CHAPTER V
Chapter V

Introduction

Religion as a powerful social phenomenon not only forms one basic theme in philosophy but also plays significant role in moulding the society. It discusses inter-relationship between God, the universe, birth and death, the conduct of human beings and many other related matters, which fall within the purview of philosophy. It is considered as an educational mode because it proposes some programme to educate the man. There are different viewpoints about relationship between religiosity and mental health; some believe it as a cause of disorder (Kelley, 1992) but some believe it promotes mental health (Robin, 2001). Regarding relationship between locus of control and mental health there are also different viewpoints; some believe these are related but on the contrary some do not.

The religion of most Iranians is Islam; almost 99 percent of them are Moslem. Islam is against attributing to the cause of events merely based on external factors that seeks origin of matter out of man's control, so according to this point of view everyone is responsible for his/her behavior and actions resulting in state of mental health (Quran, 16:100).

Islam also claims that if everybody be trained according to its dictates he will attain the high level of mental health (Quran, 13:28). Iran is one of the developing countries, after Islamic revolution in 1978 the need for educated personnel has become more important because of progressive economy, social, political and scientific fields. A system of education especially universities are
playing effective role in answering this need, since most of skillful personnel are being trained in universities. The skillful personnel need very high level of mental health to perform their duties; the focus of this study is, religiosity, locus of control and mental health.

5.1 Islam in Iran:

The prophet Mohammad proclaimed the religion of Islam in a series of revelations (which came to be called the Quran) that came to him between 611 and his death in 632 A.D. He lived in Mecca in western Arabia and the earliest Muslims or believers in Islam were Arabs. Motivated at least in part by religion, the Arabs embarked on conquests after Mohammad’s death. Around 636 A.D they defeated the Sasanide and captured Ctesiphon, the capital. The last Sasanid Shah died fugitive in eastern Iran in 651.

The Caliphate was the governing institution established by Mohammad’s successors to rule the newly conquered empire. The capital of the caliphate moved from Arabia to Damascus, Syria, in 661 and to Iraq in 750 A.D. A new capital was built at Baghdad on the outskirts of the old capital of Seleucid and Ctesiphon. Arab governors sent by the caliphs ruled Iran. Medieval Islamic historians and geographers seldom wrote about Iran as such; they wrote instead about individual provinces such as Fars an Khurasan. There were many provincial capitals.

Most Iranians converted to Islam over a period of three centuries. The first generations of Iranian Muslims assimilated the culture of Arab conquerors and did not write in their native language. From 800 A.D onward more and more Iranians wrote in Iranian language derived from the middle Persian language of the Sasanid period. This language is
properly referred to as new Persian or Farsi, although it is usually simply called Persian. It is written in the Arabic script and has a substantial admixture of Arabic loanwords. Many Iranians continued to write Arabic, including some of the greatest writers and thinkers in the history of Arabic letters, such as Ibn Sina and al-Ghaali.
Map of Iran
5.2 Religiosity:

According to Britannica Encyclopedia (1998) Religion is commonly regarded as consisting of person's relation to God or to Gods or spirits. Worship is probably the most basic element of religion, but moral conduct, right belief, and participation in religious institutions are generally also constituent elements of the religious life as practiced by believers and worshipers and as commanded by religious sages and scriptures.

Hill (1996) defines the word religion i.e. rooted in two Latin words: legare and religio. Legare denotes a process of refinding or reconnecting. Religio means to restrain or hold back, which implies that one purpose of religion is to bridle human motives and impulses.

Religion can be understood, then, as a force that reconnects human fragmentation to a sense of wholeness and restrains problematic drives and impulses.

Charles (1998) states; Religion is constituted by a set of beliefs, actions, and emotions both personal and corporate, organized around the concept of an ultimate reality. The term religion means to bind and highlighting this may be useful that religion draws people together or delimits a person's identity.

Religion may be defined in terms of the belief and worships of God or Gods. But this has the undesirable consequence of classifying atheistic versions of Buddhism as nonreligious. Alternatively, religion may be defined in terms of reverence and awe as such that to have reverence and awe toward something believed to be sacred is to be religious.
According to dictionary of religion (1994) for the purpose of dispassionate enquiry and discussion, a religion may be regarded as a system of belief and ritual with subjective depth and social extension. The adherent or exponent of a particular religion will usually prefer a more substantial definition reflecting the special nature of his or her faith or experience, but such normative definition are likely to conflict with each other. For this reason they cannot be adopted for scientific purposes. Since many religions are evidently comparable to each other in a number of striking ways, in spite of many differences, it is appropriate to use the word "religion" in the singular to refer collectively to the cases being considered. However, this does not mean that one single feature is necessarily of determiner significant for religion in general. Thus, the study of religion is not dependent on an essential definition of the subject matter. Further more it may be noted that the modern use of the term is not dependent on its etymology.

The concept of religioscity as explained by Webster (1989) states: 1. The quality of being religious; piety; devoutness. 2. Affected or excessive devotion to religion.

5.3 Locus of control

According to Encyclopedia of psychology (2000) locus of control was the predominant construct in personality research during the 1970 and 1980. It had originated within Julian Rotter's social learning theory in which behavior is predicted from the value that people have for particular reinforcements their expectancies about certain behavior's
effects upon the occurrence of reinforcements, and the nature of the given situation. As an example, students studying behavior would be predicted from knowledge about the value they place on school success, their expectancies that studying enhances the likelihood of success, and the teacher’s responsiveness to those efforts.

In social learning theory, locus of control is a "general expectancy" that pertains to the perception of causal relationship between behaviors and reinforcing experiences. It is similar to belief or an attitude that persons have about the effectiveness of their behavior to achieve desired outcomes. Persons, who become fatalistic, believing that they can do little to change the nature of their experiences, are said to hold generalized expectancies for external control. In contrast, if individuals believe that their experiences replete their efforts, personal characteristics, and actions, they are said to have developed generalized expectancies of internal control that is, they assume that their outcomes and experiences are at best partially shaped by their own action.

Generalized locus of control expectancies have been used to explain the different ways in which people respond to threats and challenges. A more internal locus of control is said to characterize resilient individuals who actively deal with problems in the hope of overcoming them.

A more external locus of control is said to characterize lethargic persons who seem more ready to capitulate, succumbing to inactivity and Dysphoria when confronting even small obstacles.

According to Marko (1994) locus of control is an important variable describing individual differences and predicting behavior about control over life events. Some people feel personality responsible for the things that happen to them. These people have internal loc beliefs.
People with external Loc beliefs feel that forces beyond their control determine events in their lives. Loc is thought to be associated with occupational needs, which are the most traditional predictors of occupational behavior. Loc is also thought to be associated with the need for achievement. This need is important in organizational behavior and is associated with many of job factors that contribute to a high level of job satisfaction.

The concept of locus of control as Simpson and Vainer (1989) state locus of control refers to the degree to which an individual sees himself in control of his life and the events that influence it.

5.4 Mental health

According to Britannia Encyclopedia (1998) since the founding of the United Nations the concepts of mental health and hygiene have achieved international acceptance. As defined in the 1946 constitution of the world health organization, "health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity".

The term mental health represents a variety of human aspiration: rehabilitation of the mentally disturbed, prevention of mental disorder, reduction of tension in a stressful world, and attainment of a state of well being in which the individual functions at level consistent with his or her mental potential.

As noted by the world federation for mental health, the concept of optimum mental health refers not to an absolute ideal state but to the best possible state insofar as circumstances are alterable. Mental health is regarded as a
condition of the individual, relative to the capacities and social environmental content of that person.

Sperrdyo (1996) defines mental health as a medical psychological and sociological phenomenon that is the need of psychiatrists, clinical psychologists, counseling psychologists and psychiatric social workers.

Chakraborty (1990), in a study "Social stress and mental health" survey instruments pointed out important trends in questionnaire content and conceptual issues that deserve empirical attention.

According to Burchfield (1989): Mental health, health of mind is distinct from physical health; mental hygiene, mental health; measures directed towards the presentation or improvement of mental health.

Longman (1984) states: "Mental health is a state of mind characterized by emotional well-being, relative freedom from anxiety and disabling symptoms and a capacity to establish constructive relationship' and cope with ordinary demands and stress of life".

Numerous attempts have been made to define the concept of mental health. However, the approaches to this concept have differed widely depending on the various fields presented by the authors.

Who (1981) stated; "the scope of mental health programmes has been enlarged to include not only psychiatry and metrology but also the psychosocial, biological and other aspects of health and development in general".

The concept of mental health defined by Appel (1995) states Mental health as psychological well-being or adequate adjustment, particularly as such adjustment conforms to the community - accepted standards of what human relations should be. " Among characteristics of mental health he includes reasonable independence: ability to take responsibility and make needed efforts; ability to get along
with others; ability to work under authority, rules and difficulties: tolerance of others and of frustration; and a sense of humour.

5.5 Statement of the problem:
The present study is entitled: “Religiosity, Locus of control and Mental health of university students in Iran”.

5.6 Objectives of the study:

Following objectives were formulated for the present study:

1. To find out the level of religiosity, locus of control and mental health of University students.
2. To find out the difference between various groups of students on the basis of subject (art and science), gender, marital status (married and unmarried), geographical locale (urban and rural), occupation status (employed and unemployed), faculty type (arts, science, agriculture, engineering), average of Diploma (10+2), average of university (average of marks on papers), academic groups (freshman, junior, senior), urban residence (years of staying in urban), and age groups in respect of religiosity, locus of control and mental health.
3. To study the difference between internally controlled and externally controlled students in respect of religiosity and mental health.
4. To study the relationship between religiosity, mental health.
5. To study the relationship between locus of control and mental health.
6. To study the relationship between religiosity and locus of control.

5.7 Hypotheses of the study:

5.7.1 Hypotheses in relation to differential analysis:

1. There will exist significant difference between art and science students in respect of religiosity, locus of control and mental health.
2. There will exist significant difference between male and female students in respect of religiosity, locus of control and mental health.
3. There will exist significant difference between married and unmarried students in respect of religiosity, locus of control and mental health.
4. There will exist significant difference between urban and rural students in respect of religiosity, locus of control and mental health.
5. There will exist significant difference between employed and unemployed students in respect of religiosity, locus of control and mental health.
6. There will exist significant difference between students of arts, science, agriculture and engineering faculties in respect of religiosity, locus of control and mental health.
7. There will exist significant difference between students with different level of diploma average in respect of religiosity, locus of control and mental health.
8. There will exist significant difference between students with different levels of university average in respect of religiosity, locus of control and mental health.

9. There will exist significant difference between academic groups of students in respect of religiosity, locus of control and mental health.

10. There will exist significant difference between students with different levels of urban residence in respect of religiosity, locus of control and mental health.

11. There will exist significant difference between students of different age groups in respect of religiosity, locus of control and mental health.

12. There will exist significant difference between Internally controlled and externally controlled students in respect of religiosity.

13. There will exist significant difference between Internally controlled and externally controlled students in respect of mental health.

5.7.2 Hypotheses in relation to correlation:

1. There exists a positive relationship between religiosity and mental health.

2. There exists a negative correlation between locus of control and mental health.

3. There exists a negative relationship between religiosity and locus of control.

4. There exists a positive relationship between religiosity and internal locus of control.

5. There exists a negative relationship between external locus of control and religiosity.
6. There exists a positive relationship between internal locus of control and mental health.

7. There exists a negative relationship between external locus of control and mental health.

5.8 Design of the Study:

The present study entitled, "Religiosity, Locus of control and Mental health of university students in Iran" can be described as an exploratory descriptive survey. It is exploratory in the sense that it sets out to find the relationship between; Religiosity, Locus of control and Mental health of university students which is an unexplored area. "A descriptive study is concerned with functional relationship that exist, opinions that are held, processes that are going on, effects that are evident or trends that are developing" (Best 1983).

The survey method gathers data from a relatively large number of cases at a particular time. It is concerned with the generalized statistics that result when data is abstracted from a number of individual cases. The survey method of research involves a clearly defined problem and definite objective.
5.9 Sample:

For the purpose of conducting the study 400 bachelor class students were selected by cluster method of sampling with respect to subject (art, science), gender (male, female), marital status (married, unmarried), geographical locale (urban, rural), occupation status (employed, unemployed), faculty type (arts, science, agriculture engineering), average of diploma, average of university, academic groups (freshman, junior, senior), urban residence (years of staying in urban), and age groups from Urmia university of Iran.

5.10 Tools employed:

In the present study the data was collected with the help of the following tools.
1. Religiosity questionnaire (Gupta, 1980).
2. Locus of control scale (Rotter, 1966).
3. Teacher Mental health scale (Kamau and Gupta, 1992) was adapted and used by investigator.

5.11 Statistical techniques applied:

In order to test various hypotheses, several techniques were used to analysis the data statistically:
1. Descriptive statistics such as mean, standard deviation, skewness and kurtosis were computed to study the nature of distribution of scores for all the variables of religiosity, locus of control and mental health.
2. The t-ratio and f-test were obtained to find out the significance of difference between the means of different variables in respect of religiosity, locus of control and mental health.

3. Person's co-efficient of correlation were worked out to study the Inter-relationship of different variables.

4. Graphic representation of the three variables, religiosity, locus of control and mental health of the students were made to show the comparison of them with respect to subject, gender, marital status, geographical locale, occupation status, faculty type, average of diploma (10+2), average of university, academic groups, urban residence, age groups, at bachelor level.

5.12 Limitations of the study:

The present study has the following limitations:

1. The study is confined to Urmia university students in Azerbaijan Province of Iran.

2. The study is delimited to a sample of 400 students of bachelor level.

3. Only students of art / science, male / female, married / unmarried, urban / rural, employed / unemployed, (arts, science, agriculture, engineering) faculties, academic groups, age groups with respect to average of diploma, average of university, and period of urban residence are considered.

4. The study is delimited to variable of religiosity, locus of control and mental health.
5.13 Conclusions:

Following conclusions have been drawn on the basis of results obtained during the course of the present investigation.

5.13.1 Conclusion Based on Descriptive Analysis:

1. Students in this study indicated high level of Religiosity scores (77.86), where the maximum scores on this measure can be 100. This result can be related to the following factors:
   a) The religious and class composition of students in this university, the level of education of their parents, the environment of the city where their campus are located, and the distinctive features of the academic setting (Faour, 2002).
   b) Variation in level of the incoming students, socio-economic background and the predominant cultural patterns of geography and where the institution is selected and from where it draws its students (McConnell and Heist, 1962).

2. Students in this investigation are internally Controlled; they believe they are capable to establish constructive relationships and cope with demands and stress of life.

3. Students in this study are average in their mental Health.
5.13.2 Conclusion based on differential analysis:

5.13.2.1 Conclusion based on subject analysis:

1. Art and science students under study are equal believers in God, the concept of Hell / Heaven, Religion and performing the rituals. This result is supported by findings of Patni (1983), and Taleban (1999).

2. Art and science students in this study are internally controlled and don’t associate with external factors of luck, chance, fate or powerful others as predictors of success.


Hence on the basis of the foregoing discussion, the first hypothesis that, "There will exist significant difference between art and science students in respect of religiosity, locus of control and mental health" is rejected.
5.13.2.2 Conclusion Based on Sex analysis:

1. Male students in this study have lesser faith in God and Hell / Heaven than their female counterparts.
2. There is no significant difference between male and female students in respect of Faith in Religion and Faith in Ritual.
3. Female students under study are more religious than the males.
4. Male and female students are internally oriented and believe they are capable of controlling the situation and tend to perceive the environment more accurately.
   This result is supported by findings of Ace (1995), and Lefcut (2000).
5. Male and female students taken for the study have moderate level of mental health.

Thus based on these results, in the present investigation the hypothesis that "There will exist significant difference between male and female students in respect of religiosity, locus of control and mental health" has only been partially proved.

5.13.2.3 Conclusion based on marital status:

1. Married and unmarried students taken for the study are believers in God, concept of Hell/Heaven and religion. They are religious students because of having a high level of religiosity scores 78.55 and 77.78 respectively, where the maximum score in this measure can be 100.

2. Married and unmarried students in this investigation are internally controlled and are strongly determined about success.

3. Married and unmarried students in this study are concerned about their personal well-being, and have approximately the same level of anxiety factor and disabling symptoms.

4. Married students under study have better capabilities of establishing relationships than unmarried students. This result is supported by the findings of Desai (1969), Bernard (1972), and Bhagrath (1978).

5. Married and unmarried students in this study tend to cope with demand and stress of life and enjoyed mental
health. This result is in agreement with the finding of Nayak (1982).

Thus, according to the results in the present study the hypothesis stating that: "There will exist significant difference between married and unmarried students in respect of religiosity, locus of control and mental health" is rejected.

5.13.2.4 Conclusion based on geographical locale:

1. Urban and rural university students taken for the study are believers in God and the concept of Hell/Heaven.
2. Rural students in this study are more believers in Religion and performing the rituals than the urban students. They are also more religious than their counterparts. This finding is supported by the result of Kumar (1987).
3. Urban and rural students under study are internally controlled. This result is not confirmed by finding of Prakash (1984).

Hence on the basis of foregoing discussion, the hypothesis that, "There will exist significant difference between urban and rural students in respect of religiosity, locus of control and mental health" is only partially confirmed.

5.13.2.5 Conclusion based on Occupational status:

1. Employed and unemployed students in this study are believers in God, concept of Hell/Heaven, religion and performing the rituals.
2. Employed students taken for the study are more religious than the unemployed students although the difference is not significant.
3. Employed students in this investigation are more Internally controlled than the unemployed students.
4. Employed and unemployed students under study are concerned about their personal well-being. They have the same level of anxiety factor and disabling symptoms and are capable to establish relationships and cope with demands and stress of life.
5. Employed and unemployed students have average level of Mental health.

This result is not supported by findings of Chakrapani (1985), Gaur (1973), Kala (1986), Tiwari (1986).

Hence the hypothesis stating that, "There will exist significant difference between employed and unemployed students in respect of religiosity, locus of control and mental health" is partially accepted.
5.13.2.6 Conclusion based on faculty type:

1. Students under study from arts, Science, agriculture and engineering faculties are believers in God, Faith in Hell/Heaven, Faith in religion, performing the rituals and are religious. This result is not supported by finding of Patni (1983).

2. Students of different faculties in this investigation are internally controlled.

3. Students of arts, science, agriculture, and engineering faculties taken for the study are concerned about their personal well-being and capable of establishing relationships and cope with demands and stress of life.

4. Students of different faculties have the same level of anxiety factor and disabling symptoms.

5. Students of different faculties in this study have approximately the same level of mental health. This result is not confirmed by finding of Bhushan (1985), Chatterji (1983), Patni (1983), and George (1969).

Hence on the basis of above mentioned results the hypothesis that, “There will exist significant difference between students of arts, science, agriculture, engineering faculties in respect of religiosity, locus of control and mental health ” is rejected.
5.13.2.7 Conclusion based on average of diploma:

1. University students under different groups of diploma average are believers in God, Hell/Heaven, religion, performing the rituals and are religious.
2. Students under study with different level of diploma average are internally controlled which is supported by finding of Beharwal (1987).
3. Students of different groups of diploma average in this study are concerned, about their personal well-being. The level of disabling symptoms among these three groups is approximately the same. They have capacity to establish relationships and cope with demands and stress of life.
4. Students belonging to three groups are differing on anxiety factor and the students with low level of diploma average are more anxious than the students with high level of diploma average.
5. Students of different groups of diploma average have approximately the same level of mental health.

Thus, considering the results of foregoing discussion, the hypothesis stating that, "There will exist significant difference between students with different level of diploma average in respect of religiosity, locus of control and mental health" is rejected, except the anxiety factor that it is accepted.
5.13.2.8 Conclusion based on average of university:

1. Students taken for the study from (up, middle, bottom), groups of university average have faith in God, Hell/Heaven, religion, performing the rituals and are religious. This result is supported by finding of Pandey (1981).

2. Students in this study with different level of university average are internally controlled. This result is not confirmed by finding of Mishra (1983), and Beharwal (1987).

3. Students in this investigation with different groups of university average are concerned about their personal well being and the levels of anxiety factor among them are approximately the same. They are capable to establish relationships and cope with demands and stress of life.

4. Students with high university average have less disabling symptoms as compared to those having low university average.

5. Students under study from different groups of university average, have approximately the same level of mental health. This result is not supported by finding of Pattnaik(1983),Kumar(1985),Mansuri(1986), Pandey(1983),and Panwar(1986).

Hence on the basis of above mentioned discussion, the hypothesis which reads as "There will exist significant difference between students with different university average in respect of religiosity, locus of control and mental health " is rejected
5.13.2.9 Conclusion based on academic groups:

1. All groups of university students in this study i.e. (freshman, junior, senior) are God fearing and believers in God. They believe in the concept of Hell/Heaven, religion and doing the rituals. The students of the all groups are religious.

2. Students of different academic groups are internally controlled.

3. Students in this investigation belonging to the different university groups are concerned about their personal well-being. The levels of anxiety factor and disabling symptoms among students of three groups are approximately the same. They are capable to establish relationships and cope with demands and stress of life.

4. Students taken for the study from all academic groups have approximately the same level of mental health. This result is supported by finding of Rawal (1984).

Thus, according to the results in the present investigation, the hypothesis that "There will exist significant difference between academic groups of students in respect of religiosity, locus of control and mental health" is not confirmed.
5.13.2.10 Conclusion based on urban residence:

1. Students under different groups of urban residence in this study are believers in God and faith in Hell/Heaven.
2. Students in this investigation are differing in their faith in religiosity level on the basis of urban residence period. Students with more period of urban residence have less faith in religion than those with less period of urban residence. More period of urban residence shows the low level of religiosity and doing rituals among students.
3. Students taken for the study with different period of urban residence are internally controlled.
4. Students under study having different period of urban residence approximately have the same level of personal well-being, anxiety factor, disabling symptoms, capacity to establish constructive relationships, capacity to cope with ordinary demands and stress of life.
5. Students with different period of urban residence in this study approximately have the same level of mental health. This result is supported by finding of Prakash (1984), and Singh (1983).

Hence the hypothesis stating that, "There will exist significant difference between students with different level of urban residence in respect of religiosity, locus of control and mental health" has only been partially proved.
Conclusion based on age groups:

1. Students belonging to different age groups in this investigation (1-3) are believers in God, concept of Hell/Heaven, religion, performing the rituals and are religious. This result is not confirmed by finding of Kumari (1987).

2. Students in this study under different age groups are Internally controlled.

3. Students of first age group (10 - 20) taken for the study are more concerned about their personal well-being than those under the second age group (21 - 30).

4. The older students under study (21 - 30) are less anxious than the younger students (10 - 20).

5. Students of second age group in this study (21 - 30) have less disabling symptoms as compared to those under the first age group (10 - 20).


Thus according to above-mentioned results the hypothesis that, "There will exist significant difference between students of different age groups in respect of religiosity, locus of control and mental health" is only partially accepted.
5.13.2.12 Conclusion

Based on internally/externally controlled groups on the basis of Religiosity:

1. Students who have an internal locus of control orientation are also likely to have a high level of Religiosity as compared to students with external Locus of control orientation.

2. Internally / externally controlled students differ on the measure of Faith in God.

3. Internal students are more believers in Hell/Heaven than their counterparts.

4. There is significant difference between internal and External students on Faith in Religion. Students who are internally controlled are more believers in Religion.

5. Students who are internally controlled are more eager to perform the rituals. The findings that students who are internally controlled are more religious than the externals is supported by the findings of Williams and Faulconer (1994), and Dixon (1996).

The Hypothesis that "There is significant difference between university students having internal and external locus of control in respect of religiosity" is fully confirmed.
5.13.2.13 Conclusion Based on internally/externally controlled groups on the basis of mental health (V6_V11)

1. Internally controlled students in this study are more concerned about their Personal Well-being as compared to externally controlled students (Madden, et al., 1988).

2. Externally controlled students under study are more anxiety ridden than the students with internal locus of Control orientation (Key, 1999).

3. Externally controlled students in this investigation are more prone to disabling factor than their counterparts.

4. Students who are internally controlled are better off in establishing relationships than externally controlled students.

5. Students who are internally controlled are more capable of developing defensive technique for coping with ordinary demands and stress of life than externally Controlled students.

6. Students who have an internal locus of control orientation are also likely to have a high level of Mental health as compared to students with external Locus of control orientation. This result is in conformity with the findings of Clayson and Frost (1985), Reda (1994).


The hypothesis that “There is a significant difference between university students having internal and external locus of control in respect of Mental Health” stands accepted.
5.13.3 Conclusion based on inter-correlations:

5.13.3.1 Conclusion Based on inter correlation between Religiosity and Mental Health.

1. All sub-dimensions of religiosity are positively and in most cases significantly correlated with sub-dimensions of Mental Health.
2. Faith in God is positively correlated with personal Well-being, Anxiety Factor, Disabling Symptoms, Capacity to establish constructive relationships and Capacity to cope with ordinary demands and stress of life.
3. Faith in Hell/Heaven and measures of Mental Health (V7-V11) are positively but not significantly correlated, except capacity to cope with ordinary demands and stress of life (Cov11) measure.
4. Faith in Religion is correlated positively and significantly only with Personal Well-being.
5. Faith in Ritual is correlated positively and significantly only with dimension of Capacity to cope with ordinary demands and stress of life.
6. Religiosity is positively and significantly correlated with Mental Health when the scores from total sample are considered. This result is supported by findings of Bradley, et.al (1992), Harold (1993), Leslie 1993), Varma and Dharap (1994), Mark and Christina (1994), Samuel and Ursula (1995), David (1996), Varma and Weiseman (1997),
Hence on the basis of the results, the hypothesis that, 
"There exists a positive relationship between religiosity 
and mental health" is accepted.

5.13.3.2 Conclusion Based on inter correlation 
between Locus of control and Mental Health:

1. High scores in respect of locus of control (external 
orientation) lead to low scores of mental health. It 
means that the internally oriented students show positive 
mental health. The above results are in agreement with 
the findings of the studies mentioned below that internal 
locus of control orientation was correlated with some 
positive mental health components, Kravs and Stryker 
(1984), Federer (1984), Carter (1984), Mullins, Sigel and 

2. Locus of Control and measures of Mental Health (V7_V12) 
are all negatively and significantly correlated.

Thus, according to the results in the present study the 
hypothesis that, "There exists a negative correlation 
between locus of control and mental health" stands 
accepted.
5.13.3.3 Conclusion Based on inter correlation between religiosity and locus of control:

1. Locus of control and measures of religiosity (V1-V5) are all negatively and significantly correlated except faith in Hell/Heaven.

2. High scores on locus of control orientation (external locus of control) correlate with low level of religiosity and high level of religiosity correlate with low level of locus of control (internal orientation), high degree of internal locus of control is related to high level of religiosity. This result is supported by findings of Williams and Faulcover (1994).

On the basis of the foregoing discussion the hypothesis that, "There exists a negative relationship between religiosity and locus of control" is accepted.
5.13.3.4 Conclusion based on inter correlation between religiosity and internal locus of control:

1. Measures of religiosity i.e. faith in God, faith in Religion and overall religiosity are negatively but not significantly correlated with internal locus of control orientation.
2. Dimensions of faith in Hell/Heaven and faith in rituals are positively but not significantly correlated with internal locus of control. This result is supported by finding of Jackson and coursey (1988), and Angela (1996).
3. High scores on faith in God, faith in religion and overall religiosity are related to low level of internal orientation.
4. High scores on internal locus of control are related to high level of faith in Hell/Heaven, and faith in ritual.

Thus, considering the above-mentioned results, the hypothesis that: "There exists a positive relationship between religiosity and internal locus of control" is rejected.

5.13.3.5 Conclusion based on inter correlation between religiosity and external locus of control:

1. There is a negative but not significant correlation between external direction and measures of faith in God, faith in religion, and Overall religiosity scores.
2. Students with high level of external direction have low level of faith in God, faith in religion and
Religiosity. This result is supported by finding of Kojetin and Spilka (1985), and Jackson and coursey (1988).

3. There is a positive but not significant correlation between measures of faith in hell/heaven, faith in rituals, with external locus of control orientation. External orientation goes with belief in concept of Hell/heaven and performing the rituals.

Hence the hypothesis stating that, "There exists a negative relationship between external locus of control and religiosity" is not accepted.

5.13.3.6 Conclusion based on inter-correlation between internal locus of control and mental health:

1. There is negative and significant correlation between internal locus of control and measure (V7-v12 of mental health.
2. Those students having internal locus of control orientation tend to possess a high level of mental health. This result is in conformity with the findings of Carter (1984), Rodolfo and Richard (1985), Cash (1985), Hallingan and Reznikoff (1985) and Madden, et al. (1988).

Thus, according to above mentioned results the hypothesis that, "There exists a positive relationship between internal locus of control and mental health" is rejected.
5.13.3.7 Conclusion based on inter-correlation between external locus of control and mental health:

1. Students in this study with external locus of control orientation have low level of personal well-being, capacity to establish constructive relationships, capacity to cope with ordinary demands and stress of life and mental health.

2. External Students taken for the study have a high level of anxiety factor, and disabling symptoms.

3. When external locus of control increases the mental health level decreases. These results show that External locus of control is related to low levels of mental health. This findings is in line with the results of Burger (1984), Mullins, et al. (1985) and Madden, et al. (1988).

Hence on the basis of foregoing discussion, it may be concluded the hypothesis that "There exists a negative relationship between external locus of control and mental health" is rejected, though there is negative correlation between the two variables.
5.14 Recommendations for future studies:

Following suggestions are submitted for further research in this field:

1. The present study was confined to the Urmia University students studying in bachelor class. It is suggested the similar investigation may be extended to the Urmia university students at: M.A., M.S., Ph.D. levels, and teachers at: lecturer, reader and professor levels.

2. In the present study comparison was made between art/science, male/female, married/unmarried, urban/rural, employed/unemployed, (arts, science, agriculture, engineering) faculties, average of diploma, average of university, academic groups (freshman, junior, senior), period of urban residence, age groups, and internally/externally controlled students. In the other studies comparison is suggested to be done between different ethnics, religions, socio-economic status, parent education, level of family income, and types of institutions.

3. Cross cultural/trans cultural studies of similar type may be carried out involving third world countries or between developed and developing countries.

4. Variables other than those included in the present study as: intelligence, academic achievement, modernity, burnout, anxiety, may also be taken up in order to examine their effect on mental health level of students.