Investigating the Role of Religious Orientation in Mental Health: A Review of Educational Studies

Iranian Evolutionary and Educational Psychology Journal
December 2020: 301-308
© University of Hormozgan Publication 2020
DOI: 10.29252/ieepj.2.4.301
http://ieepj.hormozgan.ac.ir

Fahime Bagherinejad[1], Mohammad Khayyer[2*], Soltanali Kazemi[3], Siamak Samani[3]

Abstract: The present study has qualitatively reviewed the association between religious orientation and mental health in educational setting. This research is a review study that has been done by reviewing about fifteen citations. In this paper, we review the religious orientation literature, with a focus on educational contexts. Searches of relevant databases and reference lists were used to source articles for this narrative review. Evidence regarding religious orientation variable associated with educational researches is discussed. In general, there are two internal and external dimensions in the discussion of religious orientation, and each of which determines how people interact with the world around them. People with an internal religious orientation are those in whom religiosity is the highest motivation and belief in God is the basis of their actions and behavior. They worship God not only out of a desire to achieve something, but their goal is to give thanks to God. People with an external religious orientation may use religion in different ways to achieve their personal goals. They either do not firmly believe in their religious beliefs or choose and shape them according to their needs. These people have a utilitarian approach and view religion as a meaningful source of social status. In other words, instead of giving themselves over to religious teachings, these people define religion in terms of their personality and needs. Further research to understand and expand the literature about association between religious orientation and mental health in educational context would be beneficial.

Keywords: Religious orientation, mental health, educational studies

Introduction

Despite the marginalization of religion by modernity, it remains an integral part of individual and social life (Anderson, 2015), and for many, religion is synonymous with "lifestyle" (Svensson et al., 2020). Religiosity is a sociological term used to refer to the various dimensions of religious activity and faith (Willander, 2014). One of the most important and necessary issues is to identify the factors affecting mental health. Religion is a major factor in the lives of many people and the degree of religiosity and commitment to religious customs and teachings can be considered as one of the most important and influential factors on his mental health (Malinakova, Tavel, Meier, van Dijk, & Reijneveld, 2020).

Allport describes religion as the unifying philosophy of life. He believes that the religious value system prepares the best ground for a healthy personality. But he also points out that not all people who claim to be religious have a healthy personality (Zareei Mahmood Abadi, Hidari Sooreshjani, Rajaei Rizi, & Akrami, 2020). In his view, this orientation is in the form of internal religious orientation and external religious orien-

1. PhD Student, Department of Educational Psychology, Marvdasht Branch, Islamic Azad University, Marvdasht, Iran
2. Professor, Department of Psychology, Marvdasht Branch, Islamic Azad University, Marvdasht, Iran
*Corresponding author email: m_khayyer@yahoo.com
3. Associate Professor, Department of Psychology, Marvdasht Branch, Islamic Azad University, Marvdasht, Iran

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]
[DOR: 20.1001.1.25884395.2020.2.4.7.9]
[DOI: 10.52547/ieepj.2.4.301]

tation. Internal religious orientation, an all-encompassing religious approach, has organized and internalized principles that are the goal itself, not the means to an end. A person with an inner religious orientation lives with his religion and his religion becomes one with his personality. For a person who has an external religious orientation, religion is not integrated with his personality and life, he uses religion to satisfy individual needs such as status and security (Foong, Hamid, Ibrahim, & Haron, 2020).

Barrett and Lanman (2008) have shown that religious people are not alone in the face of adversity, and that God is their helper; In other words, the followers of these religions solve their problems with the help of God-mediated control. It may seem that this group of people have external tendencies, but this is not the case, they do not believe that God solves their problems, but they believe that God's support gives them the strength to achieve their goals.

Internal religious orientation is a protective factor against mental illness, while external religious orientation is classified as a risk factor for mental illness (Yeganeh & Shaikhmahmoodi, 2013). In order to investigate the relationship between religious orientation and mental health symptoms among students, external religious orientation was the only significant predictor of hostility, anxiety and depression (Kuyel, Cesur, & Ellison, 2012). Studies show that religious beliefs influence the source of control over individuals. This research suggests that religious beliefs can underlie some personality and mood traits in individuals. Those who have a source of internal control rely on their abilities and efforts, attribute all their successes and failures to their internal factors and have higher self-confidence. These people are also more hopeful about life and consider their role to be effective in preventing diseases. Religious people are more immune to psychological disorders as they have stronger faith. Therefore, one of the complications of modern life that has arisen due to the weakness of religious faith is the increase of mental illness (Plante & Sherman, 2001).

One of the research trends is the study of the relationship between religious orientation and mental health in educational fields. Many studies have supported the role of religious orientation in people's mental health. However, in the field of education, no significant study has yet been done on the relationship between these variables. The present study has qualitatively reviewed the association between religious orientation and mental health in educational setting.

Method

This article is a review study conducted using research articles and keywords related to search in Google Scholar, Springer Science Direct, Pubmed, SID, Web of Sciences indexes between 2014 and 2019. Keywords internal and external religious orientation, mental health and educational and academic setting were used for search. Accordingly, 15 articles that were directly related to this topic were reviewed. The implications of this study have been on citations in which religious orientation has been directly or at least directly related by a mediating variable with the dimensions of mental health in educational contexts.

Results

McKinnon (2002) has defined religion as an organized system of beliefs, practices, customs, and institutions designed to facilitate with a superior power. Gentile (2004) defines religion simply: the experiences, thoughts, feelings, and activities of a person by which he strives to relate to what he considers sacred and divine, the transcendent power that controls the world. Gordon Allport has been defining the book "Person and Reli-

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]
[DOR: 20.1001.1.25884395.2020.2.4.7.9]
[DOI: 10.52547/ieepj.2.4.301]

gion" since 1950 in the field of psychology of religion, which should be considered important in this field. According to Allport, the true religion is the religion of people who, without trying to make meaningless demonstrations and with real knowledge and insight, have fully identified themselves and on this principle, there is no desire to pretend and show off to get the gifts of the world and everyday situations. Allport's art was that as a social psychologist, he was able to study social psychology studies on racial bias by considering one's religious orientation by presenting a theory of internal and external orientation toward religion in humans. Allport's division regarding one's religious orientation has been able to attract a lot of attention in recent years and can be used as an effective theory in studies where religion is considered by psychologists (Neyrinck, Lens, Vansteenkiste, & Soenens, 2010).

According to Allport, people with an inner religious orientation consider religion as a goal while internalizing religious values. In such an orientation, religion finds autonomous and independent action and is motivated to excel. For people who are internally religious, secular needs, no matter how important, are of the utmost importance. These people try to harmonize their needs with their religious beliefs and duties as much as possible. People in this type of religious orientation are those in whom religiosity is the main motivation and belief in God is the basis of their actions and behavior. They worship God not only out of a desire to achieve something, but their goal is holiness and thanksgiving to God (You & Lim, 2019).

Allport believes that external religious orientation is a kind of religious attitude that is utilitarian and serves a person and protects his interests. These people may use religion in various ways to achieve their personal goals, including: to provide security, peace of mind, socialization and entertainment, social dignity and self-righteousness, and so on. They either do not firmly believe in their religious beliefs or they select and shape them according to their needs (You & Lim, 2019).

Research on religion and its relationship to mental health is expanding rapidly; In 2001, about 1,200 studies quantitatively examined the relationship between some aspects of religion and mental health, and in 2010, more than 2,000 studies were published in this field (Koenig & Büssing, 2010). This article focuses on studies that have been done in educational and academic situations. Therefore, the results of research that has been done in universities and schools and on students have been mainly reviewed.

Butt (2014)in a study explored the relationship among emotional intelligence, religious orientation and mental health of university students. It was assumed that emotional intelligence would be a better predictor of psychological well-being than religious orientation. Results indicated significant positive relationship among emotional intelligence, religious orientation, and psychological well-being while emotional intelligence and religious orientation both have significant negative association with psychological distress. Results of multiple regression indicated that emotional intelligence and religious orientation have significant effect on psychological distress. Moreover, emotional intelligence was a better predictor of psychological well-being than religious orientation.

Forouhari et al. (2019) in a meta-analysis aimed to determine the relationship between religious orientation and anxiety among college students. Major scientific databases including PubMed, Web of Science, Science Direct, EBSCO, ProQuest and PsycINFO were searched for original research articles published 1987–2016. They concluded there was a weakness relationship between religious orientation and mental anxiety and depression. Therefore, it needs to improve knowledge of student about advantages of religious orientation.

AbdAleati, Zaharim, and Mydin (2016), in a systematical review, studied the recent psychological literature

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]
[DOR: 20.1001.1.25884395.2020.2.4.7.9]
[DOI: 10.52547/ieepj.2.4.301]

to assess the role of religion in mental health outcomes. A comprehensive literature search was conducted using medical and psychological databases on the relationship between religiosity and mental health. Seventy-four articles in the English and Arabic languages published between January 2000 and March 2012 were chosen. Despite the controversial relationship between religion and psychiatry, psychology, and medical care, there has been a growing interest in the role which spirituality and religion play in mental health. The findings of past research indicated that religion could play a significant role in many situations, as religious beliefs and rules influence the believer's life and health care. Most of the past literature in this area reported that there is a significant association between religious beliefs and practices and mental health.

Hovey, Hurtado, Morales, and Seligman (2014) examined whether various dimensions of religion-based support (social interaction, instrumental, and emotional) mediated the relationship between religiosity and mental health in college students in the Midwest United States. The results revealed that support dimensions, perceived emotional support was the strongest predictor of decreased hopelessness, depression, and suicide behaviors; and the relationships among intrinsic religiosity and the mental health variables were fully mediated by emotional support. These findings provide strong support to the notion that the relationship between religiosity and mental health can be reduced to mediators such as social support.

Saleem and Saleem (2017) examined a sample of 120 medical students from Federal Medical and Dental College and 120 non-medical students from International Islamic University, Islamabad. Purposive sampling was used. The respondents accomplished religious orientation scale and scale of psychological well-being scale along with a demographic data sheet. In order to assess the study variables, linear regression and t test were used. The findings indicated that religiosity is a strong predictor of psychological well-being. Extrinsic and intrinsic religiosity predicts psychological well-being among the students. The results showed a significant difference in psychological well-being between medical and non-medical students. No significant difference was found in religiosity of medical and non-medical students. The gender differences in religiosity and psychological well-being were found to be insignificant. The results highlight that psychological well-being is predicted by religiosity.

Habib, Donald, and Hutchinson (2018) investigated the association between religious involvement and life satisfaction in a multi-religious population of undergraduate medical students of the University of the West Indies. They used a cross-sectional design to assess 228 undergraduates (50 males and 178 females) on religiosity, religious well-being and life satisfaction using the Religious Orientation Test, Religious Well-Being subscale and the Satisfaction with Life Scale, respectively. Results indicate Christians registered higher religiosity and religious well-being but non-Christians reported significantly higher life satisfaction. Muslim and Hindu scores on religiosity, religious well-being and life satisfaction were not statistically different. Females scored higher than males on religiosity and significantly higher on religious well-being; nevertheless, there was no significant difference between males and females on life satisfaction.

Sadeghi, Azadi, Abouee-Mehrizi, and Jafari (2019) investigated whether there was any relationship between religiosity with stress, anxiety, and depression among the students of Kurdistan University of Medical Sciences, Iran. To this end, the total number of 282 students were selected using a two-stage stratified sampling method to fulfill univariate religiosity questionnaire and Depression, Anxiety and Stress Scale-21 (DASS-21). Findings revealed that out of four dimensions of religiosity, only ritual dimension was found to have a significant correlation with stress. According to results, the correlation between other dimensions of religiosity (belief, emotional, and consequential (and aspects of mental health found to be not statistically significant.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]
[DOR: 20.1001.1.25884395.2020.2.4.7.9]
[DOI: 10.52547/ieepj.2.4.301]

Sillick and Cathcart (2014) in a study entitled "The relationship between religious orientation and happiness: the mediating role of purpose in life" investigated relationship between religious orientation and happiness in university students of Australia. Three hundred and forty-two university students participated in the study. The results indicate that for women, purpose in life mediates the relationship between intrinsic religious orientation and happiness and for men, purpose in life mediates the relationship between extrinsic social religious orientation and happiness. The results are unexpected as intrinsic religious orientation negatively predicted happiness, whereas extrinsic social religious orientation positively predicted happiness. These findings recommend that further studies are needed to advance the recognizing of these complex connections.

Gardner, Krägeloh, and Henning (2014) investigated the relationship between perceived stress, quality of life (QOL), and religious coping in a sample of 114 Muslim university students in New Zealand. International Muslim students had higher levels of spirituality/religiousness than national Muslim students, and used more positive and negative religious coping methods. For international students, positive religious coping was positively associated to QOL and lack of stress, while, for national students, negative religious coping was negatively correlated to the QOL and increased stress. This different pattern may relate to the ethnic background of the participants, and the results of the present study thus highlight that Muslims studying at universities overseas can certainly not be considered as a homogenous group.

Galek, Flannelly, Ellison, Silton, and Jankowski (2015) examined the relations among religious commitment, belief in meaning and purpose in life, and psychiatric symptoms among the overall public using data from the 2010 Baylor Religion Survey (BRS). The main hypothesis of the study, supported identity theory, was that religious commitment would interact with belief in meaning and purpose in their net relations on psychiatric symptoms: general anxiety, social anxiety, paranoia, obsession, and compulsion. Specially, it had been hypothesized that believing life lacks meaning and purpose will have a more pernicious relationship among highly religious individuals, than it'll among individuals who are less religious. The results approved the central hypothesis of the study for 4 of the 5 classes of psychiatric symptoms.

Bolghan-Abadi, Ghofrani, and Abde-Khodaei (2014) investigated the spiritual intelligence role in predicting Quchan University students' quality of life in Iran. So as to gather data, a sample of 143 students of Quechan University was selected randomly enrolled for 2012 academic year. The instruments of the info collecting are World Health Organization Quality of Life (WHOQOL) and Spiritual Intelligence Questionnaire. For analyzing the data, the SD, and Pearson's coefficient of correlation in descriptive level, and in inferential level, the regression test was used. The results of the study show that the spiritual intelligence has effective role on forecasting quality of life.

Jafari Manesh, Ranjbaran, Najafi, Jafari Manesh, and Alibazi (2015), during a study investigated the connection between spiritual health and religious orientation with emotional adjustment of admitted adolescents in hospitals. Results of this study showed that between religious orientation and emotional adjustment there was no significant relationship. Nevertheless, a significant relationship was found between spiritual health and emotional adjustment indicating adolescents with higher spiritual health had better emotional adjustment. Furthermore, the mean of emotional adjustment in males was significantly above females.

Sanchez and Gilbert (2016) investigated the relations between religious orientation and racial identity attitudes in 49 Black African college students, whose diverse racial, ethnic, and religious experiences are understudied. The results showed that orientation was significantly associated to racial identity status. According the

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]
[DOR: 20.1001.1.25884395.2020.2.4.7.9]
[DOI: 10.52547/ieepj.2.4.301]

results, intrinsic orientation was positively associated with preen counter (i.e., pro-White, anti-Black beliefs about one's own racial group) racial identity attitudes, quest orientation was positively associated with immersion-emersion (i.e., anti-White, pro-Black attitudes about one's own racial-cultural group) racial identity attitudes, and therefore the relations between intrinsic orientation and internalization (i.e., internalized positive self-acceptance) racial identity attitudes approached significance.

Salsman et al. (2015), during a review study conducted a meta□analysis of the research on religious orientation and psychological state . Four electronic databases were systematically reviewed, and 2073 abstracts met initial selection criteria. The finding revealed a positive and significant correlation between religious orientation and psychological state. The strength of that correlation was modest and varied as a function of the orientation dimensions and psychological state domains measured.

Shiah, Chang, Chiang, Lin, and Tam (2015) investigated the connection among anxiety, religiosity, meaning of life and psychological state during a nonclinical sample from a Chinese society. Four hundred fifty-one Taiwanese adults completed measures of Beck Anxiety Inventory, Medical Outcomes Study Health Survey, Perceived Stress Scale, Social Support Scale, and private Religiosity Scale (measuring religiosity and meaning of life). Meaning of life features a significant negative association with anxiety and a high direct correlation with psychological state and religiosity; nevertheless, religiosity doesn't correlate significantly anxiety and psychological state after controlling for demographic measures, social support and physical health. Anxiety explains unique variance in psychological state above meaning of life. Meaning of life was found to partially mediate the connection between anxiety and psychological state. These findings recommend that benefits of meaning of life for psychological state are often a minimum of partially accounted for by the consequences of underlying anxiety.

Conclusion

Religiosity can bring a kind of peace of mind when it is not really internalized and demonstrative, and if it is removed from the principle of religiosity, it will certainly have abnormal consequences. Regarding the relationship between spirituality, religion and mental health, the findings are numerous and varied, while some studies have found a negative relationship between religion, spirituality and anxiety, but there are other studies that have such a relationship. Have not been reported. In explaining and interpreting these conflicts with the present research, it may be possible to point out the quality and type of religiosity of individuals as well as the way of introducing religion to them.

Although religious beliefs and beliefs are planted in the body of each individual from childhood, its growth and development requires the passage of time and the strengthening of cognitive beliefs in the individual. People with an inner religious orientation are those in whom religiosity has the highest motivation and belief in God is the basis of their actions and behavior. They worship God not only out of a desire to achieve something, but their goal is holiness and thanksgiving to God.

People with an external religious orientation may use religion in a variety of ways to achieve their personal goals, including: to provide security, peace of mind, socialization and entertainment, social dignity and self-righteousness, and so on. They either do not firmly believe in their religious beliefs or they choose and shape them according to their needs. These people have often been interpreted in their religious texts and teachings and have not accepted religion as it is. In other words, instead of giving themselves over to religious

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]
[DOR: 20.1001.1.25884395.2020.2.4.7.9]
[DOI: 10.52547/ieepj.2.4.301]

teachings, these people define religion in terms of their personality and needs.

In general, the results of the present study support the relationship between religious orientation and mental health. While in most studies there was a positive and significant relationship between internal religious orientation and mental health, the relationship between external religious orientation and mental health was negative and significant. Based on this, it is suggested that in designing educational researches, attention be paid to the distinction between religious orientations and internal orientation be examined as a kind of original religious orientation in researches.

Declaration of Conflicting Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding: The authors received no financial support for the research, authorship, and/or publication of this article.

References

AbdAleati, N. S., Zaharim, N. M., & Mydin, Y. O. (2016). Religiousness and mental health: Systematic review study. *Journal of religion and health, 55*(6), 1929-1937.

Anderson, J. R. (2015). The Social Psychology of Religion. Using scientific methodologies to understand religion. *Construction of social psychology: Advances in psychology and psychological trends series*, 173-185.

Barrett, J. L., & Lanman, J. A. (2008). The science of religious beliefs. *Religion, 38*(2), 109-124.

Bolghan-Abadi, M., Ghofrani, F., & Abde-Khodaei, M. S. (2014). Study of the spiritual intelligence role in predicting university students' quality of life. *Journal of religion and health, 53*(1), 79-85.

Butt, F. M. (2014). Emotional intelligence, religious orientation, and mental health among university students. *Pakistan Journal of Psychological Research*, 1-19.

Foong, H. F., Hamid, T. A., Ibrahim, R., & Haron, S. A. (2020). The association between religious orientation and life satisfaction in older adults living with morbidity and multimorbidity: a gender perspective in Malaysia. *Psychogeriatrics, 20*(6), 891-899.

Forouhari, S., Teshnizi, S. H., Ehrampoush, M. H., Mahmoodabad, S. S. M., Fallahzadeh, H., Tabei, S. Z., . . . Teshnizi, S. M. H. (2019). Relationship between religious orientation, anxiety, and depression among college students: A systematic review and meta-analysis. *Iranian journal of public health, 48*(1), 43.

Galek, K., Flannelly, K. J., Ellison, C. G., Silton, N. R., & Jankowski, K. R. (2015). Religion, meaning and purpose, and mental health. *Psychology of Religion and Spirituality, 7*(1), 1.

Gardner, T. M., Krägeloh, C. U., & Henning, M. A. (2014). Religious coping, stress, and quality of life of Muslim university students in New Zealand. *Mental Health, Religion & Culture, 17*(4), 327-338.

Gentile, E. (2004). Fascism, totalitarianism and political religion: definitions and critical reflections on criticism of an interpretation. *Totalitarian Movements and Political Religions, 5*(3), 326-375.

Habib, D. G., Donald, C., & Hutchinson, G. (2018). Religion and life satisfaction: A correlational study of undergraduate students in Trinidad. *Journal of religion and health, 57*(4), 1567-1580.

Hovey, J. D., Hurtado, G., Morales, L. R., & Seligman, L. D. (2014). Religion-based emotional social support mediates the relationship between intrinsic religiosity and mental health. *Archives of Suicide Research, 18*(4), 376-391.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]
[DOR: 20.1001.1.25884395.2020.2.4.7.9]
[DOI: 10.52547/ieepj.2.4.301]

Jafari Manesh, H., Ranjbaran, M., Najafi, Z., Jafari Manesh, M., & Alibazi, A. (2015). Relationship between religious orientation and spiritual health with emotional adjustment of the hospitalized adolescents. *Iranian Journal of Psychiatric Nursing, 3*(1), 1-11.

Koenig, H. G., & Büssing, A. (2010). The Duke University Religion Index (DUREL): a five-item measure for use in epidemological studies. *Religions, 1*(1), 78-85.

Kuyel, N., Cesur, S., & Ellison, C. G. (2012). Religious orientation and mental health: A study with Turkish university students. *Psychological reports, 110*(2), 535-546.

Malinakova, K., Tavel, P., Meier, Z., van Dijk, J. P., & Reijneveld, S. A. (2020). Religiosity and mental health: A contribution to understanding the heterogeneity of research findings. *International journal of environmental research and public health, 17*(2), 494-499.

McKinnon, A. (2002). Sociological definitions, language games, and the" essence" of religion. *Method & Theory in the study of Religion, 14*(1), 61-83.

Neyrinck, B., Lens, W., Vansteenkiste, M., & Soenens, B. (2010). Updating Allport's and Batson's Framework of Religious Orientations: A Reevaluation from the Perspective of Self□Determination Theory and Wulff's Social Cognitive Model. *Journal for the scientific study of Religion, 49*(3), 425-438.

Plante, T. G., & Sherman, A. C. (2001). *Faith and health: Psychological perspectives*: Guilford Press.

Sadeghi, S., Azadi, N. A., Abouee-Mehrizi, E., & Jafari, S. (2019). The relationship between religiosity with stress, anxiety, and depression among the students in Kurdistan University of Medical Sciences, Iran, 2017. *Chronic Diseases Journal, 7*(2), 105-110.

Saleem, S., & Saleem, T. (2017). Role of religiosity in psychological well-being among medical and non-medical students. *Journal of religion and health, 56*(4), 1180-1190.

Salsman, J. M., Pustejovsky, J. E., Jim, H. S., Munoz, A. R., Merluzzi, T. V., George, L., . . . Snyder, M. A. (2015). A meta□analytic approach to examining the correlation between religion/spirituality and mental health in cancer. *Cancer, 121*(21), 3769-3778.

Sanchez, D., & Gilbert, D. J. (2016). Exploring the relations between religious orientation and racial identity attitudes in African college students: A preliminary analysis. *Journal of Black Studies, 47*(4), 313-333.

Shiah, Y.-J., Chang, F., Chiang, S.-K., Lin, I.-M., & Tam, W.-C. C. (2015). Religion and health: Anxiety, religiosity, meaning of life and mental health. *Journal of religion and health, 54*(1), 35-45.

Sillick, W. J., & Cathcart, S. (2014). The relationship between religious orientation and happiness: The mediating role of purpose in life. *Mental Health, Religion & Culture, 17*(5), 494-507.

Svensson, N. H., Hvidt, N. C., Nissen, S. P., Storsveen, M. M., Hvidt, E. A., Søndergaard, J., & Thilsing, T. (2020). Religiosity and Health-Related Risk Behaviours in a Secular Culture—Is there a Correlation? *Journal of religion and health, 59*(5), 2381-2396.

Willander, E. (2014). *What counts as religion in sociology?: the problem of religiosity in sociological methodology.* Sociologiska institutionen,

Yeganeh, T., & Shaikhmahmoodi, H. (2013). Role of religious orientation in predicting marital adjustment and psychological well-being. *Sociology Mind, 3*(02), 131-136.

You, S., & Lim, S. A. (2019). Religious orientation and subjective well-being: The mediating role of meaning in life. *Journal of Psychology and Theology, 47*(1), 34-47.

Zareei Mahmood Abadi, H., Hidari Sooreshjani, R., Rajaei Rizi, F., & Akrami, L. (2020). Investigating the Relation between Religious Orientation and Locus of Control with Tendency toward Substance Abuse, Case study: Addicts and Non-Addicts Men, Isfahan, 2018. *Journal of Community Health Research, 9*(4), 233-240.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

[DOR: 20.1001.1.25884395.2020.2.4.7.9]

[DOI: 10.52547/ieepj.2.4.301]