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Predicting aggression based on religious coping strategies and practicing religious beliefs in male elementary school students

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Abstract

The purpose of the present study was to investigate religious coping strategies and practicing religious beliefs as predictors of aggression in elementary school boys in Bandar Abbas (Iran). The research method was descriptive and correlational. The statistical population of the present study was all male students who were studying in 13 elementary schools in Bandar Abbas in 2022. Using the accessible sampling method, 218 students were selected. Data was collected by Practicing religious beliefs questionnaire, religious coping strategies scale and Aggression inventory for children. Data was analyzed through Pearson's correlation coefficient and regression analysis. The results showed that there is a positive and significant relationship between negative religious coping strategies and aggression in primary school boys. In other words, the more primary school boys use negative religious coping strategies, they have exhibited the more symptoms of aggression in physical, relational and verbal components. Otherwise, there was a negative association between positive religious coping strategies and physical, verbal and relational aggression components The findings can be accommodating in designing and implementing interventions to reduce aggression in primary school students.

Keywords
religious coping strategies, religious beliefs, aggression, male primary school students

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Introduction

Most experts define children's aggression as overt aggression, including physical aggression such as hitting, pushing, kicking, throwing objects, and threatening to engage in these acts along with intentional and hurtful attacks on the victim (Kuy and Daj, 1998). They have defined relational aggression as a type of aggression that leads to social exclusion and harm to others. Compared to boys who use physical aggression more often, boys' relational aggression has been reported more frequently (Crick and Grotpeter, 1995). Relational aggression has the same behavioral pattern as physical aggression, which causes harm and injury to others through relationships. This type of aggression harms friendly relationships and leads to the child's exclusion from peer groups. A bullying child who spreads rumors, engages in bad-mouthing, or coerces others to end their friendships causes the child to be expelled from the group. Victims of this behavior experience problems with psychological and social adjustment (Crick and Bigbee, 1998; Crick et al., 1997). Visible and relational aggressive behaviors have been confirmed as two separate factors in school-aged children. Many studies emphasize that practicing religious beliefs can create a sense of hope, intimacy with others, emotional calmness, effective problem-solving, and spiritual growth (Saki, 2005). Religious beliefs and behaviors such as relying on God, prayer and supplication, patience, and performing religious rituals can increase individuals' mental health by creating hope and a positive outlook (Milani Far, 2011). Religion is an important and influential factor in people's lives. Religion changes the individual's perception of oneself, creation, and surrounding events (Jahani, 2007). A religious person sees oneself under the protection and mercy of God, giving them a deep sense of spiritual peace and pleasure. Such a person is not discouraged by the difficulties and failures of life because they know that God supports them. A religious person maintains a relationship with peers and others based on love and mutual respect (Mohammadi et al., 2016). Research suggests that religion plays an important and supportive role in the psychological health of family caregivers (Herbert et al., 2000; Pierce, 2005). Researchers believe that the type of religious coping used by caregivers has different effects on caregiving outcomes (Pierce et al., 2006). Positive and negative religious coping strategies have different effects on the adaptation of individuals under pressure (Pargament, 1998). Positive religious coping (tendency towards religion) which expresses spiritual feelings, a secure relationship with God, belief in the meaning of life, and spiritual connection with others, has positive outcomes such as higher self-esteem, better quality of life, psychological adaptation, and greater spiritual growth in response to stress.

Negative religious coping (turning away from religion), on the other hand, indicates a less secure relationship with God and a pessimistic view of life. This coping style is associated with negative emotional outcomes such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Pargament et al., 1988). So, the current study aimed to predict aggression based on religious coping strategies and practicing religious beliefs in male elementary school students.

Materials and Methods

The present research is a descriptive study conducted using the correlation method, in line with its objectives and nature. The statistical population of the study consisted of all male elementary school students who were studying in the sixth grade in Bandar Abbas in the academic year 2021-2022. The students were selected using the available sampling method. First, the informed consent of the students' parents (in several different schools) was obtained, and then the questionnaires of this research were provided to them with additional explanations from the researcher during non-class times (leisure times).

To investigate the components of aggression, the Bass and Perry (1992) questionnaire was used. This questionnaire is a self-report tool that includes 29 phrases and four subscales, namely physical aggression, verbal aggression, anger, and hostility. The participants rated each phrase on a 5-point Likert scale ranging from completely like me (5) to not at all like me (1). Two phrases, 9 and 16, were scored in reverse. The total score for aggression is obtained by summing the scores of the subscales. This questionnaire encompasses three components: verbal aggression, physical aggression, and hostility. Reliability and validity: The mean and standard deviation of the subscales of the aggression questionnaire for a sample of 612 male undergraduate students are as follows: Mean: 8.77 and Standard deviation: 5.16, and for a sample of 641 female students: Mean: 2.68 and Standard deviation: 1.7. The reliability coefficient of this scale in the present study was obtained as 0.76 using the Cronbach's alpha method.

To measure the religious coping variable, the Religious Coping Questionnaire (RCOPE) (2000) was used. This scale was constructed by Pargament (2000, cited in Hassani et al., 2005) and includes a short form of 14 questions derived from its original and longer form, which determines positive and negative coping styles. Each of the positive and negative scales consists of seven coping items. The positive scales include questions 1 to 7, and the negative scales include questions 8 to 14. The short form consists of 14 items, and the scoring method is a 4-point Likert scale

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ranging from 0 to 3. In a preliminary study conducted in the winter of 2001, the Religious Orientation Scale was used as a reference to examine the validity of the coping questionnaire simultaneously, and a correlation of 60% was obtained between the scores obtained from the simultaneous use of the two scales (Bahrami & Ghiami, 2001, cited in Hassani et al., 2005). To evaluate the reliability of the test in the present study, the Cronbach's alpha coefficient was calculated. This coefficient was obtained as 0.86 for the positive religious coping scale and 0.65 for the negative coping scale. These results are consistent withthe results obtained by Pargament and colleagues in 2000, who conducted a study on families with autistic children.

To measure adherence to religious beliefs, the Gholzari (1999) questionnaire was used. This 25-item questionnaire measures action (not belief or attitude) towards Islamic beliefs. The test materials cover four areas: adherence to obligatory acts, adherence to recommended acts, religious activities (participation in religious groups, etc.), and considering religion in decision-making and life choices. The test questions were selected based on common religious behaviors among religious Muslim youth. Each question has five options that are scored from 0 to 4. Therefore, a score of zero indicates no adherence to any religious beliefs, and the highest score (100) indicates adherence to all religious beliefs. The reliability coefficient of this scale in the present study was obtained as 0.81 using the Cronbach's alpha method.

The data of this research were analyzed in descriptive (mean, standard deviation, skewness, and kurtosis) and inferential (Pearson correlation coefficient and multiple regression) sections. The software used for data analysis was SPSS23.

Results

Table 1 presents descriptive indices of research variables. Table 1 shows that in the research sample, the mean score of aggressiveness is lower than the theoretical average, while the other variables are higher than the theoretical average. The kurtosis and skewness also indicate that all variables have a normal distribution, so the scores are normally distributed.

Table 2 shows the correlation matrix between the research variables (along with their components). Table 2 indicates that all three components of aggression (physical, relational, and verbal) have a significant negative relationship with positive coping style and acting upon obligations and a significant positive relationship with negative coping style. However, no significant relationship was observed between the three components of aggression and motives and intentions.

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Multiple regression analysis was used to test the research hypothesis, and the results are presented in Table 3. Table 3 shows the simultaneous multiple regression to determine the effect of religious coping and acting upon religious beliefs on aggression components. It shows that both predictors (religious coping and acting upon religious beliefs) can predict aggression. With a significant linear relationship ($R^2 = 0.37$, F = 35.4, P = 0.001), the results indicate that 37% of the variance in aggression can be explained by the predicted variables.

Table 1. Descriptive indices of research variables

Variable	N	Mean	Standard Deviation	Skewness	Kurtosis
Aggression	212	43.68	21.19	0.83	0.51
Positive coping style	212	29.12	82.3	0.06	-0.56
Negative coping style	212	86.14	13.4	0.09	-0.86
Religious beliefs	212	6.79	62.16	0.91	0.74

Table 2. Pearson correlation matrix between religious coping, acting upon religious beliefs, and aggression components

Variables	1	2	3	4	5	6	7	8
1. Positive coping style	-							
2. Negative coping style	.24*	-						
3. Intention and motivation	.25*	-.30*	-					
4. Complying with obligations	-.16*	.13	-.09	-				
5. Do what is recommended	-.07	.05	.08	.14	-			
6. Physical aggression	.17*	.16*	.24*	.07	.18*	-		
7. Relational aggression	.09	-.33*	.07	.29*	.25*	-.28*	-	
8. Verbal aggression	.46**	-.29*	.16*	.26*	-.34*	.11	.28*	-

Table 3. Multiple regression results

Variable	R	R^2	F	P	B	Beta	t	p
Positive coping style	.61	.37	4.35	.001	-.47	-.43	-3.59	.001
Negative coping style					.39	.23	2.25	.01
Complying with obligations					-.12	-.05	-2.05	.03

Discussion

The results of the present study are consistent with the studies conducted by Dehghani and Khorramaei (2022), Ghaffari and Rezaei (2011), Alizadeh Asli et al. (2017), and Emrani (2020). The findings indicate a significant positive relationship between negative religious coping and various forms of aggression in elementary school boys. In other words, the more elementary school boys use negative religious coping strategies, the more they exhibit symptoms of physical, verbal, and relational aggression. Conversely, using positive religious coping strategies and paying more attention to religious obligations and recommendations can lead to a decrease in physical, verbal,

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and relational aggression. In today's world, violence and aggression are a social problem, and their psychological and physical effects on individuals and society are significant. According to psychologists, studying aggression and violence scientifically to identify its underlying factors and provide effective solutions is essential. Uncontrolled aggression can have damaging consequences, and strengthening adherence to religious beliefs can be an effective way to reduce aggression. Therefore, religious education and teachings should be emphasized in various educational, social, and family contexts through educational classes and training for parents and educators to promote the mental health of elementary school boys.

Furthermore, the present study found that adherence to religious beliefs can significantly reduce levels of aggression. However, this finding has negative implications, as it suggests that cognitive dissonance between beliefs and attitudes may increase aggression. Cognitive dissonance is the mental discomfort or distress experienced by an individual who holds conflicting beliefs or attitudes. This concept is best explained by Festinger's cognitive dissonance theory, which suggests that when individuals experience conflicting beliefs, they may engage in cognitive biases or perception errors to resolve the dissonance. As the level of conflict between beliefs and attitudes increases, so does the level of cognitive dissonance. This may result in negative emotions and behaviors, including aggression.

In conclusion, the results of the present study highlight the importance of promoting positive religious coping strategies and adherence to religious beliefs to reduce aggression in elementary school boys. However, it is essential to address cognitive dissonance and promote cognitive flexibility to avoid negative outcomes. Education and training programs that promote positive religious coping strategies and teach cognitive flexibility may be effective in reducing aggression and promoting the mental health of elementary school boys.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University of Bandar Abbas.

Author contributions

NP contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The author declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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