



Religious Commitment and Gratitude as a Strategy for Promoting Student Mental Health

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Abstract

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Despite global students' mental health problems being prevalent, adequate attention and resources to treat mental health problems are still lacking. Meanwhile, several studies found that religious commitment and gratitude can play an essential role in addressing the issue of mental health problems. This study explored religious commitment to promote mental health and gratitude as moderating variables to address this gap. This study used the Brief Scale of Mental Health 12, the General Mental Health Questionnaire (GHQ-12), the Gratitude Resentment and Appreciation Test (GRAT), and the Religious Commitment Inventory (RCI-10) scales. Data were taken from 320 students of four state Islamic Universities in East Java, Indonesia. This study utilized descriptive and regression analysis techniques. The result of the data analysis demonstrated three main findings as follows. First, the students had a high level of mental health. Second, religious commitment positively affected mental health. Third, gratitude could become a variable that strengthens the relationship between religious commitment and mental health. Research implication in education is attempting to improve mental health among students not merely on the religious commitment but also on emphasizing systematic ways to develop gratitude in students' daily lives as a moderator that plays a role in maintaining the relationship between mental health and religious commitment. This study was based solely on a quantitative approach; therefore, a mixed-method model is recommended for further investigation to understand the process of improving mental health through religious commitment and students' gratitude better.

INTRODUCTION

Approximately one-quarter of young individuals worldwide encountered a mental health issue within one year, while about one-third experienced such disorders throughout their lifespans (Merikangas et al., 2009). Moreover, the case of mental health issues in adolescents within low and middle-income nations, including Indonesia, is significantly elevated (Pandia et al., 2021). A current report of Indonesian basic health research (RISKESDAS) showed that six percent of the population aged fifteen and older experienced anxiety symptoms and depression (Pandia et al., 2021). Moreover, East Java Province has a higher rate of several mental health issues than the national prevalence. For instance, Indonesian basic health research reported higher amount of severe mental health disorders, including schizophrenia and other psychotic disorders. Those cases happened in East Java province, that were 2.2 cases per thousand individuals or 1.7 cases per thousand individuals of the national rate (Hartini et al., 2018).

Despite the high prevalence, mental health issues among adolescents in East Java still have not received adequate attention and resources. The broad and complex concept of mental health makes it difficult for people to define, understand, and then be aware of the topic. The dual model theory defines mental health in two approaches. The first approach defines mental health as a person's absence of mental illnesses such as anxiety, depression, and loss of behavioral control (Asmika et al., 2013; Coles et al., 2016; Wani & Singh, 2019a). The second approach defines mental health as fulfillment of person's psychological aspects, such as having a sense of pleasure, experiencing life satisfaction, and growing love for others (Clark, 2020; Pretsch et al., 2012).

Even though this model defines mental health in specific categories, it is still complex to define. For instance, dual model theory stated that individuals diagnosed with mental illness still have a high level of general mental well-being. In contrast, those diagnosed with no mental illness can show a low level of mental health. Therefore, the appropriate way to define mental health is to place mental health as a matrix in which people can move between healthy mental states, regardless of mental illness (Bariola et al., 2017a).

Mental conditions can develop depending on the individual's function, social well-being, and the mental illness experienced by the individual. These explanations indicate that mental health cannot only be defined as an individual's absence of mental illness (Magalhães & Calheiros, 2017). This provides insight that exploration of the positive psychological construct must be prioritized to improve mental health rather than focusing on dealing with mental illness among adolescents.

Regardless of their external factors, such as environment (Spoorthy et al., 2020), internal factors also highly contribute to determining the levels of mental health in adolescent students. Internal factors (e.g., religious commitment and gratitude) may improve mental health among students. Religious commitment can be defined as how a

person adheres to their religious values, beliefs, and practices. Furthermore, they use them in everyday life (Worthington et al., 2003).

Rose et al. (2014) found that the height level of religious commitment among Black adolescents indicated by attending regular religious services and activities was linked to heightened levels of positive psychosocial well-being and decreased levels of psychosocial dysfunction. In addition, Zeligman and Fakhro (2023) examined the connection between posttraumatic growth and spirituality in adults with chronic illnesses and found that religious commitment is crucial in mitigating symptoms of psychological distress.

Meanwhile, gratitude, as an acknowledgment in the form of emotion or the feeling of a servant for the favors given by his God (Emmons, 2004), in several studies, has been shown having a positive influence on mental health. For instance, Taylor et al. (2022) revealed that gratitude contributes to reduction of mental health issues, such as anxiety, depression, phobia, substance use disorder, and posttraumatic stress disorder (PTSD). This research aligns with research conducted by Sandage et al. (2011) which found that gratitude as a primary health virtue in Christian spirituality has a substantial negative correlation with mental health symptoms thereby supporting the evidence that gratitude can enhance individual mental well-being. Gratitude is one of the virtues recommended in all religions. Religious people will readily adopt a grateful perspective when living their lives (Aziz et al., 2017).

Even though previous studies highlight either religious commitment or gratitude toward mental health, the studies which explored the direct effect of each aspect on mental health were limited and did not place these variables in a triadic relationship with gratitude as a moderating variable. Several studies have highlighted that religious commitment affects well-being; however, how it influences mental health remains unclear. The impact of religious commitment on individual mental health may fluctuate. The impact depends on various determinants, such as idiosyncratic differences, cultural environment, religious beliefs, and rituals. In Indonesia, religious commitment may be perceived as an obligation.

Furthermore, religious conformity and oppression may have detrimental effects on individual mental health. Current studies have highlighted the detrimental effects of such religious commitment. Allen et al. (2023) found that religious commitment, perceived as religious oppression, negatively correlates with life satisfaction and, therefore, impacts depression (Allen et al., 2023). Furthermore, breast cancer patients in Germany with high religious commitment and negative religious coping indicated high anxiety. This result also indicated that religious coping was more highly associated with anxiety than religious commitment.

According to these findings, religious commitment as a single factor influencing an individual's mental health tends to be ambiguous. A moderating factor must be included to influence the role of religious commitment and mental health. Gratitude is a

potential moderating variable in the relationship between religious commitment and mental health. This is a result of considering the potential effects of gratitude on religious commitment (Rosmarin et al., 2011) and the role of gratitude on mental health, particularly in lower internalizing problems (Taylor et al., 2022).

Therefore, this study aims to fill the gap by addressing gratitude as a moderating variable in the relationship between religious commitment and mental health. By placing gratitude as a moderating variable, it can be assumed that the association between religious commitment and mental health outcomes may be affected by the role of individual gratitude. In this study context, the gratitude factor may play a part in amplifying the positive effect of religious commitment on mental health.

Therefore, the aims of this study are as follows. First, to describe the mental health profile of students in Islamic higher education. Second, to investigate the direct effect of religious commitment on students' mental health. Third, to explore the role of gratitude as a moderator variable in the relationship between religious commitment and mental health. This study contributes to our knowledge of mental health problems among students, particularly in the Islamic higher education context. It paves a way to provide solutions to address mental health issues.

METHOD

The research used a cross-sectional study design with an explanatory quantitative approach. This study's population was all students at the State Islamic Religious Universities in East Java. The sample was several randomly selected students, considering the number balance at each university. This research was conducted in four Islamic universities: State Islamic University Surabaya, State Islamic University Malang, State Islamic University of Jember, and State Islamic University Tulungagung. The number of research samples was 320 students (126 male, 194 female). The total sampling from each university was 80 students who were selected at random. The total number of subject compositions is described in Table 1.

Table 1
The Composition of The Research Subject

University	Male		Female		Total	
	F	%	F	%	F	%
State Islamic University Surabaya	15	4.69	65	20.31	80	25.00
State Islamic University Malang	28	8.75	52	16.25	80	25.00
State Islamic University Jember	24	7.50	56	17.50	80	25.00
State Islamic University Tulungagung	59	18.44	21	6.56	80	25.00
Total	126	39.38	194	60.63	320	100.00

Mental health measurements were carried out through two measuring instruments. The first measurement used a Brief Scale of Mental Health 12 developed by Aziz and Zamroni (2020), consisting of 12 items. Brief Scale of Mental Health 12 is a dual model theory-based mental health measurement tool. This measuring instrument

can describe mental health from positive aspects (psychological well-being) and negative aspects (psychological distress). This measuring instrument was used for student mental health profiling. The scale used profiled various types of mental health, including high mental health, high mental illness, low mental illness, and low mental health. The brief mental health coefficient reliability scale is $\alpha = .824$ (Aziz & Zamroni, 2020).

The General Mental Health Questionnaire (GHQ-12) is the second mental health measurement tool. This scale is a mental health measurement tool with a single approach. The score obtained can only categorize a person's mental condition into healthy or illness. Data from this measuring instrument were analyzed in regression analysis. The GHQ-12 consists of 12 items and has been translated into the Indonesian language. This scale has been tested for validity (Bun Cheung, 2002; del Pilar Sánchez-López & Dresch, 2008; Kim et al., 2013). The internal consistency coefficients of the GHQ-12 were found to be $\alpha = 0.72$ and $\alpha = 0.79$. These values indicate that level of GHQ-12 internal consistency is satisfying (Kim et al., 2013). The scoring for this scale used bimodal scoring (0-0-1-1) and Likert-type scoring (0-1-2-3), respectively.

Gratitude was also measured using The Gratitude Resentment and Appreciation Test (GRAT) to measure an individual's dispositional gratitude. This measurement can measure lack of deprivation sense, simple appreciation, and appreciation for others. This measuring instrument consists of 16 items on a Likert scale. GRAT has good internal consistency with a coefficient alpha $\alpha = .92$ (Watkins et al., 2003). This scale has been translated into the Indonesian version.

Furthermore, this study used the Religious Commitment Inventory (RCI-10) scale that has been translated into the Indonesian version to measure religious commitment. Worthington et al. (2003) developed this scale. This scale consists of ten items and can measure both aspects of commitment i.e., intrapersonal (personal) and interpersonal (social). This scale was scored on a Likert scale from 1 to 5 with the coefficient reliability $\alpha = .93$ (Worthington et al., 2003).

Data analysis were performed using three analytical techniques. Descriptive analysis techniques aim to determine the description of students' mental health. The method used was to compare the hypothetical and empirical mean. If the student's observed mean score is higher than the theoretical mean, then the student has a high level of mental health, and vice versa. The second analysis technique was a regression analysis. It was used to examine religious commitment's influence on mental health. The third was a regression analysis technique that tests gratitude's role as a moderator variable in the relationship between religious commitment and fitness.

Ethical consideration was done in this study. Universitas Islam Negeri Maulana Malik Ibrahim Malang reviewed and approved this study involving human participants. The participants or their legal guardians provided informed consent to participate in this study.

RESULT

The result section outlines three significant findings. First, a mental health profile of Islamic higher education students. Second, religious commitment had a direct impact on mental health. Third, gratitude was shown to be a moderator variable between religious commitment and mental health.

Descriptive analysis aimed to determine the subject's mental health profile. Based on the results of a profile analysis of mental health in 320 students, the researchers obtained four profiles with the following composition: To begin with, 118 people belonged to the high mental health type, which can be interpreted as the presence of high well-being and low stress. In addition, 112 people belonged to the high mental illness type, which can be interpreted as the presence of high well-being but also high stress. Furthermore, 35 people belonged to the low mental illness type, which can be interpreted that well-being and stress being were in the low category. Finally, 55 people belonged to the low mental health type, means that they were in a low well-being but high stress. The profile can be seen in Figure 1.

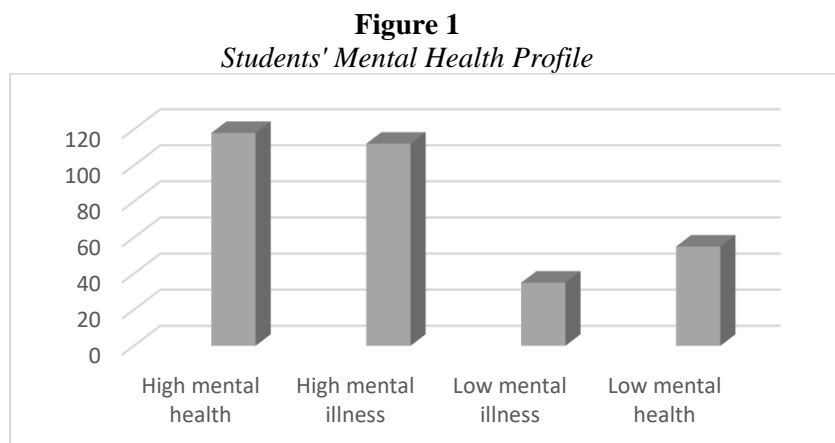


Figure 1 explains that the mental health profiles of students in the four universities were categorized as good profiles. It was based on comparison between subjects with a high profile of mental health and those with a low profile of mental health (118: 55). It means that the number of study subjects with a healthy mentality are more than those with mental illness. However, subjects in the high mental illness category were quite a lot, totaling 112 people. It means that they have a high level of well-being but also a high level of stress. Likewise, subjects with low mental illness profiles reached 35 people. It means they have a low level of stress but also a low level of well-being.

The results of the hypothesis testing about how religious commitment affects mental health were accepted. The results of regression analysis about the effect of religious commitment on mental health showed $R=.370$; $R^2=.137$ ($p<.01$). These results show that mental health is affected by religious commitment by 13.7%. In other words,

the high and low levels of mental health of students in Islamic universities were influenced by their level of religious commitment.

The results of the hypothesis testing about how gratitude can moderate the relationship between religious commitment and mental health were accepted. The results of the moderated regression analysis showed $R=.464$; $R^2=.216$ ($p<.01$). In other words, gratitude can be a variable that strengthens the relationship between religious commitment and mental health. There was an increase in the effective contribution of 7.9%. The initial contribution of 13.7% increased to 21.6%. The results of the following test about the role of gratitude as a moderator variable are presented in Table 2.

Table 2
The Result of Moderated Regression Analysis

Model	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	Sig.
	<i>B</i>	Std. Error	Beta		
(Constant)	29.763	13.478		-2.208	.028
Religious commitment	.858	.177	1.697	4.834	.000
Gratitude	2.666	.578	1.363	4.614	.000
Religious commitment * gratitude	.030	.008	2.038	3.980	.000

level of significance *=.005, **=.001

Table 2 shows that gratitude is a moderator variable in the relationship between religious commitment and mental health with the beta coefficient $\beta=.030$ ($p<.05$). In other words, the contribution of religious commitment to the mental health of students in Islamic higher education can be influenced by gratitude.

DISCUSSION

The results of this study showed that students' mental health level was in the high category. This level means that college students have improved mental health positively and have low mental health in negative aspects. Even though their well-being is in the high category, students also have a high-stress level. These findings are consistent with the dual model theory that individuals diagnosed with mental illness still have high level of general mental well-being (Bariola et al., 2017b). On the contrary, the individual with high anxiety or stress is not guaranteed low scores in life satisfaction and well-being. This finding provides insight that to understand mental health must use a comprehensive lens in which the concepts of well-being and psychological problems must be placed in a coexisting position. This finding aligns with research finding of Grych et al. (2020) which showed that conceptualization of mental health in terms of well-being and psychological problems together made possibility to provide more comprehensive view of adolescent mental health and improve their well-being.

The second finding of this research proved that religious commitment has a direct effect on promoting student mental health. This religious commitment is

characterized by two behavioral indicators that must be developed personally: religious beliefs as a foothold in life and habit of taking time to build on spiritual insights (Hood, 1973). These results also provided a further understanding of the role of religious commitment in developing mental health. Expressing abundant gratitude and sense of not lacking anything, talking, and expressing pleasure in simple things are necessary for developing mental health (Rose et al., 2014; Worthington et al., 2003).

The third finding showed that the relationship between religious commitment and mental health was moderated by gratitude, which was significantly associated with higher mental health. This finding set the gratitude as a significant moderate variable that strengthens the relationship between religious commitment and mental health. This finding is consistent with Rosmarin et al.'s (2011) finding which showed that a positive correlation exists between religious commitment and gratitude. Furthermore, the participants with high religious commitment levels still required gratitude to improve their mental health. As high level of religious commitment is not always positively correlated to mental health (Allen et al., 2023), the gratitude fills this gap.

Gratitude is an implementation of cognitive aspect of religion operationalized by providing a meaning-making system and facilitating people, particularly religious people, to understand the world, self, others, and interaction with others (Khan et al., 2021). Specifically, gratitude encourages individuals to understand their religious commitment's purpose and gives it meaning. When participants did not perceive their religious commitment as religious oppression (Allen et al., 2023) but as a manifestation of thankfulness to God, they felt their life was comfortable and had meaning, made them happier and more satisfied. This study supports evidence from previous observations (e.g., Aziz & Mangestuti, 2020a; Jackson, 2017) that gratitude can make a person's life happier and more fulfilling, and when they are grateful, they get benefit by remembering or discovering positive facts in their lives; they feel comfortable, and have a meaningful life (Aziz & Mangestuti, 2020b; Holton, 2017).

The profound impact of gratitude in this study also cannot be separated from the cultural context of Indonesia, which associates gratitude with a specific reference to God (Primasari & Yuniarti, 2012). In the cultural lens, expressing gratitude towards God plays a role in fulfilling spiritual needs through a sense of connection with the divine and the holy. Such spiritual needs are not necessarily fulfilled solely by practicing religious commitments. Connecting with the divine can fulfill spiritual needs, impact personal well-being positively, and improve mental health conditions (Hoffman & Buhrow, 2020; Wani & Singh, 2019b).

Therefore, this finding revealed how religious commitment has influenced mental health. Moreover, gratitude plays a role in ensuring that a high level of religious commitment is positively correlated to a high level of mental health. This finding reflects that religious commitment and gratitude can be used to improve mental health levels. This finding can be implemented as a preventive and curative program for

students, college students, and adults. In the student context, preventive programs can be implemented by incorporating the values of gratitude and religious commitment into psychoeducation for students. Meanwhile, in the curative context, psychologists can integrate gratitude and religious commitment values into psychotherapy or interventions for clients with mental health issues, such as depression, anxiety, stress, and other mental health problems and disorders.

The limitation of this research is related to the interpretation variability of religious commitment and gratitude. Gratitude and religious commitment can be categorized as subjective experiences; therefore, others could perceive the high level of gratitude or strong religious commitment for one person differently. This subjectivity is prone to challenge the establishment of consistent and objective criteria for measurement, even though the scale used has exceptional reliability. In addition, the analysis of these variable relationships here is based solely on a quantitative approach; therefore, a mixed-method model is recommended for further investigation to obtain in-depth understanding of the process of improving mental health through religious commitment and students' gratitude.

CONCLUSION

The results of this study showed that the level of mental health of students in Islamic higher education was in the high category, but they had a high stress level. This fact provides insight of understanding mental health as a matrix rather than a binary opposition. The second result of the study proved that religious commitment has a direct effect on promoting student mental health among students in Islamic Universities in Indonesia. This finding indicated that the high and low levels of mental health among students contributed to the level of religious commitment. The last finding is that the relationship between religious commitment and mental health was moderated by gratitude, which is significantly associated with higher mental health. Gratitude is a significant moderate variable that strengthens the relationship between religious commitment and mental health and it is supported by the characteristic of Indonesian culture that highly associates gratitude with a specific reference to God. The research emphasizes the significance of considering the cultural context and religious doctrines when exploring the influence of gratitude and religious commitment on mental health, particularly among university students in Indonesia.

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