

## The Relationship between Coping with Religious Quality of Life High School Male Students in Zahedan

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Received: 24 August 2017, Revised: 30 September 2017, Accepted: 20 October 2017

### ABSTRACT

This study examined the relationship between religious coping and quality of life in a high school student in Zahedan. The research method is descriptive - correlation. The population is high school male students in Zahedan the 91-92 academic years. In this study, sampling is stratified sampling and using infinite population formula size of 365 subjects selected. Data collected from questionnaires to evaluate quality of life (World Health Organization, 1998) and religiosity questionnaire (Khodayari Fard, 1388) used. Content validity and reliability using Cronbach's alpha coefficient 0.90 for questionnaire to evaluate quality of life and 0.85 for questionnaire to evaluate religiosity obtained. To analysis the questions one-sample t-test, ANOVA and Pearson correlation coefficient used. Single sample t-test results showed that the religious status and the status of the quality of life of students are as much as desired. The results of Pearson correlation coefficient showed that between deal religious with quality of life of students there is a relationship. The ANOVA test results evaluate the religious status of students' base on education and field of study, there was no difference. According to today's complex and changing world on the one hand, and spiritual and mental pressure at any given moment on the other hand exist in this space. Human beings want to achieve a high level of quality of life in the shadow of the advanced technology of the rapid developments that could achieve it. Human is able to pass in change wave and have the highest possible productivity just with the help of tools that the creator of the universe have put for humans. So on this basis human has no choice but to go to the Lord. Because of research and previous research carried out on the role of religion and religious coping in the quality of life and even human maker knows the remedy.

**Keywords:** Religious Coping, Quality Of Life, High School Students.

## Introduction

During the last few decades, health is one of the fundamental rights of human beings and a social purpose in the world. In other words, human to satisfy the fundamental requirements and improve their quality of life need health and access to health facilities. May be physical, mental and social well-being, which is understood by the person or group of people (such as pride, satisfaction, happiness, health, economic status, educational opportunities, creativity) is an appropriate definition of ' quality of life. Try to measure quality of life since 1940 ad began with the introduction of the index work for cancer patients and heart function classification by New York Heart Association. Quality of life measurement has some privilege but still it assigned a small part of research (Eftekhar *et al.*, 2002).

Human life is the fight without end. Human power and adaptability is only tenacious base that ensures the survival and can pave the way he went on fighting. Consistency and collation is dynamic, ongoing process, progressive and maintain a life which live creature match with environment changes constantly. The compatibility mechanism and a set of practices determine location of person in health and mental illness that the right use of it leads to the correct evaluation of the situation, a sense of security, access to support, flexibility, growth and acquisition of identity in person. In this regard, religious coping and adaptation is a way of beliefs and the religious rites humans use in order to deal with the problems and pressures of life.

So far, several studies in various countries of the world in the field of the relationship between religious beliefs and mental health conducted that have accompanied the conflicting results. Some of studies has the positive and statistically significant correlation between the use of religious practices deal and reducing the amount and severity of depression, anxiety, divorce,

suicide, substance abuse, mental health disorders and ultimately increase the quality of life.

Other research suggests that applying religious and spiritual technique are the most important provided both pretext cancer patients and elderly patients for compatibility with their illness and it is the most important issue must consider in the treatment of these patients.

In addition to the hidden potential of religion relationship compatibility with the large and horrible events, research shows that religion has a significant role in small part as well as everyday life (Paragamnt, 1997) evaluated over 130 researches on coping religious compatibility and its role in mental health, concluded that 64% of the studies refer to positive effects, and significance of religious coping and adaptation in reducing depression and anxiety (Azimi and Zarghami, 2002).

Extensive researches in General exist in the relationship between the fields of the religion and mental health. The use of religion helps people to deal with stressful life events and even helps to find purpose and meaning in these events, and when it is nonsense. Pargament *et al.* found the evidence of the relationship between positive religious coping strategies and negative mental health. Despite the plenty of researches in the field of mental health in Islamic countries, further researches have not attention to the role of religion and religious coping. On the other hand, very little researches are into the role of Islam in the physical and psychological welfare. In addition to this, they have more comparative nature and have not study only Muslims. Perhaps one of the reasons was lack of religious coping valid scale based on Islam. Recently, Vafaei and Abyari developed and credited Iranian religious scale based on Islam. This scale consists of three main factors: religious cognitive coping such as,

reading the Quran, Hadith, say prayer, resorting to God and trust him, pray, resorting to Imams, vow and charity. Dear Islam religion has the valuable recommendations for dealing with the difficulties and problems. In addition, it provides a way for individuals to stay protected from the negative consequences of stress, the philosophy in the face of people with problems is feasible. Observance of the divine piety, get help from patience and prayer and do things based on a correct vision of Islam, included recommendations in this regard.

The issue of reliance on own and self-esteem conceived as a fundamental principle in the Quran in front of dependence and rely other. In addition, the prayer as a powerful reliance associated human with infinite mercy and endless center that with reliance on it can broke shuttle waves with trusted spiritual and calming.

Quran with this attitude that the creation has the purpose and wisdom, try to build a targeted and meaningful life. Indeed, if people see this attitude to the events, they will experience less stress. In addition, social support is an important factor in coping with stressful life events and stress and it facilitate an effective coping. In Islamic sources, especially in the Quran consider this important aspect with the repeated order to beneficence, charity, prayer, cooperation, Khoms, religious tax, etc.

Of the narrative and Quran verse, it inferred that variants such as prayer, trust and hope of divine help, hope and a positive attitude to bad events and unpleasant events, and try to believe the divine, and the enjoyment of patience and beneficence, make life significant and get social support all are the individual sources. That can have a useful coping and facilitate effective psychosocial stress life events. All the mechanisms are in the form of educational methods and ethics in

Islamic texts (Seyed Mousavi and Vafaei, 2009).

Quality of life is a subjective concept and multi-dimensional that in recent years attract interest of researchers and scientists in the humanities. Senta (1998) defined the quality of life, positive or negative individual assessment of life feature and person's overall satisfaction of the life. Isnk (1998) believe that person's point of view concept show the difference between understanding what should be and what is. The three important dimensions of this concept involve a person's opinion about the overall health, the physical dimensions satisfaction, their mental, social and economic life also are the subset of this dimensions. Researchers believe that the quality of life and try to enrichment has important role in the way of health, personal and social life of people (Dehghan Nayyeri and Adib Haj Bagheri, 2006).

Religion is a subject that has a long-standing. Religion discussed by psychologists such as Freud and Jung and then thinkers as Alpert and Stanley Hall explaining religion. Eric Fromm said that the forced religion leads to mental disorders, but the humanistic religion and optimistic caused person health and talent growth. Research showed that religious orientation tends to promote general health and life expectancy, signifying and improve social communication. Troino et al expressed religious beliefs also lead to improvements in public health, quality of life and increase self-esteem. While Kung research in the field of the relationship between religion and mental health states always religious beliefs does not lead to mental health. Clinical psychologists sometime encountered visitors suffered with guilt, rumination, worry, exclusion anomalies and that this could be due to the content of their religious beliefs. On the contrary, Bayani, et al. (2008), Mir Zamani and Mohammedi (2001) in different surveys

showed that religious orientation in people with depression has reversed relationship (Nejad Naderi *et al.*, 2010).

Religion is a system of beliefs posted based on the action in the realm of intellectual and social dimensions from the Lord for humans in the path of growth and perfection to the divinity. It includes opinions, beliefs, attitudes and behaviors that have been bond together provide a sense of integrity to the person. Contrary to the statements of the theorists such as Freud (1923), Ellis (1980), waters (1992) diagnostic and Statistical Manual third elementary and the American Psychiatric Association psychiatric disorders, that reported the negative effect of religion on mental health, the results of research in the recent year Religion on mental health evaluated positively. Kim Andrew (2003) found the impact of religion and religious acts on personal and social health positively. Caldor, *et al.* (2002) evaluated the personality component relationships (Azing) with the two religious components including the traditional prayers and relaxing trips in a sample size of  $n = 1033$ , and the results showed that low psychotic with prayer and complete relaxation with psychosis behavior was high. Studies of Munday *et al.* (2001) and Golzari (1998) as well report the relationship of religion with the ferocity negative psychotic. Maltbi *et al.* (1999) religious orientation on mental health as a compliance review mechanism. A report on Maltbi, three religious trends include religion and inner and outer and three mental factors such as self-esteem, anxiety and depression syndrome evaluated, the results showed that a significant positive relationship exist between mental health and religion, so that inner religious attitudes has reduction effect on the abnormal psychological symptoms. Other studies also confirm positive effectiveness of religious orientation on mental health (Ghaderi, 2010).

Quality of life in fact is the ideal target health care and assess the amount of health impact on a person's life. On this basis a health service, it is desirable only and when the quality of life increase with individual quantity of life in care, (Hinchliff, 1399).

Quality of life is multi-dimensional and complex subject, and it has the objective and subjective factors and considers the evaluation of the individual in the case of welfare in important aspects of life. The important characteristics of the quality of life those most social sciences pundits agreed, including being multidimensional, dynamic and subjective nature of it. Research conducted in the interests of quality of life and its numerous dimensions is focus of researchers in way those existing articles as health-related quality of life between the years 1985 to 1995 increased from 21% to 76% (Giovanni, 1999).

According to this, study examines the religious coping and the quality of life of male high school students of Birjand. How is students' status in these two important variables and determinant especially in the high school students, in the critical stages of their life? In addition, what situation and whether in the population studied is there relationship between these two variables or not. As well as these two variables in the statistical community, students based on a series of variables also dampen examined. Finally, according to the studies done in this area and the results that achieved provide the solutions and the proposals.

### **Research Objectives**

Overall goal:

The aim of this study was to investigate religious deal with the quality of life in birjand high school male students on the one hand, and the relationship between of these two variables with each other.

### **The partial objectives**

- 1-check the status of a religious coping of students
- 2-check the status of the quality of life of students
- 3-check the relationship between religious copings with the quality of life of students
4. Compare and reviews religious coping of students based on moderating variables (major of education, field of study)

### Research History

Molai, et al. (2010) in a study examine the relationship between anxiety and religious coping in Ardebil University of medical sciences in the students in 2008 that the results showed that 70.1% of students reveal anxious in the moderate, 8% severe level and the rest was mild level. As well as the amount of hidden anxiety in the 63.5% on moderate, 12.6% severe level and the rest was mild. The findings showed between the obvious and hidden anxiety and religious coping in students there is a significant statistical difference. The amount of anxiety (moderate and severe) in single and women was more than married and men. Religious coping methods in female students (72.4%) were more than male (59%). As well as severe anxiety levels decreased with increasing age, but this difference was not statistically significant. In the conclusions, this research found that due to the numerous variables involved in the occurrence of anxiety in students and enhance improvement in the physical, mental and social performance. Essential training of students is necessary in this field to create a positive mental health habits, religious practices and efficient adaptation for dealing with stress and emphasis the supportive role of family and community.

Rahimi and Khaier (2009) study relation of communication patterns of family and the quality of life of high school students in Shiraz. Quality of life is the most fundamental concepts of positive psychology. The aim of

research study was the prediction of the dimensions of quality of life, including physical health, mental health, social communication and environmental perception of life by the dimensions of the communication patterns of family, includes dialogue dimension and sympathy dimension. Participants in the study were 438 students (220males and 215females) in different high schools in Shiraz. The short scale of the World Health Organization WHOQOL-BREF of life quality for the measurement of quality of life and for the measurement of the dimensions of communication patterns of the family of Corner and Fitzpatrick scale used. Internal validity was identity scale and reliability method was Cronbach. The results indicate the optimal scale of validity and reliability. Using multiple regression analysis method at the same time the amount of each of the dimensions, prediction of quality of life by two-dialogue and sympathy dimension of communication patterns of the family investigated. Results showed that in all four dimensions of quality of life, physical health, mental health, social communication and perception of the environment, family dialogue orientation were positive predicting and sympathy has negative prediction. Thus, it said that the promotion of dialogue predicts family quality of life of children, however, that an emphasis on sympathy decreases the quality of life of children in the family.

Shams Isfand Abad, Nejad Naderi (2009), investigate a comparison of the quality of life and religious attitudes of non-smokers and addicts in Kerman, the results showed that between the two groups in terms of religious attitude there was a significant difference. Smokers compared to non- smoker religious had lower attitude. Between the two groups in quality of life and the scale of it, there was a significant difference. Smokers compared to non-addicted individuals had a lower quality of life. Between religious attitudes and quality

of men in both groups of non-addicted and addicted men, there was a significant positive correlation.

Syed Musavi and Vafaei (2009) evaluate added reliability to a religious coping in predicting the excellence after bad incidence and helplessness in the Iranian students and considering that one of the goals of research related to religion and religious coping showed that religious coping strategies, beyond the public stress coping strategies predict outcomes. The results of this research emphasis the religious coping added validity of variables. All scale has acceptable validity and strength prediction of wellbeing. The results of the study indicated that the variance of positive and negative of religious coping beyond size non-religious coping forecast levels of promotion and adoption, also religious coping Islamic-based strategies can predict promotion and helplessness levels beyond non-religious strategies that specific contribution of this prediction strategies was more than positive and negative share of religious coping strategies.

Other notable results also obtained in the sample. Once a person may think, religious coping share is limited in life. However, students use its strategies in the life. The results showed that religious coping strategies in assessment of the process of students for clinical researchers and specialists is useful in providing integrated offering of different dimensions of religious images and spiritual, in the process of addressing students is helpful.

In General, the results obtained concurrent with the previous findings. Marecosya indicated that the role of religious cope strategies in the prediction of lower levels of depression and anxiety, and higher levels of self-esteem and satisfaction of life, beyond non-religious coping. Number of studies conducted by Pargament *et al.* studied religious coping added validity with different physical and psychological impacts. For

example, the size of the religious coping, public health among the members of Church in the major events of the life predict beyond non-religious coping. Another study showed that religious coping has exclusive portion in people's general health as positive and variance among students in coping with the war. Other researchers reported similar results of studies on isolated religious strategies share in positive and negative consequences stress prediction and impact (Syed Musavi and Vafaei, 2009).

Vafaei Boor boor (1999), in his Master thesis explores the role of religious orientation (inner and outer) and religious coping of female Secretaries job stress in the city of Hamedan that the results of the research confirms that teachers have less job stress with inner religious orientation of teachers than exterior religious orientation. Between the amount of job stress of teachers in General and the extent of the use of religious coping, there is a significant relationship. Between the amount of job stress and the rate of the use of religious coping of teachers with inner orientation there is significant relationship. Between the amount of job stress and the rate of the use of religious coping of teachers with inner and outer religious orientation there is difference. That is, teachers have more inner religious orientation in order use more repentance and forgiving resources and the night prayer and teachers with outer religious orientation use the order of prayer, recitation of the Holy Quran and the vow. Some of the sources of occupational stress of teachers in religious with inner and outer orientation is different from each other.

In short we can say religion plays an important role in the perception of job stress, as well as teachers who have high job stress compared with teachers who had less job stress, had more coping religious behaviors, including prayer and the Koran, devotion, vote, repentance and vow and. . . This result

has concordance with the pattern of responses to stress and the arguments and quality findings in the literature of religious coping.

Azimi and Zarghami in the research review religious coping and amount of anxiety in the Mazandaran medicine University students in academic year 78 -79. Results from this study showed that 10/1% and 7.9%, respectively; of the respondents suffer obvious and hidden anxiety at severe and very severe levels. There was significant relationship between obvious and hidden anxiety with coping religious. The results of this study also indicated that there was significant difference between religious coping with the units of study, field of study and academic grades. There was significant difference between the average scores of obvious and hidden anxiety of research unit's base on patient interest in to the field of study and a history of psychiatric problems show that only variable of gender, difference was not meaningful. From this research, it can conclude: Although the relationship between religious coping and mental health and diseases are complex, but it is clear that religious beliefs and ritual play an important role in the prevention and reducing of mental and emotional problems. Based on the results of the study suggest that the necessary measures and interventions fitted with religious methods perform to provide the mental health of students (Azimi and Zarghami, 2002).

Troino et al, 2007 quotes (Shams Isfand Abad, and Nejad Nadri, 2009) stating that religious beliefs cause to improve health, quality of life and increase self-esteem. Various surveys show that the religious attitude with depression, anxiety, aggression and self-sickness thoughts has a negative relationship.

Richard et al, (2000); quotes (Shams Isfand Abad, and Nejad Nadri, 2009), in their study on subjects found that people consuming drugs when pay attention to their religious

beliefs, have a better quality of life and increase participation in religious ceremonies and self-help groups, each of which independently lead to reduce drug addicts.

### **The Community, Sample and Sampling Method**

In this study, for sampling used stratified sampling method and using unlimited number of community size formula 365 people selected as samples of statistical population from male high school students in the academic year 92-91.

Questionnaire: questionnaire for collecting data, evaluation of the quality of life (World Health Organization, 1998) and religious evaluation questionnaire used (Khodayari Fard, 2009).

#### **Questionnaire to Assess the Quality of Life**

This scale studies the quality of life of individuals. This scale by Nasiri and two educational psychology department professors, Shiraz University translated to the Persian language. Nasiri (2006) reported validity of the optimal converge scale validity method. About the reliability of the scale, the results reported by the World Health Organization quality of life scale in 15 international centre of this organization, reliability coefficient of Cronbach reported between 0.73 up 0.89. In Iran, Nasiri (2006) evaluate the reliability of the scale with three methods of retest (with a three-week interval), used descriptive and Cronbach alpha. All three indicate the desirability of the reliability of the scale (the scale Builders group of quality of life of the World Health Organization, 1998; quoted Rahimi and Khayer, 2009).

B: religiousness evaluation questionnaire (Khodayari Fard, 2009), in order to assess the amount of individual religiousness and based on the norm of society of Iranian nation.

To determine the validity nominal scale, after preparing the questions presented to all members of the project consultants and

partners, 14 people in the field of Psychology professionals, religious and psychological assessment and in this regard had a history of executive research in the plan. After review and corrections mentioned gained final approval. In addition, based on the results of the Cronbach alpha coefficient, questionnaire had significant validation and the total scale of Cronbach alpha coefficient was 96%. (Khodayari Fard, 2009).

**Validity and Reliability of Instruments**

According these two questionnaires is standard and confirmed in terms of validity

and reliability. They do not need confirmation again, however the amount of reliability in the population investigated. The extent of reliability of both the questionnaire with the amount of reliability (85.1) for the assessment of quality of life questionnaire (94/4) to the questionnaire religiousness sensing obtained that statistically confirmed. Execution method: To analyze questions, a single sample t-test, ANOVA and Pearson correlation coefficient used.

**Findings**

The first question: what is the status of religious coping of students?

Table of the status of religious coping of students							
Significant degree	freedom degree	Number t	Mean hypothesis	standard deviation	Mean	number	variable
000/0	364	02/5	75	30/3	12/90	365	Religious coping

Second question: what is the status of students ' quality of life?

A table of the status of the quality of life of students							
Significance level	freedom degree	Number t	Mean hypothesis	standard deviation	Mean	number	variable
000/0	364	00/3	291	20/6	12/350	365	Quality of life

Third question: is there relationship between religious copings with the students' quality of life?

The table of correlation matrix between religious coping and quality of life						
Significance level	r	number	standard deviation	Mean	variables	
00/0	**67/0	365	30/3	12/90	Religious coping	
		365	20/6	12/350	Quality of life	

The results of the table shows that the variable rate of religious coping of students with a mean (90.12) and standard deviation (3.30) from the mean hypothesis (75), was more and this difference with the value of the calculated t (5.02), degrees of freedom (364) and sig=0.000 significant at the 99% confidence level. Therefore, statistically

conclude that the situation of religious coping of students is good.

The results of the table shows the rate of the variable of quality of life for students with a mean (350.12) and standard deviation (6.20) of the mean hypothesis (364), was more and this difference with the value of the calculated t (3.00), the degrees of freedom (364) and sig=0.000 significant at the 99%



confidence level. Therefore, statistically conclude that the condition of the quality of life for the students is good.

Results of table in the study of the relationship between religious coping with students' quality of life shows a religious coping variable with mean (90.12) and standard deviation (3.30), as well as the variable quality of life with the mean

(350.12) and standard deviation (6.20). Table 4-4 showed that the coefficient correlation of religious coping and quality of life equal to  $r=0.67$  and  $sig=0.000$  in 99% confidence level is significant ( $p < 0.01$ ). Therefore, statistically concluded between religious coping and the life quality of students there is relationship.

The fourth question: is there a significant difference between religious coping of students based on moderating variables (education grade, field of study)?

Table of religious coping of students base on education field						
Significant level	Calculated f	Mean square	freedom degree	Total square		variable
103/0	03/2	20/630	3	25/1950	Inter group	Religious coping
		45/307	363	25/101240	Intra group	
			366	50/103190	Total	

Table of Religious coping of student base on education grade						
Significance level	Calculated F	Mean square	freedom degree	Total square		variable
42/0	65/0	12/270	3	25/540	Inter group	Religious coping
		25/313	363	03/102800	Intra group	
			366	27/103340	Total	

The findings table 5-4 review religious coping of students by field of study, showing, calculated F (2.03) at the level of 95% is not significant. Therefore, there is no significant difference between students by field of study in religious coping.

Findings of table review religious coping of students' base education grade shows, the calculated

F (0.65) at the level of 95% not significant. Therefore, there is no significant difference between students based on academic grade in the religion coping.

### Discussion and Conclusion

Results of single sample t-test showed that the religious coping status and the status of the life quality of students are in desired level. The results of the Pearson coefficient correlation showed that there is a

relationship between religious coping and life qualities of students. The ANOVA test results showed there was no difference in religious coping of students, according to education grade and education field. According to today's complex and changing world at any given moment in one hand and mental and emotional pressures are on the other hand in this space. Human beings want to achieve a high level of quality of life in the shadow of the advanced technology of the rapid developments that could achieve it. Human is able to pass in change wave and have the highest possible productivity just with the help of tools that the creator of the universe have put for humans. So on this basis human has no choice but to go to the Lord. Because of research and previous research carried out on the role of religion and religious coping in

the quality of life and even human maker knows the remedy.

The first question: what is the status of religious coping of students?

The results of the first question in the review of the status of religious coping of students showed that the rate of religious coping of students' variable is in a good level.

Second question: what is the status of students' quality of life?

The results of the second question in the evaluation of quality of life of students showed that the rate of the quality of life variable for students is in a good level.

Third question: is there relationship between religious copings with the students' quality of life? The results of the third question in the relationship between religious coping with the quality of life of students shows that there is a relationship between religious copings with quality of life of students. The result of this question with some of the research done in this area including (Shams Isfand Abad, Nejad Naderi, 2009; Vafaei Boor boor 1999; troino et al., 2007; according to Shams Isfand Abad, and Nejad Naderi, 2009; Richard et al., 2000; quoted Shams Isfand Abad, and Nejad Naderi, 2009).

The fourth question: is there a significant difference between religious coping of students based on moderating variables (education grade, field of study)?

The results of the fourth question on the review of the status of religious coping of students indicate that there is no significant difference between students based on field of study, education grade in the religion coping.

### **Interpretation of Results**

According to today's complex and changing world at any given moment in one hand and mental and emotional pressures are on the other hand in this space. Human beings want to achieve a high level of quality of life in the shadow of the advanced technology of the rapid developments that could achieve it.

Human is able to pass in change wave and have the highest possible productivity just with the help of tools that the creator of the universe have put for humans. So on this basis human has no choice but to go to the Lord. Because of research and previous research carried out on the role of religion and religious coping in the quality of life and even human maker knows the remedy.

The results of the survey also showed that students have a good status of the religious coping and a quality of life. However, it was not normal and it requires some planning and preparation for students in their management and optimum use of this tool in order to achieve a higher level of quality of life.

### **Suggestions**

- 1- Review the relationship between quality of life and religious coping, in other similar statistics community and compare results.
- 2- Review the relationship between each of the two variables with other variables that has influence.
- 3- Review the significant difference of variables base on other adjustment variables
- 4- hold the briefing for the statistical sample though in much too short
5. Review the relationship between these two variables together by adding other variables
6. Hold the wider theoretical studies on this subject and other factors that could be influential in any of these two variables.

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**How to cite this article:** Hossein Jenaabadi, Samira Kian Manesh, Abolfazl. Khosropoor, Reza Rezaee, The Relationship between Coping with Religious Quality of Life High School Male Students in Zahedan. *International Journal of Advanced Studies in Humanities and Social Science*, 2017, 6(4), 330-340.  
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