



## ORIGINAL ARTICLE

# The prediction of Resiliency based on religious orientation and coping strategies for stressful situations in 3<sup>rd</sup> grade-students studying in high school

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### ABSTRACT

*This research was conducted with the aim of predicting resiliency based on religious orientation and coping strategies for stressful situations. The statistical population involved 7146 people in which the statistical sample of this research involved 386 people from 3<sup>rd</sup>-grade students in high schools of Islamshahr (202 female students, 184 male students) in the academic year 92-93. The schools were selected using random sampling method and then all of their 3<sup>rd</sup>-grade students were taken into consideration. Data gathering tools consist of 3 questionnaires, Connor-Davidson Resiliency (CD-RISC), Allport Religious Orientation (ROS) and Endler-Parker Coping Inventory for Stressful Situations. In this research, Pearson Correlation Coefficient and Regression Analysis were used in order to test the hypotheses of the research. According to the obtained results, the share of problem-focused coping in predicting resiliency is more than other variables. Intrinsic religious orientation is ranked second in predicting resiliency and avoidance-focused coping is ranked the next. The impact of emotion-focused coping on predicting resiliency is inverse. The obtained results did not verify the share of extrinsic religious orientation in predicting resiliency.*

*Furthermore, according to the results, there was no significant difference observed between girls and boys in terms of resiliency score. According to the results of this research, it can be expressed that coping strategies for stressful situations and intrinsic religious orientation have an effective role in predicting resiliency.*

**Key words:** Resiliency, religious orientation, coping strategies for stressful situations, students

### INTRODUCTION

In psychology, individuals' positive capacity to acclimatize to stressful situations and disasters is called resiliency and it is paid attention to as one of the protective factors against future hazardous factors. Most of researchers have defined resiliency as the ability to overcome horrible incidents and make a transition from them and have cited that as a good idea with a high practical value for assisting people when encountering adversity and protecting them against dangers facing them throughout their life. Garmezy and Masten [1] have defined resiliency 'a process, An ability or the consequence of successfully acclimatizing to threatening situations'. In other words, resiliency is a positive acclimatization to react to adverse situations [1]; yet, resiliency is not only a resistance to strains or threatening situations or a passive state when encountering dangerous situations, but it is an active and constructive attendance in someone's own surroundings. It can be said that resiliency is a person's ability to maintain a biological-mental balance in dangerous situations. Furthermore, researchers believe that resiliency is a kind of self-restoration using emotional, sentimental and cognitive consequences [1].

Resiliency is an appropriate skill so as to surmount life difficulties; even when there is a hard and undesirable situation. Resiliency is interpreted as anyone's ability how successfully put the undesirable situation behind and corresponds to it. Noticing resiliency is the result of a holistic approach to health. This kind of approach does not solely consider the negative side of health like risky factors of diseases and also takes note of the positive part of it. Simply speaking, resiliency means positive acclimatization in response to adverse situations. Flatch (1988) believes that resiliency states are obtained through a failure process and reintegration. Resiliency-focused reintegration needs energy to grow; it seems that this energy has a spiritual and inherent source. What Flatch believes is that there is a power within any

individual which steers him/her towards self-actualization, altruism, wisdom and harmony. This power originates from a spiritual source. There are several text been published concerning the mechanism of the effect of religion on humankind's health. Religion, from what some researchers gather, answers the two humankind's fundamental questions about the aim of life and the meaning of his/her activities and talents through affecting lifestyle and how to solve value conflicts; and thus, it helps the unification of psychological and spiritual organization and humankind's self-organizing. In other words, the fact of being acclimatized to life problems requires the Fulfillment of important needs that humankind seeks to answer them. Religion provides a good path to Fulfill needs and ambiguous positions; the humankind's problem relating to time and immortality, becoming sociable and keep being sociable, reward and punishment (penalty), overcoming and give meaning to sufferings and life fundamental conflicts could be mentioned as such needs and desires. Further detailed study on the mechanism of the effect of religion on mental health resulted in researcher taking account of the effect of any religion; in this regard, Allport mentions the type of religious orientation. From Allport's viewpoint, the shortest path to classify religion in terms of subject is to say that a person who is extrinsically evoked uses his/her religion, while the one who is intrinsically evoked live a religious life. A person who has an intrinsic religious orientation finds his/her motivations in the religion itself; such people incorporate their religion into their personality; whereas people who possess extrinsic religious orientation turn to religion so as to fulfill other purposes; in other words, they follow God without turning away from themselves. Reviewing experimental researches is emblematic of an incoordination among findings relating to the relationship between religious orientation and mental health. Eliss expressed that being religious is accompanied by irrational thinking and emotional disorders. However, Bergin, using corroborative evidence, rejects the accompaniment of being religious to psychopathology. Koeing and colleagues point out the evidence that in mental health expert and doctors' opinion is indicative of a positive relationship between religion and mental health and physical health. With regard to conflicting results reported about the effects of religious orientation on mental health, this study was applied to study the relationship between religious orientation and resiliency. On the other hand, stress coping strategies which is considered to be an important care factor for people who are exposed to danger that is one of the variables extensively employed in studies. Within the current century, stress and mental pressure has been one of the most important research fields in different sciences and investigation of its impacts on human life forms one of the most widespread domains of research in the current century. All of us encounter situations at any moment which may be stressful. These situations range from everyday anxieties to great incidences the amount of being stressful for each situation is different in one from another. Coping processes are exclusive strategies that people apply when dealing with life stress-related situations and they involve people's behavioral and cognitive attempts in interpreting and overcoming difficulties. Thus, stress-related factors could be considered through 3 aspects. The problem-focused coping strategies involves measures relating to stressful situations that an individual takes which are useful and constructive and include active coping strategies, planning, refraining from doing competitive activities and taking hasty actions and seeking instrumental support. Positive emotion-focused coping strategies include attempts that are used to regulate the emotional answers of the stressful incidence and involves the strategy to seek social support based on emotion, positive reinterpretation, acceptance and humor. Negative emotion-focused coping strategies or non-effective that include the lack of mental involvement with the issue, denial, the lack of behavioral involvement towards the issue, concentrating on emotion and using drugs and alcohol. Comprehensive studies have clarified the relationship between positive coping styles and resiliency and compatibility. According to Chatman's study (2006), the lack of use of the negative coping strategies increases the amount of resiliency in adolescents residing in suburbs. According to existing evidence, this study is an attempt to transpire this fact that if it is possible to predict resiliency in adolescents based on religious orientation and stress-related coping strategies.

Karami and colleagues' research (2011) proved that there is a significant relationship between the amount of religious orientation and the amount of resiliency and hope in students. They prove that there is a positive significant relationship between intrinsic religious orientation and problem-focused coping style and also between intrinsic religious behavior and happiness. Furthermore, the analysis of the results in indicative of the fact that among coping styles, problem-focused style has a positive relationship with happiness, colleagues (2011) showed that using problem-focused coping method in students with a high emotional intelligence is more in proportion to emotion-focused and avoidant coping method. In addition, problem-focused people possess more mental health in proportion to emotion-focused ones and however, there is no difference seen in the amount of possessing mental health in avoidant people in proportion to problem-focused ones. Additionally, mental health in people with a high emotional intelligence is more than the ones possessing a low emotional intelligence. Khabaz and colleagues (2011) proved that social support and coping style are good predictors for resiliency in adolescents residing in suburbs of Tehran

and problem-focused coping style and social support respectively have the most important role in predicting these adolescents' resiliency. Nouhi and colleagues (2011) prove that there is a negative significant difference between the amount of the quality of life and stress and the one between the amount of the quality of life and emotional-focused stressed-related coping methods and there is a positive and significant relationship between the amount of the quality of life and problem-focused coping methods. The results also demonstrated that there was a negative relationship between the amount of stress and problem-focused coping methods and a positive significant relationship with emotion-focused methods. According to the results of this study, using problem-focused coping methods and the reduction of absorbed stress and the improvement of the quality of life in people are connected with each other. Yasemi Nejad and colleagues (2011) proved that there is a positive significant relationship between intrinsic religious orientation and students' psychological hardiness, but there is a negative significant relationship between extrinsic religious orientation and students' psychological hardiness. Other results implied that there is no significant difference between female students and male ones in terms of intrinsic and extrinsic religious orientation, but there was a significant difference observed between students of the two genders in terms of psychological hardiness. Hosseini Ghomi and colleagues (2011) prove that there is a significant difference between religious orientation and resiliency. In addition, there is a positive and significant relationship between age, academic level, resiliency and religious orientation. Reza pout and colleagues (2009) proved that among religious orientation, personality dimensions and self-efficacy, religious orientation is the greatest role in predicting problem-focused coping style in students and only the personality aspect of spirit is able to predict emotion-focused coping style in students. Ward (2010) showed that cortisol levels has no significant relationship with being religious, spirituality, gender, prayer and absolution. On the other hand, extrinsic religious orientation significantly predicts the amount of depression and trait and state anxiety. Messay (2010) showed that there was a negative significant relationship between religious orientation and the amount of depression; there was a positive significant relationship between religious orientation and absolution as well. Cohn and colleagues (2009), through investigating students proved that positive emotions predicts the increase of resiliency and satisfaction from life. Friedli's research indicated that there is a direct relationship between resiliency and mental health. Frances Bernat (2009), through indicating adolescents' resiliency and the role of schools in increasing hope, optimism and success in students, proved that there is a positive significant relationship between resiliency and optimism and teaching teachers using hop has an important role in increasing hope, optimism, resiliency and success in adolescents at schools. King (2006) has shown that religious attitude and hope for the future act as supportive potentials for resiliency. Chatman (2006) proved that the lack of using negative coping strategies increases the amount of resiliency in adolescents living in suburbs. Allen and colleagues' research (2006) demonstrates that the growth of resiliency in kids who are in crisis is necessary for minimizing long-term delinquency and transforming them into committed adults. Friborg and colleagues (2006), within their research headed as 'the intermediary role of resiliency relating to fear and anxiety', proved that resiliency has a positive significant relationship with different dimensions of health and life satisfaction. Hamarat and colleagues (2001), within a research headed as 'predictors of life satisfaction in adolescents and adults', proved that resiliency is one of the effective factors in increasing the level of mental health and consequently, life satisfaction.

## **MATERIALS AND METHODS**

**Research Method:** The plan of this research is of a descriptive (correlation) kind.

**Statistical Population:** It involves all of the students on the third grade in high school (7146 people) who live in the town of Isalmshahr.

**The considered sample and sampling method:** the volume of the sample is 365 people which was extracted by using Morgan's table. The number of 400 questionnaires were distributed among students and 14 incomplete questionnaires of the collected questionnaires were omitted and the number of statistical sample of this research reached 386 people. Initially, 2 female and male high schools were selected using random method and then all of the students on the third grade of these schools (202 girls and 184 boys) were considered.

**Information gathering tool:** In this research, the following questionnaires were used to gather information: 1. Conor-Davidson resiliency (CD-RISC) 2. Allport religious orientation (ROS), 3. Andler-Parker stress coping

1. Conor-Davidson resiliency scale was prepared by reviewing research resources (1979 - 1991) of the field of resiliency which is a 25-question tool measuring the structure of resiliency with the 5-degree sizes of Likert ranging from zero (completely false) to 4 (always true). The minimum score of the subject's resiliency in this scale is zero at the maximum score is 100 that Mohammadi has standardized it to be used in Iran. The cut-off point is 80.4 for normal people. In order to determine

the reliability of this scale, first the correlation of each item was measured by the total score of the category and then the factor analysis method was applied. The measurement of the correlation of each score with total score except item 3 showed the coefficient ranging from 0.41 to 0.64.

2. In this research, religious orientation was evaluated by Allport's religious orientation (intrinsic and extrinsic) questionnaire consisting of these dimensions: intrinsic and extrinsic religious orientation and including 21 questions. This scale, after translation, was implemented on 45 students studying in universities of Tehran and its reliability was measured using Cronbach's Alpha coefficient being equal to 0.737.
3. Andler-Parker's stress coping questionnaire was made by Andler and Parker in 1990 so as to evaluate adults and adolescents' coping methods about stressful and critical situations consisting of three subscales:

The questions of the scale is in the form of Likert's five-degree spectrum and scores from one to five is respectively assigned to the selections ranging from 'not at all' to 'very much' (Taheri, 1389). Ghoreishi rad (2009) indicated the reliability of this scale in the Iranian form using factor analysis. Obtained indexes illustrates 58% of the total variance. The simultaneous reliability analysis results of this scale was indicated the coefficient 0.62 for problem-focused scale and the coefficient 0.40 for emotion-focused using Bilingiz and Mouse scale. To consider the reliability of this scale also using retest method, the total reliability scale was obtained 0.83 and for problem-related, avoidant and emotion-focused subscales, 0.85, 0.83 and 0.55 respectively

## RESULTS

In this research, Pearson correlation coefficient was used and regression analysis was used for predicting and the results were analyzed using SPSS software in 18 versions.

**Table1- Correlation matrix of the relationship between predictive variables and research criterion**

Resiliency	1						
Extrinsic orientation	0.136 (**)	0.17	1				
Intrinsic orientation	0.273 (**)	-0.440 (**)	0.51	1			
Problem-focused coping mechanism	0.482 (**)	-0.117 (**)	0.163 (**)	0.248 (**)	1		
emotion-focused coping mechanism	0.34	0.55	0.140 (**)	-0.69	0.220 (**)	1	
avoidant coping mechanism	0.272 (**)	0.42	0.148 (**)	-0.101 (*)	0.345 (**)	0.271 (**)	1
Pearson Correlation	Extrinsic orientation	Intrinsic orientation	Problem-focused	emotion-focused	avoidant	Religious orientation	resiliency
*P<0.05 . **P< 0.01							

According to the table above, it is observed that extrinsic orientation has a direct and significant correlation with stress-related coping strategies and the relationship between intrinsic religious orientation and problem-related coping mechanism is direct and significant and the relationship between intrinsic religious orientation and avoidant coping mechanism is inverse. Emotion-focused coping mechanism has no significant relationship with intrinsic religious orientation.

**Step-by-step regression model:** In this method, the entry of variables is done in a step-by-step form so that variables that possess the greatest correlation with the criterion variable enter the model. In each step, first variables that had entered the model because of a high correlation with the criterion variable also are tested and if they have the condition in terms of illustrating power, they will remain in the model and if not, they will exit the model. This continues until the significance of the model reaches 95% meaning that the error level would reach the maximum of 5% and the efficiency of the model in each step will be considered using the value of F. the results of performing regression analysis using step-by-step method has been presented in the following table.

**Table 2- Step-by-step regression model, the illustration of resiliency based on the variables of stress-related coping strategies and religious orientation**

Step	Variable	R prediction coefficient	R <sup>2</sup> Illustration coefficient	R <sup>2</sup> Corrected illustration coefficient	F
1	Problem-focused coping mechanism	<b>0.482 (a)</b>	<b>0.232</b>	<b>0.232</b>	<b>75.116</b>
2	Problem-focused coping mechanism, Intrinsic orientation	<b>0.508 (b)</b>	<b>0.258</b>	<b>0.258</b>	<b>46.66</b>
3	focused coping mechanism, Intrinsic orientation, Avoidant coping mechanism	<b>0.529 (c)</b>	<b>0.28</b>	<b>0.22</b>	<b>46.49</b>

The information in table above indicates that in the first step, “problem-related coping mechanism” has had the condition to enter the regression model. This variable has been able to illustrate almost 23% of the resiliency changes alone. In the second step, intrinsic orientation variable has also added to the model which has caused the illustration coefficient of model to reach 26% with problem-related coping mechanism; and in the third step which is the final one, avoidant coping mechanism has entered the model and the illustration coefficient of the model accompanying with the presence of all the variables of problem-related coping mechanism, intrinsic orientation, avoidant coping mechanism have reached 28%.

**Table3- the impact share of variables entered the model in illustrating resiliency**

Step	Predictor Variable	The impact coefficient (B)	Standard error (SEB)	Beta Standard (Beta)	F
1	Problem-focused coping mechanism	<b>0.617</b>	<b>0.057</b>	<b>0.482</b>	<b>10.778</b>
2	Problem-focused coping mechanism	<b>0.565</b>	<b>0.058</b>	<b>0.441</b>	<b>9.705</b>
	Intrinsic orientation	<b>0.495</b>	<b>0.137</b>	<b>0.164</b>	<b>3.619</b>
3	focused coping mechanism	<b>0.483</b>	<b>0.062</b>	<b>0.377</b>	<b>7.768</b>
	Intrinsic orientation	<b>0.592</b>	<b>0.138</b>	<b>0.197</b>	<b>4.294</b>
	Avoidant coping mechanism	<b>0.199</b>	<b>0.058</b>	<b>0.162</b>	<b>3.426</b>

**\*P<0.05 . \*\*P< 0.01**

The information in table above show the impact share (prediction) of each of the variables entered the model in each step. It is observed that in the third step and after the entry of the three variables “problem-focused coping mechanism, intrinsic orientation, avoidant coping mechanism” respectively, they have the greatest share in predicting resiliency. According to the step-by-step model and the variables that have a main impact share in predicting resiliency, it could be stated that it is expected as problem-focused coping increases by one unit, resiliency would increase by 0.38 units. It is expected that as intrinsic religious orientation increases by one unit, resiliency increases almost by 0.20. It is also expected that when avoidant coping increases by one unit, resiliency increases by 0.16.

Table 4- the prediction equation of each of the models above is explained below:

1 <sup>st</sup> Step	Resiliency = 53.27 + (0.48 problem-focused)
2 <sup>nd</sup> Step	Resiliency = 43.72 + (0.44 problem-focused) + (0.16 intrinsic orientation)
3 <sup>rd</sup> Step	Resiliency = 36.34 + (0.38 problem-focused) + (0.2 intrinsic orientation) + (avoidant 0.16)

**Table 5- the comparison of the boys and girls groups in terms of resiliency**

Group	Number	Average	SD	The average difference	t	Degree of freedom	Significance level
Boys	<b>202</b>	<b>86.30</b>	<b>14.594</b>	<b>-0.98</b>	<b>-0.68</b>	<b>384</b>	<b>0.50</b>
girls	<b>184</b>	<b>87.28</b>	<b>13.871</b>				

The table above is the t test for comparing the average of “resiliency” in the boys and girls groups. It is observed that the average score of resiliency is more in the girls group but the t test does not confirm the existence of a significant difference between the two groups on a less level of error. Therefore, it cannot be confirmed that there is a significant difference between girls and boys in terms of the score of resiliency.

## DISCUSSION

According to the obtained results, stress coping strategies and intrinsic religious orientation are able to predict resiliency. According to the obtained results from step-by-step regression analysis, the problem-focused coping share in predicting resiliency is more than other variables (as problem-focused coping increases by one unit, resiliency increases almost by 38 percent). The second rank in predicting resiliency relates to intrinsic religious orientation (as intrinsic religious orientation increases by one unit, resiliency increases almost by 20 percent); and when avoidant coping increases by one unit, resiliency increases by almost 16 percent. The impact of emotion-focused coping on the prediction of resiliency is inverse (as emotion-focused coping increases by one unit, it is expected that resiliency would decrease almost by 9 percent). The obtained results did not verify the extrinsic religious orientation share in the prediction of resiliency. Before debating the obtained results, this point needs to be mentioned that a few researches have been carried out so far in the field of predicting resiliency based on the variables "stress-related coping strategies and religious orientation". Furthermore, no research have not been conducted simultaneously on the investigation of predicting resiliency based on the two variables "stress-related coping strategies and religious orientation". Therefore, there is not enough research evidence to compare the results of this research with results of previous researches.

### **Resiliency and religious orientation:**

Karami and colleagues (2012) proved that there is a correlation between religious orientation and the amount of resiliency; it means that the more an individual is religious, the more his/her resiliency is. [3] the relationship between religious orientation and resiliency in mothers whose children suffer from an illness is indicative of the fact that there is a positive and significant relationship between religious orientation and resiliency. Hossein Chari (2011) showed that among the five-fold dimensions of religious beliefs, primarily the religious beliefs dimension and secondarily religious knowledge can positively and significantly predict students' resiliency. Kings' investigations have indicated that religious attitude and hope for the future are considered to be the supportive potentials for resiliency. Kalil (2003), through his researches on the field of resiliency, proved that optimism, discovering meaning in negative experiences, looking positively at negative experiences and see them as life necessary experiences, the belief in the existence of a source, the belief in the existence of a superior power and the belief in the fact that a person has the ability to resolve the problem have a high correlation with resiliency and acclimatization to trauma.

### **Resiliency and strategies to cope with stress:**

Within a study conducted by Khabaz and colleagues (2011) in 1391 on 410 adolescents studying in secondary school and high school, it was indicated that problem-focused coping style is able to predict resiliency. Through a research done by Wolff, it was proved that resilient people are able to control their mental health and compatibility when dealing with adverse situations and negative emotional experiences. Skills such as problem-solving, efficient illustrative style, self-efficacy and social support are involved in this matter. Samani and colleagues (2007) proved that resiliency and following it life satisfaction could be increased by training communicative skills, coping properly with stress and self-expression. The results of Campbell-Sills and colleagues' research demonstrated that coping strategies have been significantly effective in predicting resiliency in the sample being considered, especially problem-focused coping strategies has a positive and significant relationship with resiliency. Miller (2003) believes that therapists should emphasize personal strengths and the increase of coping skills and the way to achieve them in order to make the resiliency of visitors grow rather than considering their weaknesses and obstacles. The results of the study carried out by Kerig has specified the relationship between positive coping strategies and resiliency and compatibility. According to the study conducted by Chatman (2004), the lack of using negative coping strategies increases the amount of resiliency in the adolescents living in suburbs. The results of the research done by William and colleagues (2007) showed that problem-focused coping style has a positive relation with the resiliency in adolescents. Within a study conducted by Decker and Hassel, it was demonstrated that adolescents at the ages between 11 and 19 who suffer from cancer with problem-focused coping style have more resiliency unlike people with avoidant coping style who have less resiliency. According to the study performed by Lin and colleagues (2010), Taiwanese mothers who have an autistic kid would use emotional-focused and problem-focused styles more than American mothers. However, using problem-focused coping styles had resulted in a decrease of anxiety and depression in Taiwanese mothers; the excessive use of emotion-focused coping style had caused a decrease in these families' compatibility and solidarity and an increase in the levels of depression syndrome. Furthermore, the results of this research proved that emotion-focused coping style has a positive relationship with resiliency, but this coping style does not predict resiliency in these adolescents. According to the obtained results, there was no significant difference observed between boys and girls in

terms of the score of resiliency. The results of the study by Keshavarzi and Yousefi (2010) on the comparison between the average of boys and girls in the resiliency variable suggests the lack of a significant difference between the average of girls and boys.

The results of researches such as the ones done by Henley (2010), Hartman, Turner, Daigle, Exum and Cullen (2009) are consistent with the results obtained from the second-question test of the research based on the fact of no difference between girls' and boys' resiliency.

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