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Research Article

Investigating the Role of the Identity Status, Parent-Child Relationship and Religiosity on Mental Health of Students

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Abstract

Background and Objectives: This study was conducted to determine the role of the Identity Status, the quality of parent-child relationship and religiosity on mental health of the first and second grades of high school students in Shahrekord city.

Materials and Methods: The research method was descriptive correlational design. The statistical population of the first and second grade in high school students of Shahrekord, were 475 students (247 first high school students and 228 secondary school students) which, were selected by multi-stage cluster sampling. Data were analyzed by SPSS-23 software using descriptive statistics and multiple regression analysis using a simultaneous statistical method.

Results: The results showed that the identity status, the quality of the relationship between parents and children and religiosity affected mainly on the students' mental health. The contribution of the variables of the identity achievement (0.14), the identity of Moratorium (0.18), the relationship between father and child (0.12), mother-child relationship (0.11) and religiosity (0.22) in explaining mental health were obtained.

Conclusion: According to the results of this study there was a need for attention to the relationship between parents and children, identity, religiosity and mental health in adolescents and students. It can be especially applicable in high school.

Keywords: Parent-Child Relationship, Identity, Religiousness, Mental Health.

Background and Objectives

The main psychology and mental issues for students are parent-child relationships, psychosocial development, identity formation, religious, and mental health[1-3]. Adolescents make up a large part of the country's population, so paying attention to their health and psychosocial development is in a priority[1]. Creating a favorable and logical relationship between parents and children has a great impact on the mental health of children and the foundation of proper parenting depends on parents' efforts to control and socialize their children[2, 3]. In research of Farshad et al[4] reported that the quality of parents' relationships with their children and the proper communication between them increased self-esteem and empowered them to do their daily tasks[4]. Various studies have shown that having a strong emotional relationship between parents and children enhances their children's social skills and that they find better physiological adaptations than other adolescents[5]. One of the most important issues in adolescence and youth is the issue of identity and self-knowledge, which is closely related to mental health.

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The identity is unique and stabilizer of each person and has two important individual and social dimensions[6]. Social identity has many dimensions that range in type and scope, and include national, ethnic, religious, and global identities[7]. Creating identity and achieving a coherent self-definition is the most important aspect of psychosocial development in adolescence. Choosing the values, beliefs, and goals of life are the main characteristics of identity[8]. According to Ericsson's theory of psychosocial development, the conflict between identity acquisition and identity confusion is central to the crisis of adolescence. One of those who operationalized Erikson's conception of identity was, Named four states of identity formation under the titles: Identity Acquisition, Deadline Identity, Early Identity, and Confused Identity. Individual identity status is determined by two criteria, exploration and commitment[9]. In a study of the relationship between religion and spirituality with mental and physical health, Reintrop, Eltimi, Chen, Fond, and Kefala concluded that there was a relationship between religious components and physical and mental health[10]. There are different views on religion by psychologists and sociologists. Psychologists, meanwhile, consider the origins and effects of religion and religiosity, after complete confirmation. Psychologists such as James Wyong have found it to be a very effective factor in reducing human internal problems and problems throughout history[11]. In the definition of religiosity research of Altmaie and Chen[12] have taken note of the multidimensional model of religiosity. According to Glock and Stark, all religions in the world, despite their differences in detail, have common ground in which religiosity is manifested[12]. These arenas, which can be considered as religious dimensions, are the beliefs or religious beliefs that the followers of that religion are expected to believe. The ritual, or religious practice, involves certain religious practices such as worship, prayer, attending certain religious rituals, fasting, etc., which are expected to be performed in each religion. The empirical dimension, or religious emotions, of the emotions is the conception of the senses of having a relationship with a beastly substance such as God or a transcendent exponential or declining reality. Intellectual or religious knowledge includes basic information and knowledge about the beliefs of any religion that followers of every religion must know. Consequences or religious effects then follow the effects of religious beliefs, practices, experiences and knowledge on the daily life of followers[13]. The results of various studies have shown that having a religious worldview has a significant impact on life meaning, life expectancy and a sense of security and acts as a shield against alienation and ontological vacuum. It protects him from stress and provides mental health. As a result, providing mental health prevents a person from using drugs and alcohol and conducting high-risk behaviors[14]. In addition, the results of research by Salehi and Soleimanizadeh[15] also show a positive relationship between religiosity and mental health[15]. But the results of some studies indicate that there is no or no relationship between religiosity and mental health. In a study by Ali Jani[16] they reported that religiosity can have both a positive and a negative impact on one's well-being and attributed the negative impact of religiosity to intergroup conflict[16]. In a study by Ysseldyk et al[17], the tendency for religion to influence identity formation on one hand and on the other hand has a positive relationship with mental health indicators. Therefore, the inconsistency of the results of the research findings in the studied variables indicates the necessity of research to clarify these ambiguities[17]. Therefore, the research

objective is to answer the question, "Is there a relationship between identity base, quality of parent-child relationship, parenthood, religiosity and mental health of first and second grade students in Shahrekord?"

Method

In this study the research method is descriptive-correlational. The statistical population consisted of all male and female students of first and second high school grades in Shahrekord. Cochran's sample consisted of 475 first grade students (247 students) and second high school students (228 students) who were selected by multistage cluster random sampling method. To select the statistical sample, first between one district and girls' schools the boys were randomly selected from four schools and one from each school. Satisfaction with research, complete alertness, physical and mental readiness to participate in this study were considered as inclusion criteria and exclusion criteria including depression and presence of traces of attention deficit disorder. Research data were collected with the tools of Sarajzadeh (EIPQ), Winnie-Child Relationship of Finn, Dehshiri Mental Health and Religious. For their identity, the study used the Sarajzadeh Questionnaire and the Ericsson and Marcia theory of 64 items. For each question, a 6-point scale from strongly disagree to strongly agree was considered for each question. This questionnaire measures four missing identities: early identity, acquired identity, and deadline identity. Each subscale has 16 items. In the present study, Cronbach's alpha coefficient for early identity was 0.85, 0.68 acquired, deadline identity. Both 0.72 and 0.69 missing identity were obtained. The GHQ-28 Mental Health Questionnaire, a well-known psychiatric screening tool in the general population, was used to assess mental health and was used to identify non-psychotic psychiatric disorders in a variety of conditions, including four physical dimensions. Anxiety, insomnia, depression, and social functioning were measured on a 7-item scale. The Cronbach's alpha coefficient of mental health was 0.86[17]. To assess the parent-child relationship, a 24-item questionnaire (with a separate parent form) was used to assess the students' relationship with their parents, previously developed by Gorsuch and also suitable for assessing the relationship of children and even young children with their parents. This scale measures the parent-child relationship of positive affect components, relationship or dialogue, paternal anger and intercourse, in the parent-child form of positive affect components, imitation, annoyance, or confusion in role and communication or dialogue[18]. The Cronbach's alpha coefficient for father-child form was 0.89 and mother-child form was 0.88. In the Religious Scale, a questionnaire designed by Sarajzadeh in 2013 with 26 questions and four dimensions measuring religious beliefs, religious sentiments, works and religious practices was used. In the present study, Cronbach's alpha coefficient was 0.80. SPSS-23 software and descriptive statistics (frequency, percentage, mean and standard deviation) were used for statistical analysis of the data. Multivariate regression analysis was used to test the hypotheses. Relationship between research variables and explanation and prediction of variance of criterion variable (mental health) from predictor variables (identity base, quality of father-child relationship, mother-child relationship, and religiosity) were used by multivariate regression analysis.

Result

The research findings section first presents descriptive statistics and research variables.

In this study, 475 first and second grade students in Shahrekord were studied, 236 (49.6%) were male and 239 (51.3%) were female. Among them, 247 (52%) were first grade and 228 (48%) were second grade in high school. The characteristics of the research variables are presented in (Table 1).

Table 1. Descriptive indicators of research variables

mental health		Religion		Identity								Mother-child		Father-child		F(n)	High School
				Confused		Early		Deadline		Earned							
S	$\bar{x}$	S	$\bar{x}$	S	$\bar{x}$	S	$\bar{x}$	S	$\bar{x}$	S	$\bar{x}$	S	$\bar{x}$	S	$\bar{x}$		
11	33	11.8	100.4	9.6	49	13	58	9.7	61	8.7	65.5	29.6	147	23.8	109	247	First
12	34	12.7	100.1	9.3	47	12.1	52	9.9	60	8.1	64	29.3	145	22	107	228	Second

According to the (Table 1), the average parent-child relationship of first and second grade students was 109 and 107, mother-child relationship 147 and 145, acquired identity 65.5 and 64, early and late identities 61 and 60, early 58 and 52, confused identities, respectively. 49 and 47, religiosity 100/100 and 1/100, mental health 33 and 34, respectively.

According to results, the predictive model of mental health criterion variable from the variables of identity base, quality of parent-child relationship and religiosity, 0.353 multiple correlation coefficient between variables was observed, ie 12.4%. The variance of mental health can be explained by predictor variables. Analysis of variance was used to determine this relationship and the standard error was calculated 11.69.

Table 2. Analysis of variance

Regression model / statistics	Sum squares	df	Mean squares	F	sig
Regression residual	9076.952 63875.679 72952.632	7 467 474	1296.707 136.779	9.48	0.001

The results of the calculation of (Table 2) show that the relationship value (0.353) between the criterion variable (mental health) and the predictor variables of identity base, the quality of the parent-child-mother-child relationship and religiosity were statistically significant at the level of 0.001. Is. So the null hypothesis is rejected and the result is not accidental and the relationship between the variables is real. However, non-standardized regression coefficients are presented in the following table to determine the contribution of each of the research variables in predicting mental health.

Table 3. Non-standardized and standardized regression coefficients predicting students' mental health

Model	Unstandardized Coefficients	B	Standardize d Coefficients	T test	Sig
Confidence	20.91	7.36		2.83	0.005

Model	Unstandardized Coefficients	B	Standardize d Coefficients	T test	Sig
Confused	0.23	0.69	0.18	0.33	0.742
Early	0.20	0.49	0.20	0.47	0.936
Deadline	0.27	0.67	0.18	3.38	0.001
Earned	-0.21	0.71	-0.14	-9.91	0.004
Father-child	-0.65	0.32	-0.12	-2.04	0.041
Mother-child	-0.46	0.23	-0.11	-0.96	0.005
religion	-0.22	0.56	-0.22	-2.41	0.52

The results of (Table 3) on the amount of regression coefficients for each of the predictor variables indicate that the share of time-consuming identity, acquired identity, parent-child relationship, and mother-child relationship are statistically significant. The variables did not play a significant role in explaining and predicting mental health. Therefore, in terms of beta, respiratory identity (18% at 0.001 level), acquired identity (14% at 0.004 level), parent-child relationship (-0.12% at 0.05 level), Mother-child relationship (-0.11% at 0.005 level), and parenting (-0.22% at 0.05 level) have significant role in predicting and explaining mental health.

Discussion

Adolescence is one of the most important periods in any person's life and the developmental characteristics of this period can affect one's future mental and behavioral disorders. Given that a large part of Iran's population is composed of adolescents and youth, their issues are very important[19]. The purpose of this study was to determine the role of identity base, quality of parent-child relationships, religiosity and mental health in Shahrekord (high school, high school) students. Findings showed that there is a significant relationship between quality of family-parenting relationship, identity base, and religiosity of students with mental health. The results are consistent with the studies of Bennion and Adams[20], and do not agree with Fine et al[21]. In a study by Goldberg and Hillier[22], religious-spiritual beliefs and behaviors were not correlated with quality of life and mental health, even at times having negative effects on mental health, which was not in consistent with the results obtained from this study. In another similar study, Serajzadeh et al[23] suggested that spirituality was associated with mental health and life satisfaction, but the moderating role of religiosity was not confirmed, so Hosanei and Mosavy[24] Concluded that the need to differentiate between religious and spiritual concepts related to There is Mental Health and Life Satisfaction. But the results of the meta-analysis by Khajeh Nouri and Dehghani[25] on determining the relationship between religious beliefs and mental health in German-speaking areas (Germany, Austria, Switzerland) showed that religious beliefs have a positive effect on mental health. The results of that study were consistent with this study. In a cross-sectional study, Turner et al reported that religious beliefs promote mental health[26]. The discrepancy between the research results may be due to differences in the scales of religiosity measurement or differences in emphasis on attitudes or practices and religious practices in different cultures. In explaining this finding, one can point to the influence of parent-child relationships on personality development and mental health, the more intimate and supportive the relationship

between children and parents, the healthier adolescents and youth, and their identity formation. It will be more successful. The favorable relationship between parents and children will lead to greater religiousness and greater peace of mind in children. The results also showed that among the variables included in the regression model, time-consuming identity, acquired identity, parent-child relationship, and mother-child relationship and religiosity were significant in predicting mental health. But other variables studied did not have a significant role in predicting mental health. The results are consistent with the findings of De Campos et al. on the inverse relationship between family performance and religiosity with the identity crisis, and with Dezutter and Hutsebaut[27] a studies on the effect of relationship with father on students' mental status. In explaining this finding, it can be stated that identity formation and the role of parent-child relationship play an important role in mental health. Better communication will lead adolescents to adolescents and have a positive impact on their mental health. The better the quality of the relationship, the less confused the identity will be. Results on identity showed a significant difference between the mean scores of early identity and early identity, which is in agreement with the results of the study by. Dankulincova Veselska et al[28] on the existence of a majority of students on early identity. This result shows that students are searching for different goals and aspects of life and are not yet fully committed to a particular way, and are testing their future choices. There was no significant difference in the dimensions of religiosity between the first and second grades. Perhaps the reason for the difference is that students are more likely to encounter religious beliefs through participation in the classroom and personal studies with religious ideas in the community. The results also showed that there was a significant difference in the quality of relationship with mother, relationship or conversation with mother, imitation with mother, positive affect on mother, and relationship between mother and daughter. In all variables, girls had a better relationship with mothers than boys. In one of the maternal-child quality variables, namely bullying, there was no significant relationship between girls and boys with mother, which is consistent with the results of study of Hodapp and Zwingmann[29] on the differences in attachment to mother and father in students and boys had a statistically significant difference. Girls were more religious and adherent to religious beliefs than boys. This result is in line with the findings of Turner & Hastings on the difference between girls and boys' religiosity[30], and is not in consistent with Khajeh Nouri and Dehghani[25]. The most likely explanation is that girls emphasize the integration of personality and social values more than boys. There was a significant difference in the identity of girls and boys. It should be said that, in the confused identity in boys were more than girls[31]. So it seems that boys are more likely to experience an identity crisis than girls. The results of this study are in agreement with the findings of study of Afrouz and Wisma[32]. Therefore, it is inferred that girls and boys have good mental health conditions due to their adolescents' age, being with friends and family and having a good education. This has led to their indifference to mental health. Education and success in life will not be the case if the adolescent and adolescent are unable to provide their mental health in this age and education.

Conclusion

According to the purpose of the present study, the results showed that the acquired and respite identity base, the quality of the parent-child relationship, the mother-child relationship and religiosity, explain the mental health of the students. Therefore, having a positive relationship, sharing parent-child relationships, expressing emotion and optimally controlling emotions, adolescents adapting to patterns in the family, will lead to a cohesive and successful identity formation and a tendency to spiritual and religious beliefs in them.

Data and leads to mental health and the formation of healthy and productive personalities in society. The teenager has a positive identity and a healthy personality, feels valued, valued and respected by others or the community, otherwise he or she will feel disenfranchised. If the factors that underpin the adolescent's identity, as a deterrent, he or she avoids his / her deviations. Considering the effective and constructive role of parents, it is recommended to enrich parent-child relationships in schools and family education centers, and to implement enrichment and effective communication courses in the form of group partnerships and workshops for fathers and mothers. Obviously, improving parenting skills with children and reinforcing religiosity will lead to the formation of a successful identity, thereby strengthening and enhancing students' mental health. One of the limitations of the present study is the limitation of sample selection from Shahrekord which reduces the generalizability of results to students from other cities due to cultural differences. The results are compared with the results of this study. In addition, considering the correlation method used in this study, it is suggested to the future researchers to study the effectiveness of parenting communication skills training on identity, religiosity and mental health.

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Competing Interests

The authors declare no competing interests.

Authors' Contributions

The authors contributed equally to the writing of the article

Reference

1. Hyun Young Koo, Influence of Achievement Motivation and Parent-Child Relationship on Ego Identity in Korean Nursing Students, Child Health Nurs Res. 2018;24 (1): 48-57.
2. üss CD, Burger ML, Dörner D. The role of motivation in complex problem solving. Frontiers in Psychology 2017;8: 851.
3. Amiri M. & Khodabashi Kolaei A. & Pirani Z. (2016), Effect of perceived child-rearing practices on religious attitude and emotional intelligence of female students, J Res Relig and Heal, 2(6): 43-4.
4. Farshad M. & Salimi Bijestani H. & Esmaeili K. & Habibi Y. (2015), Direct and indirect effects of the relationship between parents (parents), motivation for progress and academic motivation on student self-esteem. Quart J Educ Psy, 11(36): 1-16.
5. Moretti M. & Peled M. (2004), Adolescent-parent attachment: Bonds

that support healthy development. Paedia & Chil Heal, 9(8): 551-55. doi.org/10.1093/pch/9.8.533.
6. Richaud D. & Minzi M, (2004), Cristina R, and Carla S. Adolescent loneliness assessment. Adoles, 39(5): 701-709.
7. Bagherian Far M. & Sayidat A. & Lahrabi Y. (2018), Explaining the components of social identity of students based on the use of mobile messaging programs. Appli Socio, 72(4):79-8.
8. Berzonsky Michael D. & Linda S. (2005), Identity style, psychosocial maturity, and academic performance. Pers indi differ, 39(1): 235-247.
9. Erikson E. (1968), Identity: Youthand Crisis. NewYork: Yorton, 16(1): 48-69. doi.org/10.1002/bs.3830140209
10. Hajiani A. & Iravani Z. & Amir A. (2015), A survey on ethnic identity matching in Iran and Lebanon. Appli Socio, 58(2): 1-15.
11. Lotf Abadi H. (2001), The emotions and identity of teenagers and youth. Tehran, Iran: Third generation publication, 9(3): 111-125.
12. Altmaie E. & Chen J. (2005), The Relationship Between Religion/Spirituality and Physical Health, Mental Health, and Pain in a chronic Pain Population, Pain, 116(3): 11–21. DOI: 10.1016/j.pain.2005.05.008.
13. Mohammad Zadeh Romiani M. (2007), The role of transcendental tendencies in controlling high-risk behaviors in a young age. Growth of School Consultation, 7(2): 16-20.
14. Ahmadi H. & Moeini M. (2017), Study of the relationship between social skills and high-risk behaviors of young people: a case study of Shiraz, 9(1):1-24.
15. Salehi L. & Soleimanizadeh L. (2007), Relationship between Religious Beliefs and the Source of Control with Mental Health in Students. The Journal of Qazvin Univ of Med Sci, 11(1):50-55.
16. Ali Jani M. (2006), Relationship between Religious Identity and Mental Health of Islamic Azad University Students. Psych Stud, 2(8): 69-106.
17. Ysseldyk R. & Matheson K. & Anisman H. (2010), Religiosity as identity: toward an understanding of religion from a social identity perspective. Pers Soc Psychol Rev, 14(1):60-71. doi: 10.1177/1088868309349693.
18. Gorsuch R. (1988), Psychology of Religion, Annual Review of Psychology, 39(4): 201-221. doi.org/10.1146/annurev.ps.39.020188.001221.
19. Ahnakob Nejad M. (2009), A Study of Religious Adherence of Ahwaz Youths. Youth Research. Culture and Society, 12(5), 15-24.
20. Bennion L. & Adams G. (1986), A revision of the extended version of the objective measure of ego identity status instrument for use with late adolescents. Journal of Adolescent Research, 13(6) 183-198. doi.org/10.1177%2F074355488612005
21. Fine M. & Worley S. & Schwebel A. (1985). The parent-child relation survey: An examination of its psychometric properties. Psychological reports, 75(1): 155-161.
22. Goldberg D. & Hillier V. (2017). A scaled version of the General Health Questionnaire. Psycho Medi, 9(3): 139-145. doi/10.1017/S0033291700021644
23. Serajzadeh S. & Javaheri F. & Velayati Khajeh S. (2013), Religion and health: An examination of the effect of religiosity on health in a sample of university students. Applied Sociology, 24(1): 55-77.
24. Hosanei S. & Mosavy M. (2004), The comparative study of health status of medical students and para-medical

students trainees. Journal of Gorgan Univ of Med Sci, 6(8): 101-107.
25. Khajeh Nouri B. & Dehghani R. (2015), Problems of Adolescents and Their Relationship with Adolescent Problems and Its Relationship with the Family of the Family: Relationship between Parental Conflict and Mental Health of Adolescents. Journal of Soci of Social Institutions, 11(1): 37-66.
26. Dezutter J. & Hutsebaut D. (2006), Religiosity and Mental Health:A further Exploration of The Relative Importance of Religious Behavior Vs.Religious attitudes. Personality and Individual; differences, 40(6): 807-818. doi/10.1016/j.paid.2005.08.014
27. De Campos R. & Lucchetti G. & Lucchetti A. & da Rocha Ribeiro T. & Chebli L. (2019), The Impact of Spirituality and Religiosity on Mental Health and Quality of Life of Patients with Active Crohn's Disease.; J Relig Health, 19(2): 258-269.
28. Dankulincova Veselska Z. & Jirasek I. & Veselsky P. & Jiraskova M. Spirituality but not Religiosity Is Associated with Better Health and Higher Life Satisfaction among Adolescents. Int J Environ Res Public Health, 5(3): 332-340.
29. Hodapp B. & Zwingmann C. (2018), Religiosity/Spirituality and Mental Health: A Meta-analysis of Studies from the German-Speaking Area. J Relig Health, 8(5): 70-81.
30. Turner N. & Hastings J. (2019), Neighbors HW. Mental health care treatment seeking among African Americans and Caribbean Blacks: what is the role of religiosity/spirituality? Aging Ment Health. 23(7): 907-911, DOI: 10.1080/13607863.2018.1453484
31. Najafi M. & Ahadi H. & Delavare A. (2006), Relationship between Family Efficiency and Religiosity with Identity Crisis in Students, J of Daneshvar Behavior, 13(16): 17-26.
32. Afrouz G. & Wisma A. (2019) Investigating the Relationship between the Rate of Depression among Veterans' Boys and Their Relationships with Fathers, J of Psycho and Educ Scie, (31):35-51.

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