

Yameen et al., 2019

Volume 5 Issue 1, pp. 709-717

Date of Publication: 2nd May 2019

DOI-<https://dx.doi.org/10.20319/pijss.2019.51.709717>

This paper can be cited as: Yameen, A., Iftikhar, L., & Javed, A., (2019). Role of Religious Orientation and Mental Health on Critical Thinking among Academicians. *PEOPLE: International Journal of Social Sciences*, 5(1), 709-717.

This work is licensed under the Creative Commons Attribution-Non Commercial 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.

ROLE OF RELIGIOUS ORIENTATION AND MENTAL HEALTH ON CRITICAL THINKING AMONG ACADEMICIANS

Ayesha Yameen

Department of Humanities & Social Sciences, Bahria University, Islamabad, Pakistan
alluringus@gmail.com

Lubna Iftikhar

Department of Psychology, IMCG (P.G), F-10/2, Islamabad, Pakistan
lubnaiftikhar2@gmail.com

Ayesha Javed

Department of Psychology, IMCG (P.G), F-10/2, Islamabad, Pakistan
ayesha.javed1997@gmail.com

Abstract

The present study investigated the role of religious orientation (intrinsic and extrinsic) and mental health (psychological well-being and psychological distress) on critical thinking among academicians. Moreover, the role of various variables such as difference in gender were also explored as part of this study. Scales used in this study were Age Universal Religious Orientation Scale (AUROS), Mental Health Inventory (MHI), and Watson-Glaser Critical Thinking Appraisal (WGCTA-S). Data was gathered by convenient sampling of 150 academicians (75 males, 75 females) within the age limit of 25-40 years from public and private universities in Islamabad. Data was tabulated and analyzed using SPSS. The results suggested that extrinsic religious orientation and psychological distress are positively correlated whereas extrinsic religious orientation and critical thinking are negatively correlated. The results also concluded

that intrinsic religious orientation, psychological well-being and critical thinking are positively correlated. Results concluded that male professionals scored higher on religious orientation, mental health index and critical thinking as compared to their female counterparts (N=150).

Keywords

Intrinsic Religious Orientation, Extrinsic Religious Orientation, Mental Health, Psychological Distress, Psychological Well-being, Critical Thinking

1. Introduction

Over the years, effects of certain psychological variables on human behavior have been studied by the researchers. Of recent, the differences in religious beliefs and practices and their effect on mental health have shifted the interest of researchers for investigation. Religion plays an important role in the daily functioning of a believer; therefore it is gradually gaining ground in psychological investigations. According to the sociological perspective, religion has shown to have an impact on human thinking, choices, decisions and actions as well. Religious orientation is the basic aspect of faith that encompasses a variety of approaches to religion or avoidance of religion. The most noticeable feature of religious orientation is commitment which affects people in many different ways due to varied degree of motivation. Religious orientation is thus multi-faceted in nature and can enhance the growth and prosperity of human (Krauss & Hood, 2013).

Allport & Ross (1967) defined two types of religious orientation involving intrinsic religious orientation and extrinsic religious orientation. Individuals with intrinsic orientation tend to visit frequent religious events and they encounter an internalization of their beliefs. On the other hand, extrinsic religious orientation involves attempting to attain external benefits from religious participation.

Mental health is embedded within the quality construct of working life and represents the overall state of well-being within the workplace. It is measured in terms of indicators such as high psychological well-being, low psychological distress, high structure commitment and high work-life balance. (Ketchum & Trist, 1992). Mental Health consists of two components; psychological distress which explains negative state of mental health including anxiety or irritability and psychological well-being which describes positive state of mental health (Veit and Ware, 1983).

Critical thinking is the process of purposeful, self-regulatory judgment (APA, 1990). It involves collecting and evaluating useful information, making inferences from the information

and filling in gaps using abstract ideas to interpret information This is done to verify any evidence/argument in order to support the conclusion.

Present study investigates the relationship between intrinsic religious orientation, psychological well-being and critical thinking among academicians ($N=150$). The study also investigates the gender differences in religious orientation, mental health, and critical thinking scores among various academic community ($N=150$). The study is intended to provide an insight in the domain of critical thinking mental health and interaction of these variables in educational setting. It will increase the volume of information on relationship between religious orientation (intrinsic and extrinsic), mental health (psychological well-being and psychological distress) and critical thinking. The present study will further open avenues to explore the influence of religious orientation, psychological well- being on critical thinking and behavior of academicians.

2. Objectives

1. To investigate the role of religious orientation (intrinsic and extrinsic), mental health (Psychological well-being and Psychological distress), on critical thinking among academicians.
2. To explore the relationship between religious orientation (intrinsic and extrinsic) and critical thinking among academicians.
3. To study the relationship between mental health (Psychological well-being and Psychological distress) and critical thinking skills among academicians.
4. To study the gender differences in mental health and critical thinking among academicians.

3. Hypothesis

1. Extrinsic religious orientation is positively correlated with psychological distress among academicians.
2. Extrinsic religious orientation and psychological distress are negatively correlated with critical thinking among academicians.
3. Intrinsic religious orientation is positively correlated with psychological well-being among academicians.
4. Intrinsic religious orientation and Psychological well-being are positively correlated with critical thinking among academicians.

5. Males score higher on critical thinking ability as compared to females among academicians.
6. Males have less mental health problems as compared to females among academicians.

4. Instruments

4.1. Religious Orientation (AUROS)

Information about religious orientation was gathered using the Age Universal Religious Orientation Scale (Gorsuch & Venable, 1983). This 20-item measure contained two subscales designed to measure intrinsic and extrinsic religious orientation. Internal consistency ranged from .66 to .73. Cronbach's alpha for the current sample was .93 for intrinsic religious orientation and .69 for extrinsic religious orientation.

4.2. Mental Health Inventory (MHI)

Mental health was measured by Mental Health Inventory (Veil & Ware, 1983). This scale consists of 38 items. Higher score indicates an absence of psychological distress and frequent experience of psychological well-being. Internal consistency reliability using Cronbach's Alpha for mental health index was .96 (Veit & Ware, 1983).

4.3. Critical Thinking Skills (WGCTA)

Critical thinking is measured by Watson-Glaser Critical Thinking Appraisal (Watson & Glaser, 1994). Form S is a newer short version of form A. It consists of 28-item multiple-choice format measure and contains five sub areas (inferences, recognition of assumptions, deduction, interpretation and evaluation of arguments). Test re-test reliability of Watson-Glaser Critical Thinking Appraisal was .78 and split half reliability was .80.

5. Procedure

Three scales of religious orientation, mental health and critical thinking were given to 150 academician participants ($N=150$) of various government and private educational institutes. The sample was selected by using convenient sampling technique. The sample was gathered in two groups including seventy-five males ($n=75$) and seventy-five females ($n=75$). Their demographic details were collected with informed consent. The ages of participants were restricted to 25-40 years with education level of Bachelors and Masters. Data collected was analyzed by using SPSS.

6. Results

The data of current study was analyzed to study the role of religious orientation and mental health on critical thinking among academicians. The results are as following:

Table 1: Values for Cronbach's Alpha of Age Universal Religious Orientation Scale (AUROS), Mental Health Inventory (MHI), and Watson-Glaser Critical Thinking Appraisal (WGCTA) scale. (N=150)

S. No	Variables	No. of items	Cronbach's Alpha
I	AUROS	20	.69
II	MHI	38	.81
III	WGCTA	28	.44

Note. AUROS= Age Universal Religious Orientation Scale, MHI= Mental Health Inventory, WGCTA= Watson-Glaser Critical Thinking Appraisal scale

Table demonstrated that all instruments i.e., Age Universal Religious Orientation scale and Mental Health Inventory have high alpha coefficient reliability except Watson-Glaser Critical Thinking Appraisal scale and can be effectively used for further study.

Table 2: Correlation matrix of Age Universal Religious Orientation Scale (AUROS), Mental Health Inventory (MHI), and Watson-Glaser Critical Thinking Appraisal (WGCTA) scale. (N=150)

S. No	Variables	I	II	III	IV	V	VI	VII
I	AUROS	-	.62**	.86**	.41**	-.25**	.29**	.08**
II	ERO		-	-.05**	.15**	-.04**	.21**	-.43**
III	IRO			-	.29**	.66**	.03**	.31**
IV	MHI				-	.42**	.88**	.09**
V	PWB					-	-.29**	.23**
VI	PD						-	-.75**
VII	WGCTA							-

Note. ** $p < 0.01$, AUROS= Age Universal Religious Orientation Scale, ERO=Extrinsic Religious Orientation, IRO= Intrinsic Religious Orientation, MHI= Mental Health Inventory, PWB= Psychological well-being, PD= Psychological distress, WGCTA= Watson-Glaser Critical Thinking Appraisal scale

Above table depicts that Religious Orientation correlated positively ($r=.41$) with Mental health and positive correlation exists between ($r=.08$) religious orientation and critical thinking among academicians. A positive correlation ($r=.09$) exists between mental health and Critical thinking among academicians. Results from above table also depicts positive ($r=.21$) correlation between Extrinsic religious orientation and Psychological distress whereas a negative correlation ($r= -.43$) exists between Extrinsic religious orientation and Critical thinking among academicians.

Results also depicted negative correlation ($r=-.75$) between Psychological distress and Critical thinking and positive ($r=.66$) correlation between Intrinsic religious orientation and Psychological well-being among academicians. Results further depicted positive correlation ($r= .31$) between Intrinsic religious orientation and Critical thinking and positive correlation ($r=.23$) exist between Psychological well-being and Critical thinking among academicians.

Table 3: *T-test analysis of Age Universal Religious Orientation Scale (AUROS), Mental Health Inventory (MHI), and Watson-Glaser Critical Thinking Appraisal (WGCTA) scale for gender differences (N=150)*

Variables	Males n=75		Females n=75		t	Confidence Interval 95%		Cohen's d
	M	SD	M	SD		LL	UL	
AUROS	62.81	5.20	56.31	5.93	6.49	4.51	8.48	1.33
ERO	26.38	3.24	23.24	3.11	5.39	1.91	4.29	.97
IRO	32.01	4.08	30.55	4.89	1.81	-1.30	3.05	.32
MHI	117.27	19.01	108.65	8.29	2.99	2.92	14.31	.58
PWB	63.64	7.94	63.74	8.35	3.21	-3.00	2.85	.01
PD	55.98	17.44	45.37	5.93	3.85	5.12	16.1	.81
WGCTA	20.13	2.51	16.79	1.85	.79	-.49	1.15	1.51

Note. AUROS= Age Universal Religious Orientation Scale, ERO=Extrinsic Religious Orientation, IRO= Intrinsic Religious Orientation, MHI= Mental Health Inventory, PWB= Psychological well-being, PD= Psychological distress, WGCTA= Watson-Glaser Critical Thinking Appraisal scale, M= Mean, SD= Standard deviation, LL= Lower limit, UL=Upper limit

Results from above table show mean, standard deviation and Cohen's d values on the basis of gender ($p<.001$). Results depict that males scored ($M=20.13$, $SD=2.51$) higher on Watson-Glaser Critical Thinking Appraisal (WGCTA) scale than females ($M=16.79$, $SD=1.85$).

Results also depicted that males scored ($M= 62.81$, $SD= 5,20$) higher on Age Universal Religious Orientation Scale (AUROS) than females ($M=56.31$, $SD=5.93$). Table further illustrated that males scored higher ($M= 117.27$, $SD= 19.01$) on Mental Health Inventory (MHI) as compared to females ($M= 108.65$, $SD= 8.29$) among academician's sample. (Higher MHI index showed absence of psychological distress)

7. Discussion and Conclusions

This study explored effect of intrinsic religious orientation on psychological well-being and extrinsic religious orientation on psychological distress among academicians. Past studies revealed that higher the scores of an individual's extrinsic religious orientation, the higher would be psychological distress of that individual (Kawa & Shafi, 2015). However, the current study demonstrated (table 2) that extrinsic religious orientation positively correlated ($r= .29$) with psychological distress among academicians. Present study hypothesized that intrinsic religious orientation positively co-related with critical thinking among academicians. Table 2 results demonstrated that intrinsic religious orientation positively ($r=.66$) related to psychological well-being among academicians. Literature research found that psychological well-being was positively correlated to intrinsic religious orientation and negatively correlated to extrinsic religious orientation (Alandate & Valero, 2013).

The study examined the relationship between extrinsic religious orientation and critical thinking among academicians. The present study found negative association ($r=.43$) between extrinsic religious orientation and critical thinking among academicians as depicted in table 2. Religion could be beneficial for psychological well-being, especially when fully internalized as seen in intrinsic religious orientation. The present study further investigated the relationship between intrinsic religious orientation and critical thinking among academicians. Table 2 illustrated that intrinsic religious orientation positively correlated ($r=.31$) related with critical thinking among academicians.

Research gives an insight on the how different factors correlate and interact with critical thinking ability. Present study investigated the correlation between psychological distress and critical thinking among academicians. Present study also investigated how psychological distress effects critical thinking among academicians. Literature provide negative association between psychological distress and critical thinking (Rood, Roelofs, Bogels, & Alloy, 2009). Findings of current study as in table 2 explored negative correlation ($r=-.75$) between psychological distress

and critical thinking among academicians. The study further aimed to explore how psychological well-being effects critical thinking among academicians. As table 2 depicted that psychological well-being positively correlated ($r=.23$) with critical thinking among academicians.

The study in question clearly provided evidence that extrinsic religious orientation has negative effects on mental health (psychological well-being) and critical thinking. The study examined the gender differences in religious orientation, mental health issues and critical thinking among academicians. Previous researchers found that for all types of mental health problems, these are more common in women than men.

Table 3 further illustrated that men score higher ($M= 117.27$, $SD= 19.01$) on Mental Health Inventory (MHI) as compared to women ($M= 108.65$, $SD= 8.29$) among academicians' sample. Present research investigated the gender differences on scores of critical thinking among academicians. Present study hypothesized that there is no gender differences observed between males and females academicians in critical thinking. Results from table 3 depicted that men score ($M=20.13$, $SD=2.51$) higher on Watson-Glaser Critical Thinking Appraisal (WGCTA) scale than females ($M=16.79$, $SD=1.85$). Hypothesis 5 did not support by current findings.

8. Limitations

1. The sample of the study was limited to Islamabad only with a sample of 150, which limits the scope of research findings.
2. Another limitation of the study is that the measures used in present study were self-report inventories. Self-report measures can be subjective so participants may be motivated to respond in ways that are not completely truthful.

References

- Alandete, J.G., & Valero, G.B. (2013). Religious orientation and psychological well-being among Spanish undergraduates. *Action Psychological*, 10(1), 135-148.
- Allport, G.W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Society*, 5(4), 432-443. <https://doi.org/10.1037/h0021212>
- Amirsardari, L., Azari, S., & Kooraneh, E.A. (2014). The relationship between religious orientation, and gender with a cognitive distortion. *Iranian journal of psychiatry and behavioral sciences*, 8(3), 84-9.
- American Psychological Association. (1990). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.

- Bonab, F.S., Nasab, H.S., & Hashemi, T. (2009). Examination of the effectiveness of cognitive-behavioral, Islamic couple therapy and transactional analysis on marital adjustment of unadjusted couples. *News and Studies of Counselling, winter 2009, pp: 109-127*
- Gorsuch, R. L., & Venable, G. D. (1983). Development and validation of an “age universal” I-E scale. *Journal for the Scientific Study of Religion, 22*, 181-187.
<https://doi.org/10.2307/1385677>
- Kawa, M. & Shafi, H. (2015). Religious orientation and psychological distress among parents of mentally retarded children. *Int. J. Indian Psychol., 2*: 5-17
- Ketchum, L. D., & Trist, E. (1992). All teams are not created equal: how employee empowerment really works. Newbury Park: Sage.
- Krauss, S.W., & Hood, R.W. (2013). *A New Approach to Religious Orientation: The Commitment-Reflectivity Circumplex*. Amsterdam: Rodopi.
<https://doi.org/10.1163/9789401209694>
- Rood, L., Roelofs, J., Bogels, S. M., & Alloy, L. B. (2009). Dimensions of Negative Thinking and the Relations with Symptoms of Depression and Anxiety in Children and Adolescents. *Cognitive therapy and research, 34*(4), 333-342.
<https://doi.org/10.1007/s10608-009-9261-y>
- Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and well-being in general populations. *Journal of Consulting and Clinical Psychology, 51*(5), 730-742. <https://doi.org/10.1037/0022-006X.51.5.730>
- Watson, G., & Glaser, E. M. (1994). *Watson-Glaser Critical Thinking Appraisal-Manual Form S*. San Antonio, TX: Psychological Corporation.