Study of the Relationship between Religious Identity and Life Style with Mental Health Case Study: Male and Female Teenagers of Shiraz

Bijan Khajehnoori[1], Zahra Reyahi[2], Saeed Keshavarzi[3]

[1] - Assistant Professor, Department of Social Sciences, Shiraz University, Iran, Email: bkhaje@rose.shirazu.ac.ir
[2] - MA student in Sociology, Department of Sociology, Shiraz University, Iran, Email: zahra.reyahi@gmail.com
[3] - MA student in Sociology, Department of Sociology, Shiraz University, Iran, Tell: +989178307638, Email: saeed.keshavarzi.21@gmail.com

Abstract: Nowadays modernization, globalization and changing life style have many side effects on physical and mental qualities. Of these intense effects are man's (Specially the young) anxiety and depression. On the other hand, religious identity is one of the mechanisms to defend against stresses and threats. If the religious identity is enhanced, it plays an important role to promote the people's health in the community. 400 teenagers of 15 to 18 were selected by random sampling method from Shiraz schools. The study method was the survey one by questionnaire. The findings gained in the level of bivariate analysis indicate that sexuality and religious identity have significant relation with mental health and its dimensions. In addition, the correlation coefficients indicate mental health has negative relation with some modern life styles such as virtual social network. The findings from regression analysis indicate the variable: low social class has negative effect on mental health, but religious identity has positive effect on it and totally determines 20% of the changes of dependent variables. The study showed that if the religious beliefs and identity are enhanced, the teenagers' mental health is improved highly. Also having created ambiguities in people religious, identity modern life styles have negative effects on the teenagers' mental health. [Khajehnoori B, Reyahi Z, Keshavarzi S. **Study of the Relationship between Religious Identity and Life Style with Mental Health, Case Study: Male and Female Teenagers of Shiraz.** *J Am Sci* 2013;9(7):37-44]. (ISSN: 1545-1003). http://www.jofamericanscience.org. 4

Keywords: Religiosity; Teenagers; Mental Health; Religious Identity

1. Introduction

Religiosity has individual and social dimensions presenting the purpose and signification of life and, the position in the community and some concept about the cosmos for people. As Erikson believes, ' Religion is a deep feeling which is not provable and is a skillful power regularizing man's thought and illuminates the darkness around man to enable him to understand the world around him. Religion forms people with moral values and teaches the behaviours creating cooperation useful in family and for attendants. Also religion creates correlation in personal culture and life. In fact, religion is a culture that forms the personal signification of man and human relations (Schumaker, 163, 1992). Many examinations show that the mental health and stress reduction have strong relation with religious behaviours and beliefs (Vavness & Larson, 2002; Ashkanani, 2009; Ellison et al., 2001; Chatters & Levin, 1998; Mirola, 1999; Ryan et al., 1993; Herbert et al., 2007; Carr, 2000). Religious creates both social and personal protection in critical conditions and is considered as an important factor in studies to predict better outputs (Koeing, 52, 1998).

One of the concepts having a very near relation with religiosity is mental health. Normal and abnormal concepts are used to distinguish mental health. Abnormal includes personal pain, inadaptability with social structure, preventing social welfare, treating irrationally, unpredictability, ignoring rules and customs, restlessness and ignoring social morals and standards (Schumaker, 9,1992). Classic sociologists believed that modernity is in contrast to religion and they are opposite to each other and predicted its fall. Even psychologists as if Freud believed that someone's with weak ego and thoughts go towards religious instructions, but it should be noted that the religious concepts are not like the individual morals but play some role in the community, too. In addition, it is necessary to know such concepts to describe and understand the human motives and behaviors. Rites such as praying and worshiping are to scare people and do not solve their problems (Koeing, 46, 1998).

Identity promotion among others and cooperation in religious activities help highly people's mental health. One of the problems threatening religious identity in Iran and other countries with religious structure is modernism. The most important effect of the modern conditions on ego or identity is the deep change appeared in people's life. One of the essential daily activities in the level of ego is the selections we usually do. Of important subjects in the conditions after tradition are the life style becoming important and its unavoidability for the performer; types of clothes, food, work style and favorable

environments change (Giddens, 119-122, 1999). The study findings indicate that someone's with more tendency to the life style based on information technology and new culture tend less to present them based on religious identity. One of the factors influencing highly people's attitude is the mass media; they suggest a special life style to people (Rasouli, 2003; Razavizadeh, 2005). Having developed communicative devices such as internet and satellite the influence is increasing daily and people's attitude changes towards different matters such as religion (Zakai & Khatibi, 2006). Thus, new life style creates many anxieties in people's (Especially teenagers) identity (ameli, 2003).

Unfortunately, no precise statistics are available about the state mental health. By virtue of mental health epidemiology, the mental disorders have increased from 11.90 to 30.20 percent from 1963 to 2002 (Atefvahid, 2004). Biabangard and Javari examined the teenagers' mental health in Tehran and believe that 29.30 percent of them suffer from mental disorders (Biabangard & Javadi, 2004). On the other hand, Iran Psychiatrists' Society announces that one of four Iranian people has mental disorder (www.khabaronline.ir). General Director of Mental Health, Ministry of Health announced that there is no precise statistics about sate mental health conditions in 2011, but about 26 percent of the women and 16 percent of the men suffer from mental disorders (www.migna.ir). By virtue of above-mentioned matters, this study tried to examine the relation of young people's mental health with their identity, religiosity rate and life style.

2. Literature Review

Many studies have been done about the relation of mental health with religious identity and life style ; many of them indicate religious beliefs and identity have direct relation with mental health namely religious beliefs may improve people's mental health (Smith et al., 2003 ; Kristine & Gow, 2005; Ahmed, 2009). Notwithstanding some studies indicated little difference between religious orientation and type of the stress and religious correlation had no effect on the stress (Lather, 2007). In addition, some studies concerning the old residing in welfare centers or community indicate that outer religious beliefs have relation with disorder in mental health; and depression and internal religious beliefs have relation with mental health. In addition, mental disorder and depression are more in the old residing in community than ones not residing in the community. Meanwhile, the old residing in the community has outer religious attitude (Bahrami & Ramazani, 2005) the students' religious orientation and adaptability examination showed that the religious orientation and adaptability have significant relation. Although girls' emotional adaptability and health differ from the boys' no difference based on sexuality is significant in social adaptability. Also having compared adaptability in the people with inner and outer orientation, the findings indicated that the latter had more appropriate conditions (Khodapanahi & Khaksar Boldaji, 2005). Having examined the relation of religious confrontation and spiritual prosperity with mental health, the findings indicated that there is a significant correlation between the negative religious confrontation style and mental health, but there was no significant correlation between the positive religious confrontation style and mental health. In addition, there is significant correlation between spiritual prosperity and mental health (Hasaniivajari & Bahrami, 2005). The findings indicated that there is a reverse consistency between religiosity and depression rate and some correlation was observed between high levels of religiosity and anxiety (Ghorbanifar et al., 2000). Other studies indicated that the religious doubt originated from knowing pain and evil in the world has harmful effect on mental health. In addition, when people grow up their religious doubt remains in relation with their psychopathology, but its rate is weaker and fainter in different ages (Kathleen, et al., 2007). Blanch examined the historical tension to integrate religion and mental health science and tried to find new social attempt, opportunities and pressures appeared in this direction. In addition, the study is to discuss about the strategies to integrate religion and spirituality into mental health services and policies (Blanch, 2007).

3. Theoretical Framework

As seen in previous studies there is a relation between mental health and religious identity, but as Blanch believes the subject has different effects in different fields of countries in different times. Therefore, it is necessary to do more studies with emphasis on different historical and cultural backgrounds of the different countries. The first sociologists such as Durkheim and Webber emphasized too much on religion as a factor forming the nature of the communities. Durkheim has shown that the religious groups create rules for different parts of life and then by virtue of them the people have some views and functions; for example, Catholicism forbids people from egoistic tendencies more than Protestantism, has such power that guides the followers to obey the group and the group creates such structure that saves them from anomie and disorganization. Besides, the group creates the rules preventing individualism and disorganization and creates protection and integrity. Recently the theory was tested in some society in U.S.A. and related

findings support the theory. Max Webber believed that the religious groups have presented a collection of beliefs about God, kinship, human relations, life and death to people and the collection has relation with mental health. He believes that religion creates a correlation about both community and cosmos (Koeing, 45 – 51, 1998).

The sociologists ask, 'Why do not the people live separately in a community? In addition, who do the form the groups by which they become an element of the tribal, sexual, national and religious identity? '. There is variety of answers to such questions by social thinkers. Durkheim believed that by creating public ways the community influences people through a collective knowledge by which it supervises people's behavior. He indicated how social groups create customs and norms to distinguish themselves from others. Of course, he did not reply why the community creates a collective conscience or group mind. Freud believed that personal operations are oriented by sexual drives, which are effective unconsciously, and this view influenced Parsons and some other primary sociologists, but the sociologists who believed in interaction stated that people need a series of symbols to have relations with others (Hogg & Abrams, 15 – 18, 1988). Hog stated rainbow to describe his view about social groups; he says the rainbow includes different colors but forms generally one thing. Notwithstanding people are in different groups they mix with each other and create one man with different identities (Ibid. 18). When social groups are formed because of interest and attraction and some behaviors are formed by which they differ from each other. Such grouping creates some stereotypes forming people's work process in contrast to other groups. Like economy and nationality, one of these stereotypes is religion, which is able to play an important role in social identity (Ibid. 46 – 52). Such stereotypes may be seen in ideological differences among catholic, Moslem, etc. followers. The function of such religious groups influences one's concept of him (her) self and his (her) identity (Ibid. 73). In addition, the grouping influences people's mental health and it is possible to see the influence of such groups and societies on maladies such as phobia, insanity, drug abuse and even psychological diseases treatment models (Ibid. 121).

As Hogg and Durkheim emphasized having created social correlation and cultural values religious, rites influence religion and lead to religious integration and religion influences mental health (Brown & Scheild, 331, 2010). Having developed globalization, developed rapidly technology and information and disappeared distance and time people see new phenomena, thoughts and information every day and at the same time, anxiety and stress increase specially the anxiety. It has become more important because the young have entered into virtual space of internet, satellite, familiarized with new thoughts and ideas, and sometimes encounter with more contradictions (ameli, 2003). Thus, in addition to religious identity and religious rites and beliefs life style of the young originated from modern world of the people near them influences their mental health (Armfield et al., 2002; Holt et al., 2005).

4. Materials and Methods

The study has benefited from quantitative method. 400 teenagers of 15 to 18 were selected by random sampling method from Shiraz schools. The study method was survey one by questionnaire.

5. Defintions of the Variables

Mental health: Mental health means personal potential and capacity to changeand modify his (her) environment and solve logically and appropriately the emotional contradictions and personal tendencies. Mental health is measured by depression, anxiety and stress rates. Based on the definition by World Health Organization mental health means complete physical, mental and social health. In present study, the health rate is a score taken from four factors in the questionnaire (Go namely physical condition, stress, social function disorder, depression). The reliability coefficient of the mental health was 0.81.

In this study, the independent variable includes religious identity and social capital.

Religious identity: The word 'Identity' has two individual and social dimensions. In addition, it includes some meaning about the social roles of someone and tells him (her) who he (she) and creates a reference for him (her) to know who and what he (she) is (Ameli, 2003). In this study people's religious identity was measured by such phrases, "Religious instructions do not close one's hands and foots; I am pleased with my religion; It is not necessary to put on too large clothes in public places; being truthful is not enough; it is necessary to observe the norms ; it is not necessary to be attractive physically ; if someone believes in religion, it includes all dimensions of his (her) life". The respondents mostly stated, "I have experienced the God's presence in my life" with mean of 2.88 and deviation measure of 0.51. The reliability coefficient of religious identity was 0.82.

The rate of religiosity: The definitions in relation to religiosity stated by religious thinkers may not be examined experimentally. Charles states five factors for religiosity: Experimental dimension of religion, Ideological dimension of religion, Ritual dimension, Rational dimension, Inferential or consequential dimension (Chatters & Levin, 1998).

In this study, the first three factors (Religious beliefs, religious experience and religious rites) were measured. People with stronger religious beliefs, more religious experience or behaviors had higher scores. The variable was tested in intervals. The religious beliefs include belief in angels and Satan, resurrection, paradise and hell, miracle, guilt, penitence and reward. The respondents mostly believed in 'Angels and Satan' with mean 4.59 and measure deviation of 0.90; the reliability coefficient of religious belief was 0.90.

Religious experience included feeling to be near God, the problems are solved by mysterious helps, the effect of recalling death and afterlife on your behavior, being punished by God because of guilt, metal tranquility because of observing religious instructions, solving social problems by mysterious helps, being at the presence of God, solving problems by charities and believing that God has sometimes saved you. The respondents mostly stated, "Being punished by God because of guilt" with mean 3.90 and measure deviation of 1.35. The reliability coefficient of religious experience was 0.82.

The religious rites included charities, religious activities at home (Such as daily praying), obligatory fast, pilgrimage, listening to religious programs of Iran radio, referring to religious pamphlet for daily affairs, referring to clergymen to ask religious questions, obligatory paying in special cases, watching religious programs on TV, attending in religious procession and feats, reading religious books or books about religion, doing daily affairs by observing essential norms, helping others for rewards on resurrection. The respondents mostly stated, "Charity" with mean 3.63 and measure deviation of 1.30. The reliability coefficient of religious experience was 0.96.

Life Style: Some studies have mentioned life study as nutritional habits and models (Tomlinson, 2003; Sarafzadegan et al., 2009; Hymen et al., 2009). Some other studies stated life style as activity models, recreational time and using cultural and material goods (Fazeli, 2003; Colas, 2004; Ross, 2009). The statements were measured by factor analysis as follows. The reliability coefficient of total Recreational Time was 0.87 (see Table 1).

Virtual Network**:** SMS, using Bluetooth (Music, film, etc.) and cell phone (To talk). The reliability coefficient of such statements was 0.77.

Sportive – Cultural: Attending in café Net, swimming, going to watch matches (Volleyball, basketball, football, etc.), cinema and theatre ; The reliability coefficient of such statements was 0.70.

Mass Media – Cultural: Listening to state radio, reading foreign newspapers and magazines, studying more than school subjects, listening to foreign radios and artistic activities (Painting, music, etc.). The reliability coefficient of such statements was 0.72.

Recreational (Wasting) Time: Sport, (Walking), socializing with friends, walking on street, passages, etc., DVD, music CD, MP3 player and walking in the parks. The reliability coefficient of such statements was 0.73.

Religious Activities: Doing religious affairs and going to religious places. The reliability coefficient of such statements was 0.66.

6. Results

As you see in Table 1 the boys' means in mental health, physical health and anxiety are more than the girls' are, but the girls' mean in depression is more than the boys'(sample consists of 206 boys & 194 girls). By virtue of the Table 1 there is a significant difference between the mental health and its dimensions in relation to sexual groups.

Table 1. Comparing the respondents' sexuality mean, mental health and its dimensions

Dependent variables	Groups	M	SD	'T' rate	Sig.
Mental health	Boy	3	0.45	3.72	0.000
	girl	2.86	0.53		
Physical health	Boy	3.13	0.65	2.67	0.008
	Girl	2.95	0.66		
Anxiety	Boy	2.01	0.60	- 4.89	0.000
	Girl	1.31	0.65		
Depression	Boy	1.80	0.71	- 2.49	0.013
	Girl	1.91	0.86		

As you see in Table 2, the mental health and its dimensions have significant difference in different fields such as social class, education, religion. By virtue of above table, it may conclude that the economic and social variables influence highly the teenagers' mental health.

Table 2. Comparing the means of some independent variables and its dimensions

Independent variable	Dependent variable	Source of changes	S M	Sig.
Mother's job	Physical health	Intergroup test	0.931	0.023
		In-group test	0.431	
Father's job	Anxiety	Intergroup test	0.786	0.048
		In-group test	0.419	
Mother's education	Social function disorder	Intergroup test	0.813	0.013
		In-group test	0.412	
Social class	Mental health	Intergroup test	1.10	0.012
		In-group test	0.25	
Religion	Physical health	Intergroup test	3.21	0.007
		In-group test	0.435	
Mother's education	Social function disorder	Intergroup test	0.813	0.013
		In-group test	0.412	
Responden's education	Physical health	Intergroup test	1.18	0.019
		In-group test	0.431	
Religion	Anxiety	Intergroup test	2.15	0.023
		In-group test	0.414	
Respondent's education	Anxiety	Intergroup test	0.969	0.040
		In-group test	0.412	
Social class	Anxiety	Intergroup test	1.36	0.039
		In-group test	0.416	

Table 3 indicates a relation between religious experience, activity and rites (Independent variables) and mental health (Dependent variable). In addition, the table statistics show if the respondents' religious experience is higher, their mental health is higher, too. The table correlation coefficient in the rate of more than 95 percent indicates a positive relation between the two examined variables. In addition, there is a positive relation between the religious rites and mental health and between mental health and religious identity, too. As you see in the table, there is a negative relation between virtual network (Cell phone, Bluetooth, etc. limiting face-to-face relation and because photo exchange and film are against religious norms) and mental health.

Table 3. Correlation between mental health and some independent variables

	Mental Health
Religious experience	0.408**
Virtual network	- 0.111*
Religious activity	0.117*
Religious rites	0.117*

* P < 0.05; ** P < 0. 01

Table 4 indicates there is a negative relation between cultural mass media facilities use (Magazines, newspapers, radio) and social function disorder, which is of mental health dimensions. Such facilities have formed a new type of public relations and developed people's views and interests. If they use them more, their mental health is more. In addition, there is a negative relation between religious activities, rites and ceremonies (Such as procession and religious sessions) and social function disorders. The religious sessions and precessions play an important role in spiritual integration and union and form religious societies and groups. Such societies form social relations to promote mental health.

Table 4. Correlation between mental health dimension and some independent variables

	Mental Health
Religious identity	- 0.148**
Mass media – cultural	- 0.102*
Religious activity	- 0.130*
Religious rites	- 0.190**
Religious rites	- 0.230**

* P < 0.05; ** P < 0. 01

Table 5 indicates there is a positive relation between sportive – cultural facilities (Such as swimming, basketball, going to fairs, cinema and theatre) and anxiety there is a negative relation between religious identity and mental health. The people with higher religious identity have less anxiety.

Table 5: Correlation between some independent variables and mental health dimension

	Physical health
Religious identity	- 0.384**
Religious activities	- 0.119*
Sportive – cultural	- 0.113*

* P < 0.05; ** P < 0. 01

Table 6 indicates that there is a positive relation between religious identity and sportive activities and physical conditions. Religious identity (Such as belief in God and his protection everywhere and he save us in all conditions) promotes physical conditions, hope in future and fears disappear, and physical diseases are weakened.

Table 6. Correlation between some independent variables and mental health dimension

	Physical health
Religious identity	0.265**
Mass media – sportive	0.104*

* P < 0.05; ** P < 0. 01

Table 7 indicates there is a negative relation between religious rites and activities and depression. People who attend in religious sessions and processions have less depression. Having attended in such sessions and cooperating with different people one feels he (She) is useful and people's cooperation is promoted.

Table 7. Correlation between some independent variables and mental health dimension

	Depression
Religious identity	- 0.366**
Virtual network	0.111*
Religious activities	- 0.133*
Religious rites	- 0.145**

* P < 0.05; ** P < 0. 01

The findings from regression analysis indicate the variable: low social class has negative effect on mental health, but religious identity has positive effect on it and totally determines 20% of the changes of dependent variables (Table 8).

Table 8. The variable entered into regression equation to define the mental health variance

Variables entrance steps	Variable	R^2	'F' rate	Beta	T
First	Religious identity	0.169	79.90**	0.411	8.93**
Second	Sexuality (M)	0.194	47.07**	0.157	3.46**
Third	Social class (Low)	0.202	32.95**	- 0.091	- 2.00*

* P < 0.05; ** P < 0. 01

7. Conclusion & Discussions

The study examined the relation between religious identity and mental health among Shiraz students. The Hogg theory who has examined sociologically the religious identity effect on mental health was used to define the relation. By virtue of the theoretical framework four theories were formed. The hypotheses were tested by measurement method. A questionnaire issued by the researcher was used to gather necessary data the study showed that the religious identity has an important effect on mental health. By virtue of above table's religious identity, religiosity (Rites, religious experience and belief) and new life style (Such as using cultural mass media and activities) influence the young's health. As you see in the correlation table virtual network (Including cell phone, Bluetooth, SMS) has negative effect on mental health. The virtual network limits fact to face relations and leads to less social correlation and then the latter makes people more separate from each other so it has negative effect on their mental health. Many studies indicated that human relations specially attending in religious ceremonies develop relations, promote philanthropy, cooperation and mental health and create hope in life and promote religious identity (Christina, 1997; Flannelly et al., 2010, Allen et al., 2004).

As you see in the correlation tables in addition to religious cooperation and attendance in religious rites the religious beliefs influence individually mental health and promote physical health, too and promotes the spirit during maladies and creates highly hope in treatment. Many studies indicate that the people with high religious belief and identity are more patient when encounter with problems so the conditions are improved more rapidly (Fattot, 2007; Heath, 2006; Bresling, 2008; Leibrich, 2002; Francis et al., 2008; Lewis, 2007; Cohen Dan et al., 2009; Chaudhry, 2008).

Corresponding Author:
Bijan Khajehnoori
Assistant Professor,
Department of Social Sciences, Shiraz University,
Tell: +989173034810,
Email: bkhaje@rose.shirazu.ac.ir

References

1 Ahmed, AK (2009). "Religiosity, Subjective Well-Being, and Depression in Saudi Children and Adolescents", Mental Health, Religion & Culture,Vol. 12, No.8, pp.803–815.
2 Allen. M., Koichi N. & I. Hiroshi (2004)." Attacked By The Gods or By Mentall Illness?

Hybridizing Mental and Spiritual Health in Okinawa" Mental Health, Religion and Culture,Vol.7, No.2, pp.83-107.
3 Ameli, S (2003). "The Future of Simultaneous Identities and Two Globalisations", Nebras, Second and Third Numbers IV, pp. 119-134.
4 Armfield, G. & L. Holbert (2002). "The Relationship Between Religiosity and Internet Use". Jornal of Media and Religious, Vol. 2, No. 3, pp.129-144.
5 Ashkanani, H.R (2009). "The Relationship Between Religiosity and Subjective Well-Being: A Case of Kuwaiti Car Victims", Traumatology, Vol 15, No.1, pp. 23-28.
6 Atefvahid, M.K (2004). "Mental Health in The Challenges and Achievements, Journal Of Social Welfare", year 4, No. 14, pp. 41-57.
7 Bahrami, M. & A. Ramazani (2005). "The Role of Religion and Belief Orientation and Mental Health of Depression in the Elderly, "Journal Of Social Sciences, The Sixth, The First Issue, No 20.
8 Biabangard, I & F. Javadi (2004). "Cognitive and Mental Health of Adolescents in Tehran", Social Welfare, Year Four, No 14, pp. 139-164.
9 Blanch, A (2007). "Integrating Religion and Spirituality in Mental Health: The Promise and the Challenge", Psychiatric Rehabilitation Journal, Vol.30, No. 4, pp. 251-260.
10 Breslin J.M. & Ch.A Lewis (2008). "Theoretical Models of The Nature of Prayer and Health: A review", Mental Health, Religion & Culture January, Vol.11,No.1, pp. 9-21.
11 Brown, T. & T.L Scheild (2010). A Handbook for the Study of Mental Health Second Edition, New York, Cambridge University Press.
12 Carr, W (2000). " Some Reflection on Spirituality, Religion And Mental Health", Mental Health, Religion and Culture, Vol. 4, No. 1, pp.10-12.
13 Chatters, L. & J. Levin (1998) "Religion, Health And Psychological Well Being In Older Adulths", Jornal Of Ging and Health, Vol.10, No.4, pp.504-531.
14 Chaudhry. H.R (2008). "Psychiatric Care in Asia: Spirtuality and Religious Connotations", International Review of Psychiatry,Vol. 20, No.5, pp. 477–483.
15 Cohen Da., D.P Yoon & B. Johnstone (2009). "Differentiating the Impact of Spiritual Experiences, Religious Practices, and Congregational Support on the Mental Health of Individuals With Heterogeneous Medical Disorders, The International Journal for the Psychology of Religion, Vol.19, pp.121–138.
16 Ellison, Ch., Jonson B. & D.Wiliams (2001). "Religious Involvement, Stress, and Mental Health: Findings from the 1995 Detroit Area Study" Social Forces, Vol 80, No (1) pp. 215-249.
17 Fattot D. R (2007). "Spirituality and Religion in Recovery: Some Current issues", Psychiatric Rehabilitation Journal,, Vol. 30, No. 4, pp. 261-270.
18 Flannelly. K.J & G. Katlen (2010). "Religion, Evolution, And Mental Health: Attachment Theory And ETAS theory", Journal of Religion and Health, Vol.49, No.3, pp.337-350.
19 Francis J. L., Robbins, M.R. Santosh & Savita. Bhanot (2008). "Religion And Mental Health Among Hindu Young People in England", Mental Health, Religion & Culture,Vol. 11(3), pp. 341 -347.
20 Ghorbani, N., Pitter, W.J., Ghramaleki, A., Morris, F., Ronald, J. & Hood Ralph. (2000). "Muslim Attitudes towards Religion Scale: Factors, Validity and Complexity of Relationships with Mental Health in Iran", Mental Health, Religion and Culture, Vol. 3, No. 2, pp.130-132.
21 Giddens, A (1999). "Modernity and dignity." Translated by Mofatyan N, Tehran: Nay Publication.
22 Hasaniivajari, K. & E Bahrami (2005). "The Role of Religious Coping and Spiritual Happiness in Explaining Health psychology ", Journal Of Psychology, Ninth, No. 3 (35), p. 248.
23 Heath, C.D (2006). "A Womanist Approach to Understanding and Assessing The Relationship between Spirituality and Mental Health", Mental Health, Religion and Culture,Vol.9, No.2, pp.155-170.
24 Herbert, R., Qianyu, D., & S. Richard (2007). " Religious Beliefs and Practices Are Associated With Better Mental Health in Family Caregivers of Patients With Dementia: Findings From the Reach Study", Am Jornal Geriatr Psychiatry,vol.15, no.4, pp. 292.
25 Hogg, M.A.& D. Abrams (1988). Social identifications: A Social Psychology of Intergroup Relations And Group Processes. New York: Routledge
26 Holt, Ch.L., H.J. L.Debra, Susan, L.N, Lewellyn, A., lukwago, W., M. Kreuter (2005). "The Role of Religious in Dietary Belifes and Behavioramong American Women" Cancer Control, http: //www.moffitt.org/moffittapps/ccj/v12s5/pdf /84.pdf.
27 Khodapanahi, M.K And M.,A. Khaksar Boldaji (2005). "The Relationship between Religious

orientation and Psychological Adjustment in College Students", Journal Of Psychology, Ninth, No. 3 (Serial 35), P. 310.
28 Koeing, Harold.G (1998). Handbook of Religion and Mental Health, Academic Press.
29 Kristine, H., & K. M. Gow (2005). " Religious Attributions Pertaining to The Causes and Cures of Mental Illness", Mental Health, Religion & Culture, Vol.8, No. 4, pp. 263– 276.
30 Lather, S (2007). "The Relationship between Religious Orientation and Pressure in Psychology I Students at the University of the Witwatersrand", South African Journal of Psychology, Vol. 37, No. 3, pp. 530–551.
31 Lewis. A.Ch., Turton D.W., & L.J. Francis (January 2007). "Clergy work-related psychological health stress, and burnout: An Introduction to This Special Issue of Mental Health,Religion and Culture", Mental Health, Religion & Culture,Vol.10(1),pp. 1–8.
32 Leibrich J. (2002). "Making space: Spirituality and mental health", Mental Health, Religion and Culture,Vol.5 (2), pp.143-162.
33 Mirola, W. (1999). "A Refuge For Some: Gender Difference In Relationship between Religion Involwment and Depression", Sociology of Religion, Vol.60, No.4, pp.414-437.
34 Rasouli, M (2003). "Component of the Life Style Television Advertising", Journal Of Social Sciences, No. 23, pp. 69-93.
35 Razavizadeh, N (2005). "The Effects of Media on Rural Lifestyle", Social Science Journal, No. 31, pp. 111-114.
36 Ryan, R..; Scopt R., & K. King (1993). "Tow Type of Religion Internalization and Their Relation To Religious Orientations And Mental Health", Jornal of Pesonality And Social Psychology, Vol.65, No.3, pp. 586-596.
37 Schumaker, J.F (1992). Religion and Mental Health, Oxford University Press New york Smith, Timothy.
38 Tomlison, Mark (2003). "Life style and social class", European sociological review,Vol.19, No.1, pp 97_111.
39 Vavness P.H & D.B. Larson (2002). " Religion, Senescence and Mental Health", Am Jornal Geratr Psychiatry, Vol 10, No.4, pp. 386-397.
40 Zakai, M., & F. Khatibi (2006). "The Relation between existence in Cyberspace and Modern Identity: Research among Young Iranian Internet Users,"Social Science Quarterly, Issue 33, pp 111-151.

6/2/2013