

PSYCHODIAGNOSTICS OF THE RELATIONSHIP BETWEEN AGGRESSIVENESS
AND RELIGION IN ADOLESCENTS
(IN MUSLIM AND CHRISTIAN TEENAGERS)

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Abstract. *In this article, religious belief is approached as a psychological phenomenon, and its connection with the state of personal aggression was studied on the basis of research. Also, its role in the development of mental health and cognitive sphere of a person was explained theoretically.*

Key words: *Belief, "Psychological effects", religious person, catharsis, cognitive sphere, negativism, asthenic, sthenic, pre-religious experiences.*

ПСИХОДИАГНОСТИКА ВЗАИМОСВЯЗИ МЕЖДУ АГРЕССИВНОСТЬЮ И
РЕЛИГИЕЙ У ПОДРОСТКОВ
(У ПОДРОСТКОВ-МУСУЛЬМАН И ХРИСТИАН)

Аннотация. *В этой статье религиозная вера рассматривается как психологический феномен, и ее связь с состоянием личной агрессии была изучена на основе исследований. Также была теоретически объяснена его роль в развитии психического здоровья и когнитивной сферы человека.*

Ключевые слова: *вера, "Психологические эффекты", религиозный человек, катарсис, когнитивная сфера, негативизм, астенический, стенический, предрелигиозные переживания.*

The state of mental health of a person and society depends on several factors, one of the most important of which is religion, which is one of the important components of human life. In this area, the issue of religious belief is in the main place. The methods and mechanisms of religious belief influencing the human mental state are being actively studied in order to use them positively. Belief in psychology as an important psychological phenomenon recognized by various researchers B.S. Bratusya, V.R. Bukin and B.A. Erunova, Y.F. Borunkova, R.M. Granovskaya, A.K. Kozyreva, K.K. Platonova, T.P. Skripkina, D.M. Ugrinovich. It was considered in the theories of P.N. Shikhireva, E. Fromm, K. G. Jung and other psychological scientists.

According to the results of the research, non-religious people suffer from gastrointestinal diseases up to twice as often as religious people, and their death rate from respiratory diseases is 66% higher than religious people. Non-religious, secular psychologists refer to numbers like this as "Psychological Effects." This means that religious belief lifts people's spirits and this has a positive effect on their health. Perhaps this explanation is true, but a more in-depth study of the subject reveals more interesting conclusions.

In the USA, efforts are being made to use the psychotherapeutic properties of meditation not only in the field of medicine, but also in the family system of traditional religions. Psychological states such as catharsis, meditation, repentance are becoming an integral part of religious practices. For this reason, the issue of using religion for psychotherapeutic purposes is

on the agenda in Western and Eastern families. American Protestant priest and psychologist A. Boysen believes that religion has the power to positively influence people to get out of crisis situations in their lives.

It is known that today religious belief is of great importance in the development of mental health, cognitive processes and volitional qualities of a person, which is proven in many psychological studies. Professor Valery Slezin, the head of the St. Petersburg Institute of Neuropsychophysiology named after V.M. Bekhterev, during the investigation of the psychological nature of religion that affects family relationships, comes to the following conclusion: in the process of religious education received from youth, religious beliefs and prayers do not regulate all cognitive processes in the human body, but the mind is damaged. He says he will also restore the parts. In addition, a number of scientists from St. Petersburg conducted empirical research and tried to find the mechanism related to mental changes in the process of performing religious actions, and as a result, they also obtained certain results. They discovered the divine phenomena of healing and psychotherapeutic properties of prayer, and concluded that prayer is a powerful healing tool.

In psychology, aggression refers to a range of behaviors that can result in both physical and psychological harm to yourself, others, or objects in the environment. Aggression centers on hurting another person either physically or mentally. While we all may feel aggressive on occasion, when aggression becomes pervasive or extreme, it may be a sign of an underlying mental health condition, a substance use disorder, or another medical issue.¹ Aggression can serve a number of different purposes, including:

- Expressing anger or hostility;
- Asserting dominance;
- Intimidating or threatening;
- Achieving a goal;
- Expressing possession;
- Responding to fear;
- Reacting to pain;
- Competing with others.

Because aggressive behavior is intended to harm someone who doesn't want to be harmed, it must involve action—simply thinking about harming someone or feeling angry isn't enough, and accidentally harming someone doesn't qualify. Aggressive behaviors can be:²

- **Physical**, like beating, hitting, kicking, or stabbing another person. Damaging property is also a form of physical aggression;
- **Verbal**, which may include mocking, name-calling, and yelling;
- **Relational**, which is intended to harm another person's relationships. This can include spreading rumors and telling lies about someone else;

¹ The neurobiology of impulsive aggression. *J Child Adolesc Psychopharmacol*. 2016;26(1):4-9.
doi:10.1089/cap.2015.0088

² Rosell DR, Siever J. The neurobiology of aggression and violence. *CNS Spectr*. 2015;20(3):254-279.

- **Passive-aggressive**, like ignoring someone during a social event or offering back-handed compliments. Passive-aggressive behavior is usually intended to allow harm to come to someone, rather than causing harm directly.

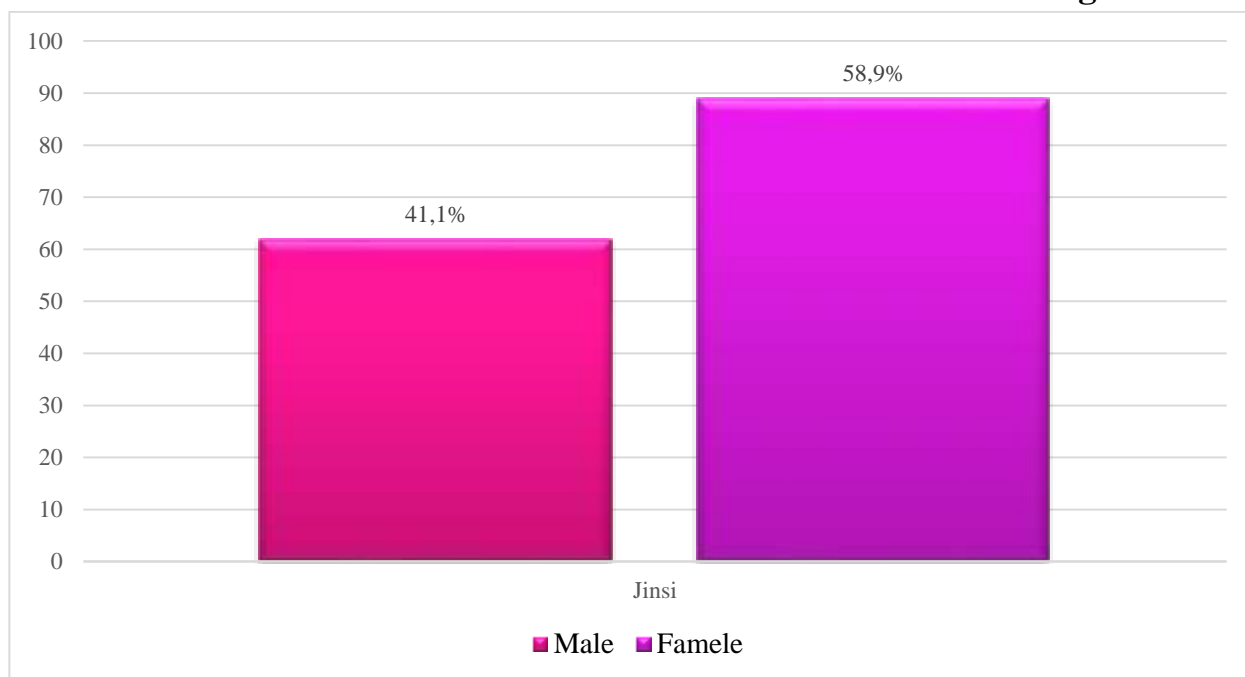
Currently, many studies are being conducted in psychology on the relationship between religious beliefs and aggression problems. Most of the research results confirm that religious faith as a psychological phenomenon occupies a high place in the development of willpower, mental and physiological health of a person. In this research, we also studied the relationship between religious beliefs and aggression in Christian and Muslim adolescents. A total of 151 subjects between the ages of 13 and 16 took part in this research. According to the results of the conducted questionnaire, we got the following information.

Proportion of respondents by gender

1- Table

	Gender	Number of respondents	Percent	Accumulated percent
	Female	89	58,9	58,9
	Male	62	41,1	100,0
	Total	151	100,0	

1- Diagram

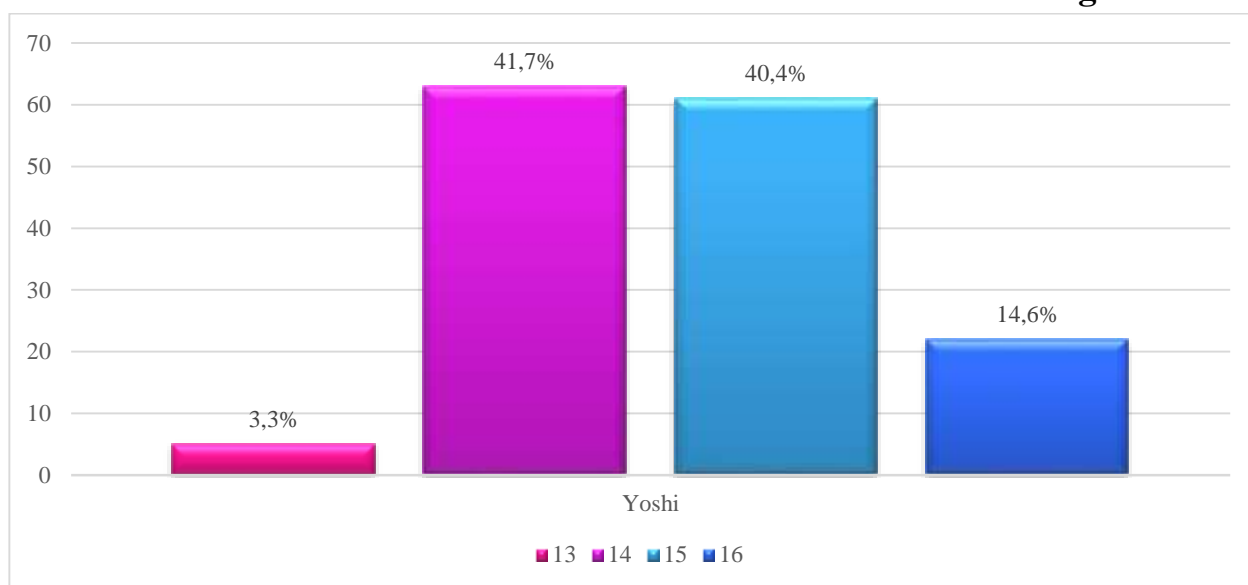


Proportion of respondents by age

2- Table

	Age	Number of respondents	Percent	Accumulated percent
	13	5	3,3	3,3
	14	63	41,7	45,0
	15	61	40,4	85,4
	16	22	14,6	100,0
	Total	151	100,0	

2- Diagram

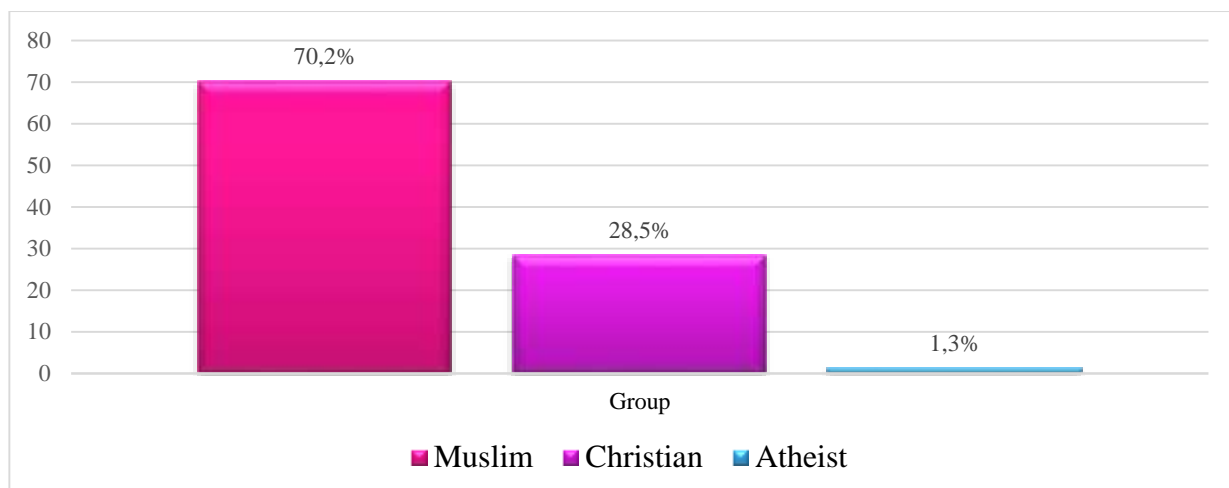


Proportion of respondents by group

3- Table

	Group	Number of respondents	Percent	Accumulated percent
1	Muslim	106	70,2	70,2
2	Christian	43	28,5	98,7
3	Atheist	2	1,3	100,0
4	Total	151	100,0	

3- Diagram



During our research, when we studied the respondents on the basis of a questionnaire, it became clear that they belong to 3 groups in terms of beliefs. According to it, it was determined that 106 of the respondents belong to the Muslim group, 43 to the Christian group, and 2 to the atheist group.

Results of correlational analysis according to the Spearman criterion (n=151)

	Physical aggression	Indirect aggression	Negativism	Crown	Frustration	Guilt	Asthenic	Stenic	Pre-religious experiences
Physical aggression	1,000	0,522(**)	0,052	0,406(**)	-0,044	-0,149	-0,267(**)	-0,088	0,117
Verbal aggression		1,000	0,021	0,388(**)	-0,012	-0,253(**)	-0,181(*)	0,211(**)	0,159
Indirect aggression			1,000	-0,028	0,317(**)	0,045	-0,057	0,005	0,180(*)
Negativism				1,000	0,099	0,042	0,042	0,117	0,046
Crown					1,000	0,119	-0,121	-0,115	-0,019
Frustration						1,000	0,065	0,116	0,074
Guilt							1,000	0,224(**)	0,258(**)
Asthenic								1,000	0,431(**)
Stenic									1,000
Pre-religious experiences									

Explanation: * $p \leq 0,05$ (95 %), ** $p \leq 0,01$ (99%), *** $p \leq 0,001$ (99.9%).

When analyzed according to Spearman's criterion, the following results were obtained: A positive correlation with a confidence level of 99% was found between the scales of physical aggression and verbal aggression. ($r=0.522$, $p\leq 0.01$), that is, the higher the level of physical aggression in a person, the higher the level of verbal aggression.

A positive correlation with a confidence level of 99% was found between physical aggression and indirect aggression scales. ($r=0.278$, $p\leq 0.01$), that is, the higher the level of physical aggression in a person, the higher the level of verbal aggression.

A positive correlation with a confidence level of 99% was found between the scales of physical aggression and depression. ($r=0.406$, $p\leq 0.01$), that is, the higher the level of physical aggression in a person, the higher the level of depression.

A negative correlation with a confidence level of 99% was found between physical aggression and asthenic scales. ($r=-0.267$, $p\leq 0.01$), that is, the higher the level of physical aggression in a person, the more features of asthenicness: talking about deep and diverse feelings towards God, weakness before God, imperfection, the more the feeling of pain decreases.

A positive correlation with a confidence level of 95% was found between the scales of verbal aggression and indirect aggression. ($r=0.196$, $r\leq 0.05$), that is, the higher the level of verbal aggression in a person, the higher the level of indirect aggression.

A positive correlation with a confidence level of 99% was found between verbal aggression and depression scales. ($r=0.388$, $p\leq 0.01$), that is, the higher the level of verbal aggression in a person, the higher the level of depression.

A negative correlation with a confidence level of 99% was found between verbal aggression and guilt scales. ($r=-0.253$, $p\leq 0.01$), that is, the higher the level of verbal aggressiveness in a person, the lower the feeling of guilt.

A negative correlation with a confidence level of 95% was found between verbal aggression and asthenic scales. ($r=-0.181$, $p\leq 0.05$), i.e., the higher the level of verbal aggressiveness in a person, the more features of asthenicness: talking about deep and diverse feelings towards God, weakness before God, imperfection, the more the feeling of pain decreases.

A negative correlation with a confidence level of 95% was found between the scales of verbal aggression and skepticism. ($r=-0.211$, $p\leq 0.05$), i.e., the higher the level of verbal aggressiveness in a person, the more sthenic characteristics: talking about deep and diverse feelings towards God, power towards God, feelings such as pleasure and inspiration decrease so much.

A positive correlation with a confidence level of 99% was found between the scales of indirect aggression and depression. ($r=0.317$, $p\leq 0.01$), that is, the higher the level of indirect aggression in a person, the higher the level of depression.

A positive correlation with a confidence level of 95% was found between the scales of indirect aggression and sthenicism. ($r=0.180$, $p\leq 0.05$), i.e., the more a person talks about deep and diverse feelings towards God, the more feelings such as power, pleasure, inspiration, etc., towards the divine, the more indirect aggressiveness he has condition increases. This situation can be explained by the increasing state of closeness of a person to God, and the increasing state of aggressiveness, not directly, but indirectly, in relation to the actions or views of people who are the opposite of him.

A positive correlation with a confidence level of 95% was found between the scales of tension and sthenicity. ($r=0.180$, $p\leq 0.05$), i.e., the more a person talks about deep and diverse feelings towards God, the more feelings such as power, pleasure, inspiration, etc., towards the divine, the more indirect aggressiveness he has condition increases. This situation can be explained by the increasing state of closeness of a person to God, and the increasing state of aggressiveness, not directly, but indirectly, in relation to the actions or views of people who are the opposite of him.

A positive correlation with a confidence level of 99% was found between guilt and asthenic scales. ($r=0.224$, $p\leq 0.01$), that is, the higher the person's feeling of weakness, imperfection, and pain in front of God, the higher the feelings of guilt.

A positive correlation with a confidence level of 99% was found between the scales of guilt and skepticism. ($r=0.258$, $p\leq 0.01$), i.e., the more the person talks about deep and varied feelings towards God, the more feelings of power, pleasure, inspiration, etc. also increases.

A negative correlation with a confidence level of 99% was found between the scales of skepticism and attitude towards religion. ($r=-0.229$, $p\leq 0.01$), i.e., the characteristics of sthenicity in a person: talking about deep and diverse feelings towards God, how low feelings such as power, pleasure, inspiration are compared to the divine If so, then the lack of connection with God will be higher. This situation can be explained by the fact that if a person does not have a relationship with God, then he does not have feelings of trust, strength and pleasure in God.

In conclusion, it can be said that in the results of our research, the connection of religious faith with individual emotional states, including the state of aggression, was studied. That is, it was found that people with a high level of religious belief have a relatively low level of aggression.

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