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The effect of religious-based cognitive - behavioral therapy on psychological well-being and resilience in students

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Abstract

This study aimed to investigate the effectiveness of religion based cognitive-behavioral therapy on psychological well-being and resilience of students. 375 students completed Ryff Psychological Well-Being scale (RSPWB) and Connor and Davidson Resilience Scale (CD-RISC). Among those who scored one standard deviation below the average in Ryff Psychological Well-Being scale (RSPWB), 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 resilience ($p < 0.001$). That is, the psychological well-being and resilience in the experimental group 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 resiliency of the students.

Keywords: Religion-based cognitive-behavioral therapy, psychological well-being, resiliency, 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 Csikzentmihalyi, 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, Reef 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 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.

Resiliency is among the other variables which plays a crucial role in the mental health and psychological well-being of humans. Resiliency is defined as the ability to endure, "compensate, improve or cope with the traumatic event or stiffness (Rotten et al., 2013, Vick whistled et al., 2011). People with relatively good resiliency tolerate the difficult experience and face the same problem better than those who have low resiliency and have more favorable performance (Rutter, 2013). However, there are significant issues on providing the definition of resiliency yet but some studies have shown that resiliency as a personality trait which helps people to cope with the difficulties of life and to grow and achieve balance in life adaptation (Hu, Wang, and Zhang, 2015). A person with resiliency is a person who has remedial and flexibility and adapts himself according to environmental changes and quickly goes back to normal condition after removing the stressful factors. People, who are at the bottom level of resiliency, slightly adapt to the new situation and slowly recover from the stressful situations is normal to (Siebert, 2007). Studies identified protective and risk factors in the resilience. Psychological factors are among these factors (Tugade and Frederickson, 2004), demographic factors (Bonanno, Galea, Bucciarelli and Vlahov, 2007) and environmental factors (Haskett, Nears, Ward and McPherso, 2006). Past life stressors were introduced as negative predictors of resiliency in adults (Buonanno et al., 2007). Nowadays religious beliefs are among the factors that affect resiliency. The findings of the studies indicated the positive and significant relationship between religious orientation and resiliency (Neenan, Fountoulakis, Siamouli, Magiris and Kaprinis, 2008).

Faith and religion beliefs are considered as a factor for mental relaxation. Having no religion is associated with high levels of depression and suicidal thoughts. On the other hand, a positive attitude to prayer has a significant inverse correlation with anxiety and praying God is known as a force to deal with stress (Exline, 2008). Based on these studies, it was found that religion can act as a mediator and creates more hope and meaning in the face of stress.

In addition, trust in God, reduces anxiety and in some cases, high anxiety cause the person to trust in God. In other words, anxiety makes the individual to trust more in God and use religion as a coping mechanism. People with weak religious beliefs use this mechanism less. Thus religion, as one of the intermediate variables moderates the negative effects of stress factors (Pargament, 1990).

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). Therefore, 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, 2012). 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 and 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 resiliency .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 resiliency of students?

Methodology

Sample and Population

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 resiliency 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 resiliency, talking about cognitive beliefs, debate about cognitive dysfunctional beliefs and disadvantages, providing homework to clients.

2nd and 3rd sessions: reviewing 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 resilience 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 resilience 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 resilience, providing solutions to correct exposure with cognitive dysfunctional beliefs, group discussion about the solutions presented, providing homework to clients.

6th and 7th sessions: reviewing homework, providing 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: reviewing 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, providing 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 was run.

Research Instrument

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).

Connor-Davidson Resilience Scale (CD-RISC)

Connor-Davidson Resilience Scale (2003) was used in this study. A sample question of this scale is "When a change occurs, I can adapt myself ". The scale includes 25 items and participants have to answer to any of the provisions of the scale on a Likert scale (from strongly disagree 0 to strongly agree 4). The lowest and highest score in resilience scale are zero and 100, respectively. Although the results of factor analysis have approved the existence of five factors of competence, personal strength, personal trust instincts, tolerate negative emotions, acceptance affection, secure relationship and inhibition. But because of the lack of reliability and validity confirmation of the sub-scale, only the overall resiliency score is valid for the purpose of research (Connor and Davidson, 2003) and Connor and Davidson (2003) reported the reliability of the Resilience Scale reliability using Cronbach's alpha as o.89 and 0.78, respectively. Baek, Lee, Joo, Lee And Vhoi (201) reported the reliability of this scale in Korean sample with Cronbach Alpha as 0.93. Singh and Yu (2010) reported the Cronbach alpha reliability coefficient of 0.89 for this scale. Connor and Davidson (2003) reported the concurrent validity of the scale with Kobasa Hardiness Measure as 0.83. In addition, there was a significant negative correlation between the scale and perceived stress scale. Singh and Yu (2010) examine the validity of the Resilience Scale, a significant relationship between the scale of the inventory of personality traits, positive and negative affect, and life satisfaction, respectively.

Findings

Table 1 shows the descriptive variables of psychological well-being and resiliency 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 resiliency variables has increased in the pretest posttest and follow-up. But such a change is not observed in the control group.

Table 1: Mean and standard deviation of psychological well-being and resiliency of the students in the experimental and control groups in the pre-test, post-test and follow-up

		Pre-test		Post-test		Follow-up	
Variable	Group	M	SD	M	SD	M	SD
Psychological well-being	Experiment	190.79	15.43	194.29	16.26	195.71	16.72
	Control	181.29	20.75	180.36	20.39	180.14	20.36
Resiliency	Experiment	58.14	16.68	72.07	15.63	68.21	17.41
	Control	56.86	13.06	54.43	13.82	50.57	13.24

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.

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 used to evaluate the assumptions of the plan and to control that if receiving the religious-based cognitive-behavioral intervention in the experimental group have had significant effect on the scale of psychological well-being and resiliency.

Table 2: Results of homogeneity of regression slopes between covariates for pre-test and follow-up in both groups

Variable	test	Sum of squares	df	Mean squares	F	Sig,
Well-being	Pretest-posttest	2457.351	2	1228.675	1.76	0.1
	Posttest-follow up	1385.515	2	692.758	2.18	0.1
Resiliency	Pretest-posttest	550.392	2	275.196	1.68	0.2
	Posttest-follow up	333.869	2	166.935	0.75	0.4

In this case, psychological well-being and resilience post-test scores as dependent variables, intervention as the independent variable and psychological well-being and resilience 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 resiliency (p=0.002 and F=76.11). 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 0.44 and 0.33, respectively as the size of the effects of the present study show that religion-based cognitive-behavioral intervention can predict 33 to 44 percent of the changes in psychological well-being and resilience 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 resiliency (p=0.002 and F=13.24). 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 0.36, respectively as the size of the effects of the present study show that religion-based cognitive-behavioral intervention can predict 0.39 to 0.36 percent of the changes in psychological well-being and resilience in the experimental group.

Table 3: Multivariate Covariance of psychological well-being and resiliency 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
Resiliency	Pretest-posttest	11.76	0.002	0.33
	Posttest-follow up	13.24	0.001	0.36

Comparing the mean pre-test and post-test scores on the variables of psychological well-being and resilience showed increased score in psychological well-being and resilience. 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 resilience 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 resilience, the findings of this study showed that religion-based cognitive-behavioral therapy improved and increased the psychological well-being and resiliency 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, Prapst, 1988, quoted from 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 resilience 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. Therefore, 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.

Therefore, 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 resiliency 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 it 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 resiliency. 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 patience and resilience.

The combination of these factors makes it feel uncomfortable to be eliminated because resilience 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 resiliency 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 resilience 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.

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