The Effect of Religious-Based Cognitive - Behavioral Therapy on Psychological Well-Being and Happiness in Students

Yaser Boolaghi, Amir Sam Kiani Moghadam
Postgraduate student of Clinical Psychology, Faculty of Education and Psychology, University of Shahid Chamran, Ahwaz, Iran

Abstract
This study aimed to investigate the effectiveness of religion based cognitive-behavioral therapy on psychological well-being and happiness of students. 375 students completed Ryff Psychological Well-Being scale (RSPWB) and Oxford Happiness Inventory (OHI). Among those who scored one standard deviation below the average in Ryff Psychological Well-Being scale (RSPWB) and Oxford Happiness Inventory (OHI), 40 of them were randomly selected. They were homogenized in terms of age, sex, socioeconomic status, lack of physical and mental illness and other variables in the study. Because of the loss of 6 subjects in the experimental group, the control group was matched equally. Then, the participants were divided into two experimental and control groups (each group n = 14). The treatment group was given 10 sessions of 90 minutes Religion-based cognitive-behavioral therapy. During this period, the control group received no intervention. The results showed that there was a significant difference between experimental and control groups in terms of psychological well-being and happiness (p < 0.001). That is, the psychological well-being and happiness in the experimental group was significantly increased compared to the pre-test and control group. The results show that the use of psychotherapy, particularly religion-based cognitive-behavioral interventions besides medical treatment increases the psychological well-being and happiness of the students.

Keywords: religion-based cognitive-behavioral therapy, psychological well-being, happiness, students

Introduction
Psychological well-being is the public expression of positive emotions and satisfaction with their lives and others in various spheres of family, education, employment, etc. It consists of two components: cognitive and emotional. Cognitive component is based on the assessment of information people have about their life. In other words, it is the judgment and informed assessment of people's life satisfaction as a whole. Emotional component is the assessment of directed pleasure in life which is done by the assessment of emotions such as the number of times people create pleasant and unpleasant experience in their life. In this regard, positive psychology is representative of a change in psychology because it moves from injuries therapy to optimizing the quality of life (Snider and Lopez, 2002). This approach deals with the scientific study of human strengths and virtues (Seligman and Csiksentmihalyi, 2000) and seeks to explore individual talents in the face of challenges and identifies the factors enabling the individual's everyday experiences and factors that make life worth living. In the past decade, Ryff and Keys (1995) model of psychological well-being or positive mental health presented. Based on Ryff model, psychological well-being is composed of 6 factors: Self-acceptance (SA), positive relations with others (PR), autonomy (AU), purpose in life (PL), personal growth (PG) and Environmental Mastery (EM). This model is widely used in the world (Chang and Chen, 2005). Ryff provided this model based on the mental health literature and said that component of the model is the criteria for positive mental health and helps to measure the well-being and positive functioning of a person. Religion can be used as a unifying principle and a

Openly accessible at http://www.european-science.com
great force for mental health. Many studies indicate that religion and spirituality directly influences on mental health and psychological well-being (Hackney and Sanders, 2003; Koenig, 2007), in a way that makes the man to have correct understanding of their religious beliefs and strengthen the foundation to able to better cope with life and subsequently benefit from greater mental health in their life.

Happiness is among the other variables which plays a crucial role in the mental health and psychological well-being of humans. Veenhoven (1994) defined happiness as a characteristic having three criteria of time constant, situational constant and internal reason. Plato defined happiness as the balance between three elements of reasoning, emotion and appetites (Dickey, 1999). Aristotle defined happiness as the spiritual life (Eysenck, 1990). Eysenck based on Bradburn definition, defined happiness as the maximum positive emotion and minimum negative emotion which is probably the most practical definition of happiness. Happiness is one of the variables closely related to psychological well-being. In addition, happiness is another mental health indicator and one of the concepts that are considered in recent years in the approach of positive psychology. In the psychological issues, happiness is classified as one of the positive emotions that people experience addressing in their daily activities. Happiness enhances the joy of knowledge, creativity and active person, facilitator of social relations and to safeguard the health and increasing life expectancy. Happy individual are generally healthy, educated, eccentric, and upbeat. Also happy people have stable friendly relations and stable spiritual attitudes. Some theorists achieve happiness through attention to spiritual values and goals, basic needs, the significance of the life and love of God. Some researchers consider spiritual happiness as an element of that is imperishable and stable in all human conditions. The feeling of happiness has favorable coexistence with hardship and stress of life. Religious people have the idea that the world has a noble purpose and can improve their happiness. So there is a close relationship between happiness and religious beliefs.

In the religious-based cognitive behavior therapy in addition to cognitive therapy techniques aimed at changing the false beliefs and negative thoughts to logical thinking, during therapy sessions, the patient are helped to strengthen the spiritual beliefs and their religious beliefs and the order of the universe, the absolute power of God and Divine Mercy attention and focus. The "trust in God" and believe in divine aid causes increased life expectancy. Cognitive therapy is strongly influenced by cultural background, beliefs and cultural values and its performance is influenced by cultural background and beliefs of those for whom this treatment is used in conjunction with (Hoffman, 2008). So, in psychological treatment, in addition to biological reference conditions, special attention should be paid to cultural beliefs. The study showed that a combination of cognitive-behavioral therapy with emphasis on religion and spirituality, in 12 sessions on older people with anxiety disorders, reduces symptoms of anxiety and secondary benefit of this disorder is in them (Barra, Zeno, Be, Barber and Stanley, 2012). The effectiveness of interventions based on spirituality was effective in the treatment of anxiety disorder and significantly reduced anxiety symptoms in patients with anxiety disorder (Koszycki, Raab, Aldosary & Bradwejn, 2010).

Using a combination of cognitive-behavioral therapy approach to religion and spirituality, researchers demonstrated that this approach can improve coping skills therapy in patients with generalized anxiety disorder (Paukert, Phillips, Cully, Loboprabhu, Lomax & Stanley, 2009). Richards & Bergin (1997) suggested spiritual strategies to use in counseling and psychotherapy and evidence on the effectiveness of these methods have reported improved relationships and health. These include encouraging clients to worship and pray, talk about the order of the universe and God, using the writings of holy books in treatment, relaxation techniques based on sacred sites and associated imagery with the Creator and discovering the grandeur of the universe by focusing on and the amazing secret of creation in order to suit battalions and create hope for the mercy of God in
healing the sick, encouraging clients to forgiveness and sacrifice, helping clients to cope with spiritual values, consultation with religious leaders and traditions about the effect of religion and spirituality in healing patients. Ano and Vasconcelles (2005) showed that religious involvement was related to experiencing less turmoil and conflict and low depression and anxiety.

Joshi, Kumari and Jain (2008) studied the relationship between religious beliefs and psychological well-being of individuals. They concluded that psychological well-being interconnected with deep religious beliefs of individuals. Ferraro and Kim (2014) examined the health benefits of religion and religious beliefs on their old black and white American. The results showed that the beliefs and religious interactions were influential in recusing the chronic inflammation in the elderly people and in particular may reduce high blood pressure and cardiovascular disorders in elderly African-American. Fletcher and Kumar (2014) studied the religious and adverse health behaviors among adolescents and young Americans. The results showed that young teens who know their religion during adolescence and early adulthood are less likely to use and abuse drugs.

A few studies have been done on the effect of this treatment among groups of students as one of the main components of society influencing developments in any country. Previous studies in the field of religion-based cognitive-behavioral interventions had focused on the pathological aspect of people and have less emphasized on positive mental aspects such as psychological well-being and happiness. The aim of this research is to answer the following question:

Does religion-based cognitive-behavioral therapy have any effect on psychological well-being and happiness of students?

Methodology
Population, Participants and method
This is a quasi-experimental study with pretest-posttest and follow-up design with the control group. Research population includes the undergraduate students of Shahid Chamran University city, Ahvaz province, Iran studying in the academic year of 2014-2015 (second semester). The samples were selected by multistage sampling method so that, from among 10 faculties of Shahid Chamran University, 5 groups, 4 classes of each and half of the students from each class were randomly selected and then the psychological well-being and happiness questionnaire was given to them to be completed. After collecting the questionnaires and scoring them, the participants who scored one standard deviation lower than the mean were selected to be randomly divided into two groups of control and experiment (each group n=14). The participants were well matched in terms of age, sex, socioeconomic status, lack of physical and mental illness and other variables in the study. The experimental group received religion-based cognitive-behavioral therapy but the control group received no intervention. Religion-based cognitive-behavioral therapy was taken for 10 sessions of 90 minutes on a weekly basis for experiment group. A week after religious-based cognitive-behavioral intervention in the post-test and pre-test both groups were evaluated using research instruments.

A summary of religious-based cognitive-behavioral sessions
1st session: introducing people to each other and with the medical group, the explanation about its purpose, rules, requirements and methods of treatment, explaining the psychological well-being and happiness, talking about cognitive beliefs, debate about cognitive dysfunctional beliefs and disadvantages, providing homework to clients.

2nd and 3rd sessions: review homework, cognitive beliefs, education, ABC Ellis along with numerous examples and discussion about it, Beck's cognitive dysfunctional beliefs, citing Quranic verses and sayings of information-psychological well-being and happiness and Solve problems and
correct exposure with events, Group discussion about cognitive errors with examples of the group, providing homework to clients.

4th session: A review of homework, discussion of irrational thoughts and beliefs of the group, confronting and challenging negative thoughts and dysfunctional and training techniques to clients, citing Quranic verses and sayings about errors cognitive, psychological well-being and happiness and discussion on techniques learned and verses and sayings expressed during the meeting, provide homework to clients

5th session: brief review of the previous sessions, check homework, verses and hadiths about the psychological well-being and happiness, providing solutions to correct exposure with cognitive dysfunctional beliefs, group discussion about the solutions presented, provide homework to clients

6th and 7th sessions: review homework; provide a cognitive behavioral technique to deal with the thoughts and dysfunctional beliefs regarding the verses and hadiths, problem-solving techniques, techniques distraction from your problems to the universe and God's creation and the creation of discussion some of the techniques learned during the session, providing homework to clients

8th session: review homework, relaxation training according to the remembrance of God in the life and recitation of the Qur'an, training muscle relaxation and deep breathing to cope with anxiety and depression caused by false beliefs and dysfunctional cognitive, provide homework to clients

9th session: A review of homework, teaching technique and mental visualization phenomena are due to be double-checked for positive energy and thoughts with clients, learning to trust in God, strengthen trust and talk about the impact of prayer in strengthening the ongoing relationship with creator to enhance psychological well-being and suffering and hardships of life, referring to the verses and hadiths of trust and closeness of God and success in affairs, the advantages and disadvantages of trust in God, provide homework to clients.

10th session: a review of homework, express feelings and talk about these feelings by the client, an overview of past meetings, review the changes that your clients feel like they are in, provide general advice on how to act after the group meetings, make sure the therapist to clients than using what you have learned so far will not be a problem for them, after the test run.

Instruments of the study

Ryff’s Scale of Psychological Well-Being (RSPWB)

Ryff’s Scale of Psychological Well-Being (RSPWB) (Ryff, 1989; Ryff and Keyes, 1995) measures the six positive functions. The six dimensions include autonomy, environmental mastery, personal growth, positive communication, purpose in life and self-accountability (Ryff, 1989; Ryff and Keyes, 1995). Participants respond on a scale of 6 points for each of the 54 items (9 items for each subscale) from 1 (strongly disagree) to 6 (strongly agree). A minimum score of this questionnaire is 54 and a maximum score is 324. Heeman (2008) obtained the reliability coefficients of Cronbach Alpha as 0.79, 0.81, 0.82, 0.83, 0.82 and 0.85, respectively. In addition, in the study of Heeman (2008), reported appropriate reliability for Ryff’s Scale of Psychological Well-Being (RSPWB).

Oxford Happiness Inventory (OHI)

The theoretical basis of the questionnaire was the definition Argyle & Crossland (1987) given for happiness. According to Argyle & Crossland (1989), this inventory is opposite the Beck Depression Inventory questionnaire opposite (BDI). OHI has 21 questions taken from BDI to cover other aspects of mental health. The final form of the questionnaire was prepared with 29 multiple-choice questions in which each individual answers the questions to judge his sense of unhappiness to happiness (Francis, Brow, Lester, Philipchalk, 1998). Argyle & Crossland (1989) reported the
reliability coefficient of 0.90 with 347 respondent and validity of 0.78 during seven weeks. Furnham and Brewing (1990) obtained alpha of 0.87 with 101 respondents and Noor (1993) obtained alpha of 0.84 with 180 respondents for a shorter form of the inventory. Francis and Robins (2003) obtained Cronbach's alpha of 0.92. Argyle, Lu and Martin (1995) in order to verify the validity, asked the students to grade their friends on a scale of 10 degrees of happiness. The correlation between the grading and Oxford Happiness Questionnaire was 0.43. Also, since happiness has three positive affect, negative affect and satisfaction, Oxford Happiness Questionnaire correlated with positive affect scale Bradburn as 0.32, Agyle’s life satisfaction index of 0.57 and 0.52 with Beck Depression Inventory (Francis et al, 1998).

The Vailant (1993) in a similar study reported the correlation between the grading friends and Oxford Happiness Questionnaire score as 0.64 and 0.49, respectively. Oxford Happiness Inventory has been used in many applied research related to happiness and had stronger test-retest reliability than the BDI. Also, in addition to high correlation with friend's evaluation, it had a strong relationship with respect to personality traits, stress and social support (Argyle 2001). Francis et al. (1998) in a cross-cultural study reported the reliability and validity of the Oxford Happiness Inventory in English, American, Australian and Canadian students between 0.89 to 0.90 alpha coefficients.

Findings

Table 1 shows the descriptive variables of psychological well-being and happiness of the students in the experimental and control groups in the pre-test, post-test and follow-up. As Table 1 shows, the mean score of experimental group in psychological well-being and happiness variables has increased in the pretest posttest and follow-up. But such a change is not observed in the control group.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Psychological</td>
<td>experiment</td>
<td>190.79</td>
<td>15.43</td>
<td>194.29</td>
</tr>
<tr>
<td>well-being</td>
<td>control</td>
<td>181.29</td>
<td>20.75</td>
<td>180.36</td>
</tr>
<tr>
<td>Happiness</td>
<td>experiment</td>
<td>37.07</td>
<td>15.23</td>
<td>50.64</td>
</tr>
<tr>
<td></td>
<td>control</td>
<td>34.50</td>
<td>10.78</td>
<td>33.93</td>
</tr>
</tbody>
</table>

Table 2 shows the results of homogeneity of regression slopes between covariates (pre-test) and dependent (post-test) in the factor level (experimental group and control group) in the pre-test and follow-up.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Test</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean squares</th>
<th>F</th>
<th>Sig,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-being</td>
<td>Pretest-posttest</td>
<td>2457.351</td>
<td>2</td>
<td>1228.675</td>
<td>1.76</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Posttest-follow up</td>
<td>1385.515</td>
<td>2</td>
<td>692.758</td>
<td>2.18</td>
<td>0.1</td>
</tr>
<tr>
<td>Happiness</td>
<td>Pretest-posttest</td>
<td>755.127</td>
<td>2</td>
<td>377.564</td>
<td>2.51</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Posttest-follow up</td>
<td>301.626</td>
<td>2</td>
<td>150.813</td>
<td>0.88</td>
<td>0.4</td>
</tr>
</tbody>
</table>

As seen in Table 2, the interaction of covariates (pre-test) and dependent (post-test) in the plots (experimental group and control group) are not significant in the pre-test and follow-up. Thus, assuming homogeneous regressions has been observed. Multivariate analysis of covariance was

Openly accessible at [http://www.european-science.com](http://www.european-science.com)
used to evaluate the assumptions of the plan and to control that if receiving the religious-based cognitive-behavioral intervention in the experimental group has had significant effect on the scale of psychological well-being and happiness. In this case, psychological well-being and happiness post-test scores as dependent variables, intervention as the independent variable and psychological well-being and happiness test scores as covariates were entered into the analysis. As indicated in Tables 2 and 3, respectively, after the assumption of homogeneity of variance and assuring compliance and homogeneity of regression lines, the effect of the intervention on the dependent variables were investigated. Results of Table 3 shows the experimental intervention had significant effect on the psychological well-being scale (p=0.001 and F=22.18) and happiness (p=0.026 and F=5.64). In conclusion, the intervention led to a difference in these measures between the experimental and control groups. The Eta coefficient obtained in the scale of 0.14 and 0.19, respectively as the size of the effects of the present study show that religion-based cognitive-behavioral intervention can predict 14 to 19 percent of the changes in psychological well-being and happiness in the experimental group.

Results of Table 2 also shows the experimental intervention had significant effect on the psychological well-being scale (p=0.001 and F=15.17) and happiness (p=0.002 and F=11.92). In conclusion, the intervention led to a difference in these measures between the experimental and control groups. The Eta coefficient obtained in the scale of 0.39 and 0.34, respectively as the size of the effects of the present study show that religion-based cognitive-behavioral intervention can predict 0.39 to 0.34 percent of the changes in psychological well-being and happiness in the experimental group.

| Table 3: Multivariate Covariance of psychological well-being and happiness of students (df=1) |
|---------------------------------|--------|-------|------|
| Variable                        | test   | F     | Sig. | Eta  |
| Well-being                     |        |       |      |      |
| Pretest-posttest                | 18.22  | 0.001 | 0.44 |
| Posttest-follow up              | 15.17  | 0.001 | 0.39 |
| Happiness                       |        |       |      |      |
| Pretest-posttest                | 5.64   | 0.026 | 0.19 |
| Posttest-follow up              | 11.92  | 0.002 | 0.34 |

Comparing the mean pre-test and post-test scores on the variables of psychological well-being and happiness showed increased score in psychological well-being and happiness. Therefore, the improvement of students receiving religious-based cognitive-behavioral intervention compared with students who did not receive any intervention. The index of psychological well-being and happiness is significant and this significant increase in the independent variable can be attributed to the religion-based cognitive-behavioral therapy. The effect of treatment on the track remains.

Discussion

Following the study aimed to increase the effectiveness of cognitive-behavioral therapy religion based on psychological well-being and happiness, the findings of this study showed that religion-based cognitive-behavioral therapy improved and increased the psychological well-being and happiness after intervention. These findings are consistent with previous findings that have shown the compound CBT with religion and spirituality can psychotherapy is an effective intervention for psychological states (Pukert, Philips, Cully, Loboprabhu, Lomaz, Stanely, 2009). Prapst et al. (1992), and Prapst (1988), as cited in James and Wales (2003) in their study compared the cognitive-behavioral therapy on disorders such as depression. Results showed greater positive impact of cognitive-behavioral therapy with religious factors compared with classic cognitive-behavioral. There are several reasons that religious-based cognitive-behavioral therapy was effective on psychological well-being and happiness of the students in this study. It seems that religious-based...
cognitive-behavioral therapy with different mechanisms cause psychological well-being of individuals and society. Religion-based cognitive-behavioral therapy with hope, motivation, positive thinking in life, pleasant and reasonable explanation and definition of suffering create a support, emotional, social network, and give clear-cut answers to the concept of creation, universe and life effective in improving psychological well-being. In this treatment, it is emphasized on religion in their lives. When religion becomes a crucial part of human life, it means that life and all events in the world are due to the God's wisdom and tact. So, it is less likely to develop feelings of depression, disappointment and failure in life and these things comes from the good Lord. No-doubt having such an attitude to life will improve and increase mental health and psychological well-being because of their strong and spiritually connected to their source and all matters of wisdom and God's plan. In this way, they find solutions for their failures and lack of finding meaning. People who report higher levels of religiosity have physically less disease. Since the risk of cancer and heart attacks is lower, longer life leads to faster recover after illness or surgery and more pain tolerance (Georg, Larson, Koenig and MCKalag, 2000). In this context, the strongest predictor of disease onset and maintenance whether people are or are not present in religious ceremonies is the active participation. He strongest predictor of the speed of recovery and treatment of serious illness is the use of coping strategies (coping) is religious. Religion-based cognitive-behavioral therapy in strengthen the people's faith and meaning to life events plays the role of defense for the people against the adversities of life. The treatment has insisted that outside events and circumstances are not responsible for the failure and defeat of human life but the attitude of the position and interpretation of events are the main reason for their failure. Then, alongside the strengthening of the faith and strengthen the cognitive aspect of their religion, people about their views on life, the universe and other reforms and makes all or most of the events of the life as God strategic plan. This certainly is effective in reducing depression and enhancing psychological well-being. It appears in this study that religion-based cognitive-behavioral therapy lead to significant increase in people's motivation and this caused people to be less likely to develop conditions such as depression and helplessness. And ultimately increase their psychological well-being as well. So we can conclude that religious-based cognitive-behavioral therapy with purpose and hope in life and find meaning in life can enhance psychological well-being in people. As well as psychological well-being observed in the experimental group continued compared to the control group continued follow-up. In relation to the effectiveness of cognitive-behavioral therapy can be said religion-based happiness is the timeless contact with spiritual power only to personalize this ensures that power is a strong supporter. The person, events and ups and downs of life, relying on his faith during more comfortable and less subject to anxiety and stress and therefore they will be more hopeful and optimistic about the future. The impact of religion-based cognitive-behavioral therapy may be because even with the increase in religious orientation to achieve the self-control which prevents the effect of external conditions, and as a result they are less affected by the poor conditions and maintain their mental health. Religious people who are at a higher level try to get their issues resolved their problem solving and social support and the belief that there is a God who is monitoring the situation and supervising the servants, greatly reduces the anxiety associated with the situation, So that that can be relied upon to God, unpredictable situations under its own power. As a result of this kind of thinking that has been created in the light of religion-based cognitive-behavioral therapy, students participating in the treatment had increased happiness. In fact, many know faithful relationship with God is like a relationship with a close friend and believe and rely on and trust in God, as a way of effectively tackling, in the face of adverse events to help them. This leads to increased self-esteem, peace, independence of the people, hope and fix or negative, dysfunctional attitudes and passivity, efficiency, and strengthen problem-solving and access to the

Openly accessible at http://www.european-science.com
patience and happiness. The combination of these factors makes it feel uncomfortable to be eliminated because happiness is defined as the capacity of individuals to withstand hardship, adversity and move to the back of healthy life with prosperity and hope for the future. Religion-based cognitive-behavioral therapy can play a role as a mediator in the person's life and to reduce and mitigate the ill effects of stress and pressures of life have a positive impact on mental health and happiness and improved his performance in various spheres of life. Religious beliefs can have on a person's ability to adapt to adverse conditions and unpredictable environment will increase as much as possible. Faith and religion to calm the man, guarantees the individual security, individual against the moral gaps, strengthening emotional and spiritual feeling, a solid base for human life makes the difficulties and deprivations. The limitations of this study included that since the research was conducted only on students and thus the results of which cannot be generalized to other age groups. Therefore, it is recommended to perform the study on other age groups. It is also recommended that the effectiveness of cognitive-behavioral therapy religion centered on psychological well-being and happiness to be investigated and assessed across the country. However, given the importance of combination therapies, it is recommended that in addition to the experimental group, a control group should be considered for the effect of combined treatment. Due to the effectiveness of faith-based cognitive-behavioral therapy, it is suggested that this method of treatment should be applied by psychotherapists on patients and students.

Reference


