

Exploring the Effect of Social Support and Religious beliefs on the Life Satisfaction among the Elderly Living in Borujen

Mahmoud Mobasheri¹, Zahra Yousefi², Azam Moradi³, Razieh Mirzaeian⁴, Borzoo Khaledifar⁵, Tahereh Golshahi⁶

¹ Shahrekord Ph.D in Epidemiology, Associate Professor, Department of epidemiology and Bio-statistics, Faculty of health, Shahrekord University of Medical Sciences, Shahrekord, Iran.

² PhD in General Psychology. Assistant Professor of Psychology Faculty in Islamic Azad University of Science and Research, Branch of Isfahan, Isfahan, Iran.

³ PhD in General Psychology, Psychology Faculty of Payame Nour Shahrekord University, Shahrekord. Iran.

⁴ MSc in Health Information Management. Research Assistant, Deputy of Research and Technology Shahrekord University of Medical Sciences. Shahrekord, Iran.

⁵ Assistant professor, Department of Surgery, Shahrekord University of Medical Sciences, Shahrekord, Iran

⁶ M.A. in General Psychology, Shahrekord University of Medical Sciences, Shahrekord, Iran.

Email: tgolshahi@yahoo.com

Abstract: Objective: The pressures resulting from physical, mental and social fluctuations play a significant role in causing depression and decreasing the happiness in the elderly. The perceived social support and religious beliefs are among some parameters which influence their life satisfaction. Taking this into account, this study intends to examine the effect of social support and religious beliefs on the life satisfaction among the elderly living in Borujen.

Methodology: This study which is descriptive-analytical in nature was conducted on 105 of the elderly living in Borujen. Data was gathered by using a questionnaire consisting of 3 variables i.e. social support, religious beliefs and the level of life satisfaction developed based on the following three questionnaires: Cauty-Mitchell's Social Support Questionnaire (2000), Golriz and Brahnew's religious beliefs questionnaire and Dinner, Emmons, Larsen and Griffin's questionnaire for life satisfaction. The reliability of the developed questionnaire was found to be 0.83% using Cronbach coefficient α . The gathered data was analyzed using descriptive statistics, Pearson correlation analysis and stepwise multiple regression analysis. **Findings:** Based on the findings of the study, the mean score for the level of life satisfaction among the elderly living in Borujen was found to be 22.46. There was a statistically significant relationship between the social support and the level of life satisfaction in the elderly ($p < 0.001$). The addition of the religious beliefs variable was accompanied by an increase in the social support and the level of life satisfaction in the elderly living in Borujen ($p < 0.001$). **Conclusion:** Given the need of the elderly to the social support from their surrounding people, it can be inferred that the social support and religious beliefs play a significant role in their level of life satisfaction promoting their life satisfaction.

[Mahmoud Mobasheri, Zahra Yousefi, Azam Moradi, Razieh Mirzaeian, Borzoo Khaledifar, Tahereh Golshahi. **Exploring the Effect of Social Support and Religious beliefs on the Life Satisfaction among the Elderly Living in Borujen.** *Life Sci J* 2014;11(9):459-464]. (ISSN: 1097-8135). <http://www.lifesciencesite.com>. 76

Keywords: Life satisfaction, social support, leisure time, Religious beliefs, the elderly.

1. Introduction

Ageing is the sophistication, skill and a sense of independence and the opportunity to progress toward perfection and handle the self; it is the effective and valuable stage in life (1). Life satisfaction is a common variable in statistics, and used as determinants of health (2). Dimensions of life satisfaction include leisure, marriage, employment, living standards, friendships, self, family, relationships, and physical health (3). Religious beliefs introduced as a kind of attitude, impacts individual behavior (4). Religious coping methods are based on religious beliefs and practices (5). Religious beliefs is human comfort; it ensures personal security, and fills moral, emotional and spiritual vacuums in individual and community; it creates a fortress against the difficulties and deprivations of life (6). Religious

beliefs can be predicted by psychological factors. Yet, belief in God makes men strong to understand that they are not alone in facing the difficulties. This kind of belief gives men an inner control. Religion is an extensive effective and durable phenomenon and determines how individuals respond to life experiences. The intervention of religion in making decisions and choices affects life satisfaction (7). Life satisfaction is related to the following factors: religiosity and, job stress, self-efficacy, positive thinking, job security, health (8) happiness, depression (9), anxiety, insomnia, perform religious rites, friendship and servanthship with God, social interaction, personality factors, income, social class, optimism and marital status (10). Faith leads to an increase in life satisfaction. Studies in the realm of the relationship between religion and life satisfaction have mainly

come to the conclusion that there is a positive relationship between life satisfaction and religion. Hong and Giannakopoulos' work about the factors affecting life satisfaction shows that based on stepwise regression analysis, self-confidence, depression, anger, control center, and religiosity, involve 26.3 percent of the variance in life satisfaction. Neto also stated that the health, social relations, control center, having good housing and religious beliefs, involve 36 percent of the variance in life satisfaction (11). Saed and Roshan (1387) show that there is a relationship between spirituality, and mental health--considering the mechanisms, such as coping styles, locus of control, social support and social networks, physiological mechanisms, and finally, environmental and architectural structures. These mechanisms may be associated with personal factors, such as the previous state of mental health, age and cultural background (12). Adler and Fagley (2005) in their studies state that life satisfaction is affected by self-awareness, optimism and spirituality of the individual (13). Cohen et al (2005) also find that religion indirectly impacts life satisfaction through believing in afterlife and reducing death anxiety (14). Research has shown that there is a significant relationship between age, gender and life satisfaction with different domains of employment, education as well as physical and mental health (15). Conversely, there is a relationship between life dissatisfaction and low levels of health, symptoms of depression, personality problems and inappropriate health-related behaviors (16). Perceived social support has a great impact on physical and mental health, life satisfaction and various aspects of life quality; it is also known as an effective moderating factor in dealing with stressful life (17). Researchers believe that the involvement or separation of the elderly from the social activities is related to the past life, socio-economic conditions and the health of the elderly rather than to the inevitable process of aging. They believe that the social support can be described as a network of relationships that develops friendship and colleagueship. It helps people understand and deal with a stressful event quite well. Instrumental supports mean financial assistance, and informational supports are given to individuals as information on stressful events; emotional supports, however, refer to assurance and sympathy offered in stressful condition (18). Receiving supportive and appropriate feedback from environment enhance sense of competence and facilitates the changes in natural trends and self-organization (19). The controlling environment which lacks intimate relationships and feelings, prevents internal capacities and sense of competence (20). There is abundant evidence that demonstrates that social support playing a crucial role in community health, and social isolation leading to disease (21,

22). The role of social support and social networks in reducing the rate of mortality in the elderly has been proven in various studies (23, 24, 25, 26, 27). Therefore, given that the increase in the number of the elderly, our culture and the role of the elderly in families as well as the point that stress due to physical, mental and social changes has a chief role in the development of depression and loss of the enjoyment, this study examines the impact of social support variables and the religious beliefs on life satisfaction among the elderly living in Borujen.

2. Methodology

This cross sectional descriptive-analytic study was conducted in 2013. The population for this study was all of the elderly living in Borujen. A total number of 105 persons were recruited in this study using a randomly census method. Data was gathered through a questionnaire consisting of three variables: social support, religious beliefs, and life satisfaction among the elderly. The questionnaire measuring perceived social support, was the one developed by Canty-Mitchell (2000), which contains 12 items: the three components of perceived support from family (4 items), perceived support from friends (4 items), and perceived support from important people in life (4 items). The reliability of the scales is obtained by using Cronbach's alpha where the above-mentioned components have the reliability of 0.91, 0.89 and 0.91, respectively. Masoudnia (2011) using factor analysis has obtained the structural validity of the scales. He also using Cronbach's alpha has reported that the reliability of these scales are 0.78, 0.81, and 0.87 in order of the above factors. The reliability of the questionnaire in the current study was 0.83, using Cronbach's alpha test. The questions were based on a 6-point Likert scale ranging from totally agree to totally disagree. Religious beliefs Questionnaire was designed by Golriz and Baraheni (1975) including 25 items where each has 5 options on Likert scale ranging from totally disagree to totally agree. Questions are graded from zero to four, and the total score is 100. The grades were classified into four scales--excellent, good, average and poor-- ranging from zero to 100 where religious beliefs is considered excellent in (76-100), good in (51-75), medium in (26-50), and poor in (25 below). This questionnaire was reassessed by Noori and Bolhari (1998) where using the Spearman-Brown formula, the reliability and validity were calculated 0.63 and 0.248, respectively. Applying Cronbach's alpha, in the present study reliability of the questionnaire was evaluated 0.86. To measure life satisfaction, we used self-reported satisfaction with life scale (SWLS) designed by Diener, Emmons, Larsen and Griffin (1985). This questionnaire consisted of 5 items that measure the

cognitive component of psychological well-being. The items were organized in a seven-option Likert scale where the value of 1 showed totally disagree, and 7 totally agree. After extracting data, they were entered

into the computer, and then analyzed by using statistical software SPSS14. Then data was also analyzed by stepwise regression as well as descriptive and inferential statistical methods.

Table 1: Descriptive statistics of subjects' scores on scales of life satisfaction, social support, levels of religious beliefs regarding different levels of employment, education, plus marital status and gender

RELIGIOUS BELIEFS		SOCIAL SUPPORT		LIFE SATISFACTION		Scales of statistical indexes	
SD	Mean	SD	Mean	SD	Mean	Variables of levels	
13.28	43.65	13.45	51.67	7.25	22.31	UNEMPLOYED	State of employment
5.14	46.63	7.32	56.09	6.52	25.09	EMPLOYED	
14.07	43.5	13.19	50.89	6.9	23.12	PRIMARY LEVEL	Education level
15.35	35.84	14.62	54.69	7.1	23.92	SECONDARY LEVEL	
12.65	43.83	11.12	57.64	6.69	23.27	TERTIARY LEVEL	
2.91	51	9.52	50.8	5.94	24.6	ASSOCIATE DEGREE	
12.61	45.25	10.64	53.87	7.85	22.62	BACHELOR'S DEGREE	Marital status
15.19	50.25	13.22	41.5	7	17.5	SINGLE	
11.49	43.57	11.91	53.35	6.81	22.62	BACHELOR'S DEGREE	
16.79	44.02	15.99	48.31	8.41	22.35	SINGLE	
13.21	45.19	13.26	51.04	7.78	22.28	MARRIED	gender
12.62	42.19	13.19	52.9	6.56	22.67	WIDOWED	
12.61	45.25	10.64	53.87	7.85	22.62	FEMALE	

3. Findings

Findings showed that the mean score for life satisfaction among employed subjects (=25.09) was higher than that of unemployed subjects (=22.31). The mean score for life satisfaction among the subjects who got associate degree (=24.6) was higher than that of those subjects with primary, secondary, and tertiary, or higher levels of education. The mean score for life satisfaction among singles (=17.5) was less than that of life married and widowed people. The mean score for life satisfaction among female subjects (=22.28) and male subjects (22.68) does not differ significantly from each other. The mean score for social support among employed subjects (=56.09) was higher than that of unemployed ones (=51.67). The mean score for social support among subjects with tertiary education (57.64) was higher than that of subjects with primary, secondary levels, or with bachelor degree or higher. The mean score for social support among married people (=53.35) was higher than that of single and widowed (41.5 and 48.31). The mean score for social support among female subjects (=51.4) and male subjects (52.9) does not differ significantly from each other. The mean score for religious beliefs among employed subjects (=46.63) was higher than that of unemployed ones (=43.65). The mean score for religious beliefs among the subjects with associate degree (=51) was higher than that of the subjects with primary, and secondary levels, or with bachelor degree or higher. The mean score for social support

among single people (=50.25) was higher than that of single and widowed (43.57 and 44.02). The mean score for religious beliefs among female subjects (=45.19) was higher than that of male subjects (=42.19) (Table 1).

The table also shows that the highest scores in the questionnaire of life satisfaction was 36, and the lowest one was 5. Therefore, to answer the research question, we can say that the mean score for life satisfaction among the elderly living in Borujen is 22.46. The mean score of religious beliefs is calculated 43.8, and standard deviation is 12.99. The table also shows that the highest score of the Religious beliefs Questionnaire was 78 and the lowest score was 12. The mean score for social support among subjects is 51.9 and the standard deviation is 13.23. The table also shows that the highest score in the Social Support Questionnaire developed by Centy-Mitchell et al is 72 and the lowest one is 12.

Table 2: Descriptive statistics for scores on scales of life satisfaction, social support, and religious beliefs for the elderly living in Borujen

minimum	maximum	SD	Mean	statistical scales independent variables
5	36	7.23	22.46	Life satisfaction
12	72	13.23	51.9	Social support
12	78	12.99	43.8	Religious beliefs

Below is the scales of social support, where the mean score for perceived support from family is 19.83 with a standard deviation of 3.39; the mean score for perceived support from friends is calculated 17.2 and the standard deviation 4.47; and the mean score for perceived support from others is 18.5 and the standard deviation is 4.35 (Table 3).

Table 3. Descriptive statistics for scores on scale of social support for the elderly living in Borujen

minimum	Maximum	mean & Standard deviation	statistical scale independent variable
12	72	51.9±13.23	Social support
5	25	19.83±3.99	Perceived social support from family
5	24	17.2±4.47	Perceived social support from friends
5	24	18.5±4.35	Perceived social support from others

The social support variable has been inserted in the equation of stepwisemultiple regression analysis

and significantly enhanced life satisfaction among the elderly living in Borujen ($P<0.001$). The addition of the religious beliefs to the social support variable can increase the predictive power of life satisfaction among the elderly living in Borujen. The perceived support from family is associated with life satisfaction among the elderly living in Borujen. The relationship between perceived support from family and life satisfaction among the elderly living in Borujen is significant ($r=0.476$, $P<0.01$). The perceived support from friends is associated with life satisfaction among the elderly living in Borujen. The relationship between perceived support from friends and life satisfaction among the elderly living in Borujen is significant ($r=0.487$, $P<0.01$). The perceived support from others is associated with life satisfaction among the elderly living in Borujen. The relationship between perceived support from others and life satisfaction among the elderly living in Borujen is significant ($r=0.487$, $P<0.01$); (Table 3).

Table 3: Matrix of internal correlations among social support, life satisfaction, and religious beliefs for the elderly living in Borujen

Religious beliefs	perceived support from others	perceived support from friends	perceived support from family	Social support	Life satisfaction	variable
0.152*	0.487**	0.487**	0.476**	0.479**	1	Life satisfaction
0.21**	0.165*	0.087	0.198**	1	0.479**	Social support
0.198**	0.697**	0.682**	1	0.264**	0.476**	perceived support from family
0/087	0/664**	1	0.682**	0.264**	0.477**	perceived support from friends
0/165*	1	0/664**	0.697**	0.186**	0.477**	perceived support from others
1	0/165*	0/087	0.198**	0.21**	0.152*	Religious beliefs
0.195**						

4. Discussion

The findings showed that social support significantly affects the life satisfaction among the elderly and the addition of the variable of religious beliefs to social support enhances life satisfaction. The findings of this study on the power of social support and its impact on life satisfaction are consistent with those of earlier research like: Şener (28), Wan Rashid, Mohamad Sahari Nordin, Azura, and Izhairi (29), Nooraini (30) and Hossaini et al (31), Bakhshipour et al (32), Mootamediet al (33), Şek, and Cieślak (34). These researchers have shown that there is a significant relationship between life satisfaction and social support. As shown in Raiya, and Kenneth (35), the appropriate and supportive feedback received from environment promotes the sense of competence and facilitates the changes in natural trends and self-organization. Various studies have shown that one of the significant factors in improving life satisfaction among the elderly is social support. To implicate this part of results, we can say that the elderly is in dire need of social support. Physical attrition, high sensitivity, low life expectancy, difficulty in making a

living for some elderly people, scattering of children due to marriage, and death of relatives are some of factors that indicate an urgent need that should be full filled. Therefore, support in these areas increases life expectancy, and satisfaction level. The role of social support and social networks in reducing the rate of mortality in elderly people has been confirmed--various studies showed (36, 37). On the other hand, social changes resulting from the extension of urbanization, and the transformation of families from extended to the nuclear one, has weakened traditional social support networks among elderly people (38). Given that the elderly needs support from others, the effect of social support on life satisfaction is significant. Considering the fact that there is a relationship between religious beliefs and life satisfaction, the findings of this study contradicts those of Raiya et al (39), Fiori et al (40), Adler, and Fagley (41), and Khodayari Fard (42). The relationship between perceived support from family and life satisfaction among the elderly living in Borujen is significant ($r=0.476$, $P<0.01$). The findings of this study are consistent with those of Hesam et al (30),

Beikzadeh et al (31), Wan Rashid et al (29), and Şek, and Cieślak (34). To implicate the results, we can treat family as a crucial element in the life of people. The higher the level of perceived social support from family for the elderly, the higher the level of health and life satisfaction. The support from family also develops more self-confidence in people, helps them solve problems better and faster, and supports the self-concept. Especially in old age, a supportive family is reassuring, because people feel it as a strong shelter where they do not feel alone, too. That's why the level of life satisfaction soars. There is a relationship between the perceived support from friends, and life satisfaction among the elderly living in Borujen ($r=0.487$, $P<0.01$). The findings of this study are consistent with those of Hesam et al (30), Beikzadeh et al (31), Wan Rashid et al (29), and Şek, and Cieślak (34); however, they contradict those of Hesam et al (30) where there is no significant relationship between perceived support from friends, and life satisfaction. However, there is a relationship between perceived support from others, and life satisfaction. The higher the value of perceived social support from family for the elderly, the higher the level of health and life satisfaction. The support from family also develops more self-confidence in people, helps them solve problems better and faster, and supports the self-concept. In old age, a supportive family is reassuring, because people feel it as a strong shelter where they do not feel alone, too. That's why the level of life satisfaction soars. Since in old age, due to the fact that the level of sensitivity in people rises as they need more attention, gaining support from others--the most important people in their life--make them feel that they are valued, and are in the center of attention. It also leads to the improvement in self-concept.

Corresponding Author:

Shahrekord University of Medical Sciences,
Shahrekord, Iran.

Email: tgolshahi@yahoo.com

References

- [1] Asgari P, Roshani KH, Mehri Adryani M. Optimism with regard to religious beliefs and spiritual health of college students Ahvaz University. New findings in psychology. 2009;4(10):27-39.
- [2] Brog C, Fagerström C, Balducci C, Burholt V, Ferring D, Werber G. Life satisfaction in 6 European countries: the relationship to health, self-esteem, and social and financial resources among people (Aged 65-89) with reduced functional capacity. *Geriatric nursing*. 2008; 29: 48-57.
- [3] Argyle M. The psychology of happiness. London: Routledge. 2001.
- [4] McCauley RD, Fewtrell J, Duncan AJ, Jenner C, Jenner MN, Penrose JD, Prince RI, Adhitya A, Murdoch J, McCabe K. Marine seismic surveys a study of environmental implications. *APPEA Journal*. 2000; 40: 692-708.
- [5] Habibvand A. The relationship between religious orientation and mental disorders and academic achievement. *J Psychology and Religion*. 2009;1(3):79-107.
- [6] Acadi Noughani A, Omidi SH, Haji Aghakhani S. *Psychiatric Nursing*. Publications human. 2006.
- [7] Hatami H, Hobi M, Akbari A. Evaluate the effect of religiosity on marital satisfaction. *Military Psychology*. 2009; 1(1):13-22.
- [8] Mirzaee M, Ghahreman A. Social predictors of life satisfaction among students examine samples of Mashhad University. 2009;6(1):1-25.
- [9] Bayani A, Mouhamad Kochaki A, Godarzi H. The validity of life satisfaction (SWLS). *Journal of Iranian Psychologists*. 2008;11(3):18-29.
- [10] Bakhshipour Roudsari A, peirovi H, Abediyan A. Examine the relationship between life satisfaction, social support and mental health. *Journal of Mental Health*. 2006; 7(27):145-152.
- [11] Myers D. G. Happiness. Excerpted from *Psychology*, 7th edition. New York: Worth Publishers. 2004.
- [12] Saed A, Roshan R. Mechanisms of the effect of spirituality on mental health. *Recently in psychotherapy*. 2008; 47:49-68.
- [13] Adler MG, Fagley NS. Appreciation: Individual differences in finding value and meaning as a unique predictor of subjective wellbeing. *Journal of Personality*. 2005; 73: 79-114.
- [14] Cohen AB, Pierce JD, Chambers J, Meade R, Gorvine BG, Koenig HG. Intrinsic and extrinsic religiosity, belief in the afterlife, death anxiety, and life satisfaction in young Catholics and Protestants, *Journal of Research in Personality*. 2005; 39 (3): 307-324.
- [15] Stoeber J, Stoeber FS. Domains of perfectionism: Prevalence and relationships with perfectionism, gender, age, and satisfaction with life. *Personality and Individual Differences*. 2009;46:530-535.
- [16] Maltaby J, Day L, McCutcheon LE, Gillett R, Houran J, Ashe DD. Personality and coping: A context for examining celebrity worship and mental health. *British Journal of Psychology*. 2004; 95:411-28.
- [17] Friedlander LJ, Reid GJ, Shupak N, Cribbie R. Social support, self-esteem, and stress as predictors of Adjustment to university among first-year undergraduates. *Journal of College Student Development*. 2007; 48 (3):259-74.
- [18] Moreno Sánchez E. Collectivize social support? Elements for reconsidering the social dimension in the study of social support. *J The Spanish of Psychology*. 2004;7(2):124-134.
- [19] Ryan R. M, Deci E. L. Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being. *J American Psychology*. 2000; 55: 68-78.

- [20] Schwartz B. Self Determination. The Tyranny of Freedom. *J American Psychology*. 2000; 55: 79-8.
- [21] Avund K, Damsgaard M Trab, Holstein BjØrn E. Social relation and mortality: An eleven year follow up study of 70 year old man and women in Denmark. *Social science and Medicine*. 1998; 47: 635-643.
- [22] Brummet Beverly H, Mark Daniel B, Siegler Ilene C., Williams Redford B., Babyak Michael A., Clapp-Channing Nancy E., Barefoot John C. Percieved social support as a predictor of mortality in coronary Patients: effects of smoking, sedentary behavior, and depressive symptoms. *Psychosom Med*. 2005; 67(1):40-5.
- [23] Murberg Terje A. Long- term effect of social relationships on mortality in patients with congestive heart failure. *International Journal of Psychiatry Medicine*. 2004;34(3): 207-17.
- [24] Mookadam F, Arthur Heather M. Social support and its relationship to morbidity and mortality after acute myocardial infarction. *Arch Internal Med*. 2004; 164(14): 1514-1518.
- [25] Keller Brenda K, Magnuson Thomas M, Cernin Paul A, Stoner Julie A, Potter Jane F. The significance of social network in a geriatric assessment population. *Aging Clin Exp Res*. 2003; 15(6):512-7.
- [26] Lund R, Modvig J, Due P, Holstein B. E. Stability and change in structural social relations as predictor of mortality among elderly women and men. *Eur J Epidemiol*. 2000; 16(21):1087-97.
- [27] Sugisawa H, Liang J, Liu Xian. Social networks, social support, and mortality among older people in Japan. *Journal of Gerontol*. 1994; 49(1):3-13.
- [28] Şener A. Emotional Support Exchange and Life Satisfaction. *International Journal of Humanities and Social Science*. 2011; 1(2):79-88.
- [29] Wan Edura Wan Rashid, Mohamad Sahari Nordin, Azura Omar, and Izhairi Ismail. Social Support, Work-Family Enrichment and Life Satisfaction among Married Nurses in Health Service. *J International Social Science and Humanity*. 2011; 1(2), 150-155.
- [30] Nooraini M.N. Work, Family and Women's Well-Being in Malaysia: Striving for a Balance. Research Centre, International Islamic University Malaysia. 2006.
- [31] Hoseini M, Rezaee A, Keikhousroo Beikzadeh Z. Comparison of social support and life satisfaction and happiness and depression in elderly men and women. *Journal - Research Sociology Women*. 2011;2(4):143-162.
- [32] Bakhshipour Roadsari A, Peiravi H, Abediyan A. Examine the relationship between life satisfaction, social support and mental health. *Journal of Mental Health*. 2006;7(27):145-152.
- [33] Mootamedi Shalamzari A, Ejeie J, Azad Falah P, Kiyamanesh A.R. Examine the role of social support on life satisfaction, general health and loneliness among the elderly over 60 years old. *Journal of Psychology*. 2003;6(2):115-133.
- [34] Şek Helena, Cieślak R. Social support – manners of defining, types, sources of support, chosen theoretical concepts. In: H. Şek, R. Cieślak (red.). *Social support, stress and health*. Warszawa: PWN. 2004.
- [35] Raiya Hisham A, Pargament Kenneth I, Mahoney Annette, Stein Catherine. A psychological of Islamic religiousness: Development and evidence for reliability measure and validity. *International Journal for the Psychology of Religion*. 2008;18: 291-315.
- [36] Murberg Terje A. Long- term effect of social relationships on mortality in patients with congestive heart failure. *International Journal of Psychiatry Medicine*. 2004;34(3): 207-17.
- [37] Mookadam F, Arthur Heather M. Social support and its relationship to morbidity and mortality after acute myocardial infarction. *Arch Internal Med*. 2004; 164(14): 1514-1518.
- [38] Madah B. Status, social activities and leisure time activities in Iran and Sweden Seniors. *Journal of Geriatric*. 2010; 3(8):597-606.
- [39] Raiya Hisham A, Pargament Kenneth I, Mahoney Annette, Stein Catherine. A psychological of Islamic religiousness: Development and evidence for reliability measure and validity. *International Journal for the Psychology of Religion*. 2008;18: 291-315.
- [40] Fiori Katherine L, Brown Edna E, Cortina Kais S, Antonucci Toni C. Locus of control as a mediator of the relationship between religiosity and life satisfaction: Age, race, and gender differences. *Mental Health, Religion Culture*. 2006; 9: 239- 263.
- [41] Adler MG, Fagley NS. Appreciation: Individual differences in finding value and meaning as a unique predictor of subjective wellbeing. *Journal of Personality*. 2005; 73: 79–114.
- [42] Khodayari Fard M, Shahabi R, Akbari S. The relationship between religious attitudes and marital satisfaction in married student. *Journal of Family Research*. 2008;3(10):611-620.

5/27/2014