An Investigation of the Relationship among pathological and non pathological guilt feeling, Religious Attitude and Mental Health
Zohreh Khosravi\textsuperscript{a}, Elham Zarabiha\textsuperscript{b}, Azadeh Nemati\textsuperscript{c}
\textsuperscript{a}Alzahra University, Tehran, 1993891176, Iran
\textsuperscript{b}Alzahra University, Tehran, 1993891176, Iran
\textsuperscript{c}Alzahra University, Tehran, 1993891176, Iran

Abstract

Studies suggest that guilt feeling plays an important role in mental health. The aim of this study is to investigate the relationship among two kinds of guilt feeling (pathological and non pathological), religious attitude and mental health. Participants were undergraduate students (N = 312), who were selected by available sampling and completed General Health Questionnaire (GHQ, 28), religious attitude questionnaire and researcher constructed guilt feeling Questionnaire. Our findings showed a negative significant correlation (P<0/001) between pathological guilt and mental health and a positive significant correlation (P<0/001) between non-pathological guilt and religious attitude.

Keywords: Religious attitude, Pathological guilt feeling, mental health.

1. Introduction

In the past decades growing attention has been given to the role of religion in mental health, in both theoretical and empirical studies aimed at exploring the possible positive or negative, as well as the direct or indirect influence that religion might have on mental health (Dezutter, Soenens, \& Hutsebaut, 2006 James \& Wells, 2003). Religiousness is negatively associated with risk behaviours such as heavy drinking and other substance abuse, premature sexual activity, and delinquency among both adolescents and young adults (Barry \& Nelson, 2005; Sinha, Cnaan, \& Gelles, 2007). Recent evidence suggests that differences in religious attitudes are more important than differences in religious involvement in the prediction of mental health (e.g., Francis, Robbins, Lewis, Quigley, \& Wheeler, 2004).

In this study, Religious attitude is defined as a systematic approach consisting of beliefs and acts toward sacred affairs. Religion had been discussed by psychologists like Freud and Jung. Thereafter, thinkers like Stanley Hall and Allport have spent their time on explanation and representation of religion. Moreover, Eric Stated that deterministic religion leads to mental disorders but philanthropic and optimistic religion leads to health and growth of individual talent (Cheraghi\& Molavi, 2006). Studies indicated that religious tendencies cause improvement in general health, quality of life, life expectancy and even social communications (See Halling\&Unell, 2007; Jessor, 1992); Trevino, Pargament, Cotton , Leonard, Hahn , Caprini-Faigin 2009). Trevino et.al (2009) also stated that religious beliefs increase the self-esteem. Koenig (2004) based on the previous studies findings said that “religious beliefs do not always lead to mental health”, because clinical psychologists often face with patients who feel guilty, ruminated,
anxious and rejected, which could be due to the contents of their religious beliefs. Unlike this finding, Bayani, Godarzi, Bayani, Kocheki (2007), Khodayarifard (2000), Mir Zamani and Mohamadi (2001) in various studies showed that religious tendency is conversely related to individuals’ depression and anxiety. Guilt is a cognitive or an emotional experience that occurs when a person realizes or believes—accurately or not—that he or she has violated a moral standard, and bears significant responsibility for that violation. According to Faiver, O’Brien and Ingersoll (2000), Guilt has been described as the place where psychology and religion meet. Pathological guilt feeling is a highly exaggerated reaction to real or fancied transgressions. Distinction point between normal and pathological guilt feeling is that in pathological guilt feeling the proportion of remorse is not appropriate to action. Unhealthy guilt is a distressful feeling which occurs without reason or it persists even after appropriate steps have been taken to deal with a situation. The aim of this study is to investigate the relationship among two kinds of guilt feeling (pathological and non pathological), Religious attitude and Mental health.

2. Method

Participants were undergraduate students from Tehran University of Iran. (N =312). Who were recruited through Available sampling from some university schools?

2.1. Instruments

2.1.1. THE GENERAL HEALTH QUESTIONNAIRE (GHQ28)

To assess the mental health, GHQ-28 questionnaire (general health questionnaire) was used. Goldberg and Hillier in 1979 designed this self-report questionnaire with 28 questions and four sub-scales: anxiety, physical performance, social function and depression. The grading was based on 4-level Likert scale (never, rarely, usual and more than usual for 0, 1, and 3 respectively). Different studies in Iran reported its reliability as 96% and 84%. The reliability of the current questionnaire was calculated as 86% by Cronbach’s alpha coefficient method.

2.1.2. Researcher constructed guilt feeling Questionnaire:

After consultation with experts in the field of religious sciences, questionnaire was constructed by the researcher. This questionnaire has 38 items, 25 of them evaluate pathologic guilt feeling and 13 of them evaluate non-pathologic guilt feeling. This test was administrated on 40 people. The Cronbach alpha coefficient was calculated 90% in this administration.

2.1.3. religious attitude Questionnaire

To assess religious attitude, we used Religious Attitude Scale Questionnaire. This questionnaire was made by Khodayarifard in 1999 at Tehran University and contained 40 questions based on 5-level Likert scale which was graded from completely agree to completely disagree. Religious attitude score was calculated between 40 and 200. Those who gained 40 to 84 had low religious attitude and a score of 166 to 200 indicated a high religious attitude. The content of questionnaire evaluated ethics, values, the effect of religion on personal and social life style and behavior, ideology and religion beliefs. The reliability of this questionnaire was assessed by open test method which was 83% indicating a high credibility of test. The reliability of this questionnaire was calculated 89% by Cronbach’s alpha coefficient.

3. Results

The results showed a significant correlation (confidence coefficient=0/99) between non pathological guilt feeling and religious attitude. That means the people with religious attitude, have the guilt feeling and this feeling increases with the enhancement of religious attitude.
No significant correlation between non pathological guilt feeling and mental disorders was shown. That means this kind of guilt feeling does not threaten mental health.

Also There are significant negative relation between pathological guilt feeling and Mental health s’ dimensions (CF=0.99). But No significant correlation between pathological guilt feeling and religious attitude was shown. Therefore, depression, anxiety, social dysfunction and somatic symptom growth are connected with increases in pathological guilt feeling. There was no significant correlation between religious attitude and mental disorders.

Table 1: correlation between Mental Health, pathological and non pathological guilt feeling and Religious Attitude in sample group:

<table>
<thead>
<tr>
<th></th>
<th>Somatic symptoms</th>
<th>Anxiety</th>
<th>Social function</th>
<th>Depression</th>
<th>Mental disorders</th>
<th>Non pathological guilt</th>
<th>pathologicl guilt</th>
<th>Religious Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatic symptoms</td>
<td>100</td>
<td>0.58**</td>
<td>0.45**</td>
<td>0.52**</td>
<td>0.77**</td>
<td>-0.04</td>
<td>0.19*</td>
<td>0.1</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0.58**</td>
<td>100</td>
<td>0.51**</td>
<td>0.61**</td>
<td>0.84**</td>
<td>-0.07</td>
<td>0.30**</td>
<td>-0.1</td>
</tr>
<tr>
<td>Social function</td>
<td>0.45**</td>
<td>0.51**</td>
<td>100</td>
<td>0.52**</td>
<td>0.76**</td>
<td>0.19*</td>
<td>0.29**</td>
<td>-0.05</td>
</tr>
<tr>
<td>Depression</td>
<td>0.52**</td>
<td>0.61**</td>
<td>0.52**</td>
<td>100</td>
<td>0.85**</td>
<td>-0.16</td>
<td>0.47**</td>
<td>-0.16</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>0.77**</td>
<td>0.84**</td>
<td>0.76**</td>
<td>0.85**</td>
<td>100</td>
<td>-0.13</td>
<td>0.40**</td>
<td>-0.07</td>
</tr>
<tr>
<td>non pathological guilt feeling</td>
<td>-0.4</td>
<td>-0.07</td>
<td>0.19*</td>
<td>-0.16</td>
<td>-0.13</td>
<td>100</td>
<td>-0.16</td>
<td>0.56**</td>
</tr>
<tr>
<td>pathological guilt feeling</td>
<td>0.19*</td>
<td>0.30**</td>
<td>0.29**</td>
<td>0.47**</td>
<td>0.40**</td>
<td>-0.16</td>
<td>100</td>
<td>-0.1</td>
</tr>
<tr>
<td>Religious Attitude</td>
<td>0.1</td>
<td>-0.1</td>
<td>-0.05</td>
<td>-0.16</td>
<td>-0.7</td>
<td>0.56**</td>
<td>-0.1</td>
<td>100</td>
</tr>
</tbody>
</table>

N= 229
* : - 0/01
** : - 0/001

4. Conclusion

The present study investigated the relationship between pathological and non pathological guilt feeling and religious attitude as predictors of mental health. In general, this research shows that mental illness increases directly with an increase in pathological guilt. Non pathological guilt has direct relationship with religious attitude when a person is religious. Our findings show that the method of religious training may cause pathological guilt in persons and has destructive effects on mental health respectively.

References


