson's correlation		1	0.175	-0.127	0.004	* 0.726	0.029
	P		-	0.117	0.258	0.975	0.000	0.797
	Quantity		81	81	81	81	81	81
Emotional tolerance	Pearson's correlation			1	* 0.348	* 0.356	0.162	0.089
	P			-	0.001	0.001	0.147	0.429
	Quantity			81	81	81	81	81
Social tolerance	Pearson's correlation				1	* 0.728	-0.043	* 0.317
	P				-	0.000	0.705	0.004
	Quantity				81	81	81	81
Physical tolerance	Pearson's correlation					1	-0.016	* 0.386
	P					-	0.885	0.000
	Quantity					81	81	81
Transformational tolerance	Pearson's correlation						1	0.10
	P						-	0.931
	Quantity						81	81
Time-dependent tolerance	Pearson's correlation							1
	P							-
	Quantity							81

* Correlation is significant at alpha level (0.01).

With respect to Table (1), the existing correlations are as follows:

- Social support with religious beliefs and activities and transformational tolerance
- The religious beliefs and activities and transformational tolerance
- Emotional tolerance with physical and social tolerance
- Physical tolerance with time- dependent tolerance

DISCUSSION AND CONCLUSION

With respect to Table (1), the existing correlations are as follows and these correlations are significant at alpha level 0.01:

- Correlation between social support and religious beliefs and activities and transformational tolerance;
- Correlation among religious beliefs and activities with transformational tolerance;
- Correlation among emotional tolerance and physical and social tolerance; and
- Correlation among physical tolerance and time- dependent tolerance

With respect to the results derived from this investigation, it can be concluded that the persons with religious beliefs who participate in religious ceremonies and receive support from other religious persons enjoy further transformational tolerance; namely, sense of growth and more development in comparison to non- religious people and they feel that they are benefitted from higher growth and development than their coevals. The caregivers with religious beliefs, who lack negative emotions toward their caregiver and at the same time they may be damaged physically compared to individuals with religious beliefs and they are less subjected to physical threat or damage. The caregivers with religious beliefs more rarely feel sense of time constraint in comparison to non- religious persons.

According to theory of Bergin, who argues the internal religiosity is correlated to internal control attributes, responsibility, self- control, potential for tolerance, and tendency to positive impression and interpretation and at the same time with respect to Quranic verses that imply: *“Now surely the friends of Allah-- they shall have no fear nor shall they grieve. Those who believe and guarded (against evil)”*¹ (Jonas Sura 10: 62-63), it seems that those God- believers to whom it has been referred in these two verses should be sure of this fact that no one is perfectly independent alone except God and no cause becomes effective unless by the permission of God. If a person achieved such certainty so s/he never be unhappy and saddened for any adverse event and never be frightened from any horror as s/he assumes and this means “they shall have no fear nor shall have they grieve.” Therefore it is likely that the religious belief is significantly related to tolerance (resilience).

Similarly, findings of this survey are consistent with the results of similar investigations such as Malbety (1995), Nitesh (1995), Francis et al (2004), Ramescht and Homan (2006), and Memar (2001). In these studies, they deal with the relationship among the religious beliefs and activities, social support in psychological and psychiatric therapies and religious effect, religious attitude, religious orientation within cognitive, emotional, social, physical, temporal, and transformational fields for which in some places like mosques and among their friends they may strengthen their own religious attitudes. Then they could achieve internal satisfaction by valuation of them and performance of religious activities such ablution, prayer, reading of Quran, glorifying the God, other praying practices and participation in group praying (Jamaat) and Friday prayers, and also participation in various religious ceremonies, cordial confidence and trust in these religious orders, alms- giving and help to the poor and needy people and this may improve self-esteem and psychological competency in them. Namely, with contribution to this training method, the persons can be further benefitted from their own capacities and potentials and in contrast they may become more resistant to life problems (life adverse events) including incurable diseases and divorce so that finally this trend leads to increase in their general mental health.

The religious beliefs may significantly predict the resilience. Having certain and meaningful goal for life, sense of belonging to higher source, pinning hope to God under problematic conditions of life, benefitting from social and spiritual supports are totally some methods whereby the religious persons may undergo lesser damage in being exposed to life stressful accidents.

The other method whereby the spirituality or religion may affect on health requires social support that is provided by the religion and to increase health and rehabilitation. Receiving support from the community comprises of practical contribution and aid (e.g. transferring patient to clinic and receiving appropriate information), emotional reassurance, and belief in possession of value are related to valuable social role and an opportunity to help others.

The religious commitment or belief may put an interpretive image for perceiving certain conditions like disaster pain and passion at their disposal. Illness and affliction can be assumed as an element of collective measures a warning alarm, and or a spiritual exemplified lesson not a random calamity.

¹ - الا ان اولياء الله لا خوف عليهم ولا هم يحزنون؛ الذين آمنوا وكانوا يتقون (سوره يونس 10: 62-63)

Religious commitment can train and develop sense of care-giving in us. When a serious disease like cancer, which is full of hesitation and uncertainty, breaks the implicit beliefs about care-giving, the religious faith may return secondary sense of care-giving to the patient and it reduces the failure senses with several beliefs such as *this is act of God; God is beside me*; and or ... *this case is a part of natural trend of affairs*. Participation in religious activities is more likely considered as a social and psychological source in tolerance of destructive stresses and facilitation of coping mechanisms. Social, spiritual, and religious support may serve as a valuable source for self-esteem, acquisition of information, synergy, and assistance. Hence, this support may contribute to the persons in coping with stress and adverse events of life. Presentation of spiritual supports upon adverse conditions and frustration of individuals versus social isolation lead to improvement and consolidation of family and social networks and training of persons with sense of belonging and self-esteem.

Likewise, finally whereas most of the conducted researches have been concerned with the supportive effect of religious beliefs on potential of a person for successful adaptation to the problems and different impression from religious texture in our country thus it is suggested to carry out further studies about the impact of religious beliefs on capability of individuals in coping with the destructive effects of hazardous and risky situations.

REFERENCES

1. Connor, K. M & ,Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC).*(Depression and anxiety*.82-76 ,(2)18 ,
2. Davidson, J. R., Payne, V. M., Connor, K. M., Foa, E. B., Rothbaum, B. O., Hertzberg, M. A., & Weisler, R. H. (2005). Trauma, resilience and saliostasis: effects of treatment in post-traumatic stress disorder. *International clinical psychopharmacology*, 20(1), 43-48
3. Frahcis, L. J. et al. (2004). Religiosity and general health among. Under graduate student: A response of O Connor, Cobb, and O Connor (2003). *Personality and Individual Differences*, 37, 485-499.
4. Maltby, J. (1995), Frequency of church attendance and obsession actions among English and U. S. adults. *Journal of Psychology*. 12, 599-600.
5. Peterson, C., & Seligman, M. E. (2004). *Character strengths and virtues: A handbook and classification*. Oxford University Press.
6. Samani, S., Jokar, B., Sahragardan. 2007. Resilience, mental health and life satisfaction. *Psychiatry and clinical psychology journal. Iran (thought and behavior)*. 13(3): 290-295.
7. Shariati, Maryam. 2011. Effectiveness of training marriage enrichment on commitment and resilience of committed women. MA of consulting. Educational sciences School of Isfahan.
8. Azizi, Abarghuyi, Maryam. 2010. The survey of effectiveness of spirituality therapy on life quality and life expectancy. MA of psychology. Isfahan University.
9. Qasemi, N., Qoreishian, M., 2009. Positive psychology. *Journal of psychoanalysis new News*. Year 15. NO. 51, 52. p. 101-102.
10. Qomrani, A., 2010. Effectiveness of training acknowledgement on life expectancy, resilience, optimism, happiness of adolescents of Shahid, veteran, Non-Shahid and veteran adolescents. Phd of consulting Thesis. Educational science of Isfahan.
11. Mojahid, A., 2010. The comparison of the impact of behavioral cognitive therapy with Islamic approach and classic behavioral cognitive therapy on mental health of wives of martyrs and veterans of Zahedan. PhD thesis of psychology. Educational sciences of Isfahan.
12. Harwood Cochran, Elizabeth. 2003. A study on the effects of a specifically designed workbook on the burden of care, Problem solving abilities and depression levels of Home caregivers of persons with Alzheimer's disease or Dementia. Available at: www.holosuniveristy.net/pdf/Cochran_Diss.pdf
13. Biopsychosocial Assessment Tools for the Elderly. Assessment summary Sheet. Available at: instrut.uwo.ca/kinesiology/9641/Assessemnts/00/CBI.html.
14. Holland, J. C, Kash, K.M., Passik, S., Groner, M. K. Sison, A., Lederberg. M., Simcha, M. R., Baider, L. and fox, B. (1998). A brief spiritual beliefs inventory for the use in quality of life research in life threatening illness. *Psycho-oncology*, 7, 460-469.
15. Maki, Alicia. 2005. The relationship between Spirituality and Successful aging among older minority women, the Florida state University College of education.